Partnerships to Address School Safety through a Student Support Lens

Summer G. Woodside
University of North Carolina at Pembroke, summer.woodside@uncp.edu

Tamara Estes Savage
University of North Carolina at Pembroke

Nicole A. Stargell
University of North Carolina at Pembroke

See next page for additional authors

Recommended Citation

Partnerships to Address School Safety through a Student Support Lens

Abstract

School safety is a primary concern of school leaders, employees, parents, and a variety of community stakeholders. Attempts to mitigate and prevent school safety concerns often focus on strategies around school climate assessment, emergency communication, school safety plan development, and school resource officer employment (U.S. DHS et al., 2018). Involvement of key stakeholders, such as school social workers, school counselors, and school-based mental health professionals is emphasized in creating and assessing school safety in a wholistic manner. This article provides an overview of a *Trainings to Increase School Safety* grant program that was implemented with public school stakeholders through partnerships between a university and five public school districts in the Southeastern North Carolina region.

Keywords

Authors

Summer G. Woodside, Tamara Estes Savage, Nicole A. Stargell, Veronica L. Hardy, Whitney P. Akers, Ki Byung Chae, Cindy Locklear, Shenika J. Jones, Joshua A. Peele, and Skyla D. Pryor

Partnerships to Address School Safety through a Student Support Lens

School safety is a primary concern for school leaders, employees, parents, school social workers, school counselors, school-based mental health professionals, and a variety of community stakeholders. School safety is a broad concept in which students are free from bullying, harassment, substance use, and violence (American Institutes for Research, 2021). Attempts to mitigate and prevent school safety concerns often focus on strategies around school climate assessment, emergency communication, school safety plan development (e.g., how to respond to a suicidal student or a school shooting), and school resource officer employment (U.S. DHS et al., 2018). Another key to prevention includes the work of school-based mental health providers such as school social workers, school counselors, and other school-based mental health professionals. It is important to explore the ways in which school-based mental health providers assess and actively promote a positive school climate that fosters students' academic and social growth.

Due to the large percentage of time adolescents spend in the school environment, schools are a critical space to increase safety and overall wellness (Aldridge & McChesney, 2018). Student perceptions of school safety and climate have been shown to impact overall mental health and wellness of students (Aldridge & McChesney, 2018; Birkett et al., 2009). Recent research has found that integrated packages of evidence-based practices have resulted in increased use and effective implementation of evidence-based practices, structured assessments, and clinical family sessions by school-based mental health professionals (Weist et al., 2019). Trainings can be an effective method for contributing to a positive school climate and students' mental health (Rivers & Swank, 2017; Rutter et al., 2008; Stargell et al., 2020). School-based professionals understand the long-term nature of change and can follow up with students and stakeholders across time.

Although one-time mandatory trainings are not likely to produce lasting change in corporate employees, voluntary trainings for dedicated school-based professionals can serve as a foundation for an ongoing program of change (Dobbin & Kalev, 2016). This article provides an overview and evaluation of outcomes of a *Trainings to Increase School Safety* grant program that was implemented with public school stakeholders through partnerships between a university and five public school districts in the Southeastern North Carolina region. A series of trainings that address key aspects of school safety were provided to school-based mental health professionals.

A number of options exist for addressing school safety by promoting positive student mental health outcomes. The six empirically researched interventions included in this grant were chosen in order to address the key school safety topics of suicide prevention (Mann et al., 2005), student behavioral concerns (Weisz et al., 2012), trauma (Minahan, 2019), and discrimination (Stargell et al., 2020). Stakeholders were also trained on program evaluation using the School Health Assessment & Performance Evaluation System (SHAPE, 2015).

Need and Purpose

The current study examined outcomes related to the development and implementation of a comprehensive school safety training program offered by a local university in partnership with key personnel within regional school district partners. The institution's mission and dedication to serving the community, along with the culturally rich region surrounding the university, were prime attributes for producing strong positive outcomes leveraged by existing university/ public school district partnerships and strengthened by evidence-based models that increase school safety. County demographics from the public school district region reflect an enduring trend of income-related statistics, demonstrating resource insecurity and vulnerability faced by students. While the state had a poverty rate of 15.4% (U.S. Census Bureau, 2017) and unemployment rate of 4.1% (Bureau of Labor Statistics, 2018), each of the geographic areas targeted in this program experienced poverty rates ranging from 24.6-36.8% (U.S. Census Bureau, 2017) and unemployment rates ranging from 5.0% to the highest in the state at 8.0% (North Carolina Department of Commerce, 2018).

Data from Public Schools of North Carolina (2018) further demonstrated need in the targeted region. Reported school crime rates per 100 students, consisting of violent crimes such as assault, rape, and possession of a weapon or controlled substances, indicated that one district (.28) had a higher crime rate for elementary school students than the state (.22) and over twice (2.06) the state (.79) crime level in middle schools, while another district (1.65) exceeded the state rate (1.21) at the high school level. Moreover, one of the school districts reported one of the highest short-term high school suspension rates in the state, while the other four districts each had overall short-term suspension rates that far exceeded the state rate (Public Schools of North Carolina, 2018). Finally, the need for mental health services and school supports was further evidenced by the fact that North Carolina students with disabilities in the categories of serious emotional disability, specific learning disability, and other health impaired (all of which include students with behavioral health disabilities) experienced higher rates of short term suspensions and placement in alternative settings than students identified as having disabilities in any other category of exceptionality (Public Schools of North Carolina, 2018). At 17% and 18.9%, two of the districts surpassed the state average of 13.3% of students with disabilities (Public Schools of North Carolina, 2017). The data demonstrated the need for prevention and intervention efforts in the local school district partners that would address factors related to systemic trauma and school violence.

Literature Review

The *Trainings to Increase School Safety* grant program targeted key personnel, such as student support personnel (defined as school social workers, school counselors, school nurses, and school-based mental health providers), community mental health providers, school resource officers, first responders, lead

teachers, school and district administrators, and school board members, within North Carolina's Southeast region. The trainings were created by university faculty and offered using a train-the-trainer model. The program was intended to provide school safety and crisis intervention trainings that, when implemented in schools in a comprehensive manner, had the potential to transform students' sense of safety, facilitate healthy coping mechanisms in response to trauma, increase capacity to manage stress, and promote access to wellness for students and their surrounding communities.

Suicide Prevention

Counseling on Access to Lethal Means (CALM) can be used with youth and adults and has been found to lead to an overall reduction in suicide rates (Mann et al., 2005). The CALM training includes an overview of the concerns associated with access to lethal means and ways to negotiate restriction of lethal means in a suicidal individual's home. Designed for mental health professionals and other professionals who work with at-risk individuals, the main premise of CALM is based upon the relationship between impulsivity, lethal means, and suicide. In a 2009 study by Deisenhammer et al., almost half of patients ages 18-74 in the hospital for a suicide attempt reported a period of 10 minutes or less between first suicidal thought and a suicide attempt. In a metaanalysis of 34 studies, a significant relationship between behavioral and cognitive impulsivity and suicide attempts was identified (Liu et al., 2017). The acute phase of suicidality is often brief, and it has been estimated that only 1 in 25 individuals who use suicidal self-injury will eventually die by suicide (Carroll et al., 2014). However, individuals who try to kill themselves with lethal means often do not have the opportunity to recover from an acute suicidal phase.

Some means of suicide are more lethal than others. Individuals who try to kill themselves using a firearm die approximately 82.5% of the time (Spicer & Miller, 2000). Other highly lethal means of suicide include drowning (65.9% fatality rate), hanging (61.4% fatality rate), gas poisoning (41.5% fatality rate), and jumping (34.5% fatality rate; Spicer & Miller, 2000). In youth ages 12-16, suicide is the second leading cause of death in the United States, with most attempts being associated with poisoning, and almost 50% of completions being associated with firearms (Runyan et al, 2016).

CALM is not a politically affiliated organization, and the emphasis on limiting suicidal individuals' access to firearms is based upon the idea of putting time and space between a suicidal individual and the most fatal method of suicide. CALM also focuses on reducing access to prescription medication and other drugs that can be lethal in high doses. Although drug/poison ingestion is only lethal approximately 1.5% of the time (Spicer & Miller, 2000), it is good practice to limit an individual's access to this means of suicide if possible. It is not possible to prevent suicide by limiting access to all types of means (e.g., an individual can hang themselves with almost any blanket or piece of clothing), so CALM focuses on two

lethal means of suicide that can be readily restricted: firearms and medication.

The benefit of restricting lethal means from individuals who might be suicidal has been demonstrated in various studies (Gunnell et al., 2007; Lubin et al., 2010; Mann et al., 2005). Further, the use of CALM with parents of youth seeking emergency care for suicidality has been found to be beneficial (Runyan et al., 2016), as children may not own firearms but "may benefit from safer storage to an even greater extent than gun owners themselves" (McCourt, 2021, p.186). As such, individuals who are suicidal and the people with whom they live are informed about the deadliness of firearms and drugs and are asked about the availability of these items in the home. The person providing CALM highlights that any restrictions on these items are temporary and are not related to any sort of a political stance or judgment surrounding the possession of firearms or drugs. The main objective of CALM is to place time and distance between an individual who might try to kill themselves and a lethal method of suicide.

Student Behavioral Concerns

Professional school counselors and school-based clinical mental health counselors were trained on *The Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems* (MATCH-ADTC). Match-ADTC is a system that combines treatment for anxiety, depression, trauma, and behavioral problems within one protocol. The information in this training was highly relevant for use in the classroom and in the home setting. Found to be significantly more effective than standard evidence-based therapies (Weisz et al., 2012), these workshops cover psychoeducation and practical interventions for addressing mood disorders, trauma, and/or behavior problems in youth. Due to its ability to address multiple mental health concerns, MATCH-ADTC can more effectively treat commonly occurring comorbidity than methods designed to target one issue at a time. This protocol was designed to promote sustainable and ongoing use in treatment by providing easily tailored modules, resources, and tools for clinicians (Chorpita et al., 2017). Additionally, clinicians are able to track client progress over time with built in web applications. MATCH-ADTC is a practical and efficient way to utilize the limited resources of many youth mental health care systems due to its broad applications (Lucassen et al., 2015).

Weisz et al. (2012) examined the effectiveness of MATCH-ADTC by using 174 participants, aged 7 through 13 years. MATCH-ADTC was tested alongside standard evidence-based treatments. The study found children in the modular treatment condition improved faster and scored more favorably on child and parent self-reports than did children in the other two test conditions. A two-year follow up was conducted and the rates of improvement were found to be significantly superior in the MATCH-ADTC treatment group than the other conditions, showing that the positive results of the modular treatment persisted over time (Chorpita et al., 2013). Another study examined MATCH-ADTC along with community implemented treatment with a group of individuals ages 5 to 15 years old (Chorpita et al., 2017).

Once again, the children in the modular treatment condition were shown to have significantly faster rates of improvement compared to the children in the community implemented treatment group. Overall, studies have found that children who participated in MATCH-ADTC required less time in treatment, were less likely to need additional treatment in the future, and were less likely to require psychotropic medications throughout the duration of their initial treatment (Hagen et al., 2019). While most studies evaluating the effectiveness of modular treatment have been done in the United States, there are ongoing efforts to evaluate the effectiveness with more diverse populations, including native and non-native children of New Zealand (Hagen et al., 2019).

Further, Parent Management/Parent-Child Interaction Therapy Training has been found to significantly improve internalized and externalized youth behaviors when compared to traditional treatment practices (Chorpita et al., 2013). The Parent Management Training (PMT) protocol, created from the MATCH-ADTC program, begins with an overview of the types of conduct problems youth might exhibit, including intermittent explosive disorder, oppositional defiant disorder, and conduct disorder (American Psychiatric Association, 2013) and includes parent handouts focused on engaging parents, learning about behavior, one-on-one time, praise, active ignoring, giving effective instructions, rewards, time out, making a plan, daily report cards, and looking ahead. Booster sessions are explored for implementation as needed. In addition to basic PMT, handouts for interference are explored in relation to additional causes of behavior concerns in youth. These handouts address anxiety, depression, and trauma, and how these mental health concerns are often associated with youth conduct issues. Overall, PMT uses the MATCH-ADTC framework to hone in on opportunities for parents to proactively and effectively engage with their children for improved overall functioning.

Trauma

According to the National Education Association (2016), approximately 50-80% of students living in poverty have been traumatized. Further, previous research notes the positive correlation between elevated community poverty rates and school violence exposure (Carlson, 2006) and exposure to school violence and lower socioeconomic status (Jansen et al., 2012). The Community Resiliency Model (CRM) educates school professionals in the biology of traumatic stress reactions, resiliency, and ways to reduce distress, anxiety, depression, and anger. Reportedly, "up to two-thirds" of school-aged children are either directly exposed to or vicariously experience a form of serious trauma (Minahan, 2019).

Adverse Childhood Experiences (ACES), which include matters of abuse, neglect, and other forms of violence, can negatively impact a child's health, educational attainment (Centers for Disease Control and Prevention, 2020), self-esteem (Patton et al., 2012), and also result in trauma reactions. CRM is designed to build a cadre of school professionals who are educated in the biology of traumatic stress reactions, resiliency, and ways to reduce distress, anxiety, depression, and

anger (Trauma Resource Institute, March & September, 2013). Wellness skills learned by professionals can then be implemented with students in classroom settings. Prior training evaluations have reported positive outcomes in regards to training participants' belief that CRM skills will be helpful to both community members and in their own self-care (Trauma Resource Institute, March & September 2013).

Discrimination

Living within an inherently heterosexist and cissexist society, Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) youth experience systemic oppression and discrimination that can adversely affect mental health and wellness, as well as school performance and safety. Compared to heterosexual and cisgender peers, researchers have found LGBTQ+ youth are more likely to experience depression, anxiety, and suicidal ideation (Reisner et al., 2015; Williams & Chapman, 2011). Furthermore, LGBTQ+ youth have reported homophobic and transphobic discrimination and harassment from peers, educators, and administrators/personnel in the school setting (Human Rights Watch, 2016; Kosciw et al., 2018). These discriminatory and harmful experiences further marginalize LGBTQ+ youth and negatively impact their self-esteem, grade point averages, and plans to attend college after graduation (Kosciw et al., 2018). Stargell et al. (2020) found the implementation of a training program in which pre-service teachers and school personnel learned helping skills for supporting LGBTQ+ students yielded statistically significant increases in participant-reported LGBTQ+ affirming beliefs and behaviors, further reinforcing the need for and effectiveness of LGBTQ+ trainings for school counselors, social workers, administrators, and educators.

Program Evaluation

Using a systems-approach, the School Health Assessment & Performance Evaluation System (SHAPE) allows schools to self-assess school mental health resources, develop a team-based strategic planning guide, and obtain free school mental health screenings and assessments. Supported by the School Health Services National Quality Initiative, an initiative of the School Based Health Alliance and the Center for School Mental Health to establish census and national performance measures for comprehensive school mental health systems, SHAPE (2015) participation allows school personnel to self-assess school mental health resources, develop a team-based strategic planning guide, and obtain free mental health screenings and assessment.

Current Study

Six training categories were developed to provide an evidence-based, comprehensive model for addressing school safety through the use of prevention and intervention counseling techniques and strategies for developing trauma-informed, resilient cultures in schools and districts. The categories included:

1. Counseling on Access to Lethal Means (CALM),
2. Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC),
3. Parent management/parent-child interaction therapy training (PMT),
4. Community Resilience Models (CRM),
5. Supporting Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) youth, and
6. School Health Assessment and Performance Evaluation System (SHAPE).

These categories were selected because they were specifically listed on the permissible use of funds in the funding announcement for the School Safety Grants Program and included evidence to support the needs of the districts in the region. Due to the timing of the award notification and deadline by which trainings must be completed, the university did not consult students, family of students or practitioners in the districts while developing the trainings. However, as faculty provided training and received feedback from participants, future trainings were edited to meet the suggestions of participants.

Each district was provided with a list of all possible trainings, the target population for each training, and the time requirement and format of each training. Districts were able to select which trainings they wanted provided in their district. Training outcomes were evaluated by:

1. using a pretest/posttest evaluation to gather data in survey form before and after each training to ascertain the knowledge learned during the workshop, the confidence of trainees to implement the intervention techniques and train others in the school systems, and ideas for improvement of workshops;
2. documenting the number of school personnel who attend each training session; and
3. documenting any long-term partnerships that were developed as a result of the initial training grant program.

Methodology

An analysis of the evaluations and surveys completed by training participants took place in order to provide feedback for the development and implementation of future trainings. The trainings that were evaluated were held across five school districts over a one-year period of time and included pre/post tests and self-report scales. Statistical analyses were conducted using the statistical data analysis package SPSS version 26.

Participants

Five school districts were originally contacted by university faculty to be invited in partnering on the training program. All five school districts indicated interest in partnerships and provided letters of support for the grant application. The participants in each training were primarily employed in the five rural school districts as school social workers, school counselors, and other student support personnel. The numbers of participants for each type of training included CALM (82), MATCH-ADTC (88), PMT (5), LGBTQ (116), CRM (172), and SHAPE (1 school district).

Results

The CALM 4T Evaluation (n=57) was used to measure knowledge of CALM techniques and confidence in ability to talk about reducing access to lethal means. CALM 4T is a 13-item self-report scale. Eight of the items are quantitative which yield a single scale score ranging from 8 to 40. Each item consists of five points where 1=*Strongly Agree, 2=Agree, 3=Neither Agree Nor Disagree, 4=Disagree, 5=Strongly Disagree*. The average score on CALM 4T Evaluation is 11.3 (SD=.99) indicating participants strongly agreed that after training they felt knowledgeable and confident in the ability to talk about reducing access to lethal means. In addition, 42% stated they would use CALM when counseling students/families, and 26% stated they planned on training staff using CALM.

MATCH-ADTC (n=13) was measured using the MATCH- ADTC Overview. The form was composed of 20 self-report items measuring effectiveness and satisfaction with the training. The response for each item is *Agree* or *Disagree*. 98.5% of the responses agreed the training was effective while 1.5% denoted disagreement. Thus, the participants overwhelmingly denoted the training was effective, and they were satisfied with the training.

The Parent Management Training (n=5) was measured using the Match-ADTC Pretest/Posttest scale. The scale is a 12-item self-report questionnaire which yields a single scale ranging from 12 to 120. Each item consists of 10 points where *1= Not at All* and *10= Very Much*. A pretest/posttest design was conducted with the five participants. The scale was administered before the Parent Management Training and directly after. A paired sample t-test was conducted. There was not a statistically significant change from the pretest (M=91, SD=22.3) to the posttest (M= 104, SD=9.79), t(4)= 1.97, p=.12. Although most of the five participants noted that they were more confident working with parents of youth around issues of trauma, depression, and anxiety, the result was not significant at p<.05 (See Table 1).

LGBTQ+ Liberatory and Affirming Practices (n=39) training was measured using the North Carolina Counseling Association (NCCA) Evaluation Training Satisfaction Form. The NCCA Evaluation Training Satisfaction Form is a five-

item self-report scale which yields a single scale score ranging from 5 to 25. Each item is comprised of five points where *1=Excellent, 2=Very Good, 3=Good, 4=Fair, 5=Poor*. The average score for the one-hour training is 5.5 (SD=2.1) indicating that participants rated the training as excellent. The LGBTQ+ Advocacy Training (n=11) was also measured using an Evaluation Training Satisfaction Form mirroring the NCCA Evaluation Training Satisfaction Form. The average score for the one-hour training was 5.1 (SD=4.9).

A pretest/posttest design was used to evaluate Liberatory Practices for our Future Leaders: Empowerment and Ethics in Counseling Queer and Trans Youth (n=12). A 4-item self-report evaluation form was used which yields scores ranging from 4 to 20. Each item consists of five points where *1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree*. There was a statistically significant change from the pretest (M=16.67, SD=2.76) to the posttest (M=18.17, SD=1.99), t(11)=2.91, p<.05 (See Table 1). A pretest/posttest design was also used to measure LGBTQ+ Affirming Counseling through Integrated Care (n=8). A four-item self-report evaluation form was used which yields scores ranging from 4 to 20. Each item consists of five points where *1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree*. There was a statistically significant change from the pretest (M=12.36, SD=6.28) to the posttest (M=19.63, SD=1.06), t(7)=3.17, p<.05 (See Table 1).

Table 1

Paired t-tests: Match-ADTC, Liberatory Practices for our Future Leaders: Empowerment and Ethics in Counseling Queer and Trans Youth, and LGBTQ+ Affirming Counseling through Integrated Care

Variable	n	M	SD	t	p
Match-ADTC				1.97	.12
Pretest	5	91	22.3		
Posttest	5	104	9.76		
Liberatory Practices				2.91	<.05*
Pretest	12	16.67	2.76		
Posttest	12	18.17	1.99		
LGBTQ+ Affirming Integrated Care				3.17	<.05*
Pretest	8	12.36	6.28		
Posttest	8	19.63	1.06		

*=statistically significant

The CRM Evaluation was used to measure the effectiveness of the CRM Training. The CRM Evaluation is an 18-item self-report scale which yields a single scale score ranging from 18 to 90. Each item is comprised of five points where

1=Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent. CRM training was provided as a one-hour training (n=116) or a three-hour training (n=24). The average score for the one-hour training was 77.1 (SD=11.5). The average score for the three-hour training was 72.5 (SD=0.71). This indicates participants rated the trainings as Above Average to Excellent.

Only one of the partnering school districts opted to partner with the university on SHAPE. One faculty member joined the district's district-wide student support team as an ongoing member of their SHAPE team. The faculty member continues to attend bi-monthly SHAPE team meetings as a consultant to the team on mental health assessment and intervention, resulting in an ongoing collaboration with the university faculty and the school district.

An analysis of the pretest and posttest measures and surveys took place to explore the training participants' change in knowledge related to the training topic and their perceptions of the specific training content. The findings revealed an overall gain in knowledge and positive perceptions of the trainings. In addition, two of the LGBTQ+ related trainings entitled "LGBTQ+ Affirming Counseling and Liberatory Practices for our Future Leaders: Empowerment and Ethics in Counseling Queer and Trans Youth", and "LGBTQ+ Affirming Integrated Care" resulted in statistically significant results. Furthermore, one district continues to partner with university faculty on one of the funded training topics, while another district has contacted university faculty to inquire about additional training and partnership opportunities.

Discussion

This article provides an overview of a *Trainings to Increase School Safety* grant program that was implemented with public school stakeholders through partnerships between a university and five public school districts in the Southeastern North Carolina region. School social workers have often led the implementation of evidence-based programs and services that address school violence and safety (Astor et al., 1998; Astor et al., 2005; Cueller & Mason, 2019), yet are commonly excluded from discussions on school safety (Cueller et al., 2018). As a result, key implications for school social work practitioners, as well as university faculty who aim to collaborate with public schools and prepare school social work practitioners, are identified. However, readers should consider that the sample sizes in this study were small, and findings are not generalizable.

First, the grant program implemented a train-the-trainer model for student support personnel, primarily school social workers and school counselors, in North Carolina public school settings. The North Carolina Professional School Social Work Standards emphasize that school social workers are expected to "demonstrate leadership" in their schools through a multitude of ways, such as through contributing to the "development of a healthy, safe, and caring school environment" and providing "input in the selection of professional development" so that school

staff can meet the needs of the students in their school settings (Public Schools of North Carolina, 2008, p. 2). The train-the-trainer model in this program was utilized in an effort to assist school social workers with building a safe and healthy school environment through both enhancing their knowledge of student mental health interventions and empowering them with information that could be used to further influence professional development topics in their own school buildings. Through this program, 22 CALM participants and 7 CRM participants became "trainers" and can continue to train others in these nationally recognized practice models. For example, the results of the CALM 4T Evaluation showed participants' increased knowledge and confidence in broaching discussions about access to lethal means. This knowledge can be applied in school settings through counseling, integration in curricula, as well as continued staff training facilitated by participants from this study. This further perpetuates the positive impact of a train-the-trainer model, thus increasing the number of school professionals with both the knowledge and skills to provide education about access to lethal means across the school environment.

While the CALM and CRM findings revealed an overall gain in knowledge and positive perceptions of the trainings. Results from "LGBTQ+ Affirming Counseling and Liberatory Practices for our Future Leaders: Empowerment and Ethics in Counseling Queer and Trans Youth" and "LGBTQ+ Affirming Integrated Care" trainings further identified increased knowledge pertaining to LGBTQ+ populations and affirmative counseling. This significance supports the integration of further training to respond to the needs of these populations and their allies within school and mental health systems. However, the training participants did not report any further training offered in their schools or districts. Further research around the opportunities and barriers school social workers may experience when attempting to influence and lead professional development workshops in their schools and districts is needed.

Next, the *Trainings to Increase School Safety* grant program was intended to be a collaborative effort between a rural university and five rural school districts in the university's service region. Leiderman et al. (2002) outlined three factors that faculty in institutions of higher education must address when working towards meaningful university/ community partnerships:

1. the contribution the partnership will have to the agencies' short and long-term goals, including ongoing follow-up,
2. the ratio of benefits to risks and costs for the community partner, and
3. the strengths and assets of a community organization.

The *Trainings to Increase School Safety* grant program aimed to build upon the current assets of regional school districts by preparing student support personnel with skills needed to further enhance the mental health and safety cultures in their school buildings. During this research project, the CRM training was rated as above average to excellent. These results show the importance of a community-based trauma training for rural areas who have experienced various forms of communal

trauma (e.g., natural disasters, school violence) and the relevance of building partnerships to provide an enhanced response.

Furthermore, the project resulted in ongoing sustainability efforts to ensure continuous impact beyond the funding period and has become a package of trainings to offer other North Carolina school districts. As professional development opportunities for student support staff may be limited in rural areas, this training program provided opportunities in these rural school districts that were not previously available and contributes to the limited base of research regarding school climate and professional development in rural districts. In addition, CALM and CRM have been integrated into university social work and counseling curricula to further prepare college students enrolled in the university's social work, school counseling, and mental health programs. Faculty involved in the grant program continue to provide ongoing training and consultation to school districts and community partners and have since provided the school safety presentations at regional and state conferences targeting school social workers, school counselors, licensed clinical providers, and other educators.

Finally, this training program was a result of funding received by a university through a grant program provided by the North Carolina General Assembly and the State Superintendent of the North Carolina Department of Public Instruction to launch a School Safety Grants Program for the 2018-2019 academic year for community partners to increase school safety by providing evidence-based and evidence-informed crisis services and training to help students develop healthy responses to trauma and stress. Funds, awarded by the Superintendent of Public Instruction through a competitive grant process, enabled university faculty to dedicate time and resources to the development and implementation of the training materials and workshops. Outside of the availability of university partnerships and/or funding opportunities, school social workers might still adapt the findings of this study to their own context of practice. Professional organizations offer continuing education opportunities that school social workers might consider to enhance their own professional knowledge and skills. Further, online professional networks, such as the School Social Work Network (https://schoolsocialwork.net/), provide no-cost resources and tools for intervention, as well as opportunities for school social workers to network with one another. Finally, the COVID-19 Pandemic has increased the number of virtual learning opportunities. For example, the Suicide Prevention Resource Center (2018) offers a free, online course in Counseling on Access to Lethal Means (CALM), while many of the trainers who participated in this project now offer their professional development opportunities virtually. School social workers may also consider reaching out to universities beyond their service regions to request collaboration and partnership on professional development opportunities via a virtual setting.

Limitations

The generalizability of the study findings was impacted by the following limitations. First, the trainings took place within school districts that were located in rural settings. While this study contributes to the research on school partnerships between universities and districts in rural areas, the professional development needs and experiences of school social workers and school counselors in other geographic areas may differ from those participating in this training program. Second, for the pretests and posttest design studies there were low numbers of participants. Due to the small sample sizes of this study, the findings cannot be generalized. Future evaluations of trainings should include larger sample sizes. Furthermore, because school districts in this study were able to choose the trainings they were most interested in and who participated in each training, the numbers and professional backgrounds of participants in the different trainings varied. Future studies should collect data regarding the professional backgrounds of training participants to further assess training outcomes within and between groups. Lastly, a natural disaster impacted the region during the study. Hurricane Florence, which closed school districts in our region for up to five weeks and resulted in some school buildings being closed permanently, resulted in changes to school calendars that reduced availability of designated professional development time for the districts.

Conclusion

The School Safety Training Program had a positive impact on addressing issues of school safety with student support professionals in public school districts located in the rural Southeastern region of North Carolina. Through increased partnerships and trainings with nearby school systems, the program educated school personnel and mental health professionals about the importance of safety training and provided professionals with skills that will promote positive outcomes within homes, schools, and communities. Data from evaluations indicates high satisfaction in training and enthusiasm to implement further training with colleagues, students, and families. Through this program, 22 CALM participants and 7 CRM participants became "trainers" and are able to continue to train others in these nationally recognized practice models. Moving forward, it is expected the program will continue to expand training and consultation offerings within both the current partnering school districts and additional North Carolina school districts.

References

Aldridge, J., & McChesney, K. (2018). The relationships between school climate and adolescent mental health and wellbeing: A systematic literature review. *International Journal of Educational Research, 88*, 121–145. https://doi.org/10.1016/j.ijer.2018.01.012

American Institutes for Research. (2021). *Safety.* Arlington, VA. https://safesupportivelearning.ed.gov/

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).Washington, DC: Publisher.

Astor, R.A., Behre, W.J., Wallace, J.M, & Fravil, K.A. (1998). School social workers and school violence: Personal safety, training, and violence programs. *Social Work, 43*(3), 223-232. https://doi.org/10.1093/sw/43.3.223

Astor, R.A., Meyer, H.A., Benbenishty, R., Mariachi, R., & Rosemond, M. (2005). School safety interventions: Best practices and programs. *Children & Schools, 27*(3), 17-32. https://doi.org/10.1093/cs/27.1.17

Birkett, M., Espelage, D. L., & Koenig, B. J. (2009). LGB and Questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. *Journal of Youth and Adolescence*, *38*(7), 989–1000. https://doi.org/10.1007/s10964-008-9389-1

Bureau of Labor Statistics. (2018). *Economy at a glance: North Carolina.* https://www.bls.gov/eag/eag.nc.htm

Carlson, K. T. (2006). Poverty and youth violence exposure: Experiences in rural communities. *Children & Schools*, *28*(2), 87-96.https://psycnet.apa.org/doi/10.1093/cs/28.2.87

Carroll, R., Metcalfe, C., & Gunnell, D. (2014). Hospital presenting self-harm and risk of fatal and non-fatal repetition: Systematic review and meta-analysis. *PloS One*, *9*(2), e89944. https://doi.org/10.1371/journal.pone.0089944

Centers for Disease Control and Prevention. (2020). *Adverse childhood experiences*. https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

Chorpita, B. F., Daleiden, E. L., Park, A. L., Ward, A. M., Levy, M. C., Cromley, T., Chiu, A. W., Letamendi, A. M., Tsai, K. H., & Krull, J. L. (2017). Child STEPS in California: A cluster randomized effectiveness trial

comparing modular treatment with community implemented treatment for youth with anxiety, depression, conduct problems, or traumatic stress. *Journal of Consultation in Clinical Psychology*, *85*(1), 13-25. https://doi.org/10.1037/ccp0000133

Chorpita, B. F., Weisz, J. R., Daleiden, E. L., Schoenwald, S. K., Palinkas, L. A., Miranda, J., Higa-McMillan, C. K., Nakamura, B. J., Austin, A. A., Borntrager, C. F., Ward, A., Wells, K. C., & Gibbons, R. D. (2013). Long-term outcomes for the Child STEPs randomized effectiveness trial: A comparison of modular and standard treatment designs with usual care. *Journal of Consultation in Clinical Psychology*, *81*(6), 999-1009. https://doi.org/10.1037/a0034200

Cueller, M.J., Elswick, S.E., & Therior, M.T. (2018). School social workers' perceptions of school safety and security in today's schools: A survey of practitioners across the United States. *Journal of School Violence, 17*(3). https://doi.org/10.1080/15388220.2017.1315308

Cueller, M.J. & Mason, S.E. (2019). School social worker views on the current state of safety in U.S. schools: A qualitative study. *Children & Schools, 41*(1). https://doi.org/10.1093/cs/cdy028

Deisenhammer, E. A., Ing, C. M., Strauss, R., Kemmler, G., Hinterhuber, H., & Weiss, E. M. (2009). The duration of the suicidal process: How much time is left for intervention between consideration and accomplishment of a suicide attempt? *Journal of Clinical Psychiatry*, *70*(1), 19-24. https://doi.org/10.4088/JCP.07m03904

Dobbin, F., & Kalev, A. (2016). Why diversity programs fail. *Harvard Business Review*, *94*. Retrieved from https://scholar.harvard.edu/dobbin/publications/why-diversity-programs-fail

Gunnell, D., Eddleston, M., Phillips, M.R., & Konradsen, F. (2007). The global distribution of fatal pesticide self-poisoning: Systematic review. *BMC Public Health 7,* Article 357. https://doi.org/10.1186/1471-2458-7-357

Hagen, K. A., Olseth, A. R., Laland, H., Rognstad, K., Apeland, A., Askeland, E., Taraldsen, K., Christensen, B., Kjobli, J., Ugueto, A.M., Bearman, S. K., & Weisz, J. (2019). Evaluating modular approach to therapy for children with anxiety, depression, trauma, and conduct problems (MATCH-ADTC) in Norwegian child and adolescent outpatient clinics: Study protocol for a randomized control trial. *Trials, 20,* Article 16. https://doi.org/10.1186/s13063-018-3074-9

Human Rights Watch. (2016). *"Like walking through a hailstorm": Discrimination against LGBTQ youth in US schools*. Human Rights Watch. https://www.hrw.org/sites/default/files/report_pdf/uslgbt1216web_2.pdf

Jansen, P. W., Verlinden, M., Dommisse-Van Berkel, A., Mieloo, C., van der Ende, J., Veenstra, R., Verhulst, F. C., Jansen, W., & Tiemeier, H. (2012). Prevalence of bullying and victimization among children in early elementary school: Do family and school neighborhood socioeconomic status matter? *BMC Public Health, 12*, 494-504. https://doi.org/10.1186/1471-2458-12-494

Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. GLSEN. https://www.glsen.org/sites/default/files/2019-10/GLSEN-2017-National-School-Climate-Survey-NSCS-Full-Report.pdf

Leiderman, S., Furco, A., Zapr, J., & Goss, M. (2002). *Building partnerships with college campuses: Community Perspectives* (ED481879). ERIC. https://eric.ed.gov/?id=ED481879

Liu, R. T., Trout, Z. M., Hernandez, E. M., Cheek, S. M., & Gerlus, N. (2017). A behavioral and cognitive neuroscience perspective on impulsivity, suicide, and non-suicidal self-injury: Meta-analysis and recommendations for future research. *Neuroscience & Biobehavioral Reviews*, *83*, 440–450. https://doi-org.proxy181.nclive.org/10.1016/j.neubiorev.2017.09.019

Lubin, G., Werbeloff, N., Halperin, D., Shmushkevitch, M., Weiser, M., & Knobler, H. Y. (2010). Decrease in suicide rates after a change of policy reducing access to firearms in adolescents: A naturalistic epidemiological study. *Suicide and Life-Threatening Behavior*, *40*(5), 421-424. https://doi.org/10.1521/suli.2010.40.5.421

Lucassen, M. F., Stasiak, K., Crengle, S., Weisz, J. R., Frampton, C. M., Bearman, S. K., Ugueto, A. M., Herren, J., Cribb-Su'a, A., Faleafa, M., Kingi-'Ulu'ave, D., Loy, J., Scott, R. M., Hartdegen, M., & Merry, S. N. (2015). Modular approach to therapy for anxiety, depression, trauma, or conduct problems in outpatient child and adolescent mental health services in New Zealand: Study protocol for a randomized controlled trial. *Trials, 16, Article* 457. https://doi.org/10.1186/s13063-015-0982-9

Mann J.J., Apter A., Bertolote J., Beautrais A, Currier D, Haas, A., Hegerl, U., Lonnqvist, J., Malone, K., Marusic, A., Mehlum, L., Patton, G., Phillips, M., Rutz, W., Rihmer, Z., Schmidtke, A., Shaffer, D., Silverman, M., Takahashi, Y., Varnik, A., Wasserman, D, Yip, P., & Hendin H. (2005).

Suicide prevention strategies: A systematic review. *JAMA, 294*(16), 2064-2074. https://doi.org/10.1001/jama.294.16.2064

McCourt, A.D. (2021). Firearm access and suicide: Lethal meals counseling and safe storate education in a comprehensive prevention strategy. *American Journal of Public Health, 111*(2)., 185-187. https://doi.org/10.2105/AJPH.2020.306059

Minahan, J. (2019). Trauma-informed teaching strategies. *Educational Leadership, 77*(2), 30-35.

National Education Association. (2016). *Teaching children from poverty and trauma.* https://www.nea.org/assets/docs/20200_Poverty%20Handbook_flat.pdf.

North Carolina Department of Commerce. (2018). *July employment figures released*. https://www.nccommerce.com/news/press-releases?udt_4733_param_detail=195219

Patton, D. V., Woolley, M. E., & Hong, J. S. (2012). Exposure to violence and low academic achievement: African American males in the critical transition to high school. *Children and Youth Services Review, 34*(2), 388–395. https://doi.org/10.1016/j.childyouth.2011.11.009

Public Schools of North Carolina. (2008, December 4). *North Carolina Professional School Social Work Standards*. https://files.nc.gov/dpi/documents/studentsupport/socialwork/socialworkstandards.pdf

Public Schools of North Carolina. (December 2017). *Child Count* [Data file]. https://ec.ncpublicschools.gov/reports-data/child-count/reports/december-1

Public Schools of North Carolina. (2018). Consolidated data report, 2016-2017. https://www.dpi.nc.gov/data-reports/dropout-and-discipline-data/discipline-alp-and-dropout-annual-reports

Rivers, B., & Swank, J. M. (2017). LGBT ally training and counselor competency: A mixed methods study. *Journal of LGBT Issues in Counseling*, *11*(1), 18–35. https://doi.org/10.1080/15538605.2017.1273162

Reisner, S. L., Vetters, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental health of transgender youth in care at an adolescent urban community health center: A matched retrospective cohort study. *Journal of Adolescent Health*, *56*(3), 274-279. https://doi.org/10.1016/j.jadohealth.2014.10.264

Runyan, C.W., Becker, A., Brandspigel, S., Barber, C., Trudeau, A., & Novins, D. (2016). Lethal means counseling for parents of youth seeking emergency care for suicidality. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 17*(1), 8-14. https://doi.org/10.5811/westjem.2015.11.28590

Rutter, P. A., Estrada, D., Ferguson, L. K., & Diggs, G. A. (2008). Sexual orientation and counselor competency: The impact of training on enhancing awareness, knowledge and skills. *Journal of LGBT Issues in Counseling*, *2*(2), 109–125. https://doi.org/10.1080/15538600802125472

School Health Assessment and Performance Evaluation System. (2015). *SHAPE*. https://theshapesystem.com/

School Social Work Network. (2021, March 23). *About us*. https://schoolsocialworkers.mn.co/

Spicer, R.S., & Miller, T.R. (2000). Suicide acts in 8 states: Incidence and case fatality rates by demographics and method. *American Journal of Public Health*, *90*(12), 1885-1891. https://doi.org/10.2105/ajph.90.12.1885

Stargell, N. A., Jones, S. J., Akers, W. P., & Parker, M. (2020). Training school teachers and administrators to support LGBTQ+ students: A quantitative analysis of change in beliefs and behaviors. *Journal of LGBT Issues in Counseling, 14*(2), 119-133. https://doi.org/10.1080/15538605.2020.1753624

Suicide Prevention Resource Center. (2018). *CALM: Counseling on access to lethal means.* https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

Trauma Resource Institute. (March, 2013). *Veteran Extension Project (VEP) Project*. https://static1.squarespace.com/static/596cfecaebbd1ab34dadab1d/t/59ab4e1fe5dd5b69d4098633/1504398880644/CRM+VEP-Evaluation-Report-03.11.13-v21.pdf

Trauma Resource Institute. (September, 2013). *Community Resiliency Training Innovation Project*. https://static1.squarespace.com/static/596cfecaebbd1ab34dadab1d/t/59ab4d22579fb343a2ce7a68/1504398627341/Attachment-1-CRM-Evaluation-Report-Includes-Holistic-Group-09.05.13-FINAL-VERSION-51.pdf

U.S. Census Bureau. (2017). *Quick facts: North Carolina.* https://www.census.gov/quickfacts/fact/table/nc/PST045217 U.S. Department of Homeland Security, U.S. Department of Education, U.S. Department of Justice, & U.S. Department of Health and Human Services. (2018). Find resources to create a safer school. Retrieved from https://www.schoolsafety.gov/

Weist, M.D., Hoover, S., Lever, N., Youngstrom, E.A., George, M., McDaniel, H.L., Fowler, J., Bode, A., Bradley, WJ., Taylor, L.K., Chappelle, L., & Hoagwood, K. (2019). Testing a package of evidence-based practices in school mental health. *School Mental Health, 11,* 692-706. https://doi.org/10.1007/s12310-019-09322-4

Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Nearman, S. K., Daleiden, E. L., Ugueto, A. M., Ho, A., Martin, J., Gray, J., Alleyne, A., Langer, D. A., Southam-Gerow, M. A., & Gibbons, R. D. (2012). Testing standard and modular designs for psychotherapy with youth depression, anxiety, and conduct problems: A randomized effectiveness trial. *Archives of General Psychiatry*, *69*(3), 274 – 282. https://doi.org/10.1001/archgenpsychiatry.2011.147

Williams, K. A., & Chapman, M. V. (2011). Comparing health and mental health needs, service use, and barriers to services among sexual minority youth and their peers. *Health and Social Work*, *36*(3), 197-206. https://doi.org/10.1093/hsw/36.3.197