School-Based Mental Health Support for Rhode Island Youth

Policy Recommendations to Address Students' Exposure to Adverse Childhood Experiences

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About SPHERE

The mission of SPHERE is to engage Rhode Island College students and faculty, in partnership with Rhode Island community members, in conducting and disseminating research for equitable educational and social policies. SPHERE endeavors to help Rhode Islanders understand, and become more involved in education policy decisions.

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Executive Summary

Research shows that many children in Rhode Island have experienced adverse childhood events (ACEs) that impact their development. Within the context of systemic oppression and inequity, racially and ethnically minoritized[1] children and children in low-income and under-resourced districts are disproportionately affected by adverse experiences. These exposures contribute to the academic and mental health disparities evident among Rhode Island youth.[2] Despite the need for mental health supports, the vast majority of youth–especially nonwhite and low-income youth—do not receive mental health services. Those who do receive help are most likely to access it within their schools. School-based mental health professionals are typically the first (and often the only) help for students who are dealing with trauma, experiencing depression or anxiety, or at risk of hurting themselves or others. Unfortunately, Rhode Island schools do not have enough full-time positions for mental health professionals. While the main mission of schools is to educate students, the data are clear: Investing in school mental health staff improves academic and behavioral outcomes of youth.

ACEs occur within contexts of historical and systemic oppression and inequity.

- Historical and ongoing systemic oppression and inequity contribute to increased ACEs (e.g., poverty, family separation, community violence, racism, and discrimination) among racially and ethnically minoritized youth.
- These exposures impact ethnically and racially minoritized youths' mental health, academic, and behavioral outcomes. They further contribute to academic and disciplinary disparities among Rhode Island students.
- Ethnically and racially minoritized youth are less likely to receive mental health support and treatment compared with their white peers.

Rhode Island's school children suffer a variety of adverse experiences and traumas, which negatively affect their academic, social, and health development.

- Approximately 47% of Rhode Island youth have experienced at least one ACE.
- Within the Providence Public School District, 79% of students reported trauma in the form of high degrees of community disorganization and violence in their home neighborhoods. Nearly half (45%) reported feeling sad or depressed most days, and two in ten students thought about suicide within the last year. Students who received mostly D and F grades and students who were suspended or expelled within the past year were significantly more likely to have experienced a range of ACEs—including bullying, community violence, foster care placement, and housing instability—that likely contributed to emotional problems, poor

[1] The term "minoritized" refers to individuals who, as a result of racial and ethnic identities, systemically have less access to power and privilege, and face discrimination in various life domains (e.g., education, healthcare, housing, employment).
[2] This report focuses on youth ages 12-17.

grades, and disruptive behaviors.

- ACEs are disproportionately more likely to affect racially and ethnically minoritized students. For example, among first- and second-generation Latinx youth in Rhode Island urban districts, 49% know someone personally who was deported. The average number of lifetime traumatic events experienced by the Rhode Island Latinx students who participated was seven. Over one in two Latinx students scored within the clinical range of anxiety (64%) and depression (53%). One in three students scored within the moderate-severe range of post-traumatic stress disorder (PTSD).
- Exposure to traumatic and adverse events affects children's emotional wellbeing, health, and brain development. Nationally, children exposed to a greater number of traumatic and adverse events are more likely to suffer from academic problems, behavioral problems, and social problems.

To overcome these traumas, Rhode Island's school children must have access to mental health resources in schools.

- Studies find that up to 70% of children and adolescents with mental health disorders do not receive mental health services—and this is especially true for ethnically minoritized and low-income youth.
- Up to 80% of youth who *do* receive mental health services receive it within their schools.
- In 2015-2016, 18% of Rhode Island's students were in schools that had police but no school psychologist, nurse, social worker, or counselor.
- There are not enough mental health professionals in Rhode Island schools. The overall student-school counselor ratio in Rhode Island was 392:1, but the ratio recommended by the American School Counselor Association is 250:1.
- There are not enough social workers in Rhode Island schools. The overall student-social worker ratio in Rhode Island was 686:1, but the ratio recommended by the School Social Work Association of America is 250:1. For students with intensive needs, the National Association of Social Work recommends a ratio of 50:1.

Funding mental health professionals will lead to more positive outcomes for students.

- Schools that employ more school-based mental health providers see improved attendance, lower rates of suspension and other disciplinary referrals, improved academic outcomes, and better graduation rates.
- Investing in school mental health services can also lead to increased feelings of connectedness in school, increased student engagement, better student-teacher and peer relationships, improved school climate, and increased safety within schools. All of these factors are associated with students' positive learning and development.

Rhode Island needs to invest in improving access to mental health in schools in a sustainable manner.

- Rhode Island should invest more in funding school-based mental health positions. Efforts should be made to recruit and retain multilingual and racially diverse mental health professionals.
- Rhode Island needs to work with districts to fund this mandate in a sustainable way. Placing the burden of sustainability on districts is an unfair burden when districts have little means of increasing their revenues.
- Rhode Island should consider creating a transparent system for allocating to districts state, grant, and federal money to enhance mental health supports. The formula for this allocation system needs to be based on equity, not equality, considering the unique size, needs, and challenges of the respective districts when allocating funds.
- Rhode Island should invest more to prepare teachers, administrators, and other school-based staff to practice a trauma-sensitive approach.

1. Mental Health within Context

This report focuses on the relationships among adverse childhood events (ACEs), mental health, and student outcomes, and argues for increased funding for school-based mental health services to support students. The data for this report are drawn from two studies with urban high school students, the majority of whom are ethnically and racially minoritized youth. As will be explained, in spite of individual (e.g., perseverance) and ecological (e.g., strong ties to cultural communities) sources of resiliency, ethnically and racially minoritized youth are disproportionately affected by ACEs and are less likely than their white peers to receive mental health services.[3] These exposures and their effects on social, emotional, and academic development contribute to the racial/ethnic achievement and disciplinary referral disparities evident among Rhode Island students.

> Oppressive systems are based on the ideology or the superiority of one group and the inferiority of another. They function at structural levels to limit the those deemed inferior from exercising personal freedom and accessing resources. Racism is one example.

Ethnically and racially minoritized youths' experiences occur within the contexts of systemic inequality and oppression, including food insecurity, poverty, racism, and discrimination.[4] Racism and discrimination create stress for ethnically and racially minoritized students that can become toxic and can lead to mental health and academic challenges. For example, African American children are more likely to be exposed to police violence and racial profiling, and their caregivers are more likely to be targets of unwarranted police attention.[5] Residential racial segregation, resulting from decades of deliberately discriminatory federal, state, and local policies, has led to a concentration of risk factors for youth development: poverty, lack of access to healthcare, and higher parental incarceration. There has been a simultaneous erosion of protective factors (e.g., stable communities and families, economic opportunities) that might buffer against toxic stress.[6] Additionally, for Latinx and immigrant youth, anti-immigrant policies contribute to increased risk for family separation and anti-immigrant rhetoric contributes to discrimination.[7]

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[3] López, C. M, Andrews, A., Chisolm, A. M., deArellano, M. A., Saunders, B. & Kilpatrick, D. (2017). Racial/ethnic differences in trauma exposure and mental health disorders in adolescents. *Cultural Diversity and Ethnic Minority Psychology, 23*(3), 382–387.

[4] Butler, A. & Rodgers, C. (2019). Developing a policy brief on child mental health disparities to promote strategies for advancing equity among racial/ethnic minority youth. *Ethnic Disparities 29(2),* 421-426.

[5] Boyd, R. W., Ellison, A. M., & Horn, I. (2016). Police, equity, and child health. *Pediatrics 137*(3). e20152711

[6] Morsy & Rothstein (2019). *Toxic stress and children's outcomes: African American children growing up poor are at greater risk of disrupted physiological functioning and depressed academic achievement*. Economic Policy Institute.

[7] Rubio-Hernandez, S. & Ayón, C. (2016). Pobrecitos los niños: The emotional impact of anti-immigration policies on Latino children. *Children & Youth Services Review, 60,* 20-26.

Toxic stress results when youth are exposed to conditions of strong, frequent, and/or prolonged adversity without adequate caregiver support.

Given these realities, as well as racist stereotypes of Black and Latinx youth (especially boys) as violent, they are suspended more frequently and for longer periods of time than white peers for similar infractions. National studies find that Latinx students are over-represented in disciplinary actions.[8] In Rhode Island, during 2011-12 academic year, Black students were suspended at twice the rate of white students; the ratio is even higher among elementary school students, who are suspended at six times the rate as white students.[9] Moreover, schools are more likely to use metal detectors, random searches, and the juvenile justice system to discipline Black and Latinx youth. These practices have the effect of criminalizing their potentially trauma-related behavior and reinforcing racial stereotypes of ethnically and racially minoritized youth as "dangerous" and "criminals."[10] The policing of ethnically and racially minoritized youths' behavior can also be traumatizing in itself, and paradoxically contributes to future misbehavior.[11] A misunderstanding of mental health and problem behaviors that are related to ACEs, trauma, and systemic oppression, can contribute to the "school-to-prison" pipeline for ethnically and racially minoritized youth.[12] Indeed, in Rhode Island, the ACLU has documented a link between disproportionate school discipline and disproportionate representation in the juvenile justice system, with Black youth being nine times more likely than white youth to be in juvenile detention.[13] Similarly, Latinx students in Rhode Island are 3.5 times as likely to be arrested as white students.[14]

Trauma is different from regular life stressors because it causes a sense of intense fear, terror, and helplessness that is beyond the normal range for typical experiences.

[8] Moreno, G. & Seguera-Herrera, T. (2013). Special education referral's and disciplinary actions for Latino students in the United States. *Multicultural Learning & Teaching, 9*(1). https://doi.org/10.1515/mlt-2013-0022

[9] ACLU (2015). *The school to prison pipeline in black and white.* http://riaclu.org/images/uploads/School_to_Prison_Pipeline_in_Black_and_White_2015.pdf

[10] Nance, J. P. (2015). Over-disciplining students, racial bias, and the school-to-prison pipeline. *University of Richmond Law Review, 50*, 1063–1074.

[11] Rios, V. (2011). *Punished: Policing the lives of Black and Latino boys*. NYU Press.

[12] Mallett, C. A. (2016). The school-t-prison pipeline: Disproportionate impact on vulnerable children and adolescents. *Education and Urban Society, 49*(6), 563-592.

[13] ACLU (2015).

[14] Whittaker, A., et al. (2019). *Cops and No Counselors: How the Lack of Mental Health Staff is Harming Students*. American Civil Liberties Union. https://www.aclu.org/sites/default/files/field_document/030419-acluschooldisciplinereport.pdf.

The Relationship between Adverse Childhood Experiences and the Systems of Racial Oppression and Social Inequity

While any child, regardless of context or social identity, can experience ACEs, systems of oppression and historical and ongoing social inequities render ethnically and racially minoritized youth, immigrant youth, LGBTQ youth, and poor and low-income youth particularly vulnerable. A review of literature on the links between race and class, ACEs, and academic outcomes concluded that:

- Across youths' ages of development, lower social class children are more likely to have strong, frequent, or prolonged exposure to major traumatic events.
- Black children are more likely than white children to be exposed to trauma and stress.
- Children exposed to a greater number of traumatic events and ACEs are more likely to have academic problems, behavioral problems, and health problems. Thus, racism and classism influence one's exposure to trauma and stress, which in turn contributes to health and academic disparities.[15]

Similarly, immigrant youth may be particularly vulnerable to traumatic experiences. Recent research among first-generation Latinx immigrant youth found that:

- 59% reported a traumatic event in their country of origin;
- 30% experienced a traumatic event during immigration;[16] and
- 18% reported experiencing trauma since their arrival in the U.S.[17]

Latinx youth may further experience the threat related to parental deportation, which has been found to predict post-traumatic stress disorder (PTSD) symptoms, anxiety, depression, and acting-out behaviors among the U.S. children left behind when parents are deported.[18] A recent study found that Latinx youth who experienced a family member's detention or deportation were more likely to think about suicide, use alcohol, and have disruptive behaviors.[19] Just growing up with an undocumented parent is

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[15] Morsy, L. & Rothstein, R. (2019). *Toxic stress and children's outcomes: African American children growing up poor are at greater risk of disrupted physiological functioning and depressed academic achievement*. Economic Policy Institute. https://www.epi.org/publication/toxic-stress-and-childrens-outcomes-african-american-children-growing-up-poor-are-at-greater-risk-of-disrupted-physiological-functioning-and-depressed-academic-achievement/

[16] deArellano, M., Andrews, A. R., Reid-Quiñones, K., Vasquez, D., Silcott Doherty, A., Danielson, C. K. & Rheingold, A. (2018). Immigration trauma among Hispanic youth: Missed by trauma assessments and predictive of depression and PTSD symptoms. *Journal of Latino/a Psychology, 6*(3), 159-174.

[17] Cleary, S.D., Snead, R., Dietz-Chavez, D., Rivera, I. & Edberg, M.C. (2018). Immigrant trauma and mental health outcomes among Latino youth. *Journal of Immigrant and Minority Health, 20*(5), 1053-1059.

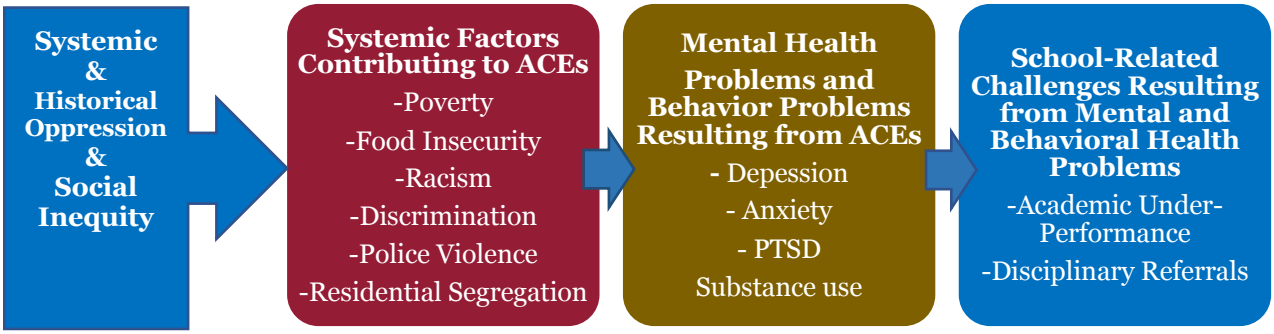
[18] Rojas-Flores, L., Clements, M. L., Hwang Koo, J., & London, J. (2017). Trauma and psychological distress in Latino citizen children following parental detention and deportation. *Psychological Trauma: Theory, Research, Practice, and Policy, 9*(3), 352–361

[19] Roche, K. R., et al. (online first). Association of family member detention or deportation with Latino or Latina adolescents' later risks of suicidal ideation, alcohol use, and externalizing problems. *JAMA* Pediatrics. doi:10.1001/jamapediatrics

associated with academic under-performance[20] and anxiety.[21]

In summary, as a result of systemic oppression and disadvantage, children who are members of marginalized groups (ethnically and racially minoritized youth, immigrant youth, poor or low-income children) are more likely to experience ACEs that affect their development. These environmental influences, and their resulting impact on development, are important contributions to observed racial/ethnic disparities in academics and disciplinary referrals at school.

Social Context, ACEs, and Outcomes for Minoritized Youth



[20] Brabeck, K. M., Sibley, E., Taubin, P., & Murcia, A. (2016). The influence of immigrant parent legal status on U.S.-born children's academic abilities: The moderating effects of social service use. *Applied Developmental Science, 20,* 237 – 249. doi.org.10.1080/10888691.2015.1114420

[21] Brabeck, K. M. & Sibley, E. (2015). Immigrant parent legal status, parent-child relationships, and child social emotional wellbeing: A middle childhood perspective. *Journal of Child & Family Studies, 25*(4), 1155-1167. doi.org.10.1007/s10826-015-0314-4

2. The Case for Supporting Student Mental Health in Schools

Barriers to Students Accessing Mental Health Supports Outside of School

> Mental health is defined as the social, emotional, and behavioral wellbeing of students. Mental health services are broadly defined as any activities, services, and supports that address social, emotional, and behavioral wellbeing of students.

Studies find that up to 70% of children and adolescents with mental health disorders do not receive mental health services; this is particularly true for ethnically and racially minoritized youth and youth from lower income families.[22] Among students who do access mental health support, the vast majority—up to 80%—receive support within their schools.[23] Students are six times more likely to complete evidence-based treatment of mental health problems when it is offered in schools, as opposed to other community settings.[24] Students who don't access mental health services outside of school may not do so for a number of reasons including:

- Lack of insurance (particularly for undocumented students);
- Lack of transportation;
- Stigma around mental health;
- Youths' work and childcare responsibilities;
- Parents' work schedule; and
- Mistrust of mental health providers (who are still overwhelmingly white and monolingual).

Because of challenges related to access, schools are uniquely positioned to provide mental health services to students who might benefit from them.

School-based mental health professionals—which include school social workers, school psychologists, student adjustment counselors, and school counselors—are typically the first (and possibly only) line of defense for students who are dealing with trauma, experiencing depression or anxiety, or at risk of hurting themselves or others. Studies find that investing in school-based mental health professionals leads to improved

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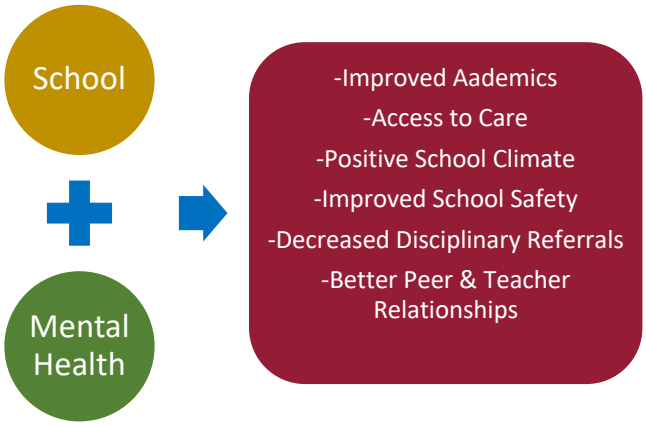
[22] Merikangas K. R., He, J., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., Georgiades, K., Heaton, L., Swanson, S., & Olfson, M. (2011). Service utilization for lifetime mental disorders in U.S. adolescents: Results of the National Comorbidity Survey-Adolescent Supplement (NCS- A). *Journal of the Academy of Child & Adolescent Psychiatry*, *50*(1), 32-45.
[23] Jones, M. & Hoagwood, K. (2000). School-Based Mental Health Services: A research review. *Clinical Child and Family Psychology Review, 3*, 223-241.
[24] Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). *Advancing Comprehensive School Mental Health: Guidance from the Field*. National Center for School Mental Health. University of Maryland School of Medicine. https://cacfs.memberclicks.net/assets/docs/Advancing-CSMHS_September-2019.pdf

attendance, lower rates of suspension and other disciplinary referrals,[25] improved academic outcomes, and better graduation rates.[26] Investing in school mental health services can also lead to increased feelings of connectedness to school, increased student engagement,[27] better student-teacher and peer relationships, improved school climate, and increased safety within schools.[28]

Benefits of Investing in School-based Mental Health Services



National Prevalence of Adverse Childhood Experiences and Traumatic Events among U.S. Children

Decades of research have consistently demonstrated that exposure to ACEs affects youths' developing brains in ways that can lead to academic problems, disruptive behaviors, and social difficulties. ACEs may be conceptualized along two separate dimensions (from low to high) of *deprivation*—experiences involving an absence of expected inputs from the environment, and *threat*—experiences involving harm or risk of harm.[29] ACEs are also sometimes referred to as *traumatic experiences*. Some ACEs involve both high threat and high deprivation.

> ACEs are potentially traumatic events that occur in childhood. Examples (among others) include death of a parent, incarceration of a parent, physical and sexual abuse, and poverty.

[25] Lapan, R., Whitcomb, S., & Aleman, N. (2012). Connecticut professional school counselors: College and career counseling services and smaller ratios benefit students. *Professional School Counseling, 16*(2), 117-124.
[26] Tan, K., Battle, S., Mumm, M., Eschmann, R., & Alvarez, M. (2015). The impact of school social workers on high school freshman graduation among the one hundred largest school districts in the United States. *School Social Work Journal, 39*(2), 1-14.
[27] Lehr, C., Johnson, D., Bremer, C. D., Cosio, A., & Thompson, M. (2004). *Essential tools: Increasing rates of school completion: Moving from policy and research to practice*. National Center on Secondary Education and Transition. http://www.ncset.org/publications/essentialtools/dropout/
[28] Astor, R. A., Jacobson, L., Wrabel, S. L., Benbenishty, R., & Pineda, D. (2017). *Welcoming practices: Creating schools that support students and families in transition*. Oxford University Press.
[29] McLaughlin, K. A. & Sheridan, M. A. (2016). Beyond cumulative risk: A dimensional approach to childhood adversity. *Current Directions in Psychological Science, 25*(4), 239-245.

Experiences of high *deprivation* include:

- Neglect (physical, emotional, medical, educational);
- Poverty;
- Homelessness;
- Separation from a parent (e.g., due to immigration enforcement or parental incarceration);
- Growing up in an institutionalized setting (e.g., multiple foster placements); and
- Having a parent who is suffering from a mental health or substance abuse disorder.

Experiences of high *threat* include:

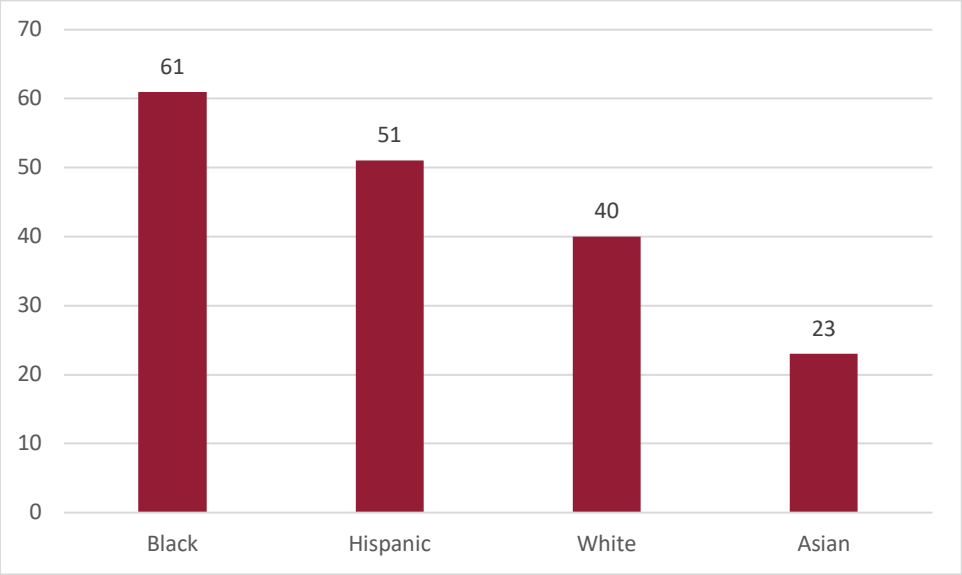
- Physical abuse;
- Sexual abuse;
- Domestic violence;
- Community violence;
- Serious, ongoing, and painful medical procedures; and
- Racism and discrimination.

National studies have found that nearly half of all children (45%) have experienced at least one ACE. This amounts to about 35 million U.S. children.[30] Additionally, one in ten children have experienced three or more ACEs, designating them as "high risk" for physical and mental health problems. While ACEs cut across ethnic, racial, gender, linguistic, and socioeconomic groups, ethnically and racially minoritized youth are disproportionately affected. Sixty-one percent of African American and 51% of Latinx youth have experienced at least one ACE, compared with 40% of white and 23% of Asian youth.[31]

[30] Child Trends. (2019). *Adverse childhood experiences*. https://www.childtrends.org/indicators/adverse-experiences

[31] Sacks, V. & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. *Child Trends*. https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state- race ethnicity. Note that the NSCH (2016) study did not ask parents to report on their child's experiences of abuse and neglect. This is a major limitation and means that these numbers are most likely under-estimates of the actual prevalence of ACEs among the general population.

Percentage of U.S. Children Experiencing at Least One ACE, 2016



Source: National Survey of Children's Health (2016). Hispanic refers to those students of any racial background without being duplicate counts of Black, white, and Asian students.
Note: Data for Asian American students fails to capture within-group differences, notably the relatively higher rates of ACEs among Southeast Asian students.

Studies have established the prevalence of traumatic events among children and youth. These studies report different findings, depending on the study's definition of "traumatic event" and the population sampled. A meta-analysis that drew only on studies that employed nationally representative samples found that:

- 70% of youth (ages 14-17) have witnessed community violence that *did not* involve intended death, resulting injuries, or weapons.
    - One-third of these youth witnessed violence between family members.
- 38% of youth (ages 14-17) have witnessed serious community violence that *did* involve intended death, resulting injuries, and weapons.
- 71% of youth (ages 0-17) have experienced physical assault that *did not* involve intended death, resulting injuries, or weapons.
- 17% of youth (ages 12-17) have experienced physical assault that *did* involve intended death, resulting injuries, and weapons.
- 29% of youth (ages 0-17) have experienced bullying, threats, or harassment from a peer.
- 28% of youth (ages 14-17) have experienced sexual victimization (any type).
- 8-12% of U.S. youth (ages 0-17) have experienced at least one sexual assault.
- 20-25% of youth (ages 12-17) have been exposed to a natural or man-made disaster.
- 20% of youth (ages 12-17) have lost a family member or friend to homicide.
- 19% of youth (ages 0-17) have experienced physical abuse by a caregiver or physical assault.

This same meta-analysis found that studies report between 20% and 48% of all youth (ages 0-17) who experienced one traumatic event also experienced additional traumatic events.[32] The accumulation of multiple ACEs, and its effects on development, is referred to as "complex trauma."

> Complex trauma describes both children's exposure to multiple traumatic events—often of an invasive, interpersonal nature—and the wide-ranging, long-term effects of this exposure.

The Links among ACEs, Student Mental Health, and Academic Behavior and Success

Although adaptive in the short term, over time, chronic stress affects how the brain develops—both the brain structures and its processes. This long-term wear and tear resulting from chronic adaptation to stressful conditions is referred to as *allostatic load*. When children experience stress in a moderate, controlled, and predictable manner, they typically develop resiliency.[33] However, when stress is severe, prolonged, and unpredictable, the normally adaptive stress response system impacts children in problematic ways that affect learning and behavior.[34] For example, when a child grows up in a context of pervasive chaos and unpredictable threat, the amygdala– the brain's "smoke detector" and alarm system—becomes over-sensitized. The child may develop a generalized fear response, detecting threat even when none is present, which results in chronic release of stress hormones into the body. This triggers either a hyper-aroused (e.g., emotional, aggressive-fight/flight) or hypo-aroused (e.g., shutting down, dissociative—freeze/surrender) state. Both of these extremes involve disruptive behaviors (e.g., lashing out at one extreme, zoning out at the other) and make it difficult to pay attention, sustain concentration, and learn. When the amygdala sets off the fire alarm triggering these fight/ flight/ freeze responses, it also circumvents the prefrontal cortex—that part of the brain required for attention, organization, judgment, and impulse control. Moreover, when a child is in "survival mode," information not directly related to survival (including academic material) is not attended to and is not encoded for later retrieval. Additionally, the hippocampus—which is essential in learning and memory—can be impaired when a person is exposed to chronic stress and trauma. Finally, stress hormones like cortisol, which maintain high levels of alertness over time, can negatively affect brain development and harm the body by interfering with important processes such as digestion, healing, and sleep.

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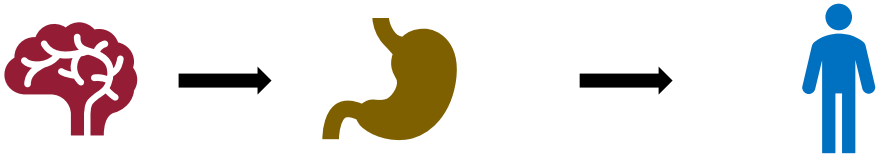
[32] Saunders, B. E. & Adams, Z. A. (2015). Epidemiology of traumatic experiences in childhood. *Child & Adolescent Psychiatric Clinics of North America, 23*(2), 167–184.
[33] Ungar, M., & Perry, B. D. (2012). Violence, trauma, and resilience. In R. Alaggia & C. Vine (Eds.), *Cruel but not unusual: Violence in Canadian families* (pp. 119–143). Wilfrid Laurier University Press.
[34] Plum, J.L., Busch, K.A. & Kersevich, S.E. (2016). Trauma sensitive schools: An evidence-based approach. *School Social Work Journal, 40*(2), 37-60.

The Body's Response to Stress



Perceived Trigger → Release stress hormones → Changes in body's response

Chronic stress and trauma have been linked to deficits in important cognitive abilities necessary for school success. These include the "executive functions" of the prefrontal cortex, like:

- Attention—the ability to focus, ignore distractions, and sustain that focus over time;
- Inhibitory control—the ability to consciously control emotional and behavioral impulses;
- Cognitive flexibility—the ability to switch between concepts quickly and consider multiple concepts at the same time; and
- Working memory—the ability to hold new information in mind, process or manipulate it, and transfer it to store as learned memory.[35]

These skills together help a child to:

- Pay attention, even to something that is not immediately rewarding;
- Keep in mind long-term goals when working in the short-term;
- Postpone immediate gratification in service of long-term goals;
- Refrain from immediately or impulsively responding;
- Consider the consequences of different behaviors and choose one's response accordingly;
- Reflect on past experiences and use that to guide behavior; and
- Plan for the future and organize one's self in the service of future goals. [36]

Exposure to ACEs and trauma has implications for school relationships and behavior as well. As explained, past experience may result in an over-active and overly-sensitive amygdala, which primes children to see threat where it is not actually present. A trauma-exposed youth may misinterpret another person's behavior, words, or facial expression as aggressive, and react by either assuming an aggressive stance to defend themselves, or by shutting down and withdrawing (emotionally or physically). Studies

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[35] Center on the Developing Child at Harvard University. (2011). *Building the brain's "air traffic control" system: How early experiences shape the development of executive function: Working paper No. 11.* https://developingchild.harvard.edu/resources/building-the-brains-air-traffic-control-system-how-early-experiences-shape-the-development-of-executive-function/

[36] Zelazo, P. D., Blair, C. B., & Willoughby, M. T. (2016). *Executive function: Implications for education.* U.S. Department of Education, Institute of Education Sciences, National Center for Education Research. https://files.eric.ed.gov/fulltext/ED570880.pdf

have shown that children with histories of abuse tend to detect anger and aggression in facial expressions of strangers at a much higher rate than youth without this history.[37] Again, either response—acting out or shutting down—is problematic within a school context, and can lead a child to be labeled as "defiant" and "oppositional" on the one hand, and as "disengaged" and "inattentive" on the other.

Numerous studies have linked exposure to ACEs with mental health, acting-out and disengaged behavior, and academic outcomes among school-age children.[38] A study of over 700,000 diverse public school elementary school-age children found that those who had experienced neglect or abuse scored significantly lower on standardized math and reading tests, were more likely to be identified as needing special education, and were more likely to be held back at least one grade.[39] Another study found that students exposed to violence and trauma-related stress had, on average, a 10-point negative reading difference as assessed by a standardized test, when compared to students without this exposure.[40] A study of elementary school aged children showed that the greater the ACEs, the greater the risk of poor school attendance, problem behavioral issues, and failure to meet grade-level standards in mathematics, reading, or writing.[41]

Exposure to ACEs is also linked to a number of mental health outcomes, which affect behavior and learning, including:

- Post-traumatic Stress Disorder;[42]
- Depression;[43]
- Suicidality and self-injury;[44]
- Anxiety;[45] and
- Eating disorders.[46]

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[37] Pollack, S., & Sinha, P. (2002). Effects of early experience on children's recognition of facial displays of emotion. *Developmental Psychology, 38*(5), 784-791.
[38] For a review, see Larson, S., Chapman, S., Spetz, & Brindos, C. D. (2017). Chronic childhood trauma, mental health, academic achievement, and school-based health center mental health services. *Journal of School Health, 87*(9), 675-686.
[39] Ryan, J. P., Jacob, B. A., Gross, M., Perron, B. E., Moore, A., & Ferguson, S. (2018). Early exposure to child maltreatment and academic outcomes. *Child Maltreatment, 23*(4), 365-375.
[40] Delaney-Black, V., Covington, C., Ondersma, S. J., et al. (2002). Violence exposure, trauma, and IQ and/or reading deficits among urban children. *JAMA Pediatrics, 156*(3), 280-285.
[41] Blodgett, C., & Lanigan, J. D. (2018). The association between adverse childhood experience (ACE) and school success in elementary school children. *School Psychology Quarterly, 33*(1), 137-146.
[42] Spinazzola, J., Hodgdon, H., Liang, L.-J., Ford, J. D., Layne, C. M., Pynoos, R., Briggs, E. C., Stolbach, B., & Kisiel, C. (2014). Unseen wounds: The contribution of psychological maltreatment to child and adolescent mental health and risk outcomes. *Psychological Trauma: Theory, Research, Practice, and Policy, 6* (Suppl 1), S18–S28.
[43] Ibid.
[44] Layne, C. M., Greeson, J. K. P., Ostrowski, S. A., Kim, S., Reading, S., Vivrette, R. L., Briggs, E. C., Fairbank, J. A., & Pynoos, R. S. (2014). Cumulative trauma exposure and high risk behavior in adolescence: Findings from the National Child Traumatic Stress Network Core Data Set. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(Suppl 1), S40–S49.
[45] Spinazzola, et al. (2014).
[46] Caslini, M., Bartoli, F., Crocamo, C., Dakanalis, A., Clerici, A., & Carra, G. (2016). Disentangling the association between child abuse and eating disorders: A systematic review and meta-analysis. *Psychosomatic Medicine, 78*(1), 79-90.

Finally, ACEs have been linked to youth problem behaviors that can further negatively impact school success, including:

- Substance abuse;[47]
- Aggressive behaviors;[48]
- Poor school attendance;[49] and
- Low school engagement.[50]

Thus, exposure to ACEs and trauma impact the brain in ways that make it harder to learn and engage at school. In addition, they contribute to mental health and behavioral problems that further compromise a student's ability to succeed in school.

Summary

In summary, one in two children in the U.S. has been exposed to an adverse experience that may contribute to their emotional, social, behavioral, and academic development. Historical and ongoing oppression and inequities result in ethnically and racially minoritized youth being disproportionately likely to experience ACEs that affect their development. Prolonged exposure to ACEs affects children's developing brains in ways that adversely stunt their emotional wellbeing, academic achievement, and behavior in school. Despite the high occurrence of ACEs and mental health problems, up to 70% of students who need mental health treatment do not receive it, and those who do are overwhelmingly more likely to receive it in school. Research consistently finds that the school climate is safer and more positive when schools invest in school-based mental health services. Students also perform better academically, relate better to peers and teachers, and have fewer disciplinary referrals.

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[47] Layne et al. (2014).

[48] Fava, N. M., Trucco, E. M., Martz, M. E., Cope, L. M., Jester, J. M., Zucker, R. A., & Heitzeg, M. M. (2019). Childhood adversity, externalizing behavior, and substance use in adolescence: Mediating effects of anterior cingulate cortex activation during inhibitory errors. *Development & Psychopathology, 31*(4), 1439-1450.

[49] Blodgett, C & Lanigan, J.D. (2018). The association between adverse childhood experience (ACE) and school success in elementary school children. *School Psychology Quarterly, 33*(1), 137-146; Layne, C. M., Greeson, J. K. P., Ostrowski, S. A., Kim, S., Reading, S., Vivrette, R. L., Briggs, E. C., Fairbank, J. A., & Pynoos, R. S. (2014). Cumulative trauma exposure and high risk behavior in adolescence: Findings from the National Child Traumatic Stress Network Core Data Set. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(Suppl 1), S40–S49.

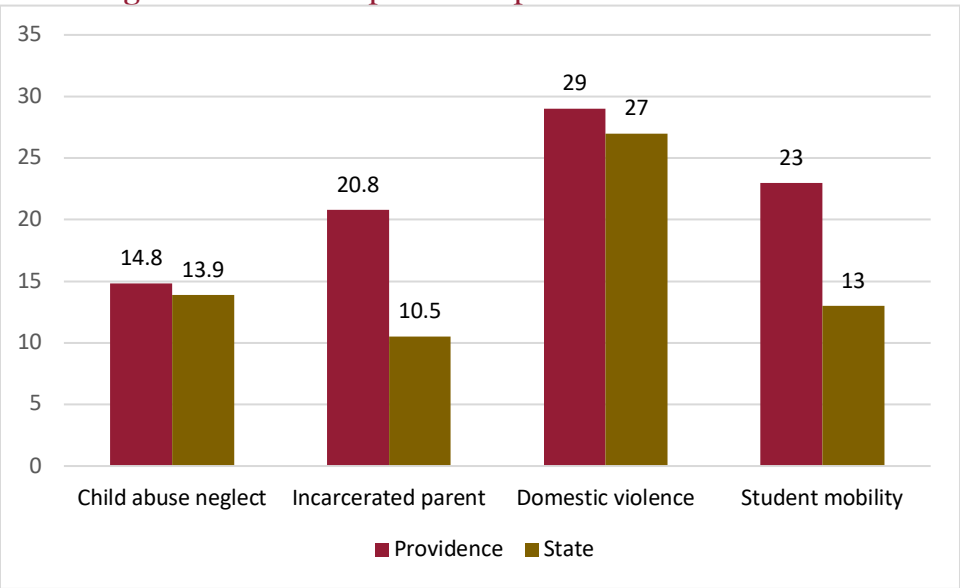
[50] Kasehagen, L, Omland, L., Bailey, M, Biss, C., Holmes, B., Kelso, P.T. (2018). Relationship of adverse family experiences to resilience and school engagement among Vermont youth. *Maternal Child Health Journal, 22*, 298-307.

3. Data on ACEs and Student Mental Health in Rhode Island Urban Districts

Incidence of Trauma and Other ACEs in Providence

Among Rhode Island children and youth, 47% have experienced at least one adverse childhood experience (ACE) and 12% of Rhode Island children have experienced at least three ACEs (qualifying them as "high risk" for mental and physical health problems). Districts within Rhode Island have differing rates of youth exposure to ACEs. For example, compared to Rhode Island, Providence has over 10% more children exposed to abuse and neglect and over 50% more children with incarcerated parents.[51]

Percentage of Students Exposed to Specific ACEs: Providence vs. State



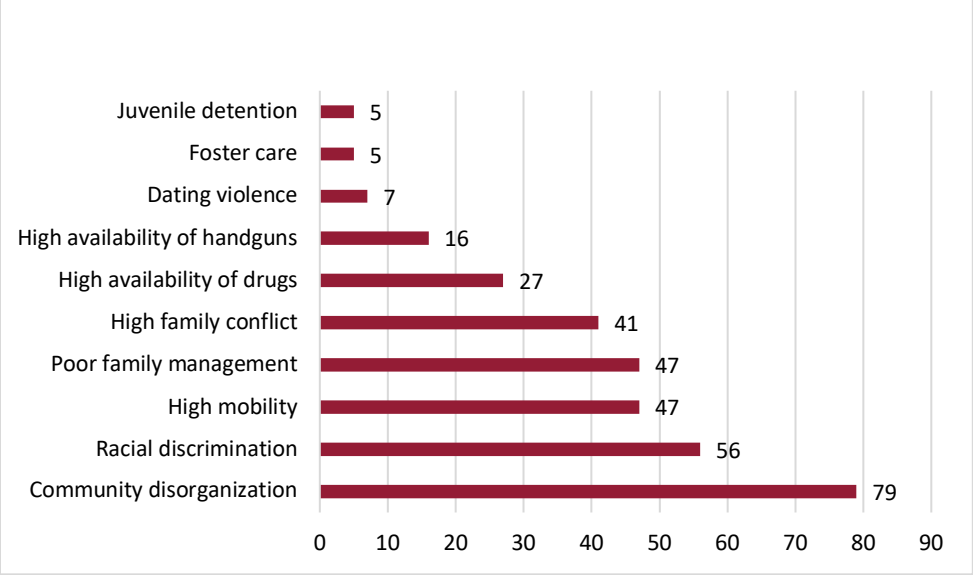
As previously explained, ACEs and trauma in childhood are negatively associated with mental health and academic outcomes. In Rhode Island's largest district, Providence, students are also disproportionately affected by social inequity and ACEs when compared to the state's averages.

Data from the Youth Experiences Survey (YES),[52] which is collected every two years from students in grades 6, 8, 10, and 12 in the Providence Public School District (PPSD), further underscores the risk factors that influence the emotional and academic outcomes among the district's students. The YES identified several ACEs that potentially affect the mental health and school success of PPSD students. Data reported below are specific to high school students and were collected in 2018.

[51] Rhode Island KIDS COUNT (2020). *Community Profiles*. http://rikidscount.org/Data-Publications/Community-Profiles

[52] Annie E. Casey Foundation. *Using the Youth Experiences Survey outside of Evidence2Success*. https://www.aecf.org/m/blogdoc/aecf-yesoutsidee2s-2016.pdf

Percentage of Providence High School Students Reporting Specific ACEs, 2018

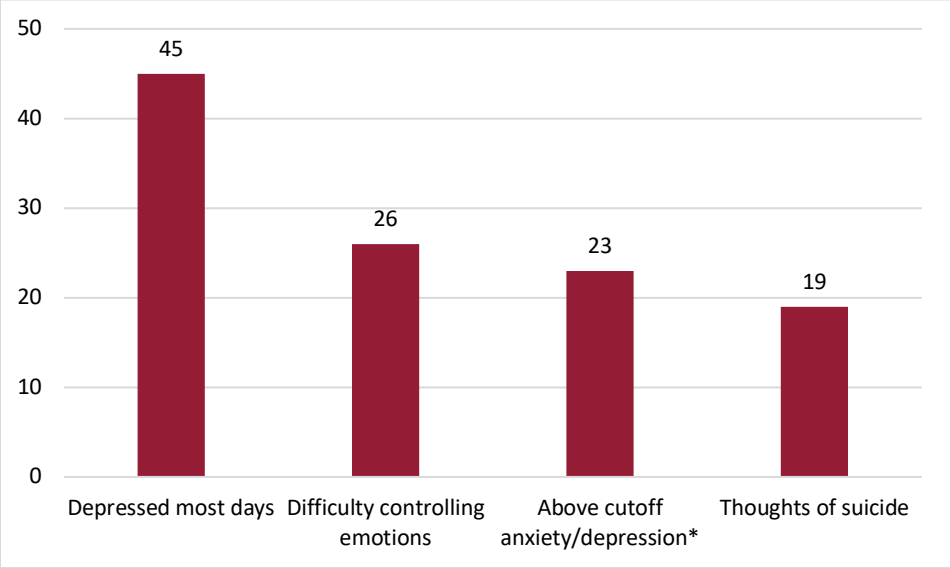


Source: YES Survey. Community violence refers to: violence, crime, drugs, abandoned buildings, and racial insults or attacks. High mobility refers to school and home instability.

Incidence of Mental Health Symptoms in Providence

The YES survey also identified several mental health concerns among students in the district, including nearly one in two students who reported being depressed most days and nearly one in five students thinking of suicide within the last year.

Percentage of Providence High School Students Reporting Mental Health Concerns, 2018

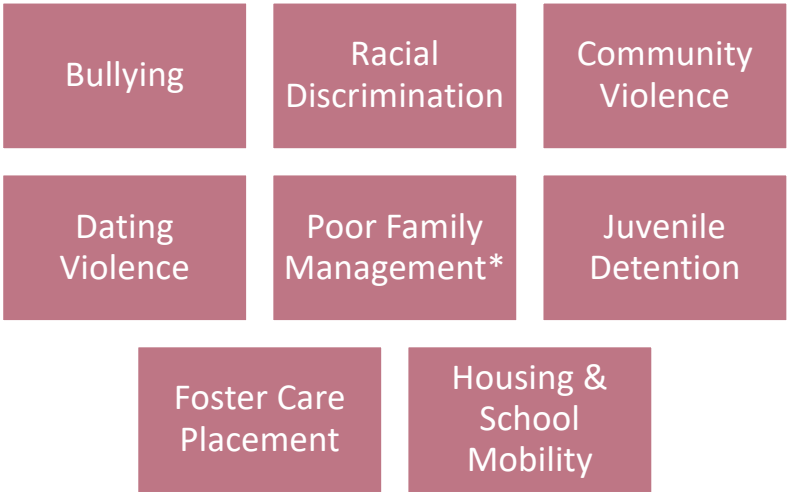


*Source: YES Survey. * Indicative of possible mental health disorder.*

One way in which youth may attempt to cope with trauma and its effects is through substance use. On the YES, PPSD high school students also reported using substances within the last year, most commonly alcohol (38%), marijuana (23%), and vaping (13%).

Additional analyses revealed some relationships among risk factors and school outcomes. For example, students who have been suspended or expelled from school within the past year were significantly more likely to have experienced a wide range of ACEs, summarized below. Some of these experiences had a very high correlation with a youth being expelled or suspended. For example, half of students who had been in foster care were expelled or suspended in the past year, and 87% of students who spent time in juvenile detention had been expelled or suspended in the past year.

ACEs that are Statistically Associated with Increased Expulsion and Suspension



** Poor family management refers to chronic lack of parental supervision, lack of parental monitoring (e.g., of homework, substance use, social interactions, school attendance), and lack of clear family expectations and rules.*

Students who reported receiving mostly D and F grades had significantly higher exposure to perceived racial discrimination, housing and school mobility, community violence, bullying and peer victimization, dating violence, foster care placement, and juvenile detention.

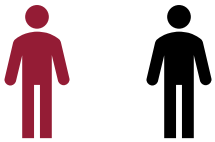
Incidence of Specific ACEs among Latinx Students in Central Falls, Pawtucket, and Providence

As noted previously, ethnically and racially minoritized youth may be disproportionately affected by ACEs related to their social disparities and systemic inequities. In a recent Rhode Island-based project, data were collected during the 2018-19 academic year in six schools serving students from Central Falls, Pawtucket, and Providence. These data demonstrate the prevalence of ACEs among a sample of first- and second-generation

Latinx immigrant high school students. [53]

Immigration Enforcement

Over half of students (51%) reported that they "almost always" or "always" worry that a family member will be deported, and the same number (51%) worried about their personal vulnerability to deportation, with 1 in 4 participants worrying "always" about personal deportation. Nearly one in two students (49%) knew someone personally who had been deported.



1 in 2 participants
- Worries about a family member's deportation
- Worries about their own deportation
- Knows someone who was deported

Economic Stress

Participants also struggled with economic stress. About one in two (54%) had no money for fun activities (e.g., going to movies). About a third of participants (35%) struggled to pay for school expenses. One quarter of participants struggled to pay for transportation (26%) and to buy clothing that they needed (24%).

Discrimination

Participants reported experiencing discrimination in various forms. For example, over half (54%) believed others perceived them as not smart because of their race or ethnicity. About one third (62%) felt people assumed their English was bad because of their race or ethnicity. Nearly one half (41%) reported that they were given a grade lower than deserved because of their race or ethnicity.

- One in three reported that others had low expectations for them because of their race, did not include them because of their race, or were called racially insulting names.
- One in five perceived that they were wrongly disciplined because of their race or ethnicity.

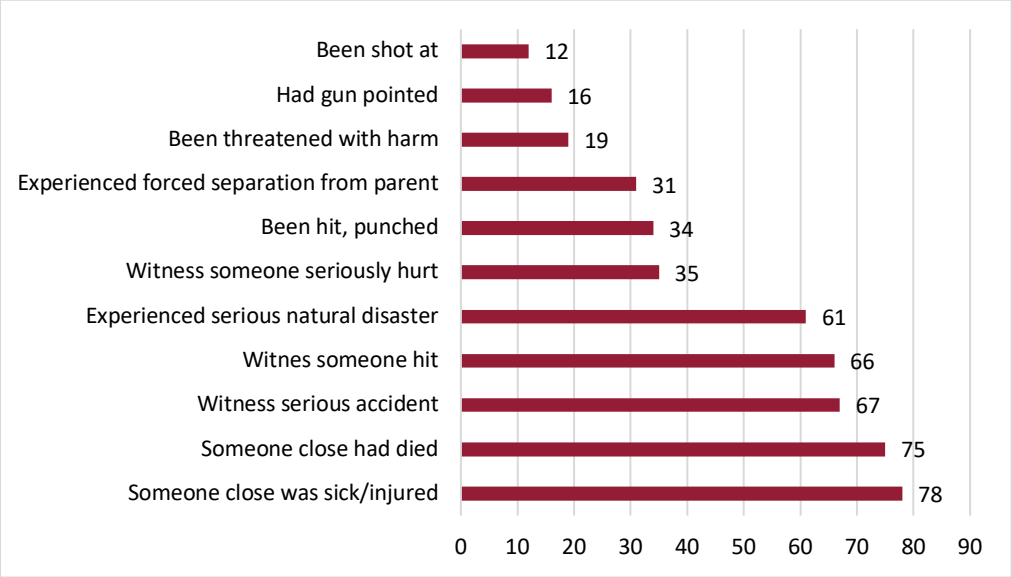
[53] Survey of Latinx high school students in Houston and Rhode Island by Migration Policy Institute (MPI), University of Houston (UH), and Rhode Island College (RIC) during the 2018-19 school year. See Capps, R., Berger Cardoso, J., Brabeck, K. B., Fix, M., & Ruiz, A. (2020). *Immigration enforcement and the mental health of Latino students*. Migration Policy Institute.

- Nearly one in ten reported they were hassled by the police because of their race or ethnicity.

Trauma Exposure

The average number of traumatic events experienced during a lifetime among the participants was high: 6.81. The table below summarizes exposure to specific traumatic events.

Percentage of First- and Second-Generation Latinx High School Students Reporting Traumatic Events

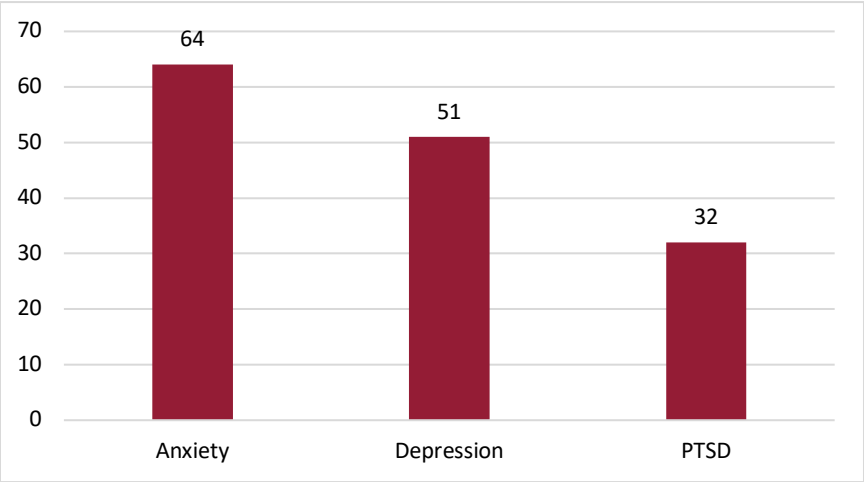


Source: Capps et al. (2020)

Incidence of Mental Health Symptoms among Immigrant Latinx Youth in Central Falls, Pawtucket, and Providence

The Latinx youth who participated in the study also scored high on clinical measures of mental health. The following graph shows the percentage of students who met the clinical cutoff for a likely diagnosis of anxiety disorder, depressive disorder, and post-traumatic stress disorder (PTSD). Among anxiety subtypes, separation-related anxiety (51%) and generalized anxiety (49%) were particularly prevalent.

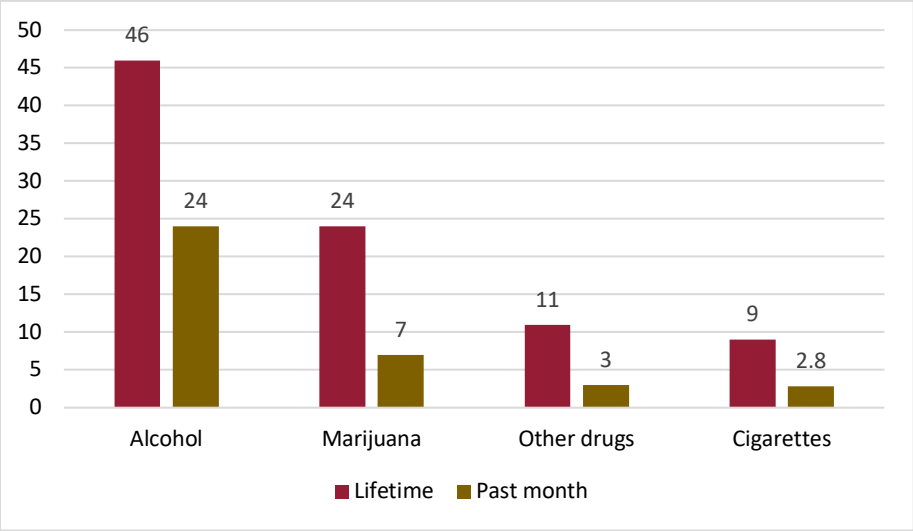
Percentage of First- and Second-Generation Latinx High School Students Reporting Mental Health Problems



Source: Capps et al. (2020)

As noted, one way in which youth may cope with ACEs, trauma, and mental health symptoms is by using substances to temporarily escape or regulate emotions. In this sample, the most commonly used substances were alcohol (46%) and marijuana (24%).

Percentage of First- and Second-Generation Latinx High School Students Reporting Lifetime and Past Month Substance Use



Source: Capps et al. (2020)

Additional analyses revealed the statistically significant relations among ACEs and mental health. These relationships are summarized in the following table.

Significant Relations between ACEs and Mental Health Outcomes among First- and Second-Generation Latinx Students

	Acting out behaviors	Substance use	PTSD	Anxiety	Depression
Racial Discrimination	X	X	X	X	X
Trauma Exposure	X	X	X	X	X
Immigration Enforcement Exposure				X	X

Not Enough Rhode Island Students Receiving Mental Health Services within Schools

Despite the high exposure to ACEs and trauma among Rhode Island students broadly, and PPSD and Latinx immigrant students specifically, access to school-based mental health services in Rhode Island does not match the need. In 2015-2016, 18% of Rhode Island's students were in schools with police, but no school psychologist, nurse, social worker, or counselor. The overall student-school counselor ratio in Rhode Island was 392:1, and the ratio recommended by the American School Counselor Association is 250:1. The overall student-social worker ratio in Rhode Island was 686:1, and the ratio recommended by the School Social Work Association of America is 250:1.[54] For students with intensive needs, the National Association of Social Work recommends a ratio of 50:1.[55] Thus while data are clear that ACEs affect academic success, and that school-based mental health services contribute to student achievement and school climate, Rhode Island students continue to have difficulty accessing adequate mental health supports in schools. In the study conducted in Rhode Island urban schools with Latinx youth last year,[56] despite the high rates of PTSD, anxiety, and depression, 80% of the participating Rhode Island youth had never seen a mental health professional.

The lack of human capital to support the considerable mental health needs of students was featured prominently in a 2019 Johns Hopkins review of the Providence Public School District. According to the reviewers, one elementary school they visited had 50%

[54] Whittaker, A., et al. (2019). *Cops and No Counselors: How the Lack of Mental Health Staff is Harming Students*. American Civil Liberties Union. https://www.aclu.org/sites/default/files/field_document/030419-acluschooldisciplinereport.pdf.
[55] National Association of Social Work (2018). *NASW highlights the growing need for school social workers to prevent school violence*. https://www.socialworkers.org/News/News-Releases/ID/1633/NASW-Highlights-the-Growing-Need-for-School-Social-Workers-to-Prevent-School-Violence
[56] Capps, R., Berger Cardoso, J., Brabeck, K.B., Fix, M., & Ruiz, A. (2020). *Immigration enforcement and the mental health of Latino students*. Migration Policy Institute.

of students classified as special needs, yet no school social worker. Another elementary school they visited lacked a full-time school counselor for the past three years.[57] This report reinforces the need for increased spending on mental health supports within Rhode Island schools documented here.

Summary

In summary, one in two Rhode Island youth has experienced an ACE. Within PPSD, the state's largest school district, students have high rates of exposure to ACEs including community violence, racial discrimination, and family dysfunction. They also report high rates of depression, anxiety, and emotional dysregulation; one out of five students endorsed thoughts of suicide within the past year. ACEs, such as community violence, bullying, foster care placement, and family dysfunction have been associated with poor academic outcomes, including failing grades and expulsion/suspension. Among a specific subset of urban Rhode Island youth—Latinx youth in immigrant families—additional ACEs contribute to their mental health and wellbeing. Fear of immigration enforcement, perceived discrimination, and exposure to trauma were related to high rates of PTSD symptoms, anxiety, and depressive symptoms. Despite the high need for mental health support, there is insufficient investment in making school-based mental health supports accessible for Rhode Island children. This is particularly true in urban districts that have demonstrated high need.

[57] Johns Hopkins School of Education. (2019). *Providence Public School District: A review.* https://edpolicy.education.jhu.edu/wp-content/uploads/2019/11/PPSD-REVISED-FINAL.pdf

4. Policy Recommendations for Supporting Student Mental Health and Following a Trauma-Sensitive Approach

Increase mental health professionals and services within Rhode Island schools.

Increase funding for mental health professionals (student assistant counselors, school counselors, school psychologists, school social workers) in Rhode Island schools.

- Reallocate funds slated for policing within schools to be used for hiring mental health staff. While individual school resource officers (SROs) may build positive relationships with individual students, the presence of police in school buildings can be triggering and potentially traumatizing and thereby negatively impact students' mental health. This may be particularly true for ethnically and racially minoritized youth.[58]

Ensure there are at least two 100% full-time equivalent (FTE) mental health professionals within each urban school.

- Schools sometimes face national shortages in hiring school psychologists. In the absence of availability of a qualified school psychologist:

    1. Permit schools to hire another mental health professional (e.g., a second school social worker or a student adjustment counselor).
    2. Provide funding to hire a school psychology intern. Rhode Island districts currently pay interns $10,000 per school year.
    3. Develop initiatives to recruit and retain school psychologists, including incentives to work in high-needs districts and counting prior experience with youth outside of school environments toward "previous experience" when determining the pay step.

Develop initiatives to recruit and retain multilingual and racially diverse mental health professionals, who reflect the demographic of the students they serve.

- While urban student populations are overwhelmingly nonwhite, school-based mental health professionals are overwhelmingly white. For example, in 2017, two-thirds (68.8%) of social workers were white, and nine out of ten (89%) were non-Latinx.[59]
- Historical and ongoing racism and discrimination, as well as unfamiliarity with

[58] Ryan, J. B., Katsiyannis, A., Counts, J. M., Shelnut, J. C. (2018). The growing concerns regarding school resource officers. *Intervention in School and Clinic, 53*(3), 188-192. doi:10.1177/1053451217702108
[59] Salsberg, E., Quigley, L., Mehfoud, N., Acquaviva, K., Wyche, K. & Sliwa, S. (2017). *Profile of the social workforce*. The George Washington Health Workforce Institute. https://www.cswe.org/Centers-Initiatives/Initiatives/National-Workforce-Initiative/SW-Workforce-Book-FINAL-11-08-2017.aspx

culture, can complicate trust between racially and ethnically minoritized youth and white school-based mental health professionals. Implicit bias and unexamined white privilege can also lead white school-based professionals to pathologize and misinterpret racially and ethnically minoritized youth.[60]
- Students (and families) who do not speak English may fall through the cracks when schools have only monolingual English-speaking mental health staff.

In any new initiative to increase mental health professionals and services within schools, create a realistic plan for sustainability.

- Placing the burden of sustainability on districts is unfair when districts have little means of increasing their revenues. "Sunset clauses" that phase out state funding without a practical plan for sustainability will inevitably set under-resourced districts up for failure, as they will not be able to sustain these initiatives given that their revenue streams are not expected to change.
- The COVID-19 pandemic's impact on economic resources creates further challenges for school districts and Rhode Island as a state; aid from the federal government may help address the reduced economic capacity of districts and Rhode Island as a state.

Provide district funding based on principles of equity rather than equality.

The needs and challenges of urban districts are not the same as more affluent suburban districts. A one-size-fits-all approach is not fair when the size, needs, and challenges of one district exceed those of another.

Create a transparent system for allocating to districts externally funded money received by the state (including federal money, private and federal grants) to enhance mental health supports. Ensure that this system for allocation utilizes a formula based on equity and not equality. That is, the amount of the allocation should take into account the unique size, needs, and challenges of the respective districts when allocating funds.

Support teachers to practice in trauma-sensitive ways.

Provide training and support for trauma-sensitive practices in schools throughout Rhode Island.

- If enacted, ensure that the state works with school districts to fund this mandate in a sustainable way. Placing the burden of sustainability on districts is unfair when districts have little means of increasing their revenues.
- Again, given the COVID-19 pandemic's impact on economic resources, aid from the federal government may help address the reduced economic capacity of Rhode Island and individual school districts.

[60] Villodas, M. T., Pfiffner, L. J., Moses, J. O., Hartung, C. & Burnett, K. (2019). The roles of student gender, race and psychopathology in teachers' identification of students for services. *Children & Youth Services Review*, 107.

Mandate mental health first aid training for all teachers. Studies find that completion of such training improves teachers' mental health knowledge, attitudes, and behaviors toward students who struggle with mental health issues.[61]

- Mental Health First Aid (mentalhealthfirstaid.org) is a commonly used, 8-hour training.[62]
- Districts considering other curricula should look for a training program that provides guidance in:
    1. How to identify signs of a mental health or substance use disorder;
    2. How to provide initial support to individuals struggling with mental health problems; and
    3. How to effectively respond to a student mental health crisis.

Create a teacher endorsement (which, per the Rhode Island Department of Education, allows teachers to demonstrate additional skills and competencies to schools and districts without achieving a full certification) in trauma-sensitive schools and trauma-sensitive teaching. As part of this endorsement, teachers can receive education and training in how systems of oppression result in higher rates of trauma and ACEs among marginalized youth (e.g., ethnically and racially minoritized youth, poor or low-income youth, immigrant youth).

[61] Jorm, A. F., Kitchner, B. A., Sawyer, MG., Scales H. & Cvetkovski, S. (2010). Mental health first aid training for high school teachers: A cluster randomized trial. *BMC Psychiatry, 10:51.* https://doi.org/10.1186/1471-244X-10-51

[62] For a summary of research supporting the training, see https://www.mentalhealthfirstaid.org/cs/wp-content/uploads/2013/20/2018-MHFA-Research-Summary.pdf

Appendix: Methodology

Youth Experiences Survey

The Youth Experiences Survey (YES) measures risk, protection, and outcomes over multiple domains: family, school, and community. It is administered as part of the Annie E. Casey Foundation's Evidence2Success Initiative. YES is a self-report, anonymous survey that is administered in middle and high schools. It takes approximately 45-50 minutes to complete. In Providence Public School District (PPSD) it is administered every two years. YES is given in a single class period to students in grades 6, 8, 10 and 12. Survey results are primarily used to identify evidence-based programs. In the current report, only high school data from 2018 were analyzed.

YES was developed by a consortium of partner organizations, including the University of Washington Social Development Research Group (SDRG), the Dartington Social Research Unit, Child Trends and the Annie E. Casey Foundation's Evidence-Based Practice Group, which also led and funded the effort. The YES draws upon several well-known surveys, including the Communities That Care Survey, the Monitoring the Future Survey, and the Strengths and Difficulties Questionnaire. For more information, see Annie E. Casey Foundation Evidence2Success.[63]

Latinx Student Survey

A full description of the methodology for this study can be read in Capps, et al., 2020.[64] This study was funded by the Robert Wood Johnson Foundation. This mixed-methods study was conducted during the 2018-19 school year. The quantitative component included self-assessments by 306 Latino students in 11 high schools in Rhode Island and Harris County, Texas. Approximately half (54%) of the participants in the larger study were from six schools in Rhode Island that serve students from Providence, Central Falls, and Pawtucket. The current report analyzes only data from Rhode Island schools.

Characteristics of Latinx Youth Sample

	Rhode Island
Total students in sample	154
Female	61%
Nonbinary gender	1%
Age over 17	31%
Born outside the United States	56%
Speaks English not well or not at all	44%
Has a parent born in Mexico, El Salvador, Guatemala, or Honduras*	68%

[63] Annie E. Casey Foundation. *Using the Youth Experiences Survey outside of Evidence2Success.* https://www.aecf.org/m/blogdoc/aecf-yesoutsidee2s-2016.pdf

[64] See Capps, R., Berger Cardoso, J., Brabeck, K.B., Fix, M., & Ruiz, A. (2020). *Immigration enforcement and the mental health of Latino students*. Migration Policy Institute.

The researchers obtained Institutional Review Board (IRB) and district approval for data collection, and they followed established procedures to minimize risks and protect student confidentiality, including written informed consent from parents and written assent from the students. Students were administered surveys that assessed a wide range of risk factors (economic stress, immigration enforcement stress, discrimination, trauma exposure), protective factors (individual and ecological sources of resiliency, bicultural identity) and mental health outcomes (anxiety, depression, PTSD, substance use). To protect them, participating students were not asked about their U.S. citizenship or legal status, nor were they asked about the immigration status of their parents or other family members. Researchers—including the co-principal investigators and their graduate student research assistants—met with groups of up to six students at a time to conduct the assessments. Students responded to the questions—in English or Spanish—on iPads, with researchers available to provide any necessary support or technical assistance. The assessments ranged in length from 45 to 120 minutes, with an average of 60 minutes. All students were given a $30 gift card incentive to participate.

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