Identifying and Removing Barriers:
A Pilot Study of the Implementation of a
School-Based Trauma-Focused
Group Intervention

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Learning Objectives

- Offer information about an evidence-based, trauma-informed group model designed specifically to be offered to students during the school day.

- List the major components of a comprehensive implementation support framework.

- Describe at least three strategies to successfully address barriers associated with implementing trauma-focused group services in a school setting.

- Discuss quantitative and qualitative outcomes from our pilot year of implementation

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Child Health and Development Institute

Our Vision

All children have a strong start in life with ongoing supports to ensure their optimal health and well-being.

Our Mission

To ensure healthy outcomes for all children in Connecticut by advancing effective policies, stronger systems, and innovative practices.

Our Strategy

We identify, demonstrate, support and promote effective health and mental health care innovations and improvements, working closely with providers, policymakers, academic institutions and state agencies.

CHDI is a non-profit subsidiary of the Children's Fund of Connecticut, a public charitable foundation www.chdi.org
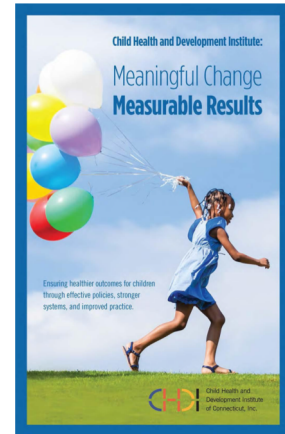
Capital Regional Educational Council (CREC)

- Regional Education Service Center serving the greater Hartford region of Connecticut.

- CREC's magnet schools enroll over 8,000 students from 80 Connecticut towns.

- CREC's magnet schools are intentionally diverse, drawing students from different racial, ethnic, and socioeconomic backgrounds.

MISSION

Equity, excellence, and success for all through high-quality educational services.

VISION

To become our member districts' primary resource to facilitate collaborative efforts that create equitable and sustainable educational opportunities, assist in maximizing district and regional resources, and advance successful educational practices for all learners at all ages.
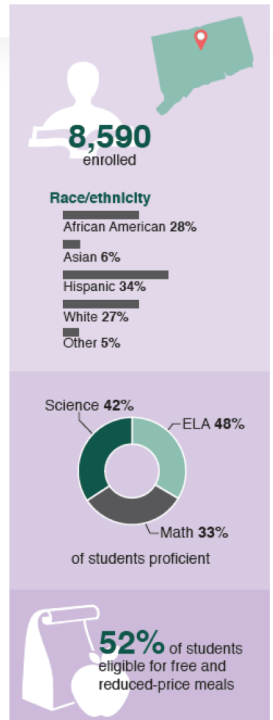
CORE VALUES

Expect Excellence

Act with Courage

Demand Equity

Embrace Collaboration

Background Information on the Partnership

- Collaboration on CT's Trauma - Informed School Mental Health Task Force
  - Primary focus: build a coalition of statewide leaders committed to developing a coordinated framework and infrastructure to address childhood trauma in school-based settings

- CREC explored implementation prior to receiving a federal grant that would support expanded implementation
  - 2017-18: piloted group implementation at 3 separate schools
- CREC received federal grant that supported funding for group services
  - 2018-19: expanded implementation at those 3 schools
  - Theory of Action

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Overview of the Grant

- Capitol Region Education Council is significantly revising three whole-school secondary magnet programs with science, technology, engineering, and mathematics (STEM); public service and leadership; and global citizenship and changemaking themes.

- Using an interdistrict model, the Magnet Schools Assistance Program (MSAP)-funded schools create equitable, diverse learning environments by attracting students from different racial/ethnic and socioeconomic backgrounds and fostering meaningful interactions among students.

8,590 enrolled

Race/ethnicity
African American 28%
Asian 6%
Hispanic 34%
White 27%
Other 5%

Science 42%
ELA 48%
Math 33%
of students proficient

52% of students eligible for free and reduced-price meals

Implementation Requires More than Simply Being Trained

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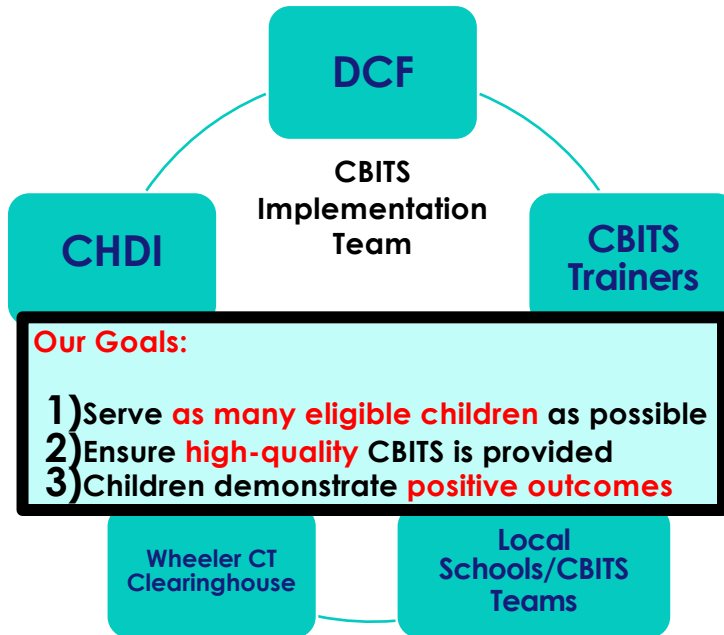of Connecticut, Inc.

A Model for Sustaining Evidence-Based Practices in a Statewide System

Jason M. Lang, Kellie G. Randall, Michelle Delaney, & Jeffrey J. Vanderploeg

Application, Readiness Assessment & Contracting	Clinician Certification	Quality Improvement Consultation & Accountability
Training, LCs & Consultation/Coaching (audio tapes)	Developing local experts (TTT)	Incentives & Enhanced Reimbursement
Assessment, Data Systems & Reporting	Linking to other programs & systems	Annual Conference

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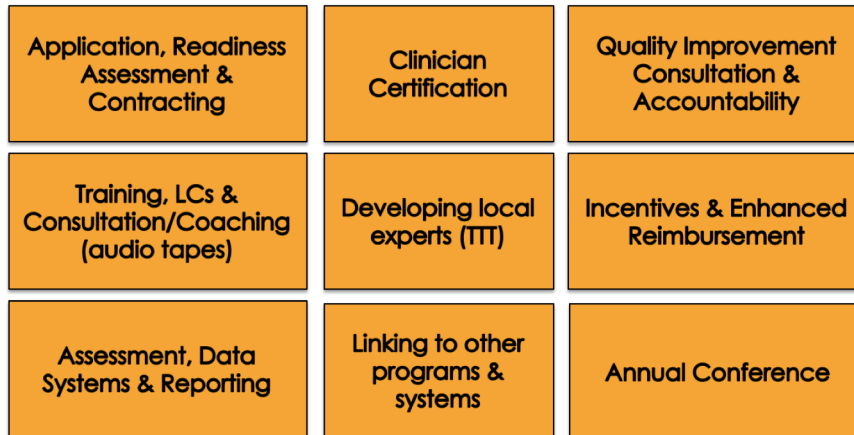
What is the CBITS Initiative?

DCF

CBITS Implementation Team

CHDI

CBITS Trainers

Our Goals:

1) Serve **as many eligible children** as possible
2) Ensure **high-quality** CBITS is provided
3) Children demonstrate **positive outcomes**

Wheeler CT Clearinghouse

Local Schools/CBITS Teams

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

- Created for children in grades 5-12 to attend while at school

- 10 manualized group sessions designed to fit into a class period

- Individual exposure sessions in addition to group work

- Includes caregiver and teacher psychoeducation components

- Homework-based

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CBITS: What and Who is it for?

- The CBITS group intervention is designed to:
  - Reduce PTSD symptoms, depression, & behavior problems
  - Improve coping skills and foster the use of peer/caregiver support

- Criteria:
  - Report **at least one trauma** (on the TEC)
  - **Experiencing** at least a moderate amount of PTSD symptoms (CPSS-5)

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School-Based Implementation of CBITS (Nadeem & Ringle, 2016)

1) <u>Partial Deadoption</u>

❖ organizational consistency and workforce stability

❖ demonstration of prior success and positive outcomes

❖ school and district-level implementation supports

❖ innovation-setting fit

❖ innovation-related issues: time out of class & parent engagement

1) <u>Full Deadoption</u>

❖ district-level senior leadership changes

❖ financial and workforce instability

❖ shifting priorities and restructuring

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What Do Prospective New Teams Receive?

- **Initial Readiness Assessment**
    - Trauma-Informed administrative and senior leadership (Full)
    - Degree to which groups can be prioritized (Full)
    - Engaged or "Champion" school personnel (Full)
    - Type/number of site-based supports (Partial)
    - Demographics/needs of students (Partial Setting Fit)
    - Internal factors that may impact (Setting & Innovation)

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Site/District Implementation Support

- Initial Clinical Trainings, Periodic Booster Trainings
- Consultation & Coaching calls with developers or trainers
- Manuals & toolkits
- Mentorship from Site Based Trainers

- Ongoing implementation consultation (phone, in person)

- Opportunity for Certification or to become a trainer for CT
- Structuring internal supervisory and learning spaces
- Performance Based Sustainability Funding

All of this is provided at no cost!

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How to we help minimize innovation - related issues

- Provision of standardized measures and documentation protocol
  - Trauma Exposure Checklist
  - Child Postraumatic Stress Scale
  - OHIO Problem Severity, Functioning, and Satisfaction Scales
  - Other measures available to target additional symptom change
- Samples of Consent Forms
- Targeted discussion to identify referral streams
- Resources to support staff engagement and buy-in
  - Teacher modules
  - Brochures
  - Sample powerpoints

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Demonstrating prior success and positive outcomes

- State and Site-Specific Reports on Progress/Success
  - Monthly, Quarterly, Annual
- EBP-T database
  - Secure website, de-identified data
  - All psychometrically validated screeners are provided
    - visuals/graphs for each child's scores & symptom change
  - Training in use and scoring
  - Technical assistance for data entry and reporting
  - Team-specific reports and data exports available

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Consultation to identify and address other factors

1) <u>**Partial Deadoption**</u>
- ❖ organizational consistency and workforce stability
- ❖ innovation-related issues: time out of class & parent engagement

1) <u>**Full Deadoption**</u>
- ❖ district-level senior leadership changes
- ❖ financial and workforce instability
- ❖ shifting priorities and restructuring

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Administrative Barriers and Solutions at CREC

1. District level buy in was thwarted by preconceived notions of the intervention that were based in inaccurate assumptions (DCF calls, students being so dysregulated they cannot return to class, etc)
2. Training and support for clinicians
3. Lack of understanding of implementation requirements

1. Utilized the grant as an opportunity to begin CBITS in the magnet schools.   Initial success helped with building buy-in.
2. Partnership with CHDI allow all clinicians to get trained and have access to ongoing support.
3. Technical assistance from CHDI and quarterly meetings to set goals and review progress.

Administrative Barriers and Solutions at CREC cont'd

Barriers

4.   Having access to provide needed information to building administrators to get their buy-in prior to implementation-this is critical for resource allocation

5. Time and resources lacking for full implementation

Solutions

4. End of the year and beginning of the year meetings with administrators regarding CBITS implementation barriers

5. Hired full time CBITS clinician and funded additional cost with sustainability funds

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Recommendations for Implementation Success

- Pre-implementation:
  - Administrative buy in & understanding at district and building level
  - Social workers who "self-select" to take the training after understanding the requirements for implementation.
  - Planning for a co-facilitation model when possible to ensure groups can happen consistently
  - Increase knowledge of staff at all levels on CBITS and what implementation entails
    - Share results from 2018-19 to increase buy in from staff who believe students shouldn't miss class
  - Hold meetings with administrators and clinicians at each site

Recommendations for Implementation Success

- Implementation:
  - Have a system in place to support the implementing clinicians including clinical supervision, problem solving issues that arise, and sharing "lessons learned" and solutions
  - Have an administrative point person at each site that can assist with scheduling, ensuring there is space available, etc.
  - Ensure there are resources allocated to providing snacks during group and a "party" at the end of group.

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Recommendations for Implementation Success

- District Expansion
  - Increase number of staff trained at non-MSAP schools. Allow social workers being trained to "self-select" after understanding the implementation requirements.
  - Increase CBITS support within the district
    - Mandatory monthly meetings will be scheduled for all implementation of clinician to provide group supervision and support.
  - Utilize sustainability funds for activities and resources that further the expansion
  - Items to increase student buy in-gift card incentives for screening and group completion

Implementation Approach

Universal Screening

- In our 3 grant sites, all 9th graders were universally screened-utilized opt out consent for screening and opt in consent for group participation

  - For universal screening, it was most helpful to utilize a teacher who saw all 9th grade students in order to be able to complete screening in two day period.

  - If additional students were needed:
    - 10th graders were hand selected and screened (two schools)
    - 10th graders were universally screened (1 school)

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Trauma Exposure Checklist

People may have stressful events happen to them. Read the list of stressful things below and circle YES for each of them that have EVER happened TO YOU. Circle NO if it has never happened to you. Do not include things you may have only heard about from other people or from the TV, radio, news, or the movies. Only answer what has happened to you in real life. Some questions ask about what you SAW happen to someone else. And other questions ask about what actually happened to YOU.

SAMPLE	Have you EVER gone to a basketball game? *(Circle YES or NO)*	Yes	No

Have any of the following events EVER happened to you? (Circle Yes or No)

	Yes	No
1. Have you **been in** a serious accident, where you could have been badly hurt or could have been killed?	Yes	No
2. Have you **seen** a serious accident, where someone could have been (or was) badly hurt or died?	Yes	No
3. Have you thought that **you or someone you know** would get badly hurt during a natural disaster such as a hurricane, flood, or earthquake?	Yes	No
4. Has **anyone close to you** been very sick or injured?	Yes	No
5. Has **anyone close to you** died?	Yes	No
6. Have **you** had a serious illness or injury, or had to be rushed to the hospital?	Yes	No
7. Have **you** had to be separated from your parent or someone you depend on for more than a few days when you didn't want to be?	Yes	No
8. Have **you** been attacked by a dog or other animal?	Yes	No
9. Has anyone told **you** they were going to hurt you?	Yes	No
10. Have you seen **someone else** being told they were going to be hurt?	Yes	No
11. Have you **yourself** been slapped, punched, or hit by someone?	Yes	No
12. Have you seen **someone else** being slapped, punched, or hit by someone?	Yes	No
13. Have **you** been beaten up?	Yes	No
14. Have you seen **someone else** getting beaten up?	Yes	No
15. Have you seen **someone else** being attacked or stabbed with a knife?	Yes	No
16. Have you seen someone pointing a **real** gun at **someone else**?	Yes	No
17. Have you seen **someone else** being shot at or shot with a **real** gun?	Yes	No

Cbitsprogram.org

Trauma Exposure Checklist (TEC)

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CPSS – V   Child Report (English)

These questions ask about how you feel about the upsetting things you described. Choose the number (0-4) that best describes how often that problem has bothered you **IN THE LAST MONTH**.

0	1	2	3	4			
Not at all	Once a week or less / a little	2 to 3 times a week / somewhat	4 to 5 times a week / a lot	6 or more times a week / almost always			

1.	Having upsetting thoughts or pictures about it that came into your head when you didn't want them to	0	1	2	3	4
2.	Having bad dreams or nightmares	0	1	2	3	4
3.	Acting or feeling as if it was happening again (seeing or hearing something and feeling as if you are there again)	0	1	2	3	4
4.	Feeling upset when you remember what happened (for example, feeling scared, angry, sad, guilty, confused)	0	1	2	3	4
5.	Having feelings in your body when you remember what happened (for example, sweating, heart beating fast, stomach or head hurting)	0	1	2	3	4
6.	Trying not to think about it or have feelings about it	0	1	2	3	4
7.	Trying to stay away from anything that reminds you of what happened (for example, people, places, or conversations about it)	0	1	2	3	4
8.	Not being able to remember an important part of what happened	0	1	2	3	4
9.	Having bad thoughts about yourself, other people, or the world (for example, "I can't do anything right", "All people are bad", "The world is a scary place")	0	1	2	3	4
10.	Thinking that what happened is your fault (for example, "I should have known better", "I shouldn't have done that", "I deserved it")	0	1	2	3	4
11.	Having strong bad feelings (like fear, anger, guilt, or shame)	0	1	2	3	4
12.	Having much less interest in doing things you used to do	0	1	2	3	4
13.	Not feeling close to your friends or family or not wanting to be around them	0	1	2	3	4
14.	Trouble having good feelings (like happiness or love) or trouble having any feelings at all	0	1	2	3	4
15.	Getting angry easily (for example, yelling, hitting others, throwing things)	0	1	2	3	4
16.	Doing things that might hurt yourself (for example, taking drugs, drinking alcohol, running away, cutting yourself)	0	1	2	3	4
17.	Being very careful or on the lookout for danger (for example, checking to see who is around you and what is around you)	0	1	2	3	4
18.	Being jumpy or easily scared (for example, when someone walks up behind you, when you hear a loud noise)	0	1	2	3	4
19.	Having trouble paying attention (for example, losing track of a story on TV, forgetting what you read, unable to pay attention in class)	0	1	2	3	4
20.	Having trouble falling or staying asleep	0	1	2	3	4
Adapted from Foa, E.B.; Johnson, K.M., & Treadwell, K.R.H. The Child PTSD Symptom Scale for DSM 5 (2014)						

Child Posttraumatic Symptom Scale V

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Connecting with Caregivers and Staff

Caregiver engagement
- CBITS parent sessions at open houses at each school

Staff engagement
- CBITS was one part of a larger initiative around trauma informed schools.
- Staff received professional development in the following areas:
  - Trauma 101
  - Vicarious trauma
  - Strategies to utilize with students exposed to trauma.

Clinical Barriers and Solution at CREC

Barriers

1. During pilot, implementation occurred with a SBHC clinician and school social worker-neither had the necessary time for implementation
2. Lack of information about CBITS and implementation at all levels within the school
3. Getting consent forms for participation in the group returned

Solutions

1. Hired a full time CBITS clinician for 2018-19 school year that took the lead on implementation at all three sites. All groups were co-facilitated by a school based clinical staff.
2. For the 2019-20 school year, all staff will be given an overview of CBITS and what it entails at the start of the year.
3. Utilized incentive funds to provide gift cards to students when consent forms were returned, regardless if they were given parent permission to participate

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Clinical Barriers and Solution at CREC- Cont'd

Barriers

4.Getting students to complete the group

5.Logistics-space, scheduling, time out of class

6.Students not remembering when and where group was each week

Solutions

4. Provided additional gift card incentive for completion of the group. Provided snacks at each group session and had a "celebration" at the end of the group that included food.

5. Rotating schedules at 2 of the sites allowed students to miss a different class each week.

6. An email was sent by the clinician to all teachers reminding them of when and where group was being held so they could remind students

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How well did we do?

OUTCOMES FROM OUR 2018/2019 SCHOOL YEAR

Participating Schools
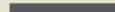
CREC Academy of Science and Innovation

534 enrolled

Magnet Theme STEM

Race/ethnicity

African American **30%**

Asian **5%**

Hispanic **45%**

White **18%**

Other **2%**

Grades 6-12

Metropolitan Learning Center for Global and International Studies

688 enrolled

Magnet Theme Global leadership, International Baccalaureate for all, and changemaking

Race/ethnicity

African American **52%**

Asian **4%**

Hispanic **19%**

White **19%**

Other **6%**

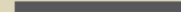Grades 9-12

CREC Public Safety Academy

474 enrolled

Magnet Theme Public service, leadership, and early college

Race/ethnicity

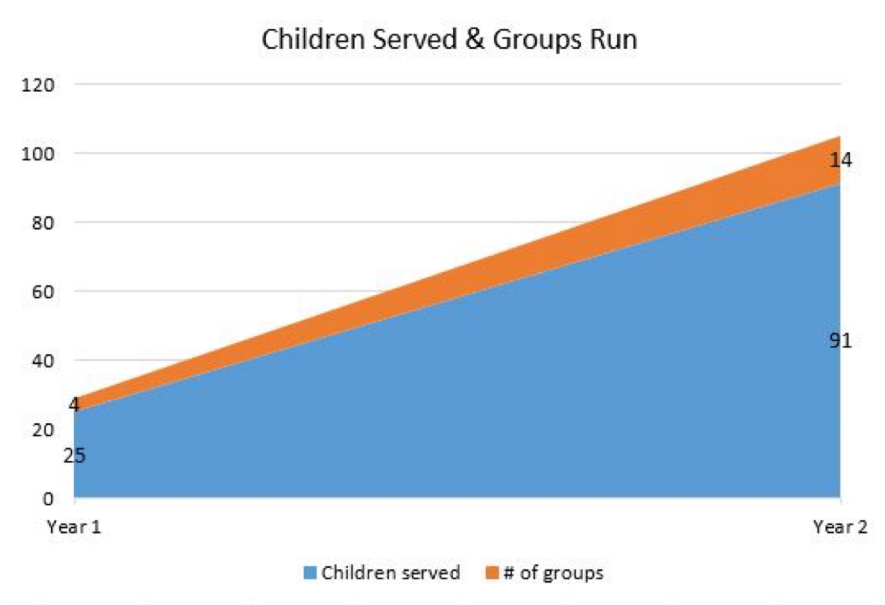African American **24%**

Asian **1%**

Hispanic **48%**

White **21%**

Other **6%**

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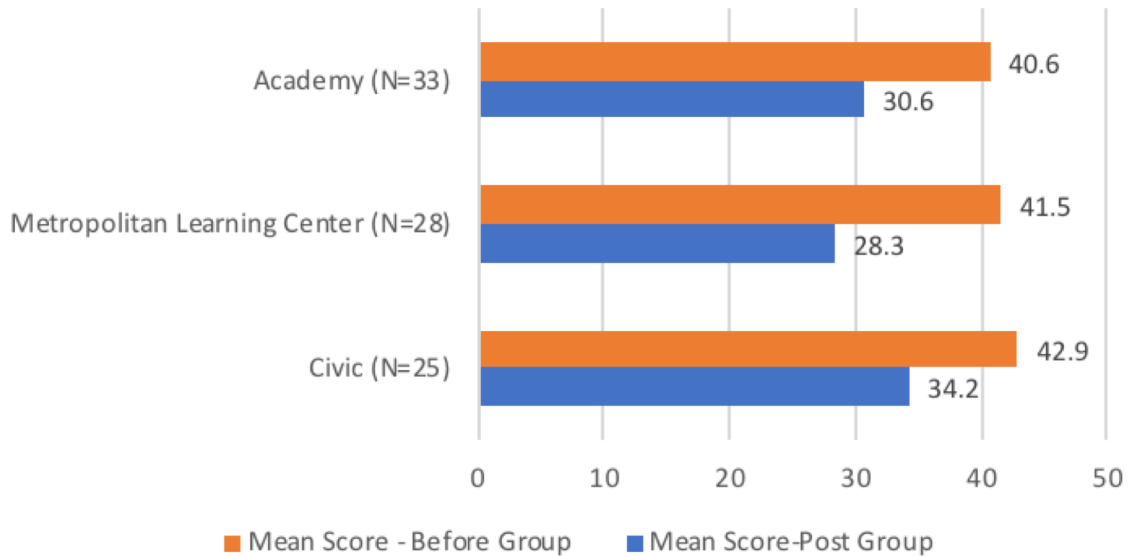Child Health and Development Institute of Connecticut, Inc.

Screening Outcomes

- In 2018-2019 school year, a total of 401 9th & 10th graders were screened and 201 (50%) students were considered eligible based on TEC and CPSS-V assessments.

- After individual interviews to verify screeners and assess appropriateness for group, 87 students were invited and had parental consent to participate in CBITS.

- On average, our CBITS participants reported 8.6 different types of trauma experiences
    - 47% reported 10 or more types of traumas (out of the 17 in TEC)

Scale Up in Student's Served-Year 1 to Year 2

Children Served & Groups Run

CPSS-V Scores: Average Change

Academy (N=33): Mean Score - Before Group 40.6, Mean Score - Post Group 30.6

Metropolitan Learning Center (N=28): Mean Score - Before Group 41.5, Mean Score - Post Group 28.3

Civic (N=25): Mean Score - Before Group 42.9, Mean Score - Post Group 34.2

■ Mean Score - Before Group   ■ Mean Score-Post Group

Student Testimonials

5/31/9
CBITS was a very fun and helpful
program. I was able to express my
emotions better. The individual session
helped a lot. I'm really going to
miss group.

"This group is amazing
we all get to speak up share
how we feel about or what
have we been through".
I got out how to breathe &
think before reacting to
something

CBITS HAS been A SAFE PLACE for ME
And has helped me to open up. It
feels good to not feel judged for
what happened in my past.

Questions?

Feel free to reach out:

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Calhoun, A, Mainor, A, Moreland-Russell, S, Maier, RC, Brossart, L, Luke, DA. (2014). Using the Program Sustainability Assessment Tool to Assess and Plan for Sustainability. Preventing Chronic Disease, 11:130185.

Nadeem, E., & Ringle, V. (March 2016). De-adoption of an evidence-based trauma intervention in schools: A retrospective report from an urban school district. *Journal of School Mental Health. 8(1):* 132–143. doi:10.1007/s12310-016-9179-y.