

Addressing Trauma Among School-Aged Children

Early Findings from the Implementation of the Margaret's Place Program

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



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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 critically important settings for providing support, addressing trauma, and fostering social-emotional skills and resilience. Mental health practitioners in schools often work 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 trauma and violence, the implementation of school-wide prevention and intervention programs has the potential to benefit a greater number of students and improve school climate and may have downstream effects on student engagement, academic achievement, and discipline. In recent years, the number of school-based programs addressing the impact of violence and trauma in children and youth has grown. Even though some have reported successful implementation and results (Mendelson et al., 2015), there is not a “one-size-fits-all” trauma-focused program model, given a diversity of factors such as age, culture, and geographic location. Additionally, there is a need to expand the evidence base regarding trauma-informed service delivery in schools (Chafouleas et al., 2016). Toward this end, school-based programs stand to benefit from independent evaluations that assesses implementation processes, impact, and sustainability.

The Manhattan District Attorney’s Office, through its Criminal Justice Investment Initiative, funded the Center for Court Innovation to evaluate such a program in Washington Heights, Manhattan. This report presents the methods, findings, and recommendations from the interim evaluation of the Joe Torre Safe at Home Foundation’s Margaret’s Place program.

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

The Joe Torre Safe at Home Foundation’s Margaret’s Place program began in 2005 and operates nationally in 20 schools—including five schools in New York City. To date, the program has served over 125,000 students, ages 11-18. The goal of Margaret’s Place is to raise awareness about types of violence and trauma among youth and provide direct interventions to impacted youth with special attention to the many types of violence (e.g., home, community, and dating violence) experienced by young people. The program is

intended to help students build resilience, develop healthy coping skills, decrease trauma symptoms, increase empowerment to speak up against violence, and reduce exposure to violence in the community.

The program is built on a multi-tiered framework that has been shown to be more effective for students, particularly for school-based trauma-informed programs (Herrenkohl et al., 2019). Tier 1 programs are typically intended for the wider school population, and Margaret's Place universal school programs (e.g., campaigns, workshops) reflect this tier. Margaret's Place Tier 1 programs offer the opportunity for students to participate in programming that is non-stigmatizing and that creates a positive school climate and supportive experience for students. Tier 2 and Tier 3 strategies focus on addressing students' mental health needs. The Margaret's Place Space where some program components are offered creates a welcoming environment for students who need support during an acute crisis, while the individual and group counseling provides direct services to those who experience stressors.

The Washington Heights program model consists of components for students, school staff, and parents (see Appendix A for the program's logic model).

Students

- **School-based Individual Counseling** includes crisis interventions, drop-ins, and structured sessions for students impacted by violence and trauma.
- **School-based Group Counseling** sessions are offered throughout the school year and include groups that are co-ed or gender-specific. There are sessions that focus on relationships and teen violence awareness. These are often discussion-based sessions but can also include activities, such as gardening. Students who have been exposed to trauma or other stressors can participate in an arts-based group counseling where they use narrative journal writing to facilitate healing.
- **Youth Empowered to Speak (YES)** is a five-session, classroom-based violence prevention program for 7th and 9th graders. The curriculum presents standardized lesson plans that consist of five core components: i) understanding violence, ii) the impact of trauma, iii) coping skills and safety strategies, iv) how to be a responsible bystander, and v) empowerment. Each component is generally taught during one class period. For example, during the lesson on the impact of trauma, students learn that traumatic

experiences affect both individuals and families. Curriculum modules include presentations, vignettes, and reflection activities that elicit student discussion.

- **Student Workshops and Small Group Discussions** are held throughout the school year, often as open lunch sessions in the Margaret's Place room, and students can join freely. Workshop topics include dating safety, healthy relationships, consent, and bullying/cyberbullying. Counselors occasionally add new topics based on students' needs or interests.
- **School-Wide Awareness Campaigns** are organized at least two times during the school year and involve students, teachers, and administrators. The campaigns are intended to raise awareness about teen dating violence and unhealthy relationships, but can focus on additional topics (e.g., suicide) depending on student interest. School-wide activities might include assemblies, murals, and the distribution of information pamphlets.
- **Peer Leadership** is a group consisting of 10-15 students who are recruited through workshops, open lunches, and therapeutic activities. They can also be referred by a teacher or friend. Once they apply, they are required to bring a letter of recommendation from an adult (usually a teacher) and complete an interview with the counselors and the Alumni Intern working at that school. Peer leaders meet at least 30 times throughout the school year and are trained to educate other students about violence, abuse, and conflict mediation, often through school-wide awareness campaigns and classroom presentations.
- **Margaret's Place Space** is a confidential room in the school used for Margaret's Place services. Students come to the room for counseling services, the Peer Leadership program, and drop-in prevention programming. The room is open to all enrolled students from 8:00am to 4:00pm, but students cannot come during their class time except when they are experiencing a crisis.

School Staff

- **School Staff Training** is delivered by Margaret's Place staff at least twice a year to teachers, administrators, and support personnel. Their primary training provides an overview of domestic violence, how trauma affects youth, and how one should respond when a student has been exposed to trauma or violence. Margaret's Place staff provide additional trainings on the cycle of abuse and self-care.

Parents

- **Parent Outreach** consists of introducing Margaret’s Place to school parents during school events such as the open house and parent-teacher conferences. Parents can learn about the program at school events (e.g., report card conferences) and receive handouts or flyers about Margaret’s Place services. Throughout the year, workshops are offered at schools on the effects of trauma (including dating violence) and how parents can talk to their children about dating. Additionally, Margaret’s Place provides parent workshops in the community, which are not offered at other schools with Margaret’s Place programs.
- **Parent Counseling** is an extension of the Margaret’s Place model. These services are provided by the Dominican Women’s Development Center (DWDC). Unlike Margaret’s Place schools in other cities, the Washington Heights model (the focus of this evaluation) offers counseling services to parents of students in counseling¹.

Implementing the Model

In 2018, the Manhattan District Attorney’s Office awarded Joe Torre Safe at Home a grant to implement Margaret’s Place Communities Impacted by Trauma-exposed Youth (MP-CITY) in two public schools (School A and School B) in Washington Heights, a neighborhood with a predominantly Hispanic population. The MP-CITY program (referred to as “Margaret’s Place” for the remainder of the report) differs from Margaret’s Place at other schools through the inclusion of parents and the local community in the program model and implementation. To accomplish this, Margaret’s Place partnered with the Dominican Women’s Development Center (DWDC), a community-based organization in Washington Heights, to conduct community outreach and provide counseling services to the parents of children who receive counseling in school. DWDC provides community workshops on topics such as parenting and healthy relationships. A Margaret’s Place family outreach coordinator works part-time as a bridge between Margaret’s Place and DWDC to facilitate referrals and assist with community outreach and parent-related activities in the school.

¹ Under the original extension of the program model counseling services were to be provided to parents of students receiving counseling services, but the target population was later adapted to offer counseling services to parents in Washington Heights in general. This evaluation focuses on the implementation of parent counseling services offered to parents of students under the initial extension of the model and not the later adaptation.

According to the New York City Department of Education (DOE) data from the 2019-2020 school year, School A (grades 6-8) had 222 students. School B (grades 9-12) had 367 students. Both schools have large Hispanic and Spanish-speaking student populations; DOE statistics show that about 87 percent of School A students and 89 percent of School B students were Hispanic.

Margaret's Place began working with both schools in the 2018-2019 school year. The program is overseen administratively by two Joe Torre Safe at Home Foundation staff members. There is also one clinical program supervisor who is a licensed mental health counselor and that provided supervision to the counselors. Program implementation involved hiring and training two new counselors (one per school) who work full-time to provide school-based counseling and all other programming. The counselors are bi-lingual and bi-cultural and have backgrounds in social work and clinical mental health. Margaret's Place also hired two alumni interns, one in each school. These are former students who participated in Margaret's Place and now assist with student activities—primarily workshops, campaigns, and Peer Leadership groups.

Methods

This interim process evaluation is designed to provide a better understanding of the Margaret’s Place program that has been implemented in Washington Heights. This study consists of a process and impact evaluation that will answer the following research questions:

1. How does the program operate; is it being implemented as intended; and what are its successes and challenges?
2. What is the scope and impact of counseling services (e.g., mental health)?
3. What is the impact of the YES program on students’ understanding of trauma-related topics (e.g., violence, trauma, coping skills)?

To inform our evaluation, we rely on a range of data sources including program data and documents; interviews with Margaret’s Place, DWDC, and school staff; student surveys for individual counseling services and YES; and school staff surveys for staff trainings. However, at the time of this interim report, only process interview and program data have been collected, which represents the first phase of this evaluation; accordingly, this report focuses only on the process evaluation.

The research methods used in this evaluation reflect an adapted design that deviates from the original evaluation plan due to the COVID-19 pandemic in 2020 (COVID-19 hereafter). From March 2020 to spring 2021, students were in school remotely (full-time or in hybrid approaches). All Margaret’s Place programming during that time was online. Middle school students had the option for in-person learning as of January 2021 and high school students had the option of in-person learning as of April 2021. However, Margaret’s Place staff were not allowed on campus for the remainder of 2020-2021 school year. As a result of the adapted strategy, all interviews to date have been conducted via Zoom.² The types of data collected for each program component are summarized in Table 1 and described in more detail below.

² The original evaluation design was adapted significantly to be in adherence with human subject safety requirements put forward by the NYC Department of Education and Center for Court Innovation IRBs in response to COVID-19.

Process Evaluation

This interim process evaluation summarizes findings from multiple data collection methods, including document review, program data analysis, and interviews. Results from additional process methods (training surveys and observations) will be reported on in the final evaluation report.

Document Review We collected 64 documents produced by Margaret's Place to thoroughly understand their program activities. These documents included a needs assessment, student counseling intake forms and assessments, YES curriculum, workshop lessons, awareness campaign materials (e.g., flyers, brochures), staff training presentations, and other materials.

Program Data We obtained program data from the individual and group counseling and peer leadership activities, collected by Margaret's Place for the 2018-2019, 2019-2020, and 2020-2021 school years. The data provided descriptive information on student demographics, number of sessions attended by each participant, and referrals to other services from the individual and group counseling activities.

Interviews We conducted 10 semi-structured interviews with Margaret's Place program staff (e.g., counselors and administrators), Dominican Women's Development Center staff (counselor and supervisor), and school staff (i.e., principals, assistant principals) in fall 2020 and winter 2021. The questions focused on implementation progress, successes and challenges to implementation, and the perceived impact of each program component. This first phase of interviews primarily focused on the implementation of the original program model before the COVID-19 pandemic and physical school shutdown. Future interviews will focus on how COVID-19 has impacted programming and related adaptations to the program model.

Training Survey We plan to survey staff when trainings are scheduled. Training attendees will be provided with a link to an online survey after completing the training. The survey consists of questions about the training's usefulness, whether it increased their knowledge about the topic and their ability to apply what they learned, what they liked most, and how they would improve the training.

Training Observations We plan to observe at least one training in both schools to document their content and the delivery of the materials (e.g., PowerPoints, interactive). Our observations will include teacher responsiveness to the material.

Table 1. Process and Impact Evaluation Data Collection Methods

		Program Component							
		Students					Staff	Parents	
		Individual & Group Counseling	Youth Empowered to Speak (YES)	Student Workshops	School-Wide Awareness Campaigns	Peer Leadership	Staff Training	Parent Outreach & Workshops	Parent Counseling
Process Evaluation	Document Review	X	X	X	X	X	X	X	
	Administrative Program Data	X	(X)			X			
	Interviews	X	X	X	X	X	X	X	X
	Training Survey						(X)		
	Training Observations						(X)		
Impact Evaluation	Counseling Survey	(X)							
	YES Survey		(X)						

X = Data collection and analysis are complete; (X)=Data has not yet been collected and/or analyzed

INTERIM EVALUATION FINDINGS

The interim evaluation findings are based on data collected for the process evaluation, including administrative data that Margaret’s Place tracks on their program activities; interviews with Margaret’s Place, Dominican Women’s Development Center (DWDC), and school staff; and program documents. We first describe some of the considerations in implementing the overall program model. Then we highlight findings for each program component—direct counseling services, school-wide programming, school staff training, and parent engagement—as it relates to strengths, challenges, perceptions, dose, reach, and program infrastructure. This section does not include findings from the impact evaluation, which consists of the school staff training surveys and surveys of individual students who participated in counseling services and Youth Empowered to Speak (YES).

Implementing the Program Model

There were several notable considerations in implementing the Margaret’s Place model that emerged in our evaluation, including an evolving program model, staff buy-in, resources and staffing, and collaboration—all of which play an important role in the scalability and sustainability of Margaret’s Place. The evaluation also reveals that the Margaret’s Place model operates somewhat separately from the school rather than integrated within it, which has implications for its implementation and sustainability

Clarity of Program Model

There appears to be some ambiguity in the Washington Heights-specific program model, in part due to adaptations and changes in implementation. This has contributed to a lack of clarity among stakeholders about the program’s focus. For example, descriptions of the school-based portion of the program varied across both school and program staff, reflecting an unclear understanding of the program’s goals/focus across different stakeholders. Some interviewees mentioned that the program focused on traumatic experiences, violence prevention, domestic violence, dating violence, child abuse, sexual abuse, and bullying. While exposure to these experiences can be traumatic, they were generally described as discrete areas of focus rather than aspects of a broader trauma-informed approach. For instance, in some interviews, Margaret’s Place was described primarily as a domestic violence or dating violence intervention, without describing the connection to trauma. Some

interviewees believed that the program's goals had changed over time as the program was adapted to focus on dating violence, while others believed that the program had remained consistent.

This ambiguity may stem from the initial program planning, which was guided by a needs assessment of trauma via a survey of parents in Washington Heights and staff from Schools A and B. The incorporation of data from the needs assessment to inform programming was a strength that should be continued, if future assessments can be conducted systemically, regularly, and using sound methodology that minimize bias and ensure the validity of the findings (e.g., appropriate samples). While needs assessments can offer important guidance, there were limitations to the program's assessment in terms of scope and methodology, which may have provided an incomplete picture of the need.

Implementation and Sustainability

School Buy-in While school staff generally supported the program, program staff indicated that several school staff members were resistant to the program. For example, they explained that teachers were frustrated on occasion when students were pulled from class. Others stated that school staff resistance might have stemmed from conflicting values or beliefs about trauma or domestic violence. However, according to program staff, school staff have reportedly become more receptive to Margaret's Place programming over time—sometimes because of staff participation in training and workshops. Margaret's Place has also been viewed as a critical resource by school administrators as it provides a niche clinical service to students experiencing mental health challenges.

Resources (funding and staffing) Program staff indicated that funding was the most critical resource to sustain the program. There were challenges in staffing capacity for Margaret's Place, including a delay in one school where the counselor was hired midway through the school year. Counselors were reportedly in need of additional staff support to navigate a range of responsibilities, including individual and group counseling caseloads, workshops, peer leadership groups, school-wide campaigns, staff training, and all the associated planning required to implement these activities.

Collaboration and Communication Program-school collaboration was challenging, especially during the early phases of the program. Implementing the program required navigating a range of school rules, expectations, and protocols. Program and school staff discussed the need for better program-school collaboration, preferably early in the school

year, in order to be "on the same page" regarding program planning. Some school staff expressed the need for the counselors to be present at school faculty meetings so that the counselors can understand the "life of the school." However, several interviewees recognized that program-school collaboration had improved with time. At times, collaboration was specific to communication as some school staff reported a lack of communication concerning program delivery. For example, they were unaware of the program scope and how it was operating, such as the grade levels or the number of students served by Margaret's Place at the school.

Institutionalizing the Model Throughout participant interviews, Margaret's Place was described as a program within the school that operated separately. Although institutionalizing the program into the broader functioning of the school is not necessarily a Margaret's Place goal, this appears to have had clear consequences on how the program was implemented—the goals, practices, and program framework of being trauma-informed were not described as being systematically infused into the existing structures of the school. As one example, interviewees did not discuss trauma-informed approaches to school discipline either as a systematic practice or by instituting trauma-informed protocols to school discipline. Similarly, trauma-informed approaches were not described as integrated into the school mission or values. The Margaret's Place Space (i.e., the counseling room) was designed to be a visibly welcoming and safe environment, but these descriptions were limited to the room. While some school-wide efforts such as violence prevention campaigns were aimed at helping to create a more a visibly safe and welcoming school, the institutionalization of the model has not emerged as a central practice across the interviews we conducted.

Program Components

Direct Counseling Services

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

Multiple Entry Points A program strength is that there are multiple points of entry to counseling services. Students are typically referred to counseling by teachers, a guidance

counselor, or by “word of mouth,” such as by a student showing up to the counselor’s office with a friend. Self-referrals have also occurred when a student shows up to the counselor’s office after learning about Margaret’s Place services during a school-wide event (e.g., school-wide campaign, school assembly). Once students initiate counseling services, the process begins with intake and client assessments, which can last several sessions. The initial intake can include a range of assessments such as for trauma and teen dating violence, along with a range of optional screenings (e.g., anxiety, depression, self-harm, suicidality) that can be completed at the discretion of the counselor.

Safe Space The designated private offices for Margaret’s Place counselors (i.e., the counseling rooms) served as one of the greatest assets. The counselors designed these spaces to be comforting, safe, and inviting, which has helped to create a suitable atmosphere for counseling and therapeutic recreation. Many interviewees, including DOE staff, described the Margaret’s Place room as standing out from the rest of the school building. The design of the room appears to serve as a focal point and has helped to brand the program—in one school the Margaret’s Place office is referred to as the “purple room.” They believed that students view this space as accessible, often resulting in students informally stopping by the room.

Service Provision Margaret’s Place service provision appears to have some key strengths as well as areas for improvement. Program data indicate that counseling services are provided to a considerable number of students. Further, the program appears to leverage school and local supports and services, referring students out when additional counseling or supports are needed.

As shown in Table 2, 34% of the students that have received counseling services were from School A, and 66% were from School B. School B is a larger school, with a total population of 367 students, while School A only serves about 222 students.³ Thus, the students served in this sample of data were sizable, representing about 20% of all School B students and 18% of all School A students. The average age of students was 15 (ranging from 11 to 20 years old⁴) and, as expected, students predominantly identified as Hispanic or Latinx⁵ (89%) ethnicity.

³ School population size may change slightly from one school year to the next.

⁴ Only one student in the sample was 20 years old; DOE policy allows students to stay in high school until age 21 to accommodate students who are over-age but under-credited.

⁵ Students had the choice of identifying as Hispanic or Latinx.

Table 2. Student Demographics and School Information, Students Receiving Direct Services

Student Sample	
Number of Students	112
Race/Ethnicity	
Black/African American	12%
Hispanic/Latinx	83%
Middle Eastern/North African	2%
Multiracial	4%
Hispanic Ethnicity	89%
Gender	
Male	48%
Female	50%
Gender fluid or other description	2%
School	
School A	34%
School B	66%
Grade	
6th	7%
7th	19%
8th	9%
9th	10%
10th	17%
11th	18%
12th	21%

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

²The sums of race and grade categories exceed 100% due to rounding.

Of the students who received direct services⁶, 83% received individual counseling and 46% received group counseling (see Table 3). Students in individual counseling have received an average of 3.5 sessions, which appears to be a relatively low number of clinician-client contacts within the scope of trauma-informed services. In fact, 41% of students in both schools had only one session of individual counseling. Some program staff noted that Margaret’s Place serves as the only service provider offering trauma services, and, as such, often works with students to address an immediate crisis (in 1 or 2 sessions), as opposed to

⁶ The sample size in Table 3 (N=130) differs from Table 2 (N=112), because the data was missing demographic information from 18 students.

longer-term counseling. Among those who participated in group counseling, the average number of sessions was 6. For both individual and group counseling, students attend sessions approximately once a month.

Referrals In addition to providing direct services, Margaret’s Place counselors also referred students to school-based and external services when needed. Although 56% of direct service students did not receive any such referrals, 44% of students received at least one, with an average of 1.15 referrals per student. Students at School A were more likely to be referred to

Table 3. Margaret's Place Service Provision, Students Receiving Direct Services

	Student Sample
Services Received (N=130)	
Any Counseling + Peer Leadership	29%
Any Counseling (Individual or Group) ¹	96%
Any Individual Counseling (N=108)	
% with Only 1 Session	41%
% with More Than 1 Session	42%
Average # Individual Counseling Sessions ²	3.5
Duration Individual Counseling (days) ²	97.8
Any Group Counseling (N=60)	
Average # Group Counseling Sessions ²	6
Duration Group Counseling (days) ²	200.1

¹The remaining 4% received extra-program referrals, but data on their specific clinical services is missing.

²Of those with 1 or more sessions.

these services. As shown in Table 4, the most common referral was for external counseling, with 54% of students at School A receiving that referral and 31% at School B. This was followed by referrals for external case management or material support (28% overall) and medical referrals, such as to a clinic or hospital (14% overall).

Table 4. Student Referrals

	All	School A	School B
Total Number of Students in the Sample¹	130	74	39
Average Number of Referrals	1.04	1.15	1.15
Number of Referrals			
No Referrals	56%	61%	39%
Only 1 Referral	11%	5%	18%
2 Referrals	16%	10%	33%
3 or More Referrals	17%	24%	10%
Referral Type²			
External Counseling/Support Group	38%	34%	62%
Case Management/Material Support	28%	31%	33%
Medical (Clinic, Hospital)	14%	23%	3%
School-based Support/Program ³	5%	5%	0%
Domestic Violence Services	4%	4%	3%
In-home Resources ⁴	2%	3%	0%
Other Referrals ⁵	5%	4%	5%

¹Seventeen students were missing school information. They were included in the overall average.

²The sums of referral type add to more than 100%, because students could receive more than one referral.

³School-based referrals include after-school or summer programs.

⁴In-home resources include support for self-care activities at home, such as online activities (crafts, science exploration) or writing/journaling.

⁵Other referrals include civil legal assistance, community partner, employment counseling, housing assistance, parent-child counseling/treatment intervention, or substance abuse counseling services.

School-wide Programming

Margaret’s Place school-wide programs (i.e., workshops, Peer Leadership, and campaigns) help to broadcast their counseling services to the student body, teach students about domestic and dating violence, help them recognize trauma, and promote healthy dating relationships.

According to all interviewees, students and school staff view these school-wide activities favorably. These activities are generally accessible to students (e.g., open lunch groups) and visible to the student body and school staff (e.g., school-wide campaigns). The visibility of some of these activities is appreciated by school staff as they can witness students engage in prosocial activities. The activities also create a “buzz” as they often involve games, giveaways, tabling, and artwork. A common theme across school-wide activities is the opportunity to use student voice and ownership—a signature feature of a trauma-informed approach (SAMHSA, 2015). For example, school-wide campaigns are led by the student peer leaders who are provided the opportunity to generate topics of interest and design the

rollout of the activities. A key quality of the school-wide activities is their positive and empowering approach to creating a safe school environment in a non-stigmatizing manner.

School Staff Training

Program staff reported that counselor-led trainings on trauma and classroom-based responses were well-received by school staff. Nonetheless, they said that some attendees showed interest in learning more while other school staff did not think the training was necessary.

Additionally, we reviewed the PowerPoint training presentation about trauma-informed practices in the classroom. This training is tailored to teachers. It presents fundamentals about trauma (e.g., definition, biological implications), triggers and detecting signs of trauma, and self-care. However, the training does not appear to offer sufficient guidance on the application of trauma-informed practices within school settings or in the classroom more specifically. Relatedly, some of the topics covered, such as teacher self-care, are critical and often generate significant staff discussion; they may warrant separate hands-on training that guides staff on *how* to practice self-care (e.g., discussion, mindfulness exercises, emotional regulation strategies). In fact, studies indicate that teachers commonly experience stress and burnout, and approximately 80% of teachers experience at least one form of victimization at school, which further underscores the need for focused teacher training support given the ubiquity of these experiences (Chang, 2009; McMahon et al., 2014).

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 distribute program materials and community resources at open houses and parent-teacher conferences. "Welcome Back Newsletters" are sent to parents in both English and Spanish at the beginning of the school year, containing descriptions of Margaret's Place, announcements, and services provided. The Margaret's Place model intended to provide counseling to parents under the original proposal, but it was not fully implemented.

Abridged Implementation The final contract, scope of work, and operational plan indicate that the program aimed to include a grant-funded Family Outreach Coordinator, whose work would focus on outreach, education, and community connections for parents. Specifically, the outreach coordinator was meant to be a full-time position, which would have engaged parents in the school and facilitated referrals to counseling services provided

by DWDC. However, the role of the Family Outreach Coordinator was reduced to a part time position in Fall 2018 due to the introduction of a new Program Supervisor role (employed full time). Thus, the Family Outreach Coordinator role was limited in its ability to engage parents and provide clinical services in the originally envisioned way.

RECOMMENDATIONS AND CONCLUSION

Based on the findings of this interim evaluation, we recommend several ways to strengthen the program model, its implementation and sustainability. We conclude with a brief discussion of the strengths of the Margaret's Place model, the strengths and limitations of the current evaluation, and future steps.

Recommendations

Program Model

The program was not consistently understood by its various stakeholders, including the program's focus, the breadth of areas that are targeted, and adaptations to the model. Developing and adhering to a clear program model should be a pre-requisite to any future expansion of the program and evaluation. Margaret's Place has a multi-tiered model, and program staff should continue to build upon and leverage this framework rather than shifting its focus to discrete problem areas. Focusing on a discrete problem area (e.g., dating violence), rather than anchoring it in trauma more broadly, may lead to different understandings of the model and "program drift," ultimately inhibiting the potential effectiveness of the program.

Broader Implications Programs with a clear program model and strong theoretical and empirical basis should serve as guiding criteria for future projects. As funders continue to support school and community-based interventions for youth, they should ensure a clear model and theory.

Implementing the Program Model

Margaret's Place should also consider the development of a more comprehensive needs assessment that also includes a readiness checklist to determine if schools are an appropriate fit for the program and to guide ongoing implementation benchmarks. The checklist can be reviewed jointly by program and school administrators at the time of program planning and during subsequent implementation years. Consistent with other readiness checklists (Pennsylvania Positive Behavior Support, n.d.), items can assess commitment to implementation and the ongoing status of specific features necessary for the program to operate successfully. For example, this can include the integration of the YES curriculum

into the school schedule, office space, designating a trauma-informed or school safety advisory board, and the incorporation of 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 the development of written policies and cross-sector collaboration. A key feature of organizations that adopt a trauma-informed approach is universal screening. Although students receiving counseling services in MP-CITY are screened, assessments are not conducted with the broader student population. Universal screening may raise concerns about limited resources or liability, but screening can be anonymous, based on teacher reports, and does not necessarily require questioning students about trauma directly (e.g., a general checklist provided to teachers could note any changes in student behaviors or grades).

Broader Implications Strong attention should be afforded to *how* programs plan to implement their model. While programs typically delineate the scope of their work and an associated timeline to funders, they do not always articulate the anticipated barriers or factors that need to be used for successful implementation. Needs assessments and readiness checklists are useful tools that can offer some guidance. In school settings, many challenges to implementation are well-documented in the literature and thus can be addressed during planning and development of implementation plans. Proposed school-based interventions should articulate anticipated barriers (e.g., time constraints, constraints of the school calendar) and plans to gain the support of school principals, build staff-buy in, embed their program into the school (e.g., scheduling, trainings) to navigate these barriers.

Sustaining and Institutionalizing the Program Model

Margaret's Place is primarily described as an external program operating within schools. However, the trauma-informed model does not appear to be integrated into broader school practices such as policies and classroom- and school-wide practices. There is not strong evidence suggesting that the practices implemented over the past two years will be sustained should the program withdraw from the schools. Toward this end, we encourage following the guidance provided by SAMHSA (2014), which offers ten implementation principles that organizations can follow to become trauma-informed: 1) governance and leadership; 2) policy; 3) physical environment of the organization/program; 4) engagement and involvement of people in recovery, trauma survivors, consumers, and family members; 5) cross-sector collaboration; 6) screening, assessment, and treatment services; 7) training and workforce development; 8) progress monitoring and quality assurance; 9) financing; and 10) evaluation.

Broader Implications The challenge of sustainability is common among school-based interventions. For this reason, significant attention should be given to not just operating a program within a school, but rather, implementing programs as school-wide efforts that seek to move schools closer toward operating organizationally as trauma-informed institutions. This requires shifts in school practices, policies, norms and beliefs, and resources (e.g., funding, spatial, staff, skill sets)—all in pursuit of making the school trauma-informed.

Conclusion

The evaluation findings thus far indicate that Margaret’s Place is a promising program. We believe the program has the potential to achieve its intended outcomes and impact the lives of students and families with enhancements that align more strongly with existing empirical evidence on school-based trauma-informed programs. Children spend half of their waking hours in school, and schools can serve as one of the most influential places on children’s development and in the delivery of mental health services given their proximity to children (Naff et al., 2020; Smith et al., 2004). Margaret’s Place is positioned as a promising model that can potentially be effective if it is further developed. It provides needed mental health resources in Washington Heights—a primarily Hispanic community—and the socio-cultural adaptations of the Margaret’s Place model and lessons learned over the past two years offer opportunities for further program development. Given the dearth of mental health services available for Hispanic children and the need for such services due to a range of socio-cultural factors (e.g., immigration, poverty, language barriers), such programmatic enhancements are strongly encouraged. Ultimately, leveraging the lessons learned in this evaluation in combination with future evaluations can potentially position Margaret’s Place to offer a unique contribution to the field of school-based mental health service delivery.

Limitations and Strengths of the Evaluation

This study, to date, has provided an in-depth examination of the implementation of Margaret’s Place, but it is not without limitations. First, we were unable to interview school guidance counselors or teachers in time for this interim evaluation report; they have an ancillary role in Margaret’s Place. We plan to incorporate their perspectives in the final report. Second, we cannot generate conclusions beyond the implementation of this program. Based on this process evaluation, to date, Margaret’s Place has experienced significant challenges to implementation in the schools that are part of this evaluation, including challenges related to early program implementation and program adaptations due to the COVID-19 pandemic. As a result, the impact of the program was not ready to be rigorously evaluated, as some aspects of the program model are in flux or in need to be further

developed. Accordingly, and due to COVID-19 constraints, our impact evaluation will focus on student perceptions of their experience after receiving individual counseling and being part of the YES program. This will offer some insight into the perceived benefits and impact of some program components, but we will not measure changes in mental health (e.g., thoughts, coping skills, behavior) and attitudes and behavior involving teen dating violence.

Despite these limitations, this evaluation has several strengths. These include an assessment of multiple program components, the collection of multiple data sources, and the use of quantitative and qualitative data analyses. This evaluation will be enhanced as more data is collected (i.e., YES, direct services, and training data), which will be included in the final report.

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Appendix A. Margaret's Place Program Logic Model

Margaret's Place Program Goals	Inputs	Outputs	Measured Outcomes
1. Provide clinical services to youth impacted by violence and abuse	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Complete goals assessments, and treatment plans with all youth engaged in ongoing individual clinical services 	

Margaret's Place Program Goals	Inputs	Outputs	Measured Outcomes
3. Engage youth leaders as advocates in their own peer networks	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 school-wide awareness campaign activities • Provide introductions to prevention of violence and abuse within the school and "safe room" programming for all students each school year 	<ul style="list-style-type: none"> • 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"	<ul style="list-style-type: none"> • Implement at least two week-long school-wide awareness campaign each school year that promote raise awareness around domestic violence and relationship abuse, and promote healthy relationship behaviors 	<ul style="list-style-type: none"> • Engage all enrolled students at each school every year in prevention services through the Margaret's Place "safe room" and school-wide awareness campaign activities • Provide introductions to prevention of violence and abuse within the school and "safe room" programming for all students each school year 	<ul style="list-style-type: none"> • 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
5. Improve school safety and climate	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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