

TST in Schools: An Adaptation of Trauma Systems Therapy in a Public School Setting



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Learning the Language: Promoting Effective Ways for
Interdisciplinary Collaboration
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Objectives

- 1) Understand the Connecting With Care Model
 - Adaptation of Trauma Systems Therapy (TST) in Schools
- 2) Understand TST “Basics”
 - Cross-systems Collaboration to Develop Shared Language
- 3) Use “TST Language”
 - Identify “Survival-in-the-Moment” states to inform planning of effective interventions for students

Connecting With Care

A School-Community Collaboration to Promote Children's Mental Health

Connecting With Care (CWC) Program Overview:

- Developed in collaboration with key community stakeholders
- Model maximizes health insurance reimbursements
- Expanded over 9 years to K-8 school in Boston neighborhoods with low SES, high immigrant populations, high violence/trauma

CWC is about Partnerships

CURRENT AND FOUNDING PROGRAM PARTNERS, FUNDERS, AND SCHOOLS

Brighton-Allston Mental Health Association

Family Service of Greater Boston

Home for Little Wanderers

MSPCC

North Suffolk Mental Health Association

Boston Children's Hospital

New York University Child Study Center

Massachusetts General Hospital

Robert Wood Johnson Foundation

Amelia Peabody Foundation

Bennett Family Foundation

Blue Cross Blue Shield of MA Foundation

Boston Foundation

Hestia Fund

Cummings Foundation

Cabot Family Charitable Trust

MA Attorney General's Office

Adams Elementary

BTU Pilot K-8

Frederick Pilot Middle

Gardner Pilot Academy

Mather Elementary

Mattahunt Elementary

McKay K-8

Harvard/Kent Elementary

Holland Elementary

Holmes Elementary

Irving Middle

Mildred Avenue K-8

Orchard Gardens K-8

Quincy Elementary

Taylor Elementary

Timilty Middle

Umana Academy

Young Achievers Pilot

CWC Goals

- 1) Better access to children's mental health services**
- 2) Full-time mental health clinicians in schools**
- 3) Improve the quality of service delivery in schools**
 - Partnership brokering: Schools and agencies
 - Coordination: Making the service work for the school/finances work for the agencies
 - Data collection: Finance, utilization, and clinical outcomes
 - EBPs, including the first school-based adaptation of TST

How Does this Work?

To sustain the full-time model, a coordinator functions as the “translator” among stakeholders:

- CWC must understand the mission and source of pain for each partner to build a working alliance
 - Schools: Treatment must be in service of academic success
 - Goal: Teach clinicians how to work collaboratively with teachers
 - Agencies: Full-time model must be financially sustainable
 - Goal: Teach schools about the importance of building a caseload in a timely manner

Why Do Trauma Work in Schools?

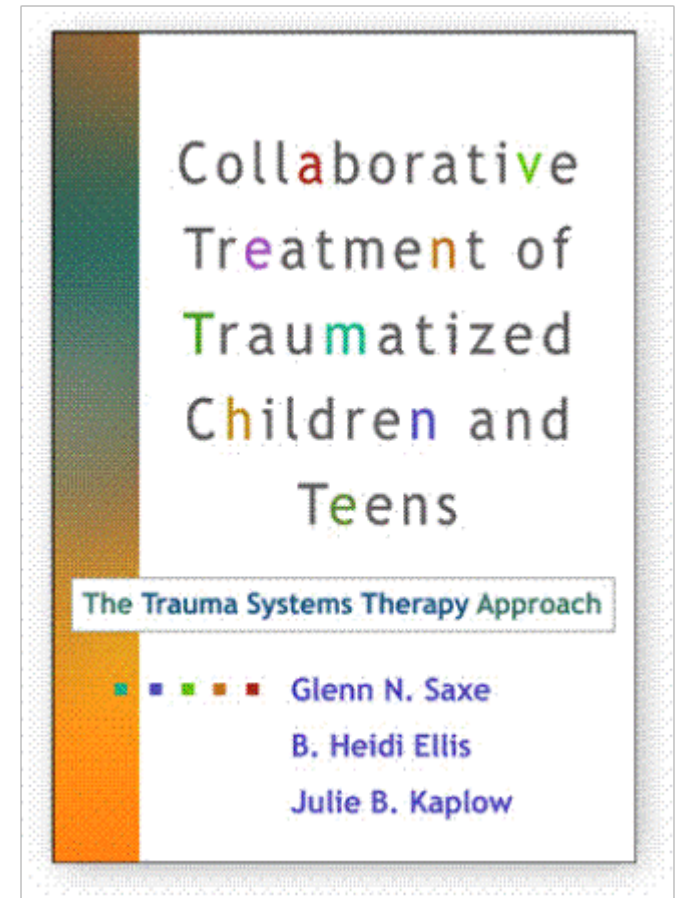
In schools, traumatized children may be seen as:

- Disruptive and unmotivated to learn
- Angry and over-reactive

Need for specialization in treating children exposed to high rates of violence and trauma *in ways that enhance teaching and learning*

Intro to Trauma Systems Therapy

TST offers the specific and actionable information you need to help a traumatized child: no matter how complex and severe her/his problems.



Basic Concepts

The Tragedy of Trauma

- 50% to 70% of the general population has been exposed to major trauma.
- 15% to 40% of traumatized children develop significant adverse psychiatric and psychological reactions to trauma, broadly called child traumatic stress.
- Child traumatic stress is associated with substance abuse, violence, suicide, heart disease, homelessness, chronic mental illness, school failure, and unemployment.
- Traumatic stress is a disorder related to how individuals process signals of threat.
- Traumatic stress influences brain development and has a cascading impact on people over the course of their lives.

Trauma in vulnerable populations

- 75% of children from a study of 30,000 children in the New York City foster care system in 2000 had exposure to traumatic experiences.
- Research shows that between 75% and 93% of youth entering the juvenile justice system annually in this country are estimated to have experienced some degree of trauma (compared to 34% of the general population of children in the U.S.).

A systems approach to trauma

- A traumatized child who is unable to regulate survival states.
- A social-environment/ system of care that cannot help contain this dysregulation.

Is it a disorder?

The child who does not want to go to sleep because he or she is afraid of being abused in the night hours,

The child who lives in a neighborhood where there is a gang war and who spends a lot of time scanning the environment for sources of threat,

The child who avoids going to school because someone has threatened to kill her,

The adolescent who is aggressive with his mother's boyfriend to protect her from getting beaten up,

*The Specific, and
Actionable, Information
You Need...*

*To Help a child named
Samantha*

Samantha

A 14 year old girl with a trauma history and who also has a history of assaultive behavior. She is in a regular school and has been restrained numerous times by security in the school for out of control behavior. In one instance she has broken the arm of the school nurse. You are a consultant to the school and are asked to see her because she knocked a teacher to the ground today, in math class.

Where do we start?

What more information do we need
to know how to help Samantha?

What information do we need, to know how to help her?

How much will knowing her diagnosis help?

How much will knowing her trauma history help?

How much will knowing her family and social
history help?

How much will knowing her psychiatric and
medical history help?

We need to go from
speculating about what it
might be...

To knowing what it is.

4 ideas for knowing what it is (so that we may know how to help)

Idea #1:

It's all about moments.

Count the Moments

$$\frac{\text{Problematic Moments}}{\text{All Moments}} = \text{Very Small}$$

Samantha's Moment

Samantha was in the classroom learning math. She remembers feeling agitated and nauseous. She remembers her foot shaking. She asked her teacher if she could leave the class as she was not feeling well. The teacher declined her request saying 'you always want to get out of the tough work'. The teacher stood between Samantha and the door. Samantha ran to the door and knocked the teacher to the ground on her way out.

What do we know, now?

4 ideas for knowing what it is (so that we may know how to help)

Idea #2:

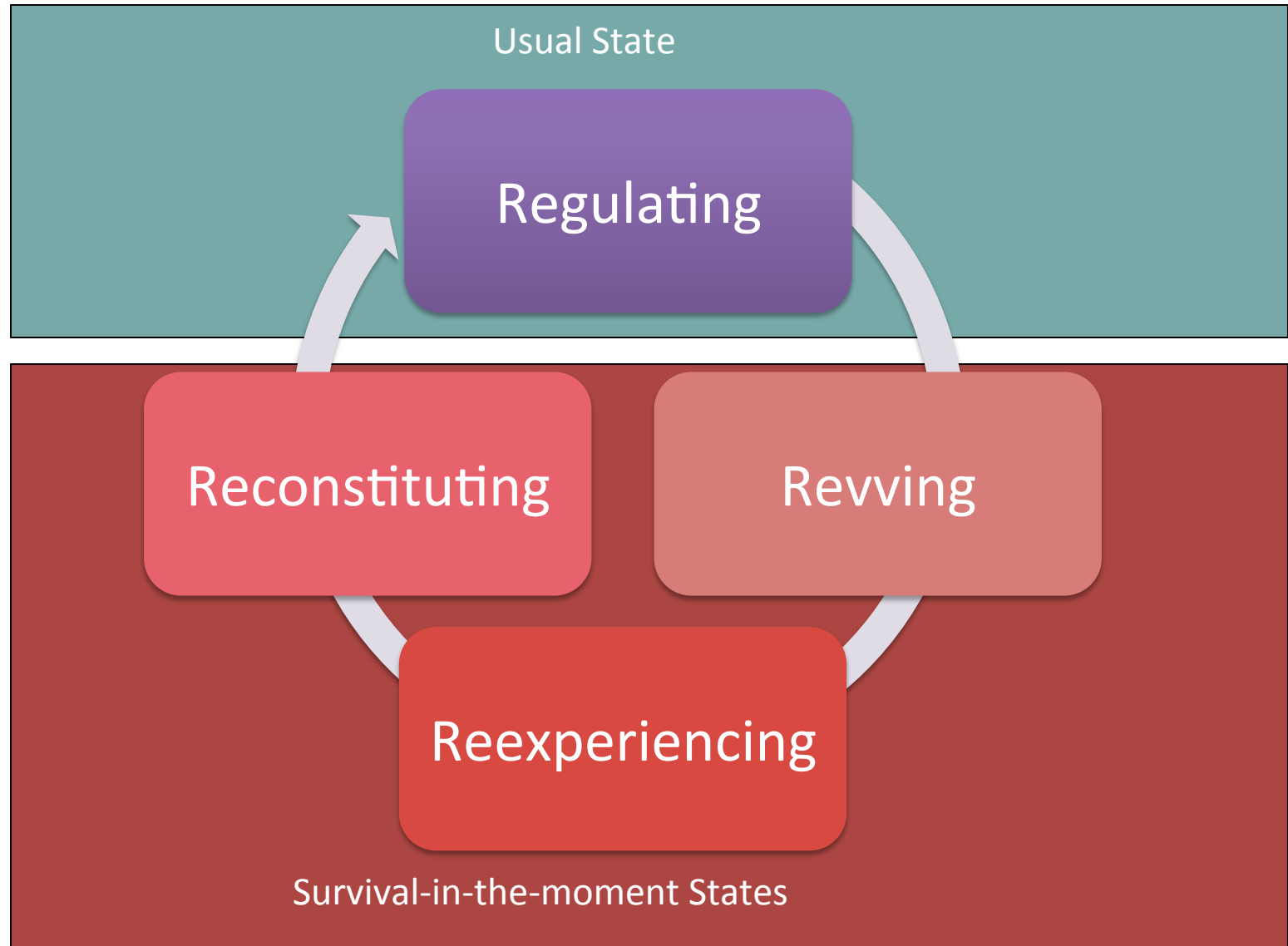
It's all about survival-in-the-
moments.

Survival-in-the-Moment



“The amygdala leads a hostile takeover of consciousness by emotion (Joseph LeDoux, The Emotional Brain)”

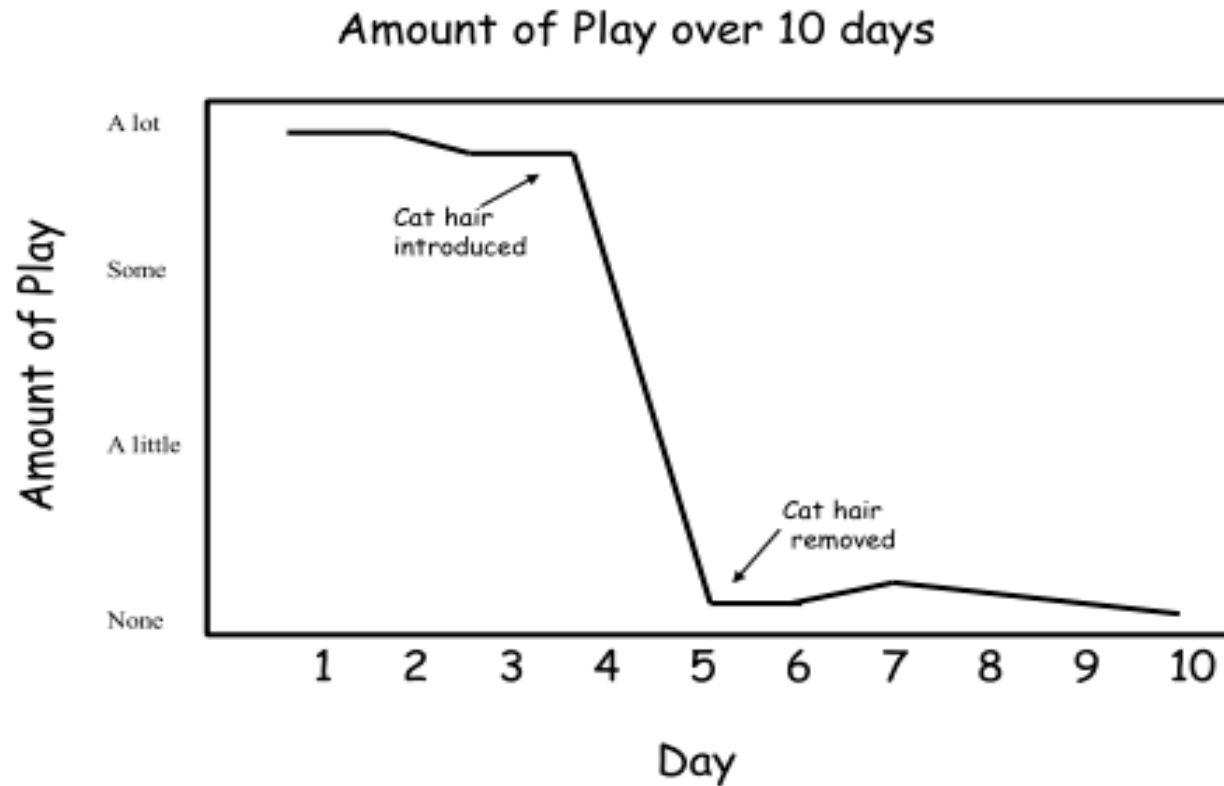
Survival-in-the-Moment & Moment-by-Moment Assessment



Playing Rats

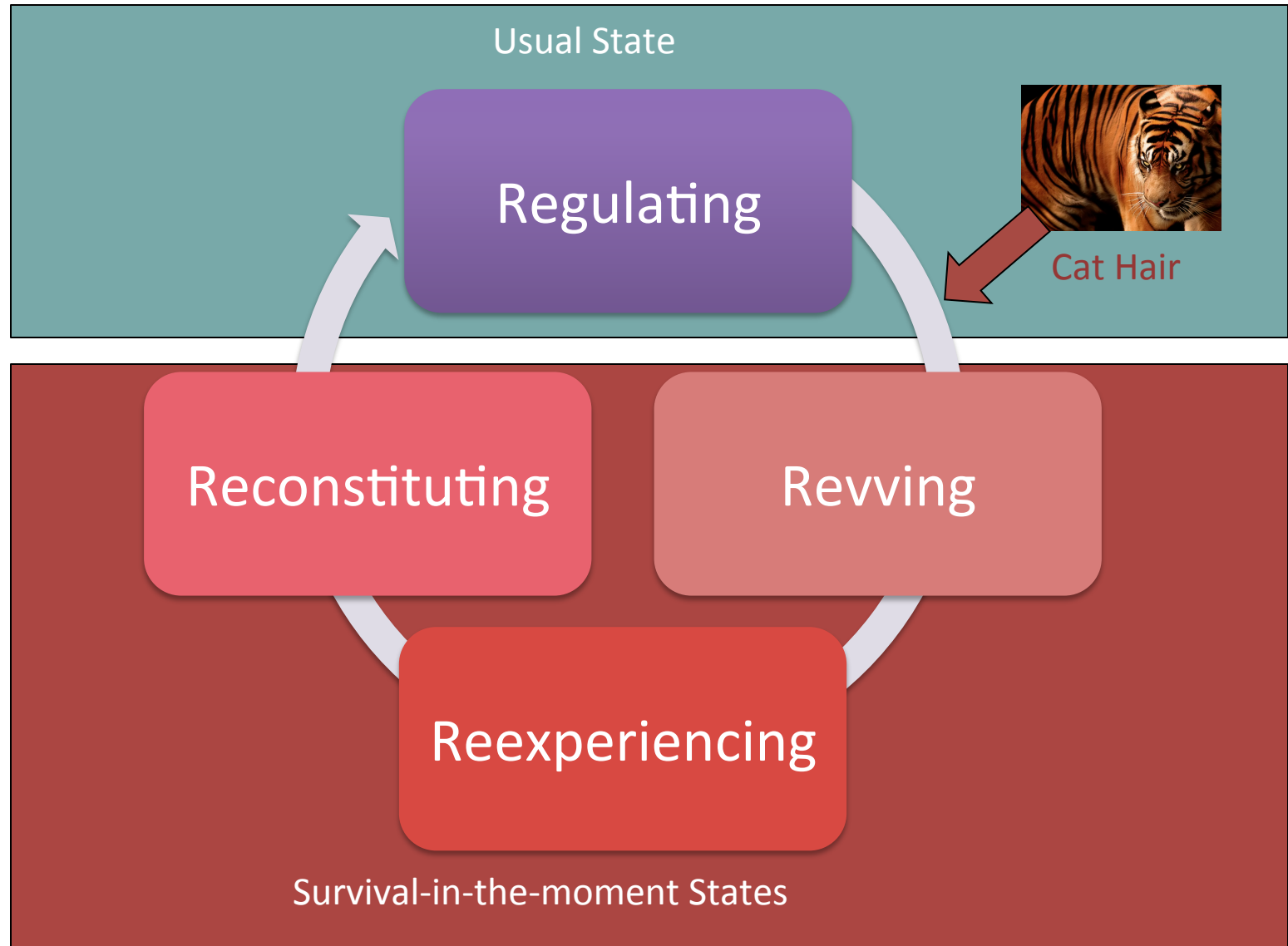


Where is the cat hair?



In Panksepp JP (1998): *Affective Neuroscience: The Foundation of Human and Animal Emotions*, Oxford, New York

Survival-in-the-Moment & Moment-by-Moment Assessment



Where is the cat hair?

- Where is Samantha's cat hair?

What do we know, now?

4 ideas for knowing
what it is (so that we may know
how to help)

Idea #3:

It's all about patterns of
survival-in-the-moment.

What problems does TST seek to address?

All clinical problems addressed in TST are defined in **only** one way:

TST Priority Problems

Patterns of links between a traumatized child's experience of threat in the present environment, and the child's transition to a Survival-in-the-Moment state.

Samantha's Moments

- **Event #1:** When the math teacher didn't believe Samantha about feeling ill and needing to leave the class, Samantha knocked her down while leaving the class.
- **Event #2:** When the school nurse said Samantha was 'faking' her stomach ache, Samantha assaulted her and broke her arm.

Examples of TST Priority Problems: Samantha

When Samantha is exposed to Statements from adult women indicating disbelief about feelings of illness,
Child's name Description of threat signals (cat hair)

She/he responds by Feeling need to escape (leg shaking), then rage, then assault.
Description of Survival-in-the-Moment state (3A's in Re-experiencing)

This pattern can be understood through her past experience(s) of:
Sexual abuse from stepfather and mothers disbelief (including somatic symptoms)

Information about Environment-Past that informs understanding of Survival-in-the-Moment response in present

Without this knowledge, how can we help?

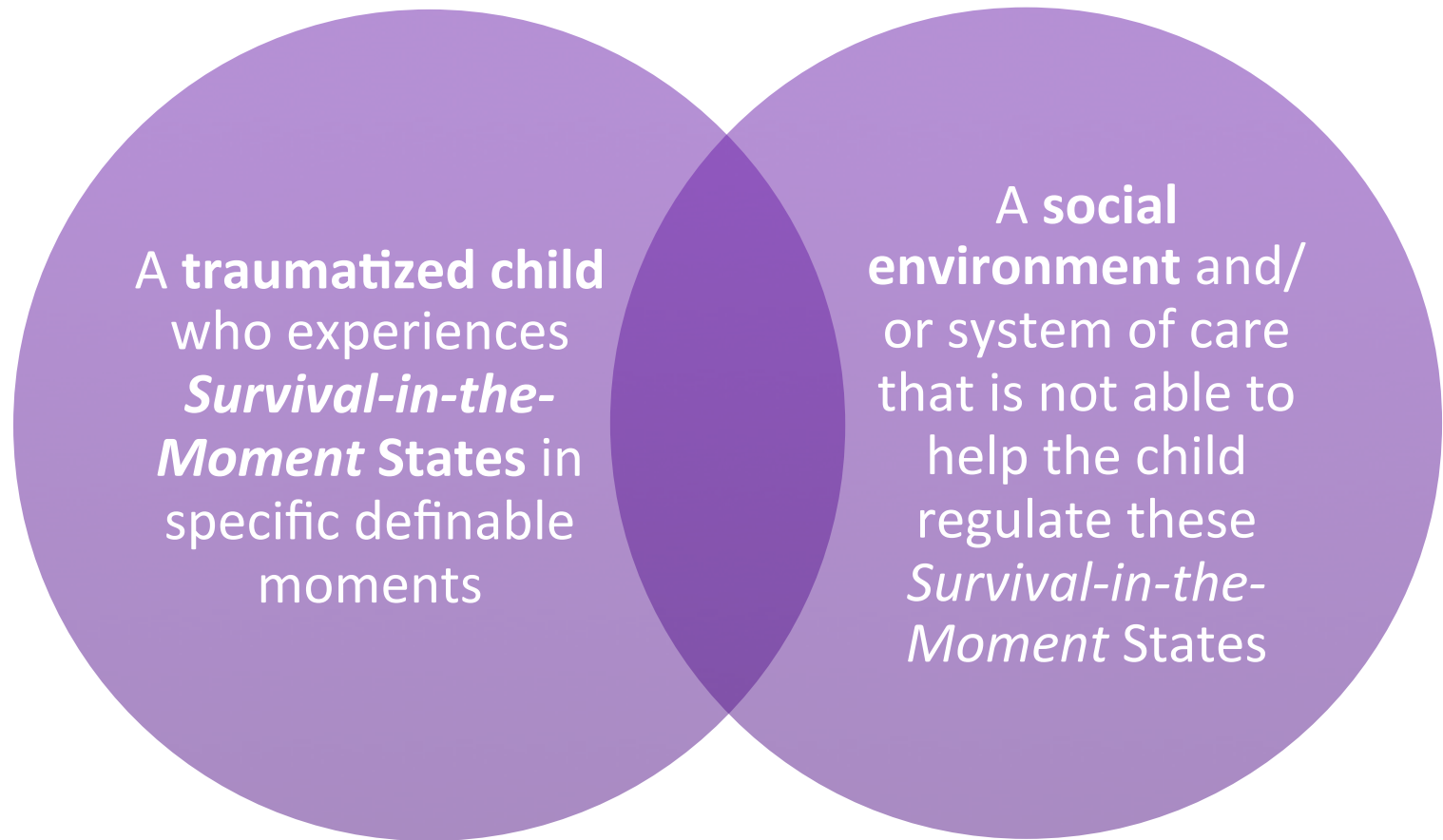
What do we know, now?

4 ideas for knowing what it is (so that we may know how to help)

Idea #4:

It's all about using the
information about patterns of
survival-in-the-moment, to help.

It's About a Trauma System



Primary Aim of Treatment

Traumatized child's tendency to have dramatic shifts in emotional/survival state when confronted by a stressor or traumatic reminder.

- Psychotherapy enhances a child's capacity to stay regulated when confronted by a stressor/ reminder
- Psychopharmacology supports this capacity
- Social interventions enhance the capacity of members of the child's social environment to protect child from reminders and support child's regulation

*What did we do for
Samantha??*

Examples of TST Priority Problems: Samantha

When <u>Samantha</u> Child's name	Statements from adult women indicating disbelief <u>about feelings of illness</u> Description of threat signals (cat hair)
She/he responds by	
<u>Feeling need to escape (leg shaking), then rage, then assault.</u> Description of Survival-in-the-Moment state (3A's In Re-experiencing)	
This pattern can be understood through her past experience(s) of:	
<u>Sexual abuse from stepfather and mothers disbelief (including somatic symptoms)</u> Information about Environment-Past that informs understanding of Survival-in-the-Moment response in present	

Interventions

- Classroom plan: Leg shaking, teacher, guidance counsellor
- More flexible classroom rules to address Samantha's needs and build more empathic attitude towards Samantha.
- More proactive about Samantha's physical symptoms and communication about them. Scheduled meetings with (new) school nurse.
- Integrate foster family and case worker in plans.
- Guidance for security officers.
- Build emotional regulation skills re feelings of not being believed.
- Psychopharmacology to help while skills are built.

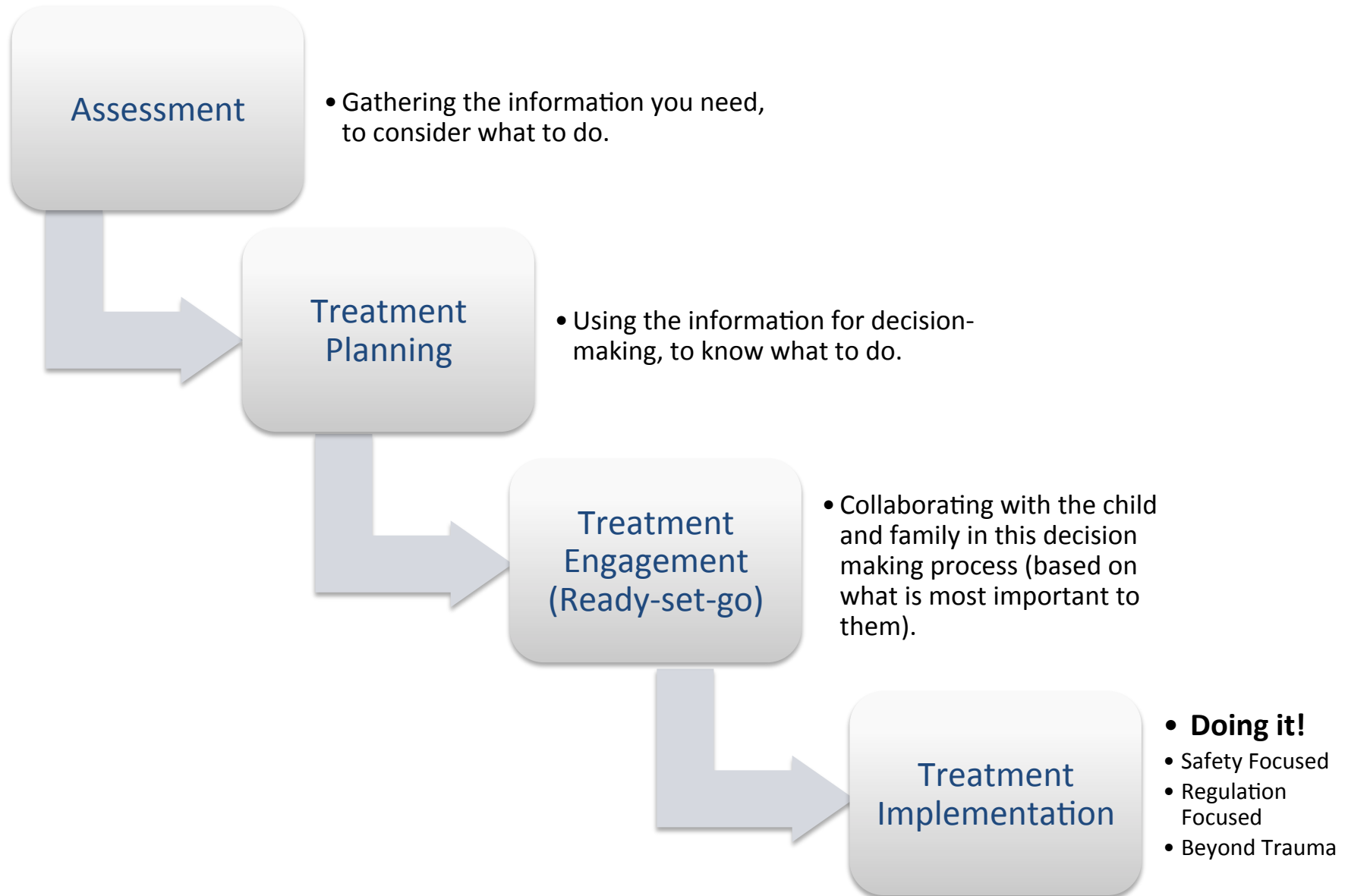
How does TST address those problems?

- By offering an array of interventions/services, all designed to address the tightly defined problems in specific and integrated ways:
 - Skill based Psychotherapy
 - Home/Community/Milieu based intervention
 - Psychopharmacology
 - Legal Advocacy
- By offering this array of interventions/services in a phase based manner, depending on the needs of the child within their social environment:
 - Safety-focused Treatment
 - Regulation-focused Treatment
 - Beyond Trauma Treatment

All TST interventions/services dedicated to three main goals:

1. Protect the child from environmental signals experienced as threat ('cat hair'), until child is able to manage them. Protect child from actual threats ('cat'): **Safety-focused Treatment**.
2. Build the child's ability to manage environmental signals experienced as threat ('cat hair'), when the environment is safe and stable enough: **Regulation-focused Treatment**.
3. Prepare the child to grow into the future in a way that is not consumed by the past: **Beyond Trauma Treatment**.

The TST Sequence



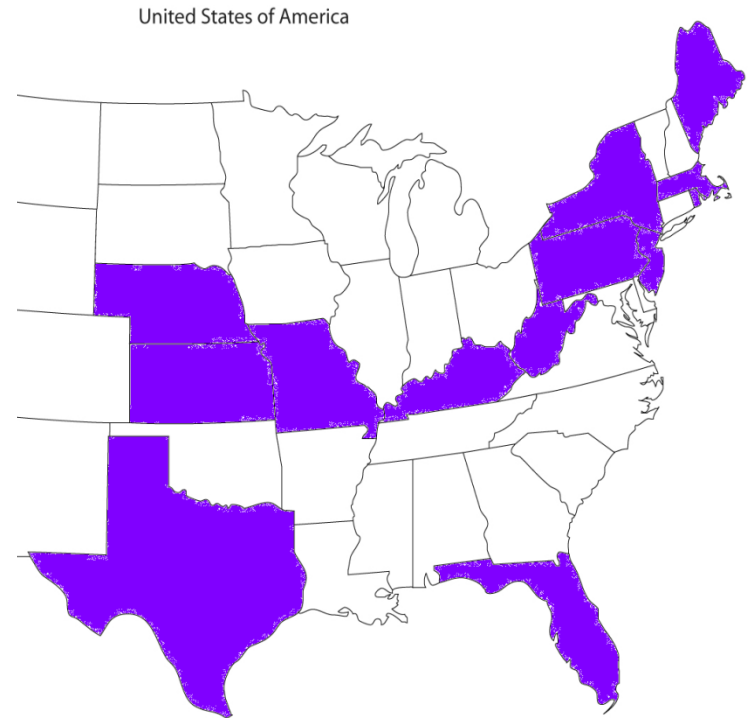
The Phase of Treatment

TST Treatment Planning Grid		The Environment's Level of Help and Protection		
		Helpful and Protective	Insufficiently Helpful and Protective	Harmful
The Child's Survival States	No Survival States	Beyond trauma	Beyond trauma	Safety- focused
	Survival States	Regulation-focused	Regulation-focused	Safety-focused
	Dangerous Survival States	Regulation-focused	Safety-focused	Safety-focused

TST Innovation Community

TST is currently being implemented in agencies in 14 States, including programs that provide:

- Outpatient therapy
- Residential treatment
- Foster Care
- Refugee services
- Substance-abuse/MH services
- Community based prevention
- School-based mental health



Why is TST a good fit for schools?

- TST addresses the need for safety in the social environment
- Directly addresses teachers' "source of pain:" Disruptions to teaching and learning (disruptive behaviors and quiet dissociative types)
- Daily contact with teachers and staff helps them understand the behaviors they see and respond in more helpful ways
- Demonstrated effectiveness in Boston (2005) with children and families
- Integrates work within the service system of the Children's Behavioral Health Initiative in Massachusetts (CBHI)

Middle School Student, “Henry”

- Henry has experienced multiple moves and chronic homelessness living with his abusive, alcoholic father
- Henry and his family recently moved from New Mexico to Massachusetts where his mom lives, but he doesn't see her often
- As a younger child, Henry was often awakened by his drunk father and beaten up “for no reason.”
- Now, Henry often has to retrieve his father, the primary caregiver, from the bars late at night
- Henry can “black out” and behave violently when he perceives he is being treated unfairly
- Henry is only 12

Working with Teachers

- Train teachers and staff in TST-informed interventions to provide an infrastructure of support for students
- Clinician observes Henry's behavior (class, lunchroom, etc.) and gets the teacher's perspective on what gets Henry upset, when, and where
- In consultation with Henry's teachers, the clinician works through the TST analytical process:
 - Theme of environmental threat (perceived injustice)
 - Theme of Henry's response (yelling, throwing things, leaving the classroom)

Working with Teachers (continued)

- Help them understand that Henry is reacting to perceived injustices, based on his traumatic experiences
- Help them choose alternative responses to problem behaviors
 - Maintain clear and consistent expectations
 - Empathize with Henry's experience of "injustice"
 - Establish "time out" space
 - Establish signal to allow Henry to go to an alternative space when triggered
 - Lunch together one day/week to build trust and rapport

Working with the Family and Larger System

- Engage in-home therapy supports to address the family's "sources of pain"
 - Find housing closer to Boston
 - Help dad find support for his alcohol addiction
 - Parenting skills to improve the parent/child relationship
- Maintain treatment alliance with providers
 - Regular communication
 - Ensure everyone is following TST treatment plan
 - Address any barriers to family's treatment engagement
 - Attend TST team meetings whenever possible
 - Inform providers of important school meetings

Working with the Student

- Teach Henry how to understand and begin to regulate his emotions (build coping skills, access “safe space”)
- Gradually challenge Henry’s distorted thoughts that disrupt relationships with teachers and peers
- Work with teachers around finding opportunities for Henry to experience success and build his own “buy-in” to school
 - Assisting teachers with tasks
 - After-school enrichment
 - Positive phone calls home

Challenges and Solutions for TST Implementation in Schools

Challenge: Staff turnover in Schools and Agencies

Solution: Provide regular TST-informed training for teachers, staff, and agency providers

Challenge: Clinicians must be in place when school starts

Solution: Hire during the summer for a September start date

Challenge: TST team meetings impact productivity

Solution: Weekly meetings occur after school hours

Challenge: Family engagement

Solution: Clinicians are coached in how to approach parents

TST Outcomes 2009-14

Trauma Systems Therapy (TST):

CWC collects data on Fidelity and Outcomes on TST. For the 99 children at the 7 schools in the sample (2009-14):

Decrease in Child's Level of Emotional Dysregulation	36.03%*
Decrease in Child's Level of Dangerous Behaviors	38.13%*
Decrease in Repeat Exposure to Trauma or "Triggers"	36.30%*
Improvement in Caregiver Ability to "Help and Protect" Child	34.81%*
Improved Service System Ability to "Help and Protect" Child	37.09%*

*Statistically significant T-test results across all 5 scales at the 99% confidence level

Conclusions

- CWC is a school-based mental health model that deeply integrates school and mental health partnerships by “Learning the Language” of its partners
- TST practices and principles demonstrate the importance of developing shared goals and language to understand and prioritize problems while watching for potential barriers across systems that can interfere with treatment
- CWC data demonstrates that TST is an effective model for the treatment of trauma in schools

Contact Information

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Resources

- [Robert Wood Johnson Foundation: Connecting With Care](#)
- [Center for Disease Control: AHRQ Profile of Connecting With Care](#)
- Kilkenny, R., Katz, N. and Baron, L. “Leveraging Mental Health Dollars into Your District.” *School Business Affairs*, 75(7): 11-15, 2009.
- www.aipinc.org
- Traumasystemstherapy.com