



School Nurse Update

#10 01/09/18

IN THIS ISSUE

Greetings and Happy New Year!

Brrr!! The entire state of Wisconsin has been in a deep freeze. My thoughts have been for the safety of school children in these frigid temperatures. For some, returning to school is a good thing as it means a warm environment and a meal. Getting to and from school is a concern. I trust school nurses have been **monitoring and treating for frostbite and frostnip** in the school children they serve. If you have not sent out any educational pieces this year regarding cold weather precautions and are in need of a **quick resource** I have attached an article I wrote a few years ago. Feel free to adapt and use it.

Since the last Update I have been working on the implementation of the **revised school employee health examinations statute 118.25**. See more information on this in [PRACTICE POINTS](#).

The next DPI School Nurse Update (#11) will be sent out one day later than usual due to the fact that I will be attending a **suicide prevention training** at CESA 8 (Gillet) on January 23, 2018. The DPI offers this training on an ongoing basis. I am participating so that I can become a co-presenter at future sessions. It is important that school nurses' skills and knowledge in mental health and not just physical health, be recognized and utilized. Some school nurses may be less comfortable with mental health issues. The DPI has a wealth of **resources for school nurses and other pupil services personnel regarding mental health issues**. The link to the general website for these resources is: <https://dpi.wi.gov/sspw/mental-health>. I particularly recommend the 20 minute Web-based [suicide prevention training for all school staff](#). Fostering and supporting resiliency in children/students is not only a protective factor against mental illness but, promotes recovery. The DPI has an entire webpage devoted to [resiliency](#). The video/presentation [Resiliency and Hope](#) is a great introduction to this topic.

Information on the **proposed rule changes to PI 34** (teacher and pupil services licenses) can be found in this Update. DPI Professional Educator **School Nurse licenses will still not be required** under these new rules.

Louise Wilson, MS, BSN, RN, NCSN

- New Insulin Approved
- Enhanced Nurse Licensure Compact
- Marshfield Clinic Use of Intranasal Midazolam
- Developmental Milestone App
- Cellphone Allergy?
- Developmental Trauma
- Spanish Language and Cultural Classes
- PRACTICE POINTS – Interim Guidance on School Employee Physical Exams (TB)

SAVE THE DATE

School SBIRT Training -January 30 and March 16, 2018 see flyer- registration required

WASN Spring Conference-April 18-20, 2018 Monona Terrace-Madison Wisconsin



FDA Approves First Short-Acting Follow-On Insulin

The U.S. Food and Drug Administration approved Admelog (insulin lispro injection), a short acting insulin indicated to improve control in blood sugar levels in adults and pediatric patients aged 3 years and older with type 1 diabetes mellitus and adults with type 2 diabetes mellitus. [Read more.](#)

WISCONSIN HAS NOW ENTERED THE ENHANCED NURSING LICENSE COMPACT

The Governor signed the bill into law on December 11, 2017. **The original NLC will remain in effect with four States; Colorado, New Mexico, Rhode Island, and Wisconsin until June 11, 2018** and then Wisconsin will withdraw. So, if you currently hold a Wisconsin multi-state designation, you are able to practice under the NLC privilege in Colorado, New Mexico and Rhode Island until June 11, 2018. After this date, you will need to obtain a single state license from each state not in the eNLC. **After January 18, 2018 the eNLC will become active.**

If you were **actively licensed in Wisconsin on July 20, 2017 and also held a multi-state designation on July 20, 2017**, then you are grandfathered into the eNLC.

For more information as to the eNLC, please use the following link: <https://www.ncsbn.org/enhanced-nlc-implementation.htm>

School Nursing Practice and Funding: New Infographics!

NASN has developed two new infographics based on data from the recent School Nursing Workforce Study. One infographic focuses on funding of school nursing; the other focuses on activities related to the [Framework for 21st Century School Nursing Practice™](#). Check them out! Share with others!

Marshfield Pediatric Neurology Clinic- Use of Intranasal Midazolam

To all of the school nurses and health staff in our schools for the Pediatric Neurology service area for the Marshfield Clinic.

As of January 2 we are going to be transitioning our patients that utilize intranasal midazolam as a rescue medication for their epilepsy/seizures from a vial/syringe/safety needle kit to a pre-filled glass syringe. Use of the atomizer to make the medication mist will still be needed for administration. The syringes come as standard doses of 5 mg/ml syringe or 10 mg/2ml syringe. The families will be instructed at time of their refills or new prescriptions

of the change in their syringe kit. The families will learn to adjust the standard syringe dose (dispel the extra) to their child's specific dose at time administration (you cannot pre-adjust the dose as the glass syringes do not have preservative and once the safety cap is removed the medication is only viable for a short period of time). The excess can be dispelled into a tissue or paper towel that can be left to air dry and then disposed of in regular garbage. The glass syringe will still need to be disposed of in an appropriate safety/needle container. Please remember that the nasal atomizer can be reused. We are hoping that this change will be much easier for many of our families and school staff to utilize. This change will take several months to occur as we see the kids/families in follow-up, so you might not see the change immediately, but I did want you to be aware of this change occurring. I am going to suggest to families that they purchase an inexpensive glass case to put the syringe and atomizer into for carrying purposes.

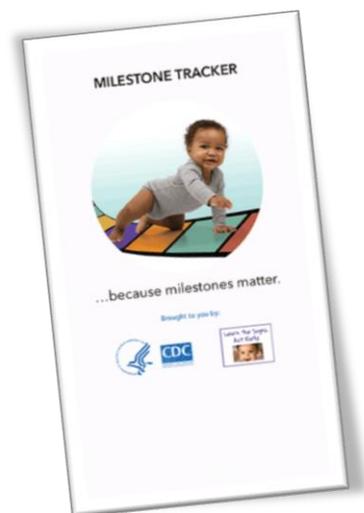
If you have any questions please do not hesitate to contact me.

Laurie Weber RN
Pediatric Neurology
Marshfield Clinic
715-221-7014

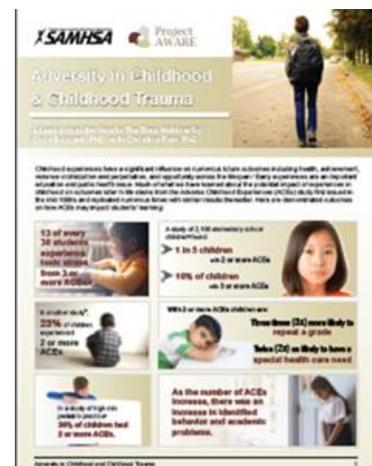
NEW! MILESTONE TRACKER MOBILE APP

The Centers for Disease Control and Prevention (CDC) recently announced its free new app, the [Milestone Tracker](#), which allows users to track their child's development in a fun and easy way. This mobile app is a recent addition to CDC's popular suite of free, family friendly materials available through the [Learn the Signs. Act Early.](#) program. The Milestone Tracker gives parents 1) tips to help their child learn and grow; 2) a way to track milestones and recognize delays; and 3) the ability to share this information with their child's healthcare provider. Specifically, the app offers the following:

- Interactive milestone checklists for children ages 2 months through 5 years, illustrated with photos and videos
- Tips and activities to help children learn and grow
- Information on when to act early and talk with a doctor about developmental delays
- A personalized milestone summary that can be easily shared with doctors and other care providers
- Reminders for appointments and developmental screenintgs



SEE ATTACHED FLYER ON DEVELOPMENTAL TRAUMA AND SCHOOL AGE CHILDREN



NEW WEBSITE FOR THE GET IN TOUCH FOUNDATION



<http://getintouchfoundation.org/>

ASK THE ALLERGIST: ALLERGIC TO CELLPHONES? IT COULD BE NICKEL ALLERGY

Nickel is common in cellphones and if you're allergic it can cause a red, itchy rash. How can you avoid it? And what other products contain nickel? Allergist **Purvi Parikh, MD**, has answers. [Watch now](#)



THE CULTURE OF WISCONSIN'S MEXICAN IMMIGRANTS AND SPANISH LANGUAGE

Classes offered for undergraduate and graduate credits. **See flyer.**



For Immediate Release

January 4, 2018

Contact: Jennifer Miller/Elizabeth Goodsitt (608) 266-1683

DHS Announces New Substance Use Treatment Options in High Need Areas

Four grants issued to expand services for treatment of opioid and methamphetamine addiction

The Wisconsin Department of Health Services (DHS) has awarded grants to four organizations to establish treatment services for opioid and methamphetamine addictions in areas of the state most in need of help. "Accessible addiction services are a vital part of our plan to treat Wisconsin's opioid and methamphetamine problems," said DHS Secretary Linda Seemeyer. "People who are struggling with the chronic disease of addiction need supports close to home, to help them manage their recovery. This investment moves us closer to our vision of everyone living their best life."

[View the entire news release.](#)

Picture courtesy of [By Vqro at English Wikipedia, CC BY 2.5, https://commons.wikimedia.org/w/index.php?curid=31824782](https://commons.wikimedia.org/w/index.php?curid=31824782)





PI 34 Licensing Changes and Notice of Public Hearings

The department recently released an administrative rule proposal that repeals and recreates PI 34, which governs educator preparation programs and licensure of educators and pupil services personnel. This is the result of work of DPI staff and stakeholders that stretches back over a year. The proposed rule changes are meant to make the licensing process more understandable and increase flexibility, while maintaining high-quality staff in Wisconsin schools. The department will be soliciting public comment on this rule in a series of hearings in January and online. To that end, we have posted the full rule, a one-page summary, and details about how the proposal relates to earlier recommendations from the State Superintendent's Leadership Group on School Staffing Challenges [at https://dpi.wi.gov/policy-budget/administrative-rules/pi-34](https://dpi.wi.gov/policy-budget/administrative-rules/pi-34).

The department is asking stakeholders and members of the public to review the proposed rule and comment on it so we can determine what changes should be made. After that, a report will be issued to the Wisconsin legislature summarizing the public comment received and the DPI's response to that comment. The proposed rule, as revised due to public comment, would then move to the legislature, who must approve it before it can go into effect. The planned timeline is:

- January: Public comment and public hearings
- February: Revision of proposed rule based on review of comments and testimony
- March: Submit final version to the legislature
- March – April: Legislative review

Department of Public Instruction will hold five public hearings as follows to consider the promulgation of a permanent rule revising Chapter PI 34, relating to stakeholder workgroups revisions to licensure:

- **January 16, 2018 - 4:00 - 6:00 p.m.**

St. Norbert College, Mulva Library Room 101
400 Third Street, De Pere, WI 54115

- **January 17, 2018 - 2:30 - 4:00 p.m.**

GEF 3 Building Room 041
125 South Webster Street, Madison, WI 53703

- **January 19, 2018 - 4:30 - 6:30 p.m.**

Milwaukee Public Schools Auditorium
5225 West Vliet Street, Milwaukee, WI 53208

- **January 25, 2018 - 3:00 - 5:00 p.m.**

CESA 10 Conference Center
725 West Park Avenue, Chippewa Falls, WI 54729

- **January 29, 2018 - 4:00 - 6:00 p.m.**

UW-La Crosse Centennial Hall
3212 Centennial Hall, La Crosse, WI 54601

Written comments can be made via the Department's form for submitting comment at <https://goo.gl/forms/DnTvOXf6LW3vMAVt2>. Written comments on the proposed rules received no later than January 31, 2018, will be given the same consideration as testimony presented at the hearing. The proposed administrative rule and supporting documents are available to review at <http://dpi.wi.gov/policy-budget/administrative-rules/pi-34> or http://docs.legis.wisconsin.gov/code/chr/all/cr_17_093.

PRACTICE POINTS

I have been fielding calls from various individuals since the publication of the revised school employee health examinations statute [118.25](#) on December 1, 2017. Inquiries have been related to documentation of the results of the tuberculosis risk questionnaire and physical examination by the licensed practitioner including a statement regarding suitability for employment and freedom from tuberculosis in a communicable form. The Department of Public Instruction is revising the current *Record of School Employee Examination* form (SCH3R). As legislation specifies the form to confidentially document freedom from tuberculosis be created by the Department of Health Services, form revisions are a joint effort.

School districts and healthcare practitioners are advised that until the revised SCH3R form is available, having gone through both the Department of Public Instruction's and the Department of Health Services' approval processes, they should continue to use the current SCH3R form ignoring current section I *RESULTS OF SCREENING AND DIAGNOSTIC PROCEDURES FOR TUBERCULOSIS*. Section I will be replaced with *RESULTS OF TUBERCULOSIS RISK ASSESSMENT QUESTIONNAIRE*.

Additionally, healthcare practitioners, registered nurses, and school nurses should use the Department of Health Services' form F-01748 (12/2016) *TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE SCREEN* to complete the questionnaire requirements of 118.25. Practitioners (licensed as a physician or as a physician assistant in any state, or licensed or certified as an advanced practice nurse prescriber in any state) are to keep a copy of the completed questionnaire for their own record. Practitioners should document recommendations regarding employability in section II on the current SCH3R form.

Registered nurses (RN) and school nurses who assist with tuberculosis risk assessment by administering the questionnaire are required by 118.25 to submit a copy of the completed questionnaire to the school board. Until the revised SCH3R form is available, registered nurses and school nurses will need to confidentially make a recommendation to the school board (district) that the employee have further evaluation for tuberculosis by a licensed healthcare practitioner if the risk assessment so indicates. There is no method to document this on the current F-01748 questionnaire. Space to document this will be on the revised SCH3R form. School nurses or RNs may only administer the questionnaire under [118.25\(2\)\(a\)2](#), which means the school board has required additional (repeat) health exams beyond initial hire. It is my hope that before any repeat exams are required by school boards the new form is approved and in circulation.

School Nurse Webpage:
<https://dpi.wi.gov/sspw/pupil-services/school-nurse>

To join the School Nurse Email List and receive school nursing updates [click here](#)

NURSE'S NOTES

Louise Wilson MS, BSN, RN, NCSN
Health Services Supervisor

Frostbite Prevention

Children are at greater risk for frostbite than adults are. Because of their greater surface area children lose heat from their skin more rapidly than adults do. Parents can help prevent frostbite by dressing their child(ren) in layers and covering all body parts from exposure to the cold by wearing hats, scarves, and mittens.

What is frostnip?

Frostnip is frostbite's early warning signal. Frostnip usually affects areas that are exposed to the cold, such as the cheeks, nose, ears, fingers, and toes, leaving them flushed, white, and tingling or numb.

What to do for frostnip:

- ❑ Bring the child indoors immediately.
- ❑ Remove all wet clothing. Wet clothes draw heat from the body.
- ❑ Immerse chilled body parts in warm (not hot) water until all sensation returns.
- ❑ Don't let the child control the water temperature during warming. Numb hands won't feel the heat and can be severely burned by water that is too hot.

What is the difference between frostnip and frostbite?

Frostbite is a more severe form in which the tissue actually freezes. Frostbite is characterized by white, waxy skin that feels numb and hard. Handle the area gently. Never rub the area, as rubbing causes further damage to the soft tissues. If the tissue is not properly rewarmed, the blood vessels are damaged and the tissue dies. If a large enough portion of tissue dies the child may lose a finger, etc. Frostbite requires immediate medical attention.

What to do for frostbite:

- ❑ Get the child into dry clothing, and then take them to a hospital emergency room. If feet are affected, carry them.
- ❑ Call for an ambulance if large parts of the body are affected or your child has any difficulty breathing. Frostbite often is a result of hypothermia and this can cause cardiac and breathing emergencies.
- ❑ If you cannot get them to a hospital right away or must wait for an ambulance, give them a warm drink and begin first aid treatment.
- ❑ Immerse frozen areas in warm water (not hot) or apply warm compresses for 30 minutes. If warm water is not available, wrap gently in warm blankets.
- ❑ Do not thaw the area if it is at risk for refreezing, which may cause severe tissue damage.
- ❑ Apply sterile dressing to the area if thawing is complete; place in between fingers and toes if affected. Try not to disturb any blisters that may have formed.

Winter weather does not have to keep your child(ren) from enjoying outdoor activities. Taking precautions by making sure your child is properly dressed and takes regular warming breaks will help prevent dangerous frostbite.

*** Children in the Beaver Dam Unified School District do not go outdoors for recess if the wind chill is below - 10°F.**

Proposed Administrative Rule Changes to Educator Licensing (PI 34)

Changes to the administrative rule that governs educator licensing, PI 34, are the result of significant input from a diverse set of stakeholders throughout the state. The changes also implement new statutory language related to licensure as a result of the most recent biennial budget (2017 Wisconsin Act 59). The proposed rule changes are meant to make the licensing process more understandable and increase flexibility, while maintaining high-quality staff in Wisconsin schools. Key aspects of the proposed rule are:

- **Updates, clarifies and makes consistent the program approval process for both traditional and alternative route programs.** The new rule creates a standard, streamlined approach to approving educator preparation programs, while ensuring these programs provide our educators with high quality, rigorous training. (Subchapters II-IV).
- **Simplifies the licensing process.** The new rule creates a tiered approach to educator licensing, which will allow educators to obtain a license fitting their unique training and experience. (Subchapter V). Under this approach:
 - Tier I licenses are of limited duration and authorization, allowing school districts to meet short-term or specialized needs.
 - Tier II licenses are provisional licenses which allow new educators, out-of-state license holders, and other highly qualified individuals to start the progression to a life license.
 - Tier III licenses are life licenses for long-term educators.
 - Tier IV licenses are optional master educator life licenses for educators who meet additional rigorous requirements for quality and effectiveness.
- **Consolidates subject areas.** The new rule will provide districts more flexibility in staffing their schools by preparing educators to teach entire subject areas rather than just specialized subjects (e.g., science, social studies, music – Subchapter VI)
- **Adds flexibility.** The new rule allows highly-qualified license holders to add additional license areas, giving them access to new opportunities and helping school districts fill high demand assignments. (Subchapter IX)
- **Makes the educator misconduct process fairer and more efficient, effective, and transparent.** The new rule provides the Department of Public Instruction (DPI) with additional tools to address educator misconduct, including license suspensions and reprimands. The new rule also adds transparency by requiring the DPI to post final decisions in all misconduct cases, giving schools and parents additional information. (Subchapter X)
- **Creates clarity.** The new rule uses standardized, simplified language and structure to make the rule clearer, more understandable, and shorter. As a result, the new rule is approximately two-thirds as long as the old rule.

This rule is being brought forward by the DPI. It is available to view at <https://dpi.wi.gov/policy-budget/administrative-rules>. A public comment period, including hearings and a web-based submission, will be open in January 2018. Public comments will be evaluated to determine if changes need to be made to the proposed rule and a report will be issued to the Wisconsin legislature summarizing the public comment received and the DPI's response. The proposed rule then moves to the legislature, who must approve it before it can go into effect.

If you have questions about this rule or the rulemaking process please email adminrules@dpi.wi.gov.

Patient Name:

MHN:

Date:

Preparing the Midazolam Pre-filled Syringe

Midazolam is given through the nose to stop seizures. You will need a syringe filled with midazolam and a Mucosal Atomization Device (MAD), or an atomizer.

Final amount of medicine in the syringe: _____ mL

- If needed, adjust the amount of medicine in the syringe:
 - Remove the tip cap by twisting it off. Discard the tip cap.
 - Place the tip of the syringe into a clean tissue and gently press the plunger of the syringe until the total prescribed dose remains in the syringe.
- Attach the atomizer to the syringe tip using a twisting motion.
- Half of the medicine should be given into the right nostril. The other half should be given into the left nostril.

Someone from your healthcare team will mark on the syringe below the correct volume of medicine to give.



Patient Name:

MHN:

Date:

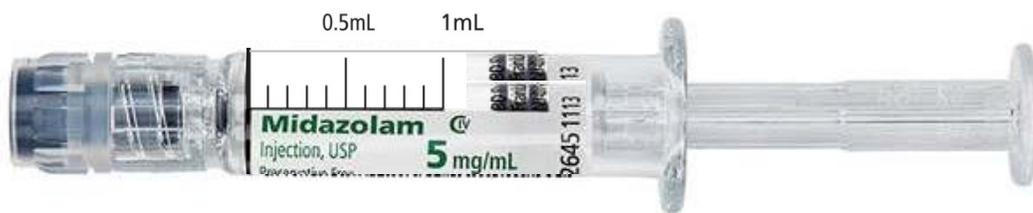
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Someone from your healthcare team will mark on the syringe below the correct volume of medicine to give.



SPRING SEMESTER 2018

Updated 19Dec2017

CHOOSE ONE: Training/prof dev hours or credits (plus materials fee)

Training only (\$159) OR 3 undergrad credits (\$525) OR 3 grad credits (\$840) OR audit/no credits (\$234)

THE CULTURE OF WISCONSIN'S MEXICAN IMMIGRANTS

Through informative stories, videos, historical highlights, active discussions, and an exposure to a few meaningful key code words in the Mexican Spanish language, an awareness of how the Mexican culture and history have influenced the Mexican mestizo of today will follow. And in the process, learners will collaborate to increase their own awareness and appreciation of culture, history, lifestyle, diversity and how they -- and others -- think, communicate and behave within a multicultural context. Resources and practical information will be shared. This course is taught using a fun and interesting approach, Sartre's progressive-regressive framework for interpreting history to better understand an event (the conquest of Mexico), what happened before it to cause it (the role of Spain and the Aztec/Mexica empire), and what happened since (colonization, poverty, 16 layer caste system, etc.) to explain the culture of Wisconsin's Mexican immigrants. Several indigenous populations are included in this review of one of the most important events in the history of North America. This course provides an appreciation of the Mexican culture by offering a personal experience through the use of the five senses, field trips to experience a Mexican tienda and restaurant. The end result -- a deeper understanding of your own culture and the Mexican culture as well as cultural competencies -- your work will be more effective and rewarding. Includes fieldtrip to a Mexican store and restaurant (Materials fee: Madison \$65, Janesville, Milwaukee and Tomah \$75; \$15 discount if paid by 1/1/2018). Must request permission if your registration is above 12 participants.

Madison: Meets 9 Monday evenings 4:45pm-9pm, on Jan 29, Feb 12, 26, March 5, 19, April 2, 16, 30, and May 7 -- Meet at Covenant Presbyterian Church -- Apply by 2/2 and enroll by 2/9

Janesville: Meets 3 weekends, Fridays 5:30pm-9:30pm and Saturday 8am-4:30pm on Feb 10, 23/24, March 9/10 and 16, Apply by 1/30 and then enroll by 2/2

Milwaukee area/Franklin: Meets 3 weekends, Fridays 6pm-10pm and Saturdays 8am-4:30pm on March 31, April 13/14, 27/28 and May 11 -- Apply by 3/27 and then enroll by 3/30

Tomah: Meets 3 weekends, Fridays 6pm-10pm and Saturdays 8am-4:30pm on April 6/7, 20/21, and May 4/5, Apply by 3/27 and then enroll by 3/30

BEGINNING SPANISH, PARTS 1 and 2

Beginning Spanish provides a basic useful knowledge of communicating with native Spanish speakers, especially Mexican immigrants in Wisconsin. This practical, applied course aims to provide an introduction to and working knowledge of basic communication with Spanish-speakers. This course acknowledges that language acquisition is a process that takes years and begins with listening for comprehension (through context, actions and word recognition), speaking, reading and writing, vocabulary and grammar. In addition to exploration of Spanish, this course includes some Mexican culture. A variety of learning strategies are made use of so learners can assess how they best learn a new language. Taught in active learning. Additional: Fieldtrip to Mexican store and restaurant. (Materials fee for Spanish 1/Part 1: Madison \$65,

Madison Covenant \$70, WI Dells \$80; \$15 discount if paid by 1/1/2018) Must request permission if your registration is above 12 participants.

PART 1-- Madison -- Meets 9 Tuesday evenings 4:45pm-9pm at Covenant Presbyterian Church on Jan 30, Feb 13, 27, March 6, 20, April 3, 17, May 1 and 8 -- Apply by 2/2 and enroll by 2/9

PART 1--WI Dells -- Meets 9 Thursday evenings 4:45pm-9pm in a school on Feb 1, 15, March 1, 15, 29, April 12, 19, May 3 and 10 -- Apply by 2/2 and enroll by 2/9

PART 1-- Madison -- Meets 10 Sunday afternoons 2pm-5:45pm at GTG/west side on Feb 4, 11, 18, 25, March 4, 11, April 8, 15, 22 and 29 -- Apply by 2/2 and then enroll by 2/9

PART 1-- Madison -- Meets 12 Monday & Wednesday evenings 5pm-8pm at Covenant Presbyterian Church on Feb 5, 7, 19, 21, March 7, 12, 21, 26, April 4, 9, 23 and 25 -- Apply by 2/2 and then enroll by 2/9

(Materials fee for Spanish 1/Part 2: Madison Covenant \$50, WI Dells \$60; \$15 discount if paid by 1/1/2018)

PART TWO -- WI Dells -- Meets 9 Wednesday evenings 4:45pm-9pm in a school on Jan 31, Feb 14, 28, March 14, 28, April 11, 18, May 2 and 9 -- Apply by 2/2 and then enroll by 2/9

PART TWO -- Madison -- Meets 12 Tuesday & Thursday evenings 5pm-8pm at Covenant Presbyterian Church on Feb 6, 8, 20, 22, March 8, 13, 22, 27, April 5, 10, 24 and 26 -- Apply by 2/2 and then enroll by 2/9

ART OF MEXICO

Explore the Mexican culture – pre and post-Columbian art, artists, architecture, dance, music, fiestas, movies, sayings, folk tales, cuisine. Class presentations include various forms of Oaxacan art and related classroom activities -- clay sculpture, woodcarving, Days of the Dead, Zapotec weaving, as well as amate bark painting, yarn painting, Huichol bead crafts, Tarascan (Purepecha) embroidery, Mata Ortiz pottery and more! Through active learning, students will acquire appreciation of how Mexican arts represent the blending of indigenous, Spanish and African cultures. Includes fieldtrip to a Mexican store and restaurant (Materials fee: Madison \$55, Madison Covenant \$60; \$15 discount if paid by 1/1/2018). Must request permission if your registration is above 12 participants.

Madison -- Meets 10 Sunday mornings 8am-11:45am at GTG/west side on Feb 4, 11, 18, 25, March 4, 11, April 8, 15, 22 and 29 -- Apply by 2/2 and then enroll by 2/9

Madison -- Meets 3 weekends, Fridays 6pm-10pm and Saturdays 8am-4:30pm or Sunday 8am-4:30pm at Covenant Presbyterian Church for Fri/Sat and GTG for Sunday on Feb 9, March 17/18, 23/24 and March 30 -- Apply by 2/2 and then enroll by 2/9

MEXICO'S 8 REGIONS & INDIGENOUS PEOPLE

Mexico's 8 Regions covers the regional differences formed by the 31 states of the republic of Mexico as well as Mexico City/Distrito Federal (D.F.). Also included are the major indigenous North American "Indians" of each of the 8 regions of Mexico – mainly the Maya, Tarahumara, Mexica/Aztec, Toltec, Olmec, Tarascan (Purepecha), Mixtec, Tlaxcalans, Zapotec, Totonacs,

Huichol, and Tabascans . Learn about the development and historical events as well as the food, famous men and women, festivals and music related to the 31 states of Mexico and Mexico City/Distrito Federal (D.F.). Includes fieldtrip to Mexican store and restaurant (Materials fee: Madison Covenant \$55; \$15 discount if paid by 1/1/2018). Limited to 12 participants.

Madison -- Meets 3 weekends, Fridays 6pm-10pm and Saturdays 8am-4:30pm at Covenant Presbyterian Church on Feb 2/3, 16/17 and March 2/3 -- Apply by 1/30 and then enroll by 2/2

CREDIT INFORMATION -- Graduate/undergraduate credits or record of audit courses are offered through University of Wisconsin-Parkside, Institute for Professional Educator Development, in a collaborative partnership with CACL/Center for Active & Collaborative Learning. UW-Parkside is accredited by the Higher Learning Commission and is a member of the North Central Association. The WI Department of Public Instruction accepts successful completion of these courses for meeting the continuing professional education requirement under Ch. PI 34. It is each student's responsibility to check with DPI and school district to evaluate and understand any requirements related to the use of courses taken for professional development/educator licensure purposes.

Let us know which course, location, dates/times meet your needs and we'll do our best to offer them then. **Courses can be SCHEDULED ANYWHERE IN WISCONSIN –call or email your request**

Check online often for updates:

<https://www.uwp.edu/learn/departments/educatordevelopment/apd/upcoming.cfm>

CACLL/Center for Active & Collaborative Lifelong Learning, Inc. in partnership with UW-Parkside
732 Struck St. #111 Madison, WI 53711 (608)772-0794 cacllc@charter.net

TENTATIVE Summer 2018 (TENTATIVE DATES 12 weeks around May 21-August 10)

Week 1=have each of 5 places start then they'll each run Mon-Thurs for 1 week

1--WI Rapids--Wausau, St Point, Plover, A-F

2--Lake Geneva or Janesville -- northern IL, Milw, Kenosha, Racine, Beloit, Rockford, Janesville, Freeport,

3--Dodgeville -- Fennimore/Platteville, Fennimore, Iowa

4--Milwaukee

5--Madison (note: Madison summer school runs 6/18-7/27)

Run Spanish in evenings Thurs or Fri eves 5pm-7:30pm for 15 weeks x 2.5 hrs/week

Week 7--have each of 5 places start then they'll each run Mon-Thurs for 1 week starting Week 7 of summer session

1--Milwaukee 3--WI Dells

2--Madison 4--Oshkosh

5--Tomah

Run Spanish in evenings Thurs or Fri eves 5pm-7:30pm for 15 weeks x 2.5 hrs/week



Adversity in Childhood & Childhood Trauma

Adapted from the Now Is The Time Webinar by
Chris Blodgett, PhD, with Christina Pate, PhD

Childhood experiences have a significant influence on numerous future outcomes including health, achievement, violence victimization and perpetration, and opportunity across the lifespan.ⁱ Early experiences are an important education and public health issue. Much of what we have learned about the potential impact of experiences in childhood on outcomes later in life stems from the Adverse Childhood Experiences (ACEs) study first issued in the mid-1990s and replicated numerous times with similar results thereafter. Here are demonstrated outcomes on how ACEs may impact students' learning:



**13 of every
30 students
experience
toxic stress
from 3 or
more ACEs.ⁱⁱ**

A study of 2,100 elementary school childrenⁱⁱⁱ found:

- ▶ **1 in 5 children**
with 2 or more ACEs

- ▶ **10% of children**
with 3 or more ACEs



In another study^{iv},
23% of children
experienced
**2 or more
ACEs.**

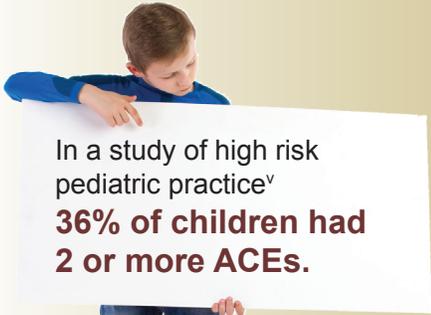


With 2 or more ACEs children are:

**Three times (3x) more likely to
repeat a grade**



**Twice (2x) as likely to have a
special health care need**



In a study of high risk
pediatric practice^v
**36% of children had
2 or more ACEs.**

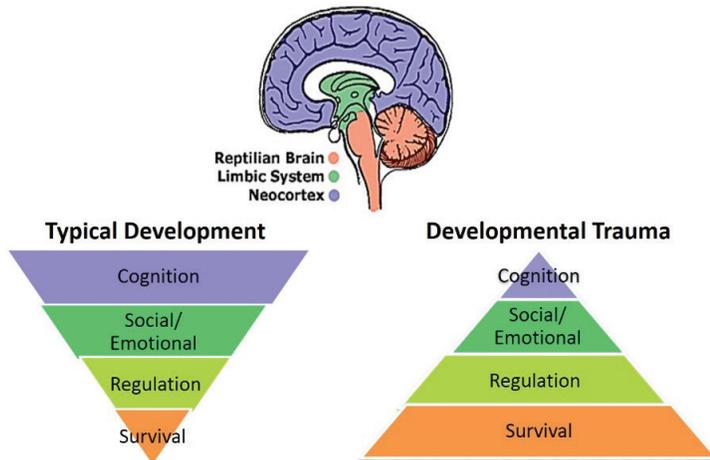
**As the number of ACEs
increase, there was an
increase in identified
behavior and academic
problems.**



Developmental Trauma

Developmental Trauma refers to multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma.^{vi} Students who experience developmental trauma may enter school unprepared cognitively, emotionally, and physically. In fact, we know that ACEs and developmental trauma can significantly impact brain development and subsequent health and education outcomes.

The graphic below^{vii} illustrates the development of a “typical” child as compared to the development of a child experiencing trauma. As indicated, the “typical” child focuses most energy on cognition and social-emotional functions and little on survival. However, the triangle inverts for the child experiencing trauma with most of the brain’s attention centered on survival, leaving little for cognition and social-emotional functions.



Resilience: What to Build in Response to Developmental Trauma

Resilience is defined as the ability to move forward and prosper despite adversity. You can’t become resilient unless you’ve been challenged. In order to achieve resilience, there are three major goals to work toward: Beliefs, Skills, and Environments.

- **Beliefs** – How do we shift beliefs? One of the things trauma takes away from people is a belief in their own future – the ability to have a sense of **hope** and the ability to see themselves as having **self-efficacy** (essentially the ability to believe that they can change the circumstances that they’re working with). Targeting how we create the kind of experiences that help people shift their perspective on the future is essential. Supporting the development of a coherent narrative can be powerful. For example, predictability through structure, routines, and the presence of reliable adults helps reduce turmoil and allows youth and young adults to start creating logical sequential connections that help them understand their own narrative^{viii} and make necessary shifts to begin seeing the future as hopeful.
- **Skills** – We need to shift our perspective from a disorder mindset to one of how we can support students’ skill-building. Skills (from basic to more advanced) include **emotional regulation and a tolerance for change** as well as **relational skills** (ability to get along with others). These become the foundational skills needed for **executive function** (ability to problem solve, sequence, use language, and memory as ways to organize ourselves). However, we cannot get to executive function if we are being overwhelmed by emotion, if we are isolated, or if we are involved in relationships that are in a constant state of crisis. For example, when there is a conflict, we ask students, “Why did you do that (executive functioning)?” When the brain might be “offline” (activated by stress), we might encourage a student to know that they are safe and they are cared for and provide them the time and safe space to regulate so that they can then provide the cognitive processing necessary to explain cause and effect.

Every positive, attuned interaction with a trustworthy other can help to rewire the brain.
- Bruce Perry (2006)

- *Environment* – Children do not get a great deal of control over their environment in general. As adults, we need to be intentional about how we control the environment. This means being very specific about the issue of **social support**. For example, many students’ behaviors resulting from trauma or ACES often isolate them from other children. Allowing students to have “jobs” in the classroom where they are contributing allows them to be able to help another student or receive help in positive ways. Techniques like this are not dramatic technical solutions, rather they are solutions implemented with intention and persistence in order to be able to address these issues.



Another important environmental issue pertaining to resilience is the importance of having **forgiving, repairable settings**. If we stigmatize and isolate students, we can actually add to a cascading set of stressful/overwhelming events; we become a risk factor. Thus, providing students the opportunity to have restitution, repair relationships, and reenter relationships and classrooms, even after a significant violation of rules or norms, becomes essential.

Finally, it is important for students to have access to the social and material resources for adaptation. Many students show up to school without adequate clothing or food and perhaps come from inadequate shelter. These become a very pragmatic set of goals about meeting the basic needs of students in order to create the space needed to grow.

Developmental Trauma and Safety

- Some common *activators* for children who have experienced developmental trauma include:
 - Perception of a lack of power
 - Unexpected change/transitions
 - Feeling shame
 - Feeling vulnerable or frightened
 - Feeling threatened or attacked
 - Intimacy and positive attention

Perspective, Practice, and Policy

To truly understand and appropriately support students affected by trauma and adverse childhood experiences, a major perspective shift must occur. Rather than viewing student behavior as willful, conscious, disruptive, oppositional, or defiant, we need to understand that behaviors are adaptive response patterns, meeting their needs, demonstration of broken trust, evidence of skills deficits, and inability to regulate emotions.^{ix}

There are key practice and policy changes that must occur in order to appropriately address these issues.

- It is essential for us to remember how our biology gets organized through its relationship with other people. Thus, we have to calibrate our relationship and goals to the arousal level of the child – both in the moment and to their chronic levels of arousal. Emotional arousal refers to an emotional state that is the product of physiological arousal (e.g., anger, fear, worry, anxiety, etc.).



One of the most important things for an educator to understand is that **in high states of emotional arousal, new learning cannot occur**. Thus, the idea of speaking louder or slower to a child who is struggling is an ineffective strategy. What we need to be able to do is to help the student calm down and reassert some level of emotional regulation if we expect them to be able to move into a place where they have some options for behavior.

Perspective Shift:

FROM: “What’s wrong with you?”

TO: “What happened to you and how can we help?”

Our present level of arousal will end up defining what our behavior options are. The same is true for both adults/educators and children/students. Therefore, **teaching self-regulation skills** becomes an essential intervention framework. However, if we are going to teach self-regulation, we as adults must learn how to **co-regulate** with the child. So, as adults, we must learn these skills ourselves so that we can model it, but also use our ability to calm, organize, and center so we can help students do the same. As we are able to regulate ourselves, it is a gift that we are able to offer others who are struggling.

- If you think in terms of the policies and practices that go beyond the child and focus on the environment in which the student functions, there must be a focus on opportunities to create safety, relationships, and trust. Also important is to cultivate a sense of power in staff and students. We do this by building on strengths and existing skills of students and adults, reserving labeling for only when it helps (e.g., when a diagnosis creates access for treatment or services), and determine when specialized treatment is needed.
- Social emotional learning practices are trauma informed practices. Thus, clear and effective rules and procedures, effective discipline and accountability practices, quality student-teacher relationships, teachers’ mindfulness, instructional and management practices that support student responsibility for learning, parent engagement and inclusion in learning supports, and intentional use of the physical and social environment are essential.^x

Endnotes

- i Centers for Disease Control and Prevention (n.d.). Adverse childhood experiences (ACES). Retrieved from: <https://www.cdc.gov/violenceprevention/acestudy/>
- ii Washington State Family Policy Council
- iii Blodgett, 2010
- iv Bethell, C. D., Newacheck, P., Hawes, E., & Halfon, N. (2014). Adverse childhood experiences: Assessing the impact on health and school engagement and the mitigating role of resilience. *Health Affairs*, 33(12), 2106-2115.
- v Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse & Neglect*, 35(6), 408-413.
- vi Van der Kolk, B.A. (2005). Developmental trauma disorder. *Psychiatric Annals*, 35(5), 401-407.
- vii Adapted from Holt & Jordan, Ohio Dept. of Education
- viii ECHO Parenting & Education (2017). What do I do? Trauma-informed support for children. Retrieved from: <http://www.echoparenting.org/trauma-informed-support-for-children/>.
- ix Eber, L., & Dibble, N. (2015). *Building on PBIS to create a trauma-sensitive school: Ensuring efficiency, effectiveness & sustainability*. Presentation at the Wisconsin PBIS Conference, Wisconsin Dells, WI.
- x Adapted from: Marzano, R. J t al.,(2005). *A Handbook for Classroom Management That Works*. Alexandria, VA: Association for Supervision and Curriculum Development.



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School SBIRT Training

(Screening, Brief Intervention, and Referral to Treatment)
A Training Opportunity for Middle and High School Student Services Staff

What is SBIRT?

SBIRT offers an efficient, evidence-based, and comprehensive service to address selected behavioral health concerns among adolescents. The service begins with administering a standardized Screening instrument. For students who show moderate or high risk results, a Brief Intervention (BI) is conducted. The BI is delivered with motivational interviewing and is protocol-guided. For those students who show high risk concerns and who do not respond to the BI, a Referral to Treatment may be initiated.

Why SBIRT in Schools?

- Evidence-based for addressing student alcohol/drug involvement and evidence-informed for addressing a range of other behavioral concerns, including attendance, classroom behavior, and mental health
- Student-centered and strength-based
- Teens rate the service with high levels of satisfaction
- Provides a Tier II and Tier III practice with PBIS
- Response-to-Intervention can be ascertained by using baseline and follow-up screening results

Training Description:

■ A requirement of registration is to complete:

- 1) A Pre-training Reading Assignment, and 2) An initial Implementation Plan
- Both are available at: www.wishschools.org/resources/schoolsbirt.cfm

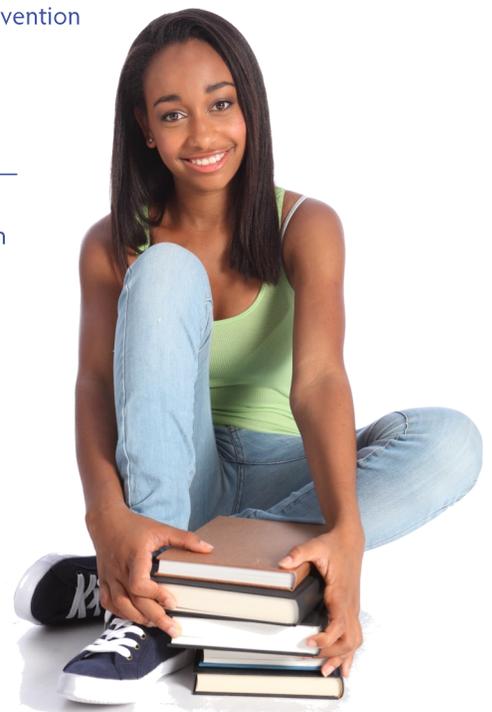
The school implementation plan must be submitted one week prior to training to: Tracy Herlitzke, therlitzke@cesa4.org

■ **Initial Training (Day 1)**— Overview of SBIRT, introduction to the requisite skills (Motivational Interviewing), and practice on delivering protocol-guided Brief Intervention services. Audiotape delivery of Brief Intervention.

■ **Adopt SBIRT Into Practice and Continue Implementation Planning**— Staff deliver SBIRT services and track initial implementation. Staff meet with student services leadership to complete Implementation Plan.

■ **Follow-up Training (Day 2)**— Staff receive individualized feedback from fidelity review of audiotape. Continue skill building, practice delivering SBIRT, and refining Implementation Plan.

■ **Implementation Coaching**— Staff will participate in monthly implementation coaching calls.



Time:

Registration: 8:00am-8:30am;
Workshop: 8:30am-3:30pm

Dates/Location:

■ January 30 and March 16, 2018

LAUNCH Elmbrook
(Hosted by Elmbrook School District)
19601 W. Bluemound Road, Suite 230
Brookfield, WI 53045

Contact: Christine Kleiman, CESA #7
(920) 617-5645; ckleiman@cesa7.org

Register Online:

■ Brookfield:

http://login.myquickreg.com/register/event/event.cfm?from_cms=1&eventid=19842

Cost: \$100/per person
(Lunch and snacks provided)

Payable to: CESA #4

Send Payment to: CESA #4 ATTN:

Mary Devine, 923 East Garland Street,
West Salem, WI 54669—PLEASE include
and clearly define: Participant name, exact
name of workshop, and date, with all
checks or purchase orders. Thank you!

Workshop Questions: Tracy Herlitzke
(608) 786-4838; therlitzke@cesa4.org

Registration Questions: Mary Devine
(608) 786-4800; mdevine@cesa4.org

