Central East (HHS Region 3)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

School Mental Health Virtual Learning Series

July 2020-June 2021

Trauma Responsive Schools Implementation Assessment

July 29, 2020

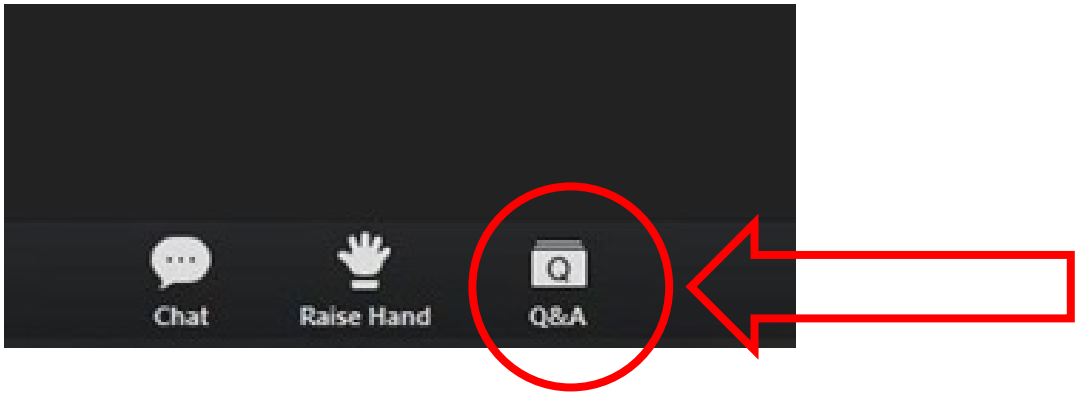
University of Maryland School of Medicine

NCSMH National Center for School Mental Health

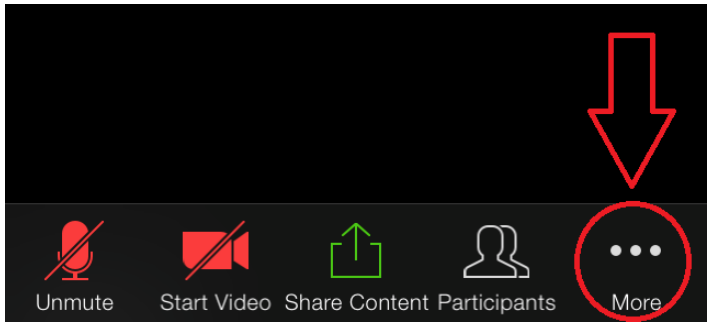
Technology Support

- Slides will be posted on the NCSMH website (www.schoolmentalhealth.org) and emailed after the presentation to all registrants
- **Please type questions for the panelists into the Q&A box.**
- **Use chat box for sharing resources, comments, and responding to speaker**

Web



Mobile App



SAMHSA
Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)

MHTTC Mental Health Technology Transfer Center Network

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University of Maryland School of Medicine

NCSMH National Center for School Mental Health

School Mental Health Webinar Series

Description

The Central East MHTTC in collaboration with the National Center for School Mental Health is hosting a school mental health webinar series with a focus on advancing high quality, sustainable school mental health from a multi-tiered system of support, trauma sensitive, and culturally responsive and equitable lens.

Objectives

- Gain increased awareness of high quality, sustainable multi-tiered system of school mental health supports and services
- Support trauma-informed systems in schools
- Discover the impacts of social determinants of health on student academic and social-emotional-behavioral success
- Learn to provide more culturally responsive and equitable services and supports
- Hear perspectives on school mental health from school, district and state levels
- Obtain insight into how youth, families, schools and communities can best work together to address student mental health needs

Central East (HHS Region 3)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

THE DANYA INSTITUTE

Oscar Morgan
MHTTC Project Director

Michael Thompson
MHTTC Sr. TA Specialist

UNIVERSITY of MARYLAND SCHOOL OF MEDICINE

NCSMH NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

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NCSMH Faculty

Central East (HHS Region 3)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

University of Maryland School of Medicine

NCSMH National Center for School Mental Health

Upcoming Webinars

- **Monday August 3rd** 12-1:30p ET

Youth and Family Perspectives on Racism, Inequality and the Social Justice Movement

- **Wednesday August 5th** 12-1p ET

The School Health Assessment and Performance Evaluation System

Monday, August 10th 11-12:30p ET

- What Can Schools Do to Address Inequities, Racism, and Social Injustices

More to be Scheduled September –June

1st Wednesdays of the Month, 3:00-4:00 ET

Central East Geographical Area of Focus

HHS REGION 3

Delaware

District of Columbia

Maryland

Pennsylvania

Virginia

West Virginia

SAMHSA
Substance Abuse and Mental Health Services Administration

What Does Central East MHTTC Do?

Actions

- **Accelerate** the adoption and implementation of evidence-based and promising treatment and recovery-oriented practices and services
- **Strengthen** the awareness, knowledge, and skills of the behavioral and mental health and prevention workforce, and other stakeholders, that address the needs of people with behavioral health disorders
- **Foster regional** and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance to the behavioral and mental health field

UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

National Center for School Mental Health

MISSION:

Strengthen policies and programs in school mental health to improve learning and promote success for America's youth

- Focus on advancing school mental health policy, research, practice, and training
- Shared family-schools-community mental health agenda

Directors: Drs. Nancy Lever & Sharon Hoover

Faculty: Tiffany Beason, Ph.D. Jill Bohnenkamp, Ph.D., Elizabeth Connors, Ph.D, Britt Patterson, Ph.D., Kris Scardamalia, Ph.D., Cindy Schaeffer, Ph.D.

Funded in part by the Health Resources and Services Administration

www.schoolmentalhealth.org
www.theshapesystem.com

Facebook.com/CenterforSchoolMentalHealth

@NCSMHtweets

School Health Assessment and Performance Evaluation (SHAPE) System

New site launching Summer 2019

Take a tour – https://tour.theshapesystem.com/

SHAPE helps districts and schools improve their school mental health systems! ***HOW?***

- SHAPE users map their school mental health services and supports
- Assess system quality using national performance standards
- Receive custom reports and strategic planning guidance and resources
- Utilize additional SHAPE features including the Screening and Assessment Library and Trauma-Responsive Schools Assessment and Resources
- Use state and district dashboards to collaborate with schools in your region

(NCSMH, 2019)

http://traumaawareschools.org

Treatment and Services Adaptation Center
for Resiliency, Hope, and Wellness in Schools

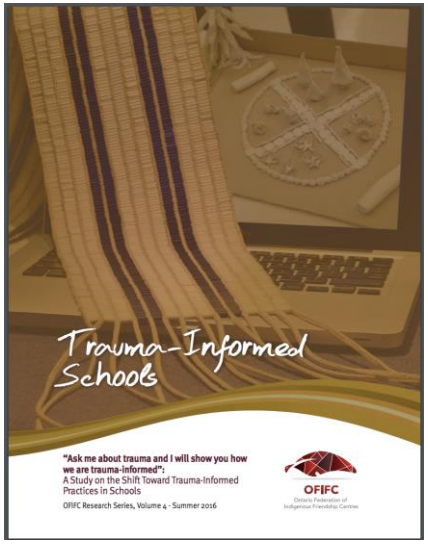
USC Suzanne Dworak-Peck School of Social Work

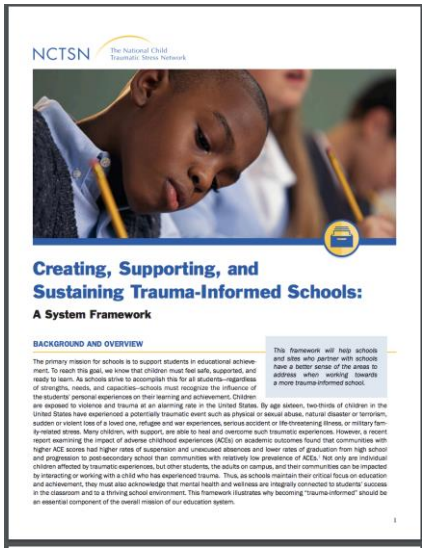
RAND CORPORATION

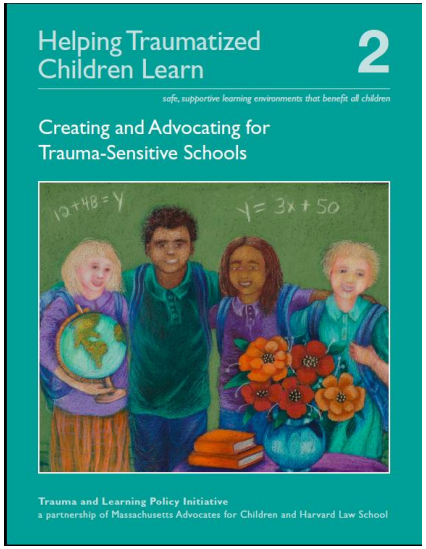
UCLA David Geffen School of Medicine

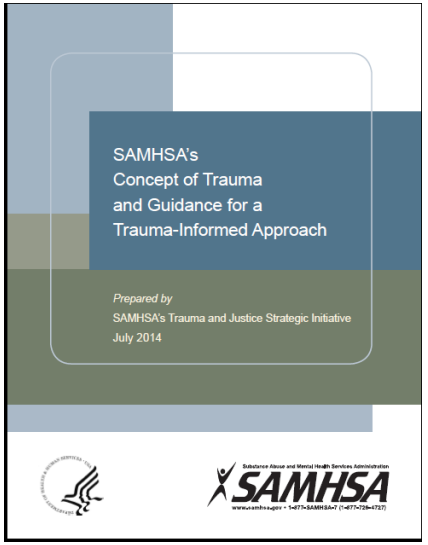
SAMHSA Substance Abuse and Mental Health Services Administration

NCTSN The National Child Traumatic Stress Network



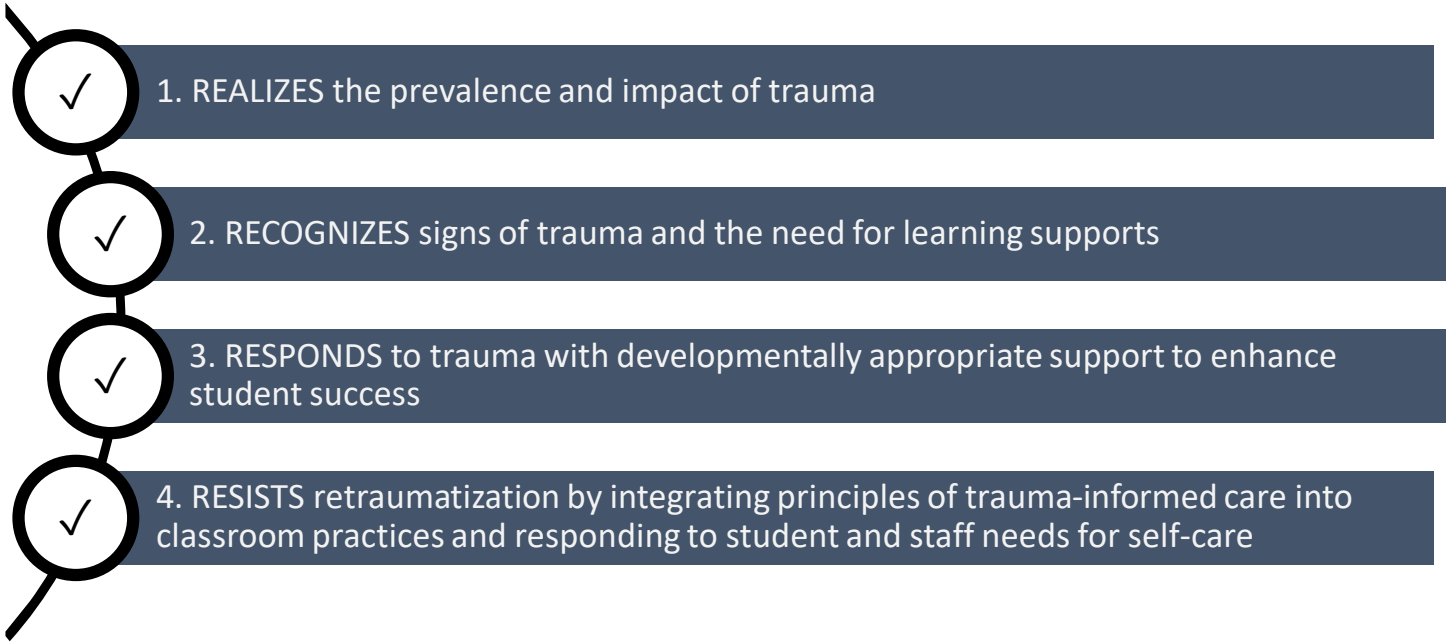






Frameworks for Trauma-Informed Schools

What is a trauma-informed school?



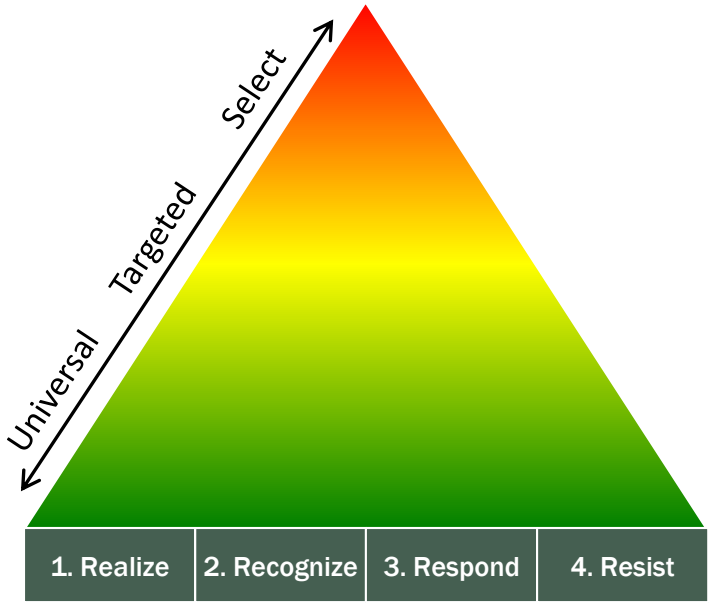
Office of Policy, Planning, and Evaluation, Substance Abuse and Mental Health Services Administration, 2014.

The trauma-informed school is the structure for a range of interventions for traumatized students

A multitier system of support is a continuum of supports for students that provide a range of service and support intensities

The system is built to facilitate the four R's:

1. Realize
2. Recognize
3. Respond
4. Resist



Multi-tiered approach to trauma-informed schools

Tier 1

Safe Environments and Universally Healthy Students / Creating and Supporting a Trauma-Informed School Community

Schools transform on a number of levels to create and support safe environments that promote healthy and successful students and staff. This foundational work is Tier I of the MTSS pyramid and necessary to support strategies across the entire pyramid.

Tier 2

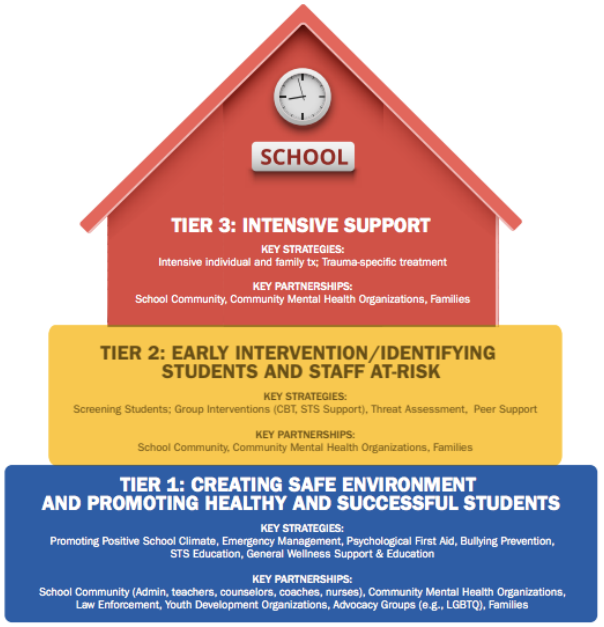
Early Intervention/Identifying Students and Staff At-Risk

Schools identify and respond to students and staff who are at-risk or have been exposed to trauma and/or loss in ways that meet their unique exposures, experiences, developmental, and personal needs.

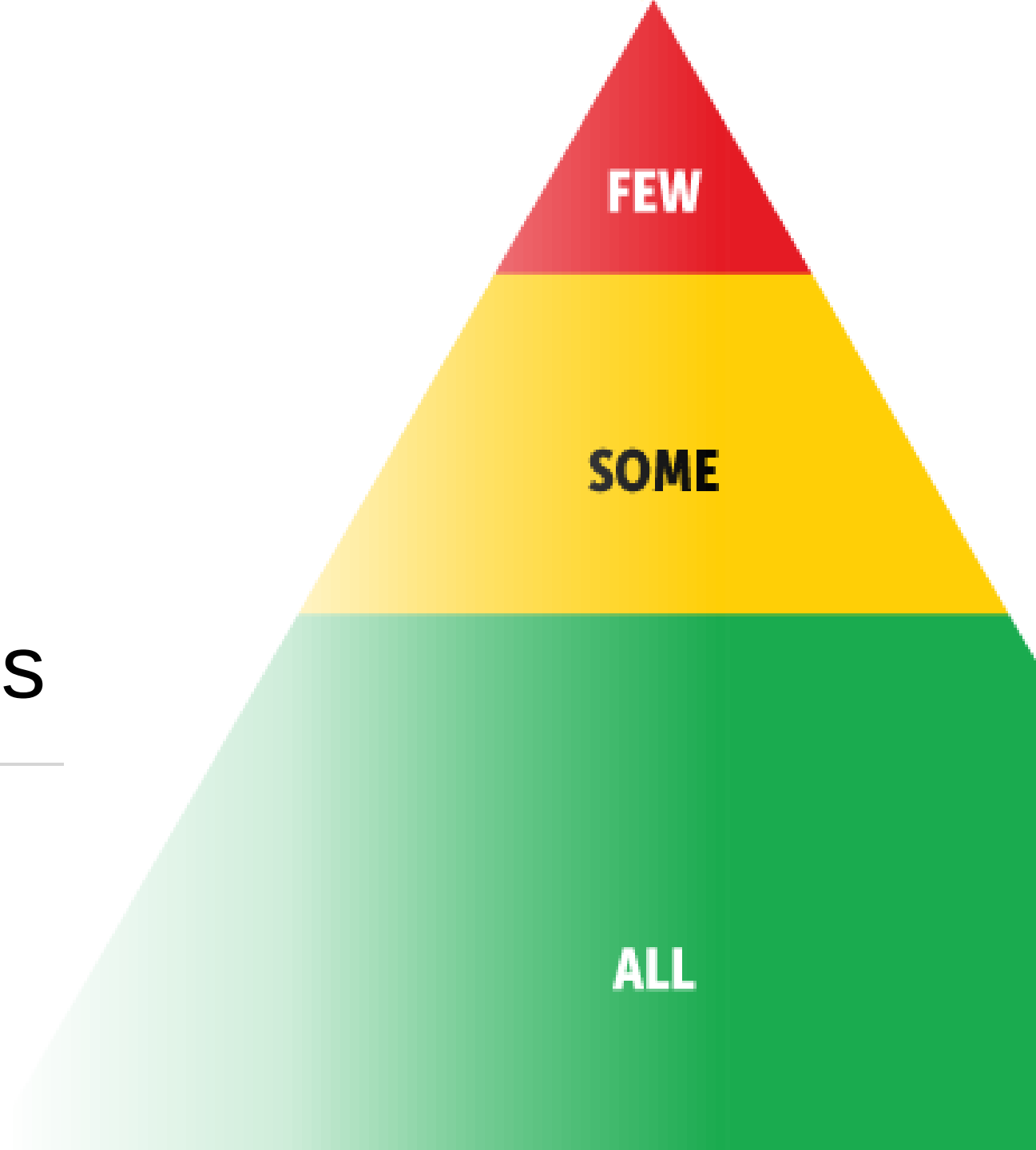
Tier 3

Intensive Support

Schools provide support to those students whose behaviors and experiences necessitate intensive interventions and aim to meet their unique exposures, experiences, developmental, and personal needs.



Universal approaches



The Challenges

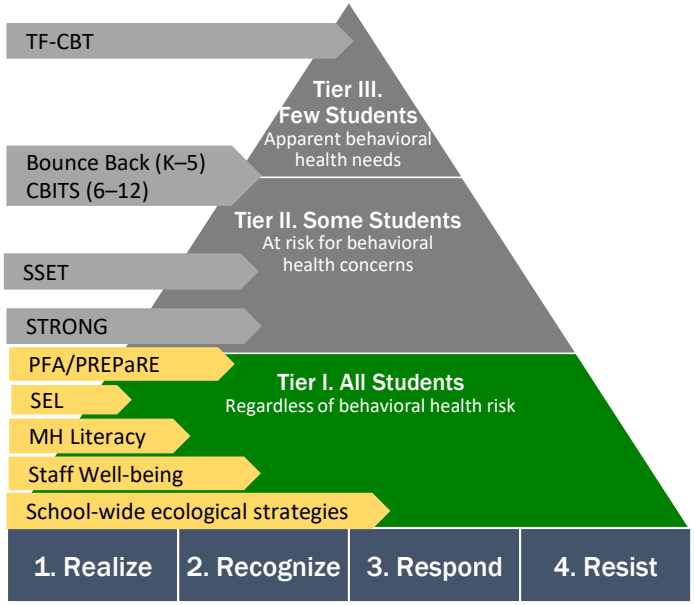
We've got this Tier 1 thing down!

If only all of the students did yoga…

Sharon Hoover, 2018

UNIVERSAL **Mental Health/Trauma-informed/ Safe Supportive** Strategies

- Trauma-responsive school policies and practices
- Positive school climate
- Staff well-being
- Mental health literacy for school staff and students
- Social Emotional Learning (SEL)
- Crisis preparedness



Sharon Hoover, 2018

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Trauma-responsive school policies and practices

TIS Environmental Scan

- Organized around SAMHSA's 6 key principles of trauma-informed care.
- Observations take place across multiple settings and by multiple people.

KEY PRINCIPLES AND INDICATORS
SAFETY
Classrooms are arranged to minimize crowding and distraction.
Classrooms are actively supervised during instruction.
Activities are structured in predictable ways (e.g., explicit classroom routines, specific directions, etc.).
Changes, including new people and activities, are foreshadowed so students can predict what will happen next.

KEY PRINCIPLES AND INDICATORS
EMPOWERMENT, VOICE, AND CHOICE
Opportunities exist for students to learn and practice regulation of emotions and modulation of behaviors.
Information is presented and learning is assessed using multiple modes.
Opportunities exist for students to develop skills and build positive self-identity.
Opportunities exist for students to make choices during the school day.

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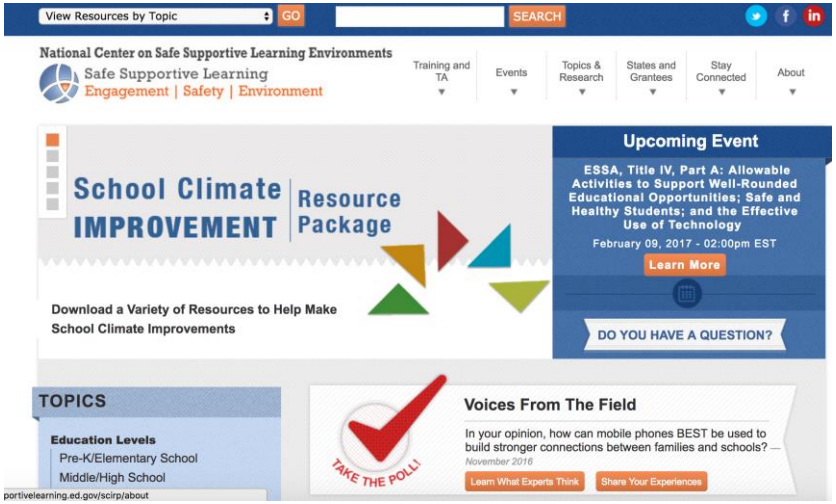
TIS Discipline Policy Checklist

TIC Value	Discipline Practice	Is this practice in place? (Circle One)	Frequency Rating If YES, to what extent? Please circle a number to indicate. 1: I have seen this practice used in my school and/or I have used this practice in my classroom, but very rarely or inconsistently. 3: This practice is used in my school and/or I use this practice in my classroom about half of the time. 5: This is a practice embedded in my school's policies and is used very consistently in the school and/or in my classroom.
Safety	Disciplinary infractions are handled in a timely manner that is consistent with the standards outlined by the school.	Yes No	Extent: 1 2 3 4 5 Notes:
	Discipline is hands off, including no restraint.	Yes No	Extent: 1 2 3 4 5 Notes:
	Positive behavior is reinforced in a manner consistent with the standards outlined by the school.	Yes No	Extent: 1 2 3 4 5 Notes:
	Restorative solutions (e.g., restorative circles) are employed to foster a positive and communicative school environment.	Yes No	Extent: 1 2 3 4 5 Notes:
	Ally (teens) OR Check and Connect mentor (elementary) is used so all students have an adult at school with whom they feel safe.	Yes No	Extent: 1 2 3 4 5 Notes:

National Center for Safe and Supportive Learning Environments

https://safesupportivelearning.ed.gov/



EDSCLS School Climate Assessment

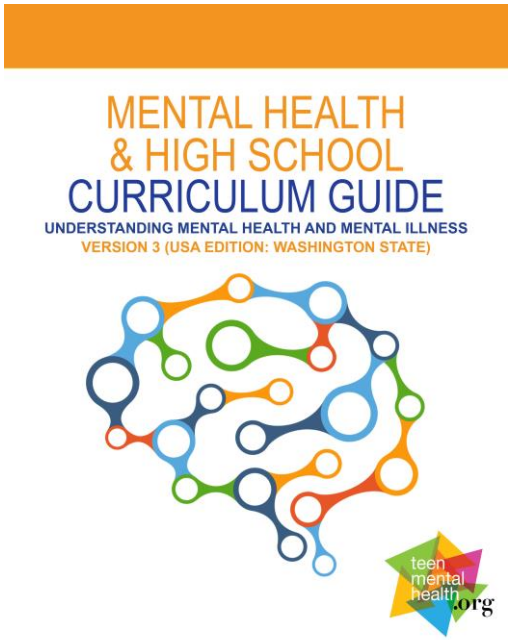
Domain: Engagement	Domain: Safety	Domain: Environment
Topics: Cultural and linguistic competence	Topics: Emotional safety	Topics: Physical environment
Relationships	Physical safety	Instructional environment
School participation	Bullying/ cyberbullying	Physical health
	Substance abuse	Mental health
	Emergency readiness/ management	Discipline

Treatment and Services Adaptation Center for Resiliency, Hope, and Wellness in Schools

Mental Health Literacy

- Understand how to obtain and maintain good mental health
- Understand and identify mental disorders and their treatments
- Decrease stigma
- Enhance help-seeking efficacy: know where to go; know when to go; know what to expect when you get there; know how to increase likelihood of "best available care" (skills and tools)

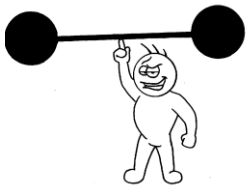
Kutcher and Wei; 2014; Kutcher, Bagnell and Wei; 2015; Kutcher, Wei and Coniglio, 2016.

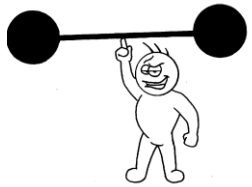


Relationships

- Positive, supportive social relationships can serve as an "**antidote**" to trauma.
- Communicate to students that they are safe and that they belong in the academic community.
- Help re-sculpt brain architecture by helping students turn down their survival brain.
- Model safe, trusting relationships.

Neurological Impact of Relationships





Prefrontal Cortex

- thinking
- logic
- what to do
- evaluation

Hippocampus

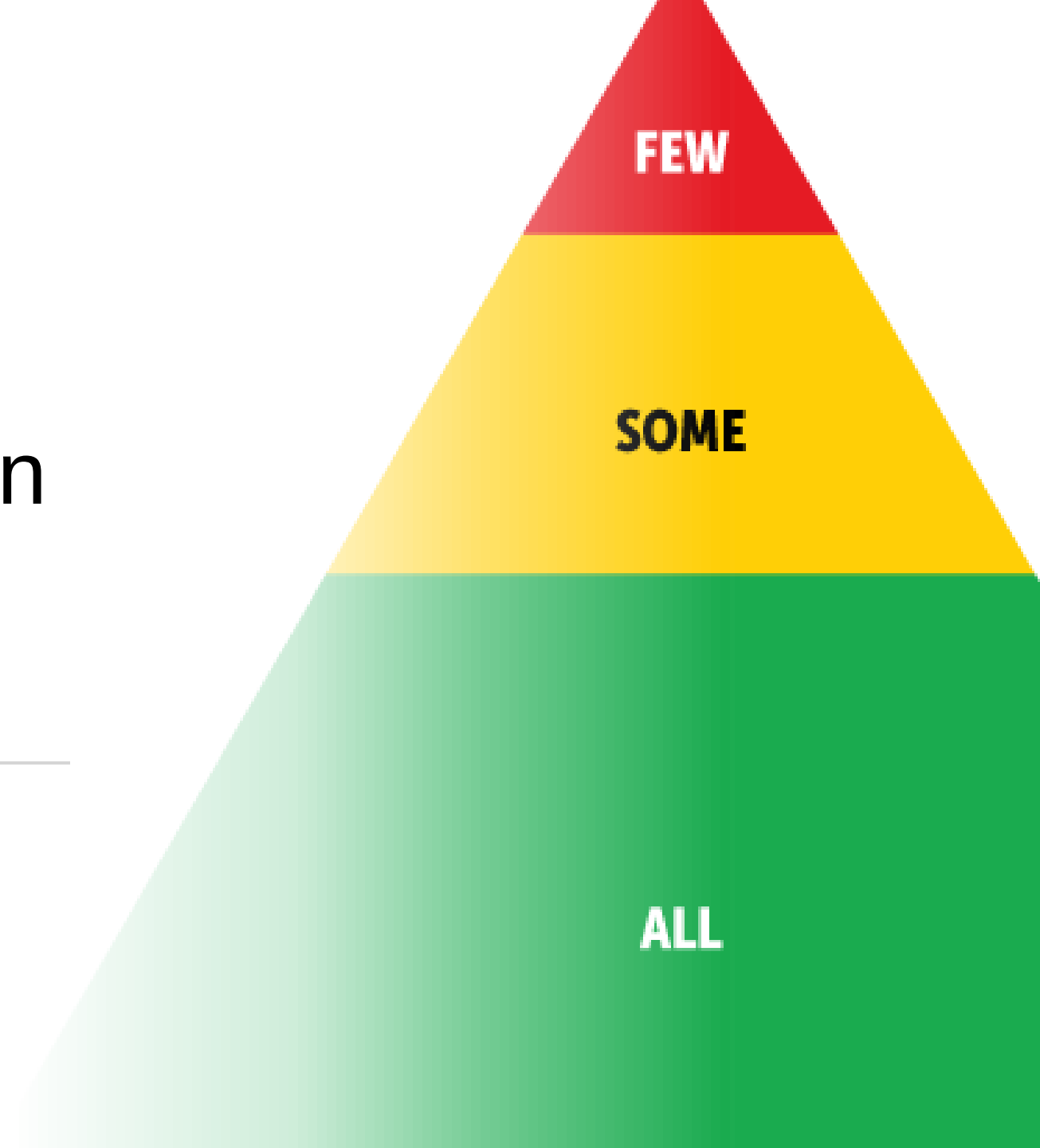
Regulates memory and emotions

Amygdala

Turns on fight or flight, and stores memories of the event

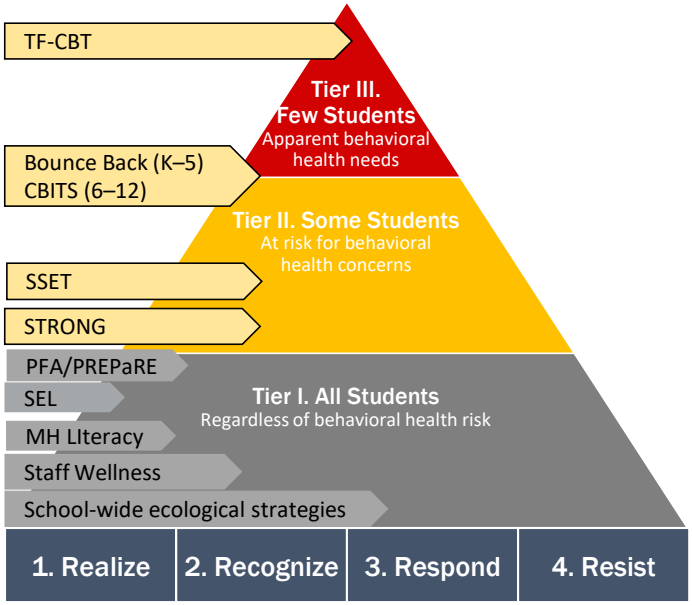
Treatment and Services Adaptation Center
for Resiliency, Hope, and Wellness in Schools

Early intervention and treatment



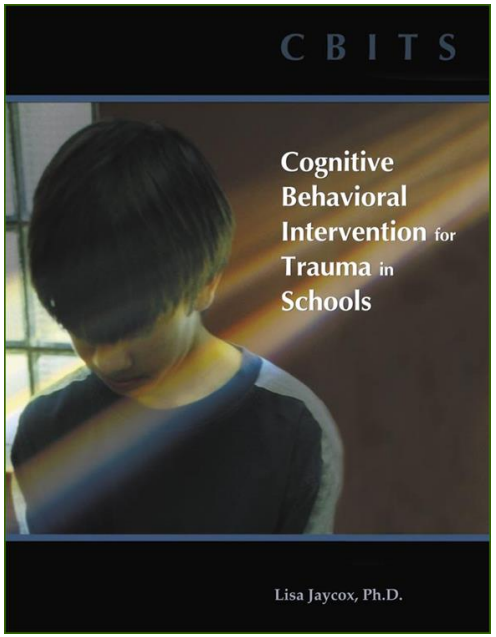
Early Intervention and Treatment for Trauma

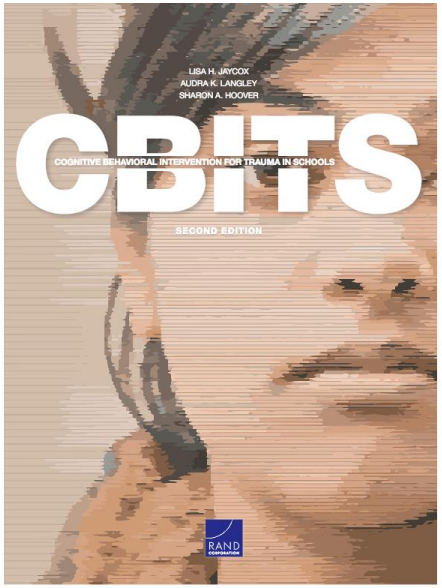
- Screening/Identification for trauma exposure and distress/functioning
- Evidence-based interventions – e.g., CBITS/Bounce Back, TF-CB SSET, STRONG
- Special education accommodations
- Refer for evaluation and appropriate treatment to school and/or community services



Sharon Hoover, 2018

CBITS was developed to help children in schools cope with trauma

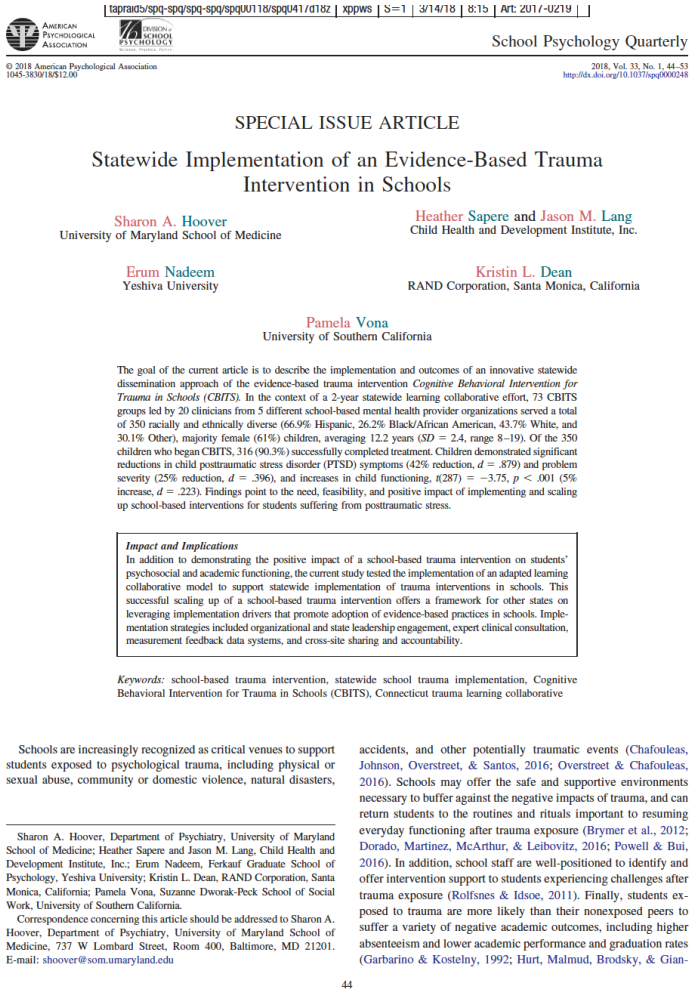




NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

- **Statewide Learning Collaborative**
  - 2-day training
  - Bi-weekly consultation
  - Audio fidelity monitoring/feedback
  - Data tracker
- **350 students**
  - 70 groups
    - 23 clinicians
- **90.3% completion rate**

Hoover et al., 2018. Statewide Implementation of an Evidence-based Trauma Intervention in Schools, School Psychology Quarterly, *33(1), 44-53.*.



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School Psychology Quarterly

© 2018 American Psychological Association
1045-3830/18/$12.00

2018, Vol. 33, No. 1, 44–53
http://dx.doi.org/10.1037/spq0000248

SPECIAL ISSUE ARTICLE

Statewide Implementation of an Evidence-Based Trauma Intervention in Schools

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Child Health and Development Institute, Inc.

Erum Nadeem
Yeshiva University

Kristin L. Dean
RAND Corporation, Santa Monica, California

Pamela Vona
University of Southern California

The goal of the current article is to describe the implementation and outcomes of an innovative statewide dissemination approach of the evidence-based trauma intervention *Cognitive Behavioral Intervention for Trauma in Schools (CBITS)*. In the context of a 2-year statewide learning collaborative effort, 73 CBITS groups led by 20 clinicians from 5 different school-based mental health provider organizations served a total of 350 racially and ethnically diverse (66.9% Hispanic, 26.2% Black/African American, 43.7% White, and 30.1% Other), majority female (61%) children, averaging 12.2 years (SD = 2.4, range 8–19). Of the 350 children who began CBITS, 316 (90.3%) successfully completed treatment. Children demonstrated significant reductions in child posttraumatic stress disorder (PTSD) symptoms (42% reduction, d = .879) and problem severity (25% reduction, d = .396), and increases in child functioning, $t(287) = -3.75$, $p < .001$ (5% increase, d = .223). Findings point to the need, feasibility, and positive impact of implementing and scaling up school-based interventions for students suffering from posttraumatic stress.

Impact and Implications
In addition to demonstrating the positive impact of a school-based trauma intervention on students' psychosocial and academic functioning, the current study tested the implementation of an adapted learning collaborative model to support statewide implementation of trauma interventions in schools. This successful scaling up of a school-based trauma intervention offers a framework for other states on leveraging implementation drivers that promote adoption of evidence-based practices in schools. Implementation strategies included organizational and state leadership engagement, expert clinical consultation, measurement feedback data systems, and cross-site sharing and accountability.

Keywords: school-based trauma intervention, statewide school trauma implementation, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Connecticut trauma learning collaborative

Schools are increasingly recognized as critical venues to support students exposed to psychological trauma, including physical or sexual abuse, community or domestic violence, natural disasters, accidents, and other potentially traumatic events (Chafouleas, Johnson, Overstreet, & Santos, 2016; Overstreet & Chafouleas, 2016). Schools may offer the safe and supportive environments necessary to buffer against the negative impacts of trauma, and can return students to the routines and rituals important to resuming everyday functioning after trauma exposure (Brymer et al., 2012; Dorado, Martinez, McArthur, & Leibovitz, 2016; Powell & Bui, 2016). In addition, school staff are well-positioned to identify and offer intervention support to students experiencing challenges after trauma exposure (Rolfsnes & Idsoe, 2011). Finally, students exposed to trauma are more likely than their nonexposed peers to suffer a variety of negative academic outcomes, including higher absenteeism and lower academic performance and graduation rates (Garbarino & Kostelny, 1992; Hurt, Malmud, Brodsky, & Gian-

Sharon A. Hoover, Department of Psychiatry, University of Maryland School of Medicine; Heather Sapere and Jason M. Lang, Child Health and Development Institute, Inc.; Erum Nadeem, Ferkauf Graduate School of Psychology, Yeshiva University; Kristin L. Dean, RAND Corporation, Santa Monica, California; Pamela Vona, Suzanne Dworak-Peck School of Social Work, University of Southern California.

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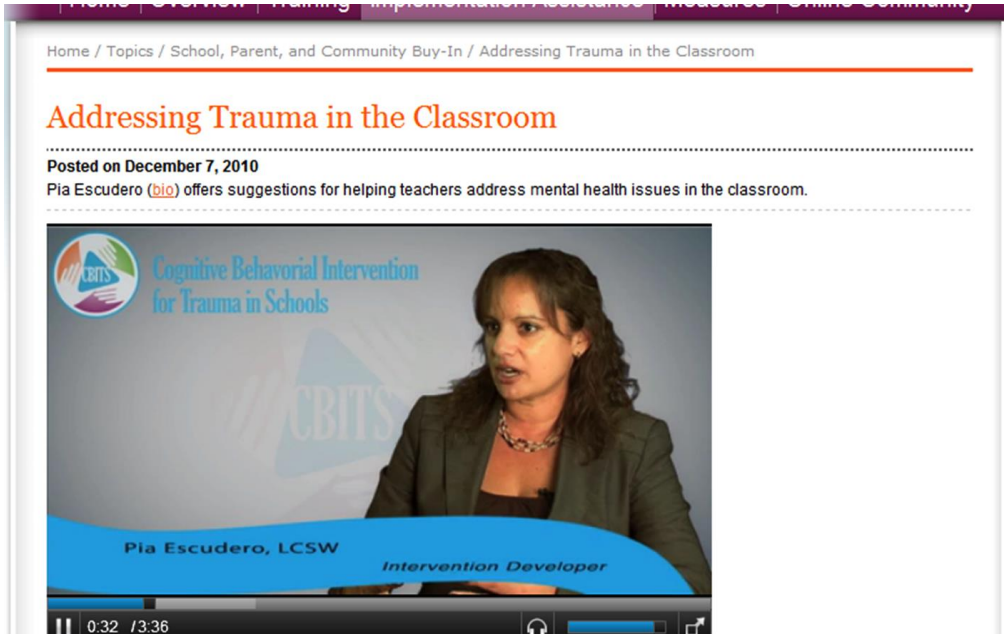
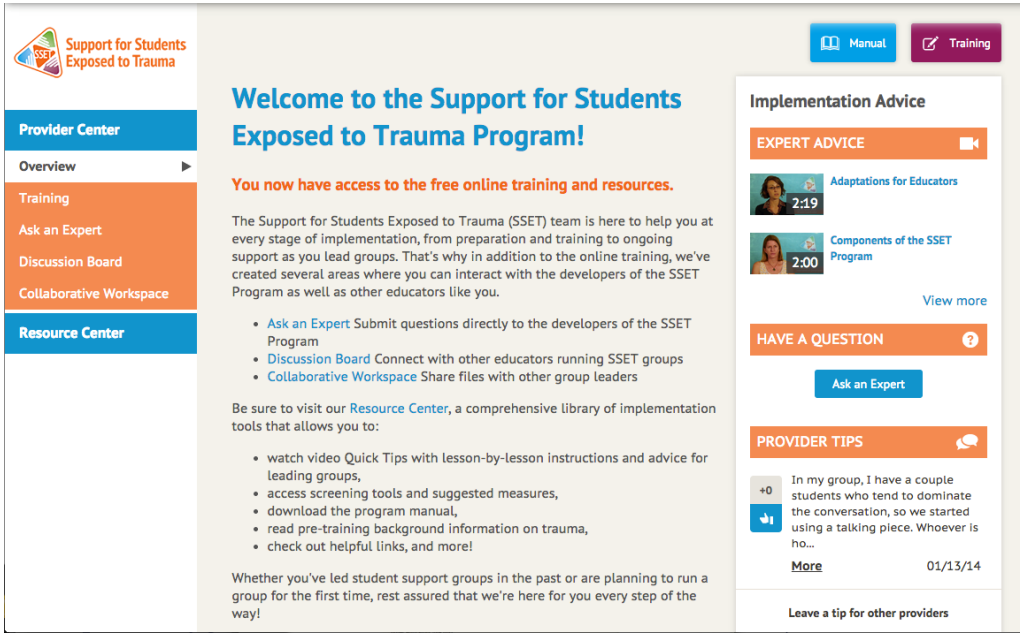
Making training more accessible
www.cbitsprogram.org



Support for Students Exposed to Trauma (SSET) Program

www.ssetprogram.org



An Intervention for Elementary School Children Exposed to Traumatic Events: The Bounce Back Program

www.bouncebackprogram.org

- 10 Group Sessions— CBT Skills
- Parent Educational Session(s)
- 2-3 Individual Trauma Narrative Sessions (parent invited to 3rd)
- Weekly letters to parents
- Weekly emails to teachers

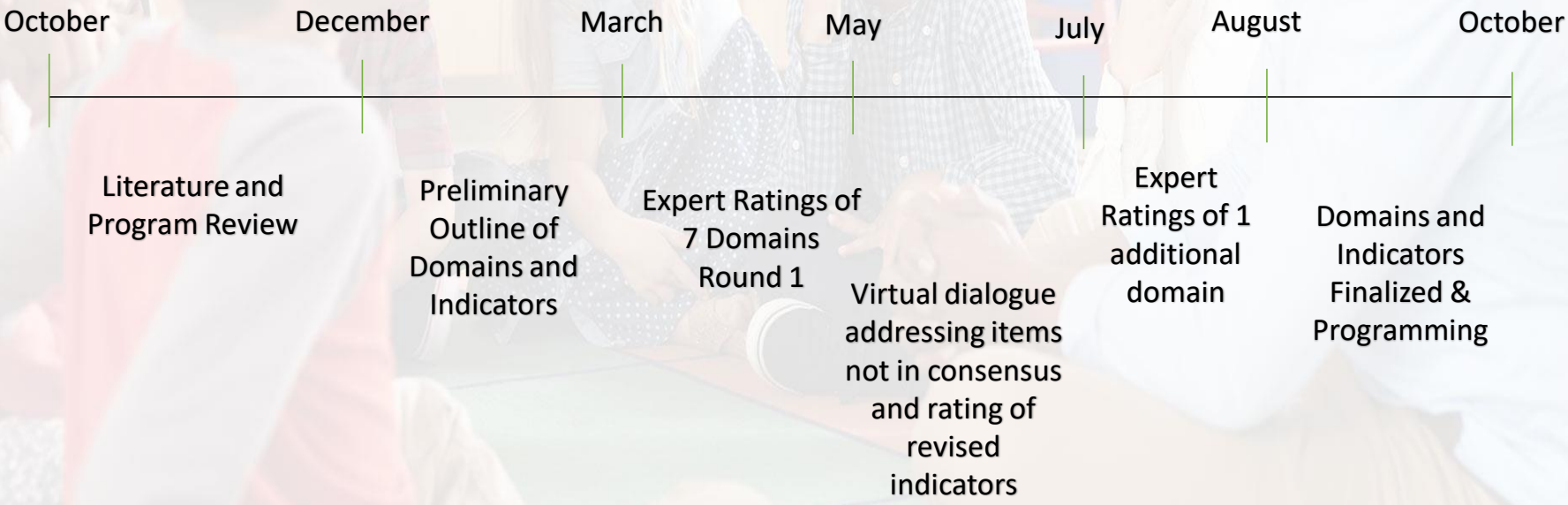
Audra Langley, Ph.D.
University of California Los Angeles
Dept. of Psychiatry and Biobehavioral Sciences

Lisa Jaycox, Ph.D.
RAND Corporation

Trauma Responsive School-Implementation Assessment

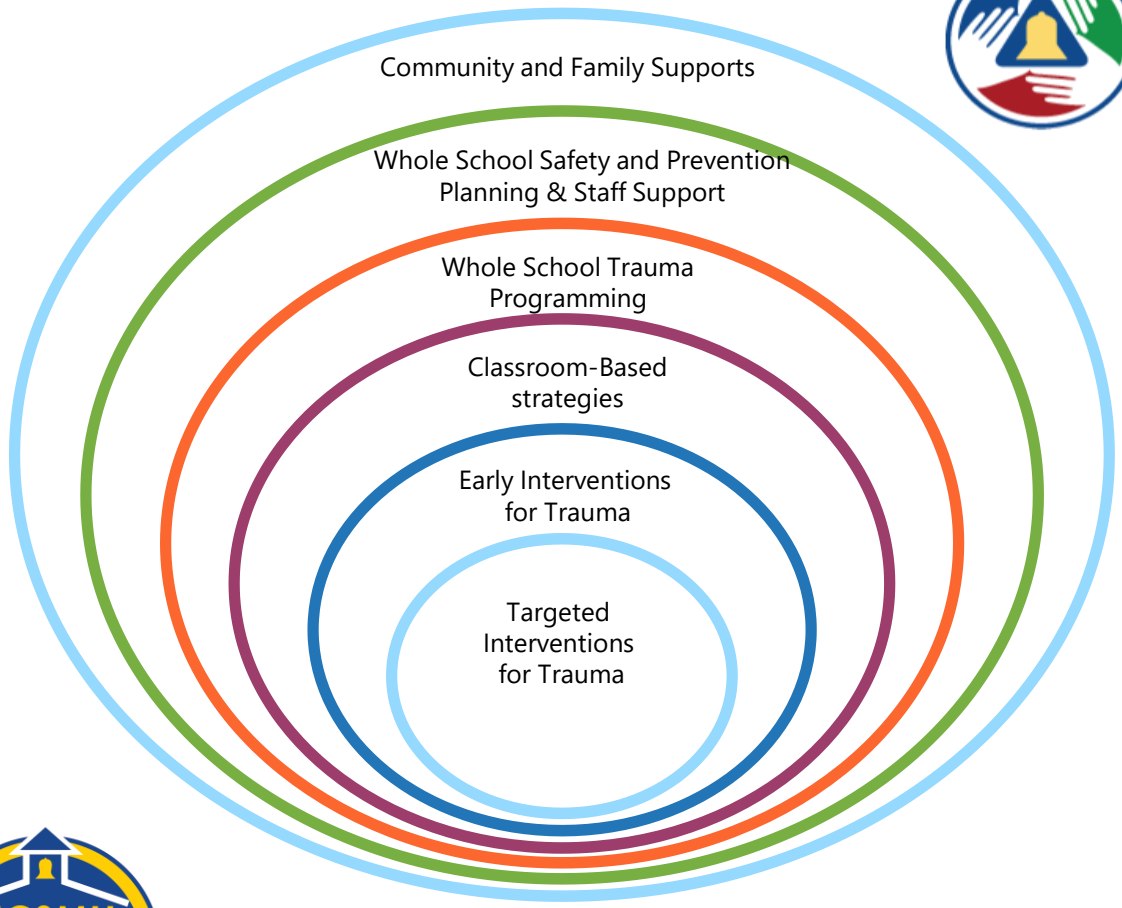
- Calls schools to become trauma-informed
- Administrators/decision makers have little if any guidance for putting this into action
- Designed to be a user-friendly online instrument for school administrators and other decision-makers to enhance trauma programming

TRS-IA Development Timeline



Guiding Principles of Trauma-informed Care

- Safety
- Trust & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Cultural Humility



Trauma Responsive School Implementation Assessment

www.theSHAPEsystem.com

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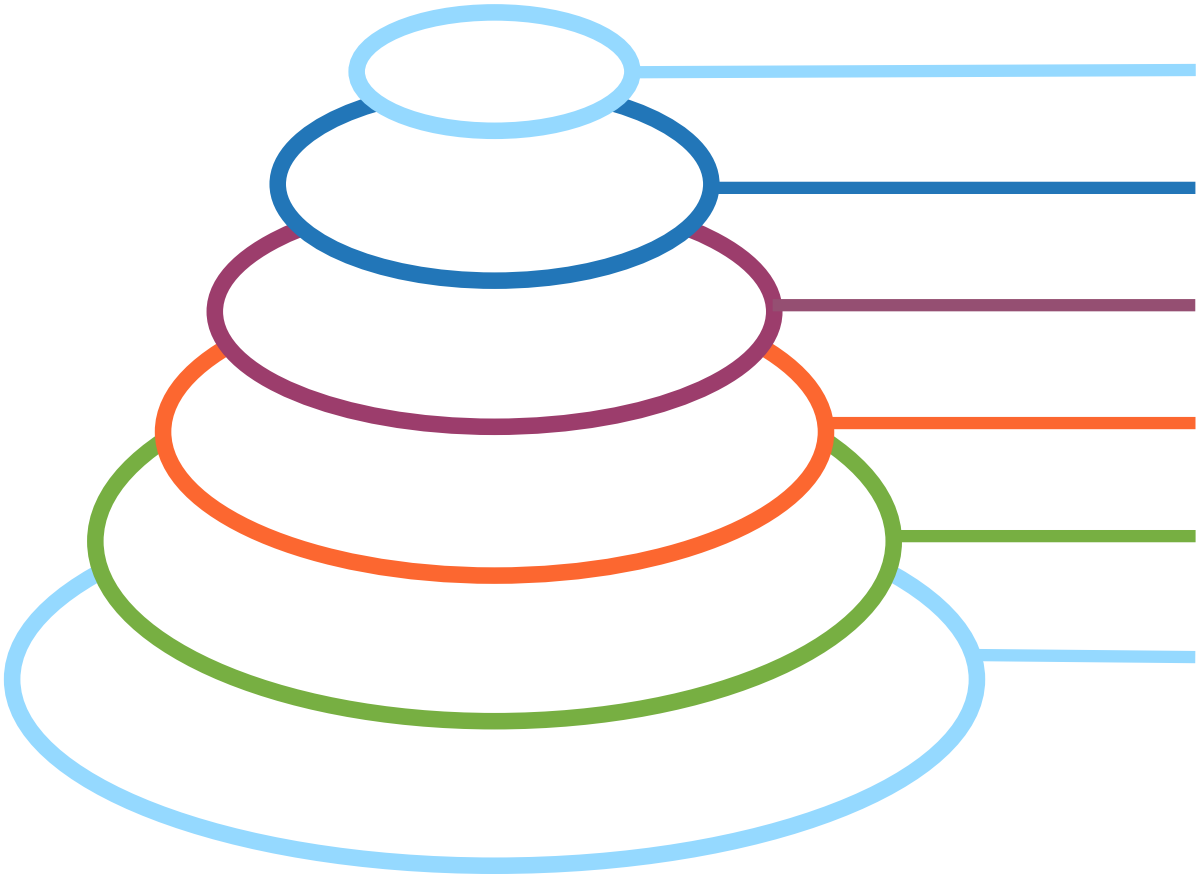
TSA



Key Components of a Trauma-Responsive School

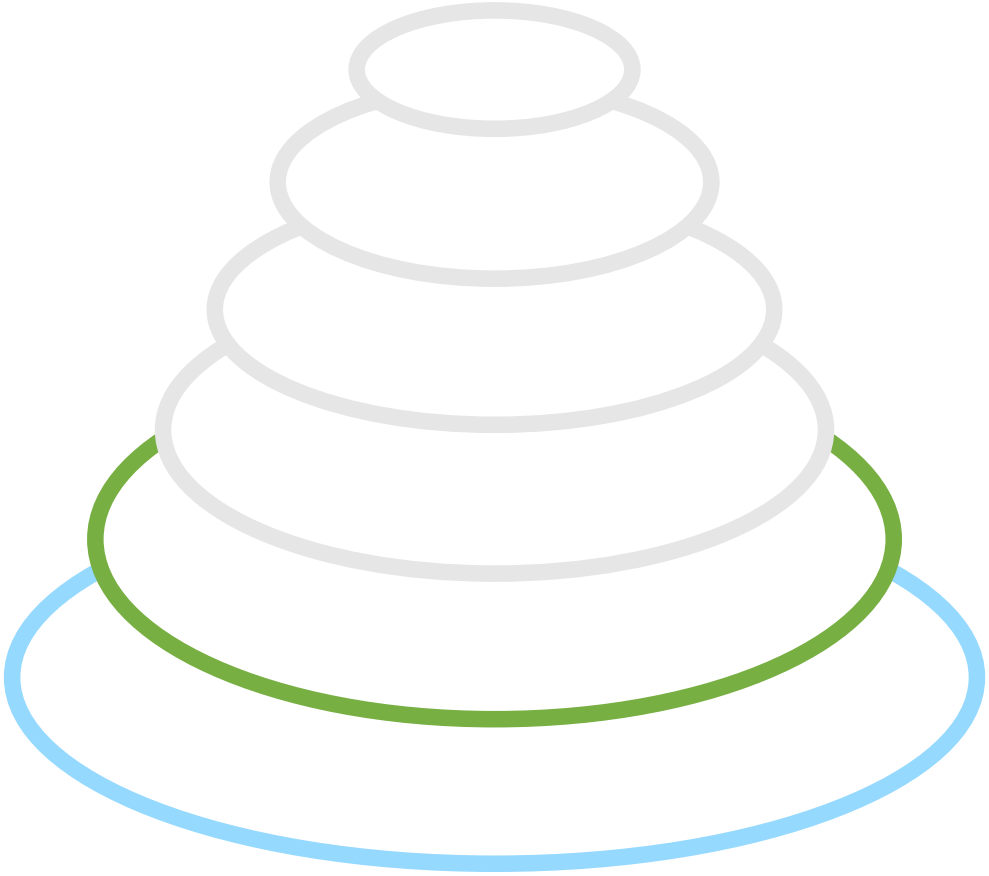
Treatment and Services Adaptation Center
for Resiliency, Hope, and Wellness in Schools

Community and Family Supports

- Staff trained to be sensitive to racial and ethnic sensitivities (i.e. language, immigration status)
- School maintains partnerships with community organizations serving racial and ethnically diverse groups (i.e. churches, health centers) to further support the families in need
- School routinely provides opportunities to engage families and the broader community about trauma and its impact.

Key Components of a Trauma-Responsive School

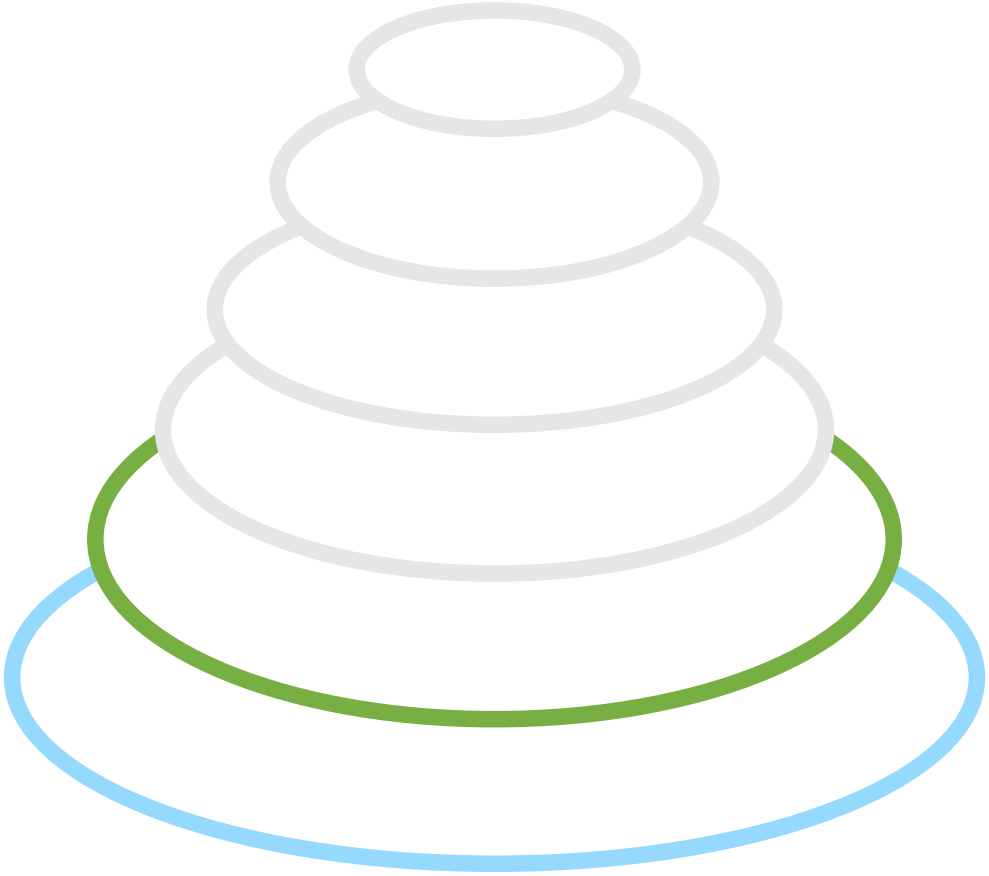
Whole School Safety and Prevention Planning



- School climate assessment
- Trauma-informed emergency drills
- Clearly defined school wide behavioral expectations (e.g. PBIS)
- Adequate supervision
- Threat assessment strategy
- Bullying prevention

Key Components of a Trauma-Responsive School

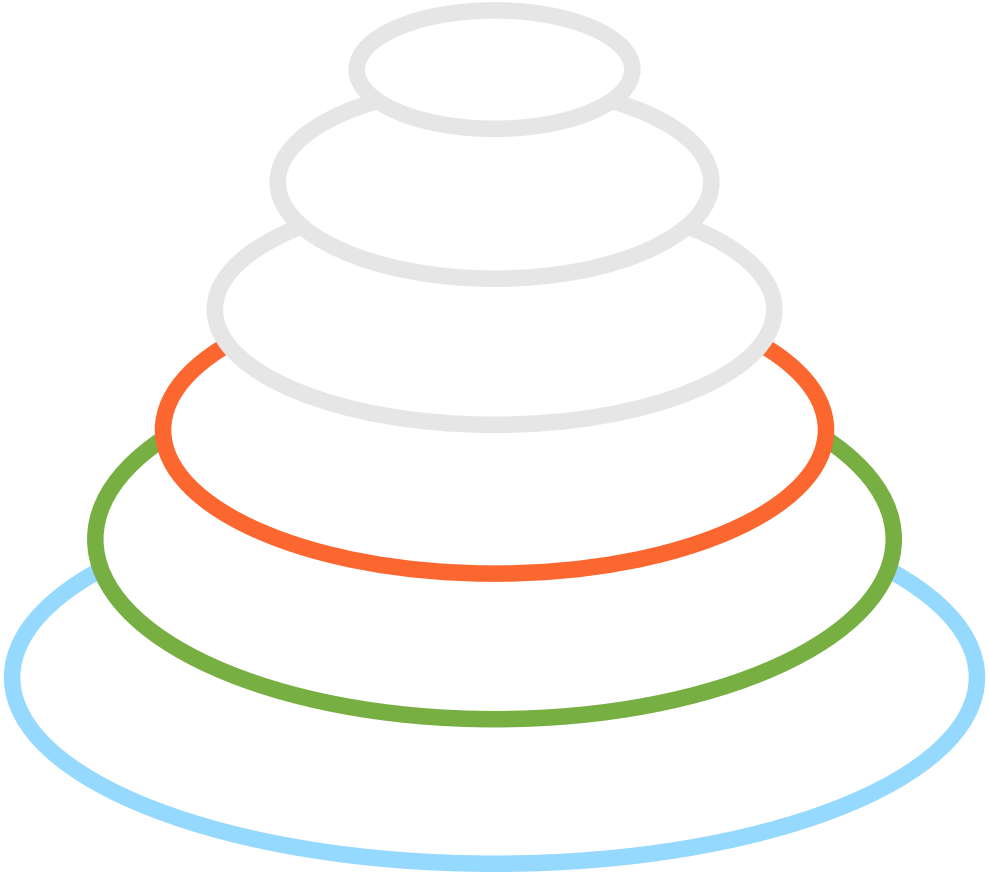
Whole School Staff Support



- Building staff awareness of compassion fatigue and STS
- Staff peer support for working with trauma exposed students
- Availability of on-campus resources for staff working with trauma exposed students

Key Components of a Trauma-Responsive School

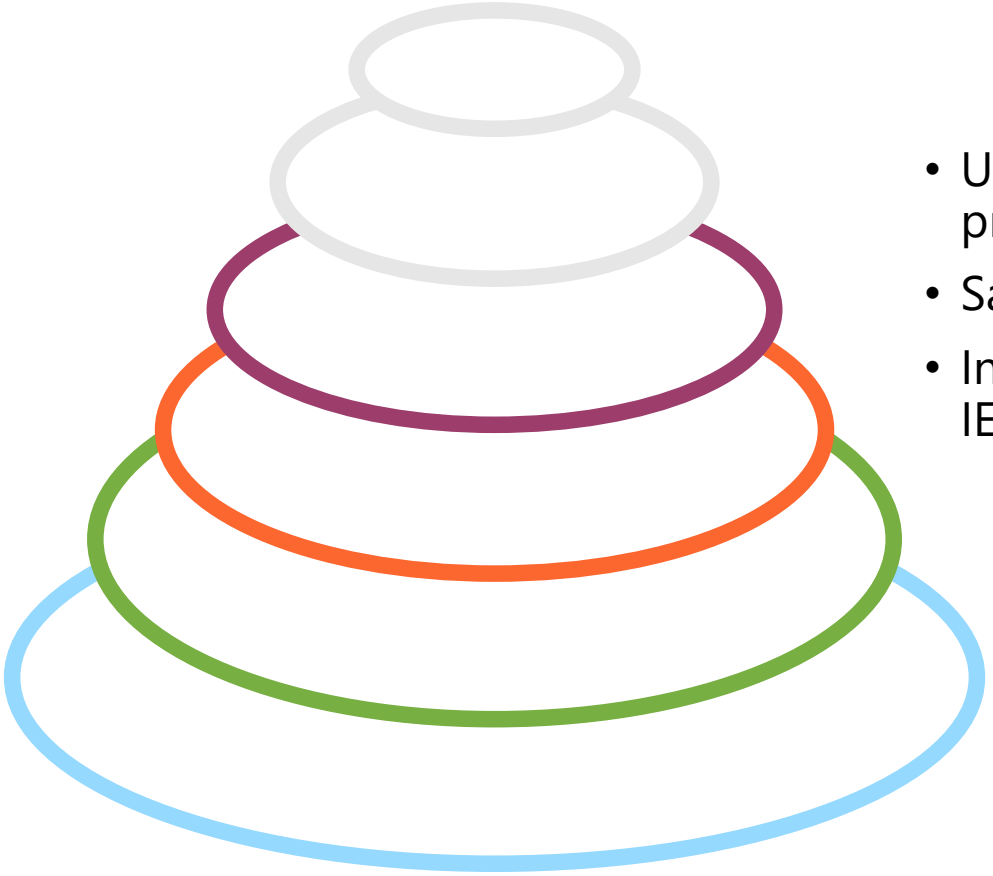
Whole School Trauma Programming



- Staff trained to provide emotional support to students following traumatic event (i.e. PFA for Schools, MH First Aid)
- Discipline policies that are sensitive to trauma exposed students
- School security and police trained to respond using tactics to de-escalate situations and avoid re-traumatization
- Restorative practices

Key Components of a Trauma-Responsive School

Classroom-based Strategies



- Use of socio-emotional learning programs (e.g. Second Step)
- Safe and calm classroom settings
- Integration of trauma history into the IEP process

Key Components of a Trauma-Responsive School

Early Intervention for Trauma

- Inclusion of trauma items in mental health assessments
- Consistent implementation of trauma-informed evidence-based practices
  - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
  - Support for Students Exposed to Trauma (SSET)
  - Bounce Back

Key Components of a Trauma-Responsive School

Targeted Interventions for Trauma

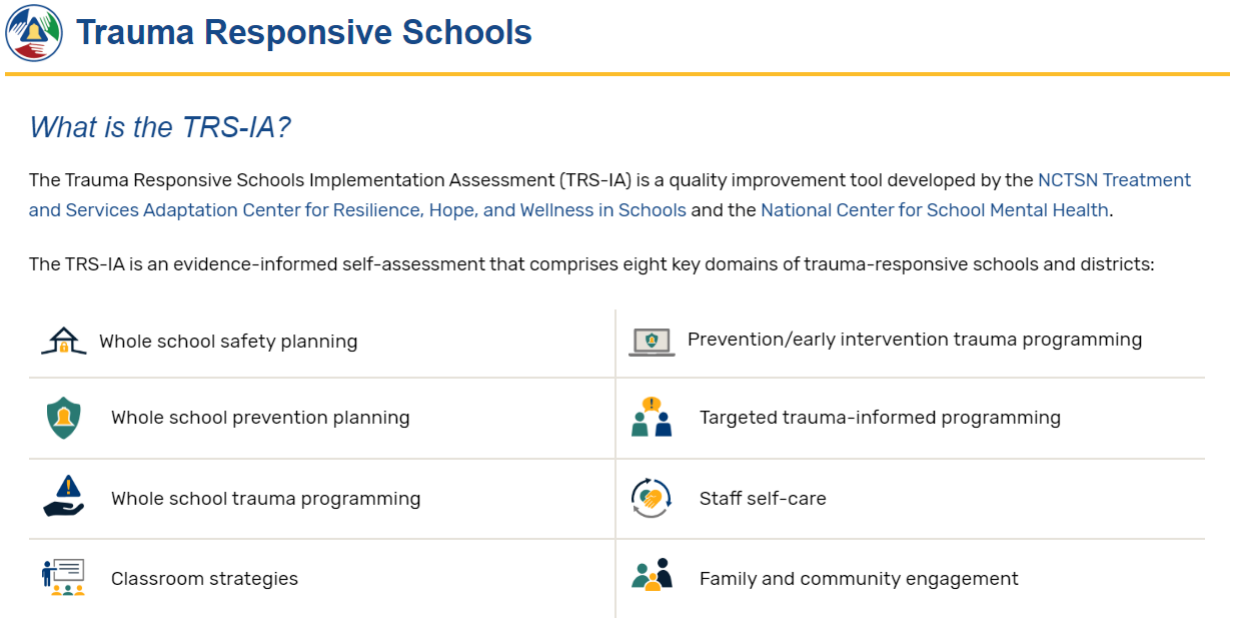
- Multidisciplinary team meetings include trauma exposure in conversations about student performance
- Partnerships with community-based trauma-informed community mental health providers

Key Components of a Trauma-Responsive School

Trauma Responsive School Implementation Assessment

Treatment and Services Adaptation Center
for Resiliency, Hope, and Wellness in Schools

What is the TRS-IA?



Trauma Responsive Schools

What is the TRS-IA?

The Trauma Responsive Schools Implementation Assessment (TRS-IA) is a quality improvement tool developed by the NCTSN Treatment and Services Adaptation Center for Resilience, Hope, and Wellness in Schools and the National Center for School Mental Health.

The TRS-IA is an evidence-informed self-assessment that comprises eight key domains of trauma-responsive schools and districts:

Whole school safety planning	Prevention/early intervention trauma programming
Whole school prevention planning	Targeted trauma-informed programming
Whole school trauma programming	Staff self-care
Classroom strategies	Family and community engagement

Treatment and Services Adaptation Center
for Resiliency, Hope, and Wellness in Schools

Administration time is less than 20 minutes. Automatically generated feedback reports support schools and districts working to enhance their trauma responsiveness.

How do I complete the TRS-IA?

To access and complete the TRS-IA, you must first create an account with the SHAPE System. Registration is **simple and free**! You may register as an individual or join a school or district team.

Once you create an account, you will have access to several useful tools:

- Trauma Responsive Schools Implementation Assessment (TRS-IA)
- School Mental Health Profile
- School Mental Health Quality Assessment
- Screening and Assessment Library >
- Curated resource center to support school mental health quality improvement

Treatment and Services Adaptation Center
for Resiliency, Hope, and Wellness in Schools

UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

Trauma Responsive Schools Implementation Assessment

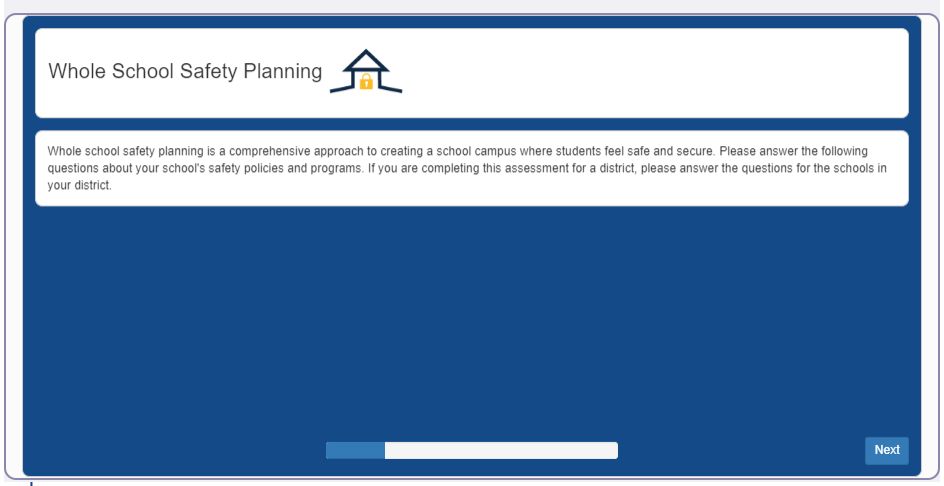
SHAPE Features

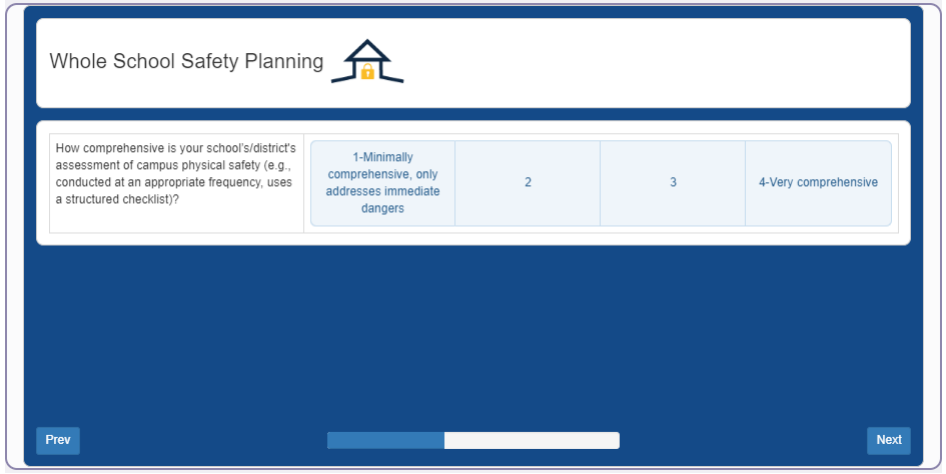
School & District Profiles | Quality Assessment & Resources | State and District Dashboard | Screening & Assessment Library | **Trauma Responsive Schools Assessment**

Offers district and school teams an evidence-informed tool to assess trauma responsiveness in eight domains. The Trauma Responsive Schools Implementation Assessment (TRS-IA) was co-developed by the National Child Traumatic Stress Network (NCTSN) Treatment and Services Adaptation Center for Resilience, Hope, and Wellness in Schools and the National Center for School Mental Health (NCSMH).

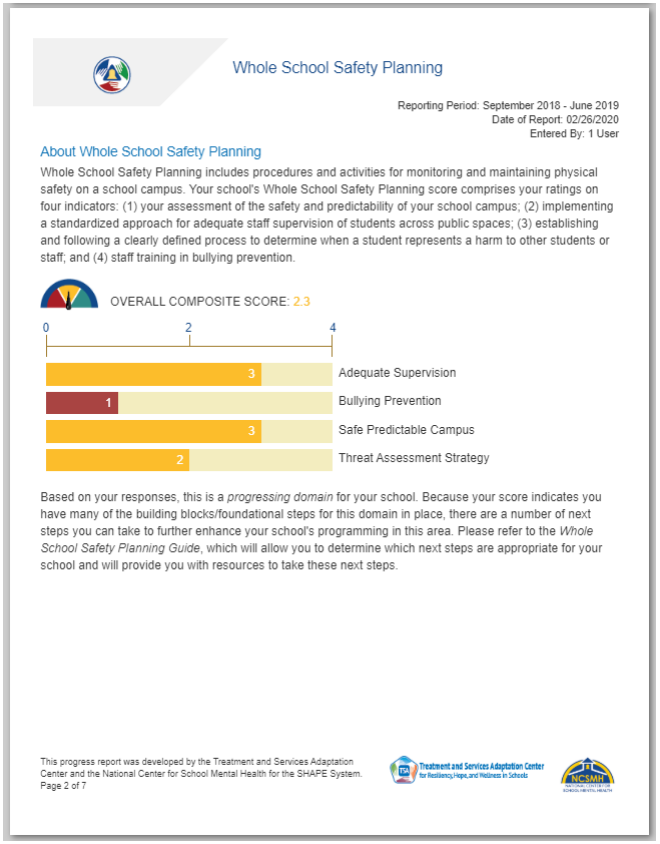
Learn more >

The Trauma Responsive Schools Implementation Assessment (TRS-IA)
is a quality improvement tool developed by the NCTSN Treatment and Services Adaptation Center for Resilience, Hope, and Wellness in Schools and the National Center for School Mental Health. The TRS-IA is an evidence-informed self-assessment that comprises the eight key domains listed below. Administration time is less than 20 minutes. Feedback reports and comprehensive guides will be generated to support schools and districts as they work to enhance their trauma-responsive programming.
My Progress
Current Reporting Period: September 2018 - June 2019
Change Reporting Period
Summary Report
Last completed on: 02/19/2020
Completed by 1 person.
Whole School Safety Planning
Whole School Prevention Planning
Whole School Trauma Programming
Classroom Strategies
Prevention/ Early Intervention Trauma Programming
Targeted Trauma-Informed Programming
Staff Self Care
Family and Community Engagement
Take Survey
View Report


Whole School Safety Planning
Whole school safety planning is a comprehensive approach to creating a school campus where students feel safe and secure. Please answer the following questions about your school's safety policies and programs. If you are completing this assessment for a district, please answer the questions for the schools in your district.
Next


Whole School Safety Planning
How comprehensive is your school's/district's assessment of campus physical safety (e.g., conducted at an appropriate frequency, uses a structured checklist)?
1-Minimally comprehensive, only addresses immediate dangers
2
3
4-Very comprehensive
Prev
Next

Reports and Strategic Planning



Whole School Safety Planning

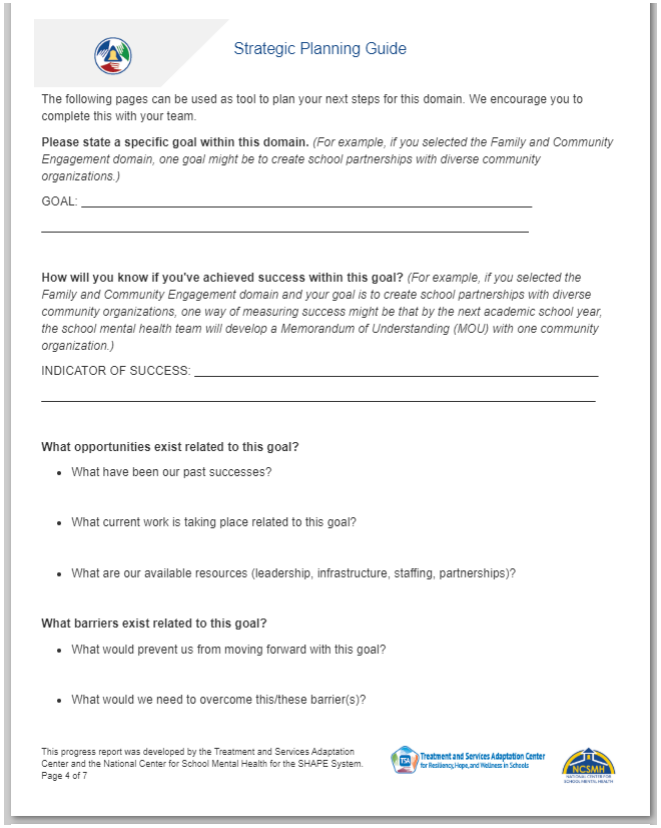
Reporting Period: September 2018 - June 2019
Date of Report: 02/26/2020
Entered By: 1 User

About Whole School Safety Planning

Whole School Safety Planning includes procedures and activities for monitoring and maintaining physical safety on a school campus. Your school's Whole School Safety Planning score comprises your ratings on four indicators: (1) your assessment of the safety and predictability of your school campus; (2) implementing a standardized approach for adequate staff supervision of students across public spaces; (3) establishing and following a clearly defined process to determine when a student represents a harm to other students or staff; and (4) staff training in bullying prevention.

OVERALL COMPOSITE SCORE: 2.3

Based on your responses, this is a *progressing domain* for your school. Because your score indicates you have many of the building blocks/foundational steps for this domain in place, there are a number of next steps you can take to further enhance your school's programming in this area. Please refer to the *Whole School Safety Planning Guide*, which will allow you to determine which next steps are appropriate for your school and will provide you with resources to take these next steps.



Strategic Planning Guide

The following pages can be used as tool to plan your next steps for this domain. We encourage you to complete this with your team.

Please state a specific goal within this domain. *(For example, if you selected the Family and Community Engagement domain, one goal might be to create school partnerships with diverse community organizations.)*

GOAL: _____

_____

How will you know if you've achieved success within this goal? *(For example, if you selected the Family and Community Engagement domain and your goal is to create school partnerships with diverse community organizations, one way of measuring success might be that by the next academic school year, the school mental health team will develop a Memorandum of Understanding (MOU) with one community organization.)*

INDICATOR OF SUCCESS: _____

_____

What opportunities exist related to this goal?

- What have been our past successes?
- What current work is taking place related to this goal?
- What are our available resources (leadership, infrastructure, staffing, partnerships)?

What barriers exist related to this goal?

- What would prevent us from moving forward with this goal?
- What would we need to overcome this/these barrier(s)?

We Need Your Input:
Please Complete Evaluation

Evaluation Link

SAMHSA
Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

University of Maryland School of Medicine

NCSMH National Center for School Mental Health

Upcoming Webinars

- **Monday August 3rd** 12-1:30p ET

Youth and Family Perspectives on Racism, Inequality and the Social Justice Movement

- **Wednesday August 5th** 12-1p ET

The School Health Assessment and Performance Evaluation System

Monday, August 10th 11-12:30p ET

- What Can Schools Do to Address Inequities, Racism, and Social Injustices

More to be Scheduled September –June

1st Wednesdays of the Month, 3:00-4:00