
Taira Masek, LCSW & Jordan Grieser, JD
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

Citations:
## 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 Coordinator 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?
In a classroom of 20 students…
12 students have at least 1 ACE
2 students have 4+ ACES
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

<table>
<thead>
<tr>
<th>Flight</th>
<th>Fight</th>
<th>Freeze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawing</td>
<td>Acting out</td>
<td>Exhibiting numbness</td>
</tr>
<tr>
<td>Fleeing the classroom</td>
<td>Behaving aggressively</td>
<td>Refusing to answer</td>
</tr>
<tr>
<td>Skipping class</td>
<td>Acting silly</td>
<td>Refusing to get needs met</td>
</tr>
<tr>
<td>Daydreaming</td>
<td>Exhibiting defiance</td>
<td>Giving blank looks</td>
</tr>
<tr>
<td>Seeming to sleep</td>
<td>Being hyperactive</td>
<td>Feeling unable to move or act</td>
</tr>
<tr>
<td>Avoiding others</td>
<td>Arguing</td>
<td></td>
</tr>
<tr>
<td>Hiding or wandering</td>
<td>Screaming or yelling</td>
<td></td>
</tr>
<tr>
<td>Becoming disengaged</td>
<td></td>
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</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>Uniformed View</th>
<th>vs</th>
<th>Trauma Informed View</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Us” and “Them”</td>
<td></td>
<td>We are all in this together</td>
</tr>
<tr>
<td>Labels/Pathology (ADHD)</td>
<td></td>
<td>Behavior is communication</td>
</tr>
<tr>
<td>Kids making bad choices</td>
<td></td>
<td>Kids are doing the best they can</td>
</tr>
<tr>
<td>Anger problems</td>
<td></td>
<td>Maladaptive responses</td>
</tr>
<tr>
<td>Choosing to act out/disrupt class</td>
<td></td>
<td>Seeking to get needs met/regulated</td>
</tr>
<tr>
<td>Uncontrollable/Destructive</td>
<td></td>
<td>Trauma response was triggered</td>
</tr>
</tbody>
</table>
Uniformed Response:
Student needs consequences to correct behavior or an ADHD evaluation

Trauma-Informed

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
Trauma-Informed Interventions Across the Tiers
Multi-Tiered System of Support (MTSS)

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

Tier 3 – Intensive & ongoing interventions for students deeply impacted by trauma
Tier 2 – Additional supports for students with milder symptoms of trauma or in high-risk groups
Tier 1 – Universal strategies & instruction for all students
• Help staff recognize the prevalence and impact of trauma
• Provide predictable, positive, safe, consistent setting
• Universal Screener – internalizing and externalizing
• SEL

Tier 1

Tier 1 – Universal strategies & instruction for all students

TIC Values & Key Areas apply across all 3 tiers of the PBIS Framework.
Tier 1: Trauma Supports with Community Partners

Training Plan

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
Tier 2

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

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

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
Dive In
Trauma-Informed Intervention
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
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 the 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 Behavioral Intervention for Trauma in Schools (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

○ Incorporates visual art, creative writing, music, and meditation into traditional therapy services
Expressive Arts Therapy Resources

http://www.expressiveartsflorida.com/
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

<table>
<thead>
<tr>
<th>Parent Appropriate Match Rating By Item</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>Appropriate match*</td>
<td>8.98</td>
</tr>
<tr>
<td>Therapist is a good fit</td>
<td>9.14</td>
</tr>
<tr>
<td>Listened to and understood</td>
<td>9.08</td>
</tr>
<tr>
<td>Counseling meeting expectations</td>
<td>9.03</td>
</tr>
<tr>
<td>Working on what’s most important</td>
<td>8.71</td>
</tr>
</tbody>
</table>

* 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 Resilience
- Sleep Problems
- Violence
- Lack of Assertiveness
- Eating Issues
- Attention Problems

Pre vs. Post
How do we *really* know it works?

https://www.youtube.com/watch?v=rWB2t2r4Vfl
Resources

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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