

Trauma-Informed Care in School-Based Health Centers

December 19, 2023



School-Based Health Alliance

Transforming Health Care for Students

Our **Focus**

The School-Based Health Alliance Works to Support & Grow SBHCs

Policy



Establishes and advocates for national policy priorities

Standards



Promotes high-quality clinical practices and standards, including for telehealth

Data



Supports data collection and reporting, evaluation, and research

Training

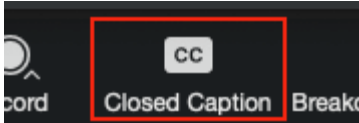


Provides training, technical assistance, and consultation

We support the improvement of students' health via school-based health care by supporting and creating community and school partnerships.

www.sbh4all.org

REMINDERS

- All attendees are in listen-only mode.
- To ask a question during the session, use the “Q&A” icon that appears at the bottom of your Zoom control panel.
- To turn on closed captioning, click on the “CC” button . The image shows a portion of a Zoom control panel with a red box highlighting the 'CC' button, which is labeled 'Closed Caption'.
- Please complete the evaluation at the end of the webinar.
- The slides and recording from today’s webinar will be available on our website.



OBJECTIVES

1. Define what constitutes trauma and key principles of trauma-informed care in a school setting.
2. Identify the diverse ways in which trauma can affect school-age children, including emotional, psychological, and physical aspects.
3. Define the importance of cultural-competence in trauma-informed practices, recognizing and respecting diverse backgrounds and experiences.



TODAY'S PRESENTER



MayaChristine C. Atwood, LCSW
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Introduction

Trauma is a stressful life event. An individual can have unlimited exposures to traumatic or stressful events. Symptoms can vary. Left untreated an individual can begin to present with enough clinical symptoms to warrant diagnoses such as: reactive attachment disorder, disinhibited social engagement disorder, posttraumatic stress disorder (PTSD), acute stress disorder, adjustment disorders, and prolonged grief disorder.

American Psychiatric Association (2013)

Types of Trauma prevalent in students in South Florida

Low Socioeconomic Status (SES)

Human Trafficking survivors

Sexual Abuse

Death of a parent through violence and natural causes

Foster Care placement

Community Violence

Medical Injury or Illness

Immigration related (home country, journey, asylum seeking, and displaced due to violence or natural disaster).

Symptoms of Trauma

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graph TD; A[Symptoms of Trauma] --- B[AGGRESSION, ANXIETY, FEAR, MOOD SWINGS, OR DEPRESSION]; A --- C[FLASH BACKS, INTRUSIVE MEMORIES, AVOIDANCE, OR REPETITIVE PLAY ABOUT TRAUMA]; A --- D[DECLINE IN ACADEMIC ACHIEVEMENT, INATTENTION, OR LOSS OF SKILL]; A --- E[NIGHTMARES, REGRESSION, OR DIFFICULTY PROBLEM SOLVING]; A --- F[POOR PEER RELATIONSHIPS, SOCIAL PROBLEMS, SELF-BLAME, OR WITHDRAWING];
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SOLVING

ASSESSMENTS

Trauma assessments can vary between clinical interviews, reporting by a caregiver, and self-reporting questionnaires. It is important to assess the dynamics in the school to choose an assessment that will be beneficial. Using a self reporting scale can provide ease with dissemination but if choosing this route always ensure an individual (school social worker, school psychologist, school counselor, or mental health professional) who has a skill set that includes de-escalation and crisis support is available. In your practice you can choose to add a PHQ-A for depression or GAD-7 for anxiety screening to assess for co-morbidity.

ASSESSMENTS

Adverse
Childhood
Experiences
(ACEs)

Child PTSD
Symptom
Scale
(CPSS-SR)

Pediatric
ACEs and
Related Life
Events
Screeners
(PEARLS)

PC-PTSD-5

Adverse Childhood Experiences (ACEs)

The original study was conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente in the 1990's with the focus being on how childhood experiences could affect the health of adults.

The study found a correlation between negative experiences in childhood with increased chronic diseases, mental health issues, and substance abuse in adults.

The ACEs questionnaire is ten items and can be written as a self reporting questionnaire or for a caregiver to complete.

California School Based Health Alliance (2022).

ACEs QUESTIONNAIRE (CAREGIVER TOOL)

1. Your child's parents or guardians were separated or divorced.	
2. Your child lived with a household member who served time in jail or prison.	
3. Your child lived with a household member who was depressed, mentally ill, or attempted suicide.	
4. Your child saw or heard household members hurt or threaten to hurt each other.	
5. A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt.	
6. Someone touched your child's private parts or asked them to touch that person's parts in a sexual way that was unwanted, against your child's will, or made your child feel uncomfortable.	
7. More than once your child went without food, clothing, a place to live, or had no one to protect him/her.	
8. Someone pushed, grabbed, slapped, or threw something at your child OR your child was hit so hard that your child was injured or had marks.	
9. Your child lived with someone who had a problem with drinking or using drugs.	
10. Your child often felt unsupported, unloved and/or unprotected.	
	Total

Child PTSD Symptom Scale (CPSS-SR)

The difference between the CPSS-SR and CPSS-SR-5 is it includes DSM V updates

It is a self report scale for children 8-18 years old.

It is an adaptation of the PTSD Symptom Scale (PSS)

20 items rated on a 5-point scale

Score of 31 and above can be used to further examine if a PTSD diagnosis is appropriate.

International Society for Traumatic Stress Studies (2023).

Child PTSD Symptom Scale (CPSS-SR-5)

These questions ask about how you feel about the upsetting thing you wrote down. Read each question carefully. Then circle the number (0-4) that best describes how often that problem has bothered you IN THE LAST MONTH.

0: Not at all

1: Once a week or less/a little

2: 2 to 3 times a week/somewhat

3: 4 to 5 times a week/a lot

4: 6+ times a week/almost always

1. Having upsetting thoughts or pictures about it that came into your head when you didn't want them to	0	1	2	3	4
2. Having bad dreams or nightmares	0	1	2	3	4
3. Acting or feeling as if it was happening again (seeing or hearing something and feeling as if you are there again)	0	1	2	3	4
4. Feeling upset when you remember what happened (for example, feeling scared, angry, sad, guilty, confused)	0	1	2	3	4
5. Having feelings in your body when you remember what happened (for example, sweating, heart beating fast, stomach or head hurting)	0	1	2	3	4
6. Trying not to think about it or have feelings about it	0	1	2	3	4
7. Trying to stay away from anything that reminds you of what happened (for example, people, places, or conversations about it)	0	1	2	3	4
8. Not being able to remember an important part of what happened	0	1	2	3	4
9. Having bad thoughts about yourself, other people, or the world (for example, "I can't do anything right", "All people are bad", "The world is a scary place")	0	1	2	3	4

Child PTSD Symptom Scale (CPSS-SR-5)

10. Thinking that what happened is your fault (for example, “I should have known better”, “I shouldn’t have done that”, “I deserved it”)	0	1	2	3	4
11. Having strong bad feelings (like fear, anger, guilt, or shame)	0	1	2	3	4
12. Having much less interest in doing things you used to do	0	1	2	3	4
13. Not feeling close to your friends or family or not wanting to be around them	0	1	2	3	4
14. Trouble having good feelings (like happiness or love) or trouble having any feelings at all	0	1	2	3	4
15. Getting angry easily (for example, yelling, hitting others, throwing things)	0	1	2	3	4
16. Doing things that might hurt yourself (for example, taking drugs, drinking alcohol, running away, cutting yourself)	0	1	2	3	4
17. Being very careful or on the lookout for danger (for example, checking to see who is around you and what is around you)	0	1	2	3	4
18. Being jumpy or easily scared (for example, when someone walks up behind you, when you hear a loud noise)	0	1	2	3	4
19. Having trouble paying attention (for example, losing track of a story on TV, forgetting what you read, unable to pay attention in class)	0	1	2	3	4
20. Having trouble falling or staying asleep	0	1	2	3	4

Child PTSD Symptom Scale (CPSS-SR-5)

Have the problems above been getting in the way of these parts of your life IN THE PAST MONTH?	YES	NO
21. Fun things you want to do		
22. Doing your chores		
23. Relationships with your friends		
24. Praying		
25. Schoolwork		
26. Relationships with your family		
27. Being happy with your life		

Symptom Severity	Range
Minimal	0-10
Mild	11-20
Moderate	21-40
Severe	41-60
Very Severe	61-80

Pediatric ACEs and Related Life Events Screener (PEARLS)

- Teen Self Reporting tool
- 19 items separated into two parts.
- This tool was created in partnership with Center for Youth Wellness and UCSF School of Medicine.

PEARLS

At any point in time since you were born, have you seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:

1. Have you ever lived with a parent/caregiver who went to jail/prison?

2. Have you ever felt unsupported, unloved and/or unprotected?

3. Have you ever lived with a parent/caregiver who had mental health issues?(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)

4. Has a parent/caregiver ever insulted, humiliated, or put you down?

5. Has your biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?

6. Have you ever lacked appropriate care by any caregiver?(for example, not being protected from unsafe situations, or not being cared for when sick or injured even when the resources were available)

7. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?Or have you ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?

8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at you?Or has any adult in the household ever hit you so hard that you had marks or were injured?Or has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt?

9. Have you ever experienced sexual abuse?(for example, has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or actually had oral,anal, or vaginal sex with you)

10. Have there ever been significant changes in the relationship status of your caregiver(s)?(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)

Add up the "yes" answers for this first section:

PEARLS

PART 2:

1. Have you ever seen, heard, or been a victim of violence in your neighborhood, community or school? (for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Have you experienced discrimination?(for example, being hassled or made to feel inferior or excluded because of their race,ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Have you ever had problems with housing?(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
4. Have you ever worried that you did not have enough food to eat or that food would run out before you or your parent/caregiver could buy more?
5. Have you ever been separated from your parent or caregiver due to foster care, or immigration?
6. Have you ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Have you ever lived with a parent or caregiver who died?
8. Have you ever been detained, arrested or incarcerated?
9. Have you ever experienced verbal or physical abuse or threats from a romantic partners?(for example, a boyfriend or girlfriend)

Add up the “yes” answers for the second section:

PC-PTSD-5



A tool that can be used in a Primary Care and School PTSD Screen for DSM-5 (PC-PTSD-5) is a 5-item screen designed to identify individuals with probable PTSD.



Screening starts off first with a mini-Trauma Screening.

Prins, Bovin, Kimerling, Kaloupek, Marx, Pless Kaiser, & Schnurr. (2022).

PC-PTSD-5

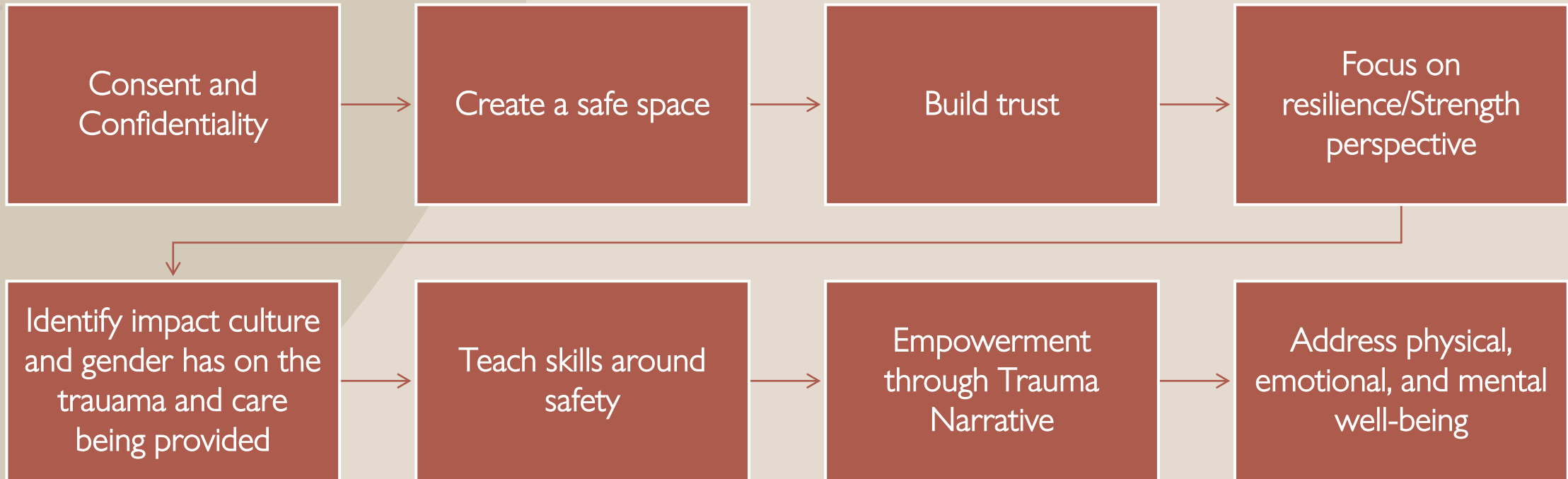
Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. Have you ever experienced this kind of event? For example:

	YES	NO
a serious accident or fire		
a physical or sexual assault or abuse		
an earthquake or flood		
a war		
seeing someone be killed or seriously injured		
having a loved one die through homicide or suicide.		
If no, screen total = 0. Please stop here. If yes, please answer the questions below.		

PC-PTSD-5

In the past month, have you...		
1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?		
3. Been constantly on guard, watchful, or easily startled?		
4. Felt numb or detached from people, activities, or your surroundings?		
5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the events may have caused?		
Total score is sum of yes responses 1-5		

Trauma informed care



Soto-Aponte (2021)

Evidenced Based Practices

Trauma-Focused
Cognitive
Behavioral
Therapy (TF-CBT)

Cognitive
Behavioral
Intervention for
Trauma in Schools
(CBITS)

Bounce Back

Child and Family
Traumatic Stress
Intervention
(CFTSI)

Seeking Safety

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Developed by Drs. Anthony Mannarino, Judith Cohen and Esther Deblinger this intervention addresses depressive, anxiety, cognitive and behavioral problems. The model decreases parent's/caregiver's distress about the child's trauma by incorporating parenting skills and supportive interactions with the child. Manuals have been written to discuss implementation when working with youth in foster care, African American youth, LGBTQA+, military, Commercial Sexual Exploitation of Children (CSEC), and Developmental Disabilities.

Child Welfare Information Gateway (2018)

TF-CBT

TARGET POPULATION

- Children 3-18
- A PTSD diagnosis is not required for treatment.

TRAINING

- Master's degree in a mental health discipline.
- Participation in a live TF-CBT two-day training.
- Participation in consultation/ supervision twice a month for at least six months.
- Completion of three separate TF-CBT treatment cases with three children/ adolescents with at least two of the cases including the active participation of caretakers or another designated third party (e.g., direct care staff member in a residential treatment facility)
- Taking and passing TF-CBT Therapist Certification Program Knowledge-Based Test

TREATMENT

- A short-term treatment model with 8-16 weekly sessions with the child/adolescent and caregiver separately. Sessions last up to 30 minutes. Some conjoint parent and child sessions.
- Parents/caregivers will receive psychoeducation and parenting skills
- Participant will receive relaxation techniques, coping skills, trauma narration, increase personal safety, and set future goals.

Child Welfare Information Gateway (2018)

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

This evidenced based practice includes assessments and interventions as part of its model. The screening tools that are recommended are the Trauma Exposure Checklist and Child PTSD Symptom Scale (CPSS). This model includes group and individual modalities. The intention of this model is to reduce the impact of trauma on behavioral, emotional, and academic symptoms exhibited by the student.

Center for Safe & Resilient Schools and Workplaces (2023).

CBITS

TARGET POPULATION

- Youth 5th -12th grade
- Trauma Exposure Checklist and Child PTSD Symptom Scale (CPSStool are used to assess symptoms related to Post Traumatic Stress Disorder.
- Delivered in the School Setting
- 6-8 students in each group session.

TRAINING

- Masters level Mental Health professionals.
- Two days of in person training, 5 hours of online training, and bi-weekly consultation calls with a CBITS expert during implementation.

TREATMENT

- 10 group sessions covering relaxation skills, coping skills, and decision making/relapse prevention skills.
- 1-3 individual sessions to provide interventions to resolve avoidance, correct distorted thinking, and create a trauma narrative.
- 2 caregiver sessions to learn how to help students cope, relax, and identify emotions.
- 1 teacher educational session to learn common reactions to trauma and to teach the student how to relax and identify emotions.

Center for Safe & Resilient Schools and Workplaces (2023).

Bounce Back

TARGET POPULATION

- An evidence-based adaptation of CBITS.
- For elementary school students K-5th.
- Developed to relieve symptoms of anxiety, stress, depression, and post-traumatic stress among young students exposed to stressful events.

TRAINING

- One day clinical training
- Web Support which includes support materials and online community.
- Ongoing supervision includes recording sessions and supervision calls.
- Offered through a partnership with the NCTSN Treatment and Services Adaptation Center for Resiliency, Hope, and Wellness in Schools

TREATMENT

- 10 student group sessions for one hour each. 2-3 individual student sessions with some parent participation.
- Developed to relieve symptoms of anxiety, stress, depression, and post-traumatic stress among young students exposed to stressful events.
- Children learn a range of skills, including relaxation exercises, ways to challenge upsetting thoughts, and social problem-solving.

National Center for Safe and Supportive Schools (2020)

Child and Family Traumatic Stress Intervention (CFTSI)

TREATMENT

- Brief early intervention model
- The goal is to improve the caregiver's ability to respond to, and support, a child who has endorsed at least one posttraumatic symptom.
- Sessions will increase communication and provide skills to respond to trauma reactions.
- Aims to reduce symptoms and prevent onset of posttraumatic stress disorder.
- Assess which children and families need longer-term treatment.

TRAINING

- Provided by Master's-level clinicians
- Training provided by CFTSI trainers.
- Ongoing supervision includes recording sessions and supervision calls.

National Child Traumatic Stress Network (2012).

TARGET POPULATION

- Children ages 7-18
- Recent exposure to traumatic event or having recently disclosed physical or sexual abuse.
- At least one symptom of posttraumatic stress disorder.
- Developed at the Yale Child Study Center, to fill the gap crisis intervention and longer-term treatment models.

Seeking Safety

TARGET POPULATION

- For adolescents and adults.
- To help individuals who have experienced trauma and/or substance abuse.
- Focused on providing interventions using coping skills.

TRAINING

- One day clinical training
- Consultation calls to provide supervision while conducting a group or individual through the intervention.
- The training will review the book that includes both client handouts and clinician guidelines.

TREATMENT

- 25 topics that can be conducted in any order and number
- The treatment may be conducted in group or individual format for adolescents (both females, and males) in various settings (e.g., outpatient, inpatient, residential, home care, and schools).
- Examples of topics are Safety, Asking for Help, Setting Boundaries in Relationships, Community Resources, Compassion, Creating Meaning, Recovery Thinking, Coping with Triggers, Self-Nurturing, Red and Green Flags, and Life Choices.

Seeking Safety (2020)

PREVENTION



Community Resources



Resiliency Assessments



Collaboration with School

Community Resources

The CDC has a training discussing how religious and community leaders can prevent or decrease trauma. Find agency's that have specific programs to address traumatic events experienced by the student. Support groups may be available in the community which many times are held at libraries and community centers. Clubs, field trips, and extracurricular activities can be helpful to students to increase their resilience. Mentorship programs through organizations like Big Brother Big Sisters, YMCA, PALS, and Boys and Girls Club can create protective factors. Teaching Self-Care strategies to youth.



American Psychological Association (2020)



Kristi House

C-Start

START-Child Severe Trauma Awareness, Response, & Treatment

Yearlong training using a Community-Based Learning Collaborative model to train case managers, mental health therapists, supervisors, and senior leaders by placing them in training teams led by national master trainers. The next learning collaborative is in January 2024. They will be using TF-CBT.

Kristi House (2022)



Project Head Strong

Incorporates trainings and mental health services for adults and mental health professionals. The program hosts, Mental Health Mondays offering free afternoon webinars for adults. There is a sub-program called MBF Mental Health Matters by the Monique Burr Foundation for Children that provides trainings and mental health treatment to adolescents who have diagnoses such as depression, anxiety, and behavioral disorders.





Kristi House



Project Gold

GOLD- Girls Owning their Lives and Dreams

Provides outreach and services to all youth who identify as female in the community to overcome trauma experienced due to sex trafficking. The program has a drop-in center that offers clients psychiatric evaluations, treatment, education, court preparation, prevention, and transportation. Partnered with the Office on Trafficking in Persons (OTIP) within the U.S. Department of Health and Human Services.



Proyecto Brazos Abiertos

(Project Open Arms)

Provides therapy to minors who have been designated as unaccompanied children, who have experienced trauma. Many of these youths live in shelters while potential relatives throughout the U.S. are found so the youth can be placed with family. Services are grant funded through the Substance Abuse and Mental Health Services Administration (SAMHSA).

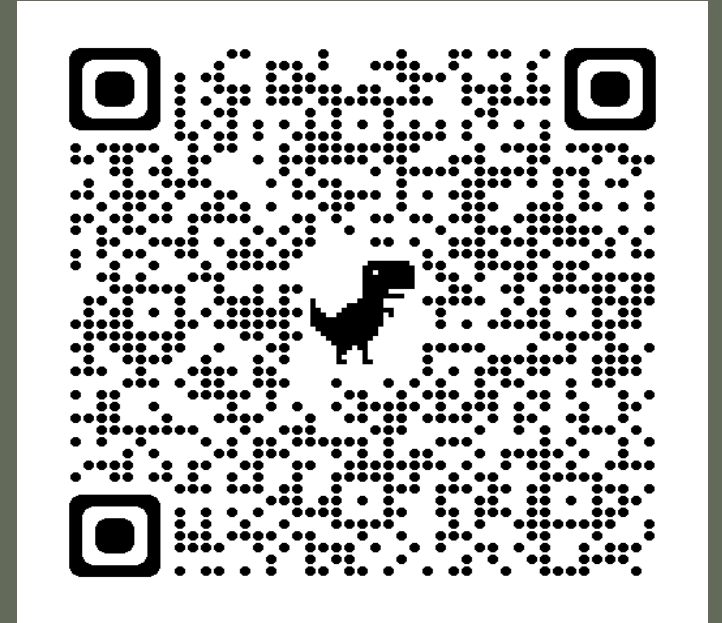
Kristi House (2022)

Share Your Heart

Is a non-profit organization that collaborates with School Resource Officers in the respective counties where services are provided. This community resource provides clothing, food, application assistance for economic assistance, employment services, and pre-employment services to students between the ages of 14-21.



SHARE YOUR HEART



Share Your Heart (2022)

Resiliency Assessments

Adolescent Resilience Questionnaire (ARQ)

Child and Youth Resilience Measure (CYRM)

Devereux Early Childhood Assessment (DECA)

Resilience and Youth Development Module

Resilience Protective Factors Checklist (RPFC)

Resilience Scale for Adolescents (READ)

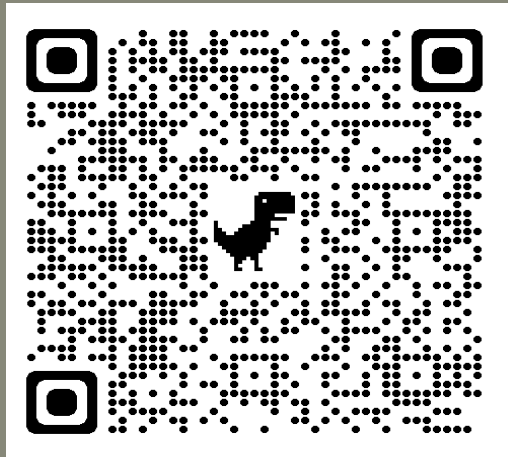
Youth Resiliency: Assessing Developmental Strengths (YR:ADS)

Harvard School of Public Health (2022)

Collaboration with school

GUIDANCE FOR EDUCATORS

- Youth Mental Health First Aid
- Child Trauma Toolkit for Educators



COMMUNITY WELLNESS FAIR

- Hosting a Community Wellness fair at the school to share resources with families.
- Inviting the Department of Health, mental health agency's, medical providers, health assessment, mentorship programs, vaccine administration, and educational resources.
- Have a sign in sheet and follow-up with families to see if other resources are needed.

COMMUNITY CONTACTS

- School based resources available through the school district.
- School personnel receive trainings and literature for programs. However, they are unable to access those resources due to addressing the day to day needs of students. We can support them by following up with those contacts.

Resources

Center for Disease Control and Prevention (CDC)

National Child Traumatic Stress Network (NCTSN)

National Center for Safe Supportive Schools (NCS3)

School- Based Health Alliance

National Council of Wellbeing. Youth Mental Health First Aid.
<https://www.mentalhealthfirstaid.org/population-focused-modules/youth/>

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Trauma-Focused Cognitive Behavioral Therapy. (2022) National Therapist Certification Program <https://tfcbt.org/>



Thank you!

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Jessie Trice Community Health Systems



QUESTIONS?

Please enter your questions into the “Q & A” box of the Zoom control panel.



CALL FOR ABSTRACTS



We are looking for experts in the school-based health care community to present workshops at the 2024 National School-Based Health Care Conference, to be held June 30-July 2, 2024, in Washington, D.C.

The theme for the conference is
“Engaging Communities, Fostering Partnerships.”

**Applications are open
through Jan. 5, 2024.**



Scan to apply

THANK YOU!

Additional Questions? Contact us at: info@sbh4all.org



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