



# 2013-2014 Lincoln High School Improvement Plan Update 6/18/14

## III c. Academic Action Plan (Optional) School Climate, Social and Emotional Learning, Positive Behavioral Supports

**STUDENT ACHIEVEMENT/SCHOOL CLIMATE OR BEHAVIOR GOAL (SMART GOAL):** Student wellness will continue to improve at Lincoln.

**MILESTONE:** Students will be able to grow, learn and thrive in a safe and healthy community that teaches, reinforces and celebrates diversity, character, and well-being.

**LEARNER-CENTERED PROBLEM** (What are your students struggling to learn or to be able to do?):

Students at Lincoln often struggle with depression, anxiety, stress, self harm, drugs and alcohol, suicide, and bullying are not aware of existing levels of prejudice (racism, classism, misogyny, sexual minorities). In terms of staff wellness, consistent practices that effectively support the morale of all teachers and staff are not yet in place. In addition, students struggle with the character trait of academic integrity or honesty. We believe this has a negative impact on the learning environment and on student achievement.

**PROBLEM OF PRACTICE** (What elements of instruction need to be improved in order to address the learner-centered problem?): We have focused our efforts on anti-bullying, suicide prevention and stress reduction and are seeing results. However, we have also seen that our course curricula lacks a focus on character building that would serve as a basis for Positive Behavior Interventions and Supports (PBIS). We are also concerned with sustainability of our efforts. Administration and staff need to address staff morale and staff wellness through implementation of practices that promote good staff morale as an integral element of a healthy school environment.

**Content Area And/Or Instructional Framework:** Lincoln staff will continue to implement evidence-based practices for health and mental health that are based on the Oregon Department of Education Health standards and that serve as a basis for Lincoln's social-emotional learning programs. Data will be collected across these programs to document their effectiveness. Lincoln's Cardinal Families Health Action Network, school psychologist, social studies department and school administration are looking at the IB Learner Profile as a basis for character trait work and as a basis for PBIS and social justice.

\*2011-12 All schools are required to identify a content area and adopt an instructional framework to guide teacher practice.

2012-13 All schools identify a research-based instructional framework to support content area focus (foci).

PPS supported Instructional Frameworks include Sheltered Instruction, Differentiation, Assessment for Learning, Writing and /or reading across contents areas, Classroom Strategies that Work, and SIM; Safe and Civil Schools, PBIS, Social and Emotional Learning based on ODE Health Standards

IMPLEMENTATION STEPS FOR STAFF	PERSON RESPONSIBLE	TIMELINE	EVIDENCE OF IMPLEMENTATION	ASSESS PROGRESS
<i>What administration and staff is going to do to address the Problem of Practice. Include specific instructional strategies tied to your problem of practice.</i>	<i>Who will provide the professional development to support the implementation steps?</i>	<i>When will this implementation happen? When will you expect to see results?</i>	<i>What visual and physical evidence will administration and staff use to determine the level of strategy implementation?</i>	<i>What will students know or be able to do as a result of this strategy implementation? List specific assessments, assignments and other indicators of student success</i>
Leadership students will update and include personal stories in the training that they provide to the 9 <sup>th</sup> grade students in their English classes. Methods of recognition for anti-bullying efforts will be instituted.	Jim Hanson Aaron Barnes Cherie Kinnersley Student Leadership Team Health Teachers	November 2013 (presentations) June 2014 (recognitions)	1) Reduction in OHTS rates of reported harassment to under 5% for every enumerated category. 2) Reduction in discipline referrals for bullying to 7 or fewer.	ODE Health Standards: Students will describe consequences of prejudice, discrimination, racism, and sexism. Advocate for a safe and civil environment to foster student learning.

The Lincoln Student Leadership team revised and re-themed Lincoln's anti-bullying training materials. They kept the original pillars of the research on student-led anti-bullying programs including 1) staff training and reporting, 2) a public speaking group to underclassmen, and 3) publicizing a peer mediation program. The school psychologist trained all new teachers and staff members in the Name It, Claim It, Tame It model and on disciplinary reporting. The student leadership team spent several days discussing the issue of bullying among them to make sure they were prepared to teach others. The leadership team visited every 9<sup>th</sup> grade English class to present on anti-bullying including 1) definition and types of bullying (physical, verbal, relational, and cyber-bullying); 2) myths about bullying; 3) personal stories; 4) media influences; and 5) direct and explicit teaching in how to respond to intolerant statements. At the end of the year Senior Awards assembly, Danny Brillhart, of the Student Leadership Team, received Lincoln's first annual anti-bullying award. Danny's name is on a plaque on Lincoln's new anti-bullying trophy that will be on display in the counseling center. Lincoln's health teachers reprised the anti-bullying lessons in their health classes. Health students designed their own posters and materials demonstrating the consequences of discrimination, bullying, etc. The Peer Advocacy and Cardinal Mentor programs supported students who had conflicts and students who were new to Lincoln.

Data regarding the effectiveness of the anti-bullying program were gathered from a variety of sources. First, discipline records were examined. Lincoln's discipline referrals for bullying and harassment have decreased from 16 in the school year ending 2011, to 10 in 2012 and 2013, to 5 in 2014. This represents a marked decline. Second, results from the Oregon Healthy Teens Survey from 2011 and 2013 were examined. The number of students not going to school in the past 30 days because they felt unsafe remains very low: 0.8% in 2011 and 0.7% in 2013. Students' perceptions of their safety remain high. Similarly, 81.8% percent of students in 2011 had reported that they have not been harassed in the last 30 days for any reason. This compares to 82.4 in 2013. Lincoln's 2013 overall percentage of harassment reported by students is 4.6% less than other Oregon high schools. Anti-gay harassment was reported by 2.1 percent of Lincoln students in 2013. This is a lower number than the 3.6% of Lincoln students reporting anti-gay harassment in 2011. Even better results were seen in reductions of harassment based on race. In 2013, 4.9% of students reported racial bullying. In 2011, 7.3% had reported racial bullying. This represents a decrease of 2.4%, or a decrease of about 1/3 the number of race-related bullying. However, Lincoln saw an increase in the number of sexually related harassment reported. In 2013, 5.3% of Lincoln students reported unwanted sexual comments or attention in contrast to 4.5% in 2011. Finally, although this year no 10<sup>th</sup> grade health class surveys were conducted, results from last reporting in 2013 are presented. 39% of Lincoln students used the Name It, Claim It, Tame It model to intervene when they witness peer-on-peer bullying. Student leaders' goal is 50%.

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Health teachers will continue to teach RESPONSE suicide prevention strategies. Cardinal Families will host a Courageous Conversation. New staff will be trained along with coaching staff. The Student Support Team will conduct Child Find meetings for students contemplating suicide.	York, Scoville, Goldhammer, Noakes, Hanson, Cardinal Families, SST	December 2013	Students will demonstrate proficiency on suicide prevention assessments and appropriately refer. Parents will be trained to help at home. New teachers and coaching staff will be trained. Child find meetings will be held. 7th year of no student suicides at Lincoln.	ODE Health Standards: Identify warning signs, describe how to access resources when someone is considering suicide, and practice how to report and get help when someone is considering suicide.

In November and December 2013, health teachers provided four days of instruction to health class students in the RESPONSE suicide prevention procedures. The RESPONSE High School Based Suicide Awareness Program is an identified Best Practice. About 400 health class students were trained in the warning signs of suicide, in accessing building and community resources, and in assisting fellow students in accessing building supports. The Cardinal Families Health Action Network sponsored a “Courageous Conversation” for Lincoln parents using the RESPONSE materials and Lincoln parent Vicki Crow’s presentation on the death of her son Kraig in 2007. Parents received school and community resources for help and a personalized message on how suicide has affected the Lincoln community. Before school started in August 2013, the school psychologist trained all new staff in RESPONSE. Lincoln’s coaching staff was trained on two separate occasions in October 2013. Approximately 75% of all coaches attended at least one of the two sessions. This is the first year that coaching staff received the training.

Student, staff, and parent referrals were effective in preventing student suicides. The Students Support and Special Education Teams met with parents of 31 students who had serious suicidal ideation, were hospitalized, had attempted suicide, or who had cut on themselves (para-suicidal behavior). Lincoln saw a seventh year without student suicide. However, the number of students reporting a suicide attempt within the past year has risen from 1.2% in 2011 to 2.2% in 2013. This represents about 33 students. This is very close to the 31 “Child Find” meetings that Lincoln’s Student Support Team/Special Education Evaluation Team held with students and families this year. Students and families involved in “Child Find” meeting were given building and community resources and the option of a variety of school supports. The number of students seriously considering suicide has increased from 2011 when 8.4 percent (128 students) reported. At present, within the last twelve months, 13.0 percent or about 198 Lincoln students report seriously considering suicide. This represents a return to 2008 levels. However, this number is fewer than the number at other Oregon high schools. The Lincoln Student Support Team has undertaken several additional interventions this year to more completely support our student body. These include updating the Advanced Suicide Intervention Skills Training (ASIST) for our school counseling intern and school psychology practicum student. At present, all Lincoln school counselors, school psychologist, school nurse, and vice principals have been ASIST trained. In addition, the Lincoln Student Support Team provided technical assistance to Portland Public Schools Student Services Department in updating the Suicide Prevention Resources procedures manual and the individual student suicide risk interview form.

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Health Teachers will continue to teach “Class Action” curriculum. Cardinal Families Health Action Network will host a parent forum on drug and alcohol issues. Lincoln will partner with Reed College and concerned Lincoln students to introduce Project Options.	York, Scoville, Goldhammer/Campos, Hanson, Cardinal Families, SST	Spring 2014	Reduce the percentage of students reporting using of alcohol and/or cannabis in the past 30 days to 20%. Decrease the number of discipline referrals for D&A issues from 30 to 20.	ODE Health Standards: Students will analyze the influences and pressures teenagers face and will demonstrate refusal skills related to alcohol, controlled substances, and other drug use.

Health teachers taught Class Action to all health class students this year. Health students participated in a variety of activities and assessments to help them analyze influences and pressures that teenagers face, illuminate the dangers of controlled substances during pregnancy and in athletics, and designed advocacy campaigns for remaining drug free. Cardinal Families Health Action Network hosted a Courageous Conversation panel and discussion with parents on Wednesday, February 5<sup>th</sup>, 2014. The subject was Marijuana and the Teen Brain. Panelists included OHSU researcher Anita Cservenka, M.D., Lincoln parent Annie Mersereau from PGE human resources, Portland Police officer Drake Hull, Lincoln High School psychologist Jim Hanson who presented Lincoln results on the Oregon Healthy Teens Survey, Lincoln Discipline Vice Principal Cherie Kinnersley, and Lincoln parent Eleni Kehagiaras who furnished free home drug testing kits to all parents. Students from health classes were also invited. About 200 adults and students participated. After the presentation, health class students filled out surveys and discussed their reactions to Lincoln’s efforts to reduce student substance use. Students responded that they appreciated 1) the clear, unbiased information given at the HAN conversation; 2) the ease with which students could access Lincoln’s programs like Reconnecting Youth and Project Options; and 3) the chance to make informed decisions based on facts without making users feel bad. Students made the following suggestions: 1) get this information to ninth graders and middle school students; 2) make new students aware of Lincoln and community programs; 3) get another school counselor that focuses only on drugs and alcohol; 4) have Project Options but without needing parent consent; 5) write more articles in the Cardinal Times; 6) go after distributors; and 7) institute Restorative Justice options rather than expulsion.

Lincoln’s counseling center partnered with Reed College to offer Project Options, a drop-in lunch meeting offered twice a week that provides information and discussion about alcohol. 80 students attended at least one of 76 sessions with most students attending two or more. Nine students attended a more intensive Reconnecting Youth class three times a week for a semester. Lincoln’s first measurable goal was to see an increase in the percentage of students reporting no alcohol use in the past thirty days. Lincoln’s 2012 rate was 57%. The 2013 Oregon Healthy Teens results indicate that a greater percentage of students (65%) report abstaining from alcohol in the past 30 days this year. Our second measurable goal was to see an increase in the percentage of students reporting no marijuana use in the past thirty days. Lincoln’s 2012 percentage was 73%. Unfortunately more Lincoln students report using marijuana this year. The percentage of students abstaining from marijuana use decreased from 73% to 62%. The legalization of marijuana in Washington State may have played some role in increased reporting of pot use. This hypothesis is supported by the finding that student’s attitudes toward drinking and smoking are much more negative than their attitude toward cannabis use. The OHTS 2013 indicates that 71% of students disapprove of daily drinking and 96% disapprove of smoking whereas only 37% of students disapprove of marijuana use. Further, student attitudes are changing from their perception of their parent’ attitudes. Students report that the vast majority of their parents disapprove of drinking regularly (78%) and smoking cigarettes (96%), but they report their parents also strongly disapprove of cannabis use (78%). Lincoln held 19 Level A and 6 Level B D&A discipline hearings this year.

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Counseling Center will continue to offer Dialectical Behavioral Skills Training (DBT) as a Tier Three intervention and STEPS-A (a general education DBT program) to students in the IB Theory of Knowledge class.	Hanson-Psychologist Gibson-Counselor Morris-Counselor Holloway-Counselor Johnson-Nurse Dewey-Student Gaston-Student	January to June	Students in DBT will see significant decreases in anxiety and/or depression (g >.8) that will result in increases in Grade Point Averages of .5 or better. Students in STEPS-A will see increases in coping skills.	Oregon Health Standards: 1) Manage/reduce stress 2) Explain causes/effects of anxiety/depression 3) Build healthy family/peer relationships 4) Describe how environments affect well being

Lincoln completed its sixth year of Dialectical Behavioral Therapy, an evidence-based practice listed on the National Registry of Evidence-Based Programs and Practices (NREPP). The school psychologist led the DBT provider team. The team included three school counselors, a school counseling intern, the school nurse, and the school psychology practicum student. The DBT provider team met weekly to coordinate its services. Dr. Darcy Norling, the former teen program coordinator of Portland DBT Institute, provided help to the Lincoln team in maintaining fidelity to the intervention. The Lincoln DBT program consisted of two DBT weekly classes run concurrently with one group beginning in January and the next in March. There was also weekly individual DBT coaching for students, a monthly DBT parent class, and as-needed pre-emergency consultation for students. Fourteen students participated in the program. The students in the DBT program came from special education, academic priority, the Pioneer classroom, and students identified through “Child Find” procedures for suicidal ideation. Each student was required to have a community-based therapist with whom the Lincoln team consulted. Results are reported in effect sizes for decreases in overall problems, internalizing problems, and depression or anxiety. An effect size of .3 is considered small; an effect size of .5 is considered medium, and an effect size of .8 is considered large. The January group effect sizes for reductions in symptom severity were 1.5 for overall problems, 1.4 for internalizing problems, and 3.2 for anxiety/depression. Effects on the January’s group GPA were modest. The average increase in GPA of .07. In the March group, effect sizes were .7 for overall problems, .3 for internalizing, and .8 for anxiety/depression. GPA increased an average of .96 or one full grade step.

In addition to the DBT program, the Student Support Team initiated a version of DBT for IB Theory of Knowledge students. IB students have been identified as an “at risk” group for developing anxiety and depression. The Lincoln team consulted with Dr. Jim Mazza at the University of Washington who developed Skills Training for Emotional Problem Solving for Adolescents (STEPS-A). A total of 87 students in Grade Eleven attended eight weekly skills trainings focused on stress reduction, emotion regulation, acceptance, and tolerating distress in a productive manner. Each class meeting included required materials, objectives and homework embedded in the curriculum as well as breakout sessions to discuss and apply the material learned. The research portion of the class started on January 28th and ended March 18th. Class time ranged from 45 minutes to an hour each lesson. Before and after the skills training program, all students self-assessed their perceived stress, through the following subscales, difficulties engaging in goal directed behavior, non-acceptance of emotional responses, impulse control difficulties, lack of emotional awareness, limited access to emotional regulation strategies and lack of emotional clarity, on a measure called Difficulties with Emotion Regulation Scale. Students reported lower levels of stress on both pre- and post-measures; therefore, progress in stress reduction was not seen. Students reported that the materials needed enrichment and large group discussion was not as valuable as mindfulness practice alone.

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Reconnecting Youth curriculum will address school attendance, drugs and alcohol, and mental health skills	Wendel, Counseling Center	On-going	Increases in student attendance to 80% or better. Decreases in reported substance use.	Oregon Health Standards: Identify influences that contribute to positive and negative self-image; demonstrate the steps in problem solving, anger management and impulse control.
<p>Reconnecting Youth is an evidence-based program listed in the National Registry of Evidence-Based Programs and Practices (NREPP). Reconnecting Youth (RY) has as its goal school attendance and connection for students that struggle with attendance, drugs/alcohol, organization, and/or social/emotional health. This year, The RY program served nine students. The average increase in attendance was about 75%. Student reported use of substances decreased by 33%</p>				
Peer Mediation will provide training to mediators and services to students.	Gibson-Counselor Wendel-Teacher Doss, Vallion-Parents	Ongoing	Student satisfaction surveys at 80%. Mediator reflections 80% positive.	Oregon Health Standard: Take perspective of others in a conflict situation.
<p>Peer Mediation students, trained as conflict managers, apply problem-solving strategies to assist their peers in settling disputes in a manner satisfying to all parties. Over time, students in schools with effective peer mediation programs learn strategies for resolving interpersonal conflict. The Oregon School Report Card has an option for reporting on the presence of Peer Mediation programs in high schools. At Lincoln this year, 26 students served as peer mediators. 4 adults served as advisors and volunteers. Mediators attended 12 hours of initial training and an additional 4 hours of follow up training. Peer mediators advertised their services with ten-minute presentations in sophomore health classes and freshman study halls. They made a YouTube video to promote their services and conducted an 8<sup>th</sup> grade leadership team presentation. The Student Leadership Team also promoted Peer Mediation in the ninth grade anti-bullying presentations. Lincoln Peer Mediators provided four mediations involving nine mediators and nine disputants. Data was collected from students receiving mediation services. On a six-point scale, students reported an average decrease in stress levels of 2 points pre-post. Students rated their clarity understanding the conflict as increasing by 4 points. Trust for the other person(s) increased by an average of 2 points. Ability to focus at school improved by an average of 2.5 points. Students participating in mediations rated their satisfaction levels with Peer Mediators as an average of 4.8 on a 0 to 5 scale. Peer Mediators provided feedback and reflections via an online survey. Reflections were 100% positive. Students reported the following comments. "Lincoln is a huge school and there are lots of students that have conflicts but don't ever do anything about them. The mediation team gives them a place to go. Without it, many students would have to endure an awkward or hard relationship with another student. It is a vital program to have at Lincoln." "I was able to learn the skills and apply them to my everyday life. Whether it is an argument between friends or family, I found myself being able to facilitate it a little and guide them to a good solution."</p>				

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Lincoln community (students, staff, and parents) will discuss and define Lincoln's character traits. Traits will be used as a part of Social Emotional Learning and discipline.	Clingan Kinnersley Hanson Fox	May 2014	Increased OHTS Positive Youth Development from 67% to 75%. Decrease to less than 10 discipline referrals per year for cheating/academic dishonesty.	Oregon Health Standard: Advocate for a safe and civil environment to foster student learning and achievement.
<p>The Student Support Team in consultation with teachers, students, and community members, concluded that the IB Character Traits should be used as a basis for Lincoln's PBIS and Restorative Justice efforts. The IB Character Traits were chosen because they are familiar to many Lincoln students and community members and the school did not want to set up two different sets of expectations for students: one for students in IB programs and one for students who were not in IB programs. The IB Character Traits were also determined to contain the core characteristics of PBIS (respect, responsibility, and safety) as well as the major components of wellness theory and internal motivation (mastery, autonomy, purpose, and connection to others). The SST consulted with history teacher Fred Fox on how to teach the IB character traits explicitly. IB character traits are taught at the middle school but not the high school level; Mr. Fox has had experience in IB at the middle school level. The student leadership team was also consulted regarding the possibility of providing student-led training. This consultation is still in progress. In the meantime, academic counselor Dave Clingan worked with incoming Freshman on Lincoln/IB character traits activities. Students participated in small groups making 8' diameter pie charts of the character traits and inscribing their pieces with the meaning the traits had to them. These pie charts hang on the cafeteria walls to remind students of the character traits in public areas. About 15 teachers have the character traits posted in their classroom. Work on the intersection of character traits and restorative justice/discipline have not yet begun. Current 2013 OHTS results show Positive Youth Development at Lincoln at 72%. PYD is a general measure of wellbeing and social connectedness including physical and mental health, volunteerism, having a supportive adult, self-confidence, and problem solving. Despite these good results, academic dishonesty continues to be a problem. Over 20 discipline meetings were held for academic dishonesty and plagiarism. These meetings are counted for students whose plagiarism or dishonesty was not a matter of ignorance but a willful occurrence.</p>				