Healthy Adults and Healthy Kids: Integrating a multi-systemic, trauma-informed model of psychological care in schools
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1

Ecological Model of Care
Ecological Model of Care

Therapy

School Staff

Child

Parent
Supporting a Whole Child Educational Environment

Mental Health Services for Students—Families—Staff: We close the door to no one.

A trauma informed lens: Shifting focus from pathology (what’s wrong with you) to personal story (help me understand you)
- Systems
  - Staff
  - Students
  - Parents and families

- Tiers
  - Individual
  - Small Group
  - School Wide
“Typically, school counselors offer short term intervention for crisis oriented issues or situations. To have clinicians available through Vida Clinic who could perform much-needed long-term therapy was invaluable. I hope and pray that this partnership is one that continues for a long time to come. The students of [this school] deserve no less.”

-School Counselor
“This is the best program that has come to [this school] ever. I say that with no reservations ... I am wonderfully relieved to know that students in crisis are being served within the walls of [this school] and by an expert... She amazes us all with her knowledge, relationship skills, and careful attention to the details of her clientele. Thank you for the fantastic resource!”

-School Administrator
"It’s hard to pick one thing [that was most beneficial from the list of wellness services] since they’re so interrelated. But one thing that is so beneficial, not necessarily for me personally but for everybody here at [this school], is to have somebody here on campus that, if it’s individual talk therapy, you don’t need to leave campus. You set your own appointments. You can come in for an emergency. Like the kids in crisis in the classroom. So I can do the job that I was hired to do and because you don’t have to go anywhere."

-Teacher
"These services have impacted my work with students because they have given me a way to calm myself before reacting. I was good at it before, but now I have a way to actually think and calm instead of just pushing away the stress feelings."

-Teacher
“We (teacher and student) met with the psychologist to discuss a student who felt she was being bullied. These services helped me to be more aware of what was going on in the classroom.”

-Teacher
"Everything has been beneficial. How could I just choose one or two items to list? From breathing to awareness of self-judgment, everything is applicable to my day-to-day life both on and off campus."

-Teacher
Groundwork
Promoting Mental Health in Schools: The Austin ISD Story

• Began in Spring 2011 with a pilot at Crockett HS.
• 1115 Waiver opportunity, Summer 2011, enabled us to “open” 4 School Mental Health Centers (SMHC) a year for 4 years ($N = 16$ by 2015).
• Currently, AISD through contractual relationships, operates 19 SMHC’s.
• Students and families can receive mental health services provided by a full-time licensed therapist—a clinical social worker, professional counselor or psychologist—conveniently located at school. SMHCs are overseen by the AISD Department of Comprehensive Health; operating in collaboration with Seton Healthcare, Austin Travis County Integral Care (ATCIC), and Vida Clinic.
Promoting Mental Health in Schools

• SMHC Therapists use evidence-based practices to help students and families identify and treat behavioral issues and mental health concerns.

• Working with the family, therapists complete a thorough clinical assessment, create therapeutic goals with the student, and provide on-going therapy throughout the year. The treatment approach is strengths-based, rooted in therapeutic models such as Cognitive Behavioral Therapy, Trauma Informed Care, and Motivational Interviewing. SMHC Therapists work collaboratively with other school based programs, to create a wraparound model for the whole child.

• Students can be referred for SMHC services through the campus Child Study Team, parent/guardian, or community referrals. Parent/Guardian consent is required in order for a student to receive services.
Promoting Mental Health in Schools: The Austin ISD Story (August 2014-June 2015)

<table>
<thead>
<tr>
<th>Event Description</th>
<th>High School</th>
<th>Middle School</th>
<th>Pre-K / Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed suicides (n=2)</td>
<td>HS=1</td>
<td>MS=22</td>
<td>PK/ES=1</td>
</tr>
<tr>
<td>Suicide attempt (that school staff are aware of) (n=60)</td>
<td>HS=27</td>
<td>MS=22</td>
<td>PK/ES=11</td>
</tr>
<tr>
<td>Suicidal thoughts/ideation (n=770)</td>
<td>304</td>
<td>259</td>
<td>207</td>
</tr>
<tr>
<td>Transitioning back to school following symptoms of a psychiatric crisis...</td>
<td>1116</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Substance use (alcohol and/or other drugs) (n=415)</td>
<td>226</td>
<td>179</td>
<td>PK/ES=10</td>
</tr>
<tr>
<td>Eating disorders (n=114)</td>
<td>HS=54</td>
<td>MS=37</td>
<td>PK/ES=23</td>
</tr>
<tr>
<td>Self-injurious behaviors (n=644)</td>
<td>158</td>
<td>357</td>
<td>129</td>
</tr>
<tr>
<td>Psychiatric crisis other than those mentioned above (n=385)</td>
<td>169</td>
<td>55</td>
<td>161</td>
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<tr>
<td>Referrals to MCOT and/or a Mental Health Officer (n=0)</td>
<td>7068</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>Gang related mediations/interventions (n=223)</td>
<td>HS=23</td>
<td>MS=18</td>
<td>PK/ES=3</td>
</tr>
<tr>
<td>Student conflict mediations (n=44)</td>
<td>153</td>
<td>516</td>
<td>1,158</td>
</tr>
<tr>
<td>District Level Crises (n=1,827)</td>
<td>HS=6</td>
<td>MS=12</td>
<td>PK/ES=27</td>
</tr>
<tr>
<td>Intensive cases involving students and family member(s) (n=45)</td>
<td>271</td>
<td>273</td>
<td>1,067</td>
</tr>
<tr>
<td>Bullying/sexual harassment cases (n=1,611)</td>
<td>150</td>
<td>575</td>
<td>547</td>
</tr>
<tr>
<td>Filed child abuse/neglect reports (n=1,272)</td>
<td>271</td>
<td>273</td>
<td>1,067</td>
</tr>
</tbody>
</table>

Note. ALC data were not included in this figure.
# Multi-Tiered Systems of Support

<table>
<thead>
<tr>
<th>Learning Support Services</th>
<th>Social Emotional Learning</th>
<th>Comprehensive Health Services</th>
<th>504/dyslexia</th>
<th>School-Based Community Services</th>
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<tbody>
<tr>
<td>Child Study System</td>
<td>SEL Specialists</td>
<td>Coordinated School Health Services</td>
<td>School Psychologists</td>
<td>Communities in Schools</td>
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<tr>
<td>Guidance &amp; Counseling</td>
<td>SEL Parent Coach</td>
<td></td>
<td>Social Behavior Skills (SBS)</td>
<td>SAFE Alliance</td>
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<tr>
<td>Licensed Mental Health Professionals</td>
<td>SEL Mindfulness Coach</td>
<td>School Mental Health Centers</td>
<td>Social Communication and Resource Services (SCORES)</td>
<td>Council on At Risk Youth</td>
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<tr>
<td>Behavior Counselors</td>
<td></td>
<td>Family Resource Centers</td>
<td>Special Ed Counselors</td>
<td>Cap City Kids: Social Work Interns</td>
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<tr>
<td>Crisis Coordination &amp; Response</td>
<td></td>
<td>AISD Mental Health Alliance</td>
<td>Care Coordination</td>
<td>Care Coordination</td>
</tr>
</tbody>
</table>
A Collaboration for Mental Health

**Austin ISD:**
- Hosts 19 school-based therapists
- Provides a campus referral team, office space and access to students
- Behavioral Health Specialist to coordinate/liaison campus operations

**Seton Healthcare Family**
- Implemented original model in 2012
- Manages the 1115 Waiver Project that funds the expansion of SMHC’s
- Seton School Nurses serve as Referral Coordinators

**Austin Travis County Integral Care:**
- Contracted by Seton, employs therapists to meet metrics for the 1115 Waiver/DSRIP project
- Program Manager
- Operates 16 clinics

**Vida Clinic:**
- Private practice owned by Clinical Psychologist, Elizabeth Minne, PhD
- Operates 3 clinics, including the original site
- Locally funded
School Mental Health Centers (SMHC)

Referrals & Consent: AISD provides schools with a referral packet that includes (a) HIPAA/FERPA Compliant Referral Form, (b) Consent to Refer, (c) Authorization for Disclosure & Use of Health Information, (d) Consent to share data

Providers: Also require separate parental consent and release of information.

Collaboration with Campus Staff: With parent consent: Staffing and Progress Monitoring during CST, Crisis Response.

Therapy: On-going sessions as needed, family counseling, groups, crisis response.
Advocacy and Advancing SMHC

◎ Invited to testify before the “Select Mental Health Committee” on AISD’s model of SMHC.

◎ AISD recommendations listed in the final report as a model program for school based mental health service delivery.

◎ Testified before the Senate Finance Committee.

◎ AISD Board of Trustees identified “School Based Mental Health Services” as a legislative priority during the 2016-2017 session.
Next Steps for AISD:

◎ Expanding SMHC’s into elementary schools beginning in 2017-2018.
Youth and Family Services on Campus: Breaking Down Barriers to Care
Daily Operations and Framework

• We have one full time licensed therapist at each school-based clinic

• On average, each campus sees approximately 100 students over the course of a school year

• Clinical service options include individual, group, and family therapy, as well as crisis support and family/school meetings
Daily Operations and Framework

• Our therapists are in-network with most major insurance carriers, Medicaid, and we offer sliding scale and Hardship rates.

• Our clinics are open year-round, including summers and holiday break.

• All clinicians operate from a trauma-informed care approach to services.
Frequent Reasons for Referral:

- Symptoms of depression
- Symptoms of anxiety or panic
- Self-injury behaviors
- Suicidal ideation
- Trauma history
- Family and/or school-related problems
What is Trauma-Informed Care?

A program, organization, or system that is trauma-informed:

* **Realizes** the widespread impact of trauma and understands potential paths for recovery;

* **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

* **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and

* **Seeks** to actively resist re-traumatization.

(SAMHSA, 2012)
Key Principles of a Trauma-Informed Approach

Safety

Trustworthiness and Transparency

Peer support

Collaboration and mutuality

Empowerment, voice, and choice

Cultural, Historical, and Gender Issues

(SAMHSA 2012)
Standard Aggregate Report (SAR) Academic and Disciplinary Outcomes: 2016-2017 School Year

Treatment Group vs Comparison Group
Academic Outcomes: Attendance

Attendance: Treatment Group vs Comparison Group

<table>
<thead>
<tr>
<th>Period</th>
<th>Treatment Group</th>
<th>Comparison Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st 6-week</td>
<td>95</td>
<td>96</td>
</tr>
<tr>
<td>2nd 6-week</td>
<td>94</td>
<td>95</td>
</tr>
<tr>
<td>3rd 6-week</td>
<td>93</td>
<td>94</td>
</tr>
<tr>
<td>4th 6-week</td>
<td>92</td>
<td>93</td>
</tr>
<tr>
<td>5th 6-week</td>
<td>91</td>
<td>92</td>
</tr>
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</table>
Academic Outcomes: Standard Achievement

STARR EOC Standard Met: Treatment Group vs Comparison Group

<table>
<thead>
<tr>
<th>Subject</th>
<th>Treatment Group</th>
<th>Comparison Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algebra I</td>
<td>88</td>
<td>63.16</td>
</tr>
<tr>
<td>Biology</td>
<td>85.19</td>
<td>73.26</td>
</tr>
<tr>
<td>English I</td>
<td>68.75</td>
<td>61.54</td>
</tr>
<tr>
<td>Subject</td>
<td>80</td>
<td>67.74</td>
</tr>
<tr>
<td>US History</td>
<td>92.5</td>
<td>88.24</td>
</tr>
</tbody>
</table>

Legend:
- Treatment Group
- Comparison Group
Disciplinary Outcomes: Substance Use

Substance Offenses: Treatment Group vs Comparison Group

Number of Individuals

1st 6-week period | 2nd 6-week period | 3rd 6-week period | 4th 6-week period | 5th 6-week period | 6th 6-week period

- Treatment Group
- Comparison Group
Disciplinary Outcomes: Suspensions

Note: effect of treatment was marginally significant at the \( \alpha = .05 \) level
Disciplinary Outcomes: Removals and Expulsions

Removals and Expulsions: Treatment Group vs Comparison Group

<table>
<thead>
<tr>
<th>Period</th>
<th>Treatment Group</th>
<th>Comparison Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st 6-week</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>2nd 6-week</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3rd 6-week</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4th 6-week</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>5th 6-week</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6th 6-week</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

Number of Individuals
Disciplinary Outcomes: Aggression

Aggression: Treatment Group vs Comparison Group

Note: no significant difference at the $\alpha = .05$ level

Before Treatment vs After Treatment
Suspensions

Suspensions: Before vs After Treatment

<table>
<thead>
<tr>
<th>Period</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st 6-week period</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2nd 6-week period</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3rd 6-week period</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4th 6-week period</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>5th 6-week period</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>6th 6-week period</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Graph showing the comparison of suspensions before and after treatment over six 6-week periods.
Aggression: Before vs After Treatment

- **Aggressive Offenses (%)**

  - Before Treatment
  - After Treatment

<table>
<thead>
<tr>
<th>Period</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st 6-week</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>2nd 6-week</td>
<td>2.5</td>
<td>3</td>
</tr>
<tr>
<td>3rd 6-week</td>
<td>3</td>
<td>3.5</td>
</tr>
<tr>
<td>4th 6-week</td>
<td>2.5</td>
<td>4</td>
</tr>
<tr>
<td>5th 6-week</td>
<td>3</td>
<td>4.5</td>
</tr>
<tr>
<td>6th 6-week</td>
<td>2</td>
<td>2.5</td>
</tr>
</tbody>
</table>
Clinical Outcomes Based on the Strengths and Difficulties Questionnaire (SDQ): 2016-2017 School Year
Strengths and Difficulties Questionnaire (SDQ) Scales:

- Emotional problems
  - “I worry a lot”

- Conduct problems
  - “I fight a lot”

- Hyperactivity
  - “I think before I do things”

- Peer problems
  - “I am usually on my own”

- Prosocial
  - “I try to be nice to other people”
Strengths and Difficulties Questionnaire (SDQ) Scales:

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  - “I am usually on my own”

- Prosocial
  - “I try to be nice to other people”

Total difficulties score
Total Difficulties

Total Difficulties Before and After Therapy

Pre-therapy: 14.69
Post-therapy: 13.59
Emotional Problems Before and After Therapy

Pre-therapy: 5.36
Post-therapy: 4.48
### Emotional Problems: Individual Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-therapy</th>
<th>Post-therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I worry a lot&quot;</td>
<td>1.53</td>
<td>1.31</td>
</tr>
</tbody>
</table>

The diagram shows the decrease in worries for the question "I worry a lot" from pre-therapy (1.53) to post-therapy (1.31).
Emotional Problems: Individual Questions

“I am often unhappy”

Pre-therapy: 1.0
Post-therapy: 0.75
Emotional Problems: Individual Questions

"I have many fears"

Pre-therapy: 0.78
Post-therapy: 0.61
Coordination of Care: layering a mental health focus on an educational environment

- Convenient services for youth and families
- Removes barrier of access
- Clinical lens for translating school-related issues
- Therapist helps bridge academic and therapeutic worlds
- Destigmatizes mental health in the community
“The debilitating symptoms that many people suffer from in the aftermath of perceived life-threatening or overwhelming experiences”…

“In short, trauma is about a loss of connection – to ourselves, to our bodies, to our families, to others, and to the world around us. This loss of connection is often hard to recognize, because it doesn’t happen all at once.”

- Peter Levine
“When faced with a threat, the amygdala triggers a fight-or-flight response, which includes the release of a flood of hormones. This response usually persists until the threat is vanquished. But if the threat isn’t vanquished — if we can’t fight or flee — the amygdala, which can be thought of as the body’s smoke detector, keeps sounding the alarm. We keep producing stress hormones, which in turn wreak havoc on the rest of our bodies.”

(van der Kolk, 2014)
Healthy Teachers for Healthy Kids:
Meeting the Needs of School Staff
Healthy Teachers for Healthy Kids

Mission

◎ **What:** Individualized, multi-tiered services to promote Trauma Informed Care (TIC) and staff wellness

◎ **Why:** A powerful way to address student health and academic success is to attend to the health and wellness needs of the adults who work with them

◎ **How:** Promote a culture of sensitivity to children who are distressed and engage the systems of care around them
“This initiative is designed to positively impact students with unmet trauma needs as well as the educators and other school professionals working with these children.”

—Hogg Foundation
Healthy Teachers for Healthy Kids

Goals

◎ Parents and school staff will experience increases in personal well-being and self efficacy in their roles as educators and parents.

◎ They will develop a greater awareness of how student behavior fits into the context of the child’s life (i.e., a chaotic home environment, inconsistent caregiving, and/or family conflict).
“We want everyone in the school community to have positive, meaningful connections – adults-to-students, adults-to-adults, students-to-students.”

—Dr. Minne
Healthy Teachers for Healthy Kids

*The ARC Model*

A framework for intervention with youth and families who have experienced traumatic stress

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Regulation</th>
<th>Competency</th>
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</thead>
<tbody>
<tr>
<td>☐ Caregiver affect management</td>
<td>☐ Identification</td>
<td>☐ Executive function</td>
</tr>
<tr>
<td>☐ Attunement</td>
<td>☐ Modulation</td>
<td>☐ Self development</td>
</tr>
<tr>
<td>☐ Consistent response</td>
<td>☐ Expression</td>
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</tbody>
</table>
Healthy Teachers for Healthy Kids: A Three-Tiered Approach

- **Campus-wide talks** on relevant issues (i.e., “trauma and the adolescent brain”)

- **Small group work** to develop skills and build sense of community (i.e., mindfulness workshop)

- **Individualized, one-on-one** solution-focused consultation
Healthy Teachers for Healthy Kids
An Emphasis on Skill Building

Teachers come away with a **toolkit** of practical, easy-to-implement skills

Tip sheets facilitate the implementation of skills in the classroom

Grounded in ARC principles (attachment, regulation and competency)
Healthy Teachers for Healthy Kids

Incorporating Student Voices

- Campaign for students to pay tribute to their teachers
- Strengths-based feedback
- Identified key teacher qualities that students appreciate in the classroom: a sense of humor, smiling, and calm communication
“I’ve learned that it takes a village. It takes a lot of people and everybody has struggles. The kids have struggles. The teachers have struggles. Everybody’s story is different, but everybody’s story is the same … It’s like we’re all in this together.”

—Participating Teacher
“I am more patient and aware with my students. I take time to observe what they may be struggling with as they enter my classroom every day versus being too busy within my own mental time management.”

—Participating Teacher
“I really love how I feel each time I leave a wellness activity. I equally feel accomplishment and relief. I'm ready to take on the day...and life! ”

—Participating Teacher
Time for a Mindfulness Activity