

Who is going  
To Look After  
Younger Sibs  
Him? You?  
Her??

# TRAUMA-INFORMED SCHOOL SUPPORTS, STUDENT MENTAL HEALTH & DISCIPLINE



## IN THIS CHAPTER

- THE IMPACT OF TRAUMATIC CHILDHOOD EXPERIENCES ON EDUCATION
- ADVERSE CHILDHOOD EXPERIENCES (ACES)
- TRAUMA-INFORMED SCHOOL COMMUNITIES
- SUPPORTING THE MENTAL HEALTH NEEDS OF STUDENTS IN FOSTER CARE
- SUPPORTING THE BEHAVIORAL HEALTH NEEDS OF STUDENTS IN FOSTER CARE
- STUDENT DISCIPLINE: SPECIAL CONSIDERATIONS FOR STUDENTS IN FOSTER CARE
- TRUANCY AND ATTENDANCE CONCERNS
- BULLYING PREVENTION
- MULTI-TIERED SYSTEMS OF SUPPORT

**POSTCARD:** Provided by Foster Care Alumni of America - "Who is going to look after my young sib?"



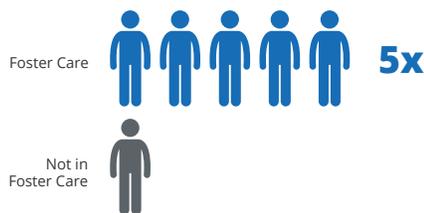
## CHAPTER 10

### Trauma-Informed School Supports, Student Mental Health & Discipline

#### THE IMPACT OF TRAUMATIC CHILDHOOD EXPERIENCES ON EDUCATION

According to the National Child Traumatic Stress Network, “child traumatic stress occurs when children and adolescents are exposed to traumatic events and traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced.”<sup>120</sup> Although the experiences and responses to trauma and loss differ among students, it is important that educational stakeholders become aware of the impact that trauma may have

Children in foster care are **at least 5 times more likely** to have anxiety, depression, and/or behavioral problems than children not in foster care.



on learning, student behavior, student responses to adults, and interactions with peers. Students living in foster care have likely experienced

complex trauma and stress due to experiencing multiple losses, movement from home to home, and having little consistency in their lives. In a 2017 study, Generations United found that “children in foster care are at least five times more likely to have anxiety, depression, and/or behavioral problems than children not in foster care.”<sup>121</sup>

“Understanding trauma is not just about acquiring knowledge. It is about changing the way you view the world. It’s about changing the helping paradigm from “What is wrong with you?” to “What happened to you?”

Sandra Bloom, 2007



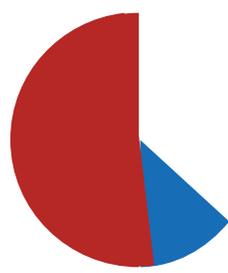
**TIP:** Implementing trauma-informed practices in the classroom and raising the level of awareness about the impact of adverse life experiences on a student’s learning process, classroom behaviors, and cognitive development will help educators and other advocates respond more sensitively and adaptively to a student’s needs.

#### ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Adverse childhood experiences occur regularly with children across all races, economic classes, and geographic regions; however, there is a much higher prevalence of ACEs reported for children and youth in foster care.

Adverse childhood experiences (ACEs) are traumatic events that occur during a person’s childhood. ACEs can have a significant impact on a person’s physical, emotional, and mental health throughout their life. There are also known predictive factors of ACEs for children that can be single, acute events or sustained over time, for example, the death of a parent/guardian, or the detrimental effect of community violence and poverty, among others. Adverse childhood experiences occur regularly with children across all races, economic classes, and geographic regions; however, there is a much higher prevalence of ACEs reported for children and youth in foster care.<sup>122</sup>

ACEs are linked to health issues, as well as mental, emotional, and behavioral challenges in school. Some examples of ACEs include emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, race-based trauma,<sup>123</sup> domestic abuse, household substance abuse, household mental illness, parental separation or divorce, or an incarcerated family member.



**Over half**  
of students in the child welfare system compared to

**only 13%**  
of students outside of foster care

**had 4 or more ACEs.**

Research suggests that children and youth in foster care experience traumatic events far more often than others, and this trauma can shape not only their behavior but also their view of the world. The early experiences of young children have a tremendous influence on their developing brains, and trauma can create toxic stress<sup>124</sup> with lifelong, costly impacts. Post-traumatic Stress Disorder (PTSD) occurs in children and youth in foster care at very high rates. According to a study

by the National Center for Mental Health Promotion and Youth Violence Prevention, 51% of the children in the child welfare system had four or more ACEs, while only 13% of children outside of foster care had four or more ACEs.<sup>125</sup>

## TRAUMA-INFORMED SCHOOL COMMUNITIES

Schools have an important role to play in creating a climate that addresses the integrated social, emotional, and academic needs of students who have experienced trauma.<sup>126</sup> Administrators, teachers, and school staff can help reduce the effects of trauma and grief on children by recognizing trauma responses, accommodating and responding to students within the classroom, and referring students to mental health professionals when necessary.

A trauma-informed school environment provides opportunities for students to have their needs met. Trauma-informed approaches help students:

- Feel connected to the teacher, their peers, and the curriculum being taught.
- Believe that success is attainable with reasonable effort.
- Feel respected by being heard.
- Feel a level of trust and safety in their school community.
- Develop a sense of responsibility, especially in helping other students.
- Look forward to sanctioned moments of gratitude, joy, and laughter every day.
- Believe that lesson content is relevant and purpose-driven.

**TIP:** By creating a school environment where children feel safe and connected, schools can cultivate important protective factors that promote resiliency and help realize the potential of all students.

TEA has a number of resources and tools available to support schools in implementing trauma-informed approaches. The resources are listed on the [TEA Grief Informed and Trauma Informed Practices webpage](#). Increasingly, Texas LEAs are partnering with local mental health organizations to create systems of care for students with mental health challenges. These community-wide partnerships are important to assure that students in foster care receive wraparound supports<sup>127</sup> while at school.

**LAW:** TEC § 38.351 requires LEAs to train school staff on grief-informed and trauma-informed practices. TEC § 38.036 requires LEAs to adopt and implement policy requiring the integration of trauma-informed practices in each school environment, including increasing staff and family awareness of trauma-informed care, implementation of trauma-informed practices and care by district and campus staff, and available counseling options for students affected by trauma or grief.



## Promising Practices: Trauma-informed practices that a campus or LEA can implement to support students in foster care

- Ensure that staff members attend trauma-informed professional development that includes strategies for creating a trauma-informed classroom and the neuroscience behind trauma.
- Provide comprehensive mental health services with [trauma-informed strategies](#) in the school setting.
- Use all available data—both academic and non-academic—as well as a trauma-informed lens and relationship-building to prevent dropout and guide meaningful interventions for students in foster care.
- Ensure use of a strengths-based model that promotes protective factors, mitigates against risk factors, and encourages resiliency to help students thrive in school.<sup>128</sup>



**TIP:** Neuroscience teaches that the early experiences of young children have a tremendous influence on their developing brains, and that trauma can create toxic stress<sup>129</sup> with lifelong, costly impacts. However, studies also show that providing supportive, responsive relationships as early in life as possible can prevent or reverse the damaging and costly impact of trauma that can contribute to negative life outcomes.<sup>130</sup>



### RESOURCES: Increasing Awareness About the Impact of Trauma on Learning

TEA, [Mental and Behavioral Health Grief and Trauma-Informed Practices](#).

National Child Traumatic Stress Network, [“Child Trauma Toolkit for Educators”](#) - An excellent guide on trauma and learning, available in both English and Spanish.

Washington State Superintendent of Public Instruction, [“The Heart of Learning: Compassion, Resiliency, and Academic Success.”](#) - This book provides innovative approaches, practical tools, and applicable resources to equip educators in working with students whose learning has been adversely impacted by trauma.

Child Welfare Information Gateway, [“Support Services for Youth in Transition: Mental Health.”](#) - Provides links and resources for mental health of children and youth in foster care.

Treatment and Services Adaptation Center, [“Support for Students Exposed to Trauma \(SSET\).”](#) - A 10-lesson curriculum designed to be implemented by teachers or school counselors with groups of 8-10 students.

National Center on Safe and Supportive Learning Environments, [“Trauma-Sensitive Schools Training Package.”](#) - Free, online training that offers school and district staff a roadmap and tools for adopting a school or districtwide approach to addressing trauma and promoting resilience for everyone.

Texas Christian University, [“Trust-Based Relational Intervention.”](#) - TBRI® is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children.

Supreme Court of Texas Children’s Commission [Trauma Informed Texas](#).

## SUPPORTING THE MENTAL HEALTH NEEDS OF STUDENTS IN FOSTER CARE

Hope and resiliency are key factors that support students' social and emotional well being. Building hope and developing resiliency in students requires school staff to understand the signs and symptoms of mental health concerns, understand trauma-informed practices, and develop healthy relationships with students in foster care.

The American Academy of Healthy Foster Care American Initiative, identifies mental and behavioral health as the “largest unmet health need for children and teens in foster care.”<sup>131</sup> Of the 400,000-plus children in foster care in America, it is estimated that nearly 80 percent suffer from a significant mental health issue, nearly four to five times the incidence in the general population. Factors contributing to the mental and behavioral health of children and youth in foster care include the history of complex trauma, frequently changing situations and transitions, broken family relationships, inconsistent and inadequate access to mental health services, and the over-prescription of psychotropic medications.<sup>132</sup>

Feelings of grief and loss may manifest in fear, loneliness, withdrawal, anger, an inability to self-regulate behaviors, and a lack of trust in adults. These responses, while normal for students who have experienced toxic stress and trauma, may be confusing to adults who have not been trained in working with students with a history of trauma and mental health challenges.

**80%**  
of students in  
foster care suffer  
from mental  
health issues.



**LAW:** TEC § 38.036 and TEC § 38.351 are also policies related to the mental health, suicide intervention/prevention/postvention, and trauma and grief-informed requirements of school districts in the areas of training, education, procedure, and policy development. Additionally, TEC § 21.054 includes continuing education requirements for a classroom teacher regarding how grief and trauma affect student learning and behavior and how evidence-based, grief-informed, and trauma-informed strategies support academic success of students affected by grief and trauma.

### MENTAL HEALTH RESOURCES FOR STUDENTS IN FOSTER CARE

- Students in foster care have access to mental health resources on the school campus and in their LEA. Professional school counselors and other mental health specialists such as school social workers should provide tier one and tier two mental health supports. (see *Multi-Tiered Systems of Support (MTSS)*, on page 112).
- Many schools in Texas have access to [Communities in Schools](#) (CIS), whose mission is to surround students with a community of support, empowering students to stay in school and achieve in life.
- Each LEA in the state of Texas is required to assign a Foster Care Liaison at the district level (see *Chapter 5: District and Open-Enrollment Charter School Foster Care Liaisons*, on page 54). This individual can serve as the wraparound specialist<sup>133</sup> by connecting the foster family, foster family case manager, and DFPS Education Specialist, and DFPS Education Specialist to mental health supports.
- Oftentimes, students in foster care have licensed counselors that provide therapeutic support to the student. This is an additional member of the support team for students.



#### **Promising Practices: Suggested practices that a campus or LEA can implement to meet the mental and behavioral health needs of students in foster care**

- Assign a Care Team lead (foster care campus champion) at the campus level to serve as a champion for all students in foster care. This individual should have a deep understanding of the needs of the whole child

and serve as their campus level advocate. This individual can support the enrollment process, welcome the student to the school community, and help smooth their transition.

- Ensure that the foster care liaison serves as the Care Team liaison<sup>134</sup> between DFPS, campus leadership, the foster family, the case manager, and other community supports that the student may have.
- Enact policies and procedures to contact the campus champion and LEA Foster Care Liaison when any concerning mental health or behavior problem occurs.
- Ensure all staff members have received required trainings related to mental health signs and symptoms, suicide prevention/intervention/postvention, and trauma and grief-informed strategies.
- Regularly revisit mental and behavioral health best practices and specifically train on the unique needs of students in foster care.

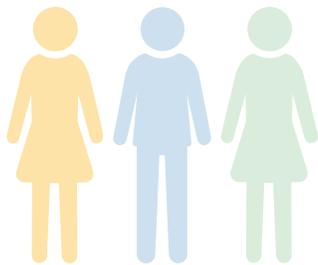
### RESOURCES: Mental Health & Foster Care

National Conference of State Legislatures, "[Mental Health & Foster Care.](#)"  
Chain Online, "[Mental Health in Foster Care Children.](#)"

## SUPPORTING THE BEHAVIORAL HEALTH NEEDS OF STUDENTS IN FOSTER CARE

It is imperative that educators and campus leaders have a deep understanding of the unique experiences and needs of students in foster care and ensure that behavioral health supports are in place. Physical and emotional trauma may impact a student's ability to effectively respond, think, learn, and interact in the school setting. Maltreatment can impact school performance, cause children to experience physical and emotional distress, and result in disruptive behaviors at school. Students who experience trauma may also become agitated, disorganized, and disruptive in both home and school. These disruptive behaviors can often lead to classroom infractions, discipline referrals, truancy, and bullying.

## STUDENT DISCIPLINE: SPECIAL CONSIDERATIONS FOR STUDENTS IN FOSTER CARE



Students in Foster Care are ...

**2 times**  
more likely to receive  
**in-school** suspension,

**3 times**  
more likely to receive  
**out-of school** suspensions,

**2 times**  
more likely to be placed in a  
**DAEP** than their peers.

National data shows that students in foster care are disproportionately suspended, expelled, and placed in separate disciplinary schools or programs in relation to their peers. Data in this report also demonstrates that Texas students in foster care experience higher rates of exclusionary discipline than all other students in Texas schools.

A safe, supportive school climate and discipline practices are associated with high academic achievement, improved grades, strong student attendance, and improved graduation rates. Safe and supportive learning environments facilitate high levels of student engagement and self-discipline. Becoming trauma-informed requires a shift in the educational paradigm of classroom management, discipline practices, and local policies.

As there is no definitive model to support the behavioral health needs of all students, [TEA provides LEAs with guidance and training](#) for best-practice strategies in educational research such as:

- Multi-Tiered Systems of Support (MTSS)
- Positive Behavior Interventions and Supports-Interconnected System Framework (PBIS-ISF)
- Building comprehensive school mental health (SMH) teams
- Trauma and grief-informed training
- Mental health signs and symptoms training and suicide prevention/intervention/postvention training
- Restorative Discipline Practices



### DID YOU KNOW?

Select DFPS Regional Education Specialists offer specialized training on trauma-informed care and classroom strategies. Regional education specialists may attend all notified Manifestation Determination Hearings and school disciplinary hearings as well as education-related meetings, including ARDs, Transition Planning, and Circles of Support at juvenile justice facilities, residential treatment centers, and emergency shelters. It is important that the LEA Foster Care Liaison and DFPS Regional Education Specialists are in close communication to support the student's needs.

## NATIONAL GUIDANCE

The U.S. Departments of Justice and Education (ED) issued joint guidance urging LEAs to create safe and supportive school climates and use exclusionary discipline only as a last resort.<sup>135</sup>

### Schools are encouraged to:

- Provide “meaningful instruction” if a student is removed from class;
- Reduce the number of suspensions, expulsions, and arrests by providing targeted supports and interventions with a proven track record of success; and,
- Provide students with enhanced/increased access to mental health professionals.

These practices align with current educational research on student-centered approaches and personalized learning strategies for structuring the school experience for all students to become ready for college, a career, or the military. In contrast, exclusionary practices – where students are removed from their classroom without meaningful instruction and interventions to address their needs – deny students instructional time and may lead to poor outcomes such as truancy, decreased social development, dropping out of school, involvement in the juvenile justice system, and delayed employment.



## SOME SCHOOL DISCIPLINARY ACTIONS MAY HAVE UNINTENDED NEGATIVE IMPACTS

**Corporal Punishment** — Some schools in Texas utilize corporal punishment as a form of discipline. DFPS policy states that all children and youth in DPFS conservatorship may NOT receive physical discipline, including corporal punishment. Children and youth who have been abused and neglected and who are in DFPS conservatorship are learning to recover from their abusive pasts and trust adults again. Physical discipline undermines the effort students make to overcome those experiences; it could also trigger other emotional responses. It is important that caregivers provide a written signed statement “opting out” students in foster care from receiving any form of corporal punishment. This opt-out statement should be signed annually and always completed when a student arrives at a new LEA.<sup>136</sup>



School officials and LEA Foster Care Liaisons can assist in guaranteeing that corporal punishment is not used against any students in foster care. They can also remind caregivers during the enrollment process to sign the designated waiver exempting students from corporal punishment. One way to ensure this happens is to create policy and procedures for the LEA foster care liaison to be contacted when there is a discipline referral for a student in foster care.

**Student Ticketing** — In some school districts, school-based law enforcement officers issue citations for unlawful conduct committed on campus.<sup>137</sup> These citations can be problematic for students in foster care; DFPS lacks funding to pay for school tickets and fines, leaving this responsibility to the caregiver, who may or may not pay the ticket. Fines may go unpaid and older students, once they have left foster care, may have unpaid tickets that could lead to warrants issued for their arrest. LEAs should be aware of these consequences from the issuance of citations on students in foster care, students who are homeless, and other students who do not have resources to pay a fine.

**Suspension and Expulsion** — Multiple school suspensions and disciplinary actions have a negative impact on a student's education. Students in foster care are much more likely to be disciplined in school for fighting and "serious behavior" and are more likely to receive out-of-school suspension in comparison to the general student population.<sup>138</sup> This may be because of the effects trauma has on the brain and on behavior. Always use discipline practices that keep the student in school rather than suspension or expulsion – which could actually increase negative outcomes.

Authorities may consider other disciplinary actions, rather than school ticketing, for some student offenses. Schools may consider non-financial penalties, including community service and in-school disciplinary actions, for students in foster care.



**LAW:** LEAs must notify the student's educational decision-maker and caseworker regarding events that may significantly impact the education of a student, including the following school disciplinary actions:<sup>139</sup>

- Any disciplinary actions under Chapter 37 for which parental notice is required.
- Citations issued for Class C misdemeanor offenses on school property or at the school-sponsored activities.
- Reports of restraint and seclusion required by § 37.0021.
- Use of corporal punishment as provided by § 37.0011 (not permitted for students in foster care).



**TIP:** The foster care liaison must serve as the connector when a disciplinary infraction takes place. This includes connecting with the mental health specialist, campus administrator, professional school counselor, teacher(s), caregiver, case manager, and others, to ensure there is open communication and supports are in place both on campus and in the home.

For a comprehensive list of school events where the education decision-maker and caseworker must be notified, See *Caregiver & Caseworker General Education Decision-Making Responsibilities*, on page 98.



**Promising Practices: Trauma-informed discipline practices a campus or LEA can implement to support students in foster care:**

- Participate in professional development on restorative circles, integrated school mental health, and trauma-informed disciplinary interventions that advance positive educational outcomes for students in foster care.

- Implement an integrated approach that connects behavioral and mental health services with academic instruction and learning, including discipline or classroom management plans. Support plans should include Restorative Practices.
- Explore collaborative agreements with local mental health agencies to provide prevention, intervention, and behavioral health support services that address student discipline and well-being at school.
- Develop local agreements with community organizations to address risk factors including mental health, physical health, truancy, attendance, and social service needs.
- Collaborate between caregivers, advocates, educators, and mental health professionals as a student support team or Care Team to share information needed to develop personalized, multi-tiered behavior support plans and practices that address root causes of disruptive behavior for students in foster care.
- Implement a schoolwide positive behavior approach that teaches appropriate behavior and ensures student safety in a supportive learning environment.

**Students who feel safe and supported are better equipped to learn.**



### RESOURCES: Student Discipline

The Meadows Center for Preventing Educational Risk, "[Response to Intervention \(RTI\) and Students in Foster Care: What Service Providers Need to Know](#)." - Online professional development module about how schools use Response to Intervention (RTI) to prevent learning and behavior difficulties that specifically addresses students in foster care.

TEA, [Texas Behavior Support Initiative \(TBSI\)](#).

TEA, [Response to Intervention \(RTI\)](#).

Mental Health Technology Transfer Center Network, "[National Center for School Mental Health Best Practices](#)."

U.S. Department of Education, [School Climate and Discipline Laws and Guidance](#)

Office of Juvenile Justice and Delinquency Prevention, "[The School Discipline Consensus Report: Strategies from the Field to Keep Students Engaged in School and Out of the Juvenile Justice System](#)."

[Legal Center for Foster Care and Education](#) - Download national factsheet on the educational outcomes of children in foster care.

TEA, [Restorative Discipline Practices in Texas](#)

## TRUANCY AND ATTENDANCE CONCERNS

School attendance is mandatory for students in foster care, as it is for all other 6 to 18-year-old Texas students. Due to the nature of foster care, students may have various appointments that are mandated through court orders or their case that may interfere with school attendance. Caregivers should try to schedule student appointments before and after school and on the weekends; however, sometimes this is not possible. Caregivers and school staff should work together to secure missed assignments and ensure students complete them. *See Section 3 of the TEA, Student Attendance Accounting Handbook*, for general attendance requirements.

If there are truancy concerns, contact the caregiver immediately. If the caregiver is not responsive and/or a student continues to miss school, contact the DFPS or Community-Based Care caseworker as soon as possible. This is applicable to all students, including those living in a group home, residential treatment center (RTC), or emergency shelter. To prevent further student disciplinary action, provide early notification to the student's caseworker.



**TIP:** Keep in mind that truancy, like many other behaviors that students in foster care exhibit, is likely an externalizing reaction to the trauma the students have experienced. Approaching the discipline of truancy with students in foster care in the same manner as students who are not in foster care may not lead to better behavior. See *Supporting the Behavioral Health Needs of Students in Foster Care*, on page 105.



**LAW:** TEC § 25.0915: A school district shall offer additional counseling to a student and may not refer the student to truancy court if the school determines that the student's truancy is the result of being in the state foster program.

Truancy policies in Texas require the analysis of the root cause of chronic attendance problems. For example, LEAs may need to provide students in foster care who are truant with additional counseling supports. Poor attendance can be remedied when schools partner with students and caregivers to use data to monitor student progress and implement promising and proven practices, particularly during transitions.



**TIP:** Attendance data related to students in foster care (including absences and tardiness) is an important piece of information to consider during student focused meetings.



### **Promising Practices: Trauma-informed truancy practices that a campus or LEA can implement to support students in foster care:**

- Regularly monitor attendance data. Staff can calculate the percentage of all days attended by students in foster care based on the available instructional time. Given the mobility of students in foster care, this analysis may be a more accurate accounting of the percentage of school days the student attended.
- Implement practices and procedures for students in foster care who are truant. Students in foster care must receive additional counseling services if the school determines that the student's truancy is the result of being in foster care.



**LAW:** 19 TAC § 129.1045: It is important that a multi-disciplinary team works together to conduct an attendance and truancy needs assessment, discuss opportunities to work together, and identify strategies to coordinate both internally and externally to address students' attendance barriers.

Districts should ensure that the following personnel can be included in a multi-disciplinary team:

- Truancy Prevention Facilitators or Juvenile Case Managers
- Attendance Officers
- McKinney-Vento Liaisons
- LEA Foster Care Liaisons
- Title IX Coordinators
- 504 Coordinators
- Pregnancy and Parenting Coordinators
- Dropout Prevention Coordinators

- Special Education Staff
  - Other Appropriate Student Services Personnel
- Build a culture that promotes good attendance habits for children beginning in elementary school that will enhance the student’s instructional time for reading and mathematics to facilitate a pattern for strong school attendance in secondary school.
  - Develop local agreements with community organizations to help engage students and address risk factors including attendance, truancy, mental health, physical health, and social service needs of their student populations that present barriers to school success.
  - Ensure activities on the campus consist of engaging classroom instruction and extracurricular activities, including sports, the arts, youth development activities, and enrichment programs. These activities are strongly associated with enhanced school engagement evidenced by better attendance, higher levels of achievement, and aspirations to higher levels of education.
  - Assign mentors to ensure that students in foster care attend school every day. Mentors can help by:
    - Monitoring student attendance.
    - Assisting in making reasonable efforts to schedule appointments outside of school hours and test days.
    - Facilitating participation in extracurricular activities.
    - Helping students access tutoring and other needed supports.
    - Monitoring homework completion and academic progress.
    - Identifying students’ interests and strengths.
    - Communicating necessary social-emotional information.
    - Collaborating with teachers to strengthen school engagement and strategies for academic success.



### RESOURCES:

TEC § 25.0915 – [Truancy Prevention Measures](#).

Texas Administrative Code (TAC), Title 19, Part 2, Chapter 129, Subchapter BB:  
[Commissioner’s Rules Concerning Truancy Prevention Measures and Sanctions](#).

Texas Education for Homeless Children & Youth, [Foster Care Liaison](#).

## BULLYING PREVENTION

Bullying can be defined as aggressive and unwanted behavior that involves a perceived or real imbalance in power. A bullying behavior is repeated or has the potential to be repeated over a length of time. Being bullied or bullying others has lasting effects. 1 in 3 elementary school students and 1 in 5 high school students report being bullied.<sup>140</sup> There are four types of bullying: cyberbullying, physical bullying, verbal bullying, and social bullying.<sup>141</sup> Students in foster care are often more susceptible to bullying. Early exposure to abuse and trauma often results in lower self-esteem, a lack of social skills, and more introverted behaviors. These behaviors can draw attention to bullies seeking more vulnerable targets. Being bullied can lead to mood swings, depression, increased anxiety, and trouble in school.<sup>142</sup> Bullying, added to complex trauma, can lead to serious mental health concerns for students.



**TIP:** Provide students in foster care with a safe adult (an “ally”) on campus to whom they can report any mistreatment or bullying.



**LAW:** “Cyberbullying,” as defined in David’s Law<sup>143</sup>, is bullying that arises from a pattern of acts or one significant act that is done through any electronic communication device, including a cellular or other type of telephone, a computer, a camera, electronic mail, instant messaging, text messaging, a social media application, an Internet website, or any other Internet-based communication tool.

### DID YOU KNOW?

**David’s Law** provides that, in addition to a school counselor’s responsibilities, the counselor will serve as an impartial, non-reporting resource for interpersonal conflicts and discord involving two or more students, including accusations of bullying. This role will not exempt a school counselor from any mandatory reporting requirements imposed by other provisions of law.

**David’s Law - Deeper Dive**<sup>144</sup> (passed in 2017) amends the Education Code provisions regarding bullying to better define and encompass cyberbullying. It encourages school districts to establish a district-wide policy related to bullying prevention and mediation. It provides for anonymous reporting for students, includes cyberbullying off campus and after school hours, and modifies the parental/guardian notification procedure. It provides flexibility in the disciplinary placement or the expulsion of students engaged in certain types of very serious bullying. It authorizes school principals to report certain incidents of bullying to local law enforcement and provides protection from liability for doing so. It expands the scope of instruction that can satisfy continuing education requirements for classroom teachers and principals to include instruction related to grief-informed and trauma-informed strategies. It requires the Texas Education Agency (TEA) to maintain a website with resources related to student mental health needs.



### Promising Practices: Trauma-informed, bullying-prevention practices a campus or LEA can implement to support students in foster care:

- Implement schoolwide programs and policies that promote a culture of open communication and ally behaviors. Assign a safe person both at school and at home to talk to when there is a concern with bullying. Strong relationships and open communication create transparency and honesty.
- Discuss bullying proactively; provide strategies for dealing with bullying situations whether the student is the target or bystander. Role play scenarios with them.
- Watch for signs that students in foster care are being bullied (e.g., faking illness, unexplained injuries, declining grades, decrease in self-esteem, changes in eating and sleeping habits, sleep issues, acting out in class in order to be sent home, etc.).
- Find ways for students in foster care to develop meaningful relationships with their peers and provide leadership opportunities.
- Host parent and caregiver information nights to educate parents/guardians about bullying, noting trends in cyberbullying and the use of cellphones.



**TIP:** Implementing a bullying prevention and intervention program without also addressing trauma may be missing the needs of many children.<sup>145</sup>

## MULTI-TIERED SYSTEMS OF SUPPORT (MTSS)

In order to keep students engaged in school and on track to graduate, schools are encouraged to use trauma-informed approaches within a Multi-Tiered System of Support (MTSS). Using and monitoring education data on the local aggregate and student levels can help courts, educators, caseworkers, caregivers, and advocates determine if students in foster care are on track for high school graduation. The Texas MTSS framework for school mental health is designed to provide a continuum of services. Specific to students in foster care, these supports could look like:

### TIER 1: Broad activities targeted to all students

- Interpersonal/social and emotional teaching and learning.
- Teaching mental health awareness.
- Behavioral health screening.
- Grief and trauma-informed practices, policy, and procedures.
- Self-referral process and promoting help-seeking behavior for access to services and supports.
- School-wide behavior and mental health practices and procedures, including suicide and bullying prevention and interventions.

### TIER 2: Targeted intervention for identified students

- Student Wellness or Intervention Plans with Care Team.
- Evidence-based classroom or small group interventions for skill building, such as problem-solving, conflict resolution, building/maintaining relationships, goal setting, decision-making, stress management, and resiliency building.
- Mentoring.
- Low-intensity classroom-based supports, such as daily teacher/student check-ins.
- Individual interventions, such as solutions-focused counseling, parent engagement, and family group psychosocial education.

### TIER 3: Treatment or services for students with mental health needs

- Student Wellness or Intervention Plans with Care Team.
- Crisis responses.
- Re-entry plans.
- Group or family therapy.
- Data collection and monitoring progress.
- Case coordination with mental health providers, physicians, etc.



### Promising Practices: Trauma-informed practices that campuses and LEAs can implement to support students in foster care:

- Hold frequent student Care Team Meetings to review the student's educational progress, identify needs, plan for academic interventions, and wraparound student support services both at school and in the community that include caregivers in the process.
- Use all available data - both academic and non-academic - as well as a trauma-informed lens, relationship building, and research to guide meaningful interventions to support school success for students in foster care and prevent dropouts.
- Develop local agreements with community organizations based on needs addressed by the MTSS Team. These partnerships help engage students and address risk factors including, truancy, mental health, physical health, attendance, and social service needs that present barriers to school success.
- Develop a local system to track data for students in foster care, including attendance, tardies, grades, credits, personal graduation plans (PGP)s, discipline records, nurse visits, etc. LEAs readily have access to this data to monitor student progress. Use of early warning data is a foundational research-based strategy to help students

who are disengaged get back on track, mitigate against risk factors, and prevent dropout. Schools and DFPS may add non-academic risk indicators to an early warning indicator system and may implement joint Early Warning Data Systems (EWDS) to examine well-being and academic risk indicators. Although educators can implement EWDS and caregivers can log into LEA parent/guardian portals to monitor measures such as grades, attendance, and homework completion, these academic indicators may not get to the root cause of what makes the student at risk for negative outcomes.

- Review the “[Information Sharing between Child Welfare and Schools Guide](#)” to balance confidentiality while building collaboration.
- Assess student interests, outreach to caregivers, and assist with enrolling students in extracurricular activities such as after-school programs that will help to engage students in school.



### **RESOURCES:** Multi-Tiered Systems of Support

TEA, [Tiered Interventions Using Evidence-Based Research \(TIER\)](#). - Provides educators, caregivers, and other educational stakeholders with the knowledge and materials to ensure appropriate implementation of a multi-tiered system of supports (MTSS) in schools.

[Center on Positive Behavior Intervention Supports \(PBIS\)](#). - Examples, materials, presentations, publications and videos on PBIS in an Interconnected Systems Framework (ISF)

[The National Center for School Mental Health Institute \(NCSMHI\)](#). - Free online curriculum for LEAs to develop comprehensive school mental health (SMH) systems.