

#### Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

## Promoting School Preparedness, Community Resilience, and Recovery in the Face of Adversity

### Part 4: Recovery and Maintenance

Presenter: Elizabeth Connors, PhD

Moderator: Terah Kalk, MPH

School Mental Health Initiative

Southeast Mental Health Technology Transfer Center (MHTTC)

Rollins School of Public Health, Emory University

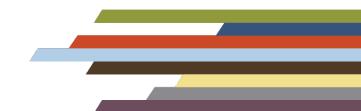
July 27, 2022



## DISCLAIMER

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).





About the Southeast Mental Health Technology Transfer Center (MHTTC)

**The Southeast MHTTC** is located at the Rollins School of Public Health, Emory University.

Serve states in HHS Region IV: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

Our Mission: To promote the implementation and sustainability of evidence-based mental health services in the Southeastern United States.

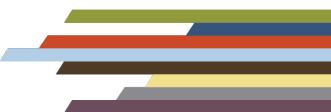
Our Vision: Widespread access to evidence-based mental health services for those in need.









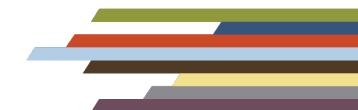




At the conclusion of this webinar, a link to an evaluation form will appear on your screen.

Please take a few minutes to provide us with your thoughts as this is a very important part of our funding.

We appreciate your feedback!



### Presenter

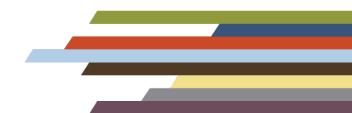


#### Elizabeth Connors, Ph.D.

Assistant Professor, Yale School of Medicine Adjunct Assistant Professor and Director Of Quality Improvement, University of Maryland National Center for School Mental Health

#### Contact:

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@dreconnors



## **Learning Objectives**

- Increase understanding of trauma training policies and resources for school professionals and community members.
- Increase familiarity with strategies and resources for data-driven, iterative learning and planning for long-term recovery and maintenance of community preparedness.
- Promote cross-state networking and shared learning about strategies to promote recovery from community trauma and maintenance of proactive, data-driven preparedness for the long-term.

## **Agenda**

- ➤ Whole System Planning
- ➤Iterative Learning
- ➤ Field Example: Bay County Schools
- ➤ Trauma Training Policies and Resources

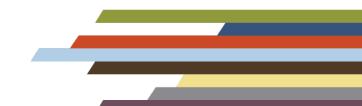


## **Content Warning & Self Care Tips**

 Talking about collective trauma can trigger reminders of traumatic, stressful, or adverse events that you have faced or managed in your personal or professional life and elicit strong reactions. Additionally, it may bring up strong feelings about recent and highly publicized school crises. Please acknowledge and honor your reactions. Take a moment to check in with yourself to assess your own needs and take the steps necessary to stay regulated and engaged.

#### • Tips:

- Pay attention to your reactions
- Take the actions you need to stay regulated
   (e.g., turn off your camera, hydrate, step away for a moment, move)
- Share only necessary details when opportunities for cross-learning arise



## **Quick Review**

## **Community or Collective Trauma**

- Natural disasters
- Pandemic
- Acts of violence
- Death or loss within the school community
- Suicide
- Accident
- Abuse
- Incarceration
- Threats to physical and emotional safety
- Others?





## **Community Resilience**

- A measure of the *sustained ability* of a community to utilize *available resources* to respond to, withstand, and recover from adverse situations. (Rand, n.d.)
- The capacity to anticipate risk, limit effects, and recover rapidly through survival, adaptability, evolution, and growth in the face of turbulent change and stress. (Ellis & Dietz, 2017)



## Impact of Collective Trauma

#### **Emotional**

Shock, anger, denial, sadness, numbness, terror, fear, guilt, phobias, grief, helplessness and hopelessness, loss of pleasure from activities, dissociation, despair, depression, anxiety, PTSD

#### Cognitive

Impaired concentration, decision making ability and memory, disbelief, confusion, distortion, preoccupation, decreased self-esteem and selfefficacy, assigning blame, intrusive thoughts and memories, worry

#### **Physical**

Fatigue, insomnia, hyperarousal, developmental regression, difficulty separating from trusted adults, challenging behavior during transitions, somatic complaints, impaired immune response, headaches, gastrointestinal problems, decreased appetite, decreased libido, startle response

#### Relational/Behavioral

Alienation, social withdrawal, increased relationship conflicts, vocational/school impairment, avoidance of reminders, crying easily, change in appetite or sleep patterns

NCTSN, 2010

## Roadmap for Crisis Planning



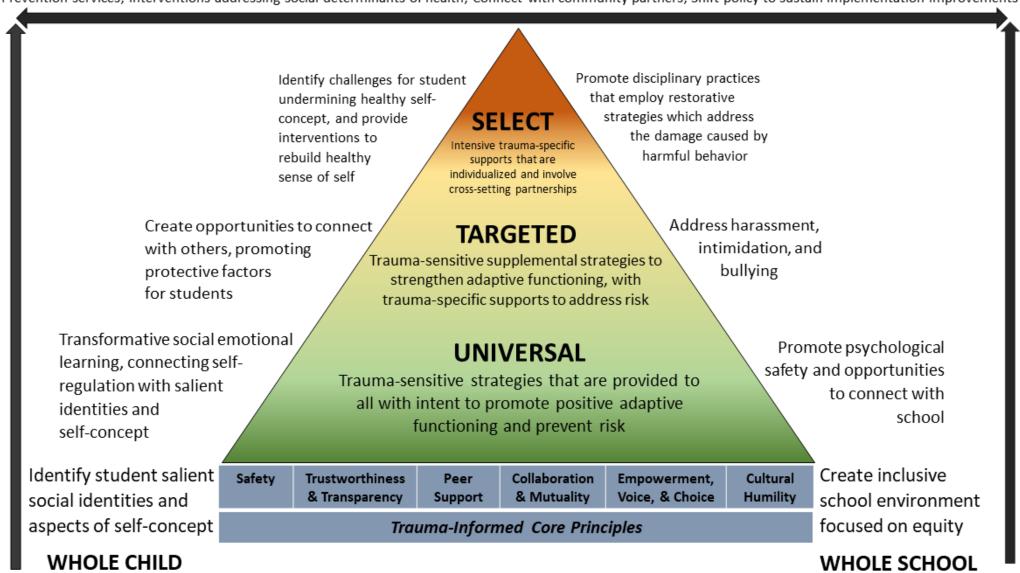




#### Systems Approach to Trauma-Informed Care in Schools

#### WHOLE COMMUNITY

Prevention services; Interventions addressing social determinants of health; Connect with community partners; Shift policy to sustain implementation improvements



## **Themes and Through Lines**

Collaboration



Iterative Processes



Secondary Traumatic Stress



Equity



## Whole System Planning

## School Health Assessment and Performance Evaluation (SHAPE) System



https://www.theshapesystem.com/

## The SHAPE System



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 district and state/territory dashboards to collaborate with schools and districts in your region

# Trauma Responsive Schools Implementation Assessment (TRS-IA)

#### **SHAPE Features**

School & District Quality Assessment & State/Termorphises Resources District District District District District District District and School teams

State/Territory and Screening & Assessment
District Dashboard 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).

Printable version

Learn more >

## What is TRS-IA?



Home About Us Sign Up Log



Printable version

#### What is the TRS-IA?

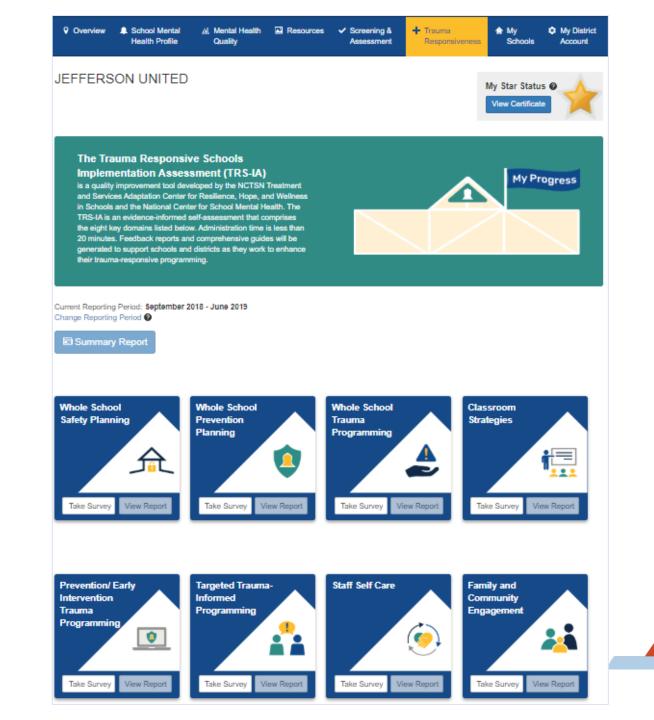
The Trauma Responsive Schools Implementation Assessment (TRS-IA) is a quality improvement tool developed by the NCTSN Treatment and Services Adaptation Center for Resilience, Hope, and Wellness in Schools and the National Center for School Mental Health.

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

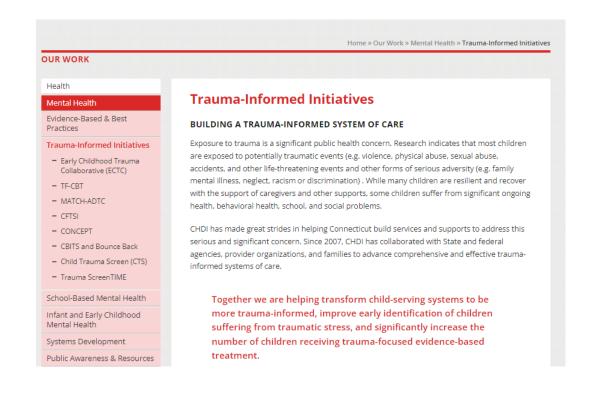
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Administration time is less than 20 minutes. Automatically generated feedback reports support schools and districts working to enhance their trauma responsiveness.



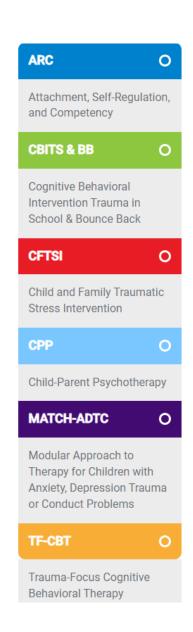
# CT: State example for building a trauma informed system of care

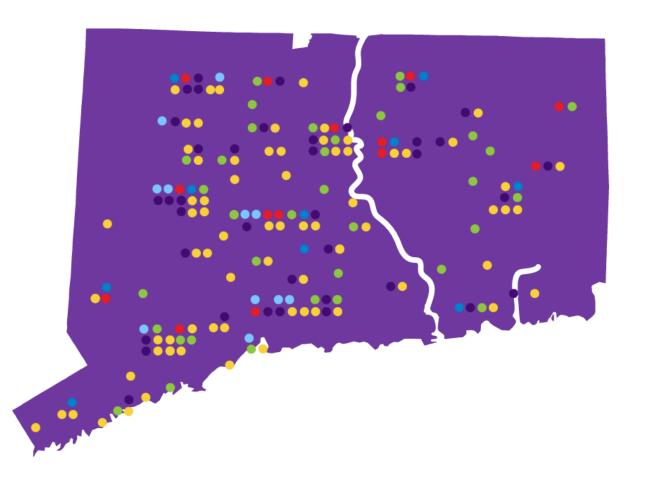






https://www.chdi.org/our-work/mental-health/trauma-informed-initiatives/





## **Iterative Learning**

## **Key Aspects of Iterative Learning**





Identify 1-2 key priorities



Obtain input and ideas on how to change

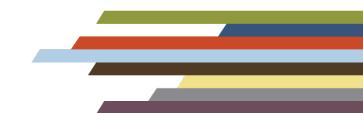




Test changes on a small scale

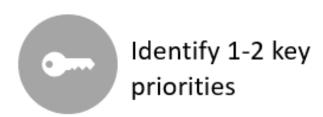


Scale up and out gradually

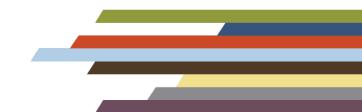


## **Key Aspects of Iterative Learning**









## **Tools & Methods for Iterative Learning**

- SHAPE reports and resources from SMH-QA and/or TRS-IA
- Town halls or listening sessions
- Needs assessment, surveillance data, screening
- Reassess, reprioritize, continuously adapt





## "Town Halls" or "Listening Sessions"

- ☐ Clarify Purpose/Goals + Stakeholders Invited
- ☐ Mental health professional(s) as a facilitators
- ☐ Outline and pilot test a structure and open-ended questions
- ☐ Develop invite methods that promote equitable participation
- ☐ Consider how to handle sharing in chat vs aloud
- ☐ Create a safe, welcoming climate for honest sharing
- ☐ Establish expectations of respectful listening
- ☐ Introduce goals and "agenda" including how to participate
- ☐ End with summary of action items/ next steps

### Resources

- ■What is qualitative data and what do you do with it?
  - https://education.nsw.gov.au/teaching-and-learning/school-excellence-and-accountability/sef-evidence-guide/guidelines-for-using-data/intro-qualitative-data
- ☐Guide for conducting focus groups
  - ➤ <a href="https://safesupportivelearning.ed.gov/resources/conducting-focus-groups-develop-comprehensive-school-portrait">https://safesupportivelearning.ed.gov/resources/conducting-focus-groups-develop-comprehensive-school-portrait</a>
- ☐Guide for conducting community and youth listening sessions
  - https://www.pta.org/docs/default-source/files/cfe/2020/cfe-facilitating\_listening\_sessions.pdf
  - https://opa.hhs.gov/sites/default/files/2020-10/OPA Youth Toolkit Final 508.pdf

### **Needs Assessment**

Make sure to pilot your needs assessment tool or process to obtain feedback before scaling district-wide

#### What it is:

- A process rather than an individual assessment
- Helps schools, districts or states 1) understand how well existing services and supports
  are meeting student mental health needs and 2) identify gaps and duplications in current
  programming

#### What it is NOT:

 Needs assessments are anonymous and will not identify individual student or family needs.

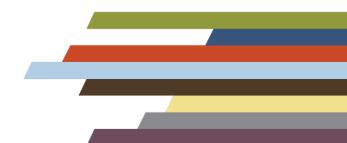
#### Options for how to do it:

- Electronic and/or paper-and-pencil surveys to students, families, and school staff
- Focus groups, listening sessions, or town halls



## **Needs Assessment Topics**

- Student stressors and mental health concerns
- Knowledge of mental health supports in school
- Preferences for different types of mental health and wellness services
- Usage of and satisfaction with current mental health and wellness services
- Feedback and recommendations about current mental health and wellness services provided in school



## Surveillance

Surveillance data can help schools make decisions about adopting universal vs. targeted interventions based on need.

#### What it is:

- Monitors patterns of assets and needs across the school population or subgroups of students and families
- Helps schools and community partners determine pervasiveness of needs

#### What it is NOT:

- Does not identify specific students or families; data typically available at the level of states, counties/major metropolitan areas, and, in some cases, ZIP codes
- Does not reflect short-term changes within a single school

#### Options for how to do it:

 Research your community on established data sets maintained and updated by national foundations and government departments

## **Examples of Surveillance Tools**

- American Community Survey (ACS) (U.S. Census Bureau)
- Asset Limited, Income Constrained, Employed (ALICE) Data (United Way)
- Civil Rights Data Collection (CRDC) (U.S. Department of Education)
- County Health Rankings & Roadmaps (The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute)
- Child Health and Education Mapping Tool (School-Based Health Alliance in partnership with Health Landscape)
- Kids Count (Annie E. Casey Foundation)
- National Survey of Children's Health (Health Resources and Services Administration, Maternal and Child Health Bureau)
- Youth Risk Behavior Surveillance System (YRBSS) (Centers for Disease Control and Prevention)

## Screening

Make sure that your screening measure examines the SIHE that your school has targeted

#### What it is:

- Systematic process to identify student strengths & needs at the individual level
- Helps schools understand which students are 1) at-risk for a particular concern and 2) demonstrating positive competencies and skills
- Can inform referral process for intervention services

#### **Options for how to do it:**

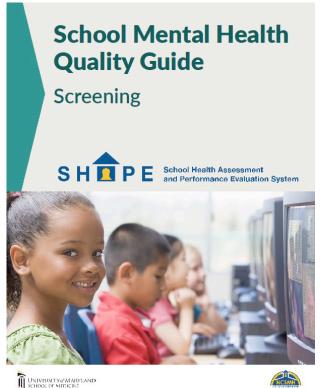
- Universal screening (all students) or targeted screening (for a predetermined student subgroup)
- Standardized student-report, parent-report, or teacher-report measures
- Existing administrative data (e.g., attendance or discipline data)

## School Mental Health Quality Guide: Screening

Provides guidance to advance school mental health quality and sustainability

#### Includes:

- Background
- Best practices
- Action steps
- Examples from the field
- Resources





NCSMH, 2020

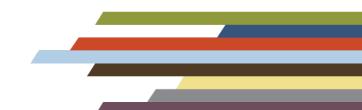
## **Upcoming Webinar:**

# Afraid of Opening Pandora's Box? How to Address Student Needs After Mental Health Screening in Schools

August 3, 2022

12:00 – 1:00pm Eastern

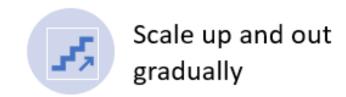




# **Key Aspects of Iterative Learning**







# Set a SMART Quality Improvement Goal

### What do you want to improve?

### **Specific**

What will you accomplish?

### Measurable

How will you know when you have reached your goal?

### **Achievable**

Is the goal **realistic** given effort, motivation and resources?

### Relevant

Why is this goal important for your students/ families/ school?

### Timely

By when will you achieve it?

## **SMART Goal Template**

receive mental health referrals representing the racial and ethnic composition of the entire student body to indicate equitable identification of students in need of services.

By [time frame], we will accomplish [a measurable amount of] [our goal] in order to improve [student/school/district/state target outcome].

# How to Progress Toward a SMART Goal



Improvement requires system change

- Decide what you will change
- Start small to observe, analyze and learn
- Small tests of change are building blocks toward your goal

### The Power of Small Tests

- Evaluate whether your change leads to improvement
- Keep changes small and rapid to learn quickly
- Try different change ideas to see what works best
- Failed changes are low risk to the system

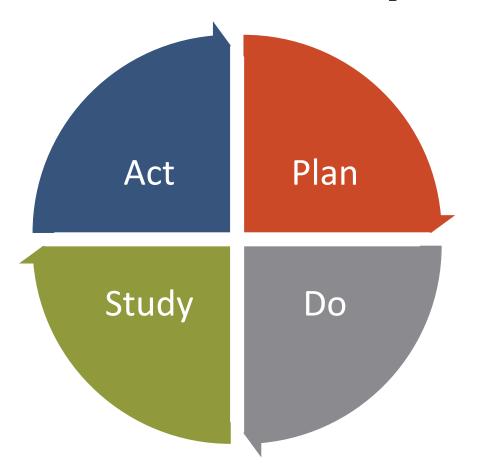
# **CQI Tool: Plan Do Study Act Cycles**

### Act on what you learned

 Use lessons learned to adapt for the next test, adopt on a larger scale, or abandon and try a different test

### **Study** results as a team

 Compare to your prediction and past performance



### Plan the test

- State your question and prediction
- Identify what data you will need to collect

**Do** run the test on a small scale

- Document problems and observations
- Collect data

Source: IHI QI Essentials Toolkit: PDSA Worksheet

## **SMART Goal and PDSA Examples**

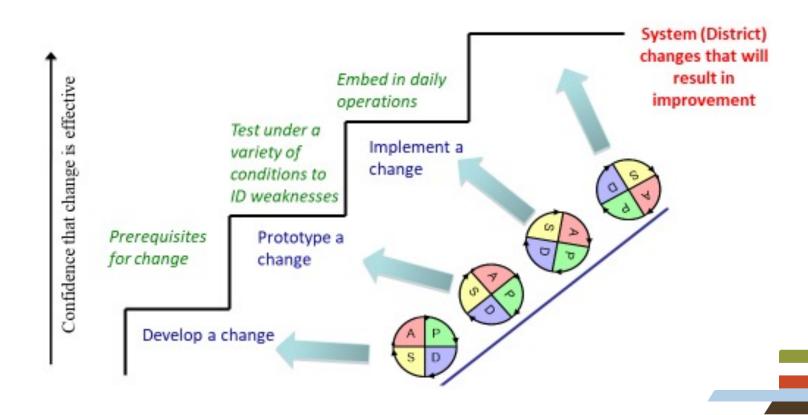
receive mental health referrals representing the racial and ethnic composition of the entire student body to indicate equitable identification of students in need of services.

### **PDSA** ideas:

- Host a listening session with school staff, students and family members to better understand these trends
- Work with student leaders to develop and test communication messages about mental health services (test 1 message per week and gather feedback)
- Apply parent recommendations to develop and test initial outreach / communications by school mental health providers to referred families (test with 5 referrals)

# Use Small Tests to Scale Up Gradually

## The PDSA Cycle





# Recovery in Action

Guest Speaker: Dawn A. Capes

Director of Student Wellness Programs

**Bay District Schools** 

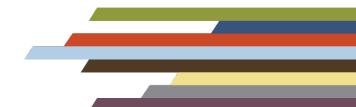
Panama City, FL

capesda@bay.k12.fl.us

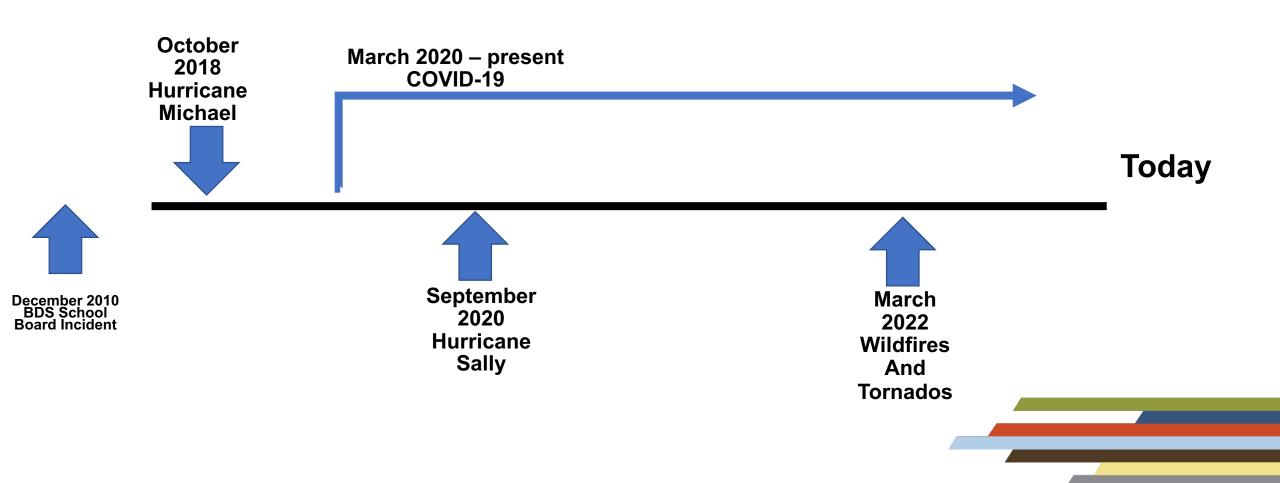
# **Bay County, Florida**

- 30 non-charter schools
- 24,040 students
- 67.6% white; 17.4% multi-racial; 12.5% black; 11.64 %Hispanic
- 43.8% Eligible for Free Meals
- Direct Certification enrolled in approved CEP school
- Includes urban, suburban, and rural communities





# Collective traumas in in Bay County



# Responding to Collective Trauma – Iterative Process

### Strategies for Iterative Process

- Feedback loops from teachers (e.g., 1 year after Michael, hearing what they needed the most)
- Intentional Strategic Planning (having worst case scenario conversations, threat assessment, setting up processes/procedures/training)

### Key programs that have been implemented over time

- Grief and crisis team
- Triads
- Community of Care Referrals (monitoring parent consent % over time)
- Peer project

# Long-term commitments to promoting resilience/recovery for BDS

- Staff Wellbeing and Resilience
  - EAP
  - School counselor consultant

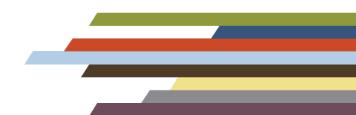
- Student Wellbeing and Resilience
  - Universal screeners + Minute Meetings
  - Youth Mental Health First Aid

# Trauma Training Policies and Resources

# What policies does your state have?



www.theshapesystem.com



Alternatives to Exclusionary Discipline

**Bullying Prevention** 

Culturally Responsive Teaching

Every Student Succeeds Act (Chronic Absenteeism and School Climate)

**Funding** 

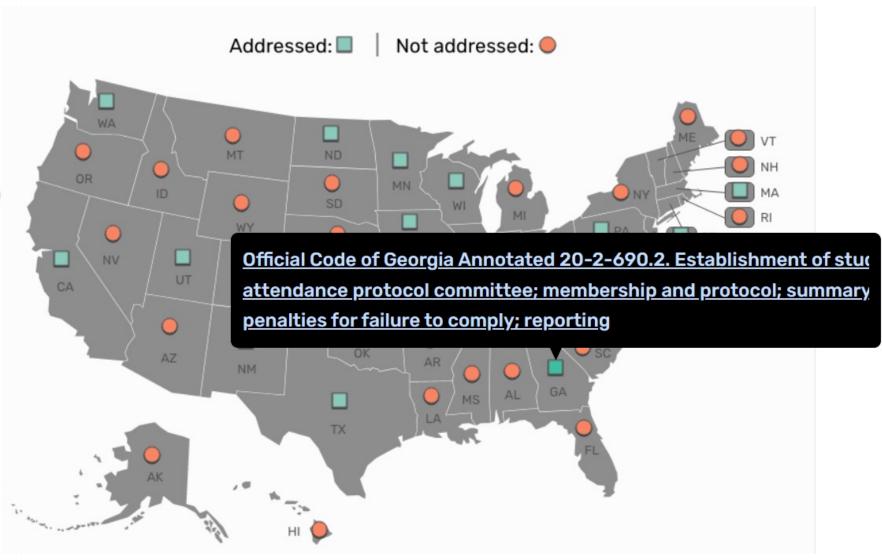
Mental Health Excused Absences

Mental Health Literacy

Mental Health Staff-to-Student Ratios

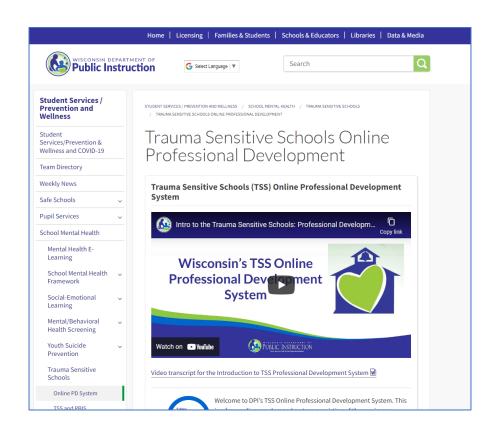
Social Emotional Learning

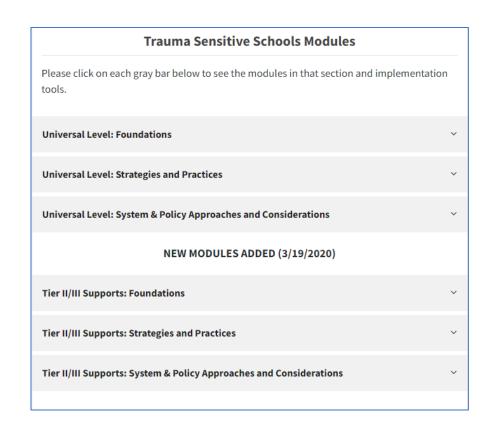
**Suicide Prevention** 



Professional Development: Trauma

# Trauma Sensitive Schools Online Professional Development





https://dpi.wi.gov/sspw/mental-health/trauma/modules

# **Compassion Resilience Toolkit**



Staying Resilient During COVID-19 with brief blogs and videos to share with others. <u>Learn More</u>

Facilitator resources to build the capacity of helping professionals, caregivers, and the systems in which they serve.



A Toolkit For Schools



A Toolkit For Health and Human Services



A Toolkit For Parents and Caregivers

# **Compassion Resilience Toolkit**



Compassion Resilience

How to Implement

Get Started

#### Compassion Resilience Toolkit for School Leaders and Staff

#### Q

#### Sections

- 1. Compassion in Action
- 2. What Are We Talking About?
- 3. Compassion Fatigue: Connection to Trauma, Stages and Assessments
- 4. System Drivers of Compassion Fatigue
- 5. Expectations from Self and Others

#### 6. Compassionate Boundary Setting to Build Compassion Resilience

- 7. Staff Culture
- 8. Wellness and Resilience Strategies: Mind
- 9. Wellness and Resilience Strategies: Spirit
- Wellness and Resilience Strategies:
   Strength
- Wellness and Resilience Strategies:
   Heart
- 12. Building Compassion-Based Relationships with Caregivers

#### Appendices

- A. Making and Supporting Change
- B. Foundational Beliefs About Behavior
- C. Compassionate Response to Colleague's
- D. Stress Throughout the Career Cycle
- E. Facilitator Guide

#### 6. Compassionate Boundary Setting to Build Compassion Resilience



"Without boundaries, you will act, sleep, work, groan, feel used and fulfill basic responsibilities rather than make choices to live and love fully, to work hard and nobly, to fulfill your purpose and to contribute passionately to your world." (Black, J. and Enns, G. Better Boundaries: Owning and Treasuring You Life. Qakland, CA. Raincoat Books)



Distribute this document to all participants to explore prior to the following application activities **B** 



#### Key Activity

Helpful Adult Behaviors (20-40 min) 🖺

This activity is a highly valuable activity to do with school teams or schoolwide at a staff meeting. It will also prepare you for the Staff Culture section of the Toolkit.

#### Wellness Practice

Preparing to Write Your Mission Statement B

#### Circle Agenda

Staff Circle Agenda, Section Six 🖺

#### Core Content Visual to Display in Common Staff Areas

Tips for Setting Compassionate Boundaries – Use this Visual and Display in Staff Break Areas 🖾

Posting this visual in common staff areas will serve as a reminder of content covered to staff and perhaps serve as a future conversation started for deeper reflection among staff members.

#### Supplementary Activities/Handouts

Compassionate Boundaries Reflection (15 min) 🖺

#### For Easy Printin

You can find all documents in this section included in this pdf for easy printing. 
The documents included are numbered individually, not as one document.



#### Links Specifically for Leadership

Leadership Support for Boundary Setting — Guided Discussion (15-30 min) **b**The leadership team will address key questions after participating in the Helpful Adult Behaviors activity with the whole staff or a small group of staff members.

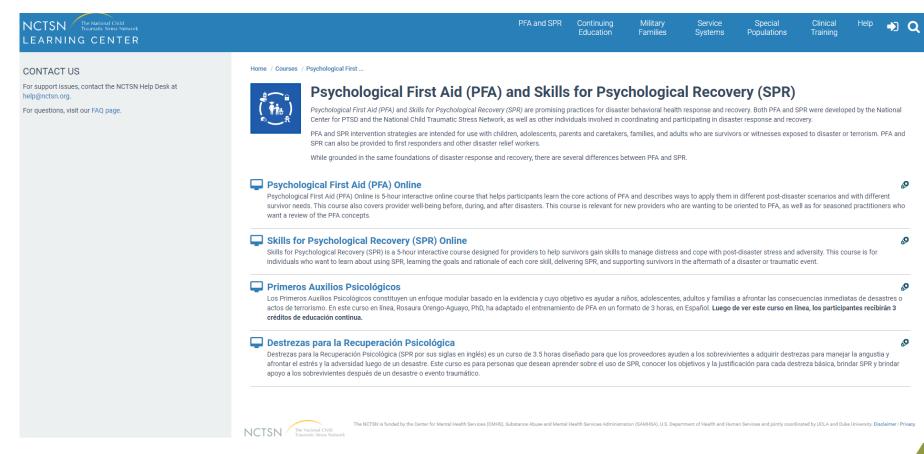
#### **Additional Resources**

Self-Help Alliance, Building Better Boundaries, 2010

Brené Brown video on boundaries and empathy



# NCTSN: Psychological First Aid & Skills for Psychological Recovery



https://learn.nctsn.org/course/index.php?categoryid=11

## **Classroom WISE**



Presented by:





Free 3 Part Training Package www.classroomwise.org

https://www.classroomwise.org/

### **Course Description**

The goal of this 6-module, self-paced, online course is to equip educators with information and strategies to more effectively promote the mental health and well-being of students.

- Module 1 Creating Safe and Supportive Classrooms
- Module 2 Teaching Mental Health Literacy and Reducing Stigma
- Module 3 Social and Emotional Learning (SEL)
- Module 4 Understanding and Supporting Students Experiencing Adversity and Distress
- Module 5 The Impact of Trauma and Adversity on Learning and Behavior
- Module 6 Classroom Strategies to Support Students Experiencing Distress
   Select for a <u>detailed list of all module objectives (PDF)</u>.

#### References

Select the superscript number on the slide title. It will link to the References slides at the module's end. Select Previous to return to your original slide.



## **Mental Health First Aid**

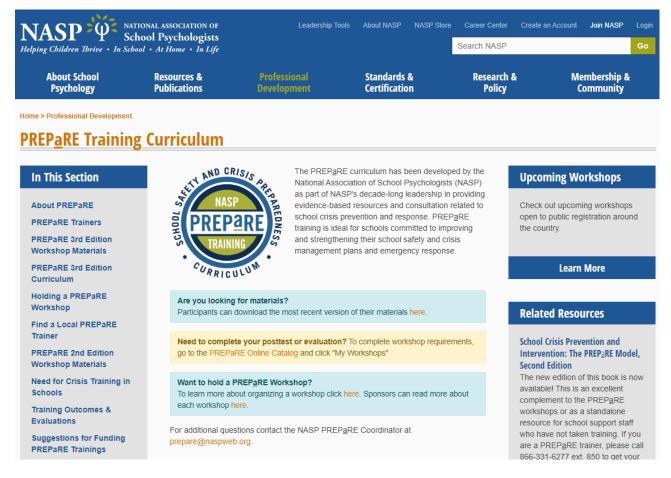


#### Identify. Understand. Respond.

Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.

https://www.mentalhealthfirstaid.org/

# NASP: PREPaRE Training Curriculum



https://www.nasponline.org/professional-development/prepare-training-curriculum



# Q&A









Thank you for your help with evaluating this webinar!

A link to an **evaluation** form will appear on your screen shortly.

Please take a few minutes to provide us with your thoughts, as this is a very important part of our funding.

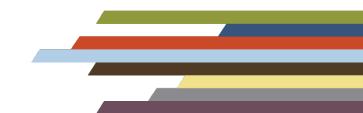
Certificate of Attendance
Southeast MHTTC Awards

Medicaid and School Mental Health 101: How Can Schools Finance
School Mental Health Services through Medicaid?
1 Contact Hour - March 30, 2022

Southeast (HHS Region 4)

MHTTC Mental Health Technology Transfer Center Network
Fundad by Substance Abuse and Myntal Health 3arvices Admirish aton

We appreciate your feedback!



## **Collective Trauma Series Slides and Recordings**

### Part 1 – Essentials

June 22, 2022 led by Dr. Berre Burch

### **Part 2 - Improving Readiness**

July 6, 2022 led by Dr. Berre Burch

### Part 3 – Response

July 13, 2022 led by Dr. Christina Borbely

### **Part 4 – Recovery and Maintenance**

July 27, 2022 (today!) led by Dr. Elizabeth Connors

https://mhttcnetwork.org/centers/southeast-mhttc/promoting-school-preparedness-community-resilience-and-recovery-face

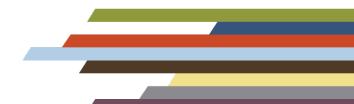
### SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

### www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)

## References

- Brock, S. E., Nickerson, A. B., Reeves, M. A., Jimerson, S. R., Lieberman, R. A.,
   & Feinberg, T. A. (2009) School crisis prevention and intervention: The PREPaRE model. Bethesda, MD: National Association of School Psychologists.
- Chafouleas, S., Pickens, I., & Gherardi, S. (2021). Adverse childhood experiences (ACES): Translation into action in K12 education settings. *School Mental Health*, 13, 1-12.
- Cole, S.F., Eisner, A., Gregory, M., & Ristuccia, J. (2013). Creating and advocating for trauma-sensitive schools. Massachusetts Advocates for Children. Retrieved from http://www.traumasensitiveschools.com.
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