

USING TRAUMA-INFORMED STRATEGIES AS PRIMARY PREVENTION FOR SUBSTANCE USE AMONG YOUTH IN SCHOOLS

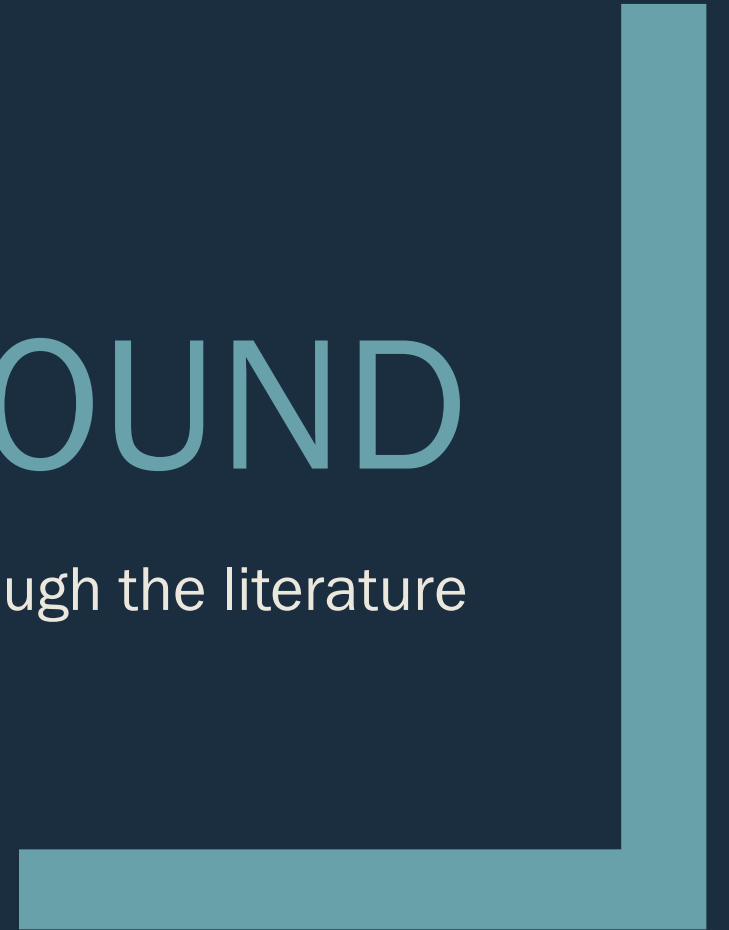
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November 2019

Resilient School Communities (RSC)

BACKGROUND

Through the literature



Literature:

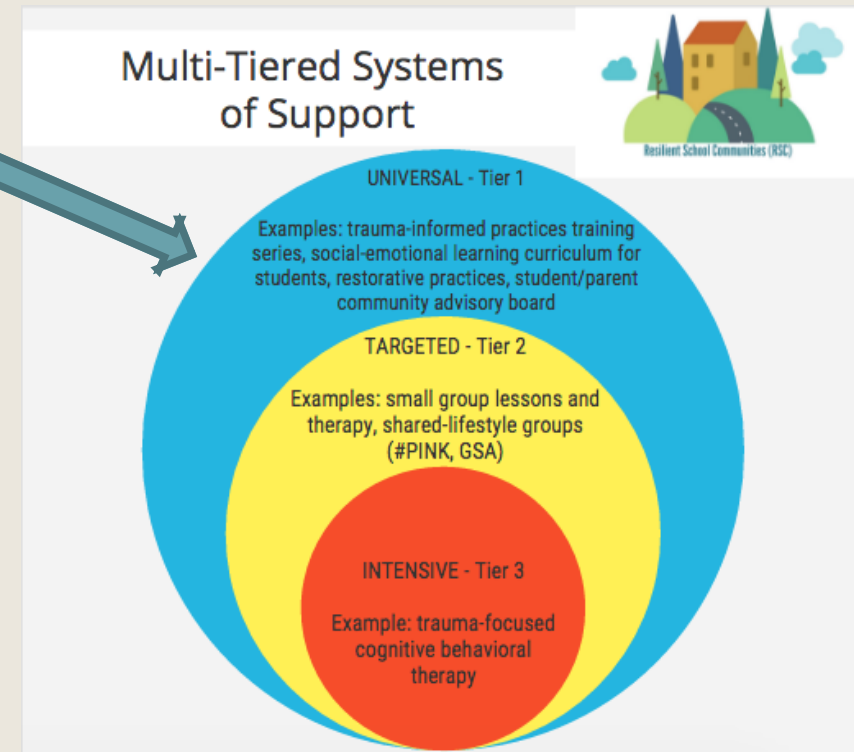
Trauma & substance use

- Association between trauma/adversity & substance use (Burnett, Witzel, Allers, & McBride, 2016; Galletly et al., 2016; Nutton & Fast, 2015; Ullman, Relyea, Peter-Hagene, & Vasquez, 2013).
 - Child maltreatment increases risk for smoking, alcoholism & drug abuse (Felitti et al., 1998).
 - ~1/3 of adolescents experiment with illegal drugs before high school (Johnston, O'Malley, Bachman & Schulenberg, 2007).
 - Adolescents being treatment for substance use – over 70% indicated experiencing trauma in their lives (Deykin & Buka, 1997; Funk, McDermeit, Godley & Adams, 2003).
- Self- Medication hypothesis (Khantzian, 1985): using substances to manage distress associated with trauma.



Literature: Primary prevention

- Definition: improving the overall health of a population (WHO, n.d.).
- Experiences in middle & high school impact substance use later in life (Bond et al., 2007).
- Youth learn patterns of behavior from “socializing agents” (Catalano et al., 1996).
- Research does not look at culture and climate factors of schools on student substance use.



Literature:

Trauma-informed care

- Definition: a system that shifts its philosophical position from viewing people as “sick” or “bad” to a system that honors and adapts to the experiences of the people it serves (Bloom, 2008).
- Purposeful approach to engagement with you ensuring that physical and emotional safety is established (Hodas, 2006).
- SAMHSA’s 4 principals
 - Realize the widespread impact of trauma and understand potential paths for recovery;
 - Recognize the signs and symptoms of trauma among all people (to include staff);
 - Respond by fully integrating knowledge about trauma into policies, procedures, and practices; and
 - Seek and actively resist re-traumatization.

Resilient School Communities (RSC)



ROADMAP TO 2020

Five year project plan - Implementation overview



The Colorado Association for School-Based Health Care, in collaboration with four school communities, was recently awarded a 5-year grant from the Colorado Department of Human Services-Office of Behavioral Health to develop a trauma-informed approach to primary prevention of substance use in schools with school-based health centers (SBHCs), which are clinics that provide integrated health services on school grounds. By focusing on primary prevention, the project goal is to strengthen the continuum of care between the school and the SBHC, and integrate resiliency-focused approaches throughout the entire school community.



COLORADO
Office of Behavioral Health
Department of Human Services

YEAR 1: PLANNING & INITIAL ASSESSMENT

March 2016–June 2016

Year 1 will prepare a planning and implementation plan for the following 4 years. Main objectives in Year 1 include selecting sites that represent a diverse group of schools and communities around the state, and building site teams who will play a major role in coordinating efforts throughout the life of the project and beyond. A learning collaborative aimed at sharing learnings throughout the project will be formed. Quantitative analyses will begin and roll into Year 2. Data sources include Healthy Kids Colorado Survey (HKCS), Colorado Children's Campaign Kids Count Report, Department of Education School View, Counter Tools, Behavioral Risk Factor Surveillance System (BRFSS), Padre Unidos State Discipline Report Card, in addition to other local data sources.

YEAR 2: NEEDS ASSESSMENT & STRATEGIC PLANNING

July 2016–June 2017

Year 2 is targeted at creating a more comprehensive picture of community needs. Initial activities include a foundational training to standardize concepts of trauma, and organizational assessments of current practices within each school and each SBHC, including identification of practices that could be more trauma-sensitive. Other activities will include focus groups, key informant interviews and surveys. Results will inform the strategic planning process, which will focus on selection of culturally-responsive and community-relevant best practices for advancing resiliency in each school community. Efforts also will focus on strengthening partnership between school and SBHC staff to coordinate and optimize care of students who are impacted by trauma and substance use.

YEAR 3: UNIVERSAL STRATEGIES & CONTINUED STAFF DEVELOPMENT

July 2017–June 2018

Based on Year 2 assessments and community input, Year 3 will involve continued professional development of educators and clinicians around trauma-informed practices. Some communities might focus on advancement of restorative discipline practices and/or implementation of student curriculum at the universal level, in order to reach every student in the building, providing prevention and early intervention to reduce the number of students in need of Tier 2 and Tier 3 services in the MTSS framework.

YEAR 4: MONITORING & QUALITY IMPROVEMENT

July 2018–June 2019

Year 4 will be focused on improving the quality of the project, based on monitoring data from previous years, along with community input and strong site team involvement. Booster sessions will take place to ensure all staff have current and relevant training based on their needs. Discussions will likely continue around school discipline and policies, as well as clinical practices to measure improved health outcomes and reduced substance use among students served by the SBHC.

YEAR 5: SUSTAINABILITY

July 2019–June 2020

Year 5 will include quality improvement, including booster sessions and follow-up trainings for staff and community members. Data will be collected and analyzed to understand trends and impact in each community. Ensuring sustainability of the efforts will be a major focus, as well as expanding the reach of Resilient School Communities. Findings and reports will be widely disseminated.

ROAD TO 2020

Future trainings may include:

- Trauma 101
- Secondary Trauma/Self-Care
- Restorative Practices
- Screening & Brief Intervention (SBI)
- Implicit Bias

Future outcomes may include:

- Increased understanding of trauma
- Reduction of suspension/expulsion
- Reduction of substance use
- Increased connection between staff and students

Future data may include:

- Adverse Childhood Experiences (ACEs) screening
- Annual Healthy Kids Colorado Survey
- School climate
- Academic outcomes

PARTNER SITES



Adams County



Delta County



Denver County



Pitkin County



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EVALUATION

End of FY 3 (of 5 year grant)

Aims of current evaluation:

- Identify goal measurement and attainment.
- Identify program impacts.
- Identify factors related to successful implementation.
- Identify lessons learned to-date.

Methods: Research design

Qualitative multisite case study design (Creswell & Poth, 2018; Stake 1995, and 2006).

Cases defined by School-Based Health Centers (SBHC) implementing RSC.

Methods: Procedure & participants

- Structured interviews
- Paper-pencil demographic surveys
- SBHC/RSC Managers: individuals onsite who are responsible for managing programs within the SBHC
- RSC Coordinators: individuals responsible for coordinating day-to-day activities of RSC
- Teachers: Educators who have taken part in the RSC programming to-date
- Copies of the interview/focus group questions and protocol were shared with participants in advance and reviewed again in-person.
- Eight sessions (two focus groups and six individual interviews)
- $n = 14$
- Each session lasted approximately 30-60 minutes and was audio-recorded.

Analysis:

Strategy: Template Analysis

(King, 1998, 2012)

- Thematic analysis
- Hierarchical coding
 - Narrower themes are nested within broader ones (Brooks, McCluskey, Turley, & King, 2015)
- A priori set of codes – focused on specific research questions (King, 2012).
 - *See handout

Site Characteristics (N=4)

Geographic Location	<i>n</i> (%)
Urban	2 (50%)
Mountain Rural	2 (50%)
Size of Student Body	N
Site 1	88,839
Site 2	7,584
Site 3	5,075
Site 4	5,290
Location of School-based Health Center	<i>n</i> (%)
On-Site	2 (50%)
Off-Site	2 (50%)

Results:
Site characteristics

Results:
Participant
characteristics

Participant Characteristics (N=14)	
Position	n (%)
SBHC/RSC Director	4 (29%)
RSC Coordinators	4 (29%)
School Teacher or Staff	6 (42%)
RSC Tenure	
Less than 1 Year	4 (29%)
1-2 Years	4 (29%)
More than 2 Years	6 (42%)
Experience Implementing Similar Intervention	
Yes	1 (7%)
No	13 (93%)

Findings: Vision & hopes

Shared vision:

- *Integration of trauma-informed care within schools.*
- *Increased knowledge, awareness, and skills to effectively respond to trauma.*
- *Improved school cultures and climates.*
- *Improved relationships between students and teachers.*

Findings:
**Defining &
measuring
success**



Students: improved school outcomes (e.g. attendance, achievement, behavior).



School systems: increased use of trauma-informed strategies and increased job satisfaction.

Findings:

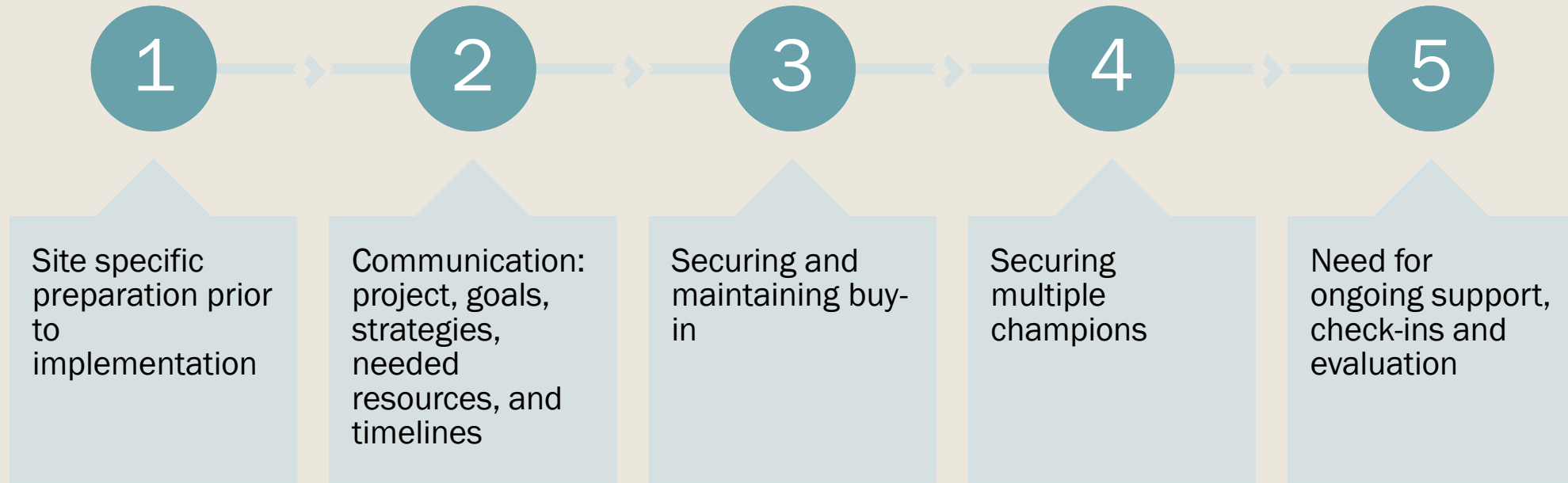
Inhibiting implementation

- Turnover
- Insufficient buy-in and support from stakeholders
- Competing priorities
- Diffusion beyond SBHC

Promoting implementation

- Project champions
- Adequate buy-in and support
- Support from CASBHC
- Pragmatic training
- Data to help convey need

Lessons Learned:



Implications:



Awareness of trauma



Struggling with time and energy for transformation



Assessing for readiness is key



Clear measurement of “success” within each site



COLORADO ASSOCIATION FOR
SCHOOL-BASED HEALTH CARE

QUESTIONS?

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