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An Action Research Study: The Development and Implementation
of a School District Action Plan for Students Identified With
Adverse Childhood Experiences

by

Ben Hebisen

A Dissertation submitted to the Education Faculty of Lindenwood University

In partial fulfillment of the requirements for the

Degree of

Doctor of Education

School of Education

An Action Research Study: The Development and Implementation
of a School District Action Plan for Students Identified with
Adverse Childhood Experiences


by

Ben Hebisen

This dissertation has been approved in partial fulfillment of the requirements for the
degree of

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at Lindenwood University by the School of Education




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Declaration of Originality

I do hereby declare and attest to the fact that this is an original study based solely upon my own scholarly work here at Lindenwood University and that I have not submitted it for any other college or university course or degree here or elsewhere.

Full Legal Name: Ben Hebisen

Signature: Ben Hebisen Date: 3/27/18

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Abstract

The focus of the study was to create and implement a district action plan for students identified with adverse childhood experiences (ACE's). The research focused on an alternative school setting and students with social and emotional needs. The researcher determined areas of need based on the highest percentage of ACE identifiers. The action plan developed after the collection and analysis of data through an ACE's questionnaire given to adult students enrolled in the school districts alternative program. Data included interviews conducted with the educational support counselors who worked with the students enrolled at the research site. The information from the study determined specific community resources and partnerships to provide additional prevention programs for those who experienced an adverse childhood experience and attended school within an alternative educational setting. The researcher developed and implemented specific partnership programs at the researched school and served as student resources for one school year. During the implementation phase, the researcher collected data using the researcher's reflective journal during each phase of program implementation and field notes from seeking outside resources. Finally, a survey was given to student participants after the partnership implementation and gained student perceptions of the program. The findings from surveys indicated positive student perceptions of the partnerships, programs, and therapies implemented individuals identified with ACE's. The researcher recommended an expansion of additional resources for further student growth and essential skills needed to be successful adults.

Table of Contents

Acknowledgements.....	iii
Abstract.....	v
Table of Contents.....	vi
Chapter One: Introduction.....	1
Background.....	1
Purpose of the Study.....	1
Problem Statement.....	2
Rationale/Need for Study.....	3
Research Questions.....	5
Definition of Terms.....	6
Limitations of the Study.....	7
Summary.....	9
Chapter Two: Review of Literature.....	11
Introduction.....	11
Background.....	11
History.....	12
Present.....	14
Student Placement.....	15
Origins of Adverse Childhood Experiences (ACE's).....	17
Outcomes of Adverse Childhood Experiences.....	21

Resources for Students with ACE’s.....	29
Summary.....	37
Chapter Three: Research Method and Design	39
Research Study Overview.....	39
Research Design.....	39
Problem Statement.....	40
Research Questions.....	41
Research Setting.....	41
Study Participants	44
Data Sample	44
Sampling Procedures	46
Data Analysis	47
Reliability and Measurement	48
Threat to Validity.....	48
Summary.....	49
Chapter Four: Analysis	50
Overview.....	50
Data Results	52
Summary.....	86
Chapter Five: Discussion and Reflection.....	87
Introduction.....	87
Research Questions.....	87
Summary of Findings.....	88

Implications.....	91
Recommendations.....	92
Policy Makers	93
Discussion of Findings.....	95
Conclusion	99
References.....	103
Appendix A: ACE Questionnaire	111
Appendix B: Educational Support Counselor Interview	112
Appendix C: Pearce Hall Programs Survey.....	113
Vitae.....	114

List of Tables

Table 1. Study Participant Characteristics	45
Table 2. ACE Questionnaire and Yes Responses from a Total of 20 Participants.....	52
Table 3. Student Responses for Each ACE Question	54
Table 4. Total Student Yes Responses in the ACE Questionnaire	56
Table 5. Survey Results for New Programs Implemented at Alternative School.....	83
Table 6. Student Comments on New Programs Implemented at Alternative School.....	84

Chapter One: Introduction

Background

The research and action plan developed and described in the dissertation derived from one specific study, the Adverse Childhood Experiences Study (PESI Healthcare, 2016). Adverse childhood experiences (ACE) defined by Brunzell, Waters, and Stokes (2015) as damage to an individual from the consequences of trauma inflicted on a child during the adolescent years, resulted in long lasting negative outcomes during the course of adulthood. The ACE study, ongoing for more than 20 years, began in the 1980's by Felitti in an obesity clinic in San Diego; more than half of the people in the clinic dropped out before finishing the program. "That mystery turned into a twenty-five-year quest involving researchers from the Centers for Disease Control and Prevention and more than 17,000 members of Kaiser Permanente's San Diego care program" (Stevens, 2012, p. 1). In 1992, Felitti and Anda developed the Adverse Childhood Experience study (Sporleder & Forbes, 2016); a test of 10 yes or no questions focused on the categories of childhood maltreatment, neglect and dysfunctional family environment. Sporeleder and Forbes (2016) further explained, "We know that there are more than the 10 ACE's that came out of the ACE's study, but these are the top 10 ACE's that surfaced and were most common within the 17,300 participants" (p. 12).

Purpose of the Study

The purpose of the action research study was to explore the development and implementation of a school district action plan for students who self-identified with adverse childhood experiences. The researcher determined areas of need based on the highest percentage of ACE identifiers expressed by the researched population. The

researcher developed an action plan inclusive of four steps: (1) Collect and analyze data through an ACE's questionnaire given by the researcher to adult student's ages 18 to 20 years currently enrolled in the researched school districts alternative program. Additional data included interviews conducted with the Educational Support Counselor (ESC) who worked with the students enrolled at the research site. (2) The information from the study results determined specific community resources and partnerships to provide additional prevention programs for those who experienced an adverse childhood experience and attended school within the researched alternative educational setting. (3) Specific partnership programs occurred at the school and used as student resources for one school year. During the implementation phase, the researcher collected qualitative data using a researcher's reflective journal during each phase of program implementation and field notes from seeking outside resources. (4) A student survey given to students after the partnership implementation revealed the student's perception of the program and suggestions for improvement.

Problem Statement

An alternative education program addressed the needs of students considered at risk. The purpose of the study was to create and implement an action plan to help those students identified with adverse childhood experiences (ACE's). Students who displayed multiple ACE's can be plagued with negative and long-term outcomes well in to adulthood. "People with high ACE scores are more likely to be violent, to have more marriages, more broken bones, more drug prescriptions, more depression, more autoimmune diseases, and more work absences" (Stevens, 2012, p. 4). The researcher selected the specific topic and area of study because of an awareness in the increase of

students who exhibited mental health issues within the researched setting. The researcher looked for ways to help provide the essential skills needed to overcome those deficiencies with the goal of producing contributors to society. The ACE study was the tool used to provide the data necessary to create a plan of action. “The significance of the ACE study as it relates to schools is that children who are exposed to multiple ACE’S are overloaded with stress hormones, which leaves them in a constant state of survival” (Sporleder & Forbes, 2016, p. 14).

Rationale/Need for Study

Alternative high school programs became increasingly more common in public educational systems throughout the United States. Carver, Lewis, and Tice (2010) stated, “There were 10,300 district-administered alternative schools and programs for at-risk students in the 2007–08 school year” (p. 3). While alternative programs, in general, provided help for at-risk students to graduate, the researcher (as Director of Intervention Services who oversaw an Alternative High School Program) observed a role expansion into many other entities. The students who attended the alternative program had potentially life-long damaging experiences beyond academic and behavioral difficulties and additional resources had to be available. Many factors contributed to the expanded role of the Alternative High School programs in the United States. However, none more important than the recent emergence of identifying adverse childhood experiences in students with academic, social, and health concerns (Metzler, Merrick, Klevens, Ports, & Ford, 2016). ACE’s and the outcomes go much further than teenage issues in high school. As the CDC (2016) stated, “Adverse Childhood Experiences have been linked to risky health behaviors, chronic health conditions, low life potential, and early death” (p.

1). The long-lasting consequences can be devastating with a negative cycle of struggle and a pattern difficult to break. Low income, issues with the law, and chronic health problems can all be a result of adverse childhood experience (Stevens, 2012). One example is a recent study done with the Florida Department of Juvenile Justice which showed an overwhelming number of youth offenders and the direct correlation with multiple ACE's. "Furthermore, and more importantly, we show that juvenile offenders are a special population with a particularly high rate of ACE's" (Baglivio, Wolff, Epps, & Nelson,, 2015, p. 14).

In the researcher's experience, alternative school programs needed to include a variety of educational programs to help students graduate, as well as provide services available to help with mental and social issues many of the students were in need of. Therapies focused on skills used to help level out the stress many of these students faced on a daily basis. Once only available primarily for disruptive students and those at risk for dropping out of a traditional school environment, alternative schools expanded significantly in function as educators, parents, and wider communities recognized many children could not learn in a traditional school environment (McGee & Lin, 2017).

At the time of this study, the researcher believed the first step in additional support was the identification through the administration of the ACE's questionnaires and the development of additional resources and tools through community agencies to intervene in the chronic cycle of life long negative outcomes for students. The research focused on the relationship between at-risk students with an adverse childhood experience within an alternative program and the identification and implementation of community agency resources based on student need. The researcher perceived the study

to be doctoral worthy due to the possible contribution to other alternative high school programs looking for ways to provide support to students with an adverse childhood experience.

The researcher utilized a qualitative methodology; specifically, four questions. All the data was collected in the school setting in which the action research creation and implementation took place. As Fraenkel and Wallen (2009) explained, “Qualitative researchers go directly to the particular setting of interest to observe and collect their data” (p. 422). The researcher also wanted to understand what the participants went through and why they faced an abundance of obstacles and hardships. There was an importance in capturing the thinking of the participants.

Research Questions

RQ1 – How can receiving results of ACE’s questionnaires help an educational leader develop a community resource plan of action?

RQ2 – How does receiving results of ACE’s questionnaires help determine the extent of a student’s academic, social, mental, and health setbacks?

RQ3 – How does an educational leader within a public school district seek out partnerships for additional services with private groups and organizations?

RQ4 – How does an ESC perceive students and supports needed to assist students with adverse childhood experiences?

RQ5 – How do students identified with ACE’s perceive the community program partnership(s)?

Definition of Terms

Adverse Childhood Experiences (ACE's) – “Potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian” (Sacks, Murphy, & Moore, 2014, p. 1).

Alternative education - Provide a pathway for at-risk youths who do not meet the goals, standards, and requirements of traditional educational settings (McGee & Lin, 2017).

At risk students – “Those students defined as at risk for non-graduation from high school. These are students who are negatively affected in their educational performance by environmental, societal, economic, political, and educational factors” (Tepovich, 2012, p. 6). The researcher referred to students identified with an adverse childhood experience as an at-risk student throughout the dissertation.

Computer based courses - Online credit recovery programs that allow the student to complete a class at their own speed and pace and avoid any distractions that may occurred while in a traditional classroom setting (Carr, 2014).

Educational Support Counselor (ESC) – For the purposes of this study, a school counselor whose main job function is to provide emotional support for students with significant trauma caused by various reasons and help provide the tools and skills to cope with said trauma.

Family Resource Centers – Defined by Dewey and Mitchell (2014) as physical spaces, “created to address the social-emotional needs associated with living in high

levels of poverty. They address care for the whole child as well as the child's family" (p. 32).

Post-Traumatic Stress Disorder (PTSD) – “a mental health condition, characterized by intrusive re-experiencing, pervasive avoidance, and hyper-arousal symptoms, which some individuals develop as a result of experiencing or witnessing a life-threatening traumatic event” (Van der Kolk, 2000, p. 8).

Trauma Informed Schools – A school that meets the needs of all students and focuses first on relationship and second on discipline. The key is to allow the student to connect with a caring adult who believed in them (Sporleder & Forbes, 2016).

Limitations of the Study

Academic research studies can have many limitations due to a variety of different scenarios the researcher cannot control. The specific study relied heavily on student participation in a questionnaire followed by the implantation of an action plan based on the findings gathered from the questionnaires and subsequent follow up surveys after the implementation of the action plan. The researcher relied on the participant's truthfulness on the questionnaire and surveys to provide adequate results and a clear direction when creating and implementing the specific programs developed in the study.

The number of participants who completed the ACE questionnaire also served as a limitation. The ACE's questionnaire consisted of 10 yes or no questions sensitive in nature because of the content. Therefore, a number of protocols were put in to place to ensure safety. One, the questionnaire was only given with consent showing the student was a willing participant. Additional help through the availability of educational support counselors were also used to ensure all participants were comfortable and stable after

taking the questionnaire. In addition, the age of participants were 18 years or older, legal adults, able to make individual decisions. The students in the researched alternative school ranged in age from 14 to 21. As a result, the questionnaire was not given to all students within the program, only the legal aged adults in attendance participated in the study. Participation of all students could have resulted in a more accurate and detailed data when creating and implementing the action plan.

A second limitation involved the surveys given to the participants after implementation of the action plan. The surveys were given to all students who participated in the programs and partnerships, one semester after implementation to measure the outcome(s) of participation. The results were then used to modify any changes to the original program and partnerships. More time could have been given to allow each program to adjust and make accommodations if needed. Additional surveys given later would have provided more accurate information on the students' perception of the action plan.

Four hundred and two students, identified as at-risk, ranged from grades six through 12 and at the time of this study enrolled within the researched school district alternative programs studied in the action research plan. The role of the Director of Intervention Services included supervising the students and staff of the alternative programs within the district, evaluating all certified staff and faculty within the said programs, evaluating performances and operations of current alternative programs, and seeking innovative and positive ways to improve programs, to find the best possible options, support, and opportunities to help at risk students with emotional, physical, and mental problems. As a result, the action research study was compatible with the

researcher's role and job responsibilities. The significance of the study was to provide a more in depth understanding of how to treat and provide the resources for students identified as at-risk. The majority of the students had adverse childhood experiences including significant trauma and mental health issues which made the transition into adulthood difficult.

Summary

The significance of the study was to provide a more in depth understanding of how to treat and provide the resources available for a student identified as at-risk. In the experience of the researcher, schools, as the society shifted to include more students who experienced trauma, education needed to change and respond to the increasing social-emotional needs of students. Educators of all backgrounds learned more and more about the outcomes of trauma on the brain and the related stress. As Sporleder and Forbes (2016) explained, "In other words, trauma is really the experience or perception of the event that leaves one feeling helpless or powerless" (p. 19). Complex trauma caused by prolonged multiple events, toxic stress, and children not having a caring adult in their lives (Sporleder & Forbes, 2016) both resulted in damage that lasted well in to adulthood. The ACE's study provided data to solidify the damage to adolescent students enrolled in school districts throughout every part of the country and the world (Forbes, 2012). The ACE's questionnaire provided data to help implement an action plan to reverse the damage caused by stress and provide an environment to meet the needs of all students within the researched alternative school. This chapter introduced the background and purpose, introduced research questions, discussed the limitations, defined terminology and explained the rationale for the study. The next chapter reviewed existing literature

and examined the history of ACE's from inception within a diet clinic to a large variety of professions and fields. ACE's has been used to gather data to provide the tools needed to create solutions plaguing children and adults suffering from traumatic events (Stevens, 2012). Chapter Two researched further into exploration of the evolving alternative high schools, the origins of adverse childhood experiences, the outcomes of adverse childhood experiences, and the resources used to combat the needs of students considered at risk. Chapter Three explained the data collection process, tools and data analysis utilized by the researcher. Chapter Four summarized the results of the data analysis and Chapter Five included the success and failures of the community programs and partnerships formed after developing and implementing an action plan and recommendations for future research.

Chapter Two: Review of Literature

Introduction

The purpose of the action research study was to explore the development and implementation of a school district action plan for students with adverse childhood experiences. The researcher determined areas of need based on the highest percentage of ACE identifiers. The researcher focused his area of study on students at the high school level commonly identified as “at-risk” and, as a result, attended an alternative education program. Therefore, the researcher organized the literature review into four main categories: a) an overview of Alternative Education; b) origins of adverse childhood experiences (ACE’s); c) outcomes of adverse childhood experiences; d) resources used to combat the additional needs of students with ACE’s.

The researcher considered several factors when selecting literary artifacts: relevancy to the topic, interpreting, examining, and assessing material specific to the study at hand and did the literature advance the creativity and development of the research during implementation process (Boell & Cecez-Kecmanovic, 2014). The study focused on the development and implementation of an action plan for an alternative school for one Midwest school district. However, many different alternative programs, resource sources, and studies conducted throughout the country helped create a plan for the students identified with ACE’s in this study.

Background

Alternative education has taken on many forms and evolved through the years. As society changed, so did the issues faced by students suffering from academic, social, and mental problems. The term ‘alternative education’ in its broadest sense covered all

educational activities outside of the traditional K-12 school system, although the term also described programs who served vulnerable youth no longer in traditional schools (Aron, 2006, p. 3). As described above, general terms defined alternative education; however, many different types of alternative settings existed throughout the country at the time of the study. Several researchers identified three different types of alternatives. Type I included schools of choice with innovative programs geared toward individual students and a specific type of learning (Lange & Sletten, 2002). Examples included magnet, charter, career-focused, and after hour school models. Type II included schools of last chance where many of the students attended because of disciplinary action(s) within the traditional educational buildings (Lange & Sletten, 2002). Required attendance, with consideration by school officials on the date of return to a home school setting, was common practice within these types of alternate settings. Type III were schools designed to help the students with therapeutic needs and an environment where social emotional problems could be addressed (Lang & Sletten, 2002). As Aron (2006) explained, “Although Type III programs target specific populations – offering counseling, access to social services, and academic remediation – student can choose not to participate” (p. 4). Although three unique categories existed for alternative educational schools, the researcher found many used a hybrid of all three types when providing educational approaches for students identified as at risk.

History

Alternative schooling existed since the inception of public education in the United States. However, the alternative programs familiar to educators in school systems today began in the 1960’s when President Johnson signed the Elementary and Secondary

Education Act of 1965 (ESEA) in response to the poverty issue (Klein, 2015). ESEA provided additional funds to school districts and focused on closing the educational gap between the high and low-income families in U.S. neighborhoods and cities (Klein, 2015). The U.S. Department of Education distributed more than 14 billion dollars to school districts across the country through what was commonly referred to as Title I funds (Gordon, 2016, p. 5). The Elementary and Secondary Education Act initiated federal funds to schools, specifically to provide different programs and resources for students considered at risk (Gordon, 2016). Significant change in alternative education would not occur again until almost 20 years later; when in 1983, under the Reagan Administration, a committee was formed called the National Commission on Excellence in Education focused on the quality of public education in a report titled a *Nation at Risk* (Aron, 2006).

The results included in the report noted the failings of the country's educational system. Comprehensive national test scores decreased significantly in a 20-year span and the nation was no longer able to produce a competitive and educated workforce (Aron, 2006). Results noted in the report prompted states and school districts throughout the country to seek improvements to educate all students, which included those at-risk. As Aron (2006) stated, "Since the publication of A Nation at Risk in 1983 that sounded the alarms about the quality of education of the nation's schools, the United States has been on a path toward restructuring its education system" (p. 1).

However, the changes to alternative education came many years later with the passage of the No Child Left Behind Act. The federal law updated the Elementary and Secondary Education Act, George W. Bush signed in January 2002 (Klein, 2015). NCLB

focused on international academic competitiveness and held school districts responsible for the academic progress of every student within its school district targeted special education students, minorities, and students of low-income families (Klein, 2015). These sub groups showed much lower academic achievement scores. The purpose of NCLB implementation was to close the achievement gap (Klein, 2015). “States did not have to comply with the new requirements, but if they didn’t, they risked losing federal Title I money” (p. 23). The federal government spent \$621 billion dollars on public education in 2011-2012 according to the National Center for Education Statistics (NCES); on average 2.5 times more per student than in 1970 (Melhorn, 2015, p. 1). As a result, school districts evaluated programs and provided higher quality education, training opportunities, and alternative ways to earn a diploma to have students succeed in the 21st century (Aron, 2006).

Present

The evolution of programs and resources focused on social, behavioral, and mental problems became a part of the public school systems arsenal. Alternative education provided intervention and prevention programs for elementary students and alternative options for middle and high school level students unable to be productive in a traditional setting (Aron, 2006). Results showed positive trends with the dropout rate across the country. As Balfanz et al. (2014) reported, “For the first time in history, the nation has crossed the 80 percent high school graduation rate threshold (p. 3). Many school districts used alternative education programs to help with the additional needs: health, human services, mental services, and additional academic needs for the students such as the creation of Family Resource Centers. As Dewey and Mitchell (2014) stated,

“Over the years, society has drastically changed and, when cultural shifts occur, school systems are the first to experience the impact through its students” (p. 32). The shift with alternative routes focused around both the student and the family to help to create a more stable environment for the student (Dewey & Mitchell, 2014).

Student Placement

Students attended alternative education setting for a variety of different reasons. Administrators, teachers, social service providers, and parents determined placements based on the student specific needs. Student awareness in determining their best way of learning and graduating became increasingly important. Balfanz et al. (2014) further explained, “First and foremost are the students themselves, who realized that obstacles, and frustrations they faced, staying the course and graduating were essential to their life success” (p. 11).

Credit deficient. Students placed in alternative education high schools often faced academic obstacles; with credit recovery a challenge for many students. Alternative programs offered several options to earn credits at a quicker pace and helped students get to a place where graduating on time was a realistic goal. Getting the right intervention to the right student at the right time increased opportunity for students to be successful (Balfanz et al., 2014). Computer based courses became increasingly more common and allowed students to work both at school and home with very little distractions (Carr, 2014). Carr (2014) went on to explain school districts increased use of on-line course as, “The pressure on schools and educators to boost retention and graduation rates is a significant factor” (p. 32). Online versions of classes were more flexible alternatives and allowed students to make individual schedules, work at an individual pace, complete courses in

shorter periods of time, offered a more customized educational experience, and offered student an opportunity to learn study skills (Plummer, 2012). The modified programs fit specific needs of the students, as well as, focus only on the course content each student with additional help needed. As Plummer (2012) wrote, “Through pretests and assessments, the program software analyzes strengths and weaknesses in the student's understanding of the material and customizes lessons until mastery is achieved” (p. 1). The GED offered an option for credit deficient student or at risk of aging out and not graduating. In 2009, over 740,000 people took the GED test with 69% passing and over 15 million people in the U.S. earned a GED since 1943 (Tuck, 2012, p. 5). Additional academic tutoring helped in core subjects like math and reading and offered to help students gain the additional one on one services during the school day (Dewey & Mitchell, 2014).

Out of school suspensions. Some students assigned to alternative programs due to an incident(s) at the traditional school setting and a long-term suspension. A recent study reported over 2 million students received an out of school suspension in the United States in 2009-10 school year (Losen & Martinez, 2013, p. 1). Even with new programs and interventions, out of school suspension (OSS), was still an option for discipline used by traditional schools on a consistent basis. Statistics showed a student who received a suspension once in the ninth grade had 32% likelihood of dropping out of school before graduation (Losen & Martinez, 2013, p. 1). Another recent study conducted by Lamont et al. (2013) explained, “Data suggests that students who are involved in the juvenile justice system are likely to have been suspended or expelled” (p. e1001). Long-term outcomes after a suspension appeared to harm the student for the remainder of the academic career and beyond.

Mental health issues and school anxiety. Mental health issues among adolescences continued to increase. As a result, a number of students with mental health issues found themselves relocated to alternative school programs (Lowry, Crosby, Brener, & Kann, 2014). Mental health issues included self-harm and suicidal attempts. As Lowry et al. (2014) stated, “Suicide is the third leading cause of death among youth ages 15-19 years in the United States. Alternative schools can provide the additional resources and adult help to try to prevent such incidents to occur” (p. 100). Suicide Prevention programs and confidential screeners were two important ways to help identify students who may be associated with possible suicide risk (Lowry et al., 2014).

Origins of Adverse Childhood Experiences (ACE’s)

ACE’s helped identify the type of traumatic event(s) students manifested in school. Trauma was an overwhelming experience and left an individual with questioning personal safety during an entire lifetime (Brunzell et al., 2015). Furthermore, social, environmental, physical, and psychological development were all vital skills developed properly for positive child health and wellbeing (Coles, Cheyne, & Daniel, 2015). ACE’s created long lasting physical and mental health issues. The severity of the damage differed based on the extremity and longevity of the event or events (Kalmakis & Chandler, 2015). The literature described several different categories of an ACE with the health/mental damage uniquely expressed in each child. As Liu et al. (2013) further explained, “Adverse childhood experiences (ACEs) included, but were not limited to, abuse neglect, exposure to parental discord, witnessing domestic violence, and growing up with substance abusing, mentally ill, or incarcerated household members” (p. 2). Other categories of adverse childhood experiences included abusive events (sexual,

verbal, physical), bullying, loss of a loved one, and traumatic events like accidents or natural disasters (Cristobal-Narvaez et al., 2016). Being involved in such trauma stressors as a youth led to stress related disorders with lasting outcomes. As Brunzell et al. (2015) described, “The American Psychiatric Association advises that directly experiencing trauma, witnessing a traumatic stressor, learning about traumatic events, or exposure to adverse details can lead to enduring, debilitating conditions such as posttraumatic stress disorder (PTSD)” (p. 3).

The awareness of ACE’s became more prevalent in many different professional fields including education, mental health, law enforcement, and pediatrics. As Felitti et al. (1998) explained, “A 135,000-person study resulted that the addition of 10 trauma oriented questions in a general medical questionnaire resulted in a 35% decrease in doctor’s visits the following year and an 11% decrease in emergency room visits” (p. 245). Recent statistics revealed ACE’s in nearly 60% of the United States population (Kalmakis & Chandler, 2015, p. 457). Family roles and functioning played a vital role in the short and long-term outcomes of adverse childhood experiences. Being able to break negative family cycles from one generation to another was crucial to ending the stress experienced from childhood trauma (Oshri et al., 2015).

Federal agencies started to take notice of ACE’s among people living in the U.S. The Substance Abuse and Mental Health Services Administration, Centers for Medicaid and Medicare Services, along with local state and local health department, and hospitals made ACE’s part of the overall comprehensive plan (Bethell, Newacheck, Hawes, & Halfon, 2014). The number of children with ACE’s continued to grow as more agencies start taking notice. According to Bethell et al. (2014), “48 percent of U.S. children have

at least one of the nine key adverse childhood experiences evaluated in the NSCH. This translates into an estimated 34,825,978 children nationwide (p. 2109). The debilitating issues related to ACE's increased with adults based on the number of ACE experienced as a child. "Higher ACE scores have also shown increase in developing some of the leading causes of death in adulthood, such as heart disease, cancer chronic lung disease, skeletal fractures, and liver disease" (Baglivio et al., 2015, p. 3). Other links to adverse childhood experiences included: drinking, smoking, incarceration, obesity, poor educational and employment outcomes, and violent acts (Baglivio et al., 2015). The statistics proved the importance of learning about ACE's and steps needed to prevent debilitating outcomes. The ACE questionnaire was the first step in identifying causes and solutions. The major importance of ACE's was asking, listening, and accepting as the most powerful form of doing (PESI Healthcare, 2016).

History. Adverse Childhood Experiences (ACE's) began as a study in 1998 focused on the leading causes of morbid obesity.

Dr. Vincent Felitti is the co-principal investigator (along with Dr. Robert Anda) of the Adverse Childhood Experiences study, a long term in-depth, analysis of over 17,000 adults that revealed a powerful relationship between our emotional experiences as children and our physical and mental health as adults. (Stevens, 2012, p. 2)

Felitti began looking more closely into adverse childhood experiences by discovery a large amount of the participants in the obesity study had been sexually abused at some point in their adolescence (PESI Healthcare, 2016). Felitti wanted to learn more about why the patients gained the weight back in a self-sabotaging way. One specific patient

talked and expressed the feeling of being dead soon and in her mind she would no longer have to live out continued haunts from all her childhood memories (PESI Healthcare, 2016). The particular patient revealed sexual abuse during childhood and the experience created damage to living as an adult. Felitti began to make the connection between many of the patients in the obesity clinic and the life trauma experienced as young children. After further investigation, 60% of the patients in the obesity clinic endured sexual abuse as children (Stevens, 2012, p. 9). Study results concluded participants in the obesity study who gained weight back after losing were significantly more likely to have had childhood trauma than those participants who kept the weight off (Kalmakis & Chandler, 2015). Shortly after, Felitti created the ACE's study.

The ACE study expanded beyond those who suffered from obesity and examined the entire population across the United States and found strong predictors of adult early mortality (PESI Healthcare, 2016). The study had been designed to answer two questions: Are ACE's common in the general population, and if so, what are the long-term outcomes (PESI Healthcare, 2016)? The answers became clear with a series of yes or no questions answered by the research participants. The questions focused on childhood exposure to risk factors like substance abuse, domestic violence, mental illness of the primary caretaker, incarceration, and single parenting (Marie-Mitchell, Studer, & O'Conner, 2016). Felitti assessed, "the presence of 10 risk factors – smoking, obesity, physical inactivity, depression, suicide attempts, alcoholism, drug abuse, parental drug abuse, sexual promiscuity, and a history of contracting sexually transmitted disease – associated with morbidity in the U.S" (as cited in Reavis, Lomman, Franco, & Rojas, 2013, p. 44). Felitti categorized the ten questions into three categories: (1) physical,

mental, or emotional abuse, (2) emotional and physical neglects, (3) household dysfunction (Stevens, 2012). As Austin, Herrick, and Proescholdbell (2016) further explained, “The ACE module consists of 10 questions that measure childhood events experienced before the age of 18” (p. 315). The ACE questions were measured and totaled with a range of 0 to 10 exposures with each “yes” question counted as one, even if the incident occurred multiple times (Baglivio et al., 2015). The ACE questionnaire measured traumatic events of childhood physical abuse, mental abuse, sexual abuse, parent with mental illness, incarcerated parent, parent with substance abuse problem, domestic violence, and divorce (Chapman et al., 2013). The first ongoing ACE study consisted of a general population of 17,500 adults and had been ongoing for over 20 years (Stevens, 2012, p. 6). The ACE questionnaire resulted in a ‘measure of trauma experienced’ experienced as a child and the relationship between the total number of ACE’s and health and social problems in one person’s life (Murphy et al., 2014).

Outcomes of Adverse Childhood Experiences

A multitude of negative outcomes occurred when one suffered adverse childhood experience as adolescents. Furthermore, the degree of the outcome one experience increased with the amount of ACE’s accumulated during childhood (Stevens, 2012); exhibited in an individual’s emotional state, mental illness, social malfunction, occupational performance, biomedical health, disease, and premature death (PESI Healthcare, 2016).

Physical health risks. Evidence revealed negative childhood experiences led to poor health and disease later in life. A child’s stress response system can be permanently damaged if the child experiences an absence of an adult support system causing

prolonged health issues through one's adult life (Lindert et al., 2014). The physical health conditions worsened when the number of ACE's increased. "For example, children with two or more of the adverse childhood experiences examined, were significantly more likely to qualify as children with special health care needs, compared to children with none of the experiences" (Bethall, Newacheck, Hawes, & Halfon, 2014, p. 2110). The adults who suffered with multiple ACE's required public assistance. Social workers closed the gap and provided additional referrals needed for health care services, as well as, closed the cracks between the increased correlation between ACE's and later life health issues (Cambron, Gringeri, & Vogel-Ferguson, 2014). Taking the ACE's questionnaire identified contributing factors for youth with health needs. Murphy, et al. (2014) further explained, "The ACE's questionnaire is recommended for wide use in pediatric, mental health, and other health settings where intervention promoting secure parent-child relationships as a protection against child maltreatment is the central goal" (p. 9). The health issues connected with students and adults with a high number of adverse childhood experiences came from many sources; with the most prevalent noted as continual health risk behaviors as a result of adult risk taking. The risks took a toll with chronic illness becoming a problem later in life (Wade, Shea, & Wood, 2014). Evidence of health risk behaviors occurred among students who attended alternative high schools. Statistics showed students were more likely to engage in behaviors of tobacco use, alcohol and drug use, sexual activity, and significantly less likely to participate in physical activity (Johnson, McMorris, & Kubik, 2013). The data from the original study conducted by Felitti and Anda showed 30% of those with three or more ACE's identified as smokers and 60% identified as smokers who scored four or more ACE's (PESI

Healthcare, 2016). These types of behaviors contributed to physical health issues as adults (Johnson, et al., 2013). Adverse childhood experiences in many adolescents had long-term outcomes throughout a lifetime. Research showed traumatic events in childhood created brain and body chemical changes and resulted in multiple chronic medical illnesses and eventually for some premature death if not addressed at an early age (Tough, 2011). Negative outcomes increased substantially when an ACE score rose to a four or above. Adults saw a 240% greater risk of hepatitis, 390% more likely to have a chronic pulmonary disease like bronchitis or emphysema and 240% higher risk of a sexually transmitted disease (Stevens, 2012, p. 23). Adolescents who did not get enough sleep also had difficulties with academics, testing, and in the workplace (Chapman et al., 2013). Many other health risks become prevalent as these adolescents become adults. Recent studies revealed a connection between young adults with frequent insufficient sleep patterns and ACE's (Chapman et al., 2013). Several types of ACE's specifically childhood sexual abuse and physical abuse related to youth who had trouble getting to sleep, staying asleep, and waking up several times throughout the night (Chapman et al., 2013). ACE's had direct connections to major negative health outcomes as young adolescents increased in age. Those health outcomes included high blood pressure, lung disease, liver disease, cancer, and possibility of an early death (Fox, Perez, Cass, Baglivio, & Epps, 2015). An individual who experienced six or more ACE's had a shortened life expectancy of 20 years due to coping mechanisms such as smoking, drinking, drugs (PESI Healthcare, 2016). In addition, the chronic stress on the brain resulted in major health issues including heart disease. Finally, epigenetics played a factor; when specific living and stress-induced environments influenced the function of a

gene (PESI Healthcare, 2016). ACE's continued to have a profound and prolonged consequence on an individual's health. Stevens (2012) summarized, "The ACE study became even more significant with the publication of parallel research that provided the link between why something that happened to you when you were a kid could land you in the hospital at age fifty" (p. 10).

Mental health risks. One of the biggest and long lasting negative influences from adverse childhood experiences was mental stability. Some adverse events experienced as children were so damaging the experience created a post-traumatic stress disorder (PTSD) as an adult. PTSD, a mental health condition, occurred by intrusive re-experiencing events, which some individuals developed as a result of being a part of or witnessing life threatening traumatic events (Rossouw et al., 2016). As Stevens (2012) explained, "Children with toxic stress live much of their lives in flight, fight, or freeze mode. They respond to the world as a place of constant danger" (p. 11). In the original Adverse Childhood Experience Study, the findings showed 40% of women with three or more ACE's suffered from depression (Stevens, 2012, p. 8). The number increased among individuals with additional ACE's. 55% of those with four or more ACE's had lifelong depression (Stevens, 2012, p. 8). The study explained further, of those individuals with four more ACE's were 12 times more likely to have attempted suicide and seven times more likely to be an alcoholic (Stevens, 2012, p. 7). As Kalmakis and Chandler (2015) discussed, "ACE's were associated with lifelong mental health and addiction issues such as depression, posttraumatic stress disorder (PTSD), and substance abuse (p. 461). High levels of depression, anxiety and distress were direct results from trauma to children during the adolescent years. Increased awareness and additional

health resources were crucial to help those who suffered from these mental illnesses (Lindert et al., 2014).

The mental illness caused by ACE's can varied in severity. Cambron, Gringeri, and Vogel- Ferguson (2014) recently conducted a study on the correlation between ACE's and low-income women living in Utah. The results showed a significant mental health connection with women studied and a trauma event(s) experienced in childhood. The study further explained ACE's among female children increased the chances of an extensive mental disorder as an adult women; such as lifetime anxiety disorder, PTSD, and bipolar disease (Cambron et al., 2014). Further studies showed the impacts of trauma brought on by bullying and abuse. "Self-reported and interview based abuse and neglect were associated with psychotic-like and paranoid symptoms, whereas, only self-reported neglect was associated with negative-like symptoms" (Cristobal-Narvaez et al., 2016, p. 1). Trauma in a young student's life caused extreme difficulties in the classroom. As Brunzell et al. (2015) explained, "In the classroom, the effects of trauma may manifest as attention deficit hyperactivity disorder, conduct disorder, oppositional defiance disorder, reactive attachment, disinhibited social engagement, and/or acute stress disorders" (p. 3).

Drug/alcohol abuse. Students and young adults used chemical substances as a way to suppress and manage the traumatic events each experienced. The statistics showed the higher the amount of ACE's an adult experienced as a child, the heavier the type of drug used and number of drugs taken on a regular basis (Baglivio et al., 2015). As Reavis et al. (2013) stated in a recent study on ACE's, "Subjects with 4 or more negative childhood events were also nearly 5 times more likely to have suffered a depressive episode, twice as likely to smoke cigarettes, and more than 7 times more likely

to consider themselves alcoholics” (p. 44). “Those with six or more ACE’s are 4,600% more likely to become an intravenous drug user than a person with 0 ACE’s” (Stevens, 2012, p. 12). The substance abuse was worse for those who suffered from multiple ACE’s and were a part of the LGBT community. A recent study statistically showed a 10% to 20% greater use of alcohol, tobacco, and drug use with LGB adolescents than with heterosexual adolescents with adverse childhood experiences (Austin et al., 2016, p. 314). Alcohol statistics were also high with those who suffered from adverse childhood experiences; 17% of those with four or more ACE’s in the original childhood experience study were chronic alcoholics (Stevens, 2012, p. 7).

Sexual activity. Adolescents who experienced ACE’s as children frequently became sexually active at a much younger age leading to a series of health and violent risk factors (Reavis et al., 2013). A recent finding showed subjects who had four or more ACE’s were found to be more than three times more likely to have had 50 or more sexual partners and 2.5 times more likely to have contracted a sexually transmitted disease (Reavis et al., 2013, p. 44). Another commonality among adolescents was sexual activity from peer pressure. Some students who experienced several traumatic events and suffered from self-esteem issues had negative influences during decision-making. The combination of previously mentioned factors placed children in uncomfortable and inappropriate positions and created unwanted events to occur. As Wade et al. (2014) explained, “Regarding peer pressure, several participants see that the pressure to “use drugs, drink alcohol, and have sex” were frequent stressors” (p. e17). Unwanted sexual activity while incarcerated can be aggressive and inappropriate. A recent study looked more closely into those prisoners in jail for sexual offenses and noted the majority of

prisoners in jail for sexual offenses had multiple adverse childhood experiences as young children (Levenson, Willis, & Prescott, 2016). The study utilized the ACE questionnaire with 679 sex offenders in jail and revealed an average score of 3.5 ACE's per prisoner (Levenson et al., 2016, p. 12). The highest ACE percentages included parental separation, substance abuse in the household and 38% of those sex offenders were sexually abused as children (Levenson, et al., 2016, p. 13). The researchers further concluded the sex offenders, in the correction facility, were much more likely to have experienced every categorical ACE than the prisoners incarcerated for crimes other than sex offenses (Levenson, et al., 2016). Similar cases conducted in Florida looked specifically at youth juvenile offenders. The results showed a much higher percentage of females admitting to sexual activity and sexual abuse than the males, 31% percent of the females and just 7% of the males (Baglivio et al., 2015, p. 7). Many juveniles who committed sexual offenses had traumatic events in the past. Sporleder and Forbes (2016) further explained, "The experience of multiple or chronic and prolonged, developmentally adverse traumatic events, most often of a personal nature (e.g., sexual or physical abuse) and early-life onset is complex trauma" (p. 19).

Violence. Adolescents handled stressors from an ACE, while living in unstable homes through aggression and violent behaviors. Many of the learned behaviors resulted in a large population of youth who also spent time as juvenile offenders. The study previously mentioned in Florida, conducted over 62,000 ACE questionnaires with juvenile offenders (Levenson et al., 2016, p. 8). The results revealed the strong influence of ACE's specifically on the youth population. Of those who responded, 90% reported at least two ACES, 73% at least three ACE's, and 52% with at least four ACES (Baglivio et

al., 2014, p. 8). When violent acts occurred in the home frequently one parent no longer lived in the child's life due to incarceration and led to the child's sense of abandonment causing additional stressors to build (Sporleder & Forbes, 2016). "Nationally, 52% of the state inmates and 63% of federal inmates are parents with an estimated 1,706,600 minor children, accounting for 2.3% of the U.S. population under the age of 18" (Arditti & Savla, 2015, p. 552).

Adverse Childhood experiences showed a direct relationship with domestic violence later in adulthood. Studies concluded someone with three ACE's notably physical abuse, sexual abuse, and growing up with a battered mother significantly increased the probability of the person committing a violent crime on an intimate partner later in life (Reavis et al., 2013, p. 46). Reavis et al. (2013) went on further to explain, "Boys who had been sexually abused were as much as 45 times more likely to engage in dating violence as adolescents than were boys without such history" (p. 47). As the number of adverse childhood experiences occurred in a child, so did the probability of that child becoming a serious and violent juvenile offender (Fox et al., 2015). In addition, juvenile offenders who committed serious violent crimes had double the amount of ACE's than other offenders (Fox et al., 2015).

Unemployment and homelessness. The current literature noted a relationship between individuals with ACE's and a person's ability to maintain a job and socio-economic wellbeing may be drastically limited as a result (Liu et al., 2013). The findings reinforced evidence from previous studies where ACE's were common and associated with adverse consequences during adulthood such as poor education, lack of needed social support, and unemployment with additional negative outcomes of the families of

people dealing with these events (Liu et al., 2013). Unemployment caused long lasting homelessness with those impacted by ACE's. As Roos et al. (2013) discussed, "Childhood adversities are found to be substantially overrepresented in homeless samples, and a history of childhood adversity has been related to particularly poor outcomes among the homeless" (p. S275). Additional findings concluded the higher the amount of ACE's experienced during childhood significantly increased the odds of future homelessness and the need for interventions were a necessity to prevent these negative outcomes (Roos et al., 2013).

Suicide. "Suicide is the third leading cause of death among youth ages 15-19 years in the United States" (Lowry, Crosby, Brener, & Kann, 2014, p. 100). Adverse childhood experiences and the connection with suicidal statistics was reviewed. As Kalmakis and Chandler (2015) explained, "In addition to studies linking ACE to mental health outcomes, several studies identified the correlation between ACE and suicidal ideation/attempts" (p. 461). Adverse childhood experiences such as violent related behaviors, substance abuse, sexual risk behaviors, and unhealthy weight control behaviors were all related to suicidal thoughts amongst adolescents (Lowry et al., 2014).

Resources for Students with ACE's

Prevention is crucial when working with kids impacted by ACE's. Adoption of an awareness in schools provided the blue print to treat stressed and de-regulated children (Sporleder & Forbes, 2016). As Sporleder and Forbes (2016) further explained, "This is a powerful reminder to seek out those students who isolate, disrupt, or have attendance issues" (p. 4).

Intervention. The long-term consequences from adverse childhood experiences were devastating and adolescents quickly became a product of the environment. As Sussman, Arriaza, and Grigsby (2014) further explained, “Perhaps the lack of research reflects the negative stigma held about these students as being “troubled” or “lost youth” that, one may speculate, are somehow deemed not worth of assistance” (p. 756). However, negative results are fixable when identified early. Many resources and interventions became available to reverse the effects of ACE’s and improved overall mental and physical health.

Family help. Key factors for families included providing services helping children impacted from ACE’s. The city of Nashville had taken the concept of prevention and intervention for students to a higher level and created Family Resources Centers (FRC’s) to help students considered at risk resulting from adverse childhood experiences. As Dewey and Mitchell (2014) further explained, “FRC’s have long been considered the one-stop shop for health and human services. Family Resource Center directs work with a school and the community to determine high priority needs” (p. 33).

Other programs offered from the Family Resources Center went beyond health and human needs; services included academic tutoring, counseling, case management for teens in high school, workforce preparation, and personal finance needs (Dewey & Mitchell, 2014). Individuals employed at the Family Resource Centers focused on providing a more stable environment in the family and in return provided a stronger more stable student. As Oshri et al. (2015) discussed, “The focus on the intersection between family relations and resilience, in particular, elucidates family vulnerabilities and strengths for practitioners and is relevant for both prevention and intervention based

work” (p. 59). Crucial elements to an adolescent’s academic success included parental success. “Research shows students with involved parents, regardless of family background or socioeconomic status, are more likely to attend school regularly, earn better grades, have better social skills, and graduate high school and attend college” (Balfanz et al., 2014, p. 7). Parents participated in parenting classes and supported programs to help children who suffered from a mental health illness or drug dependency due to an adverse childhood experience (Balfanz et al., 2014). Marie-Mitchell et al. (2016) further explained, “Positive descriptions were given by two mothers who had participated in the Incredible Years program (e.g., “the class was good” and “it was awesome” (p. 131). PESI Healthcare (2016) also stressed the importance of teaching students how to be successful parents; he believed the most important thing to do to help prevent ACE’s from continuing to occur in such a high rate was to improve parent skills across the county. Therapy appeared throughout the literature as a key factor in overcoming success for some inflicted from ACE’s. Although parents experienced problems with the lack of access and motivation, receiving therapy from qualified therapists was crucial to success after a child experienced some type of trauma (Brunzell et al., 2015).

Self-calming exercises. Many children with ACE’s suffered some type of PTSD disorder from previous life events. Negative symptoms occurred after A traumatic event are similar to a war veteran who suffered from PTSD (Tough, 2011). Self-calming exercises controlled de-regulated symptoms and prevented further mental and physical health outcomes. Dr. Burke, in San Francisco, worked with children with multiple ACE’s on a consistent basis and used alternative therapies such as self-calming exercise

to help treat specific illnesses while the doctor measured a child's vital signs. The students learned Mind Body Awareness through relaxation and meditation techniques to control symptoms of anger and anxiety (Tough, 2011). A recent study investigated at-risk students within an alternative high school focused on transformative life skills, including yoga and other breathing exercises. The results indicated each student showed a reduction in stress psychological distress, and anxiety (Frank, Bose, & Schrobenuhauser-Clonan, 2014). "This study provides additional support to previous research suggesting that yoga may be an effective approach for reducing emotional distress and promoting prosocial behavior in youth" (Frank et al., 2014, p. 18).

Behavioral approaches. Students with ACE's found the traditional school setting difficult and disciplinary setbacks plagued many students (Sporleder & Forbes, 2016). Alternative approaches to discipline, such as positive discipline techniques helped students become more successful. Instead of suspensions, those who worked with at-risk student's utilized explanations and discussions about appropriate behavior after each incident.

Point systems or step systems were also implemented (Zolkoski, Bullock, & Gable, 2016). Teachers had the ability to increase control over situations in class in which student's behavior was inappropriate and disruptive. "Unconditional positive moments with calming attitudes and a strong strategy of de-escalation in which modeling positive behavior is at the forefront and a great strategy to use for teachers with students who are irritable and have tendencies to show outbursts when they feel confronted" (Brunzell et al., 2015, p. 6). Important preventions provided help with the many health risks linked to adverse childhood experiences. Physical activity was noted as a

prevention. As Kenyon, Kubik, Davey, Sirard, and Fulkerson (2012) further explained, “Because it is known that low-income youth are more likely to have low levels of physical activity and more likely to be overweight and obese, it is essential that we target alternative high school setting for physical activity-enhancing interventions” (p. 307). Adolescents associated with ACE’s were more likely than an adolescent without an ACE to have smoked, have heavy drinking episodes, and partake in drug use (Sussman et al., 2014). Preventions on coping skills to handle cravings, social situations, and temptations to relapse were used for the success of the student (Sussman et al., 2014). PBIS or positive behavioral interventions and supports was another approach taken in the classroom with children with behavioral problems. PBIS provided a tiered system of supports for an entire school with clear behavioral expectations and encouraged positive interaction between all types of students and faculty (Whitcomb, Hefter, & Barker, 2016). As Whitcomb et al. (2016) discussed, “Teachers were able to increase their provision of behavioral feedback and improve their goal setting with students through the use of simple standardized protocol and with support from their building administration via informal performance feedback” (p. 28). PBIS improved the school in many ways. “High schools could benefit tremendously from guidance on implementing SWPBIS framework to improve school climate and student outcomes” (Swain-Bradway, Pinkney, & Flannery, 2015, p. 246). Proper implementation of PBIS improved school climate, reduced discipline, and resulted in student success from high achievers to student at-risk of academic and behavioral failure (Swain-Bradway et al., 2015).

Academic approaches. Many students with ACE’s had trouble being successful in traditional classroom settings. The in and out of class assignments, along with group

and individual projects became overwhelming and many student's academically fell behind. "Students that are often impacted by trauma get overwhelmed easily and the shortage of credits will likely discourage them from attending school" (Sporleder & Forbes, 2016, p. 136). Some students refused help due to embarrassment or the importance of academics was not stressed upon at home. Teachers provided the message on the importance of academic achievement. As Mattos and Buffum (2015) explained the following:

Some students will not choose to voluntarily take advantage of additional support. This should be expected, as some will lack the maturity, self-motivation, parent support, or vision of what is necessary to succeed as an adult. Students will not be given the option of failing. (p. 6)

Gaining credit recovery through many options helped those students at risk of failing and dropping out. On-line courses became available as quicker and much less traditional way of earning credits for those students working on much bigger personal issues. As Carr (2014) described of a student taking an on-line course, "McKnight says the computer-based courses allow her to work at her own speed and more easily avoid the distractions of classmates" (p. 31). Having smaller student to teacher ratios was also important and provided more one on one time for teachers needed to help students suffering from the negative outcomes of ACE's. As Zolkoski et al. (2016) further explained, "Participants felt as though their needs were better met by having more one on one interaction with their teachers" (p. 240). Other strategies were used to help students get caught up on the credit load. Students successful in summer school allowed an opportunity for students to gain additional credits. Self-paced classes run by certified teachers allowed students to

move at an individual pace and shorten the time to complete courses (Sporleder & Forbes, 2016). Creativity in implementing the curriculum also provided a way to earn credits more quickly by using performance based methods when taking a class. Giving a PE credit for participating in a sport or offering an elective class if they participate in drama or music program provided creative options and still maintained credit credibility (Sporleder & Forbes, 2016). Teachers worked with the individual student and created an academic goal for each student. Goal setting helped the student avoid anxiety and allowed the student to work at a comfortable pace. Marzano (2003) explained, “Establishing goals for individual students is perhaps the more powerful than setting a few school wide goals and are most effective when students are involved in setting them” (p. 46).

Caring teachers. Students with ACE’s sometimes missed the guidance and support given from a parent. The abandonment and neglect caused long-term negative outcomes and difficulty with conflict resolution, self- control, and self-awareness. Positive role models provided the encouragement and guidance needed to obtain the skills necessary to succeed in life (Balfanz et al., 2014). Impacts on students from staff showed dedication to the success of each student. As Sporleder and Forbes (2016) discussed, “There is no better way to begin building caring and authentic relationships than by meeting with each and every new student and their parents before they start school” (p. 132). The adult and peer supports given to students at school may be the only time positive interactions in the student’s life occurred. A recent article written by Dicksteen (2012) described an alternative school working with at-risk students named GOAL Academy in Colorado. The students suffered from multiple ACE’s as children

and had dropped out of school at one point in high school; GOAL Academy gave the students a second chance at a diploma. “The teachers live to serve their students and focus on ways to make each student successful. They are relationship builders and are the main reason why many of the students even come to school” (Dicksteen, 2012, p. 33). Many schools with caring adults helped create safe and calm rooms within the school for students who suffered from stress. The safe room always had a supportive teacher available to help the student regulate. As Sporleder and Forbes (2016) explained, “The use of a calm room focuses on helping the student to regulate within the context of the relationship rather than leaving students to their own devices to regulate” (p. 62). Caring teachers results in substantial improvement in at-risk student behaviors. The entire school climate shifted with every staff member addressing the emotional needs of all students (Sporleder & Forbes, 2016).

Trauma informed schools. Schools became better equipped to help students who suffered from adverse childhood experiences when the school became trauma informed. Trauma caused many problems for at-risk students throughout the country. As Sporleder and Forbes (2016) explained, “Trauma is really the experience or perception of the event that leaves one feeling hopeless, helpless, or powerless” (p. 19). Trauma caused much of the stress in the developing child. Toxic stress was caused by prolonged experiences and left the body and brain in a defensive stance and released hormones, essential for survival (Sporleder & Forbes, 2016). Toxic stress physically, emotionally, socially, academically, and cognitively hindered the developing child. Trauma- informed schools calmed a student’s brain of the stressed-out student through relationships, connections, and acceptance (Sporleder & Forbes, 2016). A trauma – informed school looked at each

student in an individual way. As Mattos and Buffum (2015) explained, “Each student does not learn the same way. We know that there are spans of time in which the student matures, both physically and intellectually” (p. 2).

Zero tolerance policies did not work for students riddled with ACE’s and bypassed the mental and emotional needs of the stressed-out student without an understanding of a student’s individual needs (Sporleder & Forbes, 2016). A trauma-informed school included as much parent involvement as possible. The more the parents helped create a support system for the student, the higher the achievement in and outside of the school. As Marzano (2003) explained, “Finally, schools that involved parents and community in their day to day operations reported lower absenteeism, truancy, and dropout rates” (p. 48). Trauma-informed schools helped students feel safe, focused on the relationship first, and discipline second (Sporleder & Forbes, 2016).

Summary

While researching the topic of the action research study, common themes emerged. One overwhelming theme was the negative outcomes created by ACE’s. Nearly every article written on ACE’s presented statistical future predictors resulting from childhood trauma. Children’s minds and nervous systems lacked the necessary development and left the child vulnerable on a consistent basis (Forbes, 2012). Adolescents who suffered from trauma felt powerless, helpless, and hopeless and repeated experiences created lasting imprints which dictated how a child behaved (Forbes, 2012).

Other points of interest included resources available for students who suffered from adverse childhood experiences. A strong note of importance was placed on trauma

informed schools with caring adults. These schools included an accepting staff who worked with students unable to control behaviors and perceived anger and fear as natural survival skills when students were under high levels of stress (Sporleder & Forbes, 2016). An emphasis on creating a stable life experience for students with childhood trauma was essential. Reducing stress supported healthy growth and maturity during a period in a child's life when the brain changed and developed (Siegel, 2015). As Craig (2008) explained, "Viewing all aspects of children's school experience through trauma-sensitive eyes is an important first step in creating a school culture that helps children move beyond the adversity in their lives" (p.169).

The research also focused attention on the creation and importance of the ACE questionnaire. The 10 "yes or no" questions helped to identify the cause of the childhood trauma and pinpoint the intensity of the stress. The questions divided in to the three categories: family dysfunction, neglect, and abuse (Sporleder & Forbes, 2016). The significance of the ACE scores described students as overloaded with stress and in a constant state of survival and revealed the importance in schools to make a shift to a trauma informed paradigm and help address the needs of students with high ACE's (Sporleder & Forbes, 2016).

Chapter Three included the problem statement, research questions, and procedures. In addition, the researcher described the school setting and the school action plan and procedures. Chapter Four discussed the analysis and data results along with a summary of findings. Chapter Five included a discussion of findings along with recommendations for further research.

Chapter Three: Research Method and Design

Research Study Overview

In Chapter Three the researcher included an overview of the problem statement, research questions, procedures, data collection, and data analysis methods used for the study. The purpose of the action research study was to explore the development and implementation of a school district action plan for students with adverse childhood experiences. The researcher developed an action plan inclusive of four steps: (1) Collected and analyzed data through an ACE's questionnaire given by the researcher to adult student's ages 18 to 20 years currently enrolled in the school districts alternative program. Data was also collected from interviews conducted with the ESC who worked with the students enrolled at the research site. (2) The information from the study was then used to determine specific community resources and partnerships to provide additional prevention programs for those who experienced an adverse childhood experience and attended school within the alternative educational setting. (3) The researcher implemented specific partnership programs at the researched site for one school year. During the implementation phase, the researcher collected qualitative data using the researcher's reflective journal during each phase of program implemented and field notes from seeking outside resources. (4) Students participated in a survey on the partnership implementation to gain student perception of the specific partnership program.

Research Design

Based on the elements of this study, an action research approach was used. The researcher used the data gathered to improve the alternative programs already in place in

the school district in which he worked. Action researchers focused on gathering information that helped them change conditions and make improvements in particular areas in which they are already involved (Fraenkel & Wallen, 2009). The researcher collected qualitative data used to create and implement the school district action plan by using the setting of the school and its students as the samples and participants. As Fraenkel and Wallen (2009) explained, “The natural setting is the direct source of data, and the researcher is the key instrument in qualitative research” (p. 422).

Problem Statement

Alternative education programs helped meet the needs of students considered at risk. Students who have multiple ACE’s can be plagued with negative and long-term effects well in to adulthood. “People with high ACE scores are more likely to be violent, to have more marriages, more broken bones, more drug prescriptions, more depression, more auto-immune diseases, and more work absences” (Stevens, 2012, p. 4). The researcher selected the research topic and area of study because of his increased knowledge on the amount of students within the researched setting who exhibited mental health issues. The researcher looked for ways to provide the essential skills needed to overcome student deficiencies with the goal of producing contributors to society in future endeavors. The ACE study was the tool used to provide the data necessary to create a plan of action. “The significance of the ACE study as it relates to schools is that children who are exposed to multiple ACE’S are overloaded with stress hormones, which leaves them in a constant state of survival” (Sporleder & Forbes, 2016, p. 14).

Research Questions

There were five research questions (RQ) that guided the study:

RQ1 – How can receiving results of ACE’s questionnaires help an educational leader develop a community resource plan of action?

RQ2 – How does receiving results of ACE’s questionnaires help determine the extent of a student’s academic, social, mental, and health setbacks?

RQ3 – How does an educational leader within a public school district seek out partnerships for additional services with private groups and organizations?

RQ4 – How does an ESC perceive students and supports needed to assist students with adverse childhood experiences?

RQ5 – How do students identified with ACE’s perceive the community program partnership(s)?

Research Setting

The study occurred within the alternative school in the district in which implementation of the action research plan occurred. At the time of data collection, the alternative school comprised of student’s sixth to 12th grade; inclusive of five different educational/therapeutic programs where students received support based on an individual’s specific need. The Substance Abuse Intervention Program was a short-term program offered to students who were either in possession of or under the influence of alcohol or drugs during the school day at one of the traditional schools previously attended. The program provided an intense treatment program to help students discuss drug use or alcohol, and educated students on the consequences of drugs and alcohol, and created a prevention plan to stop future use. Those who suffered from a high percentage

of ACE's predicted to be seven times more likely to become alcoholics in their lifetime (Stevens, 2012). The SAIP Program took the problem head on and worked on ways to overcome instead of going straight to the bottle as an option to cope with the trauma. A second program titled Missouri Options offered seventeen- year old students or older, extensively behind in academic credits, an alternative route to graduate in a timely manner. The program offered students a quicker route to receive a diploma without having to earn all the required credits needed for graduation in a traditional setting. The program provided options other than dropping out. As Balfanz et al. (2014) further explained, "Graduation rates for low-income students range from 58 to 85 percent, compared to the national average of 80 percent for all students" (p. 4). Graduation requirements included three specific courses: Health, American Government, and Personal Finance. The students were also required to pass a High School Equivalency Test in order to gain a diploma. A third program offered, the Anabranh Program, offered students who suffered from severe social and emotional distress personal therapeutic support and one on one support throughout the day. As Craig (2008) further explained, "The unpredictable nature of their lives and the inconsistency of their care deprive them of the cognitive infrastructure needed to bring order and meaning" (p. 6). The students participated in the program based on a diagnosis and history in the traditional school. A fourth program, the Middle School Intervention Program, offered support to students who attended one of the three middle schools within the school district and ranged from sixth to eighth grade. School personnel identified the students as falling behind both academically and emotionally and in need of additional one on one support and a balance between academics and emotional supports. The final program

was known as the High School Alternative Program in which students completed an application to attend. Students attended for a variety of reasons: credit deficiency, social/emotional problems, family concerns, school anxiety, mental health issues, out of school suspensions, and other school related problems. Students in the program previously enrolled in one of the three high schools within the district.

The staff at the alternative center included nine certified teachers and eight instructional assistants. Each classroom included one certified teacher and one instructional assistant. Two educational support counselors (ESC) worked at the alternative program on a full-time basis and provided the added emotional support and guidance for students who had characteristics of a student with an adverse childhood experience. One on one discussions, group sessions (specific topics discussed), helped to provide emotional and stress reduction exercises to students in need. The ESC worked with the majority of the students in the Alternative Program based on a student's level of crisis and stress. The final staff member was the Director of Intervention Services who was the researcher of the study. The role of the Director of Intervention Services included the supervision and safety of all students and staff within the alternative program, the evaluation of all certified staff and faculty in said programs. The researcher evaluated the performances and operations of current alternative programs and looked for innovative and positive ways to improve programs. Finally, the researcher found possible options, support, and opportunities to help at risk students with emotional, physical, and mental problems. As a result, the proposed action research study was compatible with the researcher's role and job responsibilities.

Study Participants

Student participants in the study ranged between the ages of 18 and 20 years old and enrolled either as part time or full time in one of the programs offered in the alternative school in the researched school district. The ESC's provided a list of students willing and capable of answering the ACE questionnaire; the researcher received the list of students who then spoke with each participant about a possible interest or willingness to be part of the study. The student decided to participate in the study and signed a consent form before data collection began. The researcher provided each participant the ACE's questionnaire and once the student completed the questionnaire, the researcher placed the document in a locked file cabinet accessible only to the researcher. Many of the sensitive topics included in the questionnaire had been discussed by the student with an ESC. Participants completed the questionnaires in the office of the researcher at the researched site in a safe environment for each student. The ESC's were also available for additional support for the student after the questionnaire was given due to the sensitivity of the questions. The ESC's were also available in the subsequent days for participants if needed.

Data Sample

The participants all attended the alternative program in which this study took place. The students were between the ages of 18 and 20 and all provided consent in order to participate in the ACE questionnaire. Guidelines required all participants to be legal adults. Students in the school are between the ages of 14 and 20. All students aged out at 21. Table 1 provided the make-up of the participants which included age, race, and

ethnicity. White, Hispanic, and African American included the three specific races or ethnicities in the table.

Table 1

Study Participant Characteristics

Study Participant	Age	Gender	Race/Ethnicity
S1	18	Female	White
S2	18	Female	White
S3	18	Male	White
S4	19	Female	Hispanic
S5	19	Male	African American
S6	18	Male	White
S7	18	Male	White
S8	18	Female	White
S9	18	Male	African American
S10	19	Female	White
S11	18	Male	Hispanic
S12	20	Male	White
S13	18	Male	White
S14	18	Male	White
S15	18	Male	White
S16	18	Male	Hispanic
S17	18	Male	White
S18	18	Male	African American
S19	19	Male	White
S20	19	Female	Hispanic

The study participants included male and females. Participants included six females and 14 males. The race included 13 White, three Black, and four Hispanic. Legal adults made up the sample size with five being 19-years-old and one 20-year-old.

Sampling Procedures

The researcher initially defined the population of interest for the study; students who attended the alternative school within the district in which the researcher worked. The researcher received permission to administer the ACE's questionnaire only to students between the ages of eighteen and twenty with a signed consent form. Therefore, the targeted population included students within a specific age group and attendance setting either part or full time. Fraenkel and Wallen (2009) defined a target population as, "The population to which the researcher, ideally, would like to transfer results" (p. 91). The researcher used a convenience sample from the total population of students eligible to participate. As Fraenkel and Wallen (2009) explained, "A convenience sample is a group of individuals who (conveniently) are available for study" (p. 98). The original research design included a research population between fifteen and thirty participants. The research participants (n=20) completed the questionnaires the researcher categorized and analyzed each response to identify needed supports for students with an ACE or multiples ACE's. All data collected from the surveys were reviewed and scrubbed of all identifiers using a code, S1, S2, S3 (student 1, student 2, and student 3) to secure anonymity before the researcher began data analysis. No personal identifiers existed on the questionnaires or interviews. Locked cabinets secured all questionnaires and interview results. The release of the findings did not include any personal identifiers.

Data Analysis

Data was collected and gathered by using several different methodologies. The methodologies included questionnaires, interviews, surveys, field notes, and journal entries. Analysis in an action research data is usually much less complex than other forms of research, but provided the information needed to answer all research questions created. (Fraenkel & Wallen, 2009). As Fraenkel and Wallen (2009) further explained, “What is important at this stage is that the data be examined in relation to resolving the research question or problem for which the research was conducted” (p. 594). The questionnaire used in the current study contained 20 yes or no questions. The responses provided an opportunity for the researcher to examine the prevalence of ACE’s within in the alternative program, as well as, specifically identify and categorize the types of ACE’s each student suffered from. ESC interviews asked six specific questions. The questions included the ESC’s background on working with students with ACE’s and commentary on suggestions and recommendations on providing additional supports. Students participating in newly implemented therapies and programs answered a survey that determined successes and failures. The survey provided opinions with suggestions for improvement if needed. As Fraenkel and Wallen (2009) explained, “When analyzing and interpreting data gathered in action research, it is important that the participants try to reflect the perceptions of all the stakeholders involved in the study” (p. 594). Field notes and reflective journal entries provided additional commentary from the researcher during the creation and implementation process and described what was seen and heard and produced vital data when answering the five research questions. The instruments used to

collect data provided the researcher with a mixture of both anecdotal and substantive evidence obtained.

Reliability and Measurement

As Fraenkel and Wallen (2009) explained, “Reliability refers to the consistency of the scores obtained – how consistent they are for each individual from one administration to another and from one set of items to another” (p. 154). The ACE’s questionnaire was the main instrument used in the study and consisted of 10 yes or no questions. The questions included three categories of topics in relation to adolescent trauma: abuse, neglect, and household dysfunction. All participants enrolled in an alternative high school program at the researched site were considered at-risk and completed the ACE questionnaire. Reliable scores were obtained due to the nature of the questionnaire and the relationship with the participants within the study. Specific factors possibly resulted in errors in measurement when using instruments to gather data: participant motivation, energy, anxiety, and environment (Fraenkel & Wallen, 2009).

Threat to Validity

One threat to validity was the researcher’s position as the Director/Principal of the school in which the study took place. The role included overseeing the behaviors and expectations of both the participants and staff. The researcher administered the questionnaires and explained the study as part of his pre-established responsibilities. The participants may have answered the questionnaires based on the perception of how the researcher wanted the individual to respond. Internal validity between variables should be unambiguous rather than age or ability of subjects or the conditions under which the study was conducted (Fraenkel & Wallen, 2009). Another threat to validity was the

researcher's bias towards the importance of the ACE's within an alternative school filled with at-risk students. The Hawthorne Effect may also have created a threat to validity of the ACE's results. Participants might have perceived special attention as a participant in the study (Fraenkel & Wallen, 2009). As a result, participation may have altered due to the attention received based on specific responses.

Summary

The action research study examined the use of the ACE's questionnaire in an at-risk alternative school in the researched school district and provided an opportunity to develop and implement an action plan from the results of those ACE's scores. The research study occurred on campus of the alternative school in which the researcher served as the Director of Intervention Services. The researcher utilized an action research case study methodology and analyzed all data gathered: ACE's questionnaires, interview questions provided to the educational support counselors, student surveys given to students after specific programs and partnerships occurred, and a reflective journal constructed by the researcher during the implementation process. Chapter Four discussed the findings from the data collected and provided clear analysis and Chapter Five provided discussion and conclusions from the results along with suggested recommendations for future research.

Chapter Four: Analysis

Overview

The researcher investigated the development and implementation of a school district action plan for students identified with Adverse Childhood Experiences (ACE's) in the role of Director of Intervention Services for the school district in the case study. The role of the Director of Intervention Services supervised the students and staff of the alternative programs, evaluated performances and operations of current alternative programs, looked for innovative and positive ways to improve programs, and found the best possible options, support, and opportunities to help at risk students with emotional, physical, and mental problems. After the researcher worked in the school environment, the investigator quickly found additional resources and partnerships were needed to help students become successful both in and out of the classroom. Many students suffered from childhood trauma resulting in several crippling issues as young adults. As Forbes (2012) explained, "Trauma is defined as any event that is more overwhelming than which is ordinarily expected. Such an event puts a child in the place of feeling out of control, scared, terrified, worthless, unlovable, insecure, and even endangered" (p. 11). The ACE's questionnaire was the main measurement tool used to provide the data needed to find the additional programs to provide the skills mandatory for at risk students to become balanced and regulated. New approaches were implemented and individualized for students associated with trauma and the severity of the adverse childhood experience(s). The researcher found a need for individual programs for each student to address ways to improve the student's individual social and emotional make up (Forbes, 2012).

Another purpose of the action research study was to investigate new approaches when working with students associated with adverse childhood experiences. The researcher determined areas of need based on the highest percentage of ACE identifiers and conducted 20 ACE questionnaires with students in the alternative program. The researcher developed five research questions to be answered while conducting the study:

- 1) How can receiving results of ACE's questionnaires help an educational leader develop a community resource plan of action?;
- 2) How does receiving ACE's questionnaires help determine the extent of a student's academic, social, mental, and health setbacks?;
- 3) How does an educational leader within a public school district seek out partnerships and find additional services with private groups and organizations?;
- 4) How does an ESC perceive students and supports needed to assist students with adverse childhood experiences?;
- 5) How do students identified with ACE's perceive the community program partnership(s)?

The participants in the study were all students enrolled in the alternative program during the 2016 – 17 school year and between the ages of 18 and 20. The researcher administered all ACE questionnaires to the participants after each participant received an explanation on the purpose of the study and signed a consent form before participating. ESC's were available to all participants after taking the questionnaire to provide additional emotional support if needed.

The ACE questionnaire consisted of 10 yes or no questions developed by Felitti and introduced in an obesity clinic ran by Felitti in the 1980's. Due to the success and ability to gather valuable data from the result, the author introduced the questionnaire into several other professional fields including education (PESI Healthcare, 2016). The

questionnaire included three themes categorized from 10 questions: abuse (physical, mental, sexual), emotional and physical neglect, and household dysfunction (Sporleder & Forbes, 2016). The researcher used the results from those questions and identified the correct partnerships and programs to implement to the alternative school (See Appendix A). ESC interviews, reflective journal, field notes, and student surveys were also used as data collection tools throughout the study.

Data Results

ACE questionnaires. The researcher administered ACE questionnaires to 20 randomly selected students enrolled in the alternative program. The researcher analyzed the results and totaled results given from each question (see Table 2).

Table 2

ACE Questionnaire and Yes Responses from a Total of 20 Participants

ACE Questions	Total Yes Responses	ACE Questions	Total Yes Responses
Did a parent or other adult in the household often swear at you, insult you, put you down, humiliate you, or make you afraid of physical harm?	11/20	Were your parents ever separated or divorced?	16/20
Did a parent or other adult in the household often grab, push, slap, hit you so hard that you had marks, or injure you?	7/20	Was your mother often pushed, grabbed, slapped, kicked, bitten, hit with a fist, or something thrown at her?	6/20
Did an adult or person at least five years older than you ever touch or fondle you or have you touch their body in a sexual way or try to have oral, anal, or vaginal sex with you?	4/20	Did you live with anyone that was a problem drinker, alcoholic, or who use street drugs?	9/20

Continued

Table 2. Continued

Did you feel that no one in your family loved you or thought you were important or special or your family did not look out for each other or support one another?	12/20	Was a household member depressed or mentally ill or did a household member ever attempt suicide?	9/20
Did you often feel that you didn't have enough to eat, had to wear dirty clothes, had no one to protect you or your parents were too drunk or high to take you to the doctor?	1/20	Did a household member ever go to prison?	10/20

Each of the 20 participants had a variety of unique responses. Twenty students responded to 10 questions consistently within the survey. Each student had a unique childhood adversity and a variety of stories regarding the adversity (see Table 3).

Table 3

Student Responses for Each ACE Question

Student	Q1 insult or humiliate	Q2 physically abused	Q3 Sexually abuse	Q4 Never loved or supported	Q5 Parents drunk or high to care	Q6 Parents divorced	Q7 Mother physically abused	Q8 Parents alcoholics/ drug users	Q9 Mentally ill family members	Q10 Family in prison	ACE'S Total
S1	Y			Y		Y	Y	Y	Y	Y	7
S2	Y	Y				Y			Y		4
S3	Y			Y		Y				Y	4
S4		Y	Y			Y		Y			4
S5				Y		Y		Y	Y	Y	5
S6	Y			Y				Y	Y		4
S7						Y		Y		Y	3
S8	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
S9				Y		Y				Y	3
S10						Y				Y	2
S11	Y			Y		Y	Y	Y	Y	Y	7
S12	Y	Y	Y	Y		Y	Y	Y	Y	Y	9
S13		Y						Y			2
S14						Y	Y		Y		3

Continued

Table 3. Continued.

S15	Y			Y					Y	3
S16	Y						Y			2
S17	Y	Y	Y	Y			Y			5
S18							Y			1
S19				Y					Y	2
S20	Y	Y		Y		Y	Y			5
TOT	11	7	4	12	1	16	6	9	9	10

Note: s = student participants

All research participants responded ‘yes’ to at least one question and the majority of the students responded ‘yes’ to multiple questions. Research indicated the larger the amount of ACE’s, the heavier the outcome as an adult, specifically, emotional state, mental illness, disease, and premature death (PESI Healthcare, 2016). The total number of ACE’s from participants can be found in Table 4.

Table 4

Total Student Yes Responses in the ACE Questionnaire

Number of ACE’s	Total
1 or more ACE’s	20/20
3 or more ACE’s	15/20
5 or more ACE’s	7/20
7 or more ACE’s	4/20
9 or more ACE’s	2/20
All 10 ACE’s	1/20

ESC interviews. ESC’s worked specifically with students who experienced traumatic events to provide additional support. ESC’s worked on building the skills needed to cope with outside events resulting in a negative academic, social, and emotional outcome. The two ESC’s interviewed worked in the alternative program at the beginning of the action research study. The researcher interviewed each of the ESC’s in his office during an hour-long session. The researcher asked six questions, to each participant who consented, directly related to the students identified with ACE’s. The researcher transcribed each interview and then coded for common themes per each

research question. The ESC's interview responses were used as part of the data gathered to implement a school district action plan for students identified with adverse childhood experiences.

Student surveys. Student surveys collected data showing the impact the new programs and therapies had on the students participating in them. The surveys used a 5 point rating system as a gauge of success. The surveys allowed the opportunity for students to comment and suggest opinions of the group or therapy they had participated in. Research question 6 discussed the details and results of the surveys.

Reflective journal. A reflective journal was used by the researcher throughout the entire creation and implementation of the school district action plan. The researcher chronicled all the challenges, positives, and negatives occurring along the process. The researcher used the reflective journal to diary student's behaviors, comments, and emotions while participating in new therapies and groups. The journal provided critical information and helped answer many of the research questions proposed in the action plan.

Field notes. The researcher collected field notes throughout the process from creation to implementation. The field notes provided guidelines and blueprints when working with multiple community partnerships and therapists. The field notes helped keep the researcher on track and review the successes and challenges through during the alternative school program transformation. Field notes provided critical information and helped answer many of the research questions proposed in the action plan.

Research question one: *How can receiving results of ACE's questionnaires help an educational leader develop a community resource plan of action?*

The ACE questionnaire provided one the main sources of data needed to develop a community resource plan. The ACE questionnaire consisted of 20 yes or no specific questions. The questions asked about specific traumatic events occurring during adolescence. The questions divided up into three categories including family dysfunction, abuse, and neglect (Sacks, Murphy, & Moore, 2014). The researcher analyzed the results from the ACE questionnaires and determined common themes and major categories to seek specific partnerships and programs for additional resources to help students build skills previously lacking due to childhood trauma and neglect. The data revealed two major results: 1) Specific categories of trauma prevailed over others. Sixteen out of 20 participants had family dysfunction due to parental separation or divorce (see Table 2). Eleven out of 20 participants had some type of mental abuse forced upon them as young children. Finally, 12 out of 20 participants felt unsupported, cared for, or loved by an immediate family member (see Table 2). The results clearly indicated every student participant experienced trauma, in one form or another, from an adverse childhood experience. PESI Healthcare (2016) noted multiple ACE's (three or more) indicated students were much more likely to experience prison time, have a mental illness, chronic drug or alcohol use, and health concerns that result in early deaths. The results from the study indicated 15 out of 20 participants had three or more ACE's, seven out of 20 had five or more ACE's, and four out of 20 had seven or more ACE's (see Table 4). The researcher, therefore concluded, ACE's had a global epidemic on the students in the researched alternative program and school wide resources needed to be created and available to all in attendance. As Sacks et al. (2014) stated, "These findings have important implications for children's health and well-being, including the need for

increased attention to the early detection and treatment of children affected by trauma” (p. 10). As a result, the researcher began the process of program and development inclusive of comprehensive internal changes to accommodate the partnerships and resources available to meet the needs of the students. The researcher started by looking for and reaching out to specific community partnerships and therapy options specifically focusing on family dysfunction, abuse, and neglect. As stated in the researcher’s field notes, ‘I will need to find the right options for students suffering from family dysfunction. Providers of family therapy would ideal for many of the students in the program.’ More global programs were also needed to help students cope with the anxiety and stress caused by a high number of ACE’s. Finding therapies outside what is normally used in traditional schools was vital. A reflective journal entry commented, ‘The recent workshop on trauma I attended provided great networking to help me find the resources needed to get ACE kids the help they need.’ The researcher contacted many different individual therapists and community programs to begin implementation. A field note entry stated, ‘Boxing therapist is scheduled to come to the school today. I will have an ESC sit in on the discussion of what he can offer. We will also need to discuss cost.’ An ongoing process took place during the development stage as the researcher spent a lot of time looking for the right programs for students at the alternative school.

Research question two: *How does receiving ACE’s questionnaires help determine the extent of a student’s academic, social, mental, and health setbacks?*

The researcher used the ACE’s questionnaire results to determine students need for help. This measuring tools indicated the extent of student trauma. ACE questionnaire results provided evidence on the number of students with ACE’s and showed the extent

of the trauma among many students in the school. ACE's had life-long negative outcomes including drug abuse, prison time, health concerns, and mental illness (PESI Healthcare, 2016). Prevention plans, therapies, and caring adults provided the skills, resources, and treatment to break the cycle and helped students suffering from traumatic events become productive and successful adults (Sporleder & Forbes, 2016). The researcher used the data collected to gain permission for extensive changes to create and implement a new action research plan for the alternative school in the researched district. Central Office Administration and the researched school district's Superintendent showed support after reviewing the ACE's descriptive data first hand. Attendance, discipline, academics, and ESC's concerns with the increasing number of students with trauma and the extent of resulting emotional damage helped verify the need for change. Specific student issues were shared to seek the Central Office Administration support and emphasized 'outside the box' creative thinking would be required. The researcher began by making large procedural changes in the alternative school.

First, the researcher added programs to the alternative school. The first program addition was recommended after the researcher evaluated the students who came to the alternative school resulting from long-term suspensions. Any high school or middle school student who received a suspension in the district was provided the option of attending the alternative school for half of the day. Work traveled from the home school to the alternative school and the suspended student was placed in one of the high school classrooms. The researcher observed how middle school students received little support and were placed in high school classrooms creating an uncomfortable setting. In addition, the researcher knew students in all three middle schools who might benefit from

a program inclusive of therapeutic elements, academic supports, and a smaller setting with more one on one attention. As a result, the researcher designed a middle school intervention program consisting of one teacher and one instructional assistant. All three middle schools were given three spots for three students to attend. The classroom housed nine students chosen from the middle schools along with any long term suspended students. The program's daily schedule was split between academic and therapeutic work with performance and project based learning perceived as the core of the learning environment.

Some students throughout the researched school district suffered from extreme social and emotional problems due to a traumatic event or adverse childhood experience(s) sometime during adolescence. The students were often sent to specialized schools for students who required special attention. The researched district paid tuition and provided transportation for the student to attend the schools. The researcher created the Anabranh program to keep the students 'in house' and provide services and resources students required. The program provided a therapeutic element for six-10 students to achieve social and emotional skills needed to be successful in and out of school including academics as a secondary component. The staff consisted of one lead teacher, three instructional assistants, and one Educational Support Counselor exclusively assigned to work with the students in Anabranh and the Middle School Intervention Program.

The ACE questionnaire results indicated significant issues occurred outside of school which resulted in significant tardies and absences for many of the students. Therefore, the researcher adjusted the alternative program schedule to help students who

struggled with outside family and social distractions. The original schedule included three sessions each an hour and 40 minutes long; two sessions in the morning and one in the afternoon with school beginning at 7:20 in the morning. Students split time between the alternative program and the home school or attended one or two sessions and then went home. The researcher experienced two issues with the then existing schedule. One, chronically late or absent students frequently arrived one or two hours after school started. Two, the sessions were short and students needed additional supports to address the trauma. In the researcher's experience, the short sessions were not enough time to provide both academic and therapeutic help. A new schedule addressed both issues; the schedule went from three shorter to two longer sessions, one in the morning and one in the afternoon. The extra time allowed for an increase in support for the students including additional groups and therapies within the extra time. The school day also started one hour later; 8:20AM instead of 7:20AM. The changes reduced truancies, and late arrivals and incorporated an extra hour of sleep needed for many of the students. Late arrivals and truancies indicated a 25% reduction after implication of the new schedule. As Minges and Redeker (2016) further explained, "Adequate sleep is needed to achieve optimal mental and physical alertness, daytime functioning, and learning capacity in youth and qualities that are of particular importance in the school setting" (p. 82).

The ACE questionnaires results indicated additional resources and modifications to existing programs were needed to increase help and implement the alternative programs action plan. New and expanded programs required additional staff. After the researcher conducted a staffing assessment, the researcher added staff. The school

worked with two ESC's; one who worked with Anabranh and Middle School Intervention Programs. The other ESC worked with the remaining students in the high school alternative programs. The ESC within the high school programs had an average of 200 of the most at risk students in the district on his caseload; the researcher's addition of one ESC allowed for manageable caseloads. Three total ESC's were on staff working with the students in the alternative school.

The staffing assessment revealed the school operated without a nurse. Common practice within the research setting was to contact a nurse from one of the neighboring schools to come over to the alternative setting if any sickness or emergency medical event took place with a student. The researcher perceived student medical safety as a concern and requested and received funding for a full-time nurse. The nurse provided all medical attention during the day and provided resources for parents and students who lacked basic medical needs. The nurse educated students and brought in basic medical needs including free flu shots, free eye exams, free dental exams, and vaccination resources for parents and students. The nurse also assisted the administrator to evaluate student drug or alcohol use. The type of medical assessment determined the need for additional medical attention. The nurse had conversations with students on basic hygiene issues or medical questions or concerns while communicating with parents of students with chronic medical issues on a regular basis.

Finally, the researcher hired three additional Instructional Assistants (IA). IA's provided the additional supports in the classroom for both students and teachers. The Anabranh and the Middle School Intervention Programs utilized two IA's and the

researcher placed the other IA in a high school classroom. Every teacher in the school now had at least one IA in the classroom with students.

The researcher started the study with a staff of 12 and grew his staff to 25 after the implementation of the alternative school action plan. Many of the support staff were also given extended contracts to meet the needs of the students through the summer. The three ESC's, the lead teacher of Anabranh, and the Lead Teacher of the Middle School Intervention Program were all given a 20- day extended contract to work with students in the summer. Student's self-selected to attend summer school in all three alternative programs with accessibility to staff year-round. In addition, extra supportive staff, counselors, and therapists were in the school on a regular basis as the new programs and partnerships during the implementation.

The researcher then modified the intake process. The student and parent completed one component of the application and the staff member making the recommendation completed the other half. The researcher met with each student and parent, when possible, and discussed elements of the school and expectations of the student. The researcher met with the ESC's every Monday morning and discussed new students who applied to the program. All participants discussed background information including student's academic history, life traumas, and mental health concerns. An individual plan provided specific details on each new student who entered the school. The individual plan also included additional supports for the student once acclimation to the environment occurred. The researcher, who also served as the alternative school director, met with the teacher prior to the student arriving and shared student information on a need to know basis.

The researcher also designed facility renovations during the data collection period. Most renovations occurred over the summer. The school originally was a Lutheran church with a school building attached. The church had not been used other than renting the space to other groups on weekends for services and occasional weddings. Due to a lack of space, the researcher suggested the church convert to a multi-purpose room; pews were taken out and replaced with chairs couches, and tables. The space was now used for groups, slam poetry presentations, and larger meetings. The space also housed the substance abuse intervention program during the day. Other facility renovations included a nurse's office, and a new office for an ESC to provide private sessions one on one with students in crisis. The break room was relocated in to a smaller area which was then converted into a new classroom for the alternative high school students; opening additional room to add more students.

The Anabanch program had two classrooms next to each other; a door was added inside the classrooms to provide easy access from one room to the other. Students and teachers no longer had to go out into the hallway to move from one room to the other. A safety room was also added inside one of the rooms in the Anabanch Program and provided a place for a student to de-escalate described by the teacher as "on edge", "in rage", or "unregulated" .

The ACE questionnaires indicated significant trauma plagued a large portion of students at the school. Existing community partnerships and programs provided resources for those students outside of school. The researcher worked to bring those partnership in during the day helping reach a wider audience of students. The researcher received financial support as implementation of the community based partnerships

resulting in additional resources for the program. Prior to the additional funds the researcher worked with a limited school budget to be used throughout the school year for supplies, paper, copier repairs, and other day-to-day operational costs. The researcher needed additional funds to help pay for some of the additional therapies and programs put into place for the students identified with ACE's. The researcher had several discussions with Assistant Superintendent of Curriculum, Instruction, and Assessment, the Assistant Superintendent of Student Services, the school district C.F.O., and the Superintendent of Schools. The researcher presented the findings from the ACE's results. The findings included the extent of students with extreme trauma and the intensity of the past events. Students from all three high schools and all three middle schools attended the programs offered at the alternative school. Each building principal from the schools contributed and transferred funds from building budgets to the alternative school's budget. The researcher received over \$4,000 from the contributions from the schools. In addition, the Assistant Superintendent of Curriculum and Assistant Superintendent of Student Services each transferred \$2,500 from district budgets for a total of \$9,000 towards the alternative school.

Research question three: *How does an educational leader within a public school district seek out partnerships for additional services with private groups and organizations?*

The data from the ESC interviews and ACE questionnaires provided the direction the researcher utilized when seeking new partnerships to provide resources and skills to help students enrolled in the alternative school.

The ESC interviews emerged with two major themes: 1) The majority of the students in the alternative programs suffered from ACE's. As ESC 1 stated, 'Almost every student I work with have ACE's.' ESC 2 stated, 'You rarely see a student in this program that doesn't suffer from childhood trauma.' ESC 2 also explained, 'Look at Anabranch and Middle School Intervention Program. There is not one student that doesn't have a childhood event that has caused damage.' 2) A variety of resources, programs, and partnerships would be needed to address ACE's and its negative effects on students. ESC 1 commented, 'We need to look at all kinds of programs and find what works best for each student'. ESC 2 stated, 'We can find therapies that will address specific issues.' The researcher used the ESC interviews as a jumping off point. The ACE questionnaires data provided the direction needed to find programs that provided specific help and resources.

The researcher constructed field notes and a reflective journal to note program implementation and outcomes. As noted, the ACE questionnaire revealed over 60% of the participants perceived no family support and no family members who loved them. The researcher used the information to find a partnership to help build family like relationships and involve parents in the child's academic life. The researcher learned of a program titled, "Home Works" while attending a workshop presentation; a not for profit teacher home visit program with the goal of having teachers and parents work together to help the child achieve the highest academic success possible. The program allowed the staff to build a relationship with the parents of the students and for the parents to build a relationship with the child's teacher and build an even stronger relationship between families and school. Additional insight provided the teachers and staff members on the

obstacles students faced within the home setting. Teachers had a better understanding and perspective on the “why” of student actions specifically struggles to overcome adversity. Each staff member earned \$50 for every home visit; two staff members attended each home visit.

Teachers completed home visits at night and during the day, if needed. Another staff member covered the teacher’s class if needed and worked around the parent’s schedules. The school also participated in two family dinners during the school year catered by local restaurants and offered to all parents with children in the school. Teachers and staff members sat down, ate with the parents of the students, and had open dialogues during dinner. The researcher spoke before hand and introduced all staff to the parents and provided as an additional opportunity for open communication and helped explain the importance of the parent in the student’s academic life. The researcher’s reflective journal indicated positive remarks from teachers. T1 commented that ‘it opened my eyes’ and T2 stated that ‘It helped me realize that it is my responsibility to be the caring adult in my student’s life.’ Research field notes also indicated the organization’s management. The researcher indicated in his notes that, ‘representatives who trained the staff members on how to conduct a home visit were prepared and provided key insight and direction.’ The researcher also commented that, ‘The Home Works staff have a good vision and are passionate about the importance of getting parents involved in student’s education.’

Preferred Family Healthcare organization was another partnership formed with the alternative program; students appeared to be self-medicating by using drugs and alcohol to handle the adverse childhood experiences previously experience and current

home life situations. Preferred Family Healthcare had been involved in the school and assisted students with drug and alcohol issues. The researcher wanted to strengthen the relationship with the school and suggested additional services. The researcher commented in the reflective journal ‘standard order of operations needed to be modified’ and ‘there needed to be a closer evaluation of individual students and the kinds of services that were needed.’

Preferred Family facilitated the Substance Abuse Intervention Program (SAIP) offered to any middle and high school student under the influence or in possession of alcohol or drugs during school attendance. The student and parents selected the option of taking a long-term suspension or instead enter into the SAIP program; a 10-day intense curriculum based program focused on drug addiction, coping skills, and prevention. The program occurred at the alternative school during a 10-day period. While in attendance the student received drug testing on a regular basis and upon program completion returned to the traditional school. A staff member from Preferred Family met once a week after school for an additional eight weeks as a follow up to treatment. Students received drug testing during the eight-week period. The researcher commented in the field notes ‘some students seemed to do what they had to do to get through the program.’ The researcher perceived a lack of follow up and students may not have taken the opportunity as seriously as the researcher perceived the students should. He commented in his notes that ‘There is a lack of concentration and focus from the students and have too much down time.’ The Preferred Family staff, the researcher, Assistant Superintendent of Student Services, and Assistant Superintendent of Administrative Services held several meetings to discuss the researcher’s concerns. The researcher’s

comments from the reflective journal indicated that, ‘The meetings were productive and good ideas emerged’ and ‘the entire program needed to receive a revision.’ A weekly meeting occurred between Preferred Family staff, the researcher, and the two Assistant Superintendents in which an open discussion on the progress of each individual student in the program. Treatment plans changed based on the progress/or lack of progress for each student based on the results of each drug test. Increased time in the program, all day group sessions, and even residential treatments were all options if the student continued to struggle with drug or alcohol abuse. A new treatment plan was also put in to place for students that were under the influence on a second violation; a 16-week program with additional treatment given if deemed necessary. Ongoing dialogue between all parties continued and program tweaks and modifications were to be made if necessary.

The questionnaire results indicated the large amount of ACE’s each individual student had. Data indicated 75% of the participants had three or more ACE’s. The researcher discussed in the reflective journal the program needed to implement therapies to help students better cope with the trauma each faced in the past or were currently facing. The researcher stated, ‘Students needed programs to work out their emotions and anger from past events.’ The researcher knew students reacted to trauma in many different ways such as flight, fight, or freeze when faced with high stress situations. During the study a variety of different approaches helped students gain the necessary coping skills to handle the stress rather than go down the self-destructive and self-abusive route many students regularly took; several therapeutic programs emerged.

Students participated in art therapy; calming and creative therapeutic approaches using arts and crafts. The students signed up to participate based on interest in the project

for the week. Projects included pumpkin carving art, making beanies, portrait painting, and creative drawing. Students were given free range to be creative and expressive. An ESC worked with the students and allowed them to express individual feelings while creating and describing the finished projects.

The ESC organized and implemented sports therapy specifically for athletic types who displayed energy, aggression, and benefitted from physical activity. Sports therapy served as an incentive for teachers to use if students reached academic goals every other Friday. Students participated in football, baseball, kickball, and basketball. The ESC worked with the students after the game to discuss specific themes: sportsmanship, alternative forms of releasing stress and energy, teamwork, and comradery. A reflective journal entry with a comment from an ESC indicated, 'This therapy brings students together and provides a sense of teamwork that they never received at home.'

Some students participated in a mindfulness therapy at the beginning of each session and lasted fifteen minutes; one of the ESC's ran the sessions. The purpose of the therapy was to help students find a relaxing state of mind. The therapy taught the students ways to find a sense of calm when chaos surrounded them. A large room for big groups provided the space for the students that signed up and participated. The ESC encouraged students to use the techniques at home in the morning and at night before getting to sleep. The ESC stated, 'The kids come in dysregulated all the time. This will help students find a sense of calm before starting their academic day.'

Slam poetry was also offered to the entire student body in the alternative program and organized by one of the teachers in the high school program. The teacher worked with students on expressing themselves through the written word. Students recited

individual work to the rest of the group every Tuesday and Thursday. Students who participated earned an English credit if good attendance occurred throughout. Poetry experts were brought in to help students increase individual creativity and express specific emotions. The researcher expressed on several occasions through the reflective journal the importance of the therapy. The researcher commented, 'It is awesome to see students releasing emotions through the spoken word.' He also stated, 'What brave and honest students we have.' Several students who in the past rarely spoke or showed any emotion were producing poems and lyrics in which the student expressed anger, frustration, sadness, and troubles. A poetry night occurred at the end of each semester for parents and relatives to hear the student's original poems.

Each academic quarter provided opportunities for students to participate in animal therapy. Four times a year a therapeutic donkey was brought to the back yard of the school throughout the day and students pet, feed, brushed, and observed the donkey throughout the day. The donkey remained calm and friendly to the students. The researcher's reflective journal notes indicated the expression in student faces. He noted, 'He finally looks happy' and 'I haven't seen a smile on her face all year.' Many students who exhibited rough exteriors and aggressive behaviors suddenly became caring, relaxed, and protective of the donkey. Further notes suggested the students spent up to 30 minutes simply observing the donkey's traits and characteristics. He stated, 'It is great to see that student spending all that time outside watching every move the donkey makes.'

The researcher's field notes focused on reaching out to local universities and a need to tap into the pool of talented students and professionals affiliated with higher education. The researcher noted a local university had a well-known graduate program

for students in the therapeutic and counseling fields. He stated, ‘We need to think outside the box and work on new ways of reaching kids.’ In addition, one of the school’s ESC’s was an adjunct professor at that local university and had taught several classes over many years. The researcher asked the ESC to tap into the resource and ask students about new, exciting therapies and programs available at the time of the study. Boxing therapy and yoga surfaced as possible options; after a short investigation, both became available for the students attending the research site.

The ESC identified students who would be interested in participating in boxing therapy specifically focused on students who demonstrated anger, and had a history of fights, physical damage to property, and other aggressive behaviors. Boxing therapy occurred in the research site gym on specific days for one-hour sessions as an on-contact alternative program as one way to increase a student’s social interaction, team building skills, communication, self-motivation, self-esteem, while decreasing symptoms associated with stress, anxiety, addiction, and anger. The therapist who ran the program also encouraged participants to keep fighting for individual dreams and promoted inclusion in the community and school. The researcher made several notes in the reflective journal about when observing boxing therapy. He noted, ‘punching the bag seemed to make a connection for students with anger and aggression.’ Journal entries also included the confidence and focus participants had while engaged in the sessions to relieve tension along with the mental and physical stress many of students carried. He commented, ‘It looks as if the weight of the world is off his back, at least for now.’

One day a week for eight weeks yoga was offered and provided 30 minute sessions for any student who signed up and was interested in participating. The instructor

taught students a basic introduction to yoga and facilitated breathing exercises, along with specific stands and poses. The researcher used the researched site's therapy funds to provide yoga mats for all students who participated and offered to any staff interested, the opportunity to join the class. The researcher's reflective notes commented on the calm experienced by the students. He noted, 'She needs a time to relax in the morning and forget about the troubles she had at home last night.' He also stated, 'It really shows in her face that she seems to be in a much more zin place.' Several students entered the school in the morning with anxiety and stress and became increasingly regulated both during the exercises and throughout the day.

The final program implementation came in the way of music therapy. The school had been fortunate to have an intern from another local university in the surrounding area observe the research site on several occasions the previous year, prior to the study. The researcher decided to reach out to the university to investigate the possibilities of an individual to lead a music therapy program at the research site and work with some of the students. The researcher's field notes reflected several positive conversations with the faculty administration at the university. The researcher's notes indicated although no intern or graduate student came to the school on a consistent basis, the university offered the names of highly respected and reputable therapists recommended by the professors at the university. The researcher made several phone calls to potential collaborators and eventually settled with one of the interns who previously visited the research site, graduated and worked full time as a music therapist. The researcher believed the familiarity with the school would benefit the therapist. Field notes commented on the negotiations over pay and services offered. He stated, 'A reasonable hourly wage from

the therapist is necessary to work within the allocated funds.’ The researcher used therapy funds to pay for the music therapist one day a week for the researched year. Students who showed a true passion for singing and playing instruments participated in the program. The therapist worked both individually with students and conducted group sessions. Reflective journal notes described the unknown talent many of the students had. The student expressed emotions and feelings in a positive and productive way. The researcher noted, ‘Many of the students showed focus in the music.’ He also stated, ‘It is clear several students have true interest and passion for music.’ The music therapist planned and prepped lessons, provided the instruments for the students, documented and assessed participant’s progress, and prepared a treatment plan for students who the therapist identified exhibited ‘heavy stress’.

The results of the ACE’s questionnaires revealed specific indicators of prior negative experiences for students in the program. The highest ACE indicators included students coming from broken families, students coming from families with little care for one another with the absence of love. The researcher looked for partnerships to help bring in the expertise to address the issues with students. Several partnerships developed with outside agencies with therapists and counselors; a high level of expertise background and knowledge to facilitate discussion groups. Students attending the researched site led the discussions focused on specific topics. The counselor assisted, but the students were the main contributors.

Counselors from Preferred Family Healthcare worked daily with students going through the substance abuse intervention program. One of the therapists came in and facilitated a family dynamics group. Students initiated participation and talked with other

students and the therapist about events going on with the family and the reoccurring stress created by the events.

Youth in Need came to the research site and worked with students. One counselor came in once every two weeks and facilitated an anxiety group. The counselor listened to students frustrated and gave advice and suggestions on ways to control anxiety in a healthy way. The researcher's reflective journal notes commented on the students feeling comfortable to discuss the issues noted the therapists did a good job letting the students lead the discussion. He noted, 'The students did a great job taking over the session and expressed their feelings with very little disruption from the therapist.'

Many students lacked basic essentials within the home frequently students arrived hungry and tired. The community relations department within the researched school district inquired about the possibility of including community partnerships to help provide basic essentials, including food needs and other staples. The researcher contacted several different church organizations who provided breakfast foods for the students in the morning. Four different local churches and one individual from town provided juice, pop tarts, muffins, granola bars for one week of the month. Every month the church groups would come back with additional items for the week and the staff divided among each classroom. Students received the breakfast items each morning.

The school nurse, then an employee with the local county health department provided additional services for students in need of basic medical attention. A registered nurse came to the research site on several different occasions and provided the students in attendance, with parent/guardian permission, free immunizations specifically for those who were uninsured and needed shot updates. The nurse also provided free flu shots for

students and staff. The school nurse also worked with the students who needed attention pertaining to a student's eyes and teeth through free eye and dental exams for a select group of students. Many of the students who used those services had never had medical check-ups or needed medical attention.

In addition, a previous grant funded for and an 'open school closet' stocked with basic staples like toiletries, new or slightly used clothes and shoes, and coats. Baby clothes and diapers were also available for teen parents. Finally, the school collaborated with a local hairdresser who came to the school once a month and provided free haircuts for students. The teachers within the research site notified the researcher/site director of a student's need for the additional supports to avoid student embarrassment.

Research question four: *How does an ESC perceive students and supports needed to assist students with adverse childhood experiences?*

The researcher interviewed the ESC's to determine the evaluation of students with adverse childhood experiences and conducted two interviews with six questions (see Appendix B). The researcher analyzed each question, transcribed the responses, and analyzed for common themes within the answers given. The ESC's provided ample knowledge on students associated with ACE's and used their background to discuss needed supports. Two major themes emerged from the interviews. 1) The majority of the students the ESC's worked with in the alternative programs had multiple ACE's. As ESC 1 stated, 'Almost all the students I work with have trauma.' ESC 1 also stated, 'Many of the ACE's come from family dysfunction and broken families.' ESC 2 explained, 'The students in Anabranh all have ACE's.' ESC 2 further stated, 'I can already see the development of bad habit coping skills forming that will lead into

significant drug and alcohol problems if we are not careful.’ 2) Further therapies, partnerships, and resources needed to be provided for the students. ESC 1 stated, ‘Finding ways to get the students regulated should be our focus.’ ESC 2 stated, ‘Finding therapies where the students feel safe and comfortable expressing their fears will go a long way.’ ESC 1 also stated, ‘Focusing on the specific student and the therapy that works best. Having options will be important.’

Survey question one asked the ESC’s to describe a student who experienced adverse childhood experiences. Both ESC’s provided had extensive experience with students with ACE’s and worked with them most of their career. ESC 1 stated, ‘Many students have multiple disorders because of multiple ACE’s in their lives.’ ESC 2 commented on a specific case, ‘One student had multiple ACE’s that resulted in a neurological disorder.’

Question two asked the ESC’s to explain the experiences with students with ACE’s. Both interview participants reflected the majority of students had multiple ACE’s. ESC 1 responded with, ‘Mental health and substance abuse are heavy with students suffering from ACE’s.’ ESC 2 stated, ‘There is a great deal of students suffering from ACE’s.’

ESC’s also worked with students exposed to violent crimes, substance abuse, sexual, physical, and emotional abuse. Survey question three asked the ESC’s to explain the emotional support necessary for students with ACE’s. Both perceived rapport building as crucial, specifically trust and safety helped to build relationships. ESC 1 stated, ‘Positive relationships are necessary’ and someone to make them feel safe.’ ESC 2 stated, ‘slow rapport building’ and ‘emotional support’ are key.

Survey question four asked for the ESC's to describe community supports available for students with ACE's. Common themes included having the same supports in the summer as during the school year. ESC 1 stated, 'Having resources available in the summer is very important. Their problems don't disappear when school is out.' ESC 2 explained, 'Mental health facilities are crucial for student with substantial issues.'

Survey question five asked the ESC's to describe a time during support implementation when both perceived support throughout the day, every day. All students on individual caseloads had ACE's. The ESC's explained how relationship building and patience were the most important aspect to working with students who experienced trauma. ESC 1 stated, 'Positive relationships are vital and providing therapeutic help'. ESC 2 commented, 'Listening is crucial.'

Survey question six asked the ESC's to describe outside resources to help students with ACE's. Both participants mentioned local community agencies and how available agencies differed based on location. ESC 1 commented, 'I have used hospitals and local community centers.' ESC 2 stated, 'Local agencies and community centers can help students with basic needs.'

Research question five: *How do students identified with ACE's perceive the community program partnership(s)?*

The student research participants answered a researcher-developed five-question survey (see Appendix C) to provide the researcher with student perceptions of the additional programs, therapies, and partnerships. The students were also given an opportunity to add comments about the program. The researcher attempted to get as many surveys returned as possible; the researcher received a minimum of five surveys

per new program. Scores ranged from one to five with one being the lowest rating and five the highest. All programs implemented received a rating of four or higher on a rating scale of five and indicated to the researcher that the student participants perceived all programs as positive.

The Art Therapy program received high ratings from all study participants who responded and a mean score of 4.7. The students enjoyed being creative and finding an outlet to express themselves. Two of the surveys indicated the instructor needed to explain the purpose of the activity. Overall comments described the projects as creative, and students expressed enjoyment when working together as a group, and sharing the completed work (see Table 6).

The Substance Abuse Intervention Program received a mean score of 4.3, the lowest of all programs implemented. The researcher noted a mean score of 3.7 on the Substance Abuse Program when asked whether the participants learned something from the program. The researcher perceived the score as the facilitators needed to explain the program in better detail and with a more thorough understanding of the substance abuse prevention curriculum. The survey included two comments, specifically related to the Substance Abuse Intervention Program, as concerns with some of the comments made by the facilitators. The students expressed concerns with the facilitators' comments. The students mentioned the facilitators said the students would 'get into additional trouble' or 'heavier drugs if they did not stop taking drugs immediately.' A student stated, 'I feel like they already expect us to get in trouble right after we finish the program and get back to school.' The need to 'make up work missed' while students attended the 10-day program was also mentioned in the survey. Participants indicated an inability to

complete missed assignments and a lack of communication with the teachers when students were away. Based on the results and comments, the researcher believed a more intense evaluation needed to be conducted on the Substance Abuse Intervention Program. The researcher perceived the current plan would need to be adjusted and corrected to increase positive outcomes for the students who participated in the program.

A counselor from the local organization, Youth in Need, conducted The Anxiety Group. The specialized group received an overall average rating of 4.5. The survey results and comments indicated techniques and strategies discussed included how students could better cope with anxiety throughout the school day. The survey results showed a mean of 3.7 when asked about whether the research participants learned something from the program; an indication the facilitator could have better explained the purpose of the group and provided additional strategies to help students cope with anxiety. Comments included 'it was easy to talk to everybody in the group' and 'it did help relieve stress while they had their discussions.'

A counselor from Preferred Family Healthcare conducted The Family Dynamics Group; the group received an overall mean rating of 4.4. Overall comments indicated everyone felt comfortable talking about individual problems. Participants also indicated a sense of 'helping each other get through tough times at home.' One participant expressed a concern. 'I wish there was enough time for everyone to be heard.' The lowest overall ratings came from whether or not the participants learned something from the group. However, scores were still high. The researcher informally observed the group and perceived the group promoted positive outcomes on students with family issues at home.

The Mindfulness Therapy had an overall mean rating of 4.7. Research participant comments indicated the students were able to relax and after the therapy, the student's day remained positive. Several comments included that 'It is a good way to start a day off' and 'It puts me in a better state of mind.' All student participants rated the instructor with a 5 when asked to whether or not the instructor explained the purpose of the therapy.

The Slam Poetry Group received an overall mean rating of 4.8. All survey participants commented positive statements and indicated participants had an opportunity to express feelings and find a voice. Students stated, 'It helps me find my voice' and 'I can get my feelings out.' Another student commented, 'It gives me a sense of community.' Survey results also showed the students felt comfortable participating and the instructor was clear and explained the purpose of the poetry group. Participants 'never felt judged' and 'enjoyed being able to get a behind the scenes view of other student's lives.'

The Home Works Program received an overall mean of 4.4. Comments from participants included 'it helped with the teacher parent relationship' and 'there was good conversations.' A mean rating of 3.5 was given to whether or not the participants perceived the home visit as helpful. The researcher believed the scores were specifically lower because the students had an unease when experiencing the teacher in the home. The teachers had to reassure many students home visits were good and teachers reminded students the purpose of the home visit was to 'get to know the families' not to 'speak about negatives.' Teacher participants shared the program indicated an increased perspective on student's lives outside of school and supported reasons for student behavior, students who appeared tired and/or upset on certain days.

Yoga Therapy received a mean rating of 4.8, with student participation rated as high. Students appeared excited to gain a better understanding of yoga and survey responses indicated the participants learned a significant amount from the yoga and wanted to participate in the therapy again.

Table 5

Survey Results for New Programs Implemented at Alternative School

Questions	Art Therapy	Mindful Therapy	SAIP Prog.	Family Dynamic Group	Anxiety Group	Slam Poetry	Yoga	Home Works
1. Was the activity helpful?	4.8	4.6	4	4	4.7	4.2	4.8	3.5
2. Did you feel comfortable participating in the activity?	4.8	4.6	5	4.8	4.3	5	4.5	4.5
3. Did the instructor explain the purpose of the activity?	4.4	5	5	4.4	5	5	5	5
4. Did you learn something from the activity?	4.7	4.8	5	4	3.7	5	4.8	N/A
5. Would you participate in this activity again?	5	4.6	2.5	4.8	4.7	4.8	4.8	4.5
Overall Average	4.7	4.7	4.3	4.4	4.5	4.8	4.8	4.4

Note: Ratings of 1 being least and 5 being most. The number represents a mean score.

Student participant comments revealed the students perceived the instructor as helpful and offered knowledge and expertise with the yoga. S5 indicated, ‘I learned new things that I thought would be hard.’ The comments also showed students wanted to try yoga at home and have family members participate. S6 stated, ‘I think it would be great if my parents tried yoga and learned to relax.’

The final question on the student survey included comments on the overall perceptions about all programs. The researcher designed the open box format to provide students the opportunity to share specific feedback on each therapy. The researcher’s intent was to use the comments to make any needed program adjustments. Student comments indicated positive feedback. S1 stated, ‘I love art and how nice it is to be a part of’ and ‘It’s like therapy to me.’ S2 commented, ‘I love group, being able to talk about things, and helping each other out.’ Some participants indicated ways that the program could have improved. S3 indicated, ‘I don’t like having to do all my school work at home and should provide more time during the day.’ S4 stated, ‘I wish everyone could speak but I know there is limited time.’ See Table 6 for all comments given.

Table 6

Student Comments on New Programs Implemented at Alternative School

Programs	Comments
Art Therapy	I liked everything! I love the art and how nice it is. It’s like therapy for me. This actually was great and I like how we all did it as a group. We got out of class. I love painting the pumpkins, plus I love minions.

Continued

Table 6. Continued.

Mindfulness Therapy	It's very relaxing and helps me start my day and week off right. It puts me in a better state of mind.
SAIP Program	The only part I did not like was having to do all my work at home. I didn't like how they said if I continue on this path I'd end up doing heroin and that's not true. I didn't appreciate them saying what I'd end up doing if I don't change.
Family Dynamics	Love group. Talking about family things and helping each other. I wish everyone could speak, but limited of time. So I understand. A comfortable and safe environment. I like that I could be open.
Anxiety Groups	It helped me deal with my anxiety. It was easy to talk to everybody.
Slam Poetry	I like how you get to see the behind the scenes of people's lives. In this group you are enables to learn about people's experiences and feelings that you may have never learned about if they did not express it to you through poetry. Helps me find my voice and gives me a sense of community. I like that we get to express our feelings through spoken word poetry. We can express our feelings and not be judged. I love poetry slam. I can get my feelings out and makes me feel good.
Yoga	It was interesting. I learned new things and thought it was hard. It was fun and I learned a lot.
Home Works	It relaxed me a lot and I thought the instructor was very helpful. I like it because it helped with the teacher parent relationship. I liked how nice and friendly the teachers were. It was a bit uncomfortable to have my teachers at my house, but other than that it was helpful.

Summary

The researcher perceived the creation and implementation of a district action plan for students identified with adverse childhood experiences as positive based on student responses. Three major components were necessary for the transformation to a trauma informed school. One, the data was generated and showed the amount of students with adverse childhood experiences. The numbers indicated a large number of students previously experienced setbacks and traumatic events (n=X). The data also revealed the intensity of the trauma and the severity of those events for many at risk students attending the alternative school. Research concluded realistic growth and improvement would not occur with the students without providing additional resources, programs that could help implement the tools, and skills needed for students to be successful (Sporleder & Forbes, 2016). Second, the researcher needed the support from the central office administration, the traditional schools in the district, and superintendent to implement an action plan. The schedule changes, building improvements, new student programs (middle school intervention program, SAIP, Anabranh), additional staff, additional funds, and the freedom to seek out and implement creative programs, therapies, and partnerships occurred with the backing from the researched school district central office cabinet. Finally, the researcher needed to creatively think “outside the box” to find partnerships and programs specifically to meet the needs of the students within the researched alternative school. Networking, brainstorming with the ESC’s, and working with school staff to select the right groups became essential. Early results indicated the partnerships had positive student outcomes and provided the resources to help the researched students be more successful in and out of school.

Chapter Five: Discussion and Reflection

Introduction

The researcher created and implemented an action research plan for an alternative school program through the use of the ACE questionnaire results to seek out programs, partnerships, and therapies needed to help students identified with early childhood trauma. The researcher used qualitative data: reflective journal and researcher notes, and evaluated the action research process during program discovery and implementation allowing the researcher to make adjustments when necessary. The researcher interviewed ESC's who worked intensely with the research participants who had suffered from childhood trauma. The ESC's input helped to determine additional supports for the students. The researcher evaluated the programs after implementation had been established by having participants complete a survey rating for each program. Through implementing additional programs noted in the study, the researcher hoped to provide the additional emotional and social skills needed for students who suffered from adverse childhood experiences. Central office administration provided support and open mindedness and the researched school district's board of education to financially support the researched school's new program implementation. The researcher believed an ongoing evaluation and review was necessary to help the program evolve as the needs of the students changed throughout the school year.

Research Questions

Research Question 1: How can receiving results of ACE's questionnaires help an educational leader develop a community resource plan of action?

Research Question 2: How does receiving ACE's questionnaires help determine the extent of a student's academic, social, mental, and health setbacks?

Research Question 3: How does an educational leader within a public school district seek out partnerships for additional services with private groups and organizations?

Research Question 4: How does an ESC perceive students and supports needed to assist students with adverse childhood experiences?

Research Question 5: How do students identified with ACE's perceive the community program partnership(s)?

Summary of Findings

The ACE questionnaires were a main source of data when creating and implementing a district action plan for the alternative school. Participants answered 10 yes or no questions to measure the number of ACE's a participant experienced based on the number of times the participants answered yes to a question. ACE's revealed the amount of trauma a participant experienced as an adolescent and indicated the problems students encountered without necessary help and therapeutic approaches to manage the trauma. As Sporleder and Forbes (2016) explained, "Working from this framework, it shows how adverse childhood experiences (ACE's) are directly correlated to the increase in risk factors for disease and a person's emotional and social well-being through their lifespan" (p. 14). Using the ACE's data, the researcher determined a specific set of partnerships and programs to help students combat ACE's. The data also showed how prevalent ACE's were among students within the alternative school and the outcomes of one who experiences significant trauma as an adolescent. Twenty students participated in

the ACE assessment and enrolled in the researched alternative school. Results revealed every participant had at least one ACE with 15 of the 20 who noted three or more ACE's. Seven students had five or more ACE's. The information showed the amount of stress the majority of students enrolled in the alternative programs faced on a daily basis. As Sporleder and Forbes (2016) stressed, "This makes the absorption on new academic material much more challenging and puts the students in a difficult place to handle rules and authority figures" (p. 14). Using the data from the ACE's, the researcher concluded new programs should be implemented to help students cope with the outside stressors and learn the skills necessary to be successful in school and everyday life.

The researcher also interviewed two ESC's employed at the alternative school at the time of the study. The counselors spent a large amount of time with the students and worked with the student and families to manage the stressors encountered during common everyday difficult situations. The interviews occurred during school hours and each interview lasted an estimated 45 minutes. The researcher analyzed the qualitative data and coded for common themes. The interview answers coincided with the student results on the ACE questionnaire and revealed both counselors felt strongly the majority of students enrolled in the Alternative school had multiple ACE's with negative outcomes due the trauma. The counselors perceived a need for additional therapies and programs to manage the childhood events. Through the interviews, the counselors were able to provide recommendations on specific partnerships to improve student's mental and social well-being in the school. After the researcher completed the interviews, additional types of therapy and programs began.

The researcher kept a notebook of written field notes used during the implementation process. The results from the ACE questionnaire guided the development of specific partnerships and programs based on student need. The extensive field notes helped the researcher stay organized and prepared during the implementation process. In addition, contracts with therapists with basic requirements and expectations had to be written and signed. The boxing therapy, music therapy, and yoga therapy all required agreements detailing length of time, financial costs, invoices, tax forms, vendor forms, and background checks before students participated. The field notes helped the researcher make sure the procedures were followed throughout the study. A reflection journal was also used by the researcher and described how the additional programs and implementation worked for the study participants. The researcher reflected on what groups were easier to work with and described the organization of a community program with additional information on the appropriate “fit” within an alternative educational setting. Several other organizations were not used for a variety of reasons: lack of communication, disorganization, or services provided did not align with student need within the unique setting. The researcher also used the reflection journal to draft comments on how each new therapy worked after implementation. Through observations, the researcher made comments on successes and failures. Remarks included student’s reactions to the therapies and quotes from comments expressed after participating in a program. The researcher used the journal notes for additional modifications as needed. The researcher used a trial and error approach during implementation of the school district action plan for students with ACE’s.

Students participated in a survey on the new community partnerships and therapies offered in the school. The surveys asked students to rate each program and the perceived value. Yoga, substance abuse intervention program, art therapy, family dynamics group, anxiety group, home works program, slam poetry, mindfulness therapy, and art therapy all received positive ratings and remarks. The majority of the comments noted the participants valued the new programs. All new programs surveyed received a rating average of 4.5 or higher out of 5. The researcher noted one program required further evaluation; The Substance Abuse Intervention Program received the lowest overall average rating of 4.2. The researcher reviewed several comments by participants noting a concern; student participants perceived too much down time. Students also commented on the transition back to school after completion of the 10-day program as difficult due to missing academic assignments. Finally, students perceived the facilitators made disparaging comments related to the future ahead of the participants. The researcher adjusted and modified the program based on the survey results.

Implications

Several implications resulted in the creation and implementation for an action plan for students identified with adverse childhood experiences. The entire alternative program had grown and expanded; the staff increased in number from 12 to 25. The action research study resulted with the creation of Anabranch and Middle School Intervention and partnerships formed with several different community groups, specifically Preferred Family Healthcare, Crider Center, and Youth in Need. The alternative school worked with local churches and individuals and provided basic needs for the students enrolled in the researched alternative school. The school worked with

two Midwest universities and recent graduates who provided therapeutic programs for the at-risk students at the alternative program including boxing therapy, yoga, and music therapy. Survey results indicated the new programs had a positive outcome on the students suffering from ACE's and helped the students receive the skills needed to work through emotional and social deficiencies.

Recommendations

The following recommendations were based on the findings from the action research study conducted by the researcher during the 2016 school year. The ACE's questionnaire results revealed crucial data on the mental make-up of the students enrolled in the alternative school and revealed the number of student participants with ACE's. Twenty students between the ages of 18 and 20 participated in the study and classified as adults. The researcher recommended students of all ages and grade levels throughout the school participate in the ACE questionnaire. Allowing additional participants under the age of 18 would have provided the researcher a "full view" of the student population needs when creating and implementing an action plan. Partnerships and programs would have been chosen based on results from students throughout the entire school.

New programs, therapies, and partnerships were added to the program and provided the additional services, help, and resources to the students with ACE's. The intention was to help students gain the support, skills, and emotional stability needed to reverse the negative outcomes many suffered from the trauma faced as adolescents. Surveys were given to those students in the alternative program who participated in the new programs, therapies, and partnerships. The researcher used the surveys to gain student perception of each new program. The researcher did find the survey results

revealed accurate information and were used to make the adjustments and modifications needed to increase the alignment of the programs with student need. However, students participated in the surveys at an early stage of implementation, less than an entire school year. More time was needed to allow the programs to settle in and adjust to what the students needed. The researcher recommended in future research to wait a full year to survey students. Additional surveys would also be required after more time was given to make other necessary adjustments.

The researcher also recommended the ACE questionnaire for all students beyond the alternative school. Data collected from traditional schools could be used to provide the same resources and community programs implemented in the alternative schools to a larger realm of students. The ACE's results could help those traditional schools create an action plan and become trauma informed. Implementation of additional support programs could lead to a positive relationship with attendance, discipline, referrals and drug use.

Policy Makers

Findings from this action research study should propel policy makers on several different levels to take notice of at risk students identified with ACE's. The research showed the number of students identified with ACE's resulted in long term negative outcomes (Cristobel-Narvaez et al., 2016). The district administration could have taken a proactive approach to working with at risk students head on. First, administration needed to fund the programs necessary to provide the resources and skills used to help students with trauma. The partnerships were available when funding was given. District administration needed to look at the alternative school and consider providing additional

space to house the students, programs, and partnerships in one facility. Providing one larger resource center with medical, mental, academic, and social programs was crucial and helped students identified with ACE's succeed. The district level administration needed vision and expansion to prevent students from falling in to the traps associated with an adverse childhood experience and expand the ACE's study at the alternative school to all the schools in the district.

Early identification of students with ACE's was a key component in breaking the crippling cycle. ACE questionnaires administered to elementary and middle school students could have provided the resources and programs needed to fix the problems early and make the possibility of recovery a reality. District administration could have provided the professional development needed for staff to take alternative approaches with students with behavioral problems and suffered from ACE's. Traditional discipline approaches resulted within school and out of school suspensions. Professional development opportunities helped staff use other options and find preventive approaches before discipline problems occurred and take a more focused look at techniques needed for student achievements. Programs could be focused on becoming a caring adult for students who suffered from ACE's and provide hope and the realization others are there to help.

State-level policy makers could take a closer look at the ACE's study. The results from the action research plan could be used as a blue print for a global initiative to fight the negative outcomes from adverse childhood experiences. State level officials may also be able to find additional resources not available or unaware to the researcher. Statewide programs could be implemented in schools statewide to help provide essential skills and

mental health recovery for students with childhood trauma at an early age; directly related to the state economy, healthcare, criminal justice system, mental health system, and drug use.

Discussion of Findings

The researcher utilized a qualitative methodology with descriptive statistics to research the implications of ACE's on students enrolled in an alternative school and student perceptions of an action plan created and implemented by the researcher to help those students with trauma.

Research question one: *How can receiving results of ACE's questionnaires help an educational leader develop a community resource plan of action?* The researcher believed the information gathered from the ACE questionnaires provided a guide and focus on additional changes needed for students identified with adverse childhood experiences. The data showed the need for additional supports and what areas to look at when providing those supports and served as a revelation for both the researcher, the staff at the alternative school, and the central office administration. The implications of adverse childhood experiences on students was significant and created damaging outcomes.

Research question two: *How does receiving ACE's questionnaires help determine the extent of a student's academic, social, mental, and health setbacks?* The ACE questionnaire shined a light on the severity of issues the majority of the students who participated in the study. Generalizations could have been made about the students enrolled in the alternative program. However, the ACE questionnaire helped pin point the extent and categorize the unique aspects of trauma the students faced. The ACE

questionnaire included three major categories: abuse, family dysfunction, and neglect. The data revealed the adverse childhood experiences participants suffered were generally across the board. The participants marked yes to questions from all three categories with family dysfunction as the most significant setback. Sixteen out of 20 participants came from family of divorce. In addition, almost all participants had close family members who suffered from drug or alcohol abuse. Many had a relative in prison. The ACE questionnaire served as a compass and helped the researcher focus on specific areas of need to help students suffering from specific childhood trauma events.

Research question three: *How does an educational leader within a public school district seek out partnerships for additional services with private groups and organizations?* The researcher spent time seeking the right partnerships to participate in programs in the alternative school. The partnerships had to have purpose and historical success with students who suffered from emotional stress. The researcher did not want to add programs unless the program included previous positive outcomes. The researcher studied the programs and made sure evidence of positive results existed. The researcher searched and networked with other school districts and government entities to see what existed in the community and was available for students in the classrooms. The researcher relied heavily on school experts; the school staff had experience and knowledge of available groups and partnerships to provide the resources and services needed for students in the school. The researcher valued the staff's opinions and used statements during discussions with each group and partnership. The researcher utilized a reflective journal and research notes during the entire process. The reflective journal

served as a guide and a checklist when adding additional staff from the community partnerships to the school and working with all the students in the building.

Research question four: *How does an ESC perceive students and supports needed to assist students with adverse childhood experiences?* The researcher conducted interviews with the two ESC's who worked with students in the alternative program. The ESC served as a crisis counselor for students with severe emotional disorders and worked on ways for the student to cope with the reoccurring trauma. The researcher asked six specific questions during the interviews. All questions examined the ESC's background working with students identified with ACE's. The researcher gained in depth knowledge on the kind of work needed to help students who suffered from severe trauma. The ESC's discussed in detail the type of therapeutic approaches for students to work through some of the childhood experiences. The interviews also included questions on how the ESC's provided examples of specific students with multiple ACE's. The researcher quickly recognized almost all the students the ESC's counseled had negative behaviors from childhood experiences. Through the interviews, the researcher recognized and acknowledged the depth of students suffering from emotional and social setbacks. The interviews also revealed the connections and knowledge used by the ESC's to help navigate and locate partnerships implemented in the action plan for the alternative school. The researcher and the ESC served as a team and worked together to find and provide the correct resources for the at risk students within the school during the implementation of the action plan.

Research question five: *How do students identified with ACE's perceive the community program partnership(s)?* The researcher implemented a series of new

programs and therapies and helped combat the negative outcomes the majority of students in the alternative programs suffered from due to adverse childhood experiences. Those programs included yoga therapy, sports therapy, boxing therapy, art therapy, mindfulness exercises, home works, groups who focused on anxiety and family dynamics, a revised substance abuse intervention program, and slam poetry. All programs appeared “good on paper” and designed to serve a purpose. However, the researcher needed to make sure all of the implementations served the noted purpose and helped students cope with ACE’s.

The researcher designed the student surveys to gather the participant’s perceptions of each program. The surveys consisted of five questions with each response rated from one to five; five being the highest. The surveys also asked for comments to be made about the pros and cons. Research participants who participated in the programs completed the student survey. Feedback was crucial to the research study and determined if the creation and implementation had a positive outcome for the students. Survey results revealed positive outcomes in all of the new programs in some capacity with some programs perceived “higher” than others. Overall, the researcher received two negative comments made about the entire set of new programs. The researcher believed the surveys did show an accurate perception of how the new programs worked for the student participants. However, more time could have been put in to place before surveys were completed. All programs and therapies were new and the researcher had little time to make adjustments and modifications based on student needs. Surveys should be sent out on an annual or semi-annual basis to ensure ongoing student feedback on each therapy provided. More in-depth surveys could also be used. Detailed surveys may be used to

make the specific modifications to improve student's experiences and bring additional positive changes to a student's life.

Conclusion

Adverse childhood experiences and traumatic events included physical, mental, and sexual abuse, household dysfunction, and neglect during adolescence. The researcher found ACE's among students within the researched alternative school profound. Current literature connected long-term health concerns, drug and alcohol abuse, mental health problems, and criminal activity to ACE's (Reavis et al., 2013). The researcher worked in an alternative school setting during the creation and implementation of the school district action research plan along students labelled as the "bad students" and those who would "amount to nothing." Many traditional school staff and students perceived the alternative school as a place to put those that exhibited inappropriate behavior and/or low academic skills within a traditional educational setting. After spending time in the alternative school, the researcher learned the problems the students faced were beyond bad choices and disregarding the rules and the academics. The problems were deep and many of the bad choices the students made were in direct relation to other problems outside the student's control.

Many of the problems arose from household dysfunction, abuse, and neglect at a very young age. The researcher's goal was to acknowledge and calculate the extent of the trauma, and develop solutions to help students learn the skills and find the resources needed to reverse the ongoing suffering and pain. ACE's was first introduced to the researcher after watching a documentary called *Paper Tigers* focused on a group of students at an alternative high school in Walla Walla, Washington. The documentary

disclosed the academic struggles inclusive of truancies, behavioral issues, drug problems, and suspensions and the student's experience outside of the school setting; each student suffered from an adverse childhood experience. Sexual abuse, absentee parents, parents with mental health problems, drug issues, neglect, deprived of basic essential needs, and not having a caring adult were all prevalent in the lives of these students outside of school. Behaviors exhibited by the students included: irritability, a lack of focus, preoccupied, angry, and anxious on a consistent basis. Academic success was the least of the student's issues. The school knew many of the problems were not those of the students and focused more on working with the student and finding ways to help with the grief and pain. The ACE study was the main measuring tool used to identify the problem. The caring adults in the school would be the main resource used to help recover from the negativity each student faced. The researcher quickly realized the school and students highlighted in the film were similar to the students and schools under his supervision. As a result, the creation and implementation of a district action plan for students identified with ACE's was born.

The first step was crucial. The researcher identified the students with ACE's by administering the ACE questionnaire to participants enrolled in the school. Data from the questionnaire was enlightening. The results showed both that ACE's were prevalent with all participants and that the amount and type of trauma these students faced was significant. Reflection and considerable thought was necessary to determine the next steps. The researcher knew major changes needed to occur so students could receive the help needed to break the negative cycle. The numbers justified the purpose and cause of the new action plan.

The next step and most vital was gaining approval and support from district level administration. Without approval, there would be no action plan implemented. Perfect timing for the researcher allowed for changes and gain district support. Several important events happened in the district at the time of implementation. First, the student population throughout the district was at an all-time high and growing. In fact, the district in which this research study took place was the fastest growing district in the state. Therefore, the district worked every day to catch up with its population. In addition, administration could not avoid or hide all the different types of students who entered in to the district specifically students with mental, social, and academic needs. At the time of the study the researcher received numerous requests for students to enroll in the alternative program from all middle and high schools. In addition, recent data from the state showed the large amount of out of school suspensions throughout the district, specifically to males and minorities with the researched district listed as one of the highest percentages in the state. Central office administration realized the number needed to decrease and alternative options to suspensions needed to be discussed. Second, the cabinet and board of education were open-minded, believed in, and supported in the alternative program. The board and administration allowed the opportunity for the researcher to think outside the box and find creative ways to provide support for student with ACE's and provided the funding and staff needed to gain the additional programs and therapies. Finally, the district had shifted to a new philosophy and set a district goal of having all schools become trauma informed allowing the researcher to take a lead role in making that goal a reality.

A final step was finding the proper partnerships for the additional services and resources needed to help the students associated with ACE's improve their lives. The researcher quickly realized there were many services available and used some of the staff's previous work experience and knowledge to find the right fit. Survey results were crucial and determined the kind of perceived support the partnerships had on students in the alternative school. That data allowed revisions and modifications to be made if deemed necessary.

The creation and implementation of the district action plan for students identified with ACE's was the most important and gratifying work the researcher had ever been a part of in his 18-year career. The early results indicated the overwhelming need for students identified with ACE'S. The researcher realized early in the study the work would be ongoing and continued data collecting, analyzing, revisions, and additional programs were needed as the program expanded and evolved with students who entered the program. The researcher reflected on the study as a lifelong vision and goal to identify, protect, and provide support for those students at risk and in need.

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Appendix A: ACE Questionnaire

Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt? Yes No If yes enter 1 _____

2. Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you? Yes No If yes enter 1 _____

4. Did you often feel that ... No one in your family loved you or thought you were important or special? or your family didn't look out for each other, feel close to each other, or support each other? Yes No If yes enter 1 _____

5. Did you often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? Yes No If yes enter 1 _____

6. Were your parents ever separated or divorced? Yes No If yes enter 1 _____

7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide? Yes No If yes enter 1 _____

10. Did a household member go to prison? Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

Appendix B: Educational Support Counselor Interview

This interview will be conducted and transcribed by the researcher. All of the answers will be coded for common themes per research questions. The responses will then be used as part of the data gathered to implement a school district action plan for students identified with Adverse Childhood Experiences (ACE's).

Questions

1. How do you perceive students with ACE's?
2. Explain your experiences with students with ACE's.
3. Explain the emotional needs are for students who have adverse childhood experiences.
4. Describe what kind of community supports may be needed for kids with adverse childhood experiences.
5. Describe a time, if any, when a student identified as having multiple adverse childhood experiences?
6. Explain what additional resources you have used outside of the school setting to help with students with adverse childhood experiences.
7. Do you know of any outside programs available within the community that would be useful to provide additional help for students with adverse childhood experiences?

Appendix C: Pearce Hall Programs Survey

Pearce Hall provides additional opportunities and activities for students to feel safe, relaxed, comfortable, and part of the school. We also want you to be able to express your feelings and find positive outlets with any issues and struggles you may be having. You recently participated in _____.

We want to know what you think! Please answer the following questions to help us determine how this activity helped you.

Please rate the following questions by circling a number (1 being the least to 5 being the most)

Was this activity helpful?	1	2	3	4	5
Did you feel comfortable participating in this activity?	1	2	3	4	5
Did the instructor explain the purpose of the activity?	1	2	3	4	5
Did you learn something from this activity?	1	2	3	4	5
Would you participate in this activity again?	1	2	3	4	5

What did you like or not like about this activity?

Vitae**Ben Hebisen**

Ben Hebisen worked within a Midwest school district as the administrator of the alternative programs for grades seven through 12. Ben's title is the Director of Intervention Services for the past two years. Primary responsibilities included supervising the Center, evaluating the current alternative programs in place, and looking for additional services and opportunities for students identified as at risk. Ben has been in the researched school district his entire career where he taught American Government and Student Leadership in the high school for six years, and became an assistant principal in the same high school for seven years; followed by three years as the Athletic Director. Ben graduated from the University of Missouri St. Louis with a Bachelor's of Science in Education in social sciences, received a Master's of Education in Administration in 2004 and earned an Educational Specialist Degree in Administration from Lindenwood University in 2009.