

Assessing and Supporting Students' Social and Emotional Needs in Maine Schools

Prepared by:

Janet C. Fairman, Ph.D.

Maria C. Frankland, M.S., M.S.C., NCC

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College of Education and Human Development
University of Maine, 5766 Shibles Hall, Orono, Maine 04469-5766 (207) 581-2475
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Executive Summary

Why was this study conducted? Schools and educators have indicated increased concern about the challenges they face in supporting students' social and emotional needs. In 2019, there were significant actions taken through legislation and by the Maine Department of Education (MDOE) to address this issue. Work is continuing and on-going in the state on this front. In spring 2019, the legislature asked the Maine Education Policy Research Institute (MEPRI) to explore this topic in more depth during the 2019-20 school year and to report on findings. The purpose of this study was to better understand K-12 students' social and emotional needs and areas of greatest challenge currently for schools and educators, as well as the strategies used by the MDOE and schools to support students and educators in this area, and areas where schools feel they need more support.

What do you need to know to put this study into context? Social and emotional learning (SEL) plays a critical role in a student's healthy development and success in school and beyond. The Collaborative for Academic, Social, and Emotional Learning (CASEL), a private foundation established 25 years ago, defines social and emotional learning as "the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions" (2019). The CASEL Framework identifies five core competencies of social and emotional learning: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (Collaborative for Academic, 2019). These interrelated cognitive, affective, and behavioral competencies, sometimes referred to as "noncognitive skills", are essential for student success, the development of college and career readiness, and promotion of healthy adult outcomes.

Schools are high-leverage sites for the development of social and emotional competencies. SEL programs yield reductions in student behavior problems while promoting enhanced self-efficacy beliefs, connection and commitment to school, prosocial behaviors, and improved relationships with peers and adults. Belfield et al. (2015) found that every dollar invested in school-based SEL programs yielded a return of 11 dollars due to favorable outcomes, such as decreased special education placements and increased rates of on-time high school graduation.

Social and emotional learning programs are associated with improved student engagement, behavior, and academic achievement (Zins, Bloodworth, Weissberg, & Walberg, 2004). SEL provides a foundation that supports a safe learning environment for all students while promoting college and career readiness and healthy adult outcomes (Durlak et al., 2016; Taylor et al., 2017; Yeager, 2017). Durlak et al. (2011) found that SEL programs may be effectively delivered by school-based personnel. The most effective programs improve not only student social and emotional skills but also the school climate and teacher-student relationships.

Student support personnel such as school counselors, social workers, and school psychologists play an important role in creating and maintaining the conditions necessary for successful SEL programs. Direct services provided by student support personnel should align with classroom SEL programming and be integrated into the schoolwide multi-tiered system of supports (Durlak et al., 2016).

The *Every Student Succeeds Act* (ESSA) encourages schools to adopt SEL programs. Yet, many rural school districts like those in Maine function without the services of appropriately-trained student support personnel; those that do have such resources typically have staffing ratios that far exceed the recommended 250:1 level (American School Counselor Association, 2012). ESSA Title IV, Part A, which outlines the Student Support and Academic Enrichment Grants (SSAE) program, is intended to help ameliorate these inequities and provides funding that districts may use to hire and train support staff and to provide social/ emotional learning supports to students (U.S. Department of Education Office of Safe and Healthy Students, 2017).

Most SEL programs were designed to serve the youngest students. Yet, simply modifying these programs is not sufficient to meet the social/ emotional needs of adolescent students. Specialized programs targeting the specific social/ emotional needs of adolescents are rare (Yeager, 2017).

Maine schools, particularly smaller rural schools and districts, have described the challenges of hiring and retaining credentialed staff specialists and special education teachers (Fairman, Mills & Lech, 2019). Rural schools in Maine, particularly those in northern Maine, also have less access to specialists to work with students. There is a need for more empirical evidence to understand the current challenges schools and educators face in addressing and supporting students' social/ emotional needs to inform sound policy decisions. This study helps to address the need for current data in Maine.

What did we learn from the study? Findings from the study are described briefly here in relation to the broad research questions. More detailed information is found in the main report.

Students' SEL Needs. The focus group interviews with school counselors, school psychologists and school social workers provided information on the areas where they feel K-12 students are struggling the most with social/ emotional and mental health issues. These areas included: social skills, communication skills, emotional awareness, self-regulation skills, self-esteem and perseverance.

Contributing Factors. Support specialists attributed students' social/ emotional and mental health challenges to a variety of factors including: poverty-related factors including homelessness, food insecurity and economic uncertainty; mental health factors such as anxiety and depression; impacts of substance abuse in the home; and other factors such as developmental transitions in early childhood and in adolescence, the impacts of social media, and gender/ sexual identity issues.

Prevalence of SEL Challenges. There was agreement among the support specialists we interviewed in the focus groups in the perception of increased numbers of students with social/ emotional and mental health challenges in schools, and the increased severity of some of these

challenges. They cited the impact on educators and support staff who are challenged to meet the higher demands, and increased caseloads for specialists. Our interview with a senior MDOE staff member also confirmed that schools are increasingly asking for more assistance, guidance and training to support students' social/ emotional needs.

Identifying and Supporting Students. Support specialists identified three methods for identifying students for support services for social/ emotional needs. These included:

- Formal or informal referrals made by teachers, staff or parents, which may lead to the provision of counseling or other services, but typically trigger formal evaluations;
- Formal evaluations and assessments, usually conducted by school psychologists, often from outside the school system, which may lead to an individual education plan (IEP) or response to intervention (RTI) process with tiered supports to identified students;
- Screenings for eligibility for services through a grant-funded or other type of program which has limited availability of services.

Schools use a variety of programs and strategies, formal and informal, to support students. Some districts purchase programs and the cost for these programs vary dramatically. High-needs districts may have less ability to afford some of the social/ emotional learning (SEL) programs available. Support staff work directly with classrooms, small groups and individual students to help them learn and improve in areas of needs, such as: identifying their emotions, communicating in appropriate ways, learning to cope with feelings, self-regulation of feelings, and problem-solving. Yet, support staff reported they are increasingly stretched to address the needs in their schools and do not have enough staff and time to provide services at the level needed. Caseloads vary and students' access to qualified and credentialed support staff vary across schools, where district wealth and location are factors.

Supporting and Training Educators. Support specialists reported very uneven access to training on SEL and trauma-informed practices in their schools. Most of the specialists had participated in some form of training that was provided by their professional organizations, not by their districts. They reported some districts have offered this training to educators while others have not yet provided training.

The Maine Department of Education (MDOE) has begun to offer regional workshops on this topic and plans additional workshops, which have been highly attended and in demand. The Department is beginning to develop an SEL curriculum that districts could use for needs assessment purposes and help in guiding local change efforts and implementation. The MDOE is also putting materials and resources online for schools to access. Support specialists said these trainings are helpful and they feel educators and schools will need additional training and assistance to figure out how to implement specific practices.

Greatest Challenges. The two greatest challenges identified in the focus groups by support specialists were: 1) adequate staffing and access to qualified specialists in schools, and 2) training for all educators on social/ emotional learning and trauma-informed practices.

What did we conclude overall from the study? There is a growing need for supports for students and schools to cope with students' social/ emotional and mental health challenges and needs. The availability of qualified and credentialed staff is uneven across schools in Maine, and support staff are stretched in their ability to provide the needed services to students. Some schools are within the recommended caseloads, while others are well above those ratios. Schools often ask specialists to help with other school duties or administrative paperwork which also reduces their time with students. And specialists feel their assignment to the regular teacher salary scales does not recognize the additional education and training their professions require. Access to training on SEL and trauma-informed practices for all educators has been uneven across schools, and the implementation of SEL programs and interventions is likewise highly variable across schools to date.

The MDOE is clearly taking steps to build its capacity through increased staffing and reorganization and has increased its outreach to schools in providing direct training and resources. Other significant initiatives at the state level include recent legislation and a report from the Task Force on Childhood Trauma that produced guidance and recommendations for changes in policy and practice to better meet students' mental health needs in schools. Work is on-going at the state level with increased attention to these issues.

What are some potential implications for education policy and/ or practice?

- **Funding**—Sufficient and equitable funding is needed to provide more resources for districts to hire support specialists to meet their local needs and the recommended staffing ratios. This may require changes in the state's education funding formula known as the Essential Programs and Services funding model. Federal funding is also available to states through the Every Student Succeeds Act (ESSA). A recent report of the Education Commission of the States provides clear definitions of support specialist roles and also recommends the following staffing ratios: school counselor (1:250 students), school psychologist (1:500-700), school social worker (1:250), and school nurse (1:750) (ECS, 2020). Creative solutions may be needed for very small schools to share access to practitioners, partnerships with community health providers, regional collaboratives and video-conferencing to deliver some services to ensure that all students have timely access to these health professionals.
- **Training**—Continued effort and increased access is needed for all schools and educators to have training on social/ emotional learning, mental health and trauma-informed practices. There is clearly a high demand and need here, and educators' access to training has been uneven. The MDOE is currently scheduling more regional training sessions and has made many resources available online to schools. Educators may require additional training and guidance on implementation of best practices. Again, regional collaboration among school districts may be helpful in this work, to share what they are learning about what works.
- **Space and facilities**—Specialists indicated they often lack appropriate spaces in schools to work with students individually or in small groups. State and local planning for new

school construction and renovation of school facilities may need to consider the growing need for appropriate spaces for students needing special services or quiet spaces to de-escalate behaviors. In the meantime, schools may need to think creatively about how to resolve their space needs and constraints.

- **Compensation**—Health specialists are often compensated on the regular teacher salary scale, which may not adequately compensate these employees for the advanced degrees and training they must obtain for licensure. This problem may be a factor that discourages individuals from pursuing careers as specialists in school settings.
- **Workforce development**—There is a shortage of trained and credentialed health and mental health specialists in Maine, and the shortages are more keenly felt in rural parts of the state. The staffing shortages create higher caseloads, longer wait times to access services, uneven access to services across the state, and the problem of specialists being asked to work in roles that are not consistent with their training and credentials. Policies that provide encouragement and financial incentives for individuals to pursue these fields of work are needed. In addition, some schools have the practice of assigning other kinds of duties to specialists, such as lunch or recess duty, and specialists may also be asked to help with administrative paperwork. These assignments reduced the time available to work with students, and may also discourage specialists from working in schools. Guidance to schools that clearly defines appropriate roles for support specialists may help to discourage these practices and could also increase the services students receive.
- **Partnerships**—While developing the workforce should be a high priority, it won't meet the staffing needs in the immediate term, and may not be sufficient for all regions of the state. Policies that support and encourage the development of community health services and school-community partnerships may leverage existing personnel in communities to increase students' access to mental health services.
- **Coordination and communication**—Most of the specialists interviewed for this study indicated that support specialists often work in “silos” and the lack of coordinated communication about individual students is a barrier to providing the best care and services to students. One specialist described a team approach in her school, where special educators and other support staff meet regularly to coordinate their support for individual students, ensuring better communication and service for those students. This is an idea used in the medical field and in the context of special education IEP teams in schools currently. The team approach could be a helpful model that could be shared with other schools.

What methods were used to conduct this study? The following research questions framed this research study:

- What are K-12 students' social/ emotional development needs and areas of greatest challenge in Maine?
- How do Maine school districts identify and support students in their social/ emotional development?

- How do school districts and the MDOE support and prepare educators to address these needs?
- What are the greatest challenges currently for Maine schools in their effort to address students' social/ emotional needs, and what additional supports are needed?

To explore these questions in depth, the study used a qualitative research design consisting of two types of interviews. First, MEPRI conducted a series of focus group interviews with specialists who work directly with students both in schools and outside schools as school counselors, social workers, and school psychologists. Five focus groups were conducted with school specialists in October 2019 (see Appendix A for interview questions). A total of 13 specialists joined the focus group discussions. Four other specialists shared responses in writing by emailed response. In all, 17 school specialists participated in the study. All focus groups were conducted using video-conference technology. They were audio-recorded, transcribed, and analyzed both within job-alike groups and across groups for thematic content. The focus groups lasted from a half hour for one focus group with two participants to 60 minutes in length and included from two to three participants for each group.

In addition to the focus groups with specialists, MEPRI interviewed a senior staff member working within the Maine Department of Education (MDOE), in the new position of Mental Health School Counseling Specialist, to learn more about state initiatives to support schools, educators and students statewide in the area of social/ emotional needs. This interview was conducted by phone in February 2020 and lasted for one hour. The interview was also audio-recorded and transcribed.

Two attempts were also made to recruit a diverse sample of school principals through emailed invitations to share their perceptions on the topic through focus groups. Due to the low response, we decided to focus on the specialists' perspective for this study.

How robust are the findings? This study used a qualitative research design which is limited to a small sample of respondents. However, the study did include a broad range of perspectives on the topic of social/ emotional learning by including three different professional groups of specialists who work directly with students and teachers in this area. Further, the study held more than one focus group with these specialist groups to accommodate their work schedules and increase participation. The researchers also worked through different professional associations to recruit participants working in different geographic regions of Maine. While we were less successful in recruiting specialists from northern or western regions of Maine, other regions were well represented in the sample including. Counties represented in the focus groups included: Waldo, Hancock, Washington, Penobscot, Oxford, Cumberland, Androscoggin, and York. In addition to obtaining the perspectives of these specialists, the study also explored the state's perspective by including an interview with the MDOE.

Introduction

Increasingly, schools and educators in Maine and elsewhere nationally report greater challenges in addressing students' social and emotional needs. Students' mental health needs have received more attention recently through legislative action in Maine as well as through additional hiring of staff and other initiatives of the Maine Department of Education (MDOE). For example, in April 2019, Governor Mills signed LD247, *An Act to Increase the Amount of Time School Counselors and Social Workers Spend Providing Students Direct and Indirect Counseling*. This legislation outlined the duties of school counselors and social workers and called for schools to implement comprehensive school counseling programs (Maine State Legislature, 2019b). In June 2019, the Governor signed LD1168, *A Resolve to Improve Maine's Response to Childhood Trauma*, which called on the Commissioner of Education to convene a Task Force to develop guidance on K-12 training and response to childhood trauma, including recommendations on appropriate funding, staffing ratios, the development of a Social/ Emotional Learning (SEL) curriculum for K-8 grades, and the use of a Response to Intervention (RTI) process of screening and referral for tiered supports to students (Maine State Legislature, 2019a). That Task Force met in 2019 and reported their recommendations to the state legislature. Also in spring 2019, the Joint Standing Committee on Education and Cultural Affairs commissioned a study by the Maine Education Policy Research Institute (MEPRI) for the 2019-20 school year to explore the needs of students and schools related to social/ emotional learning and to report on findings. It is hoped that these findings will inform current work underway at the state and local levels.

The purpose of this study was to better understand K-12 students' social and emotional needs and areas of greatest challenge currently for schools and educators, as well as the strategies and initiatives of the Maine Department of Education (MDOE) and local schools to support students and educators in this area, and areas where schools feel they need more support.

Background

Social and emotional learning (SEL) plays a critical role in a student's healthy development and success in school and beyond. The Collaborative for Academic, Social, and Emotional Learning (CASEL), a private foundation established 25 year ago, defines social and emotional learning as "the process through which children and adults understand and manage

emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions” (2019). The CASEL Framework identifies five core competencies of social and emotional learning: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (Collaborative for Academic, 2019). These interrelated cognitive, affective, and behavioral competencies, sometimes referred to as “noncognitive skills,” are essential for student success, the development of college and career readiness, and promotion of healthy adult outcomes.

Schools are high-leverage sites for the development of social and emotional competencies. SEL programs yield reductions in student behavior problems while promoting enhanced self-efficacy beliefs, connection and commitment to school, prosocial behaviors, and improved relationships with peers and adults (Durlak, Domitrovich, Weissberg, & Gullota, 2016; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). A recent meta-analysis of school-based SEL programs found an 11-point improvement in academic outcomes across diverse racial, geographic, and socioeconomic demographics (Taylor, Oberle, Durlak, & Weissberg, 2017). Longitudinal studies of students who participate in school-based SEL programs found continued positive outcomes as long as 195 weeks following program participation (Taylor et al., 2017). Belfield et al. (2015) found that every dollar invested in school-based SEL programs yielded a return of 11 dollars due to favorable outcomes, such as decreased special education placements and increased rates of on-time high school graduation.

Social and emotional learning programs are associated with improved student engagement, behavior, and academic achievement (Zins, Bloodworth, Weissberg, & Walberg, 2004). These benefits are increasingly important as schools and classrooms become more culturally and linguistically diverse. Students of different backgrounds may arrive at school with different norms and expectations around behavior and academics. Social/ emotional learning provides a foundation that supports a safe learning environment for all students while promoting college and career readiness and healthy adult outcomes (Durlak et al., 2016; Taylor et al., 2017; Yeager, 2017).

Durlak et al. (2011) found that SEL programs may be effectively delivered by school-based personnel. The most effective programs improve not only student social/ emotional skills but also the school climate and teacher-student relationships. Student support personnel such as school counselors, social workers, and school psychologists play an important role in creating

and maintaining the conditions necessary for successful SEL programs. School counselors, in particular, work to ensure the academic, career, and social-emotional development of all students. These school leaders develop the safe and positive school climates that correlate with positive outcomes for students while also providing responsive services to students who need greater levels of support (American School Counselor Association, 2012; Thapa, Cohen, Guffey, & Higgins-D'Alessandro, 2013). Direct services provided by student support personnel should align with classroom SEL programming and be integrated into the schoolwide multi-tiered system of supports (Durlak et al., 2016).

Funding is always a challenge for nascent programs. The *Every Student Succeeds Act* (ESSA)—the 2015 reauthorization of the Elementary and Secondary Education Act (ESEA)—encourages schools to adopt SEL programs. However, capacity to implement programs with fidelity is an issue with particular salience for schools in rural settings. Program designs often presuppose access to resources such as school psychologists and social workers. Yet, many rural school districts like those in Maine function without the services of appropriately-trained student support personnel; those that do have such resources typically have staffing ratios that far exceed the recommended 250:1 level (American School Counselor Association, 2012; Jimerson, 2005; Yettick, Baker, Wickersham, & Hupfeld, 2014). ESSA Title IV, Part A, which outlines the Student Support and Academic Enrichment Grants (SSAE) program, is intended to help ameliorate these inequities. School districts are authorized to use these funds in support of the development of social and emotional competencies for students, as well as the training and hiring of support staff sufficient to ensure the health and safety of all students (U.S. Department of Education Office of Safe and Healthy Students, 2017).

The availability of developmentally-appropriate programs is an ongoing concern. Most SEL programs were designed to serve the youngest students. Studies have demonstrated the positive lifetime outcomes associated with participation in SEL programs in preschool (PreK) and elementary school. Yet, simply modifying these programs is not sufficient to meet the SEL needs of adolescent students. Specialized programs targeting the specific social/ emotional needs of adolescents using techniques likely to be welcomed by and effective with these students are rare (Yeager, 2017).

In recent years, national attention has grown around the importance of students' social and emotional health to foster academic success and productive adult lives. In Maine, there is

anecdotal evidence of educators' concerns about increased numbers of students with more severe and challenging social and emotional issues and behaviors in school. Maine schools, particularly smaller rural schools and districts, have described the challenges of hiring and retaining credentialed staff specialists and special education teachers (Fairman, Mills & Lech, 2019). Rural schools in Maine, particularly those in northern Maine, also have less access to specialists to work with students. There is a need for more empirical evidence to understand the current challenges schools and educators face in addressing and supporting students' social/ emotional needs to inform sound policy decisions. This study helps to address the need for current data in Maine.

Methodology

The following research questions framed this research study:

- What are K-12 students' social/ emotional development needs and areas of greatest challenge in Maine?
- How do Maine school districts identify and support students in their social/ emotional development?
- How do school districts and the MDOE support and prepare educators to address these needs?
- What are the greatest challenges currently for Maine schools in their effort to address students' social/ emotional needs, and what additional supports are needed?

To explore these questions in depth, the study used a qualitative research design consisting of two types of interviews. First, MEPRI conducted a series of focus group interviews in October 2019 with specialists who work directly with students both within schools and in other settings as school counselors, social workers, and school psychologists. All focus groups were conducted using video-conference technology, and were audio-recorded and transcribed for thematic analysis. The focus groups lasted from a half hour for one focus group with two participants to 60 minutes in length and included from two to three participants for each group.

Recruitment for the focus groups with specialists went through the respective professional organizations for each specialty area. A general invitation was emailed to all members and those interested in participating contacted the researchers by email. In addition, the

researchers also recruited school counselors through a regional professional group for the Downeast Maine region, which includes rural and high poverty school districts.

Five focus groups were conducted with school specialists (see Appendix A for interview questions). Three focus groups consisted of school counselors, with the majority representing the Downeast region of Maine. Two additional focus groups were conducted, one for school psychologists and one for social workers. A total of 13 specialists joined the focus group discussions. Four other specialists shared responses in writing by emailed response. In all, 17 school specialists participated in the study.

In addition to the focus groups with specialists, MEPRI interviewed a senior staff member working within the Maine Department of Education (MDOE), in the new position of Mental Health School Counseling Specialist, to learn more about state initiatives to support schools, educators and students statewide in the area of social/ emotional needs. This interview was conducted by phone in February 2020 and lasted for one hour. The interview was also audio-recorded and transcribed.

Two attempts were made to recruit a diverse sample of school principals through emailed invitations to share their perceptions on the topic through focus groups. Due to the low response, we decided to focus on the specialists' perspective for this study.

Findings

In this section we present findings related to the research questions. Specifically, we describe school specialists' perceptions of students' social/ emotional learning needs and challenges, some of the factors that are contributing to these challenges, and perceptions of prevalence and severity of these challenges in recent years. We describe how schools identify students who are struggling with social/ emotional skills, and the strategies schools are using to support students' needs. Finally, we describe how schools and the state are helping to prepare educators to work effectively with students and address social/ emotional needs, and areas where more help is needed with educator training and adequate staffing in schools with qualified specialists.

Students' Social/ Emotional Learning (SEL) Needs

Across the three groups of education specialists (school counselors, social workers, and psychologists) interviewed for this study, there were particular areas of social/ emotional learning (SEL) needs and challenges that were mentioned repeatedly. Some of these needs and

challenges were similar across age or grade-level groups, while others were somewhat different between younger children and adolescents, a finding that is consistent with the research on SEL for K-12 students. Due to time limitations, we were not able to probe these differences by developmental or age groups in depth during the focus group interviews. We attempt here to broadly describe the areas where specialists see the most challenge for students and for the educators who work with them.

Social skills. Students at different age levels show evidence of needing to develop and improve appropriate social skills to interact with others in the school setting. For preschool students and kindergarten students who are entering a formal classroom setting for the first time, there is a need to learn how to communicate, play and take turns with other children and adults, which is a normal developmental process for all young children. Children who have experienced different forms of trauma or adverse childhood experiences (ACEs), or children with developmental, cognitive or emotional disabilities can be challenged with social skills that also impact students' ability to interact with their peers in appropriate ways, make friends, feel empathy for others and show respect for others' feelings. Specialists also noted in the focus groups that when students lack trust in others it can negatively impact their social skills and interactions with others. One school psychologist described challenges at the elementary grade level and said, "Social skills are also a big deal. I have a lot of students who have difficulty with conflict resolution and conflict management. Being able to accept that a friend doesn't want to be your friend."

Communication skills. Related to the challenges some students have with social skills, students may not be able to communicate their feelings or needs with others in ways that are appropriate. Specialists described working with students to help them learn effective ways to communicate with others verbally, as opposed to inappropriate outbursts, physically aggressive behavior, or withdrawal from social interaction. Students need effective social and communication skills to resolve differences or conflicts with others, and some students show more difficulty with these skills. One school counselor said, "They don't know how to communicate their needs." A social worker said her school is doing "a lot of social-emotional work. A lot of focus on communication of emotions rather than physically showing emotions."

Specialists also saw a need to help students generally with developing effective communication skills in an age when people are more often focused on their own technology

tools and spend less time directly interacting with others. Students at the secondary level may need more guidance and practice with in-person conversation and letter writing to prepare for college and career interviews and success in adult life. One school counselor shared an example:

When I have kids that need to make a phone call to a college or things like that, I have to write a script and we have to practice a couple of times before I hand them the phone, because they are just not comfortable.

Emotional awareness. Another area where school specialists are working hard to support students in their social/ emotional learning and development is improving their awareness of their own emotions and others' emotions. Emotional awareness is necessary as a precursor to decision making and learning how to respond socially and verbally in appropriate ways. Specialists described students who are challenged with this skill and how it can contribute to inappropriate behaviors, physical outbursts or aggression, or insensitivity to others. Emotions such as frustration, anger, stress, anxiety or sadness can be triggered by students' interactions with others at school or outside of school, and impact students' ability to focus on learning in school. A social worker described how she helps students to develop emotional awareness by, clearly helping children kind of identify the mind-body connection, of being able to recognize the difference between, "Oh, my heart is racing and I'm getting mad," and being able to kind of identify that as a trigger. So that maybe they can make some better choices, and implement some coping skills.

Adolescents go through many developmental changes at a time when their social interactions and relationships with peers also become more complicated. Students who struggle with emotional awareness may have even more difficulty navigating this challenging time in their lives, and the consequences for inappropriate behavior may be more serious.

Self-regulation skills. In the focus groups, specialists described how some students struggle with regulating their own emotions and behavior in school, which leads to other problems socially and academically. This occurs with students of all ages, and can be part of the normal, developmental process for very young children transitioning into school for the first time, or learning to handle everyday stressors in life, or can be related to more serious, underlying problems or challenges for the student. Again, specialists noted the direct relationship between the ability to identify and recognize emotions to selecting strategies for self-regulation of emotions and finally decision-making to choose appropriate actions for behavior and

communication. A school counselor described the problem of self-regulation, “Any little thing will set them off. . . . Not because they can’t do the work. They just can’t regulate themselves when they get angry or upset or hear ‘no.’”

Self-esteem and perseverance. In the focus groups, specialists described a range of challenges that relate to low levels of self-esteem and perseverance for some students, at all age levels. Specialists described students showing evidence of low self-esteem and low confidence, which may contribute to apathy and a lack of perseverance on learning tasks or activity in school. They described these attributes as part of a student’s “growth mindset”—an area that has received more attention in recent years in educational standards and goals for student learning and success. Specialists noted how some students may disengage or give up quickly when tasks become more challenging. This may be an even greater problem for some students at the secondary level when the academic work becomes more rigorous and students are expected to manage their time and work more independently. Some students may not fully understand the implications for their lack of effort in the present for future opportunities in college and careers. Students who are experiencing trauma or disrupted lives have particular difficulty in thinking further into the future and feeling hopeful about their lives. One school counselor shared,

I see a lot more apathy. They’ve been so traumatized that it’s like, at this point, when they’re in middle and high school, they just don’t care anymore. They don’t see the motivation to do anything past high school.

Contributing Factors to SEL Challenges

Student support specialists described a variety of factors that are contributing to social/emotional challenges for students in recent years. We describe these factors in this section.

Poverty-related factors. Childhood poverty is a concern in many parts of Maine, particularly in many remote rural communities and in some urban areas as well. Increased rates of poverty, related to broader trends in the state’s economy, closure of some job sectors providing employment and reductions in state or federal assistance programs, all impact the wellness of children and their readiness to learn in school. Poverty-related factors, conditions that tend to be associated with poverty, such as increased food insecurity and poor nutrition or hunger, homelessness, and trauma or adverse childhood experiences (ACEs), are contributing to the increased incidence and severity of students’ social/ emotional and behavior problems in schools. School specialists talked about these factors which impact students at all ages, and

present challenges for schools. A school social worker commented that “half of the [student] population are on MaineCare and sometimes don't have food or clothing . . .” Another social worker shared, “Despite breakfast, lunch and snacks being provided we often need to send food home or they are starving when arriving at school.” A school counselor talked about how adolescents are coping with homelessness: “I’m hearing a lot more homelessness and school counselors dealing with the issue of kids that are just out on their own. They’re couch surfing or they’ve decided to be living on their own.”

Mental health factors. Specialists also described mental health problems as another major factor contributing to students’ social/ emotional challenges in schools. Specifically, professionals described increased levels of anxiety and depression in students of varying age, and attributed these problems in part to students’ adverse experiences. For example, specialists noted that many of their students do not have enough food in their homes, and feel anxiety about that challenge. Other students may experience frequent moves or homelessness, triggering anxiety about their uncertain circumstances. Some students experience other forms of trauma or abuse that also contribute to mental health problems. Specialists also described how mental health problems can persist across the generations in a family, so they are seeing evidence of this with parents and children. A school counselor shared, “Little ones [are] very anxious about their day-to-day living bringing in a lot of outside concerns that make it harder for them to be mindfully present in their schoolwork and in their classroom setting.” Another counselor reflected on the different levels of anxiety students might experience:

While my students are using the word “anxiety,” I don’t believe that a lot of what I’m hearing is a diagnosable level of anxiety disorder, so much as it is a pervasive sense of anxiousness that comes from, that’s being reflected from anxiousness that is in the community and in the homes.

On the other end of the spectrum, student support professionals described seeing higher levels of anxiety among high-performing students at the secondary level. Students can feel pressure and anxiety from parental expectations or their own expectations to perform at a certain level, and this can contribute to increased stress and mental health problems. The high school years are also a time when students are preparing to leave home and make decisions about college or career plans, which all contribute to their feelings of stress or anxiety. A school counselor shared,

Even the kids who come from two Ph.D. parents are still fighting with anxiety, still have poor coping skills. And we deal with a lot of perfectionism. Those high-achieving kids . . . are definitely some of our most anxious students.

Impact of substance abuse in the home. Substance abuse has been a growing problem in Maine and elsewhere, and impacts children exposed in utero and after birth in their homes and communities. Maternal substance abuse can cause developmental delays and problems for young children, affecting their cognitive, social, emotional and physical development. Parental substance abuse can also lead to child neglect or abuse, violence in the home, loss of employment and income and homelessness. Any one of these situations can have negative impacts on children at any age. In combination, the impacts of these adverse childhood experiences (ACEs) is even more detrimental. Educators and specialists see students who are coping with the full range of negative effects of substance abuse in the home, and sometimes substance abuse by students, which often produces social/ emotional problems and reduces students' readiness to learn in school.

Other factors. The focus group interviews with school specialists also revealed a variety of other kinds of factors that may contribute to students' social/ emotional challenges in school. We described earlier the developmental challenge of young children transitioning to preschool and kindergarten. While that event requires some developmental growth and adjustment for all students, educators are seeing young children struggle more with this transition, and more severe and challenging behaviors at this very young age, which create challenges for classroom management and safety. A social worker commented, "We're having more and more difficulty with the behavior of kids coming in, through kindergarten. . . Not special ed but, in general, with kids who are coming in that are having a harder time learning."

Similarly, we described the transition into adolescence which presents its own challenges for students developmentally and impacts students' social and emotional interactions with others. Increased stress for students at the secondary level comes from a variety of sources and impacts nearly all students to some extent. Yet the increased conditions of poverty and substance abuse are compounding these challenges and the negative impacts on students' social and emotional well-being, as well as their mental and physical health. A social worker listed many factors that adolescents may be coping with:

These teenagers are fragile, trying to figure out where they stand with the ever-changing world with regards to LGBTQ issues, suicidality, peer relationships, dating, how to manage academics and sports, family issues, abuse, neglect, loss of family members, friends, love, activities [they are] no longer able to participate in, domestic violence, abusive relationships, social media issues, bullying, cyber-bullying and anxiety for how to engage with so many new people, all while trying to be an adult.

A school psychologist described the wide spectrum of sources of anxiety for students, particularly at the middle and secondary levels. She described this as ranging from,

Having [my] basic needs met, versus my parents expect me to have straight As in all of my honors classes, plus have an instrument that I am proficient at, plus do three sports and other clubs and various activities. So, the anxiety piece is huge for so many of our kids. And it's coming at a younger and younger level, all the time, it seems.

Middle school and high school years are also a time when students become more aware of their own and others' sexual identity, and school specialists described how some students struggle with their identity and social acceptance, which can contribute to social, emotional and mental health problems. Schools in Maine and elsewhere have increased their efforts to be safe and welcoming places for all students. A school counselor commented, "We have a LGBTQ community here . . . I keep an eye on them and make sure things are going smoothly for them."

Another factor contributing to students' anxiety and social/ emotional wellness is related to the pervasiveness of social media in students' lives, even for young children. One school counselor described students' lack of sufficient sleep due to their constant attention to social media. The lack of sleep impacts readiness to learn in school, and the obsessive focus on social media contributes to students' social anxiety.

My kids don't sleep. They sleep with their phones at their bedside or they're FaceTiming at night with their friends, falling asleep on FaceTime, because what if they miss something? They're constantly checking their phones.

Prevalence of SEL Challenges

The school specialists we talked to felt there has been an increase in the prevalence of students demonstrating SEL challenges in school in recent years, and that some of the needs and behaviors of students have become more severe. They cited increased caseloads and the challenge of helping increased numbers of students who need additional supports, and reduced

time available for working with individual students. These specialists also described being aware of more difficulty for preschool and kindergarten students transitioning into school from home, and that teachers are noticing more challenging behaviors with this age group in school. With respect to increased needs, a school counselor commented, “The needs are so great that we’re kind of falling behind.” A school psychologist shared her view that there has been a noticeable,

Increase in the number of acute behavior disruption/ trauma [events] and number of kids who exhibit these. Ten years ago, nine of ten psychology assessment requests involved only academic struggles. Now, one in ten are only academic, and nine in ten include emotional/ behavioral [issues].

Our interview with the recently hired Mental Health School Counseling Specialist from the MDOE confirmed the increased challenge schools are facing with students’ social/ emotional needs, in that the MDOE has received a higher number of requests from schools for assistance and training to handle challenging behaviors in the classroom, to understand the impact of ACEs and to learn effective strategies including trauma-informed practices to assist students who are struggling with social or emotional issues. This specialist explained,

I’ve been out across the state. Teachers and principals and superintendents and school board members are saying, “These things are getting in the way. They’re barriers for these kids and we don’t really know how to, what to do. The traditional means of discipline and traditional means of intervention aren’t working. And our families are struggling.” So, the school is becoming this sort of bastion of health and engagement and a safe space, and then is also really struggling with lots of [student] behavior . . .”

Identifying and Supporting Students

Schools use both formal and informal screening methods for SEL programs. Three methods were most commonly mentioned by student support professionals: formal and informal referrals, formal evaluations and assessments, and screenings associated with grant-funded programs. In this section we describe how schools identify students who are struggling with SEL needs, and some of the strategies and programs they are using to address these needs.

Referrals. Few schools use structured assessments to screen regular education students. Typically, these students access services via formal or informal referrals. Teachers and parents are the most common sources of referral of students, according to the support specialists we

interviewed. School counselors also sometimes refer students. One school social worker summarized the process by saying:

The referrals that I receive are either per parent request, saying that there is something going on in the home . . . or it is coming from the teachers and guidance counselors here at the schools. They have identified children as struggling within the school itself, and then they refer them to me.

Referrals can trigger formal evaluation or assessment through special education which may result in an individual education plan (IEP) for the student or a response to intervention (RTI) process with tiered supports for different levels of support students may need. Referrals for special education students have become more structured, as social work and/or counseling goals are included in the IEP. In some districts, access to the school social worker is only available to students with social work goals included in the IEP. One social worker describes the change from informal to formal referral:

It used to be that they could just say hey, it looks like this kid needs social work. Can you observe him and see? . . . [Now] the social worker actually has to do an observation in the room and then identify some target behaviors [and] go back to the IEP . . . then we add social work goals.

Formal evaluations and assessments. Structured evaluations and assessments are most commonly affiliated with the IEP process for students referred for or enrolled in special education services and 504 Plans. Some schools have weekly response to intervention (RTI) meetings to consider the needs of all students while other schools meet on an as-needed basis. Structured SEL assessments are typically administered to identified students by school psychologists. In high-resource districts, multiple student support professionals such as school counselors, speech-language pathologists, and school social workers collaborate with the school psychologist, forming a multi-disciplinary team that, according to one school psychologist, “brings a lot to the table in terms of a different perspective.” Specialists noted that this team approach is less common in low-resource districts, where support staff tend to work more in “silos” and communication is less coordinated across staff working with individual students. A school psychologist, noting the impact of professional isolation in low-resource districts, cautioned “if you’re on your own, you’re on your own. And I don’t care how good you are,

that’s a lot of pressure and a lot of responsibility for a single person, without having the benefit of somebody to really have another look at it.”

Grant-funded programs. Reflecting the need for help with student social and emotional learning, some districts have sought grant funding to implement SEL programs for their students. Two specific programs were mentioned by school counselors: BARR and AWARE. The BARR program—Building Assets Reducing Risks—offers competitive grants to cover the start-up costs of the program, which targets freshmen for an RTI-type system of interventions. The BARR program is “the first and only school-improvement intervention to successfully climb the three tiers of evidence required under the U.S. Department of Education’s Investing in Innovation (i3) program” (Building Assets Reducing Risks, 2020). One school counselor noted that BARR “has significantly changed the way we look at kids.”

The Maine-AWARE grant initiative is funded by a \$5 million federal grant to support student mental health. The funds are being used to “help schools bring mental health resources into the classroom, and will also work with the community to create support systems for students in need” (Feinberg, 2018). The Maine-AWARE initiative was only implemented in three districts statewide. Some of these districts have also engaged in other SEL programs simultaneously. A school counselor said, “We have the BARR program . . . I get a lot of referrals through that. That’s just our freshmen. We also have an AWARE grant,” which covers the entire school. That both programs co-exist in one school highlights not only the disparity of resources among schools but also the high need for effective SEL programs.

Other strategies to support students. Beyond these grant-funded programs, support staff work with students directly using a variety of strategies to teach students skills in identifying their emotions, communicating in appropriate ways, learning to cope with feelings, self-regulation of feelings, and problem-solving. Specialists work with classrooms, small groups, and individual students as needed to provide these supports. Some districts have invested in SEL programs. Two programs mentioned in the focus groups were MindUp and Second Step. The MindUp curriculum is very inexpensive, as the entire program is available on Amazon for under \$75.00. The program includes three levels of developmentally-appropriate activities: Grades preK-2, Grades 3-5, and Grades 6-8. The focus is on mindfulness via “brain-centered management and teaching strategies.”

Second Step is a far more robust SEL program designed to provide “education professionals, families, and the larger community with tools to enable them to take an active role in the social-emotional growth and safety of today’s children.” This research-based program includes resources for teachers, administrators, and families. Three levels of this curriculum are available: Early Learning for preK students, Elementary for students in Grades K-5, and Middle School for students in Grades 6-8. Optional units on Bullying Prevention and Child Safety are also available with the Elementary level program. The program for Grades K-5 includes workbooks and a variety of learning and teaching resources; the program for Grades 6-8 is web-based. The cost of the Elementary program is approximately \$4,600 and the cost of the Middle School program is approximately \$2,750 per year. This program was mentioned more frequently by school counselors in high-resource districts; it was not mentioned at all by the school counselors from the Downeast region of the state.

Well-resourced districts have both school counselors and school social workers available to support students. School counselors offer classroom guidance lessons and provide both short-term individual and group counseling services. One school counselor described her role as “going into the classroom more, and doing more group stuff, and working on skills that the teachers have defined as issues.” District-employed school social workers help connect students and their families with resources to meet their basic needs. A school social worker said that “a lot of my job was also doing case management.” Lower-resourced districts may have either a school counselor or a school social worker, and their caseloads often far exceed the recommended 250:1 ratio.

These specialists alone cannot meet the need of every student. Districts often partner with community agencies to help fill gaps in the district-employed staff. Several specialists mentioned community partnerships in support of mental health, where the clinician works for a private agency but provides clinical counseling services in the school building. These clinicians see their role as being “to provide the convenience of providing therapy within the school itself.” One well-resourced district “put in day treatment programs in the K-2 schools [with] BHP workers that work right in the school.” This model was implemented in both well- and lower-resourced districts, but this is not an option for some remote districts due to the scarcity of appropriately trained personnel nearby.

Participants in the focus groups indicated that they try to make the best of the time and resources they have available. Whether it involves individual counseling, small group sessions, or classroom lessons with students around the mind-body connection and zones of regulation, or simply providing videos to strengthen student awareness of SEL issues, student support specialists provide “emotional support and encouragement, and focus on making good choices.”

Supporting and Training Educators at the Local Level

Training of staff around social and emotional learning and trauma-informed practices is very uneven statewide. Some reported extensive levels of training, such as one school psychologist who stated, “thankfully, our staff have had a lot of training on trauma and ACEs. It has been included in workshop days, optional afterschool trainings, and staff meetings.” At the other end of the continuum are those who are much less familiar with these topics, including one rural school counselor who asked, “What do you mean when you say ACEs?”

The student support professionals who had participated in training on SEL and trauma-informed practices noted that their training had not been provided by the school, district or state, but rather through their statewide professional organizations outside the school. One school counselor mentioned that her district had not engaged in any training, but “the best training I had on ACEs was at a MESCA [Maine School Counselor Association] conference. It wasn’t district-wide or even school-wide. It was just professional development that I went to.” This comment captures the sentiment of most focus group participants, who feel individually responsible for acquiring training around social and emotional learning and trauma-informed practices. Even those in high-resourced districts made similar comments, such as one school counselor who noted, “luckily, we work in a district where our budget is quite healthy. So that we’re able to go to other, outside professional development.” Another school counselor summarized, “I don’t think it’s ever enough.”

Supports at the State Level

Several new efforts at the state level are focusing on the social/ emotional needs of students and providing supports for educators and students to address these needs. We describe some of these in this section.

First, the MDOE has recognized the increased demand from schools and educators for training and support in meeting students’ social/ emotional needs in school. Shortly after the Commissioner of Education, Pender Makin, took the helm, the Department added several new

positions to work with schools individually and regionally to address their needs in this area. Three new positions include a Mental Health School Counseling Specialist, a SEL and Restorative Learning Specialist, and a Cultural and Family Engagement Specialist. All of the new hires have extensive experience in their fields of specialty and working with schools and students in Maine. The Mental Health School Counseling (MHSC) Specialist we spoke with in February explained why his position was created:

It's the amount of need that I think was coming from the field, around mental health needs, supports, awareness, I think that really drove the creation of this position. My Mandate has been really to be a more action oriented position and really reaching out to the field.

In addition to these new mental health and SEL positions, the Office of School and Student Support Services also includes the areas of school nursing, health and wellness, seclusion and restraint, and bullying, and they have added two new positions in school safety recently. With regard to the two new safety positions, the MHSC Specialist noted that that, "while they are really focused on school safety, they're also taking a really preventative and trauma-informed approach to safety. . . both of them really understand the preventative nature of relationships and trauma-informed practices. . ."

Some of the staff office assignments have been refigured to remove barriers and improve the flow of information and coordination both within the Office of School and Student Supports but also across units and teams within the Department. The MHSC Specialist said, "I think the goal of reshuffling the office, was to really tighten those bonds. . . . the collaboration there is powerful. It's breaking up some of the silos that have happened."

The Department has also been stepping up its outreach to schools and educators by providing direct training on trauma-informed response and readiness through workshops (MDOE, 2020b). The first workshop in January in Orono drew 300 educators. According to the MDOE, the response and participation in the first event was so great that they are planning additional workshops in the coming months to ensure schools and educators in different regions have access to this training.

In addition to the trainings, the MDOE is also making more resources available to schools and educators online to support social/ emotional learning and interventions. For example, the Department developed mini-tutorials for educators on topics including the research

on brain development and impacts of trauma, trauma-informed practices, and social/ emotional learning that are available online. The Department is also in the early stages of developing a framework for a SEL curriculum that is informed by evidence-based practices and compatible with other programs schools may be using. The idea is not to have separate, curricular units but rather to infuse this throughout the school's curriculum and to improve cultural practices in terms of how adults interact with kids and make sure kids experiencing trauma or other serious challenges don't slip through the cracks. The hope is to provide schools with the resources they can use to fit their local needs.

The MDOE encourages schools to work with community groups and mental health agencies to help build coalitions in this effort. The Department is providing schools with access to tools from the School Health Assessment and Performance Evaluation (SHAPE) system, developed by the National Center for the School Mental Health (NCSMH, 2020). These tools include a needs-assessment tool and resources to support change at the system level or classroom level. The assessment tool can help schools and educators understand what their student needs are related to mental health and trauma, and where they may need more supports and structures in place. The SHAPE resources can help schools and communities plan steps to implement change and provide suggestions for strategies and interventions. The Department also secured federal grant funding through the AWARE program which can be used to provide trauma-informed practices and mental health resources to schools.

Commissioner Makin also convened a new forum in the 2019-20 school year to give students a voice in education policy and practice, convening the Student Cabinet for the first time in December 2019 (MDOE, 2019). The cabinet brings together students from grades four through first year of post-secondary school to share their concerns and goals for education with the Commissioner on a quarterly basis. At the first forum in December 2019, "Addressing issues of mental health and trauma for students, ensuring inclusive and welcoming schools for all, and ensuring equitable opportunities for all Maine students were goals the group identified as most important" (MDOE, 2020a). One of the specific concerns students discussed was the need statewide to reduce the waiting time for students to access mental health counseling services.

Several of the Department's initiatives on social/ emotional learning and mental health supports are related to the recommendations in LD1168, *A Resolve to Improve Maine's Response to Childhood Trauma*, and recommendations of the Task Force on Trauma which the legislation

instigated. Work is on-going as the MDOE has begun to develop guidance, curricula, and other resources for schools to address these needs.

Greatest Challenges

The focus group interviews with student support specialists identified two broad areas of need for schools and educators to cope with increased challenges in meeting students' social/emotional learning needs, particularly students experiencing trauma: 1) adequate staffing and access to qualified specialists in schools, and 2) training for all educators on social/emotional learning and trauma-informed practices.

For the specialists participating in the focus groups, there was a wide range and variation in the level of staffing in their schools and caseloads for specialists. Some schools employed full-time school counselors, social workers and psychologists while others had access to these professionals only part-time and shared them with other schools. Some schools accessed specialists from external agencies or private practice to provide services to students, for example to access psychologists to conduct evaluations and assessments for students referred for special education or other services. Some specialists had caseloads within the recommended ratio, while others had caseloads that far exceeded the recommended ratios. It was clear from this small study that students' and educators' access to support specialists in schools is uneven across schools. More research is needed to assess precisely how these resources are distributed and which types of schools are more under-staffed statewide. From this limited sample, we found that the larger and higher-income districts had more staffing resources per student than the smaller, lower-income and rural school districts. Some representative comments about insufficient staffing and time to serve students included the following:

We have a clinician, not paid for by the district. It's through an agency. And right now it's two days a week. But I definitely think we have more need than that. (school counselor)

The only school psychologist we have is if there's testing required through an IEP. Then there's one they use for that, but not one that comes and meets with students regularly. (school counselor)

Often times guidance counselors are overwhelmed with the amount of students they are seeing on a dialing basis and the ones they are seeing long term. (school social worker)

Having a social worker being able to work with 50 students weekly is way too high of a number. Even in outpatient meetings it is 25 a week . . . This doesn't account for the meetings, having to go to multiple schools, students in crisis, documentation, connecting with parents, and collaborating with classroom teachers/ team members for the success of the student. (school social worker)

There just aren't enough hours in the day or enough staff to meet the need. . . . our clinical staff and teaching staff (including ed techs) are already stretched too thin. (school psychologist)

My role is dictated by the special education director. Most of my job is to test, test, test. Leaves little time for SEL support. (school psychologist)

Consistently, these specialists agreed that the staffing levels for specialists were generally not equal to the need in their schools. They described not being able to provide the services needed, or only limited services and brief meetings with students. In addition, some specialists noted that they spend a good portion of their time doing administrative paperwork or other duties in the school, and feel their time and training would be better put to use in directly providing services to students. Another concern was specialists working in roles that did not align with their professional training, or trying to work across many different roles within their schools. The American School Counselor Association (ASCA) recommends that 80% of a school counselor's time should be spent delivering direct and indirect services to students. When caseloads are too high or counselors are assigned to non-school-counseling tasks such as coordinating testing programs, assigning discipline, supervising classrooms or common areas, little time is left in the counselor's day to provide appropriate school counseling services such as classroom guidance lessons, small group counseling, individual student planning, crisis response, and participating in MTSS and/or student support teams.

The interviews also revealed a disparity in educators’ access to training on social/emotional learning, adverse childhood experiences (ACEs) and trauma-informed practices. Some specialists said there had not been much training yet for their schools, while others said their schools had been providing some limited types of training. Support specialists strongly agreed there is a need for more training for all types of educators and for specialists, and training that provides more in-depth guidance on how to implement some of these practices. For example, a school social worker said, “This is something that the school is working towards, but not all staff have this [ACEs] training.” A school counselor shared, “[teachers] really value the training, but then feel like they were left with ‘Okay, now what?’ That they now have this information, but they don’t feel like they’ve had training that’s taken them to the next level of what to do with that information.” A school psychologist explained, “Training for all teachers [is needed] in specific evidence-based trauma-informed practices . . . Staff understand information about ACEs and trauma [but] need more guidance on application in a crisis and what they can do.”

Conclusion and Implications for Policy and Practice

This study explored the social/ emotional needs of K-12 students, how schools are working to support the needs of these students and their educators, and challenges in these efforts from the perspective of student support specialists. The study also included an interview with a MDOE staff specialist working in this field to learn more about what supports and resources the state is providing to schools to help meet the high demand. The MDOE is clearly taking steps to build its capacity through increased staffing and reorganization and has increased its outreach to schools in providing direct training and resources. Other significant initiatives at the state level include recent legislation and a report from the Task Force on Childhood Trauma that produced guidance and recommendations for changes in policy and practice to better meet students’ mental health needs in schools. Based on our review of the research literature and findings from this study, we describe some potential implications for policy and practice. Again, work is already underway in many of these areas at the state and local levels.

- **Funding**—Sufficient and equitable funding is needed to provide more resources for districts to hire support specialists to meet their local needs and the recommended staffing ratios. This may require changes in the state’s education funding formula known as the Essential Programs and Services funding model. Federal funding is also available to states through the Every Student Succeeds Act (ESSA). A recent report of the Education Commission of the States provides clear definitions of support specialist roles and also recommends the following staffing ratios: school counselor (1:250 students),

school psychologist (1:500-700), school social worker (1:250), and school nurse (1:750) (ECS, 2020). Creative solutions may be needed for very small schools to share access to practitioners, partnerships with community health providers, regional collaboratives and video-conferencing to deliver some services to ensure that all students have timely access to these health professionals.

- **Training**—Continued effort and increased access is needed for all schools and educators to have training on social/ emotional learning, mental health and trauma-informed practices. There is clearly a high demand and need here, and educators’ access to training has been uneven. The MDOE is currently scheduling more regional training sessions and has made many resources available online to schools. Educators may require additional training and guidance on implementation of best practices. Again, regional collaboration among school districts may be helpful in this work, to share what they are learning about what works.
- **Space and facilities**—Specialists indicated they often lack appropriate spaces in schools to work with students individually or in small groups. State and local planning for new school construction and renovation of school facilities may need to consider the growing need for appropriate spaces for students needing special services or quiet spaces to de-escalate behaviors. In the meantime, schools may need to think creatively about how to resolve their space needs and constraints.
- **Compensation**—Health specialists are often compensated on the regular teacher salary scale, which may not adequately compensate these employees for the advanced degrees and training they must obtain for licensure. This problem may be a factor that discourages individuals from pursuing careers as specialists in school settings.
- **Workforce development**—There is a shortage of trained and credentialed health and mental health specialists in Maine, and the shortages are more keenly felt in rural parts of the state. The staffing shortages create higher caseloads, longer wait times to access services, uneven access to services across the state, and the problem of specialists being asked to work in roles that are not consistent with their training and credentials. Policies that provide encouragement and financial incentives for individuals to pursue these fields of work are needed. In addition, some schools have the practice of assigning other kinds of duties to specialists, such as lunch or recess duty, and specialists may also be asked to help with administrative paperwork. These assignments reduced the time available to work with students, and may also discourage specialists from working in schools. Guidance to schools that clearly defines appropriate roles for support specialists may help to discourage these practices and could also increase the services students receive.
- **Partnerships**—While developing the workforce should be a high priority, it won’t meet the staffing needs in the immediate term, and may not be sufficient for all regions of the state. Policies that support and encourage the development of community health services and school-community partnerships may leverage existing personnel in communities to increase students’ access to mental health services.

- **Coordination and communication**—Most of the specialists interviewed for this study indicated that support specialists often work in “silos” and the lack of coordinated communication about individual students is a barrier to providing the best care and services to students. One specialist described a team approach in her school, where special educators and other support staff meet regularly to coordinate their support for individual students, ensuring better communication and service for those students. This is an idea used in the medical field and in the context of special education IEP teams in schools currently. The team approach could be a helpful model that could be shared with other schools.

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Author Information

Janet C. Fairman is an Associate Professor in the College of Education and Human Development, University of Maine, and co-Director of the Maine Education Policy Research Institute (MEPRI). Dr. Fairman holds a doctorate in education policy and has expertise in the areas of education policy analysis, program evaluation, and qualitative research methodology. Her research includes a focus on STEM education, innovative and reform practices in education, and teacher leadership.

Maria C. Frankland, M.S., M.S.C., NCC, is Guidance Director at Narraguagus Jr/Sr High School and a Ph.D. Candidate in Educational Leadership at the University of Maine. Her research interests center around institutional barriers to rural student success, the impact of trauma on rural students and teachers, and ways in which trauma-informed approaches may support the academic, career, and social/emotional development of rural students.

Appendix A: Focus Group Interview Protocol for School Specialists

Supporting Students' Social/ Emotional Needs in Maine Schools: A MEPRI Study

Background

1. Please tell us what your professional position is, and where you are working.
 - How long have you been working in that district?
 - Do you work through private practice or an agency?

Perceptions about Students' Needs

2. How would you describe the social and emotional development needs of students in the school and region where you work? Let's focus first on the PreK to grade 5 students.
3. In which social-emotional competency areas do PreK to grade 5 students need the most support?
4. Now let's focus on students in grades 6-12. How would you describe their social and emotional needs?
5. In which social-emotional competency areas do grade 6-12 students need the most support?
6. In what ways if any do students' social-emotional needs vary by geographic region or community demographics?
7. Have you seen any changes in the types or severity of students' needs in recent years? Please describe.

Descriptions of Current School Practices

8. How does your school identify students' social and emotional development needs? Is there a formal process?
9. How is your school currently supporting students' social and emotional development? Please describe some specific strategies, programs, or partnerships in use.
10. What specialized staff are currently available within your school or district to support these needs of students, and what additional staff do you access through private agencies or partners? (i.e., school counselors, social workers, school psychologists)
11. Do you have any other job responsibilities that make it difficult for you to support the social/ emotional learning needs of students?

12. To what extent do the individuals working in these job roles in your school hold the formal credentials of the professions?
13. What kind of training or information on ACEs and trauma-informed practice do staff, teachers and administrators have access to in your school?
14. If your school has participated in this type of training, how has that impacted school or classroom practices?

Perceptions of Challenges

15. What are the greatest challenges currently for your school to support students' social and emotional development needs?
16. In what ways if any do these school challenges vary by geographic region or community demographics?

Concluding Thoughts

17. What additional support or training would be helpful for your school?
18. Any other thoughts or suggestions for state policymakers?