Moving Stamford Public Schools Forward:
Creation of a Culturally Responsive Trauma-Informed School Based System of Care School Plan
Lessons Learned

Presented by:

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Presentation Outline

- Stamford CT's story

- Project: **'Change the School Culture to a Trauma Informed System of Care'**

- EBT's: Providing Staff with Mental Health Tools (Introduction of change)
  BUY IN…ENGAGING KEY STAKEHOLDERS

- Successes and struggles along the way

In order to begin the process, five questions must be answered:

1. What happened?
2. Where are we now?
3. Where do we want to be?
4. How do we get there (buy in)?
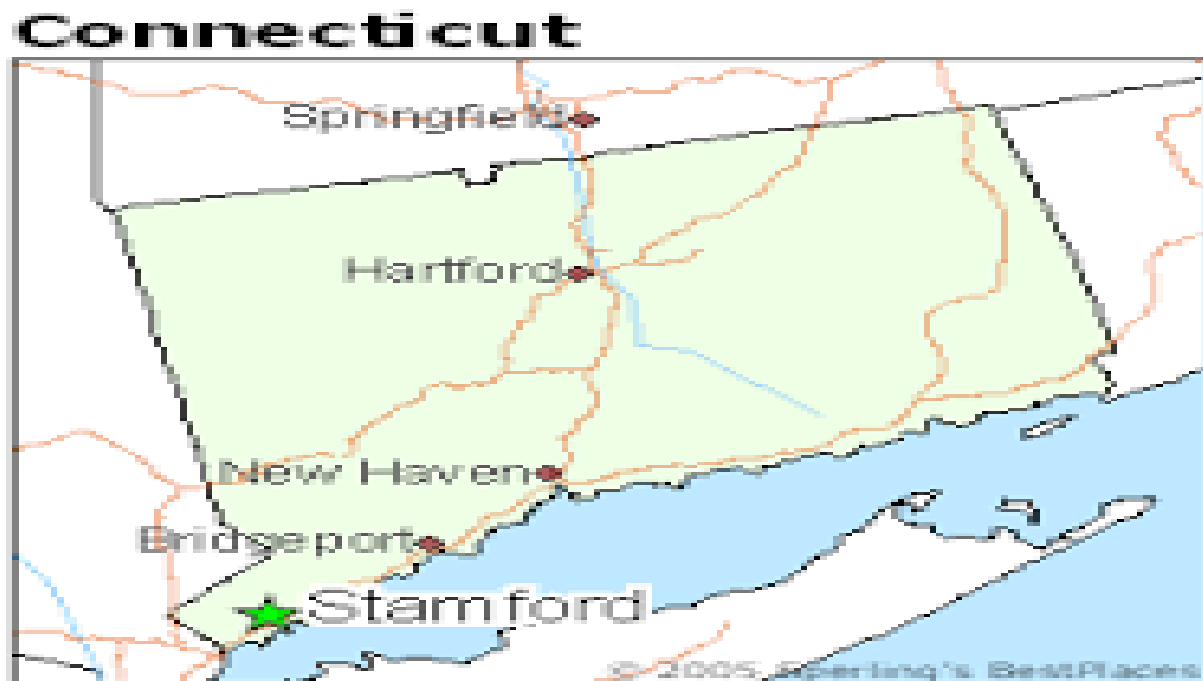5. How do we measure our success once we get there?

Stamford, CT
Population growth and changes:

Stamford, CT

Population:

About Stamford Public Schools

- 21 schools
- A preschool program and two alternative education sites
- **Student Population:** 16,000 students
- *38.7% Hispanic*
- *32.7% White*
- *18.6% African American*
- *8.7% Asian American*
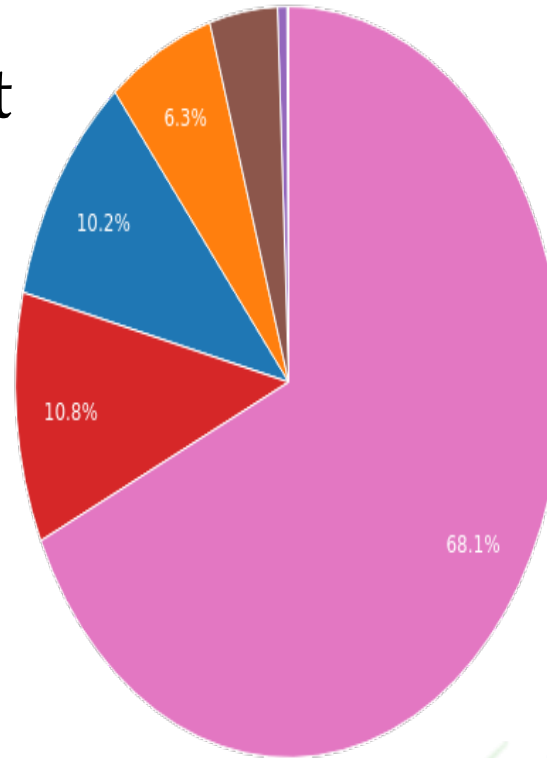- *1.3% Other*

About Stamford Public Schools

School Mental Health Staff

- 37 Social Workers
- 29 School Psychologist
- 40 Guidance Counselors
- 5 School Based Health Centers

About Stamford, CT

- Stamford has outpaced Connecticut in population growth in the past 5 years

- Stamford: 4.9% increase

- Connecticut: 1.8% decrease

06905 Ethnicity Statistics from 2012

68.1%
10.2%
6.3%
10.8%

Asian Population Black Population Hawaiian Population Hispanic Population Indian Population Other Population
White Population

Connecticut Statistics

- Increase of 61% in the size of Connecticut's foreign-born population since 1990 and a growth of 21% since 2000.

- **Connecticut has the 11th highest percentage of foreign-born residents in the country.**

- **Connecticut has the largest proportion of residents born in Puerto Rico**

- **Connecticut has the largest Achievement Gap in the Country**

Our Journey: Toward Trauma-Informed Mental Health System Plan

- *Change* Initiatives Plans
- Mental Health Audit 2014
- Project: Workforce Development
- Project: EBT Development & Implementation

Overall Goal & Responsibility:

Cultural Shift on how Mental health assessment and treatment is conceptualized

Joe's Story: Change Initiatives

CHANGE INITIATIVES (2010- PRESENT)

SPS Occurrences

- **2010:** SPS began to experience a serious uptick in the number of students who experience trauma, expressing suicidal ideation and spending time in the hospital (or we just got better at noticing)

- **Fall of 2013:** Three students committed suicide and that got the attention of the powers that be!
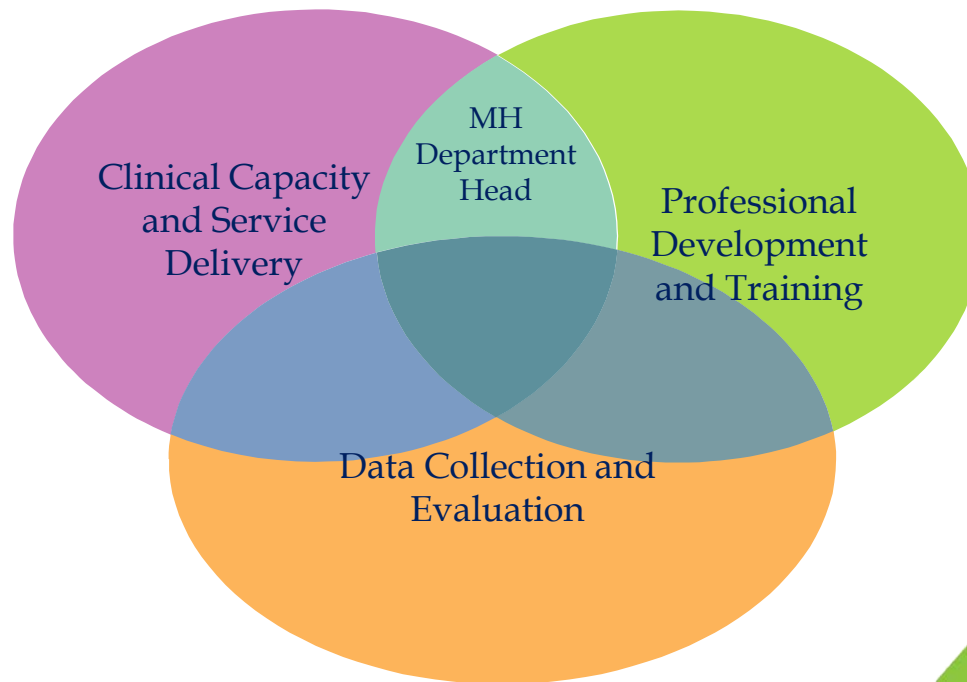
Audit Priority Areas

Four Suggested Priority Areas:

1. Mental Health Planning and Oversight
2. Ensuring Sufficient Clinical Capacity
3. Professional Development in Mental Health
4. Data Collection and Evaluation

Key Components of Mental Health Efforts

Areas of Focus:

Joe's thought Process

- **WHY**: Why do we need to develop **a Trauma-Informed Enhanced School Mental Health System?**

- **HOW:** How does the **plan** reflect <u>immediate</u> and <u>long-term</u> mental health service delivery?

- **HOW:** How do we select appropriate strategies and interventions to accomplish the goals in the **plan**?

- **WHAT:** What supports and training are needed to fully implement the **plan**? What data monitoring systems are or will need to be in place?

SPS Mental Health Change Initiatives

Area: MH Oversight

- Trauma Support Specialist ☑
- Crisis Intervention Procedures and Protocols/Suicide Prevention ☑

Area: Crisis Management

- Intensive Primary Support and Intervention Team ☑

Area: Prevention

- Mindfulness in Schools *(Pilot in 2nd grade class at Roxbury)* ☑
- RULER/ Responsive Classroom, PBIS.

Area: Routine Care

- Clinical Rounds- developing a structure ❌

Mental Health Change Initiatives:
Lessons Learned

- Implemented programs with little fidelity (reflection of reactivity of system).

- We discovered that our schools were not as ready as we thought.

Mental Health Change Initiatives: *Lessons Learned*

- Clinical work 101 (difficulties): Variability in skills

- EBP's: CBITS , DBT, TFCBT (All the kids are traumatized, Trauma , trauma, trauma!

- Staffing: Time, Accountability, Readiness, Fear

- We need more mental health…but don't ask me to do more!

- Present: …..

CBITS Overview

- CBITS (Cognitive Behavioral Interventions for Trauma in Schools)

- 10 Group Sessions, which include psychoeducation about traumatic stress symptoms, relaxation techniques, cognitive restructuring, trauma exposure, and social problem-solving; 1-3 Individual Sessions

- 1-2 parent sessions aimed at helping them understand traumatic stress and ways to support their child
- Training/Education for Teachers

- Collection of pre- and post- group data to assess traumatic stress symptoms and overall functioning

Challenges along the way

- CBITS Groups were difficult to facilitate due to logistics, crisis-driven nature of school buildings, buy-in
- "Can't we call it Stress instead of trauma?"

Trauma-Informed School System of Care

- We operate as part of a team and focus on school based issues of relationships, regulation and success (academic and socio-emotional)

- Classroom strategies are best developed within a framework that recognizes the impact of trauma on learning and learning readiness

Trauma Informed School Wide Cultural Response

- Infrastructure and Culture
  - Leadership support
  - Staff Support/Staff Development
- Teacher Training and Support
- Mental Health Support
  - Consultation/discussion of issues
  - Linkages to community resources
- Policies, Procedures and Protocols
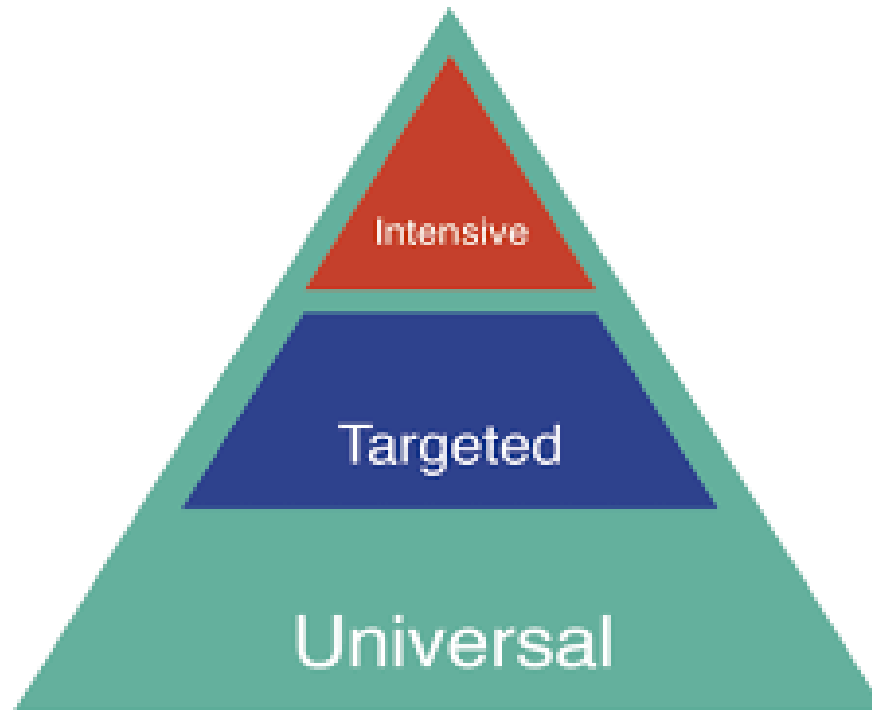 - Confidentiality
  - Discipline

Reassess:
The First Step of Change

Re-assessment 101

SPS Mental Health Efforts: 2014-15
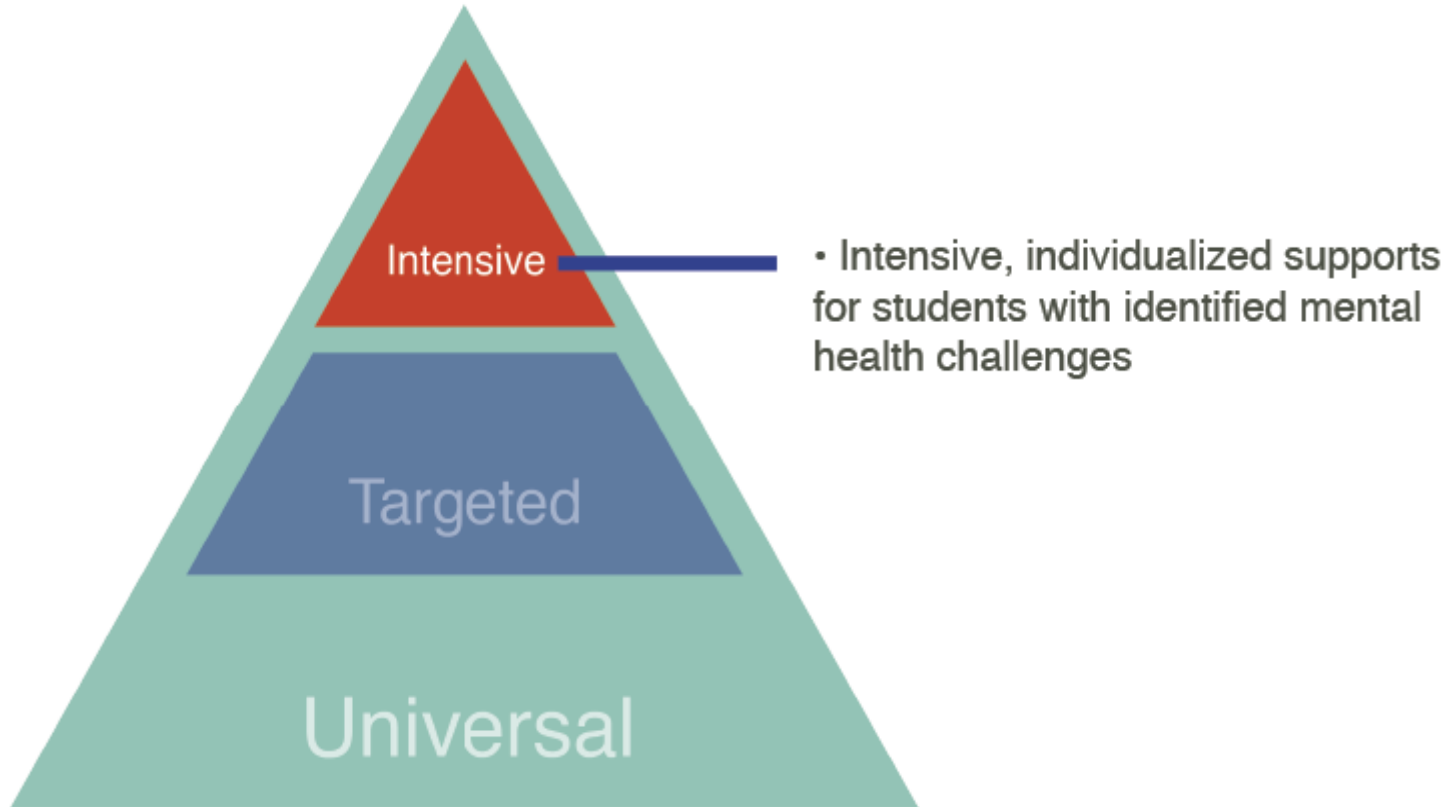
- Focused on all Tiers

Project: 'Change the Culture to a Trauma Informed System of Care'

2015 plus Focused Interventions

- Intensive, individualized supports for students with identified mental health challenges

Focused on Small Step Initiatives

- **Initiative 1:** CBITS: Trained 38 clinicians
- Lead CBITS Team to assist in dissemination

- **Initiative 2:** DBT Social Skills Class

- **Initiative 3:** Staff Support and Training

Our Team: Stamford Public Schools

Joe O'Callaghan, LCSW
Dept. Head Social Work
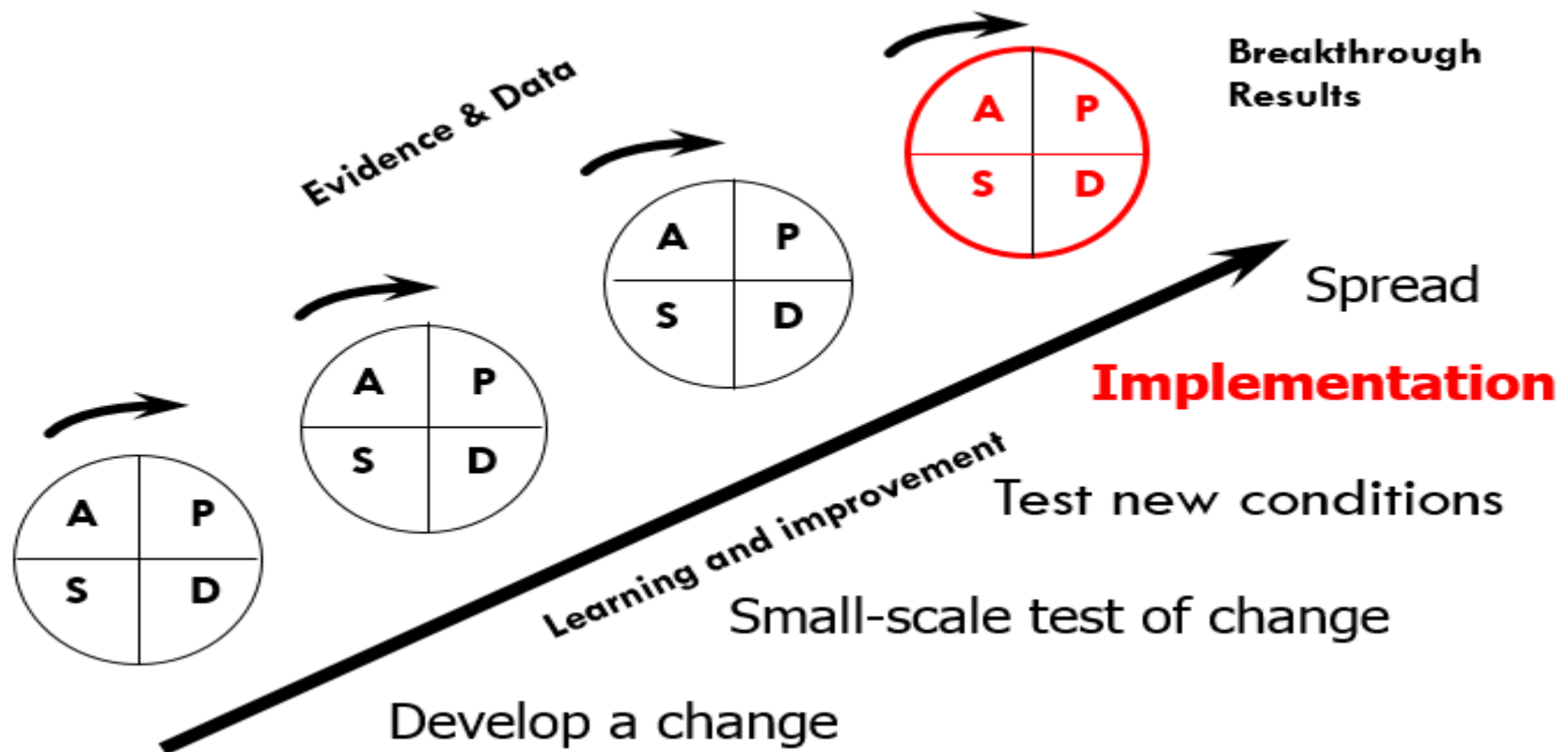

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Lead CBITS Trauma Support Specialists

Partnered with University of Maryland

PDSA BIG PICTURE

- Focused on <u>progressive</u> implementation steps for ONE trauma-informed intervention:

    <u>CBITS (Cognitive Behavioral Intervention for Trauma in Schools)</u>

- All PDSA's conducted during this period focused on the implementation of CBITS.

- SPS trained multiple mental health professionals in the evidence based model.

- Problem #1: Moving from training to implementation was slow

- 5 of the PDSA cycles focused on 'think small' philosophy.

- Began implementing CBITS in one school as the 'pioneer' school.

- Staffing resources- chose leader to offer organizational support/supervision support for CBITS.

- Training for data support- Once staffing resources were in developed provided intensive training for data entry.

Mental Health SUCCESSES

1. Multiple CBITS groups completed in several schools across SPS

2. Data demonstrating that children are reporting decreases in PTSD symptoms from beginning to end of treatment

3. Parental feedback applauding school for improvements in children's emotional functioning

4. Increase staff buy-in regarding effectiveness of CBITS

5. Frame for moving toward 2016-17 school-based CBITS leadership team

Looking Ahead:
2016-17 Plans & Goals

- **District Support** as a result of *trend data*
  - Creation of SW position solely for CBITS
  - Flexibility in other positions for dedicated CBITS time

- CBITS "team" will be responsible for
  - facilitating CBITS groups across the district (particularly bilingual groups)
  - co-facilitating CBITS groups with clinicians in their school buildings
  - supporting clinicians who are facilitating CBITS groups in their buildings
  - Piloting TF-CBT with CBITS "graduates" still in need of support

GOAL = ONE CBITS Group in EVERY School

SPS Mental Health Services Report Card

Building a Trauma Informed School-based System of Care:

1   Hold school principal/community partner meeting/s.   Done

2   Conduct resource mapping and needs assessment..   Done

3   Understand your school-wide mental health team.

                                                                     In progress

4   <u>Define services and provide training and support to professionals.</u>

                                                                     On-going

5   Get the message out about school mental health and build relationships.

                                                                     On-going

Cultural Movement: Bringing It All Together

- Where are the gaps in support for staff?
- How can you collaborate/listen/support better?
- What is impact of trauma on staff?
- How do we best create a culture shift movement
  - **Understanding the needs Our School-Wide Mental Health Team**

BUILDING THE TRAUMA TOOL KIT:

Step 1: Trust

Building the TRAUMA tool kit

- **Step 2: Learning from each other/paying attention to staff needs**

- **Step 3: Self-care and self-reflection for staff (built it and they will come)**

Questions asked Staff: The Use of Self

- The workers reaction to the client
  - How do you view the client?
  - How do you view the work with the client?
  - Is it substantially different when they are "other"?
  - What are the challenges when you do not like the client?
  - What do you do to accept them anyway?

Peer Supervision Model 2016-17

- 5 Groups paired by school
- Syllabus with specific topics/times to meet
- Structure for each supervision meeting
- Articles focused on trauma-informed clinical care
- Didactic focus moving toward case presentation

Sample Syllabus: Peer Supervision

- **2016-17 Seminar Calendar**:
- **9/7/16 Session 1:** Seminar Introduction: Clinical Supervision in the School Setting
- **9/21/16 Session 2:** The Use of Self in Trauma-informed care
- **11/9/16 Session 3:** The Impact of working with crisis vs. prevention lens in a trauma-informed environment (How do you balance fires vs. on-going preventive work?)

- **12/7/16 Session 4:** Application of trauma-informed work: A clinical case presentation

Will need a volunteer to lead this session

- **1/11/17 Session 5:** Adding to your clinical tool kit: Clinical strategies exercise: Review of Mindfulness exercises

Will need a volunteer to lead this session

SPS Summary Tool Kit for Creating Trauma-Informed School based Cultural Shift Points:

- **Think Small Steps:** Test and execute small changes and re-assess as needed
- Don't be afraid of numbers (create your own surveys, spreadsheets, etc.)

- **Clinical Interventions and supports:**
- CBITS/Bounce Back
- DBT
- Mindfulness
- Crisis Intervention teams
- Peer Supervisor Model
- Self Reflection/Care

QUESTIONS AND DISCUSSION

Thank You!

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