



**WISE**  
MedStar Georgetown  
Center for Wellbeing in  
School Environments



**MedStar Health**

**MEDSTAR GEORGETOWN  
UNIVERSITY HOSPITAL**

# WISE Center

## Center for Wellbeing in School Environments

### 2023 Annual Report

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### Summary

The Center for Wellbeing in School Environments (WISE Center) at MedStar Georgetown University Hospital provides wide-ranging support for schools to implement aligned and comprehensive whole-school approaches for mental wellness. To accomplish this, we develop, refine, and deliver transformational mental health solutions for schools in underserved communities throughout Washington, D.C.

Over the past year, sustained support has significantly expanded both the breadth and depth that the WISE Center has made in Washington, D.C. schools and within the broader D.C. community. The need for mental health support within educational institutions has never been more pronounced. The WISE Center continues to stand at the forefront, playing an integral role in enhancing the lives of our students. Through this annual report, we aim to provide you with an insightful overview of our initiatives, achievements, and the impact we've had on the individuals we serve.

### WISE's Mission

WISE's mission is to serve the DC community and beyond by uplifting the social, emotional, and mental wellbeing of students, families, educators, and schools. With the spirit of cultural humility, we partner with schools and we promote the power of people to recognize and be liberated from, historical, social and educational pain and suffering. We believe that people exist in social contexts, and we actively work to reduce the unnecessary and harmful stress imposed on our community partners by resisting systems that oppress. We believe that mental wellbeing is a community responsibility where everyone plays a role, and it starts with acknowledging the humanity in each

individual. We foster increased access to care supported by science and passionately practice systems-based support. We believe that relationships have the ability to heal.

## School Partnerships:

For the 2023-2024 school year, WISE is honored to be in partnership with 30 schools that collectively span each of the 8 Wards of DC and reach over 14,000 students and their families and 1,800 staff. Of the 30 schools with which WISE partners during the 2023-24 academic year, six of the 30 schools (20%) are new school partnerships for 2023, and another six of the 30 are schools (20%) represent expansions in size and scope from the WISE partnership during the 2022-23 school year. For 2023-24, WISE Is partnered with the following schools:

### WISE Center School Partners 2023-2024

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| Thurgood Marshall PCS               | DC Prep Anacostia Middle Campus    |
| KIPP Forward                        | DC Prep Benning Elementary Campus  |
| Appletree PCS Southwest             | DC Prep Benning Middle Campus      |
| Appletree PCS Columbia Heights      | DC Prep Edgewood Elementary Campus |
| Appletree PCS Lincoln Park          | DC Prep Edgewood Middle Campus     |
| Appletree PCS Oklahoma Ave          | Turner Elementary DCPS             |
| Ingenuity Preparatory               | Rocketship Rise                    |
| Digital Pioneers                    | Rocketship Legacy                  |
| Horizons                            | Rocketship Fort Totten             |
| Educare DC                          | Statesmen Preparatory Academy      |
| Savoy Elementary                    | Columbia Heights Education Campus  |
| Mundo Verde PCS                     | DC International                   |
| Van Ness Elementary DCPS            | Deal Middle School DCPS            |
| Peabody Watkins DCPS                | Ida B. Wells Elementary DCPS       |
| DC Prep Anacostia Elementary Campus | Johnson Middle School              |

## Welcoming New Team Members:

To meet the increased demand for its services and support its new school partnerships, the WISE team within the Department of Psychiatry at MedStar Georgetown University Hospital welcomed four new members to our team, as profiled below:

**Gabrielle Swisher, PhD** is a postdoctoral fellow at the WISE Center. Gabrielle has trained across various settings including integrated healthcare, community mental health, and private practice. Gabrielle has experience in group therapy facilitation, diagnostic assessment, and wellness practices

for youth. She provides therapy services across the developmental lifespan, and values mindful practices in the moment that serve to support long term treatment outcomes. Gabrielle completed her internship within children’s behavioral health as a provider of youth and family services, and trained in the San Francisco Bay Area, and earned her doctorate degree in clinical psychology from Palo Alto University.

**Alissa Schmidt, PsyD** is a postdoctoral fellow at the WISE Center. Alissa provides clinical support for both students and educators via her role at WISE. Alissa has focused throughout her training on providing care for severe and persistent mental health concerns in children and adolescents, with an emphasis on providing care in under-served and marginalized communities. Alissa completed her internship training with North Star Federally Qualified Health Center in Springfield, VT, where she served in integrated care and school-based health roles, and completed her doctorate at William James College in Boston, MA.

**Lindsay Eidman, LICSW, LCSW-C, RPT** is a Licensed Independent Clinical Social Worker with a master’s in social work at the WISE Center. Lindsay has over ten years of experience providing therapy to children and adolescents in outpatient clinics, school-based, and private practice settings as well as providing consultation and training to school staff. Her clinical interests include attachment-based interventions and use of expressive interventions (play, art, sand) to support therapeutic growth and healing. Lindsay is bilingual in Spanish and has a passion for work with historically underserved communities, trauma survivors, and displaced populations. Prior to joining Medstar, Lindsay worked in school-based mental health as a clinician and supervisor at various community-based organizations in Washington, DC.

**Tyrica Edmonds-Miller** is the Program Coordinator for the WISE Center. Tyrica is a DC native and a senior at The Catholic University of America studying Psychology with a focus in Nursing. Outside of school, she enjoys listening to music and exploring new areas. She believes that everyone deserves access to mental health services and aims to increase access to mental health services within the Criminal Justice System.

## WISE’s Comprehensive Model

The WISE Center continues its focus on a whole school model of care outlining supports in each of a 6-prong model:

- 1. Capacity building and training**
- 2. Mental health service**
- 3. Classroom consultation**
- 4. Teacher wellbeing**
- 5. Caregiver engagement**
- 6. Research and development**

The WISE Center works diligently to adapt to the unique needs of each school it supports. To this end, WISE Center data quickly revealed that while each component of the six-prong model is

appealing to all schools, no two schools desire the same allotment or distribution of supports. In some cases, schools have preferred to focus exclusively on a single component of the WISE model of care (e.g., educator wellbeing), while in other cases, the school has preferred a more holistic approach to the model. In all cases, the impact of WISE Center work had a significant effect at a whole-school level. WISE teams worked diligently to assess needs; teach and review strategies to improve the delivery of social-emotional content within classrooms; provide dozens of hours of professional development to hundreds of school-based personnel both in large and small group format; and meet extensively with school leadership to ensure workflows are established and maintained to support the sustainability of WISE Center work.

This year also marked the transition of three WISE school partners to a level of independent sustainability for three schools within our portfolio: Sousa Middle, LAMB PCS, and Ingenuity Preparatory. Specifically, with the sustained support of the WISE team, these three schools realized a level of independence from WISE for the sustainable delivery of improved evidence-based mental health services and social emotional content. This was achieved by a combination of (1) WISE staff training existing school-based mental health professionals on an enhanced level of evidence-based service as well as (2) WISE staff training classroom educators to better identify and intervene on behalf of a child or children in need rather than referring child(ren) out of their classroom for additional support.

## **New Initiatives:**

**Over the past year, the WISE Center has worked alongside its partners to launch several new initiatives. Some of these are highlighted below:**

### **Multi-tiered system of support (MTSS)**

As the name implies, MTSS has a tiered infrastructure that uses data to help match academic and social-emotional behavior assessment and instructional resources to each student's needs. Over the past several years, WISE has developed a comprehensive model for whole-school support, including educator wellness. The initial outcome of this innovative work included a core set of five primary psychological and wellbeing services. However, more recently, teacher wellbeing has emerged as a primary stand-alone component of the model.

To examine the impact of its teacher wellbeing services, this past year, WISE was funded to lead a three-year comprehensive analysis of its Multi-Tiered Systems of Support (MTSS) in four DC schools. At each intervention school, our team has co-designed a robust multi-tiered system of support for educator wellbeing (MTSS). While the programming is adherent to WISE's model and similar across schools, each school has a unique layout of services that matches the specific needs, schedules, and culture of their educators. Clinicians are providing services at every level within their schools. This includes weekly leadership consultation, capacity building with instructional and behavioral teams, whole-school professional development, classroom consultation, wellbeing groups, individual wellbeing consultation, and psychotherapy. WISE has also launched its organizational wellbeing initiative that involves surveying staff on root causes of personal stress and



turnover. At our comparison schools, we have met with school leaders to launch our light-touch partnerships, which include organizational consultation, PD, and referral support.

As part of the organizational wellbeing initiative at all four schools, we rolled out an educator survey to identify root causes of stress and turnover that are unique to each school culture. We are currently processing the data and will provide feedback to school leaders in coming weeks. Subsequent meetings will focus on identifying objectives and action items to target areas of growth and improve educator wellbeing at the organizational level, as well as support in implementation. Student data collection is underway (conducted via EmpowerK12). These data will eventually be used to compare educator wellbeing to student social and emotional outcomes.

### **OSSE Educator Wellbeing Initiative**

In recognizing the dire need to address educator burnout and turnover, the Office of the State Superintendent of Education in the District of Columbia funded WISE to help build the capacity of schools to adopt and strategically implement educator wellness programs that address the root causes of educator stress and address those causes through a tiered intervention approach. As one of the awarded grantees, WISE provided technical assistance to five partner schools across the District of Columbia to assess indicators of educator wellbeing and develop an individualized and comprehensive educator wellness plan for each school. Each school was administered a school-wide workforce survey which assessed educators' perspective on four sources of stress: School Environment and Structure, Job Demands, Work Resource, and Social Emotional Learning Competencies of Educators. After this data was gathered, a wellness team was created at each school and was tasked with developing a comprehensive wellness plan that addressed the individual school's identified areas of growth. The overarching goal was to develop a tiered wellness plan that incorporated strategies for enhancing the individual, interpersonal, and organizational wellness of educators. The team then supported the implementation of these strategies and meet regularly with leadership in order to create a feedback loop for positive change within the school community.

A total of 140 educators across the five schools completed the preintervention survey in June 2022. Fifty-eight percent of the respondents were teachers and/or paraprofessionals in the classroom, while 31% were staff and 11% were administrators. The majority of respondents identified as female and as Black/African American. Approximately a third of respondents were within their first 5 years of their career as educators.

An analysis of the preintervention data found high levels of burnout (55% felt burned out "very" or "fairly" often) and low levels of retention (1/3 of respondents were considering leaving their job within a year). The top stressors identified included workload/job demands, managing student behavior, compensation/financial stress, and relationship with school leaders. Approximately, half of respondents reported issues related to trust, communication, recognition, and input with leadership. Through this survey, we also identified areas of strength and resilience across the five partner schools. These included sense of community and support among colleagues, value in role as educator, and confidence in ability to handle difficult circumstances. When asked to identify sustaining factors in their job, a main theme of relationships was revealed, including meaningful relationships with students and colleagues.

Top Stressors:

WORKLOAD/DEMANDS OF THE JOB: 59%

MANAGING STUDENT BEHAVIOR: 56%

COMPENSATION/FINANCIAL STRESS: 36%

RELATIONSHIP WITH SCHOOL LEADERSHIP: 25%

Over ½ (54%) of staff respondents have felt burned out “Very Often” or “Fairly Often” and 34% (largest percentage) responded with “Sometimes”. The Majority (57%) do not consistently feel that things are going their way and 8% report almost never feel that things are going their way. Regarding the perception of stressors, 66% report at least sometimes having felt that difficulties were piling up so high that they could not overcome them and 33% report that they “Never” or “Almost Never” feel that way. Most pertinent, from a retention standpoint, about 1 out of 3 (33%) staff respondents stated that they do not plan to stay beyond a year.

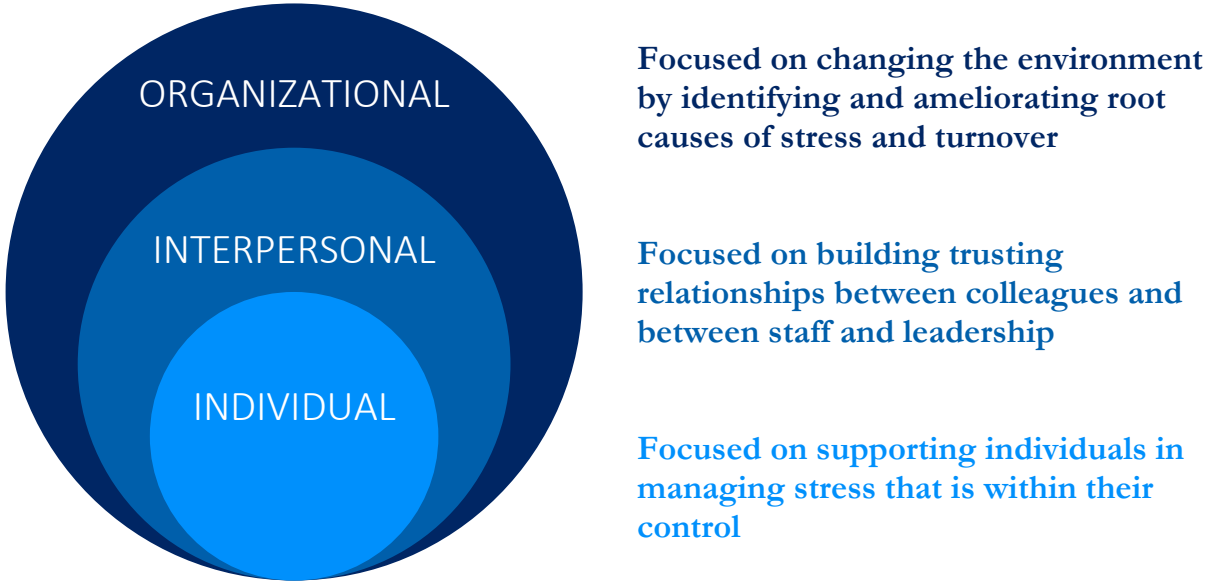
INTENDED LENGTH OF STAY	NUMBER OF RESPONDENTS	PERCENT OF TOTAL RESPONDENTS
THIS IS MY LAST YEAR	17	12%
1 MORE YEAR	29	21%
2-5 YEARS	34	24%
5-10 YEARS	11	8%
MORE THAN 10 YEARS	8	6%
UNDECIDED	41	29%
GRAND TOTAL	140	100%

The most important factors that would impact respondents’ decisions to leave their current job include: Personal reasons, financial compensation, culture/learning environment, and leadership.

MOST IMPORTANT FACTOR	NUMBER OF RESPONDENTS	PERCENT OF TOTAL RESPONDENTS
PERSONAL REASONS (NOT SCHOOL RELATED)	>24	>17%
DISSATISFACTION WITH FINANCIAL COMPENSATION (SALARY AND/OR BENEFITS)	22	16%
DISSATISFACTION WITH CULTURE AND LEARNING ENVIRONMENT AT MY SCHOOL	13	9%
DISSATISFACTION WITH MY SCHOOL LEADERSHIP	13	9%

This data, along with input from school leadership and representative staff, was used to create a school wellness plan that aimed to address the identified pain points and enhance the resilience factors at each school. This presentation provided an overview of this process, including

implementation data. Data regarding engagement and progress towards objectives identified in each wellness plan will be shared. Creative strategies developed by schools to address these pain points were shared to generate ideas for implementation among attendees. In addition, an end of the year, whole-school survey is currently being administered at each school to examine post-intervention change using paired sample t test analyses. Lastly, qualitative data was collected from school leadership and each school’s wellness team to identify successes, challenges, and lessons learned from this initiative.



Examples of the types of wellness interventions that WISE developed and deployed during this initiatives are listed below:

**Individual Level:**

- Designated staff wellness rooms or space for relaxation/decompression.
- Clearly defined protocols for staff to receive individual counseling support (internally or through organized partnership with MH agency).
- Support groups directed by teacher interest and needs.

**Interpersonal Level:**

- Dedicated part of Professional Development days for staff connection/relationship building
- Coached team leads on supportive listening and conflict management
- Increased opportunities for peer observation & feedback
- Developed staff sunshine committee (can be a part of wellness committee)
- Created activities that increase vulnerability and sharing between staff members
- Offered individual staff check-ins with leadership (proactive)
- Coached leadership seeking staff input (e.g., staff surveys, leadership regularly asking themselves if staff can provide input before a decision is made)

- Provided weekly leadership coaching on responsive options to identify and address staff needs
- Increased visibility of leadership in school building (e.g.; schedule for hall time/classroom support, office hours)
- Educated staff about effective de-escalation techniques
- Worked with leadership to prioritize relationship building between staff and students (e.g., specific times in the schedule devoted to this, resources/activities provided to staff)
- Utilized consultation from mental health partners to develop a system-wide approach that was proactive and consistent
- Presented clear RTI process and MTSS for supporting students with higher needs

### **Organizational Level:**

- Worked with leadership self-reflecting regularly and work to improve personal skills (e.g., communication, self-regulation, self-awareness)
- Worked with leadership to promote anti-stigma messages around mental health
- Built capacity in leadership for reflective listening and supportive, collaborative problem solving
- Created clear referral pathway to mental health care in the community
- Trained staff on who and how to refer students for this process
- Provided observation and consultation to teachers regarding behavior management
- Developed and facilitated affinity groups based on identities
- Created safe places to discuss discriminatory practices or microaggressions
- Led mindfulness groups
- Created comprehensive MTSS for staff wellness
- Assessed master schedule in consultation with staff to see if any meetings can be removed, reduced, or combined
- Outlined an effective onboarding process (with staff input) that sufficiently and comprehensively trains staff for their roles
- Compensated staff for additional, voluntary work that contributes to schools mission (e.g., leading a PD)

## **Mentor WISE**

The demand for child and adolescent mental health services provided by licensed clinicians continues to vastly exceed the available supply, particularly in under-resourced communities impacted by disparities in mental health treatment access and outcomes. This gap continues to grow, requiring substantial innovation in how mental health services are provided and scaled. To improve engagement, enhance treatment outcomes, and create sustainable change, in 2023, the MGUH Department of Psychiatry supported by the WISE team started a project with the following aims:

1. Train school-based mental health clinicians in the evidence-based FIRST therapy model, and

2. Add well-trained therapeutic mentors to mental health treatment teams in order to help youth more frequently practice emotional and behavioral strategies that they learn in the course of clinical treatment.

These mentors continued to have relationships with these youth and families beyond the course of treatment, providing a sustainable form of support and building evidence to support expansion of the mental health workforce to include trained mentors.

Our team explored several critical questions via this initiative:

1. Is FIRST a highly effective intervention when delivered in school settings?
2. Does including therapeutic mentorship enhance the effectiveness of FIRST delivered in school settings?
3. Can a digital version of FIRST be paired with therapeutic mentorship to deliver similar clinical results to FIRST alone?

Guided by these initial aims, we developed the following project objectives:

- **Therapy:** A subset of mental health clinicians working within WISE were trained in the evidence-based therapy model called FIRST. FIRST has been established as an effective treatment modality for children in community-based mental health clinics. The intervention has several advantages including its effectiveness across a range of diagnoses and the ease of training and implementation, even with clinicians relatively new to practice. Select WISE clinicians implemented this therapy model with eligible children and families, using measurement-based care to guide treatment. They received ongoing consultation from expert consultants in FIRST.
- **Mentorship:** Mentors were recruited from local universities based on their interest in joining the “helping professions.” Mentors were connected to a nationally recognized mentoring organization in the community (Big Brothers Big Sisters; BBBS) where they will be trained and then matched with MentorWISE families who have enrolled with BBBS to receive mentors for their children. Mentors will receive additional training in mental health literacy and the FIRST model, in order to provide therapeutic mentorship to the children they mentor. The goal of this training was for mentors to help children to practice emotional and behavioral strategies learned in therapy in real-world setting during their shared activities between mentors and children.
- **Collaboration:** Given this dual-intervention design, FIRST clinicians and Therapeutic Mentors in the MentorWISE program will have ongoing communication and collaboration regarding what skills children are being taught in FIRST therapy, and how children can practice those skills (with mentors’ support) in their everyday lives.
- **Data:** Data were collected on all components of this program, including:
  - Children and families will complete questionnaires at pre-intervention, post-intervention and three-month follow up that assess the child’s strengths, emotions, behaviors, and areas of concern, as well as their relationship with therapist and mentor. We also measured families’ satisfaction with the MentorWISE program. Families completed brief weekly surveys on the child’s strengths, emotions, behaviors, and areas of concern, as part of a measurement-based care protocol.
  - Mentors completed questionnaires at the start of mentorship, post-intervention (at the end of FIRST treatment) and at three-month follow up. The questionnaires

assessed previous experiences with providing and receiving mentoring, experience within the helping professions, engagement and relationship with the child and family, and satisfaction with the MentorWISE program.

- Clinicians completed a questionnaire at post-intervention to assess experience and satisfaction with the MentorWISE program.

We have collected the following data thus far:

- A. Youth and Families: Pre-intervention and weekly data. We are in the process of collecting post-intervention data since families terminated treatment in June. We also intend to still collect 3-month post-intervention survey data.
- B. Clinicians: We are in the process of collecting feedback from clinicians, including feedback about training, implementation, and consultation for the FIRST model.

Future Directions:

The collaborative nature of this project, with participating teams in D.C., Massachusetts, and Texas, may lead to a number of interesting future partnerships that build on the lessons learned in this project. In Massachusetts, therapeutic mentoring has significant momentum as a mental health intervention strategy with support from public funding. Specifically, a model being deployed in that state provided Medicaid support for therapeutic mentors who are recruited by treating therapists to provide additional support to patients. The mentors receive support and supervision from the therapist. The state has set out basic training requirements for mentors in terms of educational prerequisites and training hours, but there is no established curriculum or quality control. Our project team may have the opportunity to collaborate with Jean Rhodes and her colleagues in Massachusetts to explore training quality control initiatives to support statewide work there. The National Center for School Mental Health, based at the University of Maryland, is similarly interested in exploring opportunities to train paraprofessionals to serve in therapeutic mentorship capacities in schools. They are exploring training strategies and core competencies, and we are exploring potential partnerships with their Center, with whom we have collaborated previously. For these potential collaborations in both Massachusetts and Maryland, our experiences in the current project can inform planning related to the intersection of traditional therapy and mentorship support for student mental health.

## **Community Advisory Board**

To better meet the needs of our community members, WISE has used the past year to build upon its Community Advisory Board (CAB). The WISE CAB is comprised of committed individuals representing the various communities in which WISE operates. The CAB meets quarterly with a mission to gather information from our community members to better align WISE's mission and work with the needs on the ground. The purpose of the CAB is fourfold:

1. To allow WISE to take a community-driven approach to organizational growth through partnership with WISE's stakeholders (parents, educators, students, and community leaders).
2. To elevate and celebrate community voices.
3. To ensure that WISE's vision, programs, and directions for growth are aligned with the needs and desires of the children, families, and educators within the communities we serve.



4. To provide a genuine, thoughtful space for ongoing and meaningful feedback and accountability.

The WISE Community Advisory Board's values include:

- Collaboration and partnership
- Transparency and vulnerability
- Communication and accountability
- Equity in voice, leadership, and decision-making

WISE Community Advisory Board's members have each committed to a 2-year tenure (1-year for student and trainee members) with meetings held quarterly. Thus far, the WISE CAB has proven to be an invaluable resource for the WISE team as it works to sustain its community partnerships.

### **Digital Media Library**

Given data from the needs assessment conducted at the outset of the pandemic and the continued requests for mental health tips and strategies that could be easily disseminated, WISE has continued its partnership with a film production company to create a [library of short videos](#) focusing this year on the following topics designed to help caregivers:

- Personal Wellbeing
  - Sitting with Uncertainty
- Strategies for Supporting Youth
  - Us Time
  - Non-Contingent Acknowledgement
  - De-Escalation
  - Reflective and Collaborative Listening

## **Lives Touched**



### **Jessica**

Jessica was the chair of the Electives Department at a public charter high school in Northwest DC when her school partnered with WISE. Through her school's partnership with WISE, she and other members of her department participated in teacher well-being sessions and received classroom consultation support.

Jessica could not have been happier with the work of the WISE. As Jessica reported, not only did the WISE team teach Jessica's school about the neurological implications of stress and trauma and trauma-informed instructional techniques but were also instrumental in guiding Jessica's team through learning a structured, interactive, and engaging curriculum of strategies specifically designed to support educator wellbeing.



**Electra**

Electra was a teacher of 9<sup>th</sup>-12<sup>th</sup> grade when she benefitted from WISE services. Specifically, the WISE team worked with Electra’s school to bolster the consistent use of the social emotional learning curriculum the school had previously been trained on. Electra reported how much she enjoyed working with the WISE team throughout the two year engagement period. She particularly noted the high level of commitment she felt from the WISE clinician assigned to her school to support the schools individual needs. She mentioned that a clear plan was collaboratively set at the beginning of each amongst the WISE team member and the school staff and then throughout the week, the WISE clinician would solicit feedback, share outcomes, and clearly communicate strategies for improving fidelity to the SEL model at hand.

Electra indicated that she appreciated the group format of much of the supports she personally benefited from. She found that WISE strategy in this domain help her better understand the perspectives of her colleagues which made her feel more a part of a team. As Electra said herself about the WISE clinician that supported her school “I would love to continue working with her. She is someone I consider a friend and was very committed and caring. I loved my experience working with her and with WISE!”



**Lakecia**

Lakecia was a student when she benefited from WISE supports at her school. She has since graduated from secondary school and is now a college student. From her report: “It was amazing working with WISE. I started with my WISE clinician via group therapy in my 9<sup>th</sup> grade year. I wasn’t as social during that time so the group -therapy was great. (My WISE clinician) was super helpful, patient and caring. I started working 1-on-1 with her in my sophomore year. That was a great experience as well. There, I was able to determine what I was dealing with mentally. A lot of our conversations were very open minded. She allowed me to say everything I needed to and gave me great advice. I felt like it as like having a mentor and it was a safe place. She helped me with my organization skills and how to build confidence in myself and build relationships with my family. I trusted her with the thoughts that I had and the conversations I was afraid to have with others I knew I could have with her. WISE was an amazing and wonderful group of people. Very compassionate people and I would ask them to be my therapist again if I could. They were just amazing.”



**Ms. Gladden**

Ms. Gladden is Blaike’s great aunt. Blaike lost his mother at 6 weeks. Blaike attended a pre-school in which WISE provided individual student facing support. Per her report, Ms. Gladden knew at an early age that counseling would be a part of Blaike’s life. Blaike was immediately drawn to the WISE clinician he was assigned. The WISE clinician reportedly “had a way of connecting with Blaike that allowed him to feel safe enough to open up to her. That gave him an opportunity to communicate with him in ways that I didn’t know. The way that (the WISE clinician) was able to communicate with me on how to help Blaike - it did wonders for his personality and his self-esteem. He loved interacting with her and talking with her and just sharing. I could tell she was a safe place for him. Because I felt the same thing. The suggestions and recommendations she would offer, I’d try – and they worked! For a long time Blaike would not talk. Now Blaike articulates very

well. Blaike is now nine years old. Even though he has had bumps along the way knows how to self soothe. He can also share with us how he’s feeling. It doesn’t always make for a perfect day but he now knows when he should apologize. (The WISE clinician) gave him a wonderful understanding on how to help himself when he’s so very upset about the loss of his mother. She created a steppingstone for him and that propelled him in a place where he can grown further. I want to thank (the WISE clinician) for Blaike’s first approach to counseling. (The WISE clinician’s) beautiful spirit and connection with Blaike made counseling approachable for both Blaike and me. (The WISE clinician) helped me trust the process with Blaike. Yep, she is just that incredible! Thank you for selecting (the WISE clinician) to help not just the child, but the parent. Bottom line, WISE has made/makes mine and Blaike’s world a better place. Top Notch! I appreciate the work and your program.”



WISE annual summer team building retreat 2023

## Thank you!

Thank you for your continued support of the WISE Center. Your commitment to the children, caregivers, teachers, and schools in the District is changing lives every day.