What Works:

Promoting Trauma-Informed Partnerships Between School and Community Providers

CS 6.14. What Works: Promoting Partnerships between Schools and Community Providers through Trauma-Informed Practice

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What do you see?

"You can't change what you don't acknowledge"
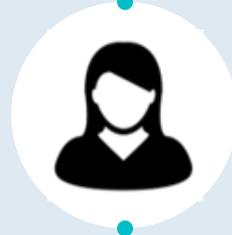
- Dr. Phil

We each have our own "lens"

Teacher
Sees lack of concentration; behavior issues

Parent
Sees separation anxiety; outbursts; sleep disturbance

Mental Health Professional
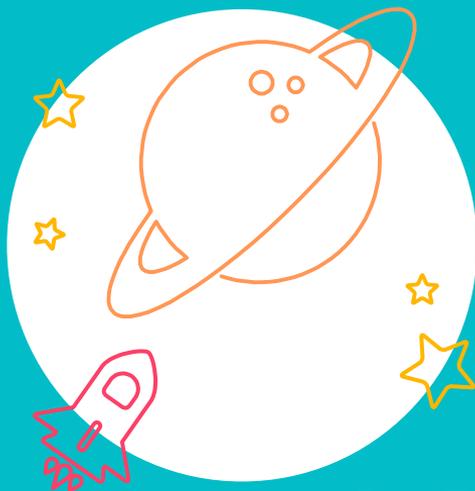Sees flat affect; hyper-vigilence

We can do better

Moving from…

- Fragmented efforts

- Piecemeal implementation

- No common language

To a better place for kids…

- Building on student strengths and lagging skills

- Consolidated efforts

- Systematic integration

How Did We Get Here?

What was happening in 2013/2014

Schools Needed Help

Hotline Calls on the Rise

CONNECTIONS

Citations:
Finkelhor, D., Turner, H.A., Ormrod, R.K., and Hamby, S.L. *Violence, crime, and exposure in a national sample of children and youth*. Journal of the American Medical Association Pediatrics, Vol. 167 No. 7, July 2013: pp. 614-21

Sheryl H. Kataoka, M.D., M.S.H.S., Lily Zhang, M.S., and Kenneth B. Wells, M.D., M.P.H. *Unmet Need for Mental Health Care Among U.S. Children: Variation by Ethnicity and Insurance Status*. American Journal of Psychiatry, 2002: pp. 1548-1555

What we are sharing today...

Vision

Overview and history of the partnership between Project Harmony and School Districts

Implementation

○ How to build strong and sustainable partnerships for trauma-informed care

○ How partnership can be used to integrate trauma-informed practices through a Multi-Tiered System of Support

Development

○ How evidence-based models can be used in the school setting to identify, address, and minimize the symptoms of trauma

○ How to build upon what is working

The Partnership

Why Us?

How do we work together?

Why Schools?

- Have the Need

- Access to kids and parents

- Know the kids who need help & know them well

Why Child Advocacy Centers?

- Collaborative Model

- Familiar with using multidisciplinary teams

- Ready infrastructure

How do we work *together?*

Mindset

- One of true collaboration

Tools

- Legal instruments to allow communication
- Right people at the table at the right time

Start the conversation…

- What are the issues the schools are seeing?

- Why are families and schools having trouble accessing services?

- Who else might be trying to fix these problems?

What We Heard

Family Needs

- Long wait to see a Provider

- No evening/weekend appointments

- Getting help is expensive

- Can't get to appointments

Provider Needs

- Evidence based practice training

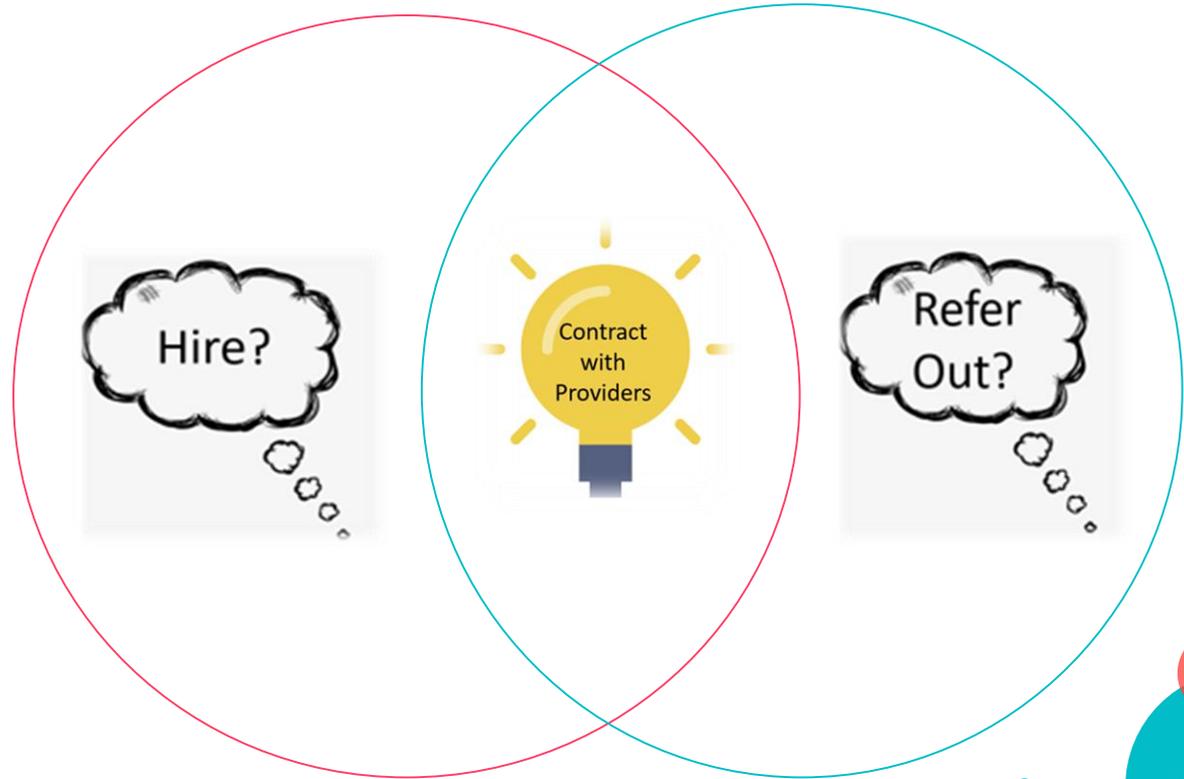- Social work/case management assistance

- Not paid for indirect costs

How can we design the program to address these issues?

… Thought about how we work with providers

The Provider Contract

Family Needs

- Reserve provider hours
- Require evening/weekend appointments
- Barrier support

Provider Needs

- Free EBP training and payment for attendance
- Payment for indirect costs
- Reduce barriers

The Mental Health Coordiantor Role

Make the Match

- Well informed about a range of effective practices

- Relationships with providers

Promote Initial Engagement

- Trained in Motivational Interviewing

- Check in after first few sessions

Provide Ongoing Support

- Help address the roadblocks that come up

- Provide Linkages

Why do we need Trauma Informed Interventions in Schools?

What types of trauma do our students experience?

Sources of Ongoing Stress

○ Poverty

○ Discrimination

○ Separation from parent or sibling

○ Frequent moves

○ Traumatic grief and loss

○ Refugee or immigrant experiences

○ School problems

Potential Traumatic Events

○ Witnessing violence

○ Being bullied

○ Painful medical procedures

○ Living in chaos

○ Natural disasters

○ Motor vehicle accidents

○ Deportation

○ Forced displacement

How do kids respond

Flight	Fight	Freeze
Withdrawing	Acting out	Exhibiting numbness
Fleeing the classroom	Behaving agressively	Refusing to answer
Skipping class	Acting silly	Refusing to get needs met
Daydreaming	Exhibiting defiance	Giving blank looks
Seeming to sleep	Being hyperactive	Feeling unable to move or act
Avoiding others	Arguing	
Hiding or wandering	Screaming or yelling	
Becoming disengaged		

Why is support for traumatized students important?

"Trauma is not about the past it's about a body that continues to behave and organize itself as if the trauma were happening now"

- Bessel van Der Kolk, MD

Uniformed View   vs   Trauma Informed View

"Us" and "Them" ⟶ We are all in this <u>together</u>

Labels/Pathology (ADHD) ⟶ Behavior is communication

Kids making bad choices ⟶ Kids are doing the best they can

Anger problems ⟶ Maladaptive responses

Choosing to act out/disrupt class ⟶ Seeking to get needs met/regulated

Uncontrollable/Destructive ⟶ Trauma response was triggered

Uniformed Response:

Student needs consequences to correct behavior or an ADHD evaluation

What's wrong with you?

Trauma-Informed

What happened to you?

Trauma-Informed Response:

Student needs to learn skills to regulate emotions & we need to provide support

TIME FOR CHANGE

Multi-Tiered System of Support (MTSS)

Few

Tier 3 – Intensive & ongoing interventions for students deeply impacted by trauma

Some

Tier 2 – Additional supports for students with milder symptoms of trauma or in high-risk groups

All

Tier 1 – Universal strategies & instruction for all students

MTSS

- Tier 3 – Intensive mental health supports
- Tier 2 – Targeted mental health supports for students identified as at-risk for a concern or problem
- Tier 1 – Universal promotion of wellness & positive life skills to prevent or reduce mental health concerns or problem from developing

Safety

Choice

Empowerment

Trust

Collaboration
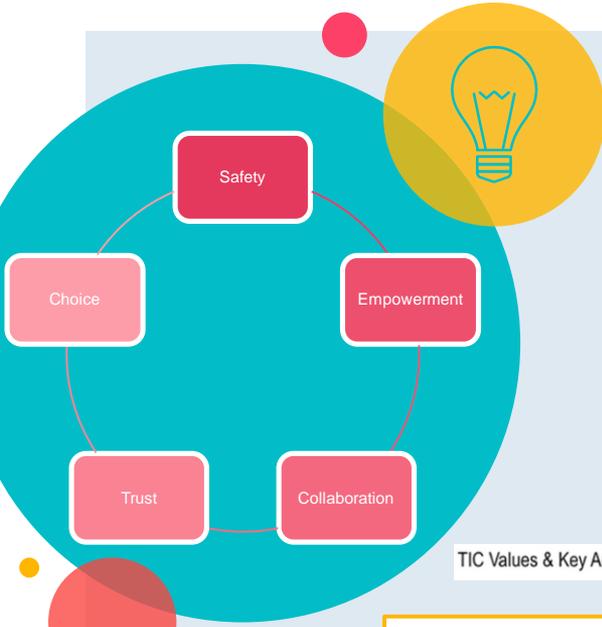
TIC Values & Key Areas apply across all 3 tiers of the PBIS Framework.

Tier 1

- Help staff recognize the prevalence and impact of trauma
- Provide predictable, positive, safe, consistent setting
- Universal Screener – internalizing and externalizing
- SEL

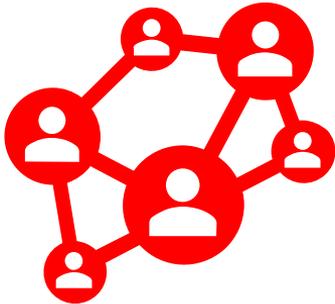Tier 1 – Universal strategies & instruction for all students

Tier 1: Trauma Supports with Community Partners

Training Plan

TRAUMA 101

TRAUMA 201

SELF CARE

Resources: https://ciscentraltexas.org/resources/traumatraining/

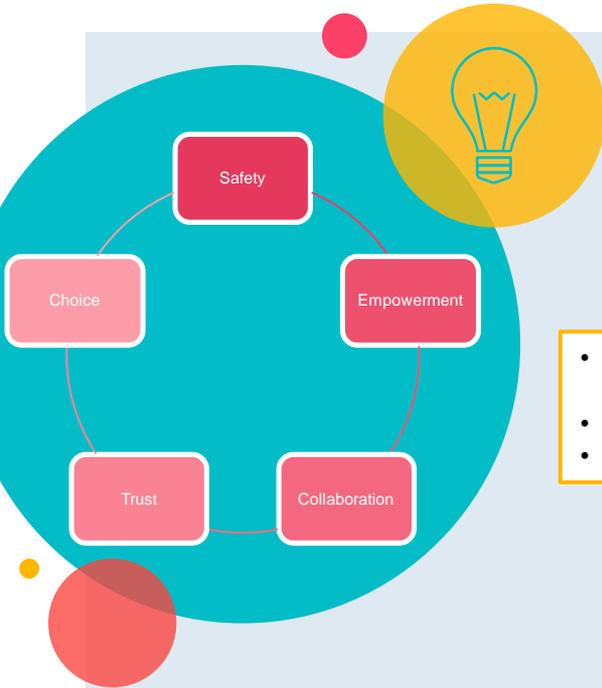http://www.midwestpbis.org/materials/special-topics/trauma

Cues to use "Alternative Behavior Lens"

- Behavioral responses are rapid & disproportionately intense given the situation

- Traditional approaches & responses not successful
    - Rewards and consequences

Safety

Choice

Empowerment

Trust

Collaboration

- Connections Individual referral & MH Coordinator
- Groups – CBITS, Bounce Back, SSET
- Trauma-informed classroom cohort

Tier 2

Tier 2 – Additional supports for students with milder symptoms of trauma or in high-risk groups

Tier 2: Trauma Supports with Community Partnerships

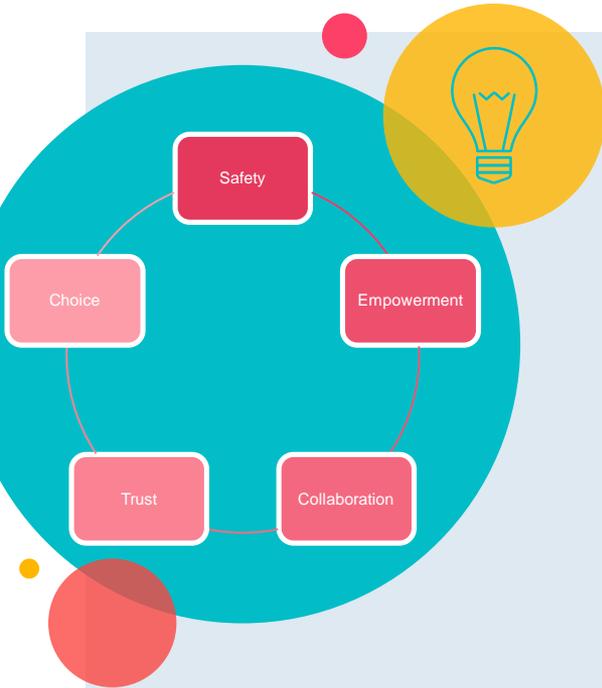**Partnership Training: Awareness**

Referral Process – How To

Training Opportunities – CBITS/Bounce Back/SSES

Provision of Outside Providers

Safety

Choice

Empowerment

Trust

Collaboration

- Trauma-informed crisis management
- Consultation
- MH matching need for expertise
- MH problem solving

Tier 3

Tier 3 – Intensive & ongoing interventions for students deeply impacted by trauma

Tier 3: Trauma Supports with Community Partnerships

Individual Referrals

- In school therapists
- Specialists – psychologist, psychiatrist, APRN

MH Problem Solving Team

Consultation

Trauma-Informed Interventions

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

- 8-25 Sessions

- Parent/Supportive Caregiver Involvement

- Highly effective in improving youth PTSD symptoms and other impacts or trauma (affective, cognitive, and behavioral problems)

- Helps with effective parenting skills, and supporting interactions with the child

Trauma-Informed Interventions

How to make TF-CBT work in the school setting

- Provider and family together determine if school is the best location for service
- Clear guidelines from the start:
  - **Parents** (supportive caregiver) attend he first session
  - **School** provides a private and comfortable space for therapy to occur
  - **Provider** maintains good communication with the school and caregiver about schedule and issues or concerns

TF-CBT Resources

Trauma-Focused Cognitive Behavioral Therapy
National Therapist Certification Program

https://tfcbt2.musc.edu/

TF-CBT Web 2.0 | A course for Trauma-Focused Cognitive Behavioral Therapy

Foundations of TF-CBT

Psychoeducation

Parenting Skills

Relaxation

Affect Identification & Regulation

Cognitive Coping

Trauma Narration and Processing I

Trauma Narration and Processing II

In Vivo Mastery

Conjoint Parent-Child Sessions

Enhancing Safety & Future Development

Connections / Group Models

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

○ 5th through 12th grade

○ Clinical Model – Therapist facilitated

Bounce Back

○ K through 12th grade

○ Clinical Model – Therapist facilitated

Support for Students Exposed to Trauma (SSET)

○ 5th through 12th grade

○ Psycho-educational Model – School staff facilitated

Connections / Group Models

Cognitive **B**ehavioral **I**ntervention for **T**rauma in **S**chools (CBITS)

- Delivered in the school

- 10 group sessions + 1-3 individual sessions + parent and teacher sessions

- Designed to reduce the symptoms of PTSD, depression, and behavioral problems

- Improves functioning; grades and attendance; peer and parent support; and coping skills

CBITS/Bounce Back/SSET Resources

http://cbitsprogram.org/

https://bouncebackprogram.org/

https://ssetprogram.org/

Expressive Arts Therapy

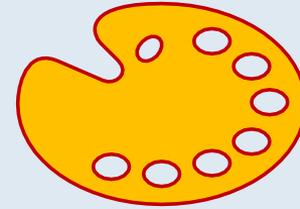**Connections / Group Models**

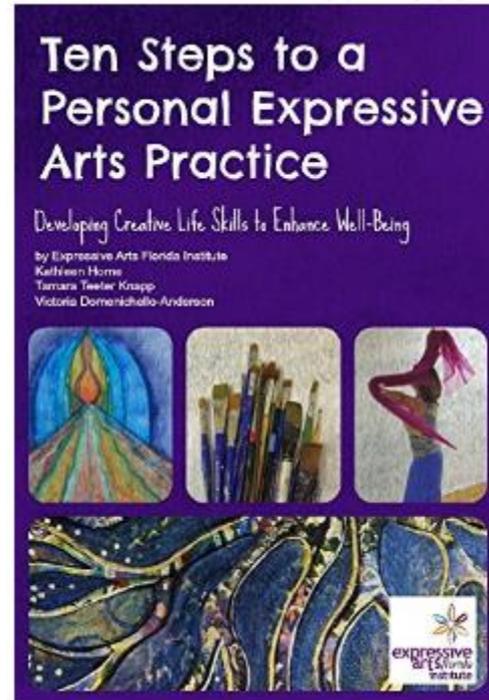○ Incorporates visual art, creative writing, music, and meditation into traditional therapy services

Expressive Arts Therapy Resources

http://www.expressiveartsflorida.com/

Connections / Group Models

How to make Group Models work in the school setting

- Always start and end with the partnership
- Implementation:
  - Location of the group
  - Date and time of the group (check school calendars for field trips and days off)
  - How kids with get to group
- Communication is Key:
  - Teachers and parents need to be aware of what is happening in group
  - Providers need to know what is happening at home and in the classroom

Does it work?

1,338
Individual Referrals

395
Group Referrals

1,762
Total Referrals

The "Match-Making" is important

Parent Appropriate Match Rating By Item
Parents rated appropriate match highly across all items

Appropriate match*	8.98
Therapist is a good fit	9.14
Listened to and understood	9.08
Counseling meeting expectations	9.03
Working on what's most important	8.71

* Composite of all items above.

Kids "get better" when we work together

Mental Health - Elevated
TOP scores improved even more significantly for those with elevated scores

Average Improvement: 2.30 standard deviations

Conduct Problems*, Psychosis*, Suicidality*, Incontinence*, Depression*, Lack of Resiliency, Sleep Problems*, Violence*, Separation Anxiety*, Lack of Assertiveness*, Eating Issues, Attention Problems

■ Pre ■ Post

How do we *really* know it works?

https://www.youtube.com/watch?v=rWB2t2r4VfI

Resouces

Wisconsin Department of Public Instruction Trauma Resources
- http://dpi.wi.gov/sspw/mental-health/trauma/modules

National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)
- https://www.samhsa.gov/nctic

The National Child Traumatic Stress Network
- https://www.nctsn.org/

Resouces (continued)

National Center for School Mental Health

- http://csmh.umaryland.edu/

Trauma Sensitive Schools

- https://traumasensitiveschools.org/

 Midwest PBIS

- http://www.midwestpbis.org/materials/special-topics/trauma

Mental Health Technology Transfer Center Network

- https://mhttcnetwork.org/centers/mid-america-mhttc/home

Thanks!

Any questions?

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