Strengthening Tier 2 Trauma-Based Supports at the Elementary Level using Bounce Back

Armando Hernández, PhD
ahernandezm@madison.k12.wi.us

Kristen Guetschow, PhD
kguetschow@madison.k12.wi.us

November 7, 2019

MADISON METROPOLITAN
SCHOOL DISTRICT

SLIDES LINK:
http://bit.ly/ASMH2019BounceBack

Today's Outline

1. Overview & Introduction

2. Implementation

3. Lessons Learned

4. Discussion

Objectives

- Participants will be able to describe Bounce Back and its **elements** as an evidence based Tier 2 strategy.

- Participants will be able to demonstrate the elements needed to successfully **implement** Bounce Back.

- Participants will take away **lessons learned** from Bounce Back implementation including the importance of building and sustaining partnerships, building capacity for school-based practitioners and planning for sustainability and growth.

Definition of Trauma

The three "E's" of trauma

- **Event**, series of events, or set of circumstances

- **Experienced** by an individual as physically or emotionally harmful or life threatening

- **Effects** that are harmful and lasting

Resources & References

- **WI DPI Trauma-Sensitive Learning Modules**

- Trauma-Sensitive Schools Training Package (activities)

- National Child Traumatic Stress Network

- Trauma Sensitive Schools.org

Madison Metropolitan School District

- Madison, Wisconsin: 250k

- 52 Schools: 27k students

- 32 Elementary Schools

- Diverse: ~60% Students of Color

- SF Focus: Anti-Racist District

MMSD School Mental Health

- Tier 3 - Intensive
  - Expanded school mental health programs: BHS
- Tier 2 - Selected
  - Trauma-specific supports: **Bounce Back**
  - Social-Emotional Groups: MH Partnerships, etc.
- Tier 1 - Universal Foundations
  - Students Support Teams (Psychs, Nurse Social Workers).
  - Social-Emotional Learning (classroom)
  - Cultural & climate (Restorative, Culturally Responsive)

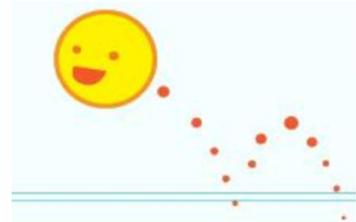Tier 3
Intensive

Tier 2
Selected

Tier 1
Universal
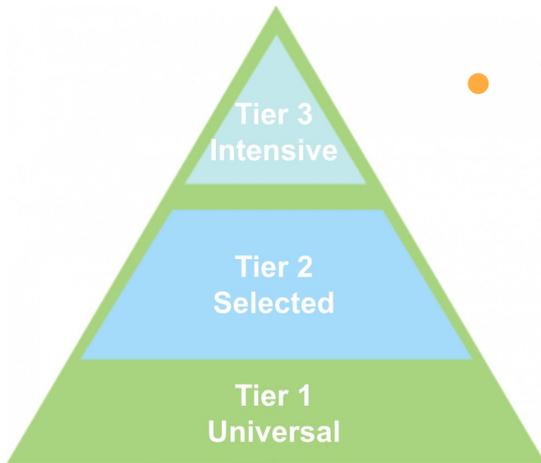
Partnerships

Bounce Back

- Concerned with the impact of trauma on elementary school students
- Hopes to build resilience to help students bounce back to wellbeing
    - Based on the best available science
    - Tailored for the school setting
    - Designed for children and families of diverse ethnic and social backgrounds

Why Bounce Back?

- 20-50% of American children are victims of trauma within their families, at school, and in their communities (increasing trend)
- Most youth with mental health needs do not seek treatment
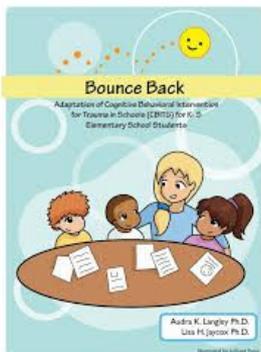- Many internalizing disorder in children go undetected.
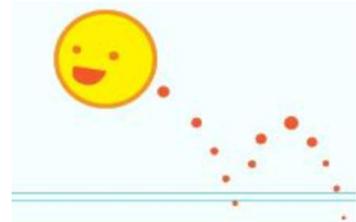
Evidence-Based Practice

- CBITS is cited as a recommended practice by several national agencies that assess the quality of mental health interventions, including:
- CDC Prevention Research Center
- SAMHSA's National Registry of Evidence-Based Programs and Practices
- U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention

Bounce Back

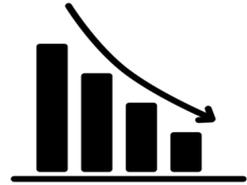https://bouncebackprogram.org/

Trauma Takes Toll on Academics

Decreased IQ and reading ability
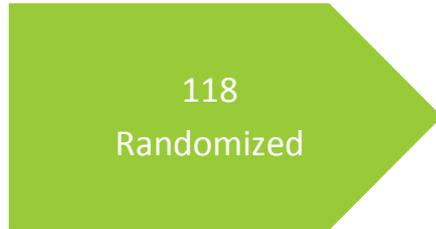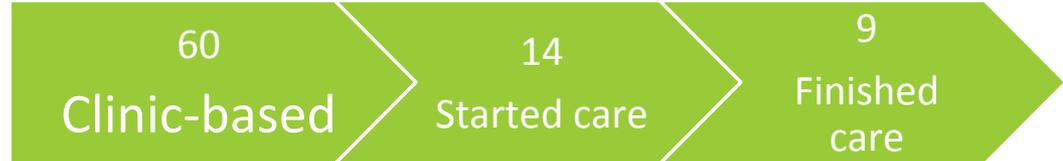
More suspensions, expulsions

More days absent from school

Lower GPA

What you do is extremely important!
Schools Provide Greater Access to Mental Health Services (Jaycox et al, 2009)

60 Clinic-based → 14 Started care → 9 Finished care

118 Randomized

What you do is extremely important!

58 School-based → 57 Started care → 53 Finished care

Program Components

- Universal screener by teachers of all 3rd graders

- Follow up interview (using Brief TESI-C and TSSCA) to evaluate exposure to trauma and symptoms

- 10 week CBT skills and exposure based group including parent sessions
  - 2-3 Individual Sessions

- Weekly letters to Parents and Teachers

Culturally Responsive Intervention

- Focus on resiliency: from deficit to adaptive strengths (skills)
- Belonging : universality, relationships
- Family engagement: partnerships
- Promotes equity: ⇧ access

→ And we also need to...
  - Practitioner Bias
  - Upstream

2018-19 Implementation

- **87**   Students in 20 schools

- **5**   Avg. # per group

- **9**   Avg. # of groups (out of 10)

- Pre/Post Measure: University of Minnesota's Traumatic Stress Screen for Children and Adolescents (TSSCA)
  - 4 = borderline traumatic stress Sx
  - 5 or higher = moderate to severe Sx

AMBIT
NETWORK
Navigating research and practice
in child trauma

2018-19 TSSCA Analysis

	Pre	Post
Student Symptoms (low) = 1-3	13	**28**
Student Symptoms (high) = 6+	40	**27**
Group TSSCA Avg*	5.3	**4.5**

*There was a significant difference (N = 81) in the
- pre-group TSSCA (M= 5.3, SD= 1.7) and
- post-group TSSCA (M= 4.5, SD= 2.6)
- t(80)=2.89, **p = .005**

Parent Voice

" I cannot express enough how grateful my family and I are for this program. Thank you.

" I have been very impressed by the skills my child has obviously learned in your group. Thank you so much for providing this service.

Student Voice

"I didn't like that some kids didn't listen and teachers had to remind them a lot to keep calm

"The granola bars we once had

"Everyone in the group was kind and not mean. All the teachers are very nice and they understand how I feel and why I feel this problem.

Lessons Learned: Capacity

Time Training Materials
(and ongoing support/coaching)

- Application Process
  - List of agreements by schools (know what they are agreeing to)
  - Administrative support
  - Reflection of how Bounce Back fits into larger structure of Mental Health MTSS

Lessons Learned: Capacity

- Training
  - ½ day- logistics, training in basic trauma concepts, support for screening
  - 1 day training for group facilitators - Training of Trainer (TOT) model with our partnering agency
  - Partnering agency offered supervision sessions for clinicians

- Building-level Support
  - Shared drive with materials, [timeline](#)
  - Clarity about district-level support and support of partnering clinician/agency

Lessons Learned: Partnership

- Initial partnership with community agency (part of grant)

- Frank discussion about what we were "purchasing" from them - ultimately included in MOA
  - Provided therapists for groups
  - Paid for each group ($3.5k per group)
  - Paid for TOT of school staff and clinicians
  - Paid for clinical "supervision"
  - Paid for clinical consultation

Lessons Learned: Partnership

- Development of Bounce Back [work flow](#) to clarify roles between clinicians and school based staff
  - Takes ongoing communication and clarification of roles
  - Merging of 2 different work-based cultures

- START EARLY - Universal feedback to start earlier in the year- (you never know what might come up)

Lessons Learned: Sustainability

- Funding- initial grant(s)

- Build on community support of CBITS

- Moving into plan for long term district support
  - Communication with stakeholders including school board (secured!)

Lessons Learned: Sustainability

- Working with schools to build solid foundation for this to live in. Ongoing:
    - Trauma training
    - Advocacy for Student Service members work priorities
    - Development of system to track group participation

- Working with additional agencies to expand clinician pool (with more groups need more clinicians)

Lessons Learned: Sustainability

> "The program is very well-structured, easy to follow and implement, we noticed a big difference in our students.
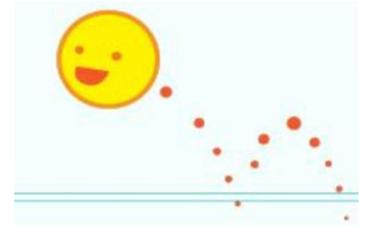
> "I love seeing my 4th graders using the skills they learned last year

—Bounce Back Facilitators

And sometimes...

As a winter storm system moves through the upper Midwest, a plowing operation involving Dane County, Wis. snow plows clears snow from the westbound lanes of U.S. Highway 12/18 in Madison, Wis., Wednesday, Jan. 23, 2019. (John Hart/Wisconsin State Journal via AP)

Discussion

(and before... Who is the room?)

Discussion

- Turn & Talk - 2m

  - Questions, insights, etc.

- Share Out

- Discussion: Implementation

  - What would be your first steps in the implementation of Bounce Back?