



Southeast (HHS Region 4)

MHTTC

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 3: Response

Presenter: Christina Borbely, Ph.D.

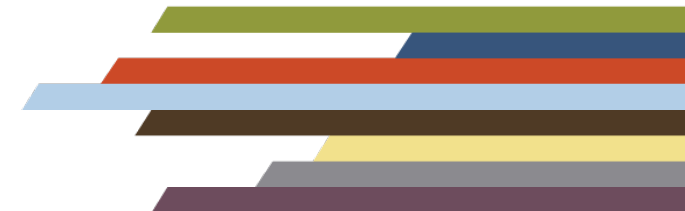
Moderator: Terah Kalk, MPH

School Mental Health Initiative

Southeast Mental Health Technology Transfer Center (MHTTC)

Rollins School of Public Health, Emory University

July 13, 2022



Disclosure/Disclaimer

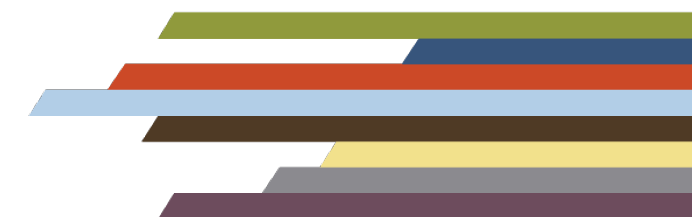
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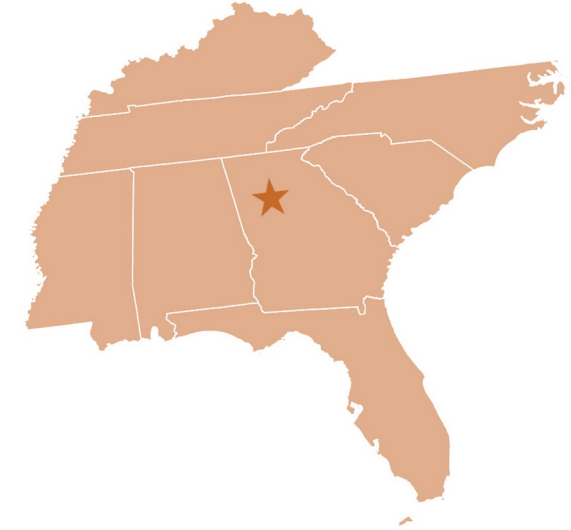
Alabama | Florida | Georgia | Kentucky | Mississippi | North Carolina | South Carolina | Tennessee



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.



Southeast Mental Health Technology Transfer Center
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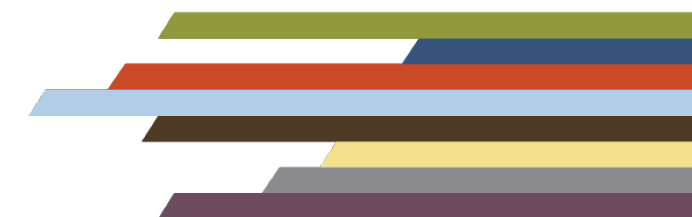
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Southeast (HHS Region 4)

MHTTC

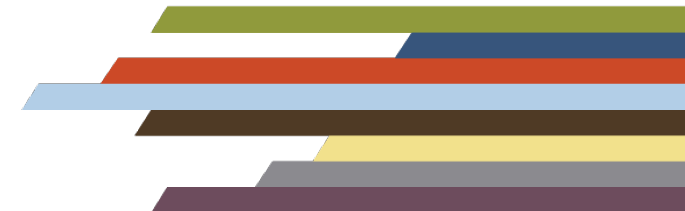
Mental Health Technology Transfer Center Network

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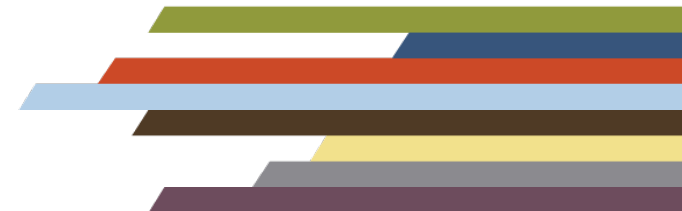
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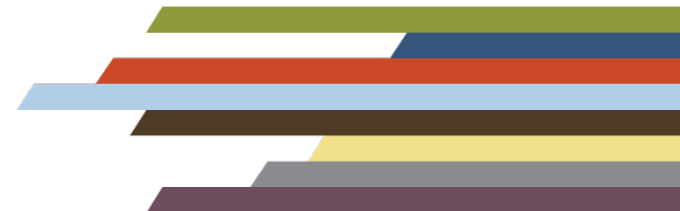
Presenter



Christina Borbely , Ph.D.
School Mental Health Advisor
SEMHTTC



Roadmap for Crisis Planning



Learning Objectives

1

Understand the components of trauma-informed organizations, including types of traumatic events and intersection of schools and communities during crisis response.

2

Learn how to incorporate trauma-informed and resilience-oriented responses when crisis and/or tragedy are happening.

3

Recognize opportunities to make ongoing improvements during real-time implementation of best practice trauma response.

4

Promote cross-state networking and shared learning about navigating toward recovery during traumatic events.

Agenda

- Community or Collective Trauma & Resilience
- Coming Together for Crisis Response: Overview
- Coming Together to Respond: Collaboration
- Coming Together to Respond: Compassion for Secondary Traumatic Stress

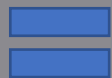
Themes and Through Lines



Collaboration



Iterative Processes



Equity, Inclusion & Belonging



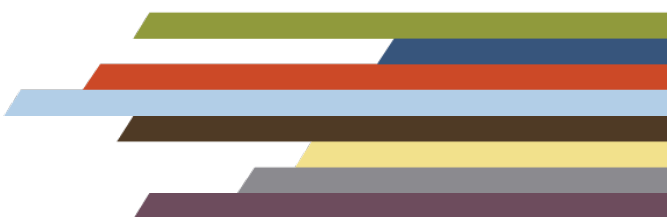
Secondary Traumatic Stress



Iterative Processes



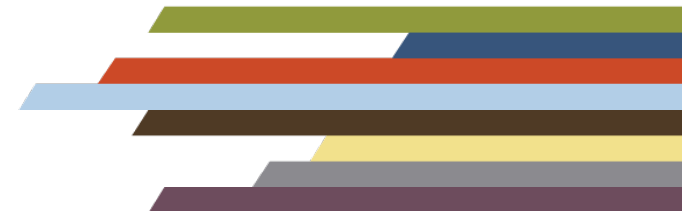
Equity, Inclusion & Belonging



Pause

- 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

Community or Collective Trauma & Resilience



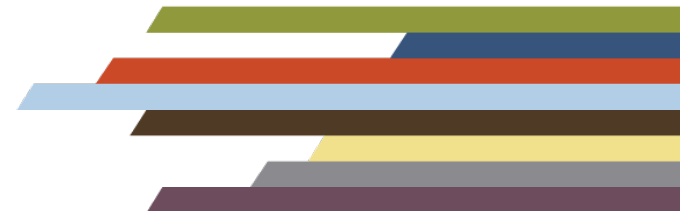
Community or Collective Trauma

- Weather events
- Flooding, deaths
- Peer to peer violence
- Hurricane Sandy (natural disasters)
- Death of staff
- Tornadoes, deaths
- Recent Elementary School Shooting
- Gun violence
- Completed suicide in the classroom with other students present.
- Sudden student death
- Death of a fellow student/peer
- Pandemic
- COVID and 9/11
- Recent school shooting
- Covid
- Child abuse and neglect
- Support following school shooting
- Mud slide, overdose, suicides, covid
- Loss of power on campus for several days
- There was a bomb threat at a local school
- Suicide
- Collective Trauma ranges between COVID, Crime, veteran families, school grief
- Pandemic, violence, death
- Suicide and suicide clusters
- Suicide
- Gun violence, drug exposure, gang violence
- Youth suicide
- Death, suicide of student, death of staff, pandemic, community violence
- Hurricane
- Young children dealing with losing classmates to covid/gun violence/housing insecurity/food insecurity
- Violence with parents coming to school
- Marginalized communities
- Drug and alcohol use, overdose
- Substance use and overdose
- Loss of employment
- I see a lot of gun violence in the responses
- Large-scale acts of violence/terrorism (thinking of work with 9/11)
- Gentrification

Levels of Harm & Care



Courtesy of Wolf-Prusan et al (2018)



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 self-efficacy, 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)

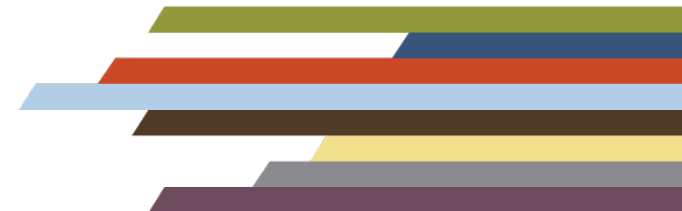
Community or Collective Resilience

What mental health providers offer in a crisis response role:

- RESILIENCE!
- Connection to community resources
- Listening ear
- Humor and respect
- Life experience
- Active listening
- Unique ways to engage with families
- Courage
- Understanding and embracing cultural diversity
- Experience and skills
- Education on impact of mental health for staff and student
- Providing a sense of belonging
- Empowerment
- Change for life not just now
- None judgmental listening

Coming Together for Crisis Response

Overview



NCTSN'S "3RS OF RECOVERY," ADAPTED

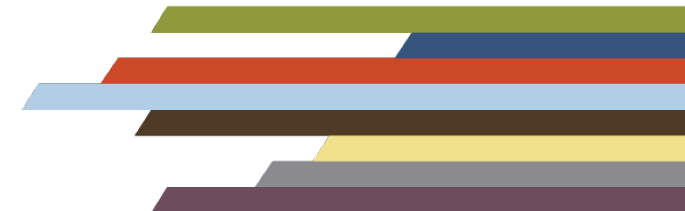
Readiness

[Short Term] Response:

The sum of the collective resources and skill to take decisive and effective action

Recovery

Repair



Contact and Engagement

Safety and Comfort

Stabilization

Information Gathering: Current Needs and Concerns

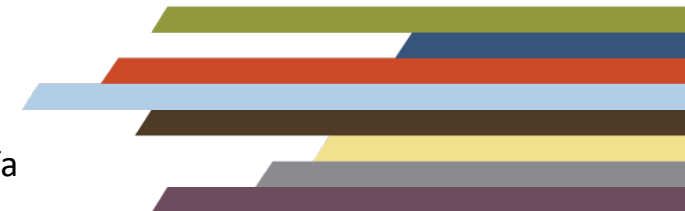
Practical Assistance

Connection with Social Supports

Information on Coping

Linkage with Collaborative Services

Components of a Trauma-Informed Organization



Specifically, a Trauma-Informed Organization

- **Considers** the cultural and developmental contexts and needs of all stakeholders to effectively respond
- **Communicates** clearly and steadily, and differentiates the type and amount of information relayed. Leaders intentionally choose how much and what information for members to know, and recognize the importance of teaching the "why" and providing context. In crisis leadership, communication is about bridging and informing versus managing or controlling power

- **Focuses** on the return to school (supporting staff and students) by providing acute processing (what happened, current/potential effects, actions to prevent being or feeling unsafe in the future)
- **Actualizes** the crisis intervention teams discussed in the readiness phase
- **Leads** the planning and coordinating of memorials, if appropriate
- **Normalizes, validates, and acknowledges** the spectrum and continuum of stakeholder experience with the crisis

Crisis Response Planning: Trauma Informed, Healing Centered, & Resilience Building

Readiness: Crisis Prevention & Preparedness

School Climate

Crisis Planning

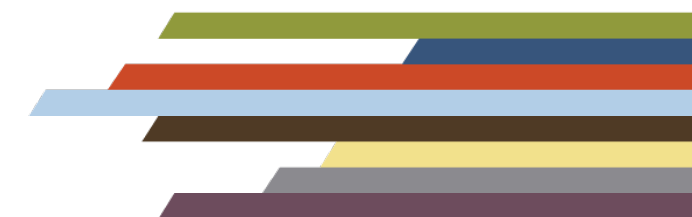
Engagement Relationships
Respect for Diversity
School Participation

Safety & Prevention
Emotional Safety
Physical Safety
Substance Use

Environment
Physical Environment
Academic Environment
Wellness
Disciplinary Environment

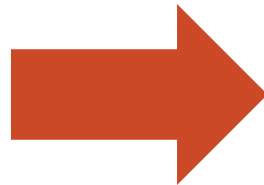
Physical safety across tiers of response

Psychological safety across tiers of response



Plan into Action

Crisis planning is a process that most schools undertake, so there is existing infrastructure, often operations-focused.



What does implementation of our crisis response plan look like?

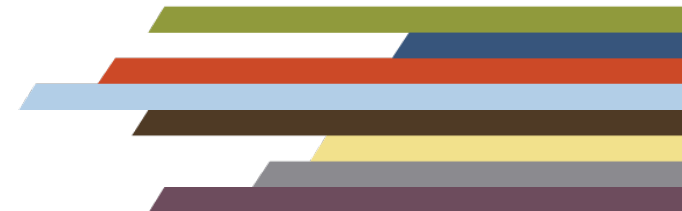
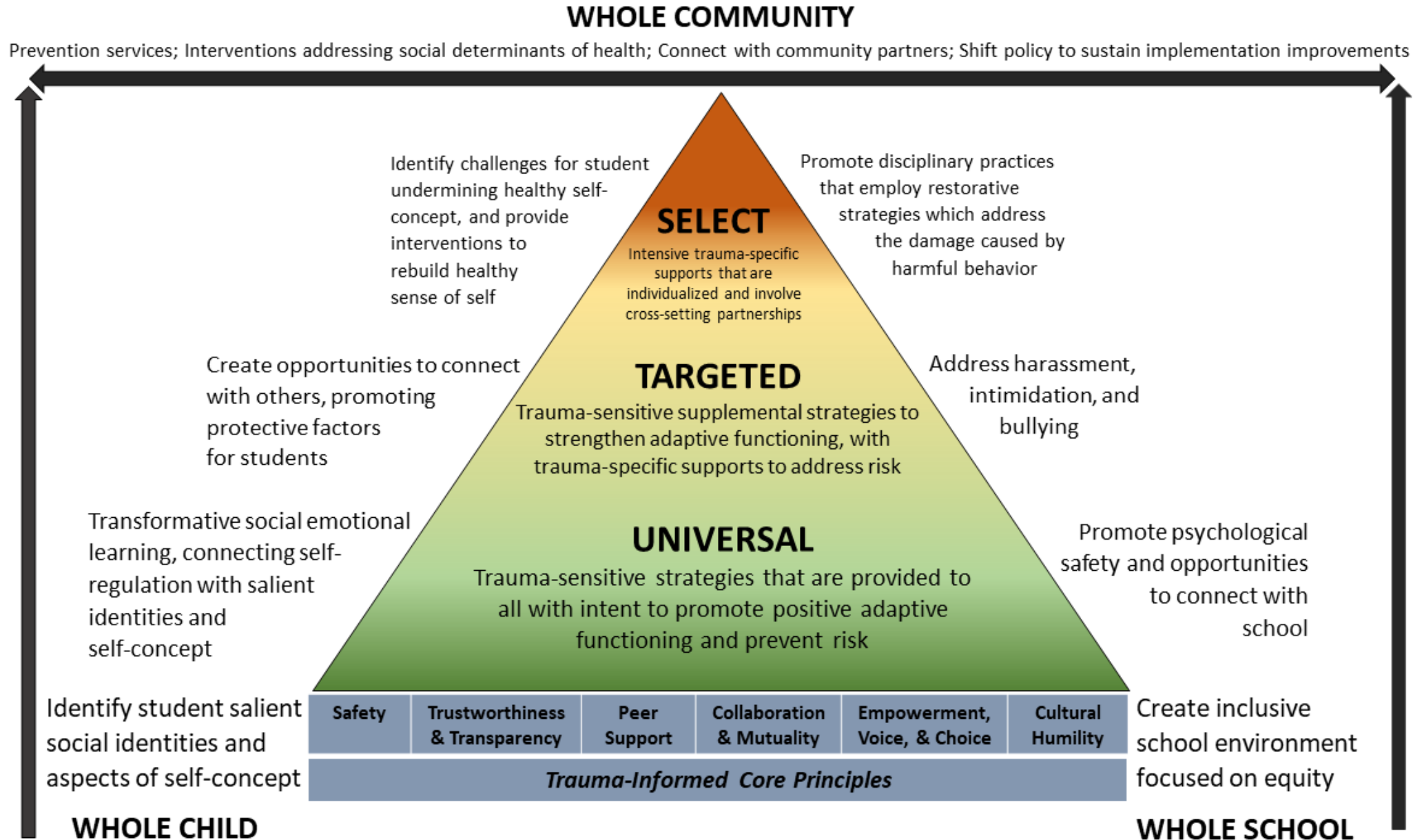
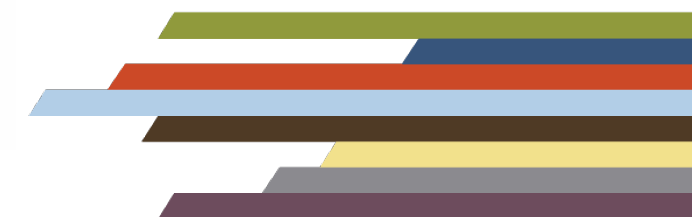
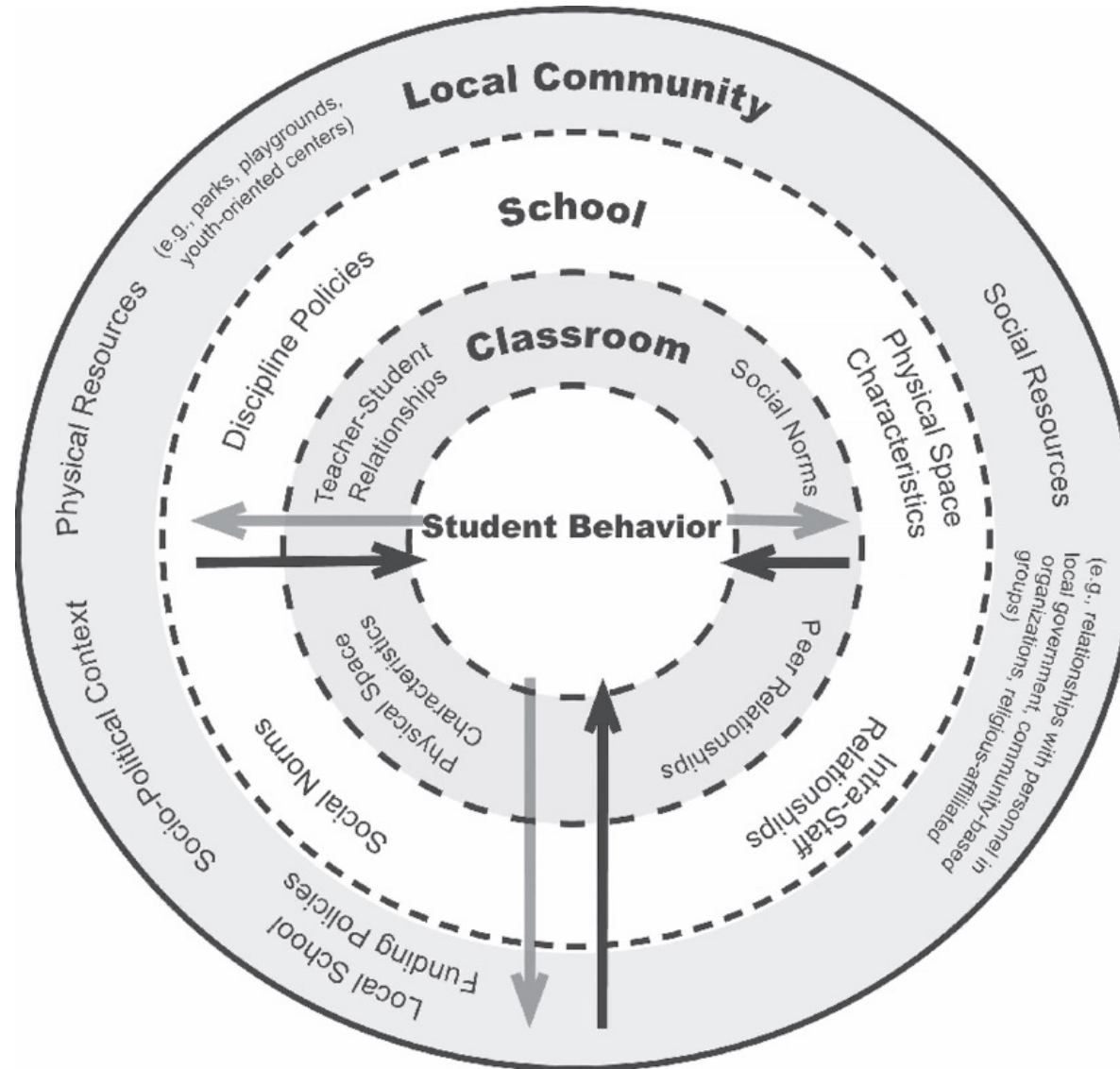


Illustration of a Systems Approach to Trauma-Informed Care in Schools



An Ecological Framework for Communication

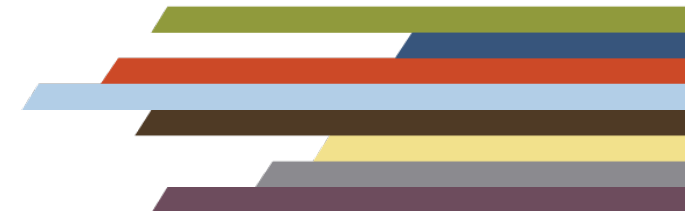


“In a trauma-informed system, trauma is viewed not as a single discrete event but rather as a defining and organizing experience that forms the core of an individual’s identity.”

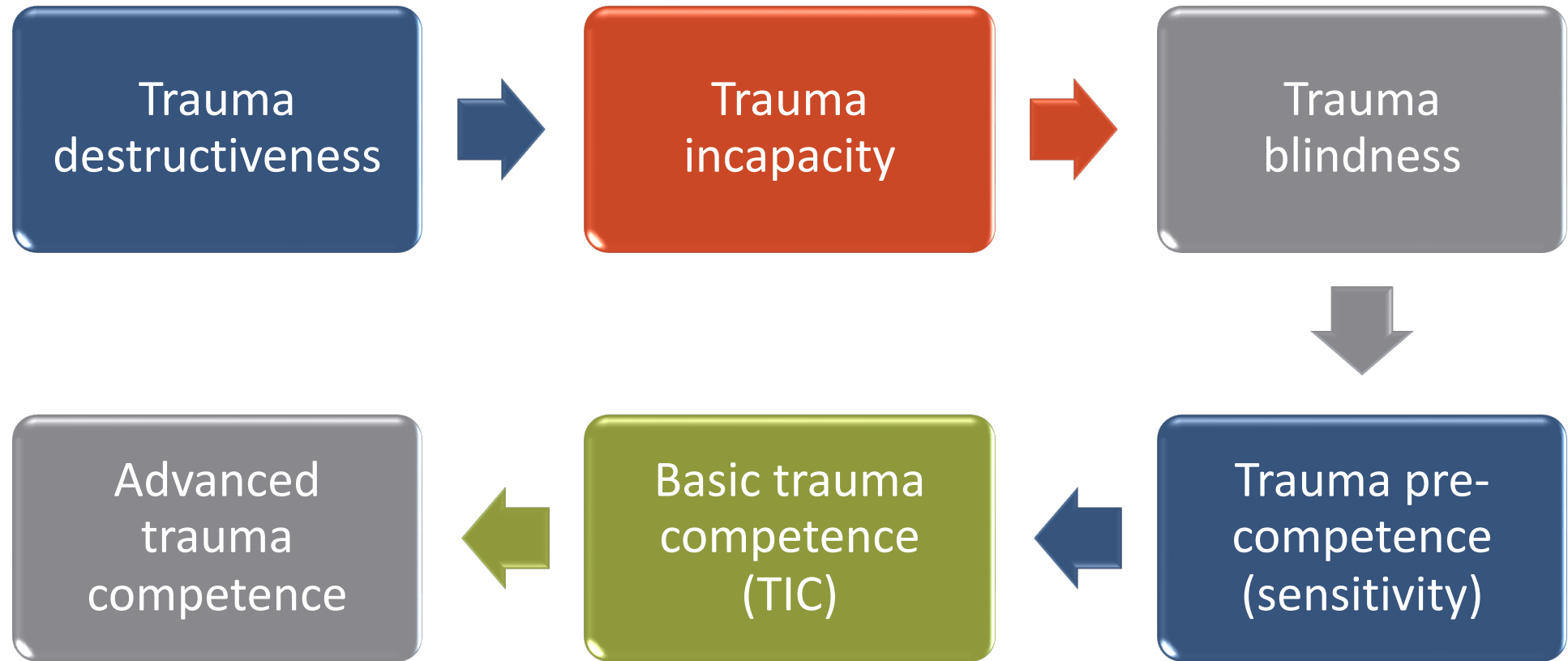
(Harris & Falot 2001, pp.11-12)

Coming Together to Respond

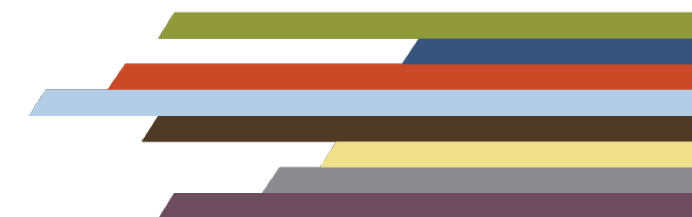
Collaboration



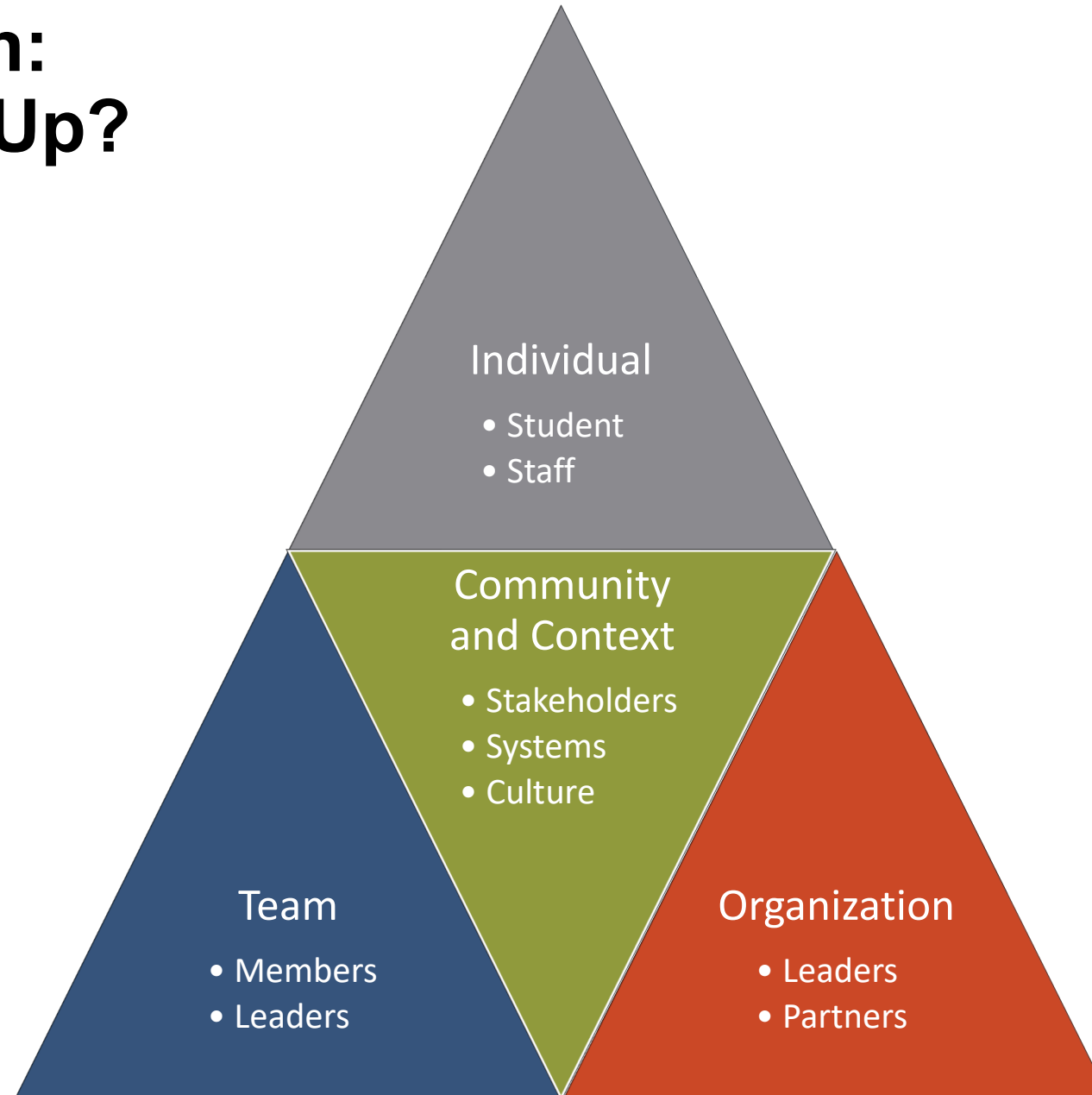
The Trauma Competence Continuum



Hodas (2006)



Collaboration: Who Shows Up?



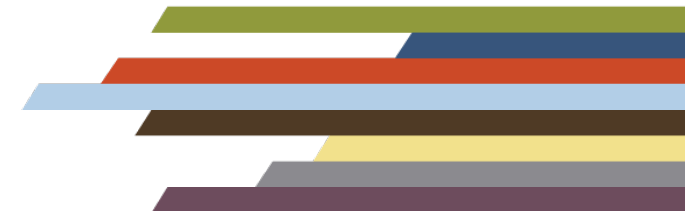
Courtesy of Wolf-Prusan et al (2018)



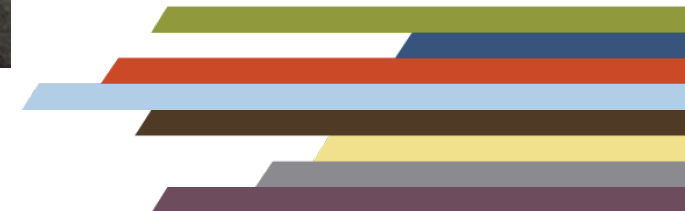
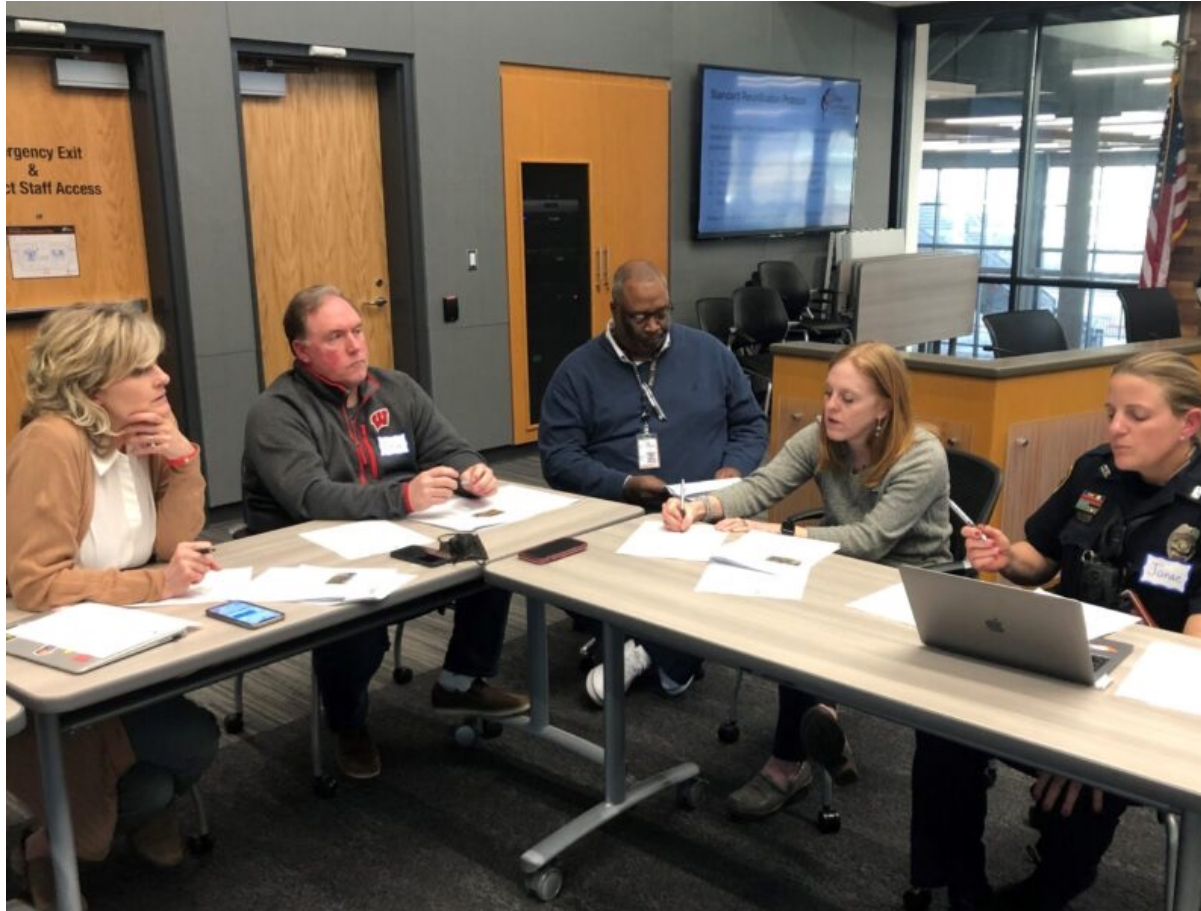
Collaboration: Who Shows Up?

From *Who Sits at Your Table* to **Who Shows Up When It's Real?**

- Role of the school or district in the circumstance
 - Physical site/campus
 - Staff
 - Students/Families
- Necessary partners
- Available partners

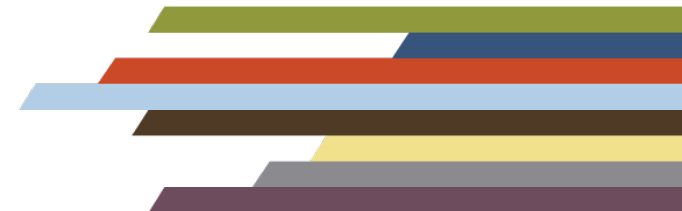


Systems Supporting Individuals



Collaboration: School-County Practices

- High School with 1400 students in rural/suburban coastal community in Western state
- Critical incident: 2 student deaths by suicide within a few months
- Partnership Lessons Learned
 - Establish chain of activation based on response resource intensity
 - Activate County Behavioral Health to supplement immediate triage needs
 - Debrief per incident to adapt and refine response



Collaboration: Communication Practices

- High School with 2,100 students in dense suburban community located in Western state
- Critical incident: Mother, 20 year old son, 15 year old daughter (HS), and 13 year old son (MS) murdered by father.
- Communication Lessons Learned
 - Partners: Strong links to PDs and campus SROs influence crisis response
 - School community: Share what you can; Not always full transparency
 - Staff: District staff come to campus with specific purpose




Guest: Cure Violence Columbus

HEALTH SYSTEM to PREVENT VIOLENCE

www.violenceepidemic.org

Violence is among the most significant health problems in the United States not only because of death and injury, but also because of the harm, fear, and trauma caused to families and communities. It leads to a broad range of mental and physical health problems that disproportionately impact children, youth, and communities of color. This visual representation of a health system to prevent violence is derived from the Framework created by the Violence as a Health Issue Collaborative, which is led by David Satcher, MD, MPH; Al Sommer, MD, MHS; and Gary Slutkin, MD and includes representatives from over 40 cities, 40 national organizations, and over 400 health and community practitioners. It depicts a city-wide strategy for addressing violence of all forms as the health issue that it is with contributions from every sector. This framework is designed to guide local community organizations and agencies that can be supported by federal and state partners. Coordinated implementation of these strategies with an equity lens will work to address detrimental inequities to improve outcomes for all communities.

 = Outreach workers, violence interrupters, hospital responders, and community health workers

ENSURING AN EQUITY LENS

Ensuring greater benefit and less burden for marginalized communities by:

- Changing perceptions
- Increasing accountability
- Aligning resources in partnership with communities



SCHOOLS OF PUBLIC HEALTH & UNIVERSITIES
Preparing Movement Leaders with Curricula and Research

PUBLIC HEALTH DEPARTMENTS IN PARTNERSHIP WITH ELECTED OFFICIALS
Coordinating and Developing Interventions

HOSPITALS AS ANCHOR INSTITUTIONS
Ensuring Quality Care, Outreach and Follow Up

SCHOOLS
Creating Safe and Healthy Learning Environments

MENTAL HEALTH
Promote Accessibility for Greater Well-Being

ACADEMIC MEDICAL CENTERS
Advancing Research on Violence Prevention

FAITH-BASED INSTITUTIONS
Educating and Healing Communities

COMMUNITY ORGANIZATIONS
Holding Systems Accountable and Providing Comprehensive Interventions

COMMUNITY RESIDENTS
Leading the Local Movement

SOCIAL SERVICE PROVIDERS
Utilizing Community-Centered Practices to Address Violence

EMERGENCY DEPARTMENTS AND ACUTE CARE FACILITIES
Identifying and Supporting Individuals and Families at Risk

HEALTH CARE SYSTEM
Incorporating Violence Prevention in Economics and Policy

BEHAVIORAL HEALTH CARE
Providing Trauma-Informed Services for Improved Outcomes

EARLY CHILDHOOD DEVELOPMENT CENTERS & THE CHILD WELFARE SYSTEM
Addressing Trauma to Start Off Strong

COMMUNITY INFORMATION SYSTEMS
Monitoring Trends of Violence Nationwide

LAW ENFORCEMENT AND THE JUSTICE SYSTEM
Supporting Public Health Contributions and Ensuring Accountability Towards a Healthy/Equitable System

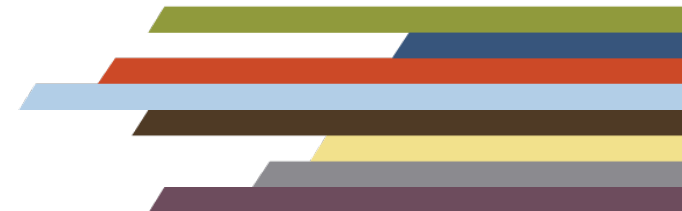
PRIMARY CARE
Establishing a Safe Environment and Making Connections

MEDIA
Changing to a Health Narrative



Collaboration: Equity Practices

- Transparency
- Trust
- Fluidity, flexibility, agility
- Inclusivity
- Balance situational expertise and credibility with (school) community
- Consistency and follow through/up



Themes and Through Lines



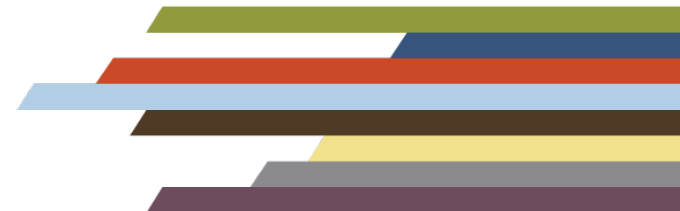
Collaboration



Iterative Processes



Equity, Inclusion & Belonging

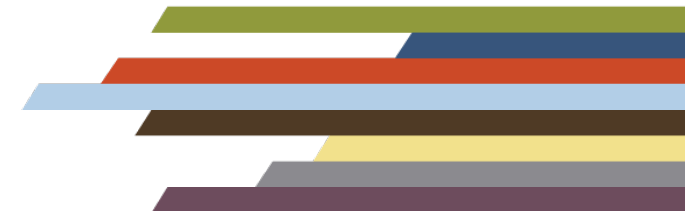




Collective trauma is experienced by the entire school community and affects adults' ability to respond to the emotional needs of students.

Coming Together to Respond with Compassion

Secondary Traumatic Stress



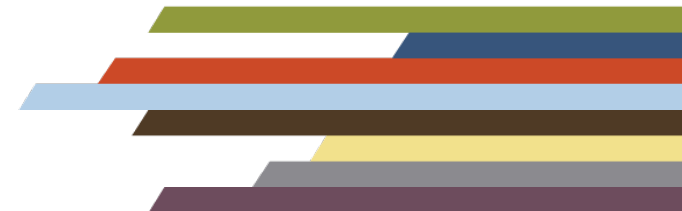


Secondary Traumatic Stress

- STS—emotional distress that results when an individual hears about the firsthand trauma experiences of another.
- Staff experience both direct and secondary exposure during collective trauma.
- Both types of exposure affect staffs' ability to respond to the emotional needs of students.



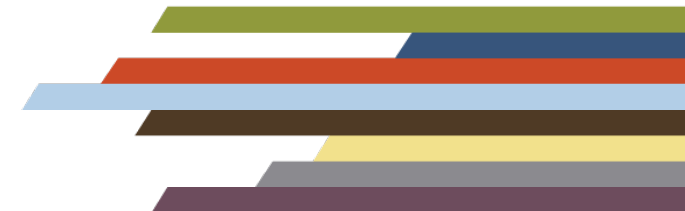
How do members of your school community experience secondary traumatic stress?





Best Practices in Real Time Trauma-informed Response

- Account for staff members' basic survival needs
 - Expedite procedures
 - Remove barriers to resources
- Communicate routinely
 - Acknowledge developing and changeable information
 - Provide updates and validation to the spectrum of experiences
- Allow staff member engagement to fluctuate as functioning varies during and in immediate aftermath
 - Caregivers to care receivers
 - Responders to recipients



Themes and Through Lines

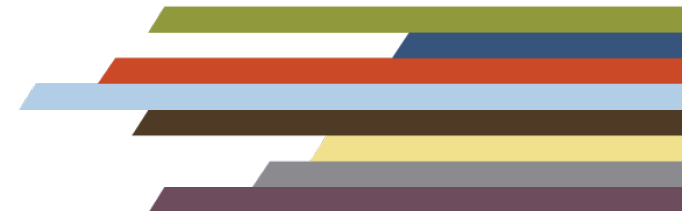
Secondary Traumatic Stress



Iterative Processes

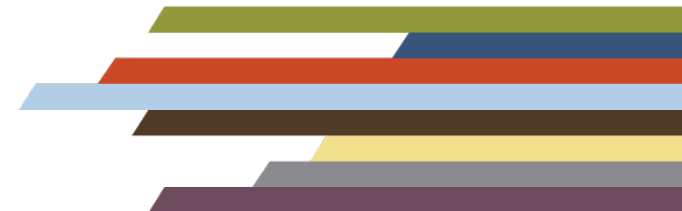


Equity, Inclusion & Belonging

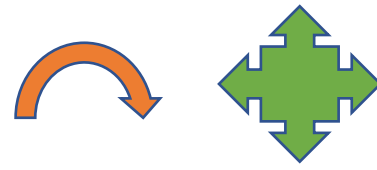




Coming Together to Respond Better



A Tool for Continuous Improvement



School Mental Health
Leadership Lessons:
Voices of Experience
From Leaders in the
Pacific Southwest Region

Reflections
Worksheet

Supporting the Supporters Matters

How might your crisis readiness, response, recovery, and renewal efforts focus not only on student needs, but also on the needs of those who support students (school counselors, psychologists, educators, maintenance staff, cafeteria employees, office receptionists, administration, community-based organizations, etc.)?

What specific partnerships, policies, and practices need to be put in place as structural supports for educators so that they can access mental health services?

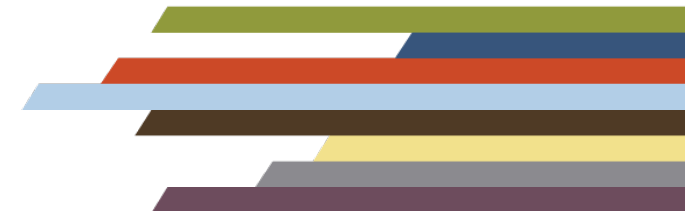
How might state, district, and other organizational systems interrupt or intervene in current response procedures that might exacerbate or limit educators' ability to cope, build resilience, and heal?

Partners and Partnerships Matter

Which partnerships exist that specifically support trauma, grief, bereavement, loss, and crisis?

What agreements need to be fostered to ensure shared consensus about how partnerships will actuate in the event of a crisis?

What relationships, learning, and communications need to be fostered at all levels of school systems to best support the efficacy of school mental health crisis leadership?





Equity, Equality, and Intersectionality

How do your crisis plans reflect which students, families, and districts matter, and who might be further disenfranchised?

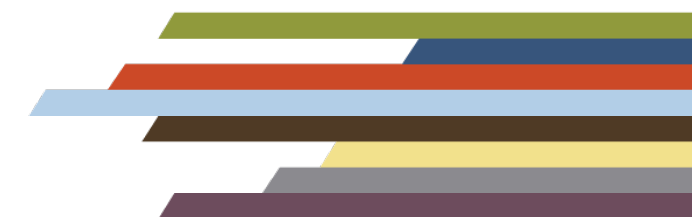
How might your crisis leadership focus on who will be harmed the most, and plan from there?

How might crisis, safety, and equity leadership collaborate to ensure full inclusion? To ensure an intersectional analysis?

Roles and Positions Matter

How might your crisis readiness, response, recovery, and renewal work engage all stakeholders to leverage everyone's unique contributions?

What might need to be differentiated across the crisis leadership continuum to respect the different needs and capabilities of each role?





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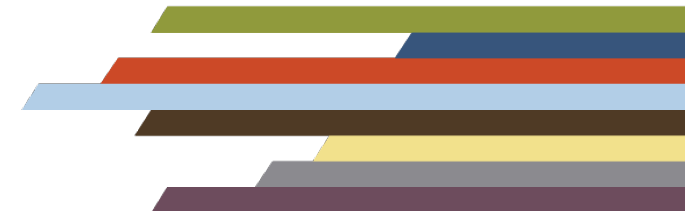
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We appreciate your feedback!



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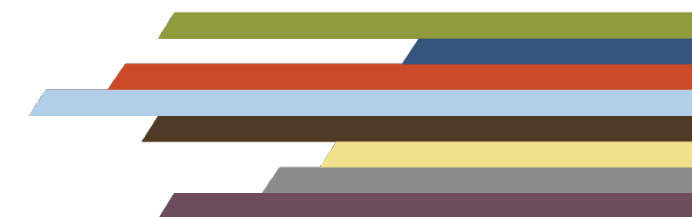
Part 4 – Recovery and Maintenance July 27, 2022

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the impact of substance abuse and
mental illness on America's communities.

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