Community Conversation
on Safe and Supportive Environments

Thursday, December 1, 2022

Welcome and Meeting Agenda

▶ Welcome, recap and overview—Dr. Michael Zarchin

▶ Greetings—Superintendent Darryl Williams

▶ Presentation—Dr. Christa Kulp, Nationally Certified School Psychologist

▶ Q&A

▶ Small Group Discussion and Report Out

▶ Closing Statements

Team BCPS Participants

- Dr. Myriam Yarbrough, Deputy Superintendent
- Ms. Mildred Charley-Greene, Chief of Staff
- Dr. Michael Zarchin, Chief of Schools
- Mrs. Larissa Santos, Executive Director, Middle Schools
- Mr. Eric Minus, Executive Director, Middle Schools
- Mrs. April Lewis, Executive Director, School Safety and Security
- Dr. Kim Ferguson, Executive Director, Social Emotional Support
- Dr. Kandice Taylor, Safety Manager
- Dr. Michael Ford, Safety Manager
- Mr. Jim Mitcherling, Safety Manager
- Mr. Niele Hicks, Safety Manager
- Sergeant Eric Knox, Baltimore County Police Department
- Mrs. Sue Hahn, Program Specialist
- Mrs. Stacey Wade, Program Specialist
- Ms. Leslie Weber, President, PTA Council of Baltimore County
- Ms. Claire Cabral, Vice President, Baltimore County Student Council
- Ms. Anisa Kalil, Community Outreach Director, Baltimore County Student Council

Responding to the Needs of Team BCPS

Action	Timeline	Status
grant-funded student safety assistants in all secondary schools	August 2022	Complete
enhanced community partnership opportunities	Ongoing	Ongoing
additional social emotional supports to schools including additional school counselors and social workers	August 2022	Complete
revamped procedures to effectively communicate outcomes related to bullying and harassment investigations	August 2022	Complete
a widespread information campaign to promote the use of the Maryland Center for School Safety reporting tip line	Ongoing	Ongoing
continued partnership with the School Resource Officer program	Ongoing	Ongoing
staff refresher training in de-escalation strategies	August 2022	Complete
expanded self-regulation support and strategies for students	August- October 2022	Ongoing
increased understanding of the Code of Conduct and greater consistency in the application of guidelines across schools including the cell phone policy; ensure all school disciplinary plans are shared with the community	August 2022	Complete
revised bus infraction reporting process to ensure timely response	August 2022	Complete
reimagined alternative educational options for students in need of wrap-around supports	August 2022	Complete
student-focused opportunities to connect and create a sense of belonging through orientation, advisories, mentorships and transition programs	Ongoing	Ongoing

Understanding and Supporting Adolescents at School

DR. CHRISTA M. KULP, NCSP
NATIONALLY CERTIFIED SCHOOL PSYCHOLOGIST

Discussion

- ▶ The pandemic and it's influence on our student's mental health and behavior

- ▶ Sources of stress and warning signs

- ▶ Impact on students and school staff

- ▶ Adolescent development

- ▶ Trauma and ACES

- ▶ Challenging behaviors in the classroom

- ▶ Discipline concerns

- ▶ School Based interventions and strategies

- ▶ Response efforts

Impact on School Staff

- Teachers'/school staff stress levels and anxiety has amplified during the pandemic
- Morale has fallen
- Burn out/fatigue
- Illness
- Leaving the profession
- Negative School Climate
- Secondary Trauma
- Compassion Fatigue

Sources of Student Stress

- Grades:
  - Honor roll
- Sports team
- Clubs
- Community Activities
- Family Responsibilities
- Sleep
- Social Relationships
- Lack of Resources
- Visible Competitiveness

Impact on Students

- Students needed to re-learn how to school during the 21-22 school year.

- Several stressors are still present after the 21-22 school year.

- Student's frustration can lead to learning loss and increase academic and behavioral concerns.

- Although research and data on the topic of this impact is limited, understanding and recognizing how the pandemic has impacted our student's mental health should be a priority for schools.

  - Early research has suggested that more than 20% of students exhibited symptoms of anxiety and depression after just 1 month in quarantine (Xie et al., 2020).

Mental Health

- 1 in 5 U.S. adults experience mental illness each year

- 1 in 20 U.S. adults experience serious mental illness each year

- 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year

- 50% of all lifetime mental illness begins by age 14, and 75% by age 24

- Suicide is the 2nd leading cause of death among people aged 10-34

Mental Health

Adults

- 1 in 15 U.S adults experienced both a substance use disorder and mental illness
- 12+ million U.S adults had serious thoughts of suicide
- 1 in 5 U.S adults report that the pandemic had a significant negative impact on their mental health
  - 45% of those with mental illness
  - 55% of those with serious mental illness

Youth

- Among U.S. ADOLESCENTS (aged 12-17):
  - 1 in 6 experienced a major depressive episode (MDE)
  - 3 million had serious thoughts of suicide
  - 31% increase in mental health-related emergency department visits
- Among U.S. YOUNG ADULTS (aged 18-25):
  - 1 in 3 experienced a mental illness
  - 1 in 10 experienced a serious mental illness
  - 3.8 million had serious thoughts of suicide
- 1 in 5 young people report that the pandemic had a significant negative impact on their mental health
  - 18% of adolescents
  - 23% of young adults
  - Nearly ½ of young people with mental health concerns report a significant negative impact

Recent Studies

▶ The US Centers for Disease Control (CDC) found that although total visits to Emergency Departments (ED) in the USA for children under 18 years of age were down, for the period April through October 2020, the proportion of those visits for mental health issues increased.

▶ Behavioral inhibition in toddlerhood and social wariness in childhood predicted increased anxiety following COVID-19 pandemic lockdowns in a sample of 291 young adults from Maryland who completed measures in April and May 2020 (Zeytinoglu et al., 2021).

▶ The US Centers for Disease Control (CDC) found that children ages 5 to 7 years who received virtual instruction had worsening mental or emotional health when compared to those who received combined or face-to-face instruction. The study was conducted in October and November 2020 and consisted of a sample of 1,561 parents who reported on their children's wellbeing. Importantly, the majority (no less than 75%) of children had better or no change in mental or emotional health regardless of mode of instruction (Verlenden et al., 2021).

Recent Studies

▶ The average number of weekly Emergency Department visits for suicide ideation, attempt, and self-harm in youth under 18 years old increased for the 4-week period from December 15th, 2020 to January 16th, 2021 when compared to the same period in 2019-2020. This accounted for the reduced overall number of Emergency Department visits (Adjemian et al., 2021).

▶ Suicide ideation and attempt rates in 9092 youth who presented to pediatric emergency departments from January to July 2020 were compared to rates from January to July 2019. Although significant increases in rates were observed for certain months in 2020 (i.e., higher proportion of individuals in emergency departments indicating suicidal ideation and attempts), compared to 2019, it is unclear whether these increases represented higher rates of these behaviors in the community or were due a lower frequency of total emergency department visits during those months (Hill, Rufino, Kurian, Saxena, Saxena, & Williams, 2021).

▶ In May 2022, the National Center for Educational Statistics conducted a survey regarding the impact of COVID on student's behavior. The survey data was collected from of nearly 850 public school leaders (mostly administrators), over 2, 400 public schools revealing some evidence that many schools did see an increase in tensions this past year as many students nationwide returned to in-person learning.

  ▶ More than 8 in 10 public schools have seen stunted behavioral and socioemotional development in their students because of the COVID-19 pandemic.

  ▶ Minor offenses, such as tardiness and classroom disruptions, are the most frequently cited illicit behaviors that have increased in part due to the COVID-19 pandemic.

Indicators of chronic stress and secondary trauma can come in the form of:

Social Signs

- Difficulty initating or maintaining relationships
- Irritability
- Behavioral outbursts
- Fighting with peers
- Social withdrawal

Emotional Signs

- Excessive worry/anxiety
- Anger
- Confusion
- Hopelessness
- Suicidal ideation

Physical Signs

- Fatigue
- Difficulty paying attention
- Headaches
- Stomachaches
- Difficulty sleeping

Mental Health Warning Signs

Preschoolers

- Thumb sucking,
- bedwetting,
- Difficulty separating from parents
- Sleep disturbances
- Changes or loss of appetite
- Regression in behavior

Elementary school children

- Irritability
- Aggressiveness
- Nightmares
- School avoidance
- Poor concentration
- Decline in academic performance
- withdrawal from activities and friends

Adolescents

- Difficulty sleeping
- Difficulty eating
- Agitation,
- Poor problem solving
- Somatic physical complaint
- Poor concentration.

What happens in adolescence?

Changes:

- Physical

- Hormonal

- Emotional

- Cognitive

- Social

- Neuroanatomical

Physical Changes

- Facial changes (i.e. nose, ears, etc)
- Height
- Feet
- Voice changes
- Facial hair
- Awkward/clumsy
- Concerned about physical appearance
- Increased appetite/sleep
- "Everyone is looking at me"

Hormonal

- For girls, estrogen and progesterone linked to neurotransmitters which regulate mood:
  - Serotonin
  - GABA
- For boys, testosterone has a natural affinity for certain receptors in amygdala:
  - Flight or fight response
- Sex hormones target the limbic system:
  - Helps create an emotional and sometimes volatile teen

Emotional & Behavioral

- Mood swings
- Irritability
- Impulsiveness
- Explosiveness
- Low frustration tolerance
- Defiance/testing limits
- Low self-esteem

Cognitive

- Lack of focus
- Poor problem solving
- Poor organization
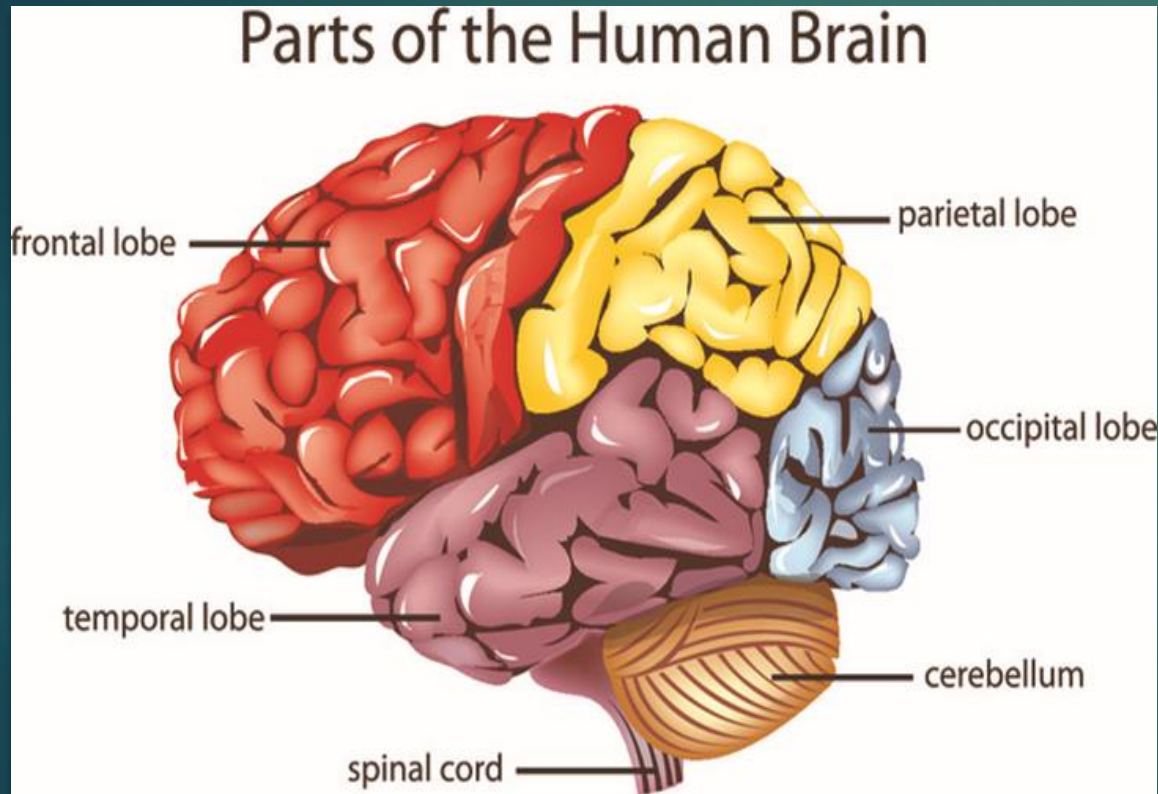- Working memory
- Processing Speed

Social

- Preference for peers over family
  - Withdrawal from family
  - Need for privacy
- Poor social problem solving
- Impulsive decision making
- Thrill seeking
- Worries of peer acceptance
- Sexual experimentation
- May struggle with sense of identity
- Frequent changes in relationships

Neuroanatomical

Parts of the Human Brain

- frontal lobe
- parietal lobe
- occipital lobe
- temporal lobe
- cerebellum
- spinal cord

- Adolescence - Second most rapid period of brain development – second only to infancy
- Maturation from bottom to top and back to front
- Limbic System first - Frontal Lobes Last
- Emotion without problem solving
- Extended Time Frame(10ish-25/30)
- Pruning – Use or Lose
- Myelination – From Slow to Efficient Processing
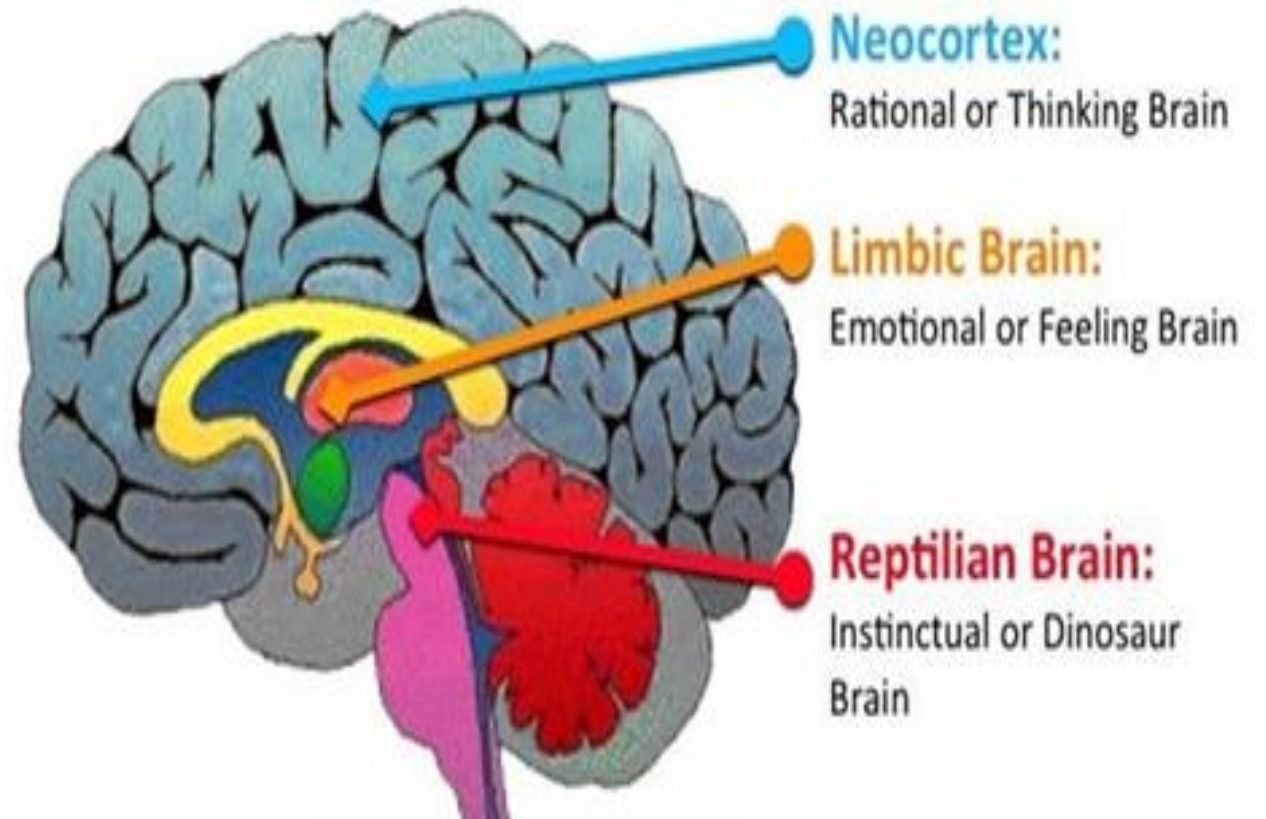
Brain Development

- The first 3 years of life are critical for brain development. It isn't just health, but the relationship that babies have with their care givers

- Babies need to be held, touched, spoken to, played with, etc.

- There are multiple studies showing that maternal depression, poverty, family stressors, etc can impact or even change the development of a child.

- There are also studies be conducted now on children who experienced COVID and the lasting effects on their brain and mental health.

Brain Plasticity and Resiliency

- "Refers to the brain's ability to change as it experiences fresh phenomenon and learns new information"

- "The brain is on a continual course of rewiring in order to make sense of its environment"

- "Refers to both the physical structure and the way it functions" (Feinstein, 2009)

- Resiliency is basically the ability to "bounce back".

- However, if the adolescent brain is in a constant state of change in which problem solving has not yet come fully on-line, then our adolescents will struggle to be "resilient" At least until the neural connections between emotional centers and problems solving frontal lobes can be established.

Brains in Pain Can't Learn

- Anxiety, stress, trauma, concussion, etc can contribute to
  - Poor attention
  - Impaired memory
  - Poor thinking or problem solving
  - Lack of creativity
- A traumatized brain can stem from abuse and neglect
- A traumatized brain can also be:
  - Tired
  - Hungry
  - Worried
  - Fear

Neocortex:
Rational or Thinking Brain

Limbic Brain:
Emotional or Feeling Brain

Reptilian Brain:
Instinctual or Dinosaur Brain

Adolescent Behaviors

- Lack of frustration tolerance
- Difficulty with impulse control
- Withdrawal from family
- Concern about physical appearance
- Increased appetite
- Defiance/testing limits
- Low Self-esteem

- Changing interests
- Egotism
- Struggle with sense of identity
- Mood swings
- Need for privacy
- Sexual Experimentation
- Frequent changes in relationships

Adolescent Development

Early Adolescent Development (Ages 10 to 13)	Middle Adolescent Development(Ages 14 to 17)	Late Adolescent Development (Ages 18-21)

• Physical Body Changes
• Puberty
• Egocentrism
• Concrete thinking
• Things are either right or wrong; black or white
• Increased need for privacy
• May start to question gender identity
	• Hormone changes/reaction to hormone changes
	• Wide range of emotions/mood fluctuation
	• Interest in romantic and sexual relationships
	• Need for more independence and individuality
	• The brain continues to change and mature:
	  • Frontal lobes are the last areas of the brain to mature which lead to difficulty with:
	    • complex decision making
	    • Executive functioning
	    • Planning abilities
	    • Impulse control
		• May have more impulse control
		• May be better able to understand the consequences of risk taking
		• May have a stronger sense of their own individuality or identity
		• May become more focused on their future, career, etc
		• Friendships and romantic relationships may become more stable
		• They find more independence or become more separated from their family

Adolescent Behavior

Frustration

- Can lead to emotional/aggressive outbursts which sometimes can be caused by:
  - Hormonal changes
  - Identity confusion
  - Bullying
  - Low socioeconomic status
  - pressure
  - Lack of support from home
  - Social difficulties/difficulty making friends
  - Disabilities
  - Trauma caused by physical abuse, sexual abuse, bullying, grief, community violence, etc.

Impulse control:

- Adolescents may act on what they want
- blowing off schoolwork to go to a party or school event.
- Using/experimenting with drugs and alcohol.
- Engaging in promiscuous sex.

Withdrawal from family/Increased social interaction:

- It is typical for an adolescent to withdraw from their families in order to seek out more social interaction with peers.
- Pay close attention to the student in order to determine if they are withdrawing or simply isolating themselves.

Defiance/Testing the Limits:

- Adolescents might ignore or argue about rules to their parents, teachers, and adults
- They might refuse to do things that are asked of them.
- For example, they may ignore an adult/teacher direction at school during a learning activity.
- Challenging authority is healthy and developmentally appropriate.
- It is a rite passage and not a marker for criminal behavior
- We have an opportunity to teach young adults how their behaviors affect others.

Sources of Child/Adolescent Stress

Sources of Student Stress – from their perspective

* Grades

* Sports

* Community Activities

* Church Activities

* Family Responsibilities

* Sleep

* Lack of Resources

* Social Media

* Peer Pressure

Sources of Child/Adolescent Stress Amidst the Pandemic

- Distance learning (consistency, inequitable access, etc)
- More exposure to parental mental health concerns
- Unsafe home environment
- Loss of instruction
- Lack of social exposure
- Lack of extra curricular activities
  - Sports
  - Clubs
  - Drama/music

- Lack of school-based supports
  - Academic interventions
  - Counseling (individual/group)
  - ESOL services
  - Special Education/504 services
  - PBIS
  - Clubs/activities
  - Monitoring of overall development/health (hearing/vision screening, etc)

Concerning Behaviors

Panic attacks – out of the blue, no history

Failing Classes

Cutting/self-injury

Difficulty sleeping

Physical complaints: headaches, tightness in chest, stomachaches, shortness of breath

Suicidal Ideation

School avoidance

Disruptive classroom/school behaviors

Challenging Behaviors

Loud, running around classroom, banging on lockers, leaving location, etc

Behaving in a rude or disruptive manner:
- Talking back to an adult, insubordination, etc.
- Making excessive noise/calling out of turn
- Use profane/obscene language
- Use of racial or other slurs

Hanging out in school hallways or bathrooms

Violating the dress code or uniform policy

Failing or refusing to provide ID upon request

Bullying and/or harassment

Cutting class or tardiness

Leaving school without permission/entering or attempting to enter a school building before or after school

Vandalism and/or graffiti

Possession or use of a prohibited item under the Code of Conduct

Academic Difficulties

Missing Homework

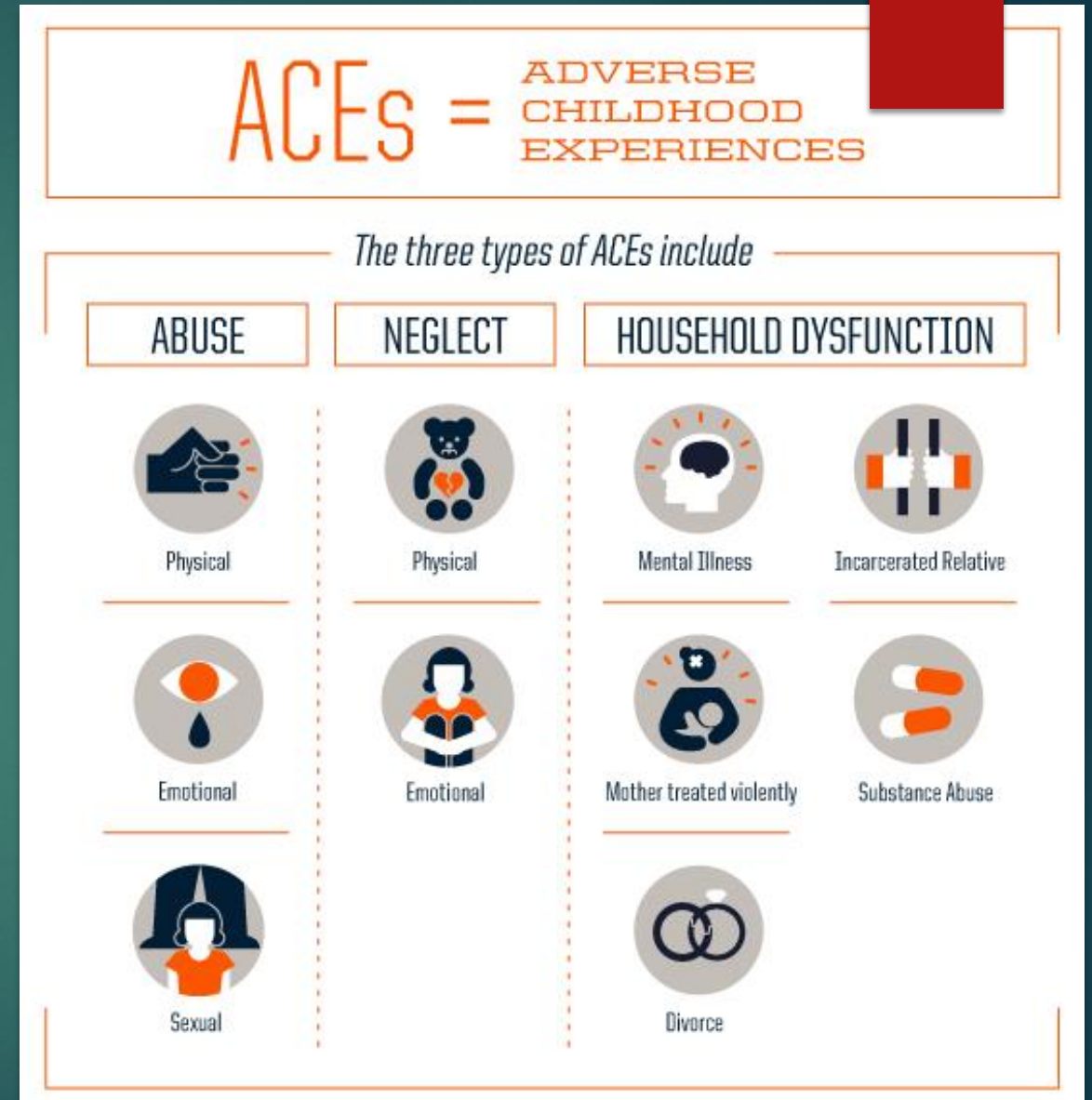Reduced Stamina for academic tasks

Missing Deadlines

Processing deficits

Study Skills

Difficulty with Reading, Math, Written Expression

Adverse Childhood Experiences (ACES)

- A rising concern is the COVID-19 pandemic effect on adverse childhood experiences (ACEs) due to increased parental stress and social/physical isolation.

- These pandemic effects are likely to be increased in already marginalized communities.

- 1 in 6 adults experienced four or more types of ACEs.

- At least 5 of the top 10 leading causes of death are associated with ACEs.

- Preventing ACEs could reduce the number of adults with depression by as much as 44%.

- Students with ACES are more likely to:

  - Engage in risky behavior

  - Poor mental health

  - Poor physical health

ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE — Physical, Emotional, Sexual

NEGLECT — Physical, Emotional

HOUSEHOLD DYSFUNCTION — Mental Illness, Incarcerated Relative, Mother treated violently, Substance Abuse, Divorce

3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.

1 HOUSEHOLD

divorce
incarcerated family member
homelessness
parental mental illness
physical and emotional neglect
alcoholism and drug abuse
bullying
domestic violence
maternal depression
emotional and sexual abuse

2 COMMUNITY

discrimination
substandard schools
historical trauma
violence
lack of jobs
substandard wages
poverty
structural racism
food scarcity
lack of social capital and mobility
poor water and air quality
poor housing quality and affordability

3 ENVIRONMENT

CLIMATE CRISIS
record heat & droughts
wildfires & smoke
record storms, flooding & mudslides
sea level rise

NATURAL DISASTERS
tornadoes & hurricanes
volcano eruptions & tsunamis
earthquakes
pandemic

Thanks to **Building Community Resilience Collaborative and Networks** and the **International Transformational Resilience Coalition** for inspiration and guidance. Please visit **ACEsConnection.com** to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

ACEs Connection

Risk Factors

- Genetics/family history
- Poor attachment
- Parent-child conflict
- Parental drug/alcohol abuse
- Early substance abuse

- Mental health concerns
- Child abuse/maltreatment
- Poverty
- Peer rejection
- Anti-social behavior
- School failure

Protective Factors

- Caring, supportive parents/family

- Secure attachment

- Pets

- Early interventions

- Sports

- Participation in clubs/activities

- Supportive adults/teachers

- Connections with community, church, youth group, etc.

- Social skills

- Resiliency

- Communication skills

- Effective coping skills

- Self-advocacy

School Behaviors

- Low frustration tolerance
- Difficulty with impulse control
- Withdrawal from family
- Concern about physical appearance
- Increased appetite
- Defiance/testing limits
- Low Self-esteem

- Changing interests
- Egotism
- Struggle with sense of identity
- Mood swings
- Need for privacy
- Sexual Experimentation
- Frequent changes in relationships

School Behaviors

- Disorderly behavior:
  - Loud, running around classroom, banging on lockers, leaving location, etc
- Behaving in a rude or disruptive manner:
  - Talking back to an adult, insubordination, etc.
  - Making excessive noise/calling out of turn
  - Use profane/obscene language
  - Use of racial or other slurs
- Hanging out in school hallways or bathrooms

- Violating the dress code or uniform policy
- Failing or refusing to provide ID upon request
- Bullying and/or harassment
- Cutting class or tardiness
- Leaving school without permission/entering or attempting to enter a school building before or after school
- Vandalism and/or graffiti
- Possession or use of a prohibited item under the Code of Conduct

Next Steps

SO, WHAT DO WE DO NOW?
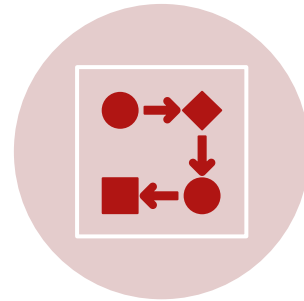
HOW DO WE MOVE FORWARD?

Parent Tips

- Be Observant – for changes that don't go away
- Trust Your Gut – we "know" when something isn't right
- Be realistic in your expectations .
- Our kids still need their parents (despite their protests) and they'll likely need you through college and young adulthood
- Be the "OUT" with regards to peer pressure
- The ride home is rarely the best time for a conversation, when emotions are high and negative
- Allow yourself think time
- Recognize your resources

- Each child is different – and will develop at different rates/paces
- Listen to their conversations with their friends
- Listen more than we speak
- Don't assume skills that are not yet in evidence
- Acknowledge your own stress – everyone is entitled to a bad day
- Adult discussions should stay adult discussions

Parent Tips

Communication

- Monitor your words and your actions
- 5 words or less
- Listen when they want to tell you something – not from a "fix it" perspective but from "how can I help
- Ask concrete questions – "what did you do in Science today" as opposed to "how was school"
- Keep a sense of humor
- Be available
- Communication of necessity vs. that of problem solving
- Be willing to ask tough questions & to hear the answers
- Allow processing time

Sleep

- Limit technology and social media in the bedroom
- Allow for "down time"
- Give permission for opportunities to "veg" from time to time
- Allow for weekends to be opportunities to re-coup lost sleep
- Emphasize the importance of bedtime routines

Routines

- The importance of rules and routines
- Provide a sense of safety and calm
- Minimize "thinking" and processing time
- Allow for "auto pilot"
- Minimize forgetting
- Build/Attach new activities to "old" routines

Supporting Student Learning

- Effective school discipline policies and practices are important in encouraging students' successful learning and safety.

- By addressing the cause for behaviors, we strengthen our student's skills while ensuring a safe and operational learning environment.

- Educators and parents must set clear expectations to their students and examine barriers to school discipline.

- Teams should use a combination of preventative and responsive measures.

- Teams should aim to make discipline measures more productive rather than punitive in nature.

- Teams should consider using an evidence-based approach to supporting students (MTSS).

  - Academic and behavioral supports

School Based Interventions

- Check-in; Check-out
- Check n Connect
- Classroom Observations
- Screen for academic interventions
- Refer for tutoring
- Peer mediation
  - Co-lead discussion
- Classroom guidance: guest speaker/co-leader
- After School Clubs/Activities
- Work with school teams for meetings (i.e., RST, MTSS, CDM, etc)
- Consult with student support team (i.e., school psychologist, school social worker, school counselor, PPW, SLP, OT, behavioral specialist, nurse, etc)
  - Social-Emotional Lessons
  - Advisory opportunities with the experts

- Collaboration with wraparound agencies
- PBIS: provide earned incentives
- Mentorship Programs
- CPI
- Restorative Practices
  - Participate in individual/group/community meetings
- Try Evidence-based social–emotional interventions.
  - Second Step
  - Coping Cat
  - Cognitive Behavioral Intervention for Trauma in Schools CBITS (Grades 4–12)
  - Mindfulness Activities
  - Zones of Regulation

School Tips

- Offer love and attention. Practice attentive listening
- Build Connections
- Focus on the positive
- Answer questions in a developmentally appropriate manner
- Establish and maintain routines. Especially within the classroom
- Be honest when answering questions
- Allow student to de-escalate and calm his/her own reaction
- React Rationally - try not to take it personally

- Respond in Empathic Manner
- Watch your Paraverbal (how you say it)
- Remain Calm and Avoid Power Struggles
- Be observant
  - look for changes in student
- Be realistic in your expectations
- Try not to make assumptions
- Allow yourself wait time

- Be a model
  - Model health coping strategies

- When anxious/angry/upset the adolescent brain cannot process complex language:
  - Use few words
  - convey neutrality
  - Watch your words and nonverbal communication
- You have ONE chance to start the interaction in a positive way
- Use Silence and Wait Time (processing time)
- Use a calm/non-accusatory tone
- Remember personal space
- Keep a sense of humor
- Give student a chance to voice their point of view
  - Listen
  - Allow student to provide information that may change your perception

Mental and Behavioral Health Interventions

- Coordinate and support student mental health services (including Tier 1, Tier 2, and Tier 3) throughout your county.
- Survey students. Also, 1-1 conversations, classroom discussions
- Develop resource tools or maps
- Review your data and determine student needs:
  - Attendance data
  - Discipline data
  - Suicide and self-injury data
  - Preexisting conditions
  - Special needs (i.e. 504, IEP, ESOL plan, StIP)
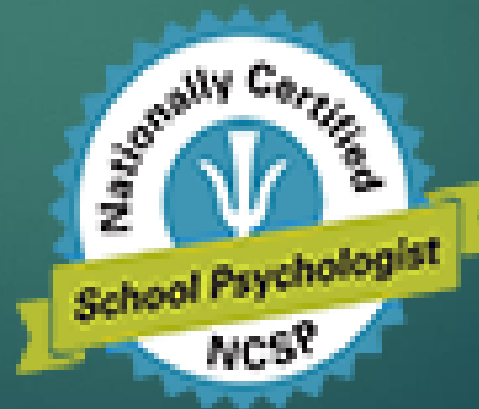 - Previous school-based support

Questions?

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Resources

- Crisis Text line: 741-741
- Safe Schools Maryland
  - 1-833-MD-B-SAFE
  - Safeschoolsmd.org
- National Suicide Prevention Lifeline:
  - 1-800-273-TALK (8255)
- Maryland Youth Crisis Hotline
  - 1-800-422-0009
- National Alliance on Mental Illness, NAMI, Maryland
  - Email: info@namimd.org
  - Phone: 410-884-8691

Resources

▶ Centers for Disease Control and Prevention. (n.d.). *Emergency Responders: Tips for Taking Care of Yourself*.

  ▶ https://emergency.cdc.gov/coping/responders.asp

▶ NASP COVID-19 Resource Center

  https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center

▶ School Reentry Considerations: Supporting Student Social Emotional Learning and Mental Behavioral Health Amidst COVID 19 (ASCA & NASP)

  https://www.nasponline.org/x55418.xml

▶ Framework for Effective School Discipline

  https://www.nasponline.org/disciplineframework

▶ Equity Considerations During and After COVID-19 School Closures

  https://www.nasponline.org/x55210.xml

Resources

- Temple Health. (n.d.). *5 Tips for Staying Connected While Social Distancing.*
  - https://www.templehealth.org/about/blog/5-tips-staying-connected-while-social-distancing

- National Alliance on Mental Illness. (n.d.). COVID 19 Resource and Information Guide.
  - https://www.nami.org/getattachment/About-NAMI/NAMI-News/2020/NAMI-Updates-on-the-Coronavirus/COVID-19-Updated-Guide-1.pdf

- National Alliance on Mental Illness
  - https://www.nami.org/covid-19

- World Health Organization. (n.d.). Mental health and psychosocial considerations during the COVID-19 outbreak.
  - C:\Users\kcowan\Downloads\ https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf

- World Health Organization. (n.d.). How to Cope with Stress During 2019-nCoV Outbreak.
  - https://www.who.int/docs/default-source/coronaviruse/coping-with-stress.pdf?sfvrsn=9845bc3a_8

Discussion Questions

► **What do you want to know more about?**

► **What lingering questions do you have about state laws or BCPS policies regarding discipline?**

► **What additional resources are needed to support students, particularly those in middle schools?**

► **How can parents and schools work together to support student success?**