Addressing Trauma Among School-Aged Children

A Process Evaluation of the Margaret's Place Program

By Andrew Martinez, Elise Jensen, Lina Villegas, and Lama Hassoun Ayoub

Center for Justice Innovation

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Executive Summary

In 2018, the Manhattan District Attorney's Office, through its Criminal Justice Investment Initiative (CJII), awarded the Joe Torre Safe at Home Foundation a grant to implement Margaret's Place in Communities Impacted by Trauma-Exposed Youth or "Margaret's Place" between 2018 and 2021. This model consisted of an expansion of Joe Torre's existing program model by integrating parents and the local community. Margaret's Place was implemented in two public schools located in Washington Heights: JHS 143 (grades 6-8) and The College Academy (grades 9-12).

Margaret's Place aims to raise awareness about experiences of trauma and violence among youth and provide direct interventions for those impacted, with particular attention to the many types of violence (e.g., home, community, and dating) experienced by young people. The program seeks to decrease trauma symptoms, develop healthy coping skills, build resilience, empower students to speak up against violence, and reduce exposure to violence in the community. Margaret's Place uses three levels of intervention that target students exhibiting varying levels of risk for trauma as follows:

- Tier 3 programming consists of direct individual and group counseling services for students who experience acute stressors or exhibit mental health challenges.
- Tier 2 programming consists of workshops and small group discussions for students who are at-risk for trauma, but do not necessarily exhibit symptoms.
- Tier 1 programming is designed for all students and offers supportive experiences for students such as school-wide awareness campaigns, peer leadership, and Youth Empowered to Speak (YES)—Margaret's Place's signature 5-module violence prevention curriculum.

The Manhattan District Attorney's Office funded the Center for Justice Innovation to evaluate Margaret's Place to document program implementation, including adaptations during the COVID-19 pandemic and its perceived impact. This report presents findings from the process evaluation of Margaret's Place that was conducted between 2019 and 2021. The process evaluation was designed to answer the follow research questions.

1. How does Margaret's Place operate? Is it being implemented as intended? What are its successes and challenges?
2. What is the scope (e.g., number of students, referrals) of counseling services?

3. What is the perceived impact of the Margaret's Place counseling services and the YES program on students?

Methods

The process evaluation relied on multiple data sources: program documents; interviews with program and school staff; program administrative data; and surveys completed by students who participated in the YES program. Below we summarize the data sources and collection methods used in the process evaluation.

Program Implementation

- **Program documents** We reviewed Margaret's Place documents to inform our understanding of program activities including a needs assessment summary, student counseling intake forms and assessments, the YES curriculum, workshop lessons, and awareness campaign materials.

- **Administrative data** We obtained Margaret's Place administrative data ranging from the 2018-19 through the 2021-22 (fall only) school years. The data consisted of student demographics, individual and/or group counseling sessions, peer leadership participation, and external service referrals.

- **Interviews** We conducted 17 semi-structured interviews with Margaret's Place and Dominican Women's Development Center (DWDC) program staff as well as school staff. The interviews were conducted across three phases. Phase 1 focused on the program model that was implemented before COVID-19. Phase 2 focused on the impact of COVID-19 on programming. Phase 3 focused on adaptations resulting from early evaluation feedback, reflections on working with an evaluation partner, and lessons learned.

Perceived Impact

- **Interviews** We assessed the perceived impact of counseling services by conducting interviews with program and school staff.

- **Surveys** We assessed the perceived impact of YES through a short survey that was administered to students (7th graders at JHS 143; 9th graders at The College Academy)

during the 2020-21 and 2021-22 school years. The survey questions measured student learning (e.g., types of violence, coping skills) and student satisfaction.

Findings

We identified key findings related to program implementation and perceived impact based on this evaluation.

Program model

- **Margaret's Place is a critical resource despite some implementation challenges.** Margaret's Place was viewed by school staff as a critically needed resource that provides clinical services to students. Despite some early challenges, school staff became increasingly receptive and "bought-in" to the Margaret's Place program. Some of challenges to school buy-in included conflicting beliefs about trauma, operational challenges (e.g., scheduling), lack of communication, and concerns about confidentiality. Limited resources, such as staffing support, were also reported challenges.

- **The program model could be further clarified.** The program model evolved and was understood differently among program and school staff. For example, staff we interviewed described the program as have varying goals and focus areas including child abuse, sexual abuse, domestic violence, teen dating violence, bullying, and trauma. Some program staff reported that Margaret's Place is the primary provider of trauma-informed services whereas others view Margaret's Place as an entry point for service provision.

Counseling Services

- **Program and school staff viewed the counseling services favorably.** Counseling services were accessible to students, took place in a safe space, and were generally viewed as beneficial to students.

- **A validated trauma-screening tool can strengthen counseling services.** Counseling services include a variety of standardized forms and assessment tools, including a trauma screener. However, the trauma screener is not validated and does not assess symptomology and distress, which can otherwise inform treatment planning.

- **Students generally received few counseling sessions.** Counseling services were provided to many students. However, based on administrative data, students generally received a low number or "dosage" of counseling sessions—two sessions per student.

Youth Empowered to Speak (YES)

- **Students enjoyed the YES sessions, but the extent of learning varies.** According to satisfaction surveys, students enjoyed the YES program, but the extent of their learning varied across topic areas. Students reported learning most about the different types of violence, which is a central focus on the YES program.

- **YES can benefit from being developmentally adapted.** Based on our review of the YES curriculum and staff interviews, YES was not developmentally differentiated by grade levels or age groups. Different pedagogical strategies are needed when delivering content to middle and high school students, and YES should be adapted accordingly.

- **YES can benefit from being culturally adapted.** The YES curriculum was not tailored to the social-cultural population of student in Washington Heights, such as not being translated into Spanish.

- **YES can be better aligned with evidence-based best practices.** Extensive research in school, community, and clinical settings has informed best-practices on the types of protocols and practices that programs should use to reach social-emotional and behavioral outcomes. Accordingly, the YES curriculum design can benefit from being *sequenced*, such that certain skills build upon previously learned skills; *active* given that the curriculum is largely reading and discussion based; *focused* on one or two topics at a time; and *explicit* so that learning objectives are stated clearly.

- **Program staff reported challenges related to delivering the YES curriculum.** These challenges included classroom management and scheduling.

Schoolwide activities

- **Students and school staff viewed schoolwide activities favorably.** Schoolwide activities (e.g., awareness campaigns) were generally accessible to students

and visible to the student body and school staff. A common theme across schoolwide activities was the opportunity to leverage student voice and ownership.

Staff training

- **The Margaret's Place training offered a foundational understanding of trauma.** Based on a review of Margaret's Place staff training materials, the training provided a general understanding of trauma and helps to guide staff toward recognizing signs of trauma in their students, which are essential areas.

- **The training can benefit from additional content.** The trauma training narrowly defined trauma as physical and emotional violence and reviews the different forms of trauma (e.g., secondary trauma). However, the training materials offered limited explicit and concrete guidance and examples on practices that teachers can use to be more trauma-informed (e.g., creating predictable classroom transitions).

Parent engagement

- **Program staff had difficulty engaging parents.** Program staff reported that referring parents to counseling services was more difficult than initially anticipated. Therefore, counseling services for parents were not implemented as intended under the original Margaret's Program model. Program staff reported challenges to parent engagement such as parents being unavailable to participate and not being informed about school events involving parents so that they generate patient referrals. Program staff did engage parents through workshops.

Impact of COVID-19

- **Program staff reported numerous program challenges during COVID-19.** Margaret's Place experienced many challenges that were brought forth because of the COVID-19, which were documented within the process evaluation. Many program services, such as counseling services, YES, and schoolwide programming could not be delivered in person since the onset of COVID-19 and through the 2020-21 school year.

- **Margaret's Place was adapted during COVID-19.** Margaret's Place was adapted to ensure that at least some services could continue to be delivered to students remotely, including counseling services, YES, and most schoolwide programming activities.

They also continued to engage parents through regular newsletters, virtual platforms, and social media.

Recommendations

Based on the findings of this evaluation, we recommend the following:

- **Develop a clear program model.** The program model should articulate its goals and objectives, clear focus areas, and how resources and activities are designed to reach such goals.

- **Develop strategies to address implementation barriers.** Address implementation challenges by ensuring that schools are "implementation ready" or have the necessary structures, buy-in, and resources to ensure that the program can be successfully implemented. Readiness inventories or checklists can help to move programs in this direction.

- **Address schoolwide structures (e.g., policies) and practices (e.g., disciplinary approaches).** Certain school structures and practices can inadvertently create stressful or toxic environments for students. Toward this end, Margaret's place staff training can be further developed to guide school staff on how to alleviate school stressors that can be retraumatizing to students.

- **Increase the "dosage" of direct service delivery counseling sessions provided to students.** If Margaret's Place intends to serve as a primary provider of trauma-related services to students, then the program will need to increase to number of sessions delivered to students.

- **Use a validated instrument to screen for trauma.** Margaret's Place should utilize a validated screening tool that can help to identify students presenting with trauma and that also assesses symptomology. The use of a validated instrument will ensure that individuals presenting with a specific condition, in this case trauma, are correctly identified and will also help to inform treatment.

- **Enhance the YES curriculum by aligning it with evidence-based practices.** The YES curriculum can benefit from being anchored in a theoretical framework and ensuring that the curriculum is appropriately sequenced, includes active forms of learning, is focused, and has explicit learning objectives.

- **Enhance the YES curriculum by differentiating it by grade levels.** The YES curriculum should be adapted for different grade or age levels such as for middle and high school students, to ensure that it is pedagogically appropriate for students who differ developmentally.

- **Translate the YES curriculum.** The YES curriculum should be translated into Spanish, particularly when it is used with students who are not English dominant.

- **Pause the parent component of Margaret's Place.** Margaret's Place should further refine the program model and strengthen its core programing. Until the core areas of the program are strengthened, ancillary programming should be paused to ensure that there is theoretical, practical, and evidence-based reason to include a parent component.

Introduction

For children and youth who experience trauma and violence at home or in their communities, those experiences often manifest in school. Schools can be a critically important setting for providing support, addressing trauma, and fostering social-emotional skills and resilience. Mental health practitioners in schools have typically worked with individual children to address the impact of trauma and violence on their development, behaviors, and academic performance. However, in communities with large numbers of students affected by those experiences, implementing schoolwide prevention and intervention programs can benefit many students and may have downstream effects on student well-being, behavior, and academic achievement (Mendelson et al., 2015). In recent years, the number of school-based programs addressing the impact of violence and trauma on children and youth has grown. Even though some studies have reported successful implementation and results (Mendelson et al., 2015), there is no "one-size-fits-all" trauma-focused program model. School-based programs across the country vary in terms of target student age, culture, geographic location, and other factors.

Accordingly, there is a need for an evidence base regarding trauma-informed service delivery in schools (Chafouleas et al., 2016). Evaluations of these school-based programs should assess their implementation, impact, and sustainability. Toward this end, the Manhattan District Attorney's Office, through its Criminal Justice Investment Initiative (CJII), funded the Center for Justice Innovation to evaluate the Joe Torre Safe at Home Foundation's Margaret's Place in Communities Impacted by Trauma-Exposed Youth (MP-CITY) (referred to as "Margaret's Place" for the remainder of the report) in Washington Heights, Manhattan. The City University of New York's Institute for State and Local Governance (ISLG) oversaw our work on this evaluation as part of its management of CJII. This report presents the methods, findings, and recommendations from this evaluation.

The Joe Torre Safe at Home Foundation's Margaret's Place Program

Margaret's Place began in 2005 and operates in 19 schools (18 in the United States and one in Tahiti)—including three high and two elementary schools in New York City. To date, the program has served over 140,000 students, ages 5-18. Margaret's Place aims to raise

awareness about experiences of trauma and violence among youth and provide direct interventions to impacted youth, with particular attention to the many types of violence (e.g., home, community, and dating) experienced by young people. The program seeks to decrease trauma symptoms, develop healthy coping skills, build resilience, empower students to speak up against violence, and reduce exposure to violence in the community.

The program uses three levels of intervention that target students exhibiting varying levels of risk for trauma. Interventions in the first intervention tier—such as Margaret's Place's schoolwide programming (e.g., schoolwide campaigns on special topics, workshops)—target the wider school population, regardless of individual student risk factors. Margaret's Place Tier 1 interventions offer the opportunity for students to participate in non-stigmatizing programming designed to promote a positive school climate and supportive experiences for students. Schoolwide programming also exposes students to program staff and offerings, making it more approachable for students. The program's Tier 2 addresses students who are at risk for trauma (e.g., workshops called "therapeutic recreation" for students experiencing potential dating violence) but do not necessarily exhibit symptoms, by discussing topics that pose potential challenges for youth. The program also offers direct services (Tier 3), including individual and group counseling, to youth who have experienced more acute stressors or are exhibiting mental health challenges. The specific version of the Margaret's Place model implemented in Washington Heights and evaluated in this report is an adaptation of the original program model that expands counseling services to parents of students who are receiving counseling services.

Implementing the Margaret's Place Model

In 2018, the Manhattan District Attorney's Office awarded Joe Torre Safe at Home a grant to implement an expansion of Margaret's Place in two public schools located in Washington Heights: JHS 143 (grades 6-8) and The College Academy (grades 9-12). The expansion of Margaret's Place in Washington Heights, officially referred to as Margaret's Place in Communities Impacted by Trauma-Exposed Youth (MP-CITY), differs from other programming by integrating parents and the local community into the program model. This focus was largely informed by a needs assessment conducted by Margaret's Place that revealed domestic violence as a specific issue of concern.

Washington Heights, which has a population of approximately 144,000, is a culturally diverse community known for its high concentration of Hispanic/Latinx residents (64%, compared to 28% citywide). In 2019, nearly 16% of Washington Heights residents lived in

poverty[1]. The student population at JHS 143 and The College Academy generally reflects the demographics of the Washington Heights community. According to the New York City Department of Education (DOE) data from the 2019-2020 school year[2], JHS 143 had a total of 222 students and The College Academy had 367 students. Both schools are attended predominantly by Hispanic/Latinx (87% and 89%) and Spanish-speaking (56% and 54%) students. The percentages of students that qualify for free and reduced lunch at JHS 143 and The College Academy are 19% and 92%[3], respectively.

Program Components Supporting Students

The Margaret's Place model consists of the components described below for students, school staff, and parents (see Appendix A for the program's logic model).

Tier 3 Programing

- **School-based Individual Counseling** includes crisis interventions and individual counseling sessions for students impacted by violence and trauma or who experience other challenges. Students are generally referred to individual counseling by a teacher or guidance counselor. Sometimes students learn about counseling services through a friend or schoolwide events and independently reach out to a counselor.
- **School-based Group Counseling** sessions are offered throughout the school year to students impacted by violence and trauma or who experience other challenges. Session topics include healthy relationships (i.e., with an intimate partner, friends and family), teen dating violence awareness, and trauma. Counselors have also included groups on race-based trauma and acculturation. These are often discussion-based sessions but can also include activities (e.g., gardening). Students can also participate in arts-based group counseling, using narrative journal writing to facilitate healing.

[1]Statistics are available at https://furmancenter.org/neighborhoods/view/washington-heights-inwood.

[2] Statistics are available in the demographic snapshot. https://infohub.nyced.org/reports/school-quality/information-and-data-overview.

[3] Free and reduced lunch is often used as a measure of child poverty. The percentage of students who received free and reduced lunch at The College Academy is much larger than adult poverty in Washington Heights (92% vs. 16%). It is possible that students who attend The College Academy represent another part of Washington Heights or parents who can afford to remove their children from in public high schools have already done so. However, we would need more information to confirm our explanation.

Tier 2 Programing

- **Student Workshops and Small Group Discussions** are held throughout the school year, often as lunch sessions that are open to all students. These sessions take place in the Margaret's Place Space. Workshop topics include dating safety, healthy relationships, consent, and bullying/cyberbullying. Counselors occasionally add new topics based on student needs and interests.

Tier 1 Programing

- **Youth Empowered to Speak (YES)** is a five-session violence prevention program for 7th and 9th graders, with each session presented in a single class period. The curriculum presents standardized lesson plans across five sections: 1) understanding violence, 2) the impact of trauma, 3) coping skills and safety strategies, 4) how to be a responsible bystander, and 5) empowerment. Curriculum modules include presentations, vignettes, and reflection activities to elicit student discussion.
- **Margaret's Place Space** is a safe and private room in the school dedicated to Margaret's Place services. The room is open from 8:00 am to 4:00 pm for any enrolled student, but students are discouraged from using this room if they are in class unless they are experiencing a crisis. Students come to the room for counseling services, the peer leadership program (described below), student workshops and small group discussions.
- **Peer Leadership** is a group of 10-15 students who are trained to educate their peers about violence, abuse, and conflict mediation, often through schoolwide awareness campaigns and classroom presentations. Students are recruited through workshops, open lunches, therapeutic activities, and teacher referrals. To participate, students must submit an application that includes a letter of recommendation from an adult (usually a teacher) and complete an interview with the counselors and the alumni[4] working at that school. Peer leaders meet a minimum of 30 times throughout the school year.
- **Schoolwide Awareness Campaigns** are organized at least twice during the school year and involve students, teachers, and administrators. The campaigns raise awareness about teen dating violence and unhealthy relationships. Depending on student interest in specific issues of concern (e.g., mental health awareness, suicide prevention, social justice, domestic violence, and gun violence) the campaigns may focus on additional

[4] Alumni interns are recent high school graduates who received counseling services and were peer leaders while in school. As an intern, they are employ ed by Margaret's Place to assist with schoolwide activities, such as awareness campaigns.

topics. Schoolwide activities can include assemblies, murals, and distribution of informational pamphlets.

Program Components Supporting School Staff

- **School Staff Training** is delivered by Margaret's Place staff at least twice a year to teachers, school administrators, and support personnel. The training provides an overview of the effects of trauma and how to respond when a student has been exposed to trauma. Margaret's Place staff also provide additional training, depending on school staff availability and interest expressed by school personnel (e.g., the cycle of abuse, self-care).

Program Components Supporting Parents

- **Parent Outreach** includes introducing Margaret's Place to parents during school events such as open houses and parent-teacher conferences, where program staff attend to talk with parents about their services and distribute handouts or flyers. At least twice a year, the program aims to hold workshops that provide an overview of the effects of trauma and how parents can talk to their children about dating (including dating violence). Margaret's Place also provides parent workshops in the community, in addition to workshops at its schools. To engage parents, Margaret's Place partnered with the Dominican Women's Development Center (DWDC), a community-based organization in Washington Heights. Through this partnership, DWDC conducted community outreach, provided community workshops on topics such as parenting and healthy relationships, and offered counseling services to parents of children receiving counseling in school.
- **Parent Counseling** is the original adaptation of the Margaret's Place model. Unlike Margaret's Place programming in schools located outside of Washington Heights, the Margaret's Place model intended to offer counseling services, provided by DWDC, to parents of students receiving counseling. The original program model intended to provide counseling services to the parents of students who received counseling services. However, due to low recruitment, DWDC expanded their services to include parents in Washington Heights, and thus, these services were no longer specific to the parents of students receiving counseling services. This evaluation focuses on the original program model—the implementation of counseling services offered to parents of students.

Program Modifications During COVID-19

Due to the onset of the COVID-19 pandemic (hereafter COVID-19) in March 2020, program staff made several modifications to the Margaret's Place model when then-Mayor de Blasio ordered New York City schools to close and operate remotely. Below, we describe modifications to Margaret's Place program components (also see Table 1). In general, the program underwent major changes across three consecutive school years as follows.

- In March 2020, Margaret's Place core programming was paused at the onset of COVID-19. However, Margaret's Place continued to provide services such as online workshops for students and parents, peer leadership, and awareness campaigns.
- In the 2020-21 school year, services were adapted or delivered with limited capacity because schools were not yet open to outside organizations. For example, some services were delivered remotely (e.g., YES, counseling services).
- In the 2021-22 school year schools were fully in-person and open to outside organizations. Margaret's place intended to operate in the schools during this year, but some aspects of Margaret's Place were not implemented as the program lost staffing capacity. All programming ceased at The College Academy due to the departure of the Margaret's Place counselor before the start of the school year, who was not replaced.[5] Halfway through the 2021-22 school year, all programming also ceased at JHS 143 as the counselor left at the end of the first school semester.

Counseling Services During COVID-19, the program was only able to partially implement counseling services due to recruitment and operational challenges. In Spring 2020, when schools across New York City closed to in-person activities, counseling services paused—the program did not immediately transition to remote service delivery because staff needed to adapt program policies and protocols, including identifying and procuring a HIPPA compliant platform through which they could conduct virtual sessions. For safety purposes, the program required at least one parent or adult guardian to be present in the student's home during remote counseling sessions. Students were also required to receive services in a private location in the home. Margaret's Place staff noted that the counselors also needed support setting up the necessary infrastructure (e.g., computers, headphones) to provide counseling services.

[5] During the 2021-22 school year Margaret's Place was no longer funded as the program was in its final data year.

In the 2020-21 school year, as the counselors worked remotely, their ability to provide services to students during school hours was limited. For example, it was logistically difficult to arrange to see students attending school on site while the counselor was working remotely. Sometimes, counselors had to conduct individual and group sessions after school or during lunch. This posed challenges due to the limited duration of the lunch period and because students were not always accessible after school. For example, program staff reported that some students had to attend to family responsibilities after school, such as caring for a younger sibling. When students did participate in services, they did not always do so regularly; sometimes they did not show up or their course schedule did not have sufficient flexibility to allow them to meet.

Finally, during the 2021-22 school year, schools were fully open to outside organizations, and counseling services were once again available in person. However, student recruitment continued to be a challenge. At this point, The College Academy did not provide counseling services because the Margaret's Place counselor no longer worked there and was not replaced. Counseling services continued at JHS 143 through fall 2021, but fewer than five students were enrolled in services because the program was only seeing active cases from the previous school year and was not enrolling new students due to this being their data year.

Youth Empowered to Speak (YES) In spring 2021, the YES program was delivered at both JHS 143 and The College Academy for the first time since schools closed in March 2020. At this point, Margaret's Place counselors taught the YES program virtually using Google Classroom. The counselors facilitated the classes remotely while students were logged onto Google Classroom either at school or at home, given that schools operated under a hybrid instruction model.

In the following school year (fall 2021), when schools were fully open to outside organizations, YES was only implemented at JHS 143. As previously stated, The College Academy did not implement any programming in the 2021-22 school year because the Margaret's Place counselor no longer worked there and was not replaced.

Engagement Activities and Informational Materials Due to COVID-19, schoolwide campaigns, and parent outreach stopped. Instead, program staff and the national Margaret's Place program developed online resources to engage and support students, parents, and school staff. These activities were not part of the original program model but were developed as a response to COVID-19 to make Margaret's Place resources accessible. The following engagement activities and informational materials were implemented.

- An interactive bulletin board was created in a Google document where mental health resources and activities (e.g., relaxation techniques) could be accessed by students. These materials consisted of informational documents and videos about Margaret's Place topics (e.g., mental health awareness, dating violence, trauma) that could be downloaded. The program also shared these materials through social media so they can be accessed by students, parents, and staff.
- The national Margaret's Place program started a podcast (e.g., topics on domestic violence, understanding consent, red flags in dating relationships) available to all students, parents, and staff.
- The local Margaret's Place held online parent workshops and sent out monthly newsletters.
- Peer leaders led virtual awareness campaigns on gun violence, mental health, and teen dating violence.

Table 1. Margaret's Place Program Areas and Operation Status Across School Years

		Operation Status			
		2018-19	2019-20	2020-21	2021-22
	School Status	**In-person**	**In-person**	**Hybrid**	**In-person[1]**
Program Area	Individual and Group Counseling	In-person	In-person until 3/20	Remote, low enrollment	In-person, low enrollment
	YES Program	In-person	In-person until 3/20	Remote	In-person
	Student Workshops	In-person	In-person until 3/20	-	-
	School-Wide Awareness Campaigns	In-person	In-person until 3/20	Remote	-
	Peer Leadership	In-person	In-person until 3/20	Remote	In-person
	Staff Training	In-person	In-person until 3/20	Remote	-
	Parent Outreach and Workshops	In-person	In-person until 3/20	Remote	-
	Parent Counseling[2]	In-person	-	-	-

[1]The 2021-22 school year programming only includes JHS 143. All programming stopped at The College Academy when the counselor left at the end of spring 2021.

[2]Parent Counseling was not provided to parents of students after the 2018-2019 school year due to programming challenges that led to a change in the Margaret's Place model.

The Current Study

This comprehensive process evaluation seeks to document the implementation of the Margaret's Place program in Washington Heights and answer the following research questions[6]:

1. How does Margaret's Place operate? Is it being implemented as intended? What are its successes and challenges?

2. What is the scope (e.g., number of students, referrals) of counseling services?

3. What is the perceived impact of the Margaret's Place counseling services and the YES program on students?

[6] Due to COVID-19, the evaluation's original research questions were revised. These research questions reflect the revised version.

Methods

To inform our evaluation, we drew on multiple data sources: program documents; interviews with Margaret's Place, DWDC, and school staff; program administrative data; and surveys completed by students participating in the YES program. Some of the research methods reflect an adapted design due to COVID-19 constraints.[7] Table 2 displays the type of data collected for each program component.

Table 2. Process Evaluation Data Collection Methods

		Program Component							
		Students					Staff	Parents	
Data Sources		Individual & Group Counseling	Youth Empowered to Speak (YES)	Student Workshops	Schoolwide Awareness Campaigns	Peer Leadership	Staff Training	Parent Outreach & Workshops	Parent Counseling
	Document Review	✓	✓	✓	✓	✓	✓	✓	N/A
	Administrative Data	✓	N/A	N/A	N/A	✓	N/A	N/A	N/A
	Interviews	✓	✓	✓	✓	✓	✓	✓	✓
	Surveys[1]	not collected	✓	N/A	N/A	N/A	not collected	N/A	not collected
	Observations	N/A	not collected	N/A	not collected	N/A	not collected	N/A	N/A

✓ = Data was collected; N/A = data collection for the program component was not part of the research design; Not collected = data collection for the program component was part of the research design but did not happen

[1] Includes training surveys, counseling surveys, and YES surveys.

[7] The evaluation design was modified several times due to school closures during COVID-19, particularly as data collection was modified from in-person surveys to online surveys.

Program Implementation

This section summarizes the data sources and collection methods used in the process evaluation to document the implementation of Margaret's Place. The process evaluation relied on three data sources, namely program documents, program administrative data, and interviews with program and school staff.

Program Documents

We collected the following Margaret's Place documents to inform our understanding of program activities: a needs assessment summary conducted in 2017 prior to implementing the program, student counseling intake forms and assessments, the YES curriculum, workshop lessons, and awareness campaign materials. Our review prioritized the documents related to counseling services and YES. The program documents were used to supplement and corroborate the evaluation findings drawn from the other data sources, such as interviews, to provide additional context and minimize researcher bias (Bowen, 2009).

Administrative Data

We obtained Margaret's Place administrative data ranging from the 2018-19 through the 2021-22 (fall only) school years. The data consisted of student demographics, the number of individual and/or group counseling sessions each participant received, peer leadership participation, and external referrals.

Interviews

We conducted 17 semi-structured interviews with Margaret's Place program staff (counselors and administrators), DWDC staff (counselor and supervisor), and school staff (principals and assistant principals).[8] We conducted the interviews across three phases. Phase 1 (fall 2020) interviews included representatives from Margaret's Place, DWDC, and the two schools. This phase of interviews focused on the program model that was implemented before COVID-19 and school closures, and asked questions about program implementation, obstacles and facilitators to implementation, perceived impact of each program component, and general program reflections. During the second phase of interviews (summer 2021), we spoke with program staff and asked about the impact of COVID-19 on programming, adaptations to the program model, reflections, and lessons learned. In phase 3 (fall 2022), we asked program staff about program adaptations resulting from early evaluation feedback,

[8] Some interviewees participated in multiple interviews over the three time periods.

reflections on working with an evaluation partner, and lessons learned. Interview instruments are included in Appendix B.

Perceptions of Program Impact

The process evaluation also examined staff (program and school staff) and student perceptions of program impact. Specifically, program and school staff shared their feedback about the perceived impact of Margaret's Place counseling and YES components. Students provided feedback about the YES program. We relied on two primary data sources to assess staff and student perceptions of program impact: semi-structured interviews and surveys.

Interviews

We assessed the perceived impact of counseling services offered during the initial program years (2018-19, 2019-20) by conducting a series of interviews with program and school staff. This program component was not fully implemented during the 2020-21 or 2021-22 school years due to COVID-19 and therefore staff feedback about the impact of counseling services was limited to the first two years of programming.

Surveys

We assessed the perceived impact of YES through a short student survey (7th graders at JHS 143; 9th graders at The College Academy) administered during the 2020-21 and 2021-22 school years. Students received a link to the online survey as they were logged into the class via Google Classroom. The survey questions assessed student learning (e.g., types of violence, coping skills, and empowerment) and student satisfaction. A copy of the survey instrument is included in Appendix C.

Data Analysis

This evaluation employs both qualitative and quantitative analysis strategies. We analyzed qualitative data through a systematic review of interview notes and program documents. We specifically examined themes related to the program model and the respective program components, factors affecting implementation, and perceptions of impact. We produced descriptive statistics of all quantitative data, including administrative data and YES surveys.

Evaluation Findings

The evaluation findings stem from data collected throughout the process evaluation and broadly focus on program implementation and perceived impact. Most of the findings reflect program processes prior to COVID-19. However, some findings stem from the modified program after COVID-19 school closures. In this section, we first describe findings related to the implementation of the overall program model. We then highlight findings for each program component: counseling services, YES, schoolwide programming, school staff training, and parent engagement.

Implementing the Program Model

This section of the report examines the clarity of the Margaret's Place model and then examines how the program was implemented. A clear program model articulates how an intervention or program is expected to result desired outcomes. Effective program implementation of that model, in turn, can help to ensure that the program reaches its intended outcomes.

Margaret's Place counselors are embedded within the schools, which is a notable strength in terms of how the program is structured, as counselors can more directly participate in service delivery and reach students. Additionally, the program offers targeted counseling services to students experiencing a range of stressors, which schools sometimes do not have the capacity to address. However, challenges related to the overall implementation of Margaret's Place include an unclear and evolving program model, and limited resources and staffing, which can limit both the scalability and sustainability of Margaret's Place. Findings concerning staff buy-in were mixed given that some of the observed challenges were resolved as the program continued to be implemented over time.

Clarity of the Program Model

The evaluation found ambiguity in the Margaret's Place program model, partly due to adaptations and changes in implementation. This ambiguity had implications for the program's focus and service delivery, as described below.

Program focus Descriptions of the program varied across both school and program staff, reflecting an inconsistent understanding of program goals and foci. For example, school and

program staff reported that Margaret's Place focuses on trauma, violence prevention, domestic violence, teen dating violence, child abuse, sexual abuse, and bullying. Others described Margaret's Place primarily as a domestic violence or teen dating violence intervention without including the connection to trauma. Some interviewees also reported that the program's goals changed over time as program staff adapted them to focus on intimate partner violence. However, others believed that the goals remained consistent. Program documents also reflect ambiguity in the program model. For example, the logic model developed by Margaret's Place focuses on trauma, violence, and abuse. Similarly, the YES curriculum discusses violence, abuse, trauma, relationships, and dating violence.

Some program staff reported that a needs assessment informed a shift away from trauma and toward dating violence. However, the needs assessment itself centered on domestic violence and did not focus on trauma. Additionally, DWDC—which offers specialized domestic violence programming—recruited many parents who completed the needs assessment survey (60 parents via DWDC compared to 46 school staff from both schools). Surveying parents who are connected to an organization that provides domestic violence services likely contributed to the strong emphasis on teen dating violence as a priority concern. Future needs assessments should focus data collection efforts within the service environment or schools where the program is delivered, in order to obtain a more representative assessment of priorities.

Service delivery The program's unclear focus also has implications for its service delivery. Program staff indicated that Margaret's Place served as a primary provider of trauma-informed services. Therefore, these individuals believed that referring students to external providers for trauma-related services was unnecessary, as Margaret's Place could provide the full scope of needed services. In contrast, other program staff viewed Margaret's Place as an entry point for service provision addressing trauma. From this standpoint, the program needed to refer to external providers to ensure students received adequate services.

Implementation and Sustainability

School Buy-in Buy-in on behalf of school staff can help to ensure that they see the value of the services provided and will support its implementation as it is carried out in the school. According to program staff, school staff became more receptive to Margaret's Place programming over time—sometimes because of their participation in Margaret's Place training and workshops. School staff also viewed Margaret's Place as a critical resource that offered targeted clinical services to students experiencing mental health challenges.

Additionally, during COVID-19, program staff felt that more teachers appreciated the clinical services as students increasingly struggled with mental health issues (e.g., grief, depression).

Despite the receptiveness of school staff to Margaret's Place, program staff reported several challenges to buy-in. The lack of buy-in from school staff was described as related to conflicting values, challenges to school operations, challenges to collaboration and communication, and concerns about confidentiality.

- **Conflicting values** Program staff stated that, in some instances, conflicting values or beliefs about trauma or domestic violence played a role in the lack of school staff buy-in. For example, program staff described how some school staff devalued the importance of the program suggesting that, they too, were exposed to experiences such as domestic violence yet managed to be resilient on their own. Sometimes school staff made these comments to students.
- **Challenges to school operations** Program staff reported that sometimes program activities interfered with daily school operations. For example, they explained that teachers were sometimes frustrated when Margaret's Place counselors pulled students from class to provide services.
- **Challenges to collaboration and communication** Program and school staff reported that collaboration was challenging. In part, these challenges were attributed to the need for the program to navigate school rules, expectations, and protocols, which were not always clear to program staff. Some school administrators reportedly wanted the counselors to be present at faculty meetings so that the counselors could be better integrated into the school, understand school expectations, and be part of the "life of the school." However, program staff reported that one school was not forthcoming about days and times of faculty meetings and shared that if the program staff had been notified, they would have attended so that they could have familiarized themselves and developed relationships with schoolteachers. Program and school staff also recognized the need for better collaboration, especially early in the school year, so that everyone would be "on the same page" regarding program planning and implementation. Finally, some school administrators reported that they were not made aware of the program's scope and deliverables, such as the number of students and grade levels to be served by Margaret's Place during the school year.
- **Confidentiality constraints on communication** Program efforts to adhere to high levels of confidentiality further challenged collaboration and communication. However, we discuss confidentiality as a separate challenge here because it emerged

as a very specific concern. Several interviewees revealed conflicting views regarding client confidentiality. In some instances, school administrators reported that they need to be informed about any risks to students disclosed during counseling (e.g., abuse, suicidality). However, Margaret's Place maintained that the program must adhere to high standards of confidentiality, and by no means, can disclose client information to school personnel such as the school principal. This situation surrounding confidentiality resulted in conflict between school administrators and the program, primarily as school administrators can potentially be held accountable should a student experience harm. Ultimately, some school staff were unsure whether Margaret's Place was fully disclosing information about potential harm, though they also acknowledged that some of the communication challenges were resolved over time.

Resources (Funding and Staffing) Program resources, such as appropriate funding and staffing levels can ensure that the program has the capacity to be delivered and sustained. Margaret's Place had two fully employed counselors, one at each of the two schools. The ability to embed the counselors at the two schools is a unique strength as it can facilitate the counselors' ability to develop relationships with the students and staff and deliver uninterrupted services. However, interviewees also identified limited staffing capacity as a challenge in one school, where delays led to the hiring of the counselor midway through the school year. Additionally, the counselors reportedly needed additional staff support to navigate the range of responsibilities expected within their role, including individual and group counseling caseloads, workshops, peer leadership groups, schoolwide campaigns, staff training, and all the associated planning and logistics required to implement these activities. The wide range of responsibilities became stressful and limited the amount of time that counselors could meet with students individually.

Program Component: Counseling Services

A Margaret's Place counselor in each school provided all counseling services (individual and group). The counselor supported students experiencing stressors, taught them coping skills, and referred them to external services (e.g., therapy outside the school) when needed. Group-based services allowed students to discuss challenges and stressors with peers where they could receive mutual feedback and support.

Interviews with program and school staff revealed several strengths to Margaret's Place counseling services. These included accessibility to counseling, a safe space for students (the

Margaret's Place Space), and the ability to provide counseling services to many students. However, noted areas for improvement include the need to incorporate a validated trauma screener and the need to increase the number of counseling sessions (i.e., dosage) that students receive.

Accessibility and a Safe Space One program strength that emerged across interviews is the availability of multiple entry points to counseling services. Students were typically referred to counseling by teachers, a guidance counselor, or "word of mouth"—as when a student showed up to the counselor's office with a friend. Self-referrals also occurred—for instance, when a student learned about Margaret's Place services during a schoolwide event and then sought counseling services.

Program staff described the designated private offices for Margaret's Place counselors in both schools as a major program asset. The counselors designed these spaces to be comforting, safe, and inviting, in hopes of creating a suitable atmosphere for counseling and therapeutic recreation. Many interviewees, including DOE staff, described the Margaret's Place rooms as standing out from the rest of the school building. They believed that students viewed this space as accessible, which resulted in students feeling comfortable informally stopping by the room. The design of the room served as a focal point and helped to brand the program—in one school, an interviewee said that the students referred to the Margaret's Place office as the "purple room."

However, accessibility was a central challenge at the onset of COVID-19 because Margaret's Place services stopped, and programming did not fully transition to remote operation. Program staff indicated that the counselors had a more challenging time building rapport with students remotely when counselors and students could not physically be in the same room. In fact, despite remote services being offered, many students were unaware that counselors were available at this time.

Screening and Assessment Interviewees identified standardized forms and tools used to monitor and assess students as a program strength. Margaret's Place counselors used an extensive intake and assessment process to inform services. Counselors collected general student information (e.g., demographics) and assessed students receiving individual counseling across different areas (e.g., trauma, exposure to teen dating violence). Some of the assessment tools included the Screen for Child Anxiety Related Disorders (SCARED) and the Moods and Feelings Questionnaire: Short Version.

Once students initiated counseling services, the intake and assessment process could last several sessions to inform treatment planning. Initially, Margaret's Place counselors used a trauma screener created by the program to assess exposure to traumatic events. Although that screening instrument is comprehensive, it is not a validated instrument, which is necessary to ensure that individuals presenting with a specific condition, in this case trauma, are correctly identified. In addition, the screener only assessed exposure, not symptoms or distress, which can also inform treatment planning[9].

Service Provision The depth and breadth of Margaret's Place counseling services had some key strengths and areas for improvement. Counseling services were provided to many students between fall 2018 and fall 2022. The students served represent more than one-fifth of the total student populations at both schools (i.e., about 22% at The College Academy and 23% at JHS 143). As shown in Table 3, 61% of the students who received counseling services attended The College Academy,[10] and 39% attended JHS 143.[11] The College Academy is a larger school, with a total population of 367 students, while JHS 143 has 222 students[12]. The average age of students receiving counseling services was 15 (range: 10 to 20 years old[13]) and students predominantly identified as Latinx (84%).

[9] The program has since indicated that they are using a validated screener as of 2022.
[10] Counseling data for The College Academy does not include the 2021-22 school year because the program did not have a counselor.
[11] Counseling data for JHS 143 does not include spring 2022, because the counselor left in January 2022.
[12] The percentages of students served at each school (i.e., 39% and 61%) are proportional to the school size.
[13] Only one student in the sample was 20 years old; DOE policy allows students to stay in high school until age 21 to accommodate over-age students but under-credited.

Table 3. Student Demographics and School Information, Students Receiving Direct Services

	Student Sample
Number of Students[1]	133
Race/Ethnicity[2]	
Black/African American	10%
Latinx	84%
Other[3]	7%
Gender	
Male	45%
Female	53%
Gender Fluid/Other	2%
School	
JHS 143	39%
The College Academy	61%
Grade	
6th Grade	7%
7th Grade	20%
8th Grade	9%
9th Grade	9%
10th Grade	15%
11th Grade	18%
12th Grade	21%

[1] The N for each category varies slightly due to missing data.

[2] The sums of race and grade categories do not equal 100% due to rounding.

[3] Other category includes Middle Eastern/North African and Multi-racial students.

Of the students who received services, 86% received individual counseling; 47% received group counseling[14] (Table 4). The median number of individual counseling sessions was two – this is a relatively low number of clinician-client contacts within the scope of trauma-informed services, especially considering that initial sessions can focus on intake and screening assessments. In fact, 44% of students across both schools had only one individual counseling session; 16% had two sessions; 10% had three sessions; and 30% had four or more sessions. Based on interviews with program staff, many students are provided

[14] Nearly all peer leaders (97%) received services, but 3% (N=4) did not.

counseling services for a short duration of time because the presenting crisis is often resolved within the first several counseling sessions.

Table 4. Margaret's Place Service Provision

	Student Sample
Services Received (N=133)	
Peer Leadership Only[1]	3%
Counseling (Individual or Group) + Peer Leadership	28%
Counseling (Individual or Group)	97%
Any Individual Counseling (N=114)	86%
% with Only 1 Session	44%
% with More Than 1 Session	56%
Median # Individual Counseling Sessions[2]	2
Duration Individual Counseling (median days)[2]	21
Any Group Counseling (N=62)	47%
Median # Group Counseling Sessions[2]	9
Duration Group Counseling (median days)[2]	133

[1] Data not available on the specific clinical services of students who received peer leadership only.

[2]Of those with 1 or more sessions. Median are a more accurate reflection of service delivery data due to the skewed number of sessions and days.

Referrals In addition to counseling, Margaret's Place counselors referred students to school-based and external services as needed. A little under half (44%) received at least one service referral, with an average of one referral per student; 57% of students who participated in counseling did not receive referrals. However, when students did receive referrals (see Table 5), the most common referral was for external counseling or support groups (35% overall). The extent of referrals to external counseling appears to be consistent with some program staff descriptions, which indicated that Margaret's Place is not the main provider of trauma services and therefore refers students to outside agencies. Other common referrals include external case management or material support (27% overall) and medical referrals, such as to a clinic or hospital (14% overall).

Table 5. Student Referrals

	All	JHS 143	The College Academy
Total Number of Students in the Sample	133	52	81
Average Number of Referrals	1	0.84	1.1
Number of External Referrals			
None	57%	51%	60%
1 Referral	13%	20%	8%
2 Referrals	15%	24%	10%
3 or More Referrals	16%	6%	28%
Referral Type[1]			
External Counseling/Support Group	35%	42%	31%
Case Management/Material Support	27%	26%	28%
Medical (Clinic, Hospital)	14%	2%	21%
School-based Support/Program[2]	5%	6%	7%
Domestic Violence Services	5%	4%	5%
In-home Resources[3]	2%	0%	3%
Other Referrals[4]	5%	4%	5%

[1] The sums of referral type add to more than 100%, because students could receive more than one referral.

[2] School-based referrals include after-school or summer programs.

[3] In-home resources include support for self-care activities at home, such as online activities (crafts, science exploration) or writing/journaling.

[4] Other referrals include civil legal assistance, community partner, employment counseling, housing assistance, parent-child counseling/treatment intervention, or substance abuse counseling services.

Perceived Impact Program and school staff reported that counseling (individual and group) services were well-received and beneficial to students. They added that students trusted and developed good relationships with the counselors, especially because Margaret's Place counselors were a neutral party—i.e., not school administrators, teachers, or counselors that are part of DOE—with whom they could share private information about their lives. According to program staff, counseling led to positive changes in student coping skills, behavior, and grades.

However, the perceived impact of counseling on students during COVID-19 could not be assessed systematically because only five students were enrolled into individual counseling services during the program's data year —one of whom moved out of state, and others who attended sessions inconsistently. Program staff also reported that students did not attend group counseling during COVID-19 possibly because they did not feel comfortable sharing

personal information while at home where someone (e.g., parent) could listen to the conversation.

Program Component: YES

The YES program is a five-session prevention class for 7th and 9th graders where Margaret's Place counselors teach students about violence, trauma, empowerment, helping others in violent situations, and coping skills. Each session lasts 45 minutes (one class period). The counselors use a curriculum that combines topic content with activities to reinforce the information being taught (see more about the curriculum below).

This evaluation yielded mixed findings related to the impact of YES. Student satisfaction surveys indicate that they enjoyed YES, but the extent of student learning varied across topic areas. Further, there were several notable areas for improvement—staff expressed challenges related to curriculum content and delivery as well as scheduling sessions. Our review of the curriculum also suggests that YES can benefit from modifications to ensure that the curriculum is developmentally and culturally appropriate, is appropriately sequenced, includes opportunities for active learning, allows sufficient time for the respective topics, and incorporates explicit objectives.

Curriculum Design and Approach: Content, Structure, and Pacing

The YES curriculum aims to provide middle and high school students with the knowledge and skills to identify violence, trauma, and abuse; and develop healthy and safe strategies to interrupt violence in their personal lives and broader communities. The curriculum consists of five sessions: 1) identifying types of violence, 2) understanding trauma, 3) learning coping skills and safety strategies, 4) learning how to be a responsible bystander, and 5) empowering oneself. Each session begins with learning objectives and then offers activities or vignettes to promote learning goals.

We applied the SAFE framework, which consists of four key components (sequenced, active, focused, explicit), to review the curriculum (Durlak et al., 2010). Extensive research in school, community, and clinical settings has informed best-practices on the types of protocols and practices that programs should use to reach social-emotional and behavioral outcomes. For example, there is broad agreement that programs are more likely to be effective if they rely on a *sequenced* step-by-step approach toward skill building, use *active*

forms of learning, *focus* sufficient time on skill development, and have *explicit* learning goals. Indeed, one of the most comprehensive studies examining the elements that make youth-serving programs effective indicates that programs with these *SAFE* practices are more effective (Durlak et al., 2010). Below we briefly describe each of the SAFE components and then review how the YES curriculum aligns with each area.

1. **Sequenced:** Introduces topics in small sequential segments. A well-sequenced curriculum introduces content in small parts and integrates activities that build from prior learning.
2. **Active:** Integrates multiple forms of "learning by doing" or active learning (e.g., role play, multi-model activities, collectively learning new skills).
3. **Focused:** Dedicates adequate time to learning new skills.
4. **Explicit:** Has clear learning objectives targeting specific skills.

Sequenced The YES curriculum consists of a non-sequenced progression of five modules. The modules represent discrete topic areas that focus primarily on content knowledge. For example, Session 3 (*Coping Skills and Safety Strategies*) includes an optional "Do Now Activity" in which facilitators are instructed to probe the question "When I am feeling stressed or upset, I deal with it by…" However, prior to discussing emotional regulation, in this case coping with stress, students may need to develop an emotional vocabulary and recognize these emotions. Otherwise, the lesson can risk engaging students in a discussion about coping despite students not having a full understanding and vocabulary of how feeling stressed or upset is manifested emotionally or behaviorally.

Session 4 (*How to be a Responsible Bystander*) explains that students can help themselves and help others to "cope and safely strategize in response to violence and trauma." Specifically, the session emphasizes the importance of informing a trusted adult. Similar to Session 3, the session can be enhanced if prior sessions focus on prerequisite skills such as communication (e.g., effective listening) and perspective-taking, which can help to facilitate this process.

Active Youth can benefit from active learning techniques, such as role playing, to reinforce concepts, especially when the objectives are behavioral (e.g., coping strategies). The core lesson across all five sessions typically begins with an excerpt reading that is read aloud by the counselor (5-10 minutes). These readings are then used to prompt an activity.

Except for some sessions, the core activity that follows the excerpt readings are primarily discussion based and generally do not incorporate opportunities for students to see certain concepts or skills modeled behaviorally. For example, in Session 1 (*Understanding Violence*) students are read an excerpt, *"Why I Carry a Gun,"* from the book *Things Get Hectic.* Students are then asked to respond, "yes or no" to a series of questions such as "Did any of the characters have the right to carry a gun?" Student responses to these questions are then used for a broader classroom discussion. Given that the topic of this module is understanding violence, students could instead be asked to model, or role play different types of violence so the concepts could be understood behaviorally rather than relying on a didactic pedagogical approach.

Although some sessions allow for active engagement opportunities, these are often optional. This flexibility may help facilitators to deliver YES in a manner that they see fit, but can also result in the curriculum being delivered didactically. For example, Session 3 (*Coping Skills and Safety Strategies*) offers two activity options. The first activity is a game, the "beach ball challenge." In this game students are divided into teams. When a student catches the beach ball they are presented with a violent scenario and the students' team collectively brainstorms alternative non-violent responses. The second option, however, consists of a handout that is given to students, which lists sample scenarios. Students are asked to either "fill in the blanks" to the handout or to work in pairs to respond to the questions in the handout. Thus, Session 3 can potentially cover the topic of coping skills using passive activities and without behaviorally engaging students, which some of the most robust evidence research suggests is not likely to impact behavioral outcomes, in this case coping skills (Durlak et al., 2011).

Focused A sampling of topics discussed across the five sessions includes violence, trauma, relationship abuse, child abuse, bystander effects, coping skills, safety strategies, and resilience. Multiple topics are also discussed within specific sessions. For example, Session 2 (*The Impact of Trauma*) discusses relationship abuse, safety strategies, bystander intervention, and power and control. Covering many topics within a single 45-minute session may limit program impact by diverting attention away from the broader focus of the session, in this case the impact of trauma. A more intentional focus on foundational topics earlier in the curriculum may also increase the impact of later sessions.

Explicit The YES curriculum articulates goals for each of the five sessions, but the goals and objectives are often broad or do not clearly align with the session content. For example, Session 3 provides an overview of coping with violence and trauma but does not explicitly

articulate the desired coping skills (e.g., recognizing emotions, breathing exercises and meditation). Explicit goals and objectives would help to guide program activities and enable program facilitators to target specific skill sets. In other instances, the session goals listed do not align with the broader session focus or title. For example, Session 2 (*The Impact of Trauma*) lists as one of the three session goals the following: "Define the different roles of people involved in interpersonal violence (victim, perpetrator, bystander)." This session goal would seem to align better with Session 4 (*How to be a Responsible Bystander*). In addition, the session goal mentions interpersonal violence, which deviates from the session focus on the impact of trauma.

Curriculum Design and Approach: Developmental Considerations

Based on our review of the YES curriculum and accompanying materials, the same version of the curriculum is delivered to both middle and high school students—it is not differentiated based on student grade or developmental stage. Students at these respective grade levels (7th and 9th grade) can differ cognitively, such as in their reading comprehension or problem-solving ability. They also differ behaviorally in terms of impulse control and their ability to self-regulate behavior. Thus, higher grade-level students may be more likely to engage in open discussions. In contrast, students in lower grade levels may need more structured questions, visuals accompanying readings, and scenarios that can facilitate learning.

Curriculum Design and Approach: Cultural Considerations

The YES curriculum only exists in English, which as reported by program staff, led counselors to translate the curriculum into Spanish on an ad hoc basis. The curriculum content is also not adapted to the socio-demographic population of Washington Heights (e.g., Spanish speakers; Dominican, Mexican). This is a notable limitation given that, based on our review of the curriculum, it is heavily reading-based. For example, each of the five sessions includes a reading excerpt that is read by the facilitator. Further, the curriculum focuses on trauma, most commonly interpersonal forms of trauma (e.g., interpersonal violence, abuse). However, the curriculum does not cover potentially traumatic events related to separation or loss, natural disasters, war or armed conflict, and migration, despite their relevance to the student population and their families. Lastly, some vignettes reference 1990s hip-hop music artists (e.g., Tupac, Eminem) who are less likely to be known among the youth served.

Updating these vignettes to include pop culture references that are more relevant to students may help to ensure a more engaging curriculum.

Implementing the YES Curriculum

Delivery of the Curriculum Interviews with program staff revealed multiple challenges related to the curriculum delivery. Counselors reportedly did not feel equipped to teach classroom-based lessons, as that is not typically a part of their formal training. They often found student engagement challenging, in part due to content shortcomings described above, such as the use of vignettes that were not relevant to students, as well as difficulty with classroom management (e.g., dealing with student disruptions). Although teacher collaboration was not required as part of the curriculum, the counselors emphasized that teacher engagement helped to manage the classroom and reduce student disruptions. However, teachers did not always step into this role during the sessions.

Margaret's Place continued implementing the YES program while classes were completely virtual and during the hybrid schedule. Some program staff said the most challenging part of teaching virtually was coordinating with NYC DOE to create a school email address to access teachers' Google classroom, which was part of the DOE protocol. They also said that some students had more difficulty engaging with the class online; the NYC DOE did not require computer cameras to stay on during class, and the counselor could not see facial cues when students' cameras were off to recognize which students needed help understanding the content.

Scheduling Challenges The YES program was susceptible to scheduling challenges. Margaret's Place and the school administrators had to coordinate the scheduling of the five sessions without interfering with core academic classes, especially those that weigh heavily on the annual New York City Regents Examinations (e.g., math, English). As a result, school administrators scheduled YES classes into elective courses such as art. According to several interviewees, this created tension with both students and teachers, since these teachers did not want to lose instruction time, and students often looked forward to the types of elective classes that the program supplanted. Scheduling challenges also led to variations in program delivery. For example, during this evaluation, schools delivered the five sessions across different schedules: all within one week, in five consecutive weeks, or staggered across different times throughout the school year.

Perceived Impact of the YES Curriculum

Satisfaction surveys were administered to students enrolled in YES (virtually) at both JHS 143 and The College Academy in spring 2021. A second round of the same survey was then administered to students enrolled in YES (in person) at JHS 143 in fall 2021[15]. A total of 57 students chose to participate in the online survey: 37 completed the survey in spring 2021, and 20 completed the survey in fall 2021.[16] Demographic data were not collected to ensure student anonymity. According to data collected from the student satisfaction surveys, students generally enjoyed the YES curriculum. However, the extent of student learning varied across topics.

The survey instrument consisted of two main areas: 1) learning about YES topics (six items) and 2) satisfaction with YES (three items). First, students were asked how much they learned about the respective topics covered in the curriculum (i.e., types of violence; how can trauma affect people; unhealthy relationships, coping skills and safety strategies; how to be a responsible bystander; and how to speak out against violence).[17] The second set of survey questions focused on satisfaction with the YES class (e.g., "I liked the activities we did in class").

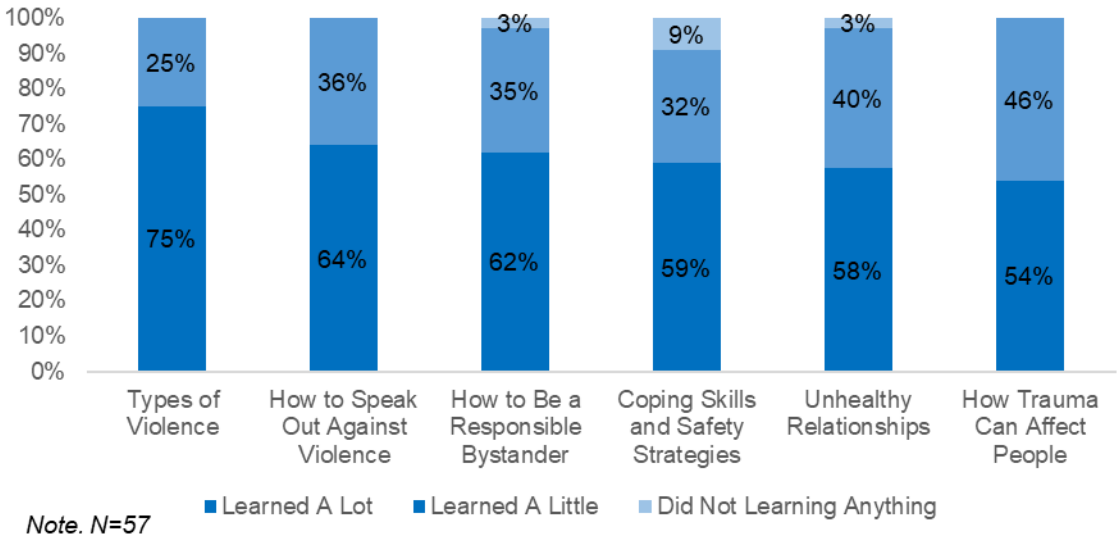
[15] Students at The College Academy did not take the survey in fall 2021 because the counselor left prior to the school year.

[16] According to NYC Department of Education data, 154 7th graders attended JHS 143 during the 2019-20 and 2020-21 school years. The College Academy had 99 9th graders in the 2019- 20 school year. The low number of students who completed the survey may reflect low attendance rates as schools were still trying to adapt to COVID-19 or it may reflect a low response rate on the voluntary survey.

[17] Although the curriculum focuses on self-empowerment, the survey item instead focused on "how to speak out against violence" due the session's focus during program implementation. In addition, although there is no dedicated module that focuses on unhealthy relationships, we included a question item on this topic, since the topic is integrated across different modules.

Learning about the YES topics. Students reported positive levels of learning for the various topics in the YES curriculum. The topic "types of violence" was rated highest as three quarters (75%) of students reported that they "learned a lot." However, the other topics (i.e., unhealthy relationships, the effect of trauma, coping skills, and how to be a responsible bystander) were rated slightly lower—around three in five students (between 54% and 64%) indicated that they "learned a lot."

Figure 1. How Much Students Reported They Learned

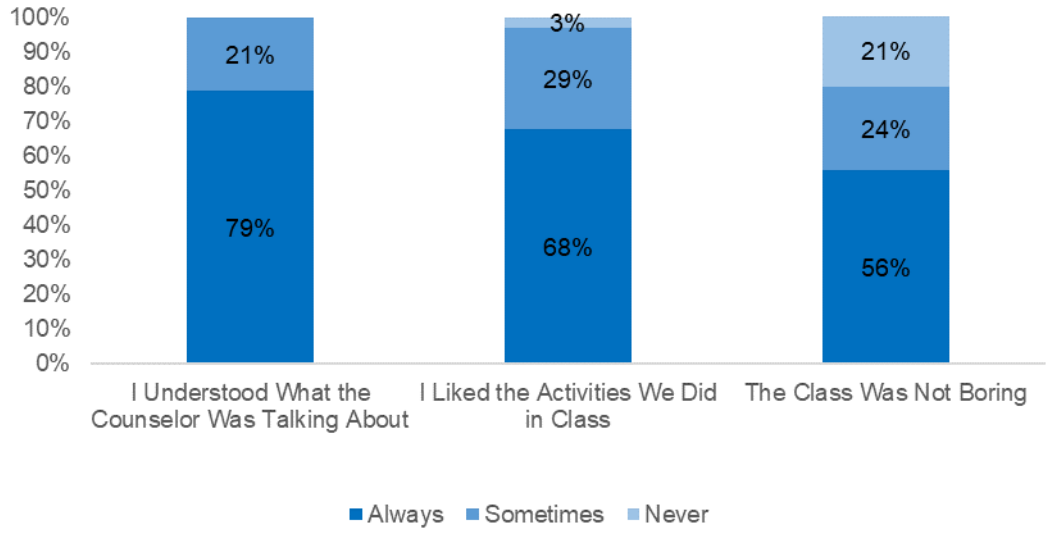


Note. N=57

Satisfaction with YES. Overall, students reported favorable experiences with the YES program. Nearly two-thirds of the students who completed the survey reported that the class was engaging (62%, 40 students responding). Many students (see figure 2) reported understanding the program content (79%) and liking the session activities (68%). Thus, students who completed the survey generally felt positive about the activities. However, it is

not possible to determine which specific activities students enjoyed within each session because facilitators had significant discretion in selecting activities.

Figure 2. Student Satisfaction With YES



Program Component: Schoolwide Programing

Schoolwide Activities

Margaret's Place schoolwide activities (i.e., workshops, Peer Leadership, and campaigns) aimed to showcase available counseling services and promote awareness about domestic and dating violence, trauma, and healthy dating relationships. According to interviewees, students and school staff viewed these schoolwide activities favorably. The activities were generally accessible to students (e.g., open lunch groups) and visible to the student body and school staff (e.g., schoolwide campaigns). The visibility of these activities was appreciated by school staff as they could witness students engage in prosocial activities. The activities also created a "buzz," as they often involved games, giveaways, and artwork. A common theme across schoolwide activities was the opportunity to leverage student voice and ownership. For example, student peer leaders led the schoolwide campaigns by generating topics of interest and designing activity rollout. A central quality of the schoolwide activities was their positive and empowering approach to creating a safe school environment in a non-stigmatizing manner.

Some schoolwide programming (e.g., awareness campaigns, workshops) continued remotely during COVID-19. Despite the outreach, according to one interviewee, students generally did not want to participate in group activities remotely. The interviewee added that when students did attend group activities, they did so to be around other students as it offered the benefit of a social outlet, particularly at the onset of COVID-19 when schools were closed.

Student Workshops and Small Group Discussions

Prior to COVID-19, Margaret's Place allowed students to stop by the Margaret's Place space and participate in informal discussion-based groups and workshops, which was sometimes referred as therapeutic recreation. Students could come to the Margaret's Place space any time when a counselor was not in session with another student and engage in various activities (e.g., play games, talk to peers), as long as they did not have a class. Students could also join informal discussion-based workshops when they were being held, such as during lunch.

When schools shut down and classes went hybrid, students could no longer "drop in" informally to the Margaret's Place space given that the counselors and many students were remote. Instead, counselors planed and scheduled activities virtually. Counselors felt that these opportunities needed to continue because few students were accessing counseling services. According to one program staff member, while these virtual workshops and discussions were not as in-depth or individualized as counseling, they offered a way for students to get some sort of support. As an example of the types of activities employed, the counselor at JHS 143 played television shows and the students talked about their relevance to program topics (e.g., "Wandavision," a show about processing grief and loss). The counselors found this approach helpful to engage students in discussion, especially during COVID-19 when issues of grief and loss were on many students' minds.

Program Component: School Staff Training

The counselors led an introductory 90-minute training on *Trauma-informed Practices in a School Setting* for staff. Additional trainings were provided based on expressed need or interest by school staff. These trainings included the following topics: staff physical and mental wellness, the impact of family conflict on children, and mindfulness. In total, Margaret's Place delivered six trainings between fall 2019 and fall 2022. Attendance for each training prior to COVID-19 was approximately 40 staff, on average. During COVID-19 when schools were virtual, the JHS 143 held one introductory training with 14 staff. Overall,

program staff reported that the introductory training on trauma and classroom-based responses were well-received by school staff. While some attendees showed interest in learning more, other staff reportedly viewed the training as unnecessary.

Training Content

The research team reviewed Margaret's Place's training materials (i.e., PowerPoint) on trauma-informed practices in a school setting (discussed above). To assess the Margaret's Place training, we used SAMHSA's concept of trauma as a guiding framework, which emphasizes four key features: realization, recognition, responding, and resisting re-traumatization (SAMHSA, 2014). This framework can help to ensure that those who are trained understand the concept of trauma, can identify the signs when someone is experiencing trauma, and can help to ensure that persons are not subjected to additional trauma. Overall, the Margaret's Place training more strongly emphasizes realization and recognition of trauma. Conversely, responding to trauma and resisting re-traumatization are emphasized less.

Realization. A central strength of the training is the focus on how trauma affects the brain, which can help to reinforce understanding that behavioral manifestations of trauma (e.g., aggressive behavior) are involuntary, triggered responses. Nonetheless, while the staff training defines trauma, the definition is primarily limited to physical and emotional violence. This definition is not consistent with evidence-based standards that define trauma more broadly as stemming from an event, series of events, or circumstances (SAMHSA, 2014). For example, exposure to natural disasters, armed conflict, accidents, or medical procedures—items that fit within conventional definitions of trauma and are commonly used in validated screeners of trauma do not align with the definition provided in the training (SAMHSA, 2014). The presentation also does not review different forms of trauma such as secondary and complex trauma. Finally, it is widely acknowledged that experiences of trauma vary—what is traumatic to one person may not be traumatic to another, but this is not addressed in the content of the training.

Recognizing trauma. The training offers examples of potential signs of trauma, which is another key strength. For example, the training offers a comprehensive list of seventeen ways in which trauma may be seen in student behaviors, such as students falling asleep, self-injury, truancy, and difficulty focusing. However, additional examples could be added such as low motivation, student disciplinary offenses, and social withdrawal. School staff members' ability to recognize signs of trauma in students may be enhanced by providing and

reviewing a comprehensive list of possible behaviors linked to trauma. Indeed, the integration of screening is one of the hallmarks of trauma-informed approaches within schools (SAMHSA, 2014).

Responding to trauma. Responding to trauma involves a wide range of proactive practices to create a trauma-informed school. Such practices can focus on creating a classroom and school atmosphere characterized by safety and trustworthiness. Practices can also focus on elevating student voice and choice, which are integral aspects of being trauma-informed, as they facilitate environments that are more predictable and where one has greater control.

The staff training briefly discusses that classroom and school environments can proactively integrate trauma-informed practices, which aligns with SAMHSA's concept of responding to trauma. However, the training does not offer specific suggestions. For instance, the training could review tangible and proactive strategies that are trauma-informed in areas such as the following: creating safe and predictable classroom transitions, creating safe spaces and opportunities for students to relax and take breaks when necessary, and allowing opportunities for student feedback into classroom activities and expectations.

Resisting re-traumatization. Being trauma-informed also involves addressing how schools might inadvertently re-traumatize students, which appears to be absent from the training and the Margaret's Place model more broadly. This omission is understandable given that Margaret's Place does not purport to address school-level practices and structures (e.g., policies concerning student discipline). Margaret's Place is primarily a service delivery model designed to directly engage students (e.g., counseling, YES, peer-leadership).

Program Component: Parent Engagement

The Margaret's Place model includes outreach to parents through workshops (e.g., "How to Talk to Your Kids about Healthy Relationships") and presentations at Parent-Teacher Association meetings. The counselors and parent outreach coordinator also distributed program materials and community resources at open houses and parent-teacher conferences. Parents received welcoming newsletters at the beginning of each school year. These newsletters were available in both English and Spanish and contained descriptions of Margaret's Place, services provided, and other announcements. The Margaret's Place model intended to partner with the Dominican Women's Development Center to provide counseling

to parents of students from the schools. However, the program did not implement this component for the reasons described below.

Abridged Implementation

The final contract, scope of work, and operational plan indicate that the program aimed to include a full-time, grant-funded family outreach coordinator, whose work would focus on outreach, education, and community connections for parents. Their role was intended to help generate parent referrals to DWDC, because they would speak directly to parents at the school and get to know them before sending them to the DWDC counselors. However, the role was reduced to part-time in Fall 2018 due to the introduction of a new full-time program supervisor role. Thus, the family outreach coordinator, who was hired part-time in fall 2019, had a more limited role than initially envisioned in engaging parents and providing clinical services. COVID-19 further impacted parent engagement efforts such as outreach activities. Ultimately, adding the parent outreach coordinator did not result in successful referrals to counseling services for parents of students in Margaret's Place.

Despite the impact of COVID-19 on in-person parent engagement, program staff had some success reaching parents through regular newsletters, virtual platforms, and social media. According to one interviewee, virtual workshops at one school had better attendance than in-person workshops because parents did not need to travel to attend.[18] However, only one parent at the other school showed up to the one workshop the counselor conducted.

Challenges of Parent Engagement

Program staff reported challenges related to the conceptualization and coordination of the parent component of the model. Parents proved more difficult to engage than program staff originally anticipated. The program relied on students to share information with parents, which frequently did not occur. Parents who learned of the program were sometimes uninterested or unavailable to participate. Additionally, the DWDC counselor was informed about some, but not all, parent events taking place at the school. The result of these challenges was a low number of successful parent referrals to counseling. Sometimes parents were told about the services as a referral took place, but the referrals did not result in parent enrollment into counseling services.

[18] Virtual workshops were also open to parents throughout the district, which may have also increased attendance.

Program staff also noted challenges with engaging parents in school activities. Several stated that parent engagement was not a school priority and that some parents may be less involved in their child's schooling due to work schedules or other barriers. The program staff found it challenging to encourage parent participation in a context where school efforts to engage parents were limited or had limited success. Program staff perceptions of cultural barriers may also have influenced parent involvement. For example, some program staff believed that domestic violence had been normalized in "the [Hispanic] community," resulting in a lack of engagement in relevant programming.[19] Finally, program staff believed some parents were hesitant to access program services due to their immigration status. None of the concerns about parent engagement could be confirmed by parents because parents were not enrolled into counseling services, and thus, were not part of the evaluation. These findings should be viewed primarily as program staff perceptions.

Due to myriad parent engagement challenges and associated cultural barriers, some program staff noted the importance of engaging parents in non-stigmatizing ways. For example, rather than explicitly conducting outreach that focuses on service enrollment, the program may be better positioned by conducting outreach using alternative topics or events, such as parent mixers. Such strategies can serve as a platform to develop program-parent trust, while simultaneously imparting information about program services. Interviewees also noted that having counselor(s) be visible to parents and involved in frontline outreach efforts might encourage greater parental participation.

[19]Program staff assumptions about the normalization of violence in the Hispanic/Latinx community are a perceived sentiment by those individuals and not necessarily a representation of parent or community views. It is unclear if this was an accurate representation of parents in these school communities or if this assumption might have been at least partially informed by race- or class-based stereotyping (see Solorzano & Yosso, 2001).

Recommendations and Conclusion

Based on the findings of this evaluation, we recommend several ways to strengthen the Margaret's Place model, its implementation, and its sustainability. Below, the findings of this process evaluation are presented according to several thematic areas, namely, 1) developing a program model, 2) implementing a school-based trauma-informed program, 3) delivering counseling services, 4) developing the classroom curriculum, and 5) securing parent engagement. Each of these areas briefly summarizes the findings and offers suggestions or broader implications for practitioners and stakeholders seeking to implement similar school-based interventions. We conclude with a brief discussion of program model strengths and evaluation limitations.

Developing a Program Model

A well-defined model can help to ensure consistency in implementation (i.e., program fidelity) and offers clarity in the program's theory of change such that program activities are clearly aligned with intended program outcomes. Margaret's Place has developed materials that delineate program activities (e.g., logic model; curriculum). However, based on interviews with program and school staff and our review of program documents, there are inconsistencies in how people and program documents describe the program. For example, stakeholders' understanding of the program model varied, with differing perceptions of the program foci and goals. Program documents, such as the YES curriculum, also reflect multiple program foci (e.g., violence prevention, relationship violence, trauma, abuse). In short, it is not fully clear if Margaret's Place is intended to address trauma, violence, or relationship violence and abuse. Each of these respective areas require different types of program structures and activities. Developing a clear model should be a prerequisite to any future program expansion. In addition, where changes to the model are necessary, such deviations or adaptations should be documented. Ultimately, Margaret's Place will need to develop a clearer program model before a systematic impact evaluation is possible.

Broader Implications: A clear program model and theory of change should serve as guiding criteria for future school-based interventions. Programs should have explicit goals and be able to articulate how their resources (e.g., assessments, curriculum) and activities are designed to achieve short-term objectives and long-term impacts. Funders should ensure that a clear model and theory of change are in place as they continue to support school and community-based interventions for youth.

Implementing a School-based, Trauma-informed Program

School-based interventions often experience implementation challenges due to unclear expectations and challenges to collaboration and buy-in from school staff. Margaret's Place should consider developing readiness and implementation criteria to determine whether schools are a good fit for the program. Such criteria would also enable program planners to develop realistic implementation benchmarks on an ongoing basis. Criteria might exist as a checklist to be reviewed jointly by program and school administrators at the time of program planning to ensure a shared understanding of expectations, as well as during subsequent implementation years. Margaret's Place has already developed materials that communicate program expectations, and the program can continue to build upon these. Consistent with other readiness checklists for school-based interventions (e.g., Pennsylvania Positive Behavior Support, n.d.), items can assess the school's commitment to implementation and the ongoing status of specific activities necessary for the program to operate successfully. For example, this can include the school's commitment to integrating the YES curriculum into the school schedule, providing office space, designating a trauma-informed advisory team, and incorporating a trauma-informed lens into the school mission and discipline policies. The checklist can also be tailored to the guiding principles of a trauma-informed approach (SAMHSA, 2014), such as developing schoolwide policies and protocols.

Broader Implications: Proposed school-based interventions should articulate anticipated barriers and how they intend to navigate these barriers to funders.
Implementation barriers to school-based interventions (e.g., lack of principal buy-in, staff resistance) have been well-documented within the broader research literature on school-based interventions. Needs assessments, readiness criteria or checklists, a clear logic model, and implementation plans are valuable tools that can help to guide implementation.

Addressing schoolwide structures and practices

Margaret's Place is primarily described as an external program operating within schools. The trauma-informed model is not designed to address broader school policies and practices as reflected in the staff training. While this integration may not be a specific goal of the Margaret's Place model, excluding trauma-informed or school-based programing from broader school structures and practices does not align with suggested best practices, which include a focus on resisting re-traumatization (SAMHSA, 2014). Considering that the program is not integrated into the broader school practices and structures, there is no indication that aspects of the program can be sustained when the program withdraws from the schools.

At a minimum, should Margaret's Place seek to further develop the staff trauma training by reviewing ways that schools might inadvertently create stressful or toxic environments (i.e., re-traumatization) for students, and more concrete examples should be integrated. For example, school disciplinary and safety practices (e.g., suspensions, metal detectors, the presence of police officers) can serve as points of discussion. Also, topics covered in passing, such as teacher burnout and self-care, can help prevent schools from inadvertently re-traumatizing students. Such topics may warrant separate hands-on training that guide staff on how to practice self-care (e.g., discussion, mindfulness exercises, emotional regulation strategies). Studies indicate that teachers commonly experience stress, burnout, and verbal and physical violence, which further underscores the need for training that incorporates these supports for teachers (Chang, 2009; McMahon et al., 2014).

Broader Implications: Best practice indicates that school-based interventions should implement schoolwide efforts that move schools closer toward operating as trauma-informed institutions rather than operating as siloed programs. This effort will require training and coaching staff to understand trauma, recognize its symptoms in students, and understand how school structures and practices can trigger trauma reactions. Such efforts will also require capacity building (e.g., funding) and adoption of schoolwide trauma-informed policies and practices.

Delivering Counseling Services

Margaret's Place delivers counseling services to a broad student body as services are accessible to all students and students typically receive a low number of sessions. It is unclear if the low number of sessions is due to the program not reaching students presenting with a high need for services, or if in fact the program is reaching these students but is not delivering a high number of sessions. Due to the current ambiguity in the program model, it is unclear if addressing trauma is a primary goal of Margaret's Place, which may partly explain the low number of sessions per student. That is, it is unclear whether Margaret's Place seeks to function as a primary provider of trauma-related services or as a "soft touch point-of-entry program that refers students out to other providers to address their needs in the longer term. Serving as a lead provider of trauma services will require increasing the number of counseling sessions students receive and possibly the development of a tiered counseling system. Under such a tiered system, students presenting with short-term or mild challenges can receive support from school counselors if the capacity exists; otherwise, such supports can be provided by Margaret's Place. A second tier of counseling services can be offered for a longer duration of time by Margaret's Place counselors to students experiencing acute stressors. However, offering such an increase in counseling services can be difficult within

the school context, given myriad barriers described throughout this report, including scheduling and lack of staffing capacity.

Additionally, validated trauma screeners and other relevant inventories should be part of the client assessment and treatment planning process—a key feature of a school-based trauma-informed approach (SAMHSA, 2014). Although counselors administered a trauma screener to students receiving counseling services, the initial instrument was not validated and did not screen for symptomology, which could otherwise inform treatment planning.[20] Utilizing a validated tool helps to ensure that those who experience a condition, such as trauma, can be identified. Also, assessments were not conducted with the broader student population, which can be used to assess need within the broader student population, inform serve delivery, and assess progress over time.

Broader Implications: Programs should also clearly establish whether they seek to operate as "soft touch" programs or as primary providers of trauma-related services. Once this is established, services can be structured and delivered accordingly. Screening for trauma and other mental health conditions (e.g., depression) using existing validated inventories should be integrated, especially when programs seek to operate as the primary provider of trauma-related services. More broadly, programs can also use data to monitor service delivery performance, which can answer questions such as "Which students are or are not receiving services?" or about the extent to which services are delivered (i.e., dosage). Such data can offer insight into whether programs are offering services as planned and can allow for programmatic enhancements when necessary.

Developing the Classroom Curriculum

The YES program was viewed positively by students. However, the curriculum can benefit from significant modifications so that it aligns with evidenced-based practices. Anchoring the curriculum in a clear theoretical framework could also help to guide this process. Until these modifications are made, other existing school-based curricula that have already garnered theoretical and empirical support can be used.[21]

To achieve better alignment with evidenced-based practices, the curriculum can be enhanced by ensuring that it is appropriately sequenced (skills are sequentially developed), active

[20] Margaret's Place has recently shifted toward including a validated trauma screener.

[21] The YES curriculum recently addressed some of these limitations. However, the curriculum can be further enhanced by including modules that more explicitly focus on the skills necessary for helping a friend in need (e.g., communication, listening) and possible dangers.

(including opportunities for hands-on learning), focused (with sufficient time dedicated to each goal or skill), and explicit (with clear goals and objectives). For example, guiding questions to enhance to curriculum can include “Does the curriculum use a sequenced, connected, and coordinated set of activities so that students acquire specific skills?”; “Do the curriculum sessions include opportunities for active forms of learning?” (Durlak et al., 2011). The content should also be developmentally appropriate, differentiated according to grade level, and culturally relevant to students. Additionally, the curriculum should be translated, such as into Spanish, when the target population includes a large concentration of students whose primary language is not English.

Given that curriculum delivery was a challenge for the Margaret’s Place counselors, it could also be redesigned for small groups of students, leveraging the facilitation strengths of the counselors (though potentially limiting program reach). Another possibility is to have the classroom teacher instruct students—or collaboratively instruct with counselors. Teachers can also effectively deliver classroom-based psychosocial interventions (Franklin et al., 2017).

Broader Implications: School-based prevention curricula should have a clear focus and theoretical foundation and, when applicable, should be differentiated to students’ grade levels and cultural backgrounds. Evidence suggests that some of the most effective school-based interventions are designed to be sequenced, active, focused, and explicit (Durlak et al., 2011). These principles should be used to guide program development. Funders can also use such criteria to determine whether program curricula are sufficiently developed.

Securing Parent Engagement

The parent component of the Margaret's Place model was not fully implemented, and the factors that inhibited parent engagement are common. Accordingly, the program could have better anticipated and prepared for these challenges. The model has many activities that could serve as entry points to engage parents (e.g., schoolwide campaigns). A greater focus on parent engagement could potentially have a positive impact on student mental health outcomes considering the influential role of the parent−child relationship and overall family environment (Masten & Shaffer, 2006). However, prior to fully expanding the parent component of Margaret’s Place, the program should first consider clearly articulating the program model, as it is not fully clear if the program seeks to address trauma, relationship violence, or violence more broadly. The nature of parent engagement activities will likely differ depending on what the program seeks to address.

Broader Implications: School-based interventions that seek to engage parents should begin with relationship-building and empowering and non-stigmatizing approaches. Such approaches are in line with being trauma-informed, which proactively seek to create environments characterized by safety and trustworthiness. The effectiveness of parent engagement is also contingent upon schools' relationships with parents. Programs should work closely with schools to thoroughly assess school practices from a parent engagement and trauma-informed lens (e.g., holding report card conferences earlier so students can still improve; calling parents to report successes).

Conclusion

Students spend half of their waking hours in school, and schools are among the strongest influences on student development and are primary providers of mental health services (Naff et al., 2020; Smith et al., 2004). Margaret's Place offers tiered programming to a school community to address various levels of need related to trauma and provide students with necessary coping skill. The findings from this process evaluation indicate that some aspects of Margaret's Place are promising and may have the potential to achieve intended outcomes, should they align more strongly with existing empirical evidence on school-based and trauma-informed interventions.

The socio-cultural adaptations of the Margaret's Place model and lessons learned over the past two years offer opportunities for further program development. Margaret's Place may become a promising model if further developed and may provide needed mental health resources in Washington Heights. Given the dearth of mental health services available for Latinx students (e.g., due to immigration, poverty, language barriers), we encourage programmatic enhancements including comprehensive trauma screening for students receiving counseling services and an adapted YES curriculum that is culturally and linguistically appropriate. More broadly, the following programmatic changes can strengthen the Margaret's Place program: 1) development of a more focused program model; 2) enhancement of counseling services (e.g., increased dosage when appropriate; screening); 3) greater alignment of the YES curriculum with evidence-based practices, and 4) greater attention to structures that can help to facilitate implementation, sustainability, and that practices are integrated schoolwide. Ultimately, leveraging the lessons learned in this evaluation and future evaluations can position Margaret's Place to offer a unique contribution to the school-based mental health service delivery field.

Study Limitations

This evaluation provided a better understanding of the implementation of Margaret's Place, examining multiple program components through qualitative and quantitative data. Notably, the interviews documented the changes in programming across several years, including the substantial challenges because of COVID-19. In general, this process evaluation offers a comprehensive understanding of the program model and implementation strengths and challenges, which can be foundational for future programmatic enhancements.

The study is not without limitations. First, we were unable to interview school staff—such as guidance counselors—who also play a role in students' mental health and have an ancillary role in Margaret's Place. Second, we cannot generate conclusions beyond the implementation of this program in these two schools. Margaret's Place experienced significant challenges, including program adaptations rendered necessary by COVID-19. As a result, we could not conduct an outcome evaluation with quantitative measurements of changes in students' attitudes, behaviors, and knowledge. Instead, we qualitatively assessed student and staff perceptions of program impact. Even in the absence of these unexpected challenges, assessing the program's impact may have been premature given that the program model requires greater focus, and service delivery dosage was very low prior to COVID-19.

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APPENDIX A
PROGRAM LOGIC MODEL

Margaret's Place Program Goals	Inputs	Outputs	Measured Outcomes
1. Provide clinical services to youth impacted by violence and abuse	• Assess youth impacted by violence and/or abuse for eligibility and fit in intervention services • Deliver clinical counseling groups to youth impacted by violence and abuse • Provide individual counseling to youth impacted by or at high risk for violence and abuse • Receive referrals from school staff and MOU partners for youth presenting with trauma response behaviors	• Provide at least 220 individual counseling sessions each school year • Facilitate at least 32 group sessions within at least three distinct counseling groups each school year • Facilitate at least 15 therapeutic and Prevention workshops each school year on targeted psychoeducation topics around violence and abuse • Complete goals assessments, and treatment plans with all youth engaged in ongoing individual clinical services	• Increase connectivity to a wider range of positive adult role models • Decrease symptoms associated with victimization • Increase healthy coping skills to improve emotional regulation • Decrease maladaptive coping skills • Increase safety strategies for youth who have been impacted by violence and abuse • Decrease barriers to participation in educational programming within the school day
2. Provide psychoeducation and counseling as prevention for youth at high risk for future experience of relationship abuse	• Assess youth engaging in violent or abusive behaviors for fit in clinical services • Engage youth presenting with high-risk behaviors in group services that target violence prevention • Receive referrals from school staff and MOU partners for youth presenting with trauma response behaviors		

Margaret's Place Program Goals	Inputs	Outputs	Measured Outcomes
3. Engage youth leaders as advocates in their own peer networks	• Build a group of student Peer Leaders to be trained as violence and abuse prevention advocates in their school community • Deliver Youth Empowered to Speak (YES) violence prevention curriculum in class to 9th grade students	• Identify, train and support 8 – 12 student Peer Leaders each school year to be trained as violence and abuse prevention advocates in their school community • Deliver YES curriculum to all and 9th grade students in the school each school year • Engage all enrolled students at each school every year in prevention services through the Margaret's Place "safe room" and schoolwide awareness campaign activities • Provide introductions to prevention of violence and abuse within the school and "safe room" programming for all students each school year	• Increase youth peer supports. • Increase youth awareness of resources for youth who are impacted by violence and abuse • Reduce stigma around the experience of victimization • Increase knowledge of root causes of violence. • Increase youth leadership skills. • Increase youth capacity as responsible bystanders Increase knowledge and skills to prevent interpersonal violence
4. Engage student body in violence prevention programming through the Margaret's Place "safe room"	• Implement at least two week-long schoolwide awareness campaign each school year that promote raise awareness around domestic violence and relationship abuse, and promote healthy relationship behaviors		
5. Improve school safety and climate	• Establish or join existing service-provider committee meetings within the school to create multi-agency team to proactively develop supports for students impacted by violence and abuse • Provide trainings and technical assistance to school staff and administrators introducing trauma informed programming and other violence prevention strategies • Provide workshops for parents of youth impacted by violence and abuse	• Participate in at least 6 school service-provider meetings each school year • Provide at least 1 staff training at the school, every school year to all school personnel • Provide at least 2 parent workshops at the school, each school year • Conduct at least five parent outreach attempts to engage parents at the school each school year • Provide referrals, as necessary, to youth impacted by violence and abuse	• Increase youth perceptions of safety at school • Increase youth perceptions of available positive adult support • Increase school staff engagement • Increase parent engagement in prevention activities • Increase staff knowledge of impacts of violence and abuse on youth and early intervention strategies

APPENDIX B
INTERVIEW INSTRUMENTS

JT-SAH STAFF INTERVIEW

(MP Counselors; alumni intern; admin staff)

Thank you so much for agreeing to speak me (us) today. We want to know what you think about the services and programs that are offered to students and school staff through Margaret's Place.

Just to give you a sense of how we'll move through this interview, I'll [we'll] start by asking you some broad questions about Margaret's Place services and programming. When I refer to Margaret's Place, just know that this includes everything offered by Margaret's Place such as the schoolwide campaigns, workshops for students, the peer leadership program, the YES Program, and the direct counseling services provided to students. Then I will ask you some questions that are specific to the direct service delivery services and the YES program. Finally, we will end by talking about any recommendations you may have. Do you have any questions for me before we get started?

PART I: General Questions

General Questions

1. How would you describe the mission/goal(s) of Margaret's Place?
   a. Has that/have they changed over time?

2. What are some of the things that have gone really well with the implementation of Margaret's Place services?

3. What have been some of the challenges to implementing Margaret's Place services and programs – if any (e.g. campaigns, workshops)?

4. What are some of the benefits of having Margaret's Place at the school? What do students think about the services and programs offered by Margaret's Place at the school?
   a. What do they like? What do they not like?

Stakeholder buy-in and support

5. In general, what do teachers and school staff think about the services and programs provided by Margaret's Place?

Support Structures

6. What are some of the resources needed to sustain or enhance the work that Margaret's Place is doing in the schools? (When I refer to resources this can include anything such as funding, materials, training, space, anything etc.).

a. What factors have been helpful to carrying out the work that Margaret's Place is doing?

Outcomes

7. What are some of the ways that the services and programs offered by Margaret's Place have helped students? What about school staff?

8. If Margaret's Place were not in the schools, what would be different? What would have students and teachers missed out on?

PART II: YES PROGRAM

Now I am going to ask you some questions that are specific to the YES Program.

9. This past year your school implemented the YES program; can you tell me a little about what this has looked like (e.g. activities)?
10. What are some of the things that have gone really well with the implementation of the YES program?
11. What have been some of the challenges to implementing the YES Program?
12. What do students say about the YES curriculum?
    a. What do they like most?
    b. What do they like least?
13. What are some of the ways the YES program has helped students?

PART III: Direct and Group Counseling Services

Now we're going to switch things up a bit and were going to ask you some questions that are specific to your work. To get us started, I'd like to learn about more about your experience as an MP-CITY counselor.

DIRECT INDIVIDUAL SERVICES

Cases

9. Can you tell me a little about your caseload (e.g., approximate number of students you see in direct counseling)? *Is your caseload manageable*?
    a. Has your caseload changed over time? (increased or decreased?)
    b. On average, how many students do you see weekly?
    c. How many sessions do students typically receive before stopping?
    d. What are some of the common issues that you see students for?
10. To what extent do you see students who present with problems related to violence? Such as teen dating violence, fighting?
11. What about issues surrounding trauma?

Referral & Intake

12. How do students come to you? Are they referred by other school staff?
    a. Under what circumstances are they referred to you (e.g. fighting, problem at home, suspension)?
    b. Are there circumstances in which a referral would not be appropriate (e.g. minor school violations)?
    c. Do students have to have an appointment, or can they drop by your office?

13. Can you walk me through the process of when a student first comes to see you?
    a. What assessment(s) are conducted?
    b. How do you determine the frequency or length of time in which you will provide counseling to a student?
    c. How do you determine if students(s) need to be referred to other therapeutic services?
    d. How often do you refer out?
    e. Do you continue to work with students who are referred to outside services (in addition to them receiving outside services)?

14. How do you determine when a student doesn't need counseling anymore? Do they tell you?
    a. Are any interim assessments conducted?

15. What happens if a student stops coming to see you? Do you follow-up with them? What are some of the reasons students stop coming?

Outcomes

16. What are some of the ways that students have benefited from direct counseling services?

Implementation successes and challenges

17. What are some of the things that have gone really well with individual counseling services at your school?

18. What are some of the challenges you have experienced with providing individual counseling services at your school?

DIRECT GROUP SERVICES

19. Can you tell me a little about your caseload (e.g., approximate number of students you see in group counseling). *Is your caseload manageable*?
    a. How many students are also in individual counseling?
    b. On average, how many students attend the sessions?
    c. How many sessions are there per week/month?
    d. How many sessions do students typically attend before stopping?
    e. Has your caseload changed over time? (increased or decreased?)

20. What are some of the reasons students attend the group sessions?

a. To what extent do you see students who present with problems related to violence? Such as teen dating violence, fighting?
b. What about issues surrounding trauma?

Referral & Intake

21. How do students come to the group? Are they referred by other school staff?
    a. Under what circumstances are they referred to you (e.g. fighting, problem at home, suspension)?
    b. Are there circumstances in which a referral would not be appropriate (e.g. minor school violations)?
    c. Do students have to let you know they will attend, or can they show up?

22. Can you walk me through the process of when a student wants to attend a group session?
    a. What assessment(s) are conducted?
    b. How do you determine the frequency or length of time in which you will suggest the student attend group counseling?
    c. How do you determine if students(s) need to be referred to other therapeutic services (if they're not in individual counseling)?
        i. How often do you refer out?
        ii. Do you continue to work with students who are referred to outside services (in addition to them receiving outside services)?

23. How do you determine when a student doesn't need counseling anymore? Do they tell you?
    a. Are any interim assessments conducted?

24. What happens if a student stops coming to the group? Do you follow-up with them? What are some of the reasons students stop coming?

Outcomes

25. What are some of the ways that students have benefited from group counseling?

Implementation successes and challenges

26. What are some of the things that have gone really well with providing group counseling services at your school?
27. What are some of the challenges you have experienced with providing group counseling services at your school?

Parent Outreach & Referral

28. Originally, there was going to be a parental extension to this work, in which parents were going to receive individual counseling and group services. Can you walk us through the challenges that were experienced in this area?
29. What recommendations would you have for others who are doing school-based trauma-informed work and want to add a parental extension?

30. Can you described how outreach has been handled since the beginning of the grant?

Part IV: Schoolwide programming

Now we're going to switch things up a bit and were going to ask you some questions that are specific to schoolwide programing such as the campaigns, the peer-leadership program, and the student workshop. First, we will start with…

SCHOOLWIDE CAMPAIGNS

31. Can you tell us a little about this? (e.g., activities).
32. What are some of the things that went really well with the schoolwide campaigns?
33. What have been some of the challenges to implementing the schoolwide campaigns?
34. What are some of the ways that the campaigns have helped students?

PEER-LEADERSHIP

35. Can you tell us a little about this?
36. What are some of the things that went really well with the peer-leadership program?
37. What have been some of the challenges to implementing the peer-leadership program?
38. What are some of the ways that the peer-leadership program has helped students?

STUDENT WORKSHOPS

39. Can you tell us a little about this?
40. What are some of the things that went really well with the student workshops?
41. What have been some of the challenges to implementing the student workshops?
42. What are some of the ways that the student workshops have helped students?

Part V: PD and Recommendations

Professional Development

These next questions are about your professional development needs.

43. What training or other supports do you feel that you need?
44. What training to you currently have? (e.g., certificates, TF-CBT)

Recommendations

Finally, we would like to know if you have any suggestions.

45. What recommendations do you have to improve the implementation of Margaret's Place at this school?

Do you have any questions or comments before we finish this interview?
Thank you so much for your time and answers!

DWDC STAFF INTERVIEW
(Counselors; admin staff)

Thank you so much for agreeing to speak with me (us) today. We want to hear what you think about the services and programs that are offered to your clients through your collaboration with Margaret's Place.

Just to give you a sense of how we'll move through this interview, I'll [we'll] start by asking you some general questions about your services and programming. Then I will ask you some questions that are more specific to the different services or programming that you offer. Finally, we will end by talking about any recommendations you may have. Do you have any questions for me before we get started?

As I ask you these questions think about the work done by Dominican Women's (DWDC) in connection with Margaret's Place, which is specific to Washington Heights. This includes the direct counseling services, the group sessions, and also the workshops provided by DWDC.

PART I: DWDC Staff

General Questions

1. Over the past 1-2 years DWDC has collaborated with Margaret's Place as a result of the funding provided DANY. As you think back, what comes to mind?

2. What have been some of the challenges to implementing your services – if any?
   - What factors have been helpful to carrying out this work?

a. Are your services in any way different from what was originally planned?

Support Structures

3. What are some of the resources needed sustain or enhance the work that DWDC does in the community? (When I refer to resources this can include anything such as funding, materials, training, space, anything etc.)

Outcomes

4. What are some of the ways that the services and programs offered by DWDC have helped clients or the broader community?

Outreach and intake

We will ask you about some of the services you provide (*individual counseling, group sessions), but first we want to learn how clients come to you.

5. Can you tell us a little about this?

6. Are they referred by an agency? What are some of the agencies? Do they come on their own – how to they hear about your services?
7. Do you engage in any outreach to local schools (Ask about Margaret's Place Schools)? Explain?
8. Can you describe what is needed in order to strengthen outreach at the schools?
9. How do you determine if clients(s) will be assigned to counseling, group sessions, or workshops?
10. How do you determine if or when a client doesn't need counseling or group sessions anymore? Do they tell you?

PART II: DWDC Counselor

So, we're now going to switch gears a bit and were going to ask you some questions that are specific to the direct services (i.e., counseling) offered by DWDC.

To get us started, I'd like to learn more about your experience in providing direct counseling services.

11. Can you tell me a little about your caseload (e.g., approximate number of students you see in direct counseling; group counseling). *Is your caseload manageable*?
    a. Has your caseload changed over time? (increased or decreased?)
    b. On average, how many clients do you see weekly?
    c. How many sessions do you typically have with a client before discontinuing the sessions or discharging them?
    d. Are your sessions in another language besides English? About what percent?

12. Can you tell me about the mix of cases in your caseload? For example, what are some of the common issues that you see clients for?

13. Do you have a sense of how trauma plays a role with the cases that you see?

Outcomes

14. What are some of the ways that clients have benefited from direct counseling services?

Implementation successes and challenges

15. What are some of the things that have gone really well with providing direct counseling services? (e.g., helpful school staff?)

16. What are some of the challenges you have experienced with providing direct counseling services?
    a. How have you handled these challenges?

PART III: GROUP SESSIONS

Now I'd like to learn about more about the group sessions that are offered.

16. How many groups do you run in a given year? How many group sessions are offered?
    a. On average, how many clients are in a group?
    b. Are your sessions in another language besides English?
17. What topics are addressed?
    a. Are the group sessions psychoeducational, therapeutic?
    b. Do you discuss trauma or related topics during the group sessions? Please explain.
    c. What are some of the common issues that your group clients present with or that are raised?
    d. Do you have a sense on how exposure to trauma plays a role with the clients you see in group sessions?

18. If a client stops coming to the group sessions, what happens? Do you follow-up?

Outcomes

19. What are some of the ways that clients have benefited from group sessions?

Implementation successes and challenges

20. What are some of the things that have gone really well with providing group counseling services? (e.g., helpful school staff?)

21. What are some of the challenges you have experienced with providing group counseling services?
    a. How have you handled these challenges?

PART IV: WORKSHOPS

Now I'd like to learn more about the workshops that are offered.

22. How many workshops do you run in a given year?
    a. On average, how many people are in a workshop?
    b. Are your sessions in another language besides English?
23. What topics are addressed?
    a. Do you discuss trauma during these workshop sessions? How?
    b. What are some of the common issues that workshop clients present with or that are raised?
    c. Do you have a sense on how trauma plays a role with the people who attend the workshops?

Outcomes

24. What are some of the ways that clients have benefited from the workshops?

Implementation challenges and success

25. What are some of the things that have gone really well with providing the workshops? (e.g., helpful school staff?)

26. What are some of the challenges you have experienced regarding the workshops?
    a. How have you handled these challenges?

PART V: Further training & Recommendations – All Stakeholders

These next questions are about your professional development needs.

27. What training or other supports do you feel that you need?

28. What training to you currently have? (e.g., certificates, TF-CBT)

Recommendations
Finally, we would like to know if you have any suggestions.

29. What recommendations do you have so that your work can continue to develop or move forward?

Do you have any questions or comments before we finish this interview?

Thank you so much for your time and answers!

NYC DOE STAFF INTERVIEW

Thank you so much for agreeing to talk with me (us) today. As you may know, Margaret's Place has been offering services and a range of programs at your school. We want to know what you think about the services and programs that are offered to students and school staff.

Just to give you a sense of how we'll move through this interview, I'll [we'll] start by asking you some broad questions about Margaret's Place services and programming. When I refer to MP, just know that this includes everything offered by MP such as the schoolwide campaigns, workshops for students, peer leadership, the YES Program, and the direct counseling services provided to students. Then I will ask you some program-specific questions that are about the YES Program and the direct counseling services offered to students. Finally, we will end by talking about any recommendations you may have. Do you have any questions for me before we get started?

PART I: General Questions

General Questions
First, we'd [I'd] like to start with some general questions.

1. When you think the services and programs offered by Margaret's Place at your school, what comes to mind?

2. What are some of the benefits of having Margaret's Place at your school?

3. What do students think about the services and programs offered by Margaret's Place?
   a. What do they like (don't like)? Why?
   b. What activities do they like the most?

4. What have been some of the challenges to implementing the services and programs offered by Margaret's Place – if at all (e.g., campaigns, workshops).
   a. What factors have been helpful to carrying out the work that Margaret's Place is doing?

Stakeholder buy-in and support

5. In general, what do school staff (e.g., teachers) think about the services and programs provided Margaret's Place?

Support Structures

6. What are some of the resources needed to sustain or enhance the work that Margaret's Place does at this school? (When I refer to resources this can include anything, such as funding, materials, training, space, anything etc.)

Outcomes

7. What are some of the ways that the services and programs offered by Margaret's Place have helped students?
8. What about school staff?
9. If Margaret's Place were not at this school, what would be different?
10. What would have students and teachers missed out on?

PART II: Program-specific questions: *(to be asked of staff that can speak to this)*

Direct service-delivery

11. This past year Margaret's Place offered direct counseling services (individual and group) to some students. Can you tell me a little about this?

12. What are some of the things they did really well in offering direct services to students?

13. What have been some of the challenges to offering direct services to students?

14. What are some of the ways that that these services have helped students?

YES program

15. This past year Margaret's Place implemented the YES Program; can you tell me a little about this?
15. What do students say about the curriculum?
16. What do they like most? least?
17. What are some of the things that went really well with the implementation of the YES program?
18. What have been some of the challenges to implementing the YES program?
19. What are some of the ways that the YES program has helped students?

Now we're going to switch things up a bit and were going to ask you some questions that are specific to schoolwide programing such as the campaigns, the peer-leadership program, and the student workshop that is led by Margaret's Place. First, we will start with…

Schoolwide campaigns

20. What are some of the things that went really well with the schoolwide campaigns?
21. What have been some of the challenges to implementing the schoolwide campaigns?
22. What are some of the ways that the campaigns have helped students?

Peer-leadership

23. What are some of the things that went really well with the peer-leadership program?
24. What have been some of the challenges to implementing the peer-leadership program?
25. What are some of the ways that the peer-leadership program has helped students?

Student workshops

26. What are some of the things that went really well with the student workshops?
27. What have been some of the challenges to implementing the student workshops?
28. What are some of the ways that the student workshops have helped students?

PART III: Recommendations

Finally, we would like to know if you have any suggestions.

29. If Margaret's Place was to start their services at a new school next year, what recommendations would you give?

Do you have any questions or comments before we finish this interview?

Thank you so much for your time and answers!

APPENDIX C
Youth Empowered to Speak Survey

School_____

1. When did you take YES (Youth Empowered to Speak)?

- ☐ Fall
- ☐ Spring

2. How much did you learn about these topics from the YES class (please select one)?

	I did not learn anything	I learned a little bit	I learned a lot	Do not wish to answer
a. Types of violence	1	2	3	4
b. Unhealthy relationships	1	2	3	4
c. How trauma can affect people	1	2	3	4
d. Coping skills and safety strategies	1	2	3	4
e. How to be a responsible bystander A responsible bystander means speaking up (in safe ways) when you know something is wrong.	1	2	3	4
f. How to speak out against violence	1	2	3	4

3. How did you feel about the class (please select one)?

	Never	Sometimes	Always	Do Not Wish to Answer
a. I understood what the counselor was talking about.	1	2	3	4
b. I liked the activities we did in the class.	1	2	3	4
c. The class was boring.	1	2	3	4

4. What did you like <u>most</u> about the class?

5. How would you make this class better?

Thank you for your time!