

APPLICATION TEMPLATE for MISS KENDRA PROGRAMS

HOW TO USE THIS DOCUMENT

1. Schools, school districts, boards of education, or other catalyst organizations may use this template as the foundation for applications for funding for the launch and implementation of Miss Kendra Programs.
2. The template contains 11 sections designed to address several of the most common priorities and criteria of many funders. Sections should be used as needed, as some sections may not be relevant to all applications.
3. To ensure the template's universal relevance, it does not include any local data or other local information. Local data and other local information may need to be added to applications before submission.
4. The final section ("Leveraging Federal Stimulus Funding") should be used if the funder is looking for evidence of possible sources of leverage funding.
5. Please contact David Johnson at davidreadjohnson@gmail.com with any questions about the template or any other requests for support in developing a compelling application.

SECTIONS OF THE TEMPLATE

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Program Overview

Miss Kendra Programs is a trauma-informed, social and emotional learning (SEL) program that:

1. Consistently delivers meaningful improvements in student behavior, teacher efficacy, and school climate, leading to increased academic achievement;
2. Addresses structural oppression and racism, and promotes social justice and anti-racism;
3. Utilizes a cost-effective, early-intervention, public-health approach that reaches every student;
4. Local communities can sustain themselves after a modest one-year philanthropic investment to cover start-up costs; and
5. Provides a tailor-made solution for schools to meet their students' social and emotional needs in the wake of COVID-19.

Program Background

Since 1976, The Foundation for the Arts and Trauma's mission has been to transform the way society addresses and responds to toxic stress and trauma by giving children and adults a voice to speak their truth through the arts and together build healthier individuals and communities. Since 2008, the Foundation has primarily focused on supporting Miss Kendra Programs, a trauma-informed SEL program that emerged from research on the impact of stressful childhood experiences and research on how to create buffers that build protective factors and bolster the resilience children need to "reduce the effects of stressful life events; increase (their) ability to avoid risks or hazards; and promote social and emotional competence to thrive in all aspects of life now and in the future."¹

Adverse Childhood Experiences (ACEs) such as trauma, ongoing abuse or neglect, or chronic stress as a result of financial pressure, lack of resources, interpersonal strain, or community violence result in a state of toxic stress inside a child that interferes with their capacity to meet the normal demands of life. ACEs have been linked to negative health outcomes including risky health behaviors, chronic health conditions, future victimization and perpetration, low life potential, and early death.² Exposure to traumatic events disrupts development and has immediate and lifelong adverse effects on physical, social, and emotional well-being.

Research shows that a stable and supportive relationship with a caregiver can substantially buffer children who have been exposed to ACEs, helping them to avoid the short- and long-term impacts of toxic stress. In fact, studies have shown that, "The single most common (protective) factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult."³ Research identifies school connectedness as another important protective factor.

Miss Kendra Programs builds both of these protective factors by guiding teachers and other school support staff to provide care and attention to stressed children, in structured and limited times – framed within the imaginal context of the fictional Miss Kendra, introduced in a book titled *The Legend of Miss Kendra*. Miss

¹ U.S. Centers for Disease Control and Prevention (CDC) definition of "protective factor"

² Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*. 1998;14(4):245–258.

³ National Scientific Council on the Developing Child (2012). *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper No. 12*. Retrieved from www.developingchild.harvard.edu.

Kendra addresses every child's need for a caring adult who empathizes with them as they share the difficult truths in their lives. Through open classroom conversations, children learn that, when they talk about their experiences, they can find the help they need. Children also share their concerns by writing letters to Miss Kendra and receiving empathetic responses that assure them they have been heard. By sharing their worries and burdens, children improve their capacity to attend to schoolwork, remain calm when facing demands, and develop a more secure sense of self.

The Miss Kendra Programs model, at its core, means asking every child on a regular basis if they have experienced stressful events to identify problems early and to strengthen children's psychological immunity. For the child, this process consists of:

1. Identifying core stressors using Miss Kendra's List (a list of ACEs that helps children realize that their reactions to relatively minor stressors derive from the important stressors in their lives);
2. Communicating to the child the existence of a knowledgeable and caring listener (their teacher/Miss Kendra); and
3. Gaining language about these concepts to achieve more cognitive control over the emotions that are evoked.

Miss Kendra Programs aims for every child to know that, no matter how bad things are, someone who cares knows about their struggles. Building these relationships and strengthening children's psychological immune systems leads to positive results without necessarily eliminating the stressors themselves.

The acclaimed 2016 documentary [“Resilience: The Biology of Stress and The Science of Hope.”](#) directed by James Redford, highlights Miss Kendra Programs as an exemplar of a preventive program for children in schools and communities impacted by toxic stress, violence, and trauma.

Research on what works to help a different population facing a different type of stress may prove useful in explaining the philosophy behind Miss Kendra Programs: The single best predictor of survival among miners in a mine collapse is how quickly people on the surface communicate to the miners trapped below that they know what has happened, know they are trapped, and are coming to get them. Miners who hear that message are able to withstand the psychological stress ten times longer than those who do not hear it. The very first thing done in a mining accident, therefore, is to guide a loudspeaker down into the mine to blast that message as loudly as possible (Toro, 2011). *Hoping* that someone knows what they are going through is not enough; the miners have to *know* that someone wants to help them. For children experiencing toxic stress, Miss Kendra Programs is that loudspeaker telling children that someone who cares knows what they are going through.

Value Proposition

Miss Kendra Programs offers funders the rare opportunity to check all three boxes that philanthropy typically seeks – but rarely finds – in a program investment:

1. **Impact.** Over 13 years in 40+ schools in 11 states, the program has consistently produced strong outcomes for students and schools, regardless of race or socioeconomic status, in rural and urban communities:
 - 75% reduction in suspensions in four years (aggregate data for 12 schools)
 - 75% reduction in office referrals (12 schools)
 - 95% of teachers recommend the program to other teachers (22 schools)
 - 100% of teachers report that the program calms down their students (22 schools)

Long-term, the program supports social, emotional, and cognitive development, which are proven to improve attendance, grades, test scores, graduation rates, and success in college and career.

2. **Cost-Effectiveness.** SEL programs offer a high return on investment. A 2015 study by the Center for Benefit-Cost Studies of Education at Columbia University's Teachers College found that every dollar schools spend on SEL programs returns an average of \$11 of economic benefits to society. Many effective SEL programs, however, utilize mental health models involving intensive interventions with the most distressed, symptomatic, and needy students, and may cost up to \$5,000 per student per year. Utilizing an early intervention, public health approach not only enables Miss Kendra Programs to reach every student (especially critical during this time of universal exposure to COVID-related stressors), but it does so at a per-student cost of roughly \$50 during the first year at a school.
3. **Sustainability.** SEL programs that bring specialized personnel into schools require large, long-term investments because the program cost does not decrease over time. All too often, these programs receive three- or four-year philanthropic, federal, or state investments, and then disappear when outside funding expires and the community cannot afford to sustain them. Effective SEL programs must be integrated into the school curriculum forever to produce permanent results. Philanthropy, therefore, does not represent a viable permanent solution. Miss Kendra Programs – rather than relying on outside experts – trains and supports teachers to implement the program curriculum. After a modest first-year investment by philanthropy, the cost of the program drops to roughly \$10 per student per year for every subsequent year – an ongoing cost that the district or community can typically cover – a long-term, sustainable approach.

Miss Kendra Programs as a Response to COVID-19

“It is critically important that we are making investments to support those families and communities that are disproportionately impacted (by COVID-19) because it is a matter of long-term health and well-being for this generation. When we’re talking about a major generational trauma, we recognize that we have to implement supports, trauma-informed systems, because we know now that we’re going to see a generation with these impacts if we don’t do anything.”

- Dr. Nadine Burke Harris

California Surgeon General & author of “The Deepest Well: Healing the Long-Term Effects of Childhood Adversity”

Miss Kendra Programs represents a proven, cost-effective, sustainable model for proactively addressing the social and emotional needs of young children as they return to school while continuing to grapple with the ongoing threat of COVID-19, the lasting impacts of extended school closures and stay-at-home orders, and the upending of many other aspects of their lives.

For some children, school closures and social isolation have meant increased tension at home and stresses such as neglect, abuse, or violence. For *all* children, dramatic changes to routines and relationships, as well as concerns about their own safety and the safety of loved ones, have presented major challenges. Children are, therefore, returning to school holding many worries inside them.

Three factors uniquely position Miss Kendra Programs to support schools during this period of communal fragmentation and fear:

1. COVID-19 has exposed every child to stress – and potentially trauma. Miss Kendra Programs’ public health framework gives *every student* the opportunity to identify core stressors, communicate their worries to a trusted and caring adult, and discharge some of the emotion associated with these stressors.

2. As schools continue to re-open, it is vital to give children opportunities to share what they experienced while schools were closed, and to show them that someone is listening. Miss Kendra Programs offers teachers the training and structure needed to confront concerns and worries with their students.
3. Students' sense of school connectedness has diminished during several months away from school, and the schools to which students are returning may look and feel quite different from the schools they knew before the pandemic. Miss Kendra Programs restores school connectedness by showing students that their teachers and classmates care about them and their well-being.

Miss Kendra Programs is Pro-Social Justice and Anti-Racism

In 2019, in recognition of the reality that historical, institutional, economic, and cultural sources of oppression and the misuse of power contribute to the occurrence of ACEs, Miss Kendra leaders began to engage subject matter experts and school principals to explore the addition of a social justice component to Miss Kendra's List. In June 2020, the list grew to include, "No child should be harmed because of their race, religion, or gender." This new component expands opportunities for students to explore oppression and racism by eliciting their worries and concerns and then giving them the opportunity to be listened to by a caring adult. This new list item also brings to life one of the three planks of the Miss Kendra School Charter: "We stand together to identify and resist the current and historical forces that have created unfair, unjust, and oppressive systems that burden our children today."

Miss Kendra Programs' decision to proactively address oppression and racism aligns with the expanded SEL framework of the Collaborative for Academic, Social, and Emotional Learning (CASEL), which recognizes that, "While SEL alone will not solve longstanding and deep-seated inequities in the education system, it can create the conditions needed for individuals and schools to examine and interrupt inequitable policies and practices, create more inclusive learning environments, and reveal and nurture the interests and assets of all individuals."

Miss Kendra Programs Promotes Equity

*"When we talk about children whose parents are essential workers, who face the issue of, you either go to work or you don't have a job, and they're stressed out about being exposed to COVID, that stress comes home or, even worse, their parents get laid off, there's economic anxiety, there's stress, depression, all of those pieces. **Those kids** are going to have significantly increased risk of long-term, negative, developmental, educational, health, and mental health consequences."*

- Dr. Nadine Burke Harris

California Surgeon General & author of "The Deepest Well: Healing the Long-Term Effects of Childhood Adversity"

Prior to the COVID-19 pandemic, communities of color were disproportionately impacted by adverse childhood experiences (ACEs). A study released in 2018 showed that, nationally, 61% of Black non-Hispanic children and 51% of Hispanic children had experienced at least one ACE, compared with 40% of white non-Hispanic children.⁴

The direct impact of COVID-19 on black, brown, and low-income communities became evident and widely known early on in the pandemic, but we are just beginning to understand the disparities in secondary impacts – many of which connect to ACEs and other risk factors for childhood toxic stress – along these same lines. Recent

⁴ Sacks Vanessa, Murphey David. The Prevalence of Adverse Childhood Experiences, Nationally, by State, and by Race or Ethnicity. *Child Trends*. February 12, 2018.

national data highlight COVID's role in exacerbating disparities and increasing exposure to toxic stress in low-income and minority communities.

1. [Economic Hardship](#). According to the Congressional Research Service, peak unemployment rates during the pandemic were significantly higher for Black workers (16.7%) compared to White workers (14.1%); for Hispanic workers (18.5%) compared to Non-Hispanic workers (13.6%); and for workers without a high school diploma (21.0%) or a high school diploma (17.3%) compared to workers with a bachelor's degree or higher (8.4%).⁵
2. [Mental Health](#). Nationally, the average share of adults reporting symptoms of anxiety and/or depressive disorder increased from 11 percent from January-June of 2019 to 41 percent in January 2021, with Non-Hispanic Black adults (48%) and Hispanic or Latino adults (46%) more likely to report symptoms than Non-Hispanic White adults (41%). Adults in households with job loss or lower incomes report higher rates of symptoms of mental illness than those without job or income loss (53% vs. 32%).⁶
3. [Substance Use](#). According to a national survey conducted in June 2020, 25 percent of essential workers reported starting or increasing substance use to cope with stress or emotions related to COVID-19, compared to 11 percent of non-essential workers.⁷
4. [Intimate Partner Violence and Child Maltreatment](#). While rates of *reports* of intimate partner violence and child maltreatment decreased during the pandemic, it is generally accepted that *actual* rates increased, but are not being reported (or addressed) as frequently. As Dr. Nadine Burke Harris explained regarding declining child maltreatment reporting rates: *"That doesn't mean that child maltreatment went off a cliff the minute that everyone got really stressed out about a pandemic and schools were closed. It means that the likelihood is that we have unreported child maltreatment, and actually the CDC was showing that the severity of child injury for those kids who do have to go to the hospital has gotten worse."* It is reasonable to assume that intimate partner violence and child maltreatment – both of which disproportionately affected communities of color before the pandemic – have worsened more in the communities hardest-hit by COVID-19.

[School connectedness](#) is one of the protective factors that can buffer children from the worst impacts of ACEs and toxic stress. In a cruel twist, however, the pandemic has decreased school connectedness the most for the children who most desperately need it. According to a national survey by the U.S. Education Department, 27 percent of White fourth graders were learning entirely remotely as of January and early February of 2021, while 68% of Asian, 58% of Black and 56% of Hispanic fourth graders were still learning entirely remotely.⁸

Miss Kendra Programs addresses these disparities and promotes equity by: a) restoring school connectedness for student populations who most need it by showing them that their teachers and classmates care about them and their well-being; b) encouraging students to talk about the personal, familial, and community stressors they have experienced during the pandemic; and c) promoting conversations about acts of oppression and prejudices to expand students' opportunities to explore and learn about these important issues, to share their worries and concerns, and to be listened to by a caring adult.

Since its launch in 2008, the program has consistently produced meaningful, measurable results for students and schools, regardless of race or socioeconomic status, in both urban and rural communities.

⁵ Congressional Research Service, *Unemployment Rates During the COVID-19 Pandemic*, Updated May 20, 2021.

⁶ Kaiser Family Foundation, Issue Brief: *The Implications of COVID-19 for Mental Health and Substance Use*, February 10, 2021.

⁷ Kaiser Family Foundation, Issue Brief: *The Implications of COVID-19 for Mental Health and Substance Use*, February 10, 2021.

⁸ U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, Monthly School Survey.

A Whole-School, Whole-Child, Whole-Teacher Model

When Miss Kendra Programs launched in 2008, Miss Kendra clinicians delivered the program in classrooms while teachers played a supporting role. Students, teachers, principals, and parents gave overwhelmingly positive feedback on the program, which immediately impacted behavior, school climate, and teacher morale.

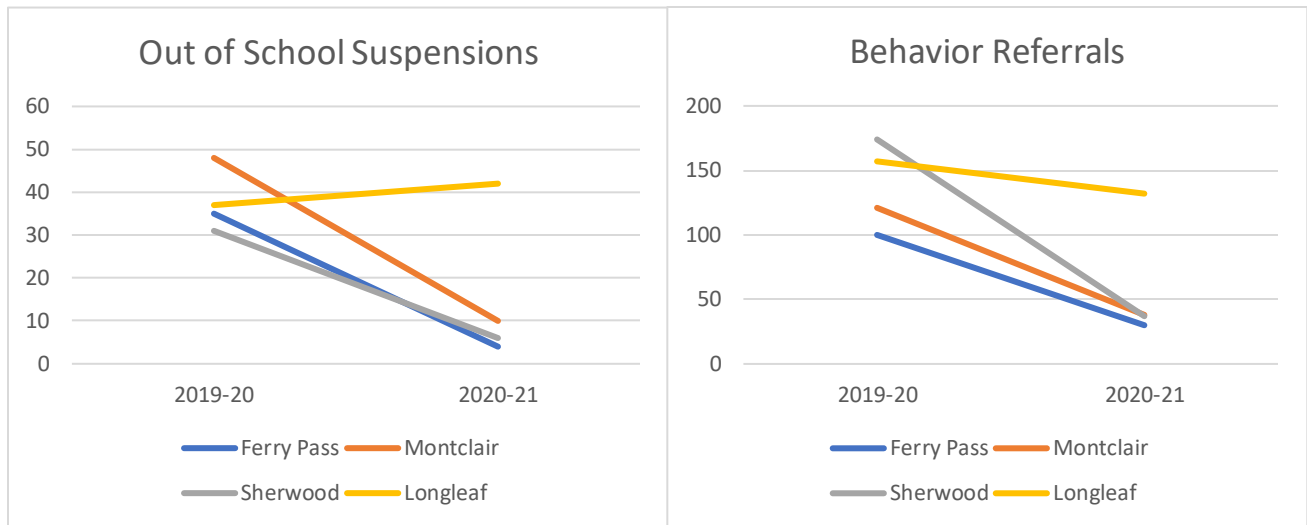
Like other SEL programs that bring specialized personnel into schools, however, Miss Kendra Programs was expensive, and the annual cost never significantly decreased. Funders – no matter how enthused by the program’s results – would not fund any program forever, and schools could not typically afford to sustain the program. Program leaders also realized that teachers should not play a *supporting* role in their students’ socio-emotional development – the relationship between teacher and student represents the bedrock of education, so teachers should play a *starring* role.

Based on these realizations, program leaders created a teacher-based option as an alternative to the original, specialist-based model. In the teacher-based model, Miss Kendra clinicians train and support teachers and other school personnel to deliver the curriculum. The teacher-based model produces similarly robust outcomes, improves teacher efficacy and satisfaction, strengthens teacher-student relationships, and builds whole-school environments that welcome open conversation about students’ stressful experiences – all at a much lower start-up cost and a dramatically lower long-term cost. Miss Kendra now offers only the teacher-based program—a cost-effective, sustainable, whole-school, whole-child, “whole-teacher” program!

School Success Factors

Over the past 13 years, Miss Kendra leaders have identified four key characteristics that identify a school as prepared to successfully implement and sustain *Miss Kendra Programs*: a) Experience delivering trauma-informed care; b) Willingness to make a whole-school commitment to the program’s guiding principles of trauma-sensitivity, non-punitive discipline, and a whole-child approach; 3) A school-wide commitment to social justice, embodied in one plank of the Miss Kendra School Charter: “We stand together to identify and resist the current and historical forces that have created unfair, unjust, and oppressive systems that burden our children today”); and 4) Preparedness to sustain the program beyond Year 1 launch and implementation with school, district, and/or community resources.

The results of a recent Miss Kendra Programs launch in one school district demonstrate the importance of these criteria – and reaffirm the dramatic results the program produces when implemented with fidelity. The Miss Kendra team trained four schools (all of which have continued in-school learning throughout the pandemic), but one school did not fully commit to implementing the program. The charts below show dramatic reductions in behavior referrals and out-of-school suspensions at the three schools that fully implemented Miss Kendra Programs, and little change in the one school that did not.



Leadership

David Read Johnson, PhD is the lead creator and Executive Director of Miss Kendra Programs. Dr. Johnson has devoted much of his 40-year career to the study and treatment of Post-Traumatic Stress Disorder, and has earned recognition as one of the pioneers in turning the implications of ground-breaking ACEs studies into real-world, preventive programs for children in schools and communities devastated by toxic stress, violence, and trauma. Dr. Johnson has published more than 120 articles and chapters, and 10 books on trauma and the creative arts therapies, and has served on the faculty of Yale University’s School of Medicine for over 35 years. He also serves as the Co-Director of the Post Traumatic Stress Center in New Haven.

Hadar Lubin, MD serves as The Miss Kendra Program Chief Medical Officer. Dr. Lubin has focused on PTSD throughout her 30-year career, first at the VA Medical Center in West Haven, Connecticut, and then as Co-Director of the Post Traumatic Stress Center. She co-authored, with Dr. Johnson, “Principles and Techniques of Trauma Centered Psychotherapy,” and has authored numerous articles on the subject. As a physician, she brings her medical expertise to the project.

Miss Kendra Programs Co-Directors Alicia Stephen, MA, and Erinn Webb, MA, RDT-BCT, oversee the training and supervision of Miss Kendra Programs’ Trauma Informed Services and nationwide Teacher Based Programming. They provide direct service to staff and students, sustaining meaningful relationships and driving ongoing program evolution to be playful, accessible and trauma-informed.

Twelve experienced, Masters-level Miss Kendra trainers conduct all school staff training, provide all ongoing coaching and supervision of trained school personnel, and work with school administrators to monitor program implementation and ensure program integrity.

Program Cost

Because it utilizes a public health model that relies on teachers and school support staff to deliver the program curriculum, the all-inclusive cost of launching and implementing Miss Kendra Programs over the course of two years at a new school is approximately \$17,500 per year (\$35 per child for a school of 500 students). This per-school cost covers:

- All training sessions for teachers, social support staff, and administrative staff conducted on-site or online by experienced Miss Kendra trainers.

- Four Professional Development workshops during each year on topics related to trauma-informed education and teacher support.
- Ongoing phone coaching/supervision of school personnel, follow-up visits, and ongoing support for school administrators to monitor program success from Miss Kendra Programs staff.
- Official Miss Kendra materials, including worry boards, mailboxes, stationery, training manuals, posters, and stamps.

In Year Three and beyond, the cost of the program is \$5000 which includes the licensing fee, materials, ongoing training, and coaching.

Miss Kendra Programs – rather than relying on outside experts – trains and supports teachers to implement the program curriculum throughout the year. After a modest first-year investment by philanthropy, the cost of the program drops to roughly \$10 per student per year for every subsequent year – an ongoing cost that the district or community can typically cover – a long-term, sustainable approach.

SEL programs that rely on remedial/mental health approaches involving intensive interventions with the most distressed, symptomatic, and needy students, by contrast, cost upwards of \$5,000 per student for the first year. Because these programs typically rely on outside clinicians to come into the school, the per-year cost never declines significantly, and even effective programs risk fading away as schools cannot afford the ongoing cost and philanthropy eventually looks to invest elsewhere. The Miss Kendra Program offers an affordable, sustainable alternative.

Leveraging Federal Stimulus Funding

The American Rescue Plan Elementary and Secondary School Emergency Relief (ARP ESSER) Fund provides a total of nearly \$122 billion to states and school districts to “help safely reopen and sustain the safe operation of schools and address the impact of the coronavirus pandemic on the nation’s students.” According to the U.S. Department of Education, “Of the total amount allocated to an LEA from the State’s ARP ESSER award, the LEA must reserve at least 20 percent of funds to address learning loss through the implementation of evidence-based interventions and ensure that those interventions respond to students’ *social, emotional, and academic needs* and address the disproportionate impact of COVID-19 on underrepresented student subgroups.” Some state education departments have also identified a heightened need for social and emotional learning (SEL) as a state-level priority in their guidance to districts about the allocation of ARP ESSER funds – and previous rounds of federal stimulus funding.

Districts and schools looking to address the social and emotional needs of their young students in the wake of COVID-19 may use ESSER funds as leverage to complement and stretch philanthropic funding to bring Miss Kendra Programs to their elementary schools. Unlike many other eligible uses of ESSER funds, Miss Kendra Programs represents an investment that can be sustained with school, district, and/or community resources long after all of the COVID-19 stimulus funding has expired.