

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

Presented by:

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Presentation Outline

- Stamford's story/Partnership with CHDI and Yale Child Study Center
- Project: **'Change the School Culture to a Trauma Informed System of Care'**

BUY IN...ENGAGING KEY STAKEHOLDERS

- EBT's: CBITS From Theory of change to Implementation of change
- Successes and struggles along the way

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

1. *Past*: What happened?
2. *Present*: Where are we now?
3. *Future Directions*: Where do we want to be?
4. *Lessons Learned*: How do we get there (buy in)?
5. *Outcomes*: How do we measure our success once we get there?

Stamford, CT

Population growth and changes:



About Stamford Public Schools

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

About Stamford Public Schools

School Mental Health Staff

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

Connecticut Statistics

- Increase of 61% in the size of Connecticut's foreign-born population since 1990 and a growth of 21% since 2000.
- **11th highest percentage of foreign-born residents in the country**
- **Largest proportion of residents born in Puerto Rico**
- **Largest achievement gap in the country**

Our Journey: Toward Trauma-Informed Mental Health System Planning

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

Our overall goal:

Create a Cultural Shift on how Mental health assessment and treatment is conceptualized

SPS Overall Goal:

Create a Cultural Shift on how Mental health assessment and treatment is conceptualized...

Thoughts on what happened?

Joe's Story: Change Initiatives



**CHANGE INITIATIVES
(2010- PRESENT)**



SPS Occurrences

- **2010:** SPS began to experience a serious uptick in the number of students who experience trauma, expressing suicidal ideation and spending time in the hospital (or we just got better at noticing)
- **Fall of 2013:** Three students committed suicide and that got the attention of the powers that be!

Audit Priority Areas

Four Suggested Priority Areas:

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

SPS/CHDI/YCSC Partnership

- Assessment of School System Needs:
- Leadership Committed
- Open system- able to say 'we need support in this area'
- System needed to shift rapidly due to history/ needed to slow down at same time (challenging)
- Had all the elements 'a little jumbled'

SPS Mental Health Change Initiatives

Area: MH Oversight

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

Area: Crisis Management

- Intensive Primary Support and Intervention Team

Area: Prevention

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

Area: Routine Care

- Clinical Rounds-developing a structure

Joe's Thought Process

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

Mental Health Change Initiatives:

Lessons Learned

- Implemented programs with little fidelity (reflection of reactivity of system).
- We discovered that our schools were not as ready as we thought.

Mental Health Change

Initiatives: *Lessons Learned*

- Clinical work 101 (difficulties): Variability in skills
- EBP's: CBITS , DBT, TFCBT (All the kids are traumatized) Trauma , trauma, trauma!
- Staffing: Time, Accountability, Readiness, Fear
- We need more mental health...but don't ask me to do more!
- Present:

CBITS Overview

- CBITS (Cognitive Behavioral Interventions for Trauma in Schools)
- 10 Group Sessions, which include psychoeducation about traumatic stress symptoms, relaxation techniques, cognitive restructuring, trauma exposure, and social problem-solving; 1-3 Individual Sessions
- 1-2 parent sessions aimed at helping them understand traumatic stress and ways to support their child
- Training/Education for Teachers
- Collection of pre- and post- group data to assess traumatic stress symptoms and overall functioning

Challenges along the way

- CBITS groups were difficult to facilitate due to logistics, crisis-driven nature of school buildings, buy-in
- “Can’t we call it Stress instead of trauma?”

School Year 2015-16: The Learning Years


- Little Trauma-Informed practice occurring in schools
- Lack of understanding about what trauma is and how it affects children and their learning/behavior
- Many Mental Health colleagues lacked the skills/knowledge needed to support students impacted by trauma
- Colleagues feeling burnt out, stressed, isolated



Buy-In

Trauma Informed School Wide Cultural Response

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

A photograph of a wooden pier extending into a body of water under a hazy sky. The pier is made of wooden planks and leads towards a dark structure in the distance. The sky is a uniform, light greyish-blue color.

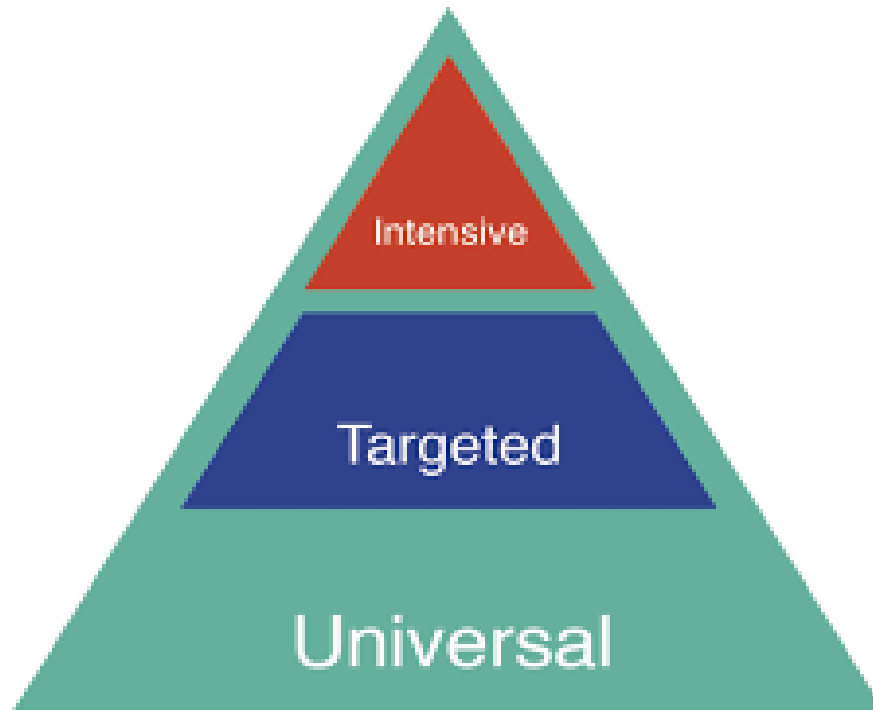
Reassess: The First Step of Change

Re-assessment 101



SPS Mental Health Efforts: 2014-15

- Focused on all Tiers



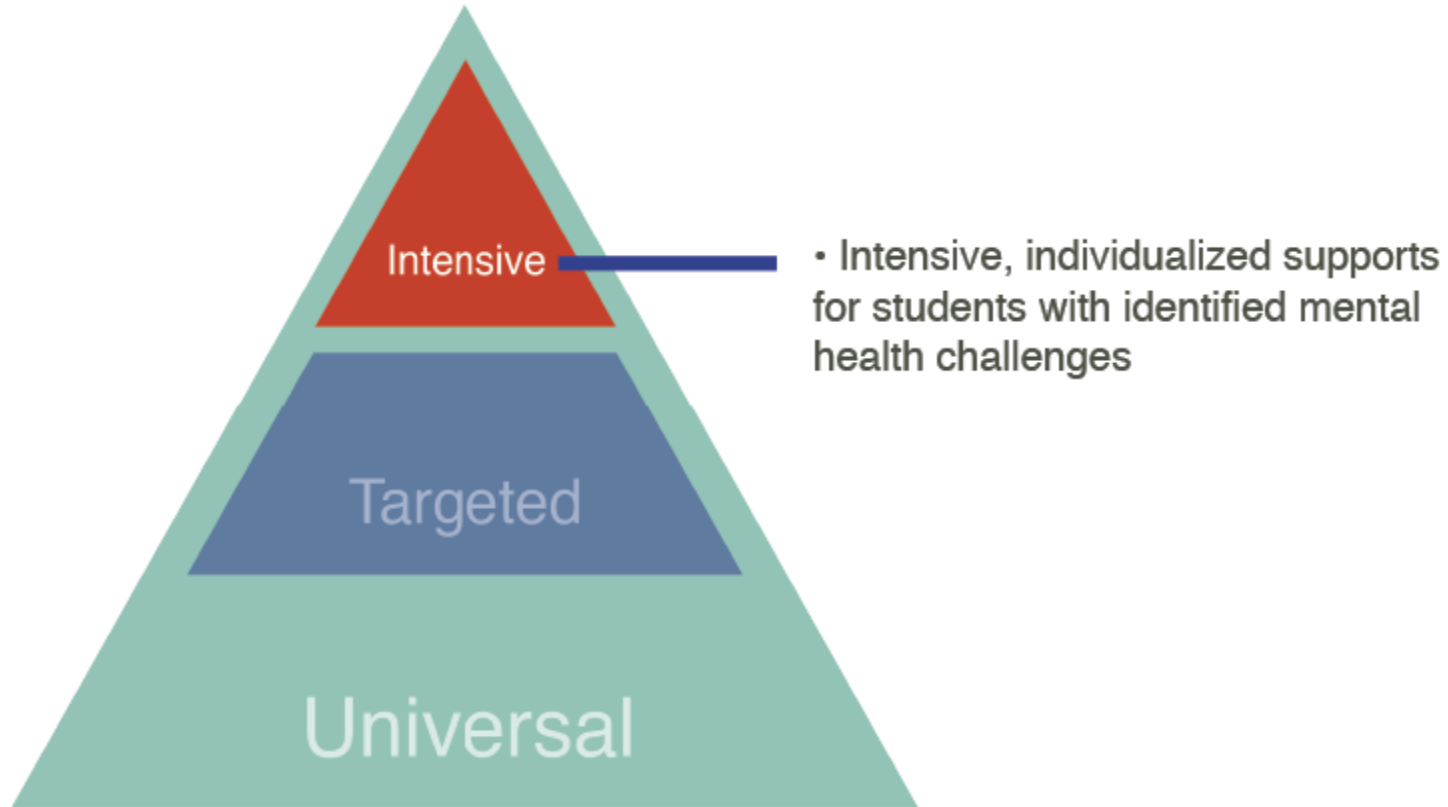
Project: 'Change the Culture to a Trauma Informed System of Care'



Key Mental Health Initiative: Creation of Trauma Support Specialist

- Connected to building staff. Therefore, able to bring back information on why mental health staff buy in to a trauma-informed system of care was difficult
- Key team player in building more structured support/ programs (namely CBITS)

2015 plus Focused Interventions



Focused on Small Step Initiatives

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

- **Initiative 2:** DBT Skills Class

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

Trauma Support Specialist: CBITS

- Piloted CBITS groups lead by “Floating Social Worker”
- Utilized coaching model to help support clinicians who were beginning to implement CBITS in their school.

Comments: *‘I feel more supported’, ‘I’m not alone’, ‘I get it and see that this works’*

- Key to success: More support and training

Scale Up Support/Coaching Model: CBITS

- Result: Adopted coaching model (NYU)
- Expanded from 1 Trauma Support Specialist to a Team of 3

Our Team: Stamford Public Schools



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Dept. Head Social Work



Cecilia Singh, Ph.D.,
Consultant



Mike Meyer
Executive Director

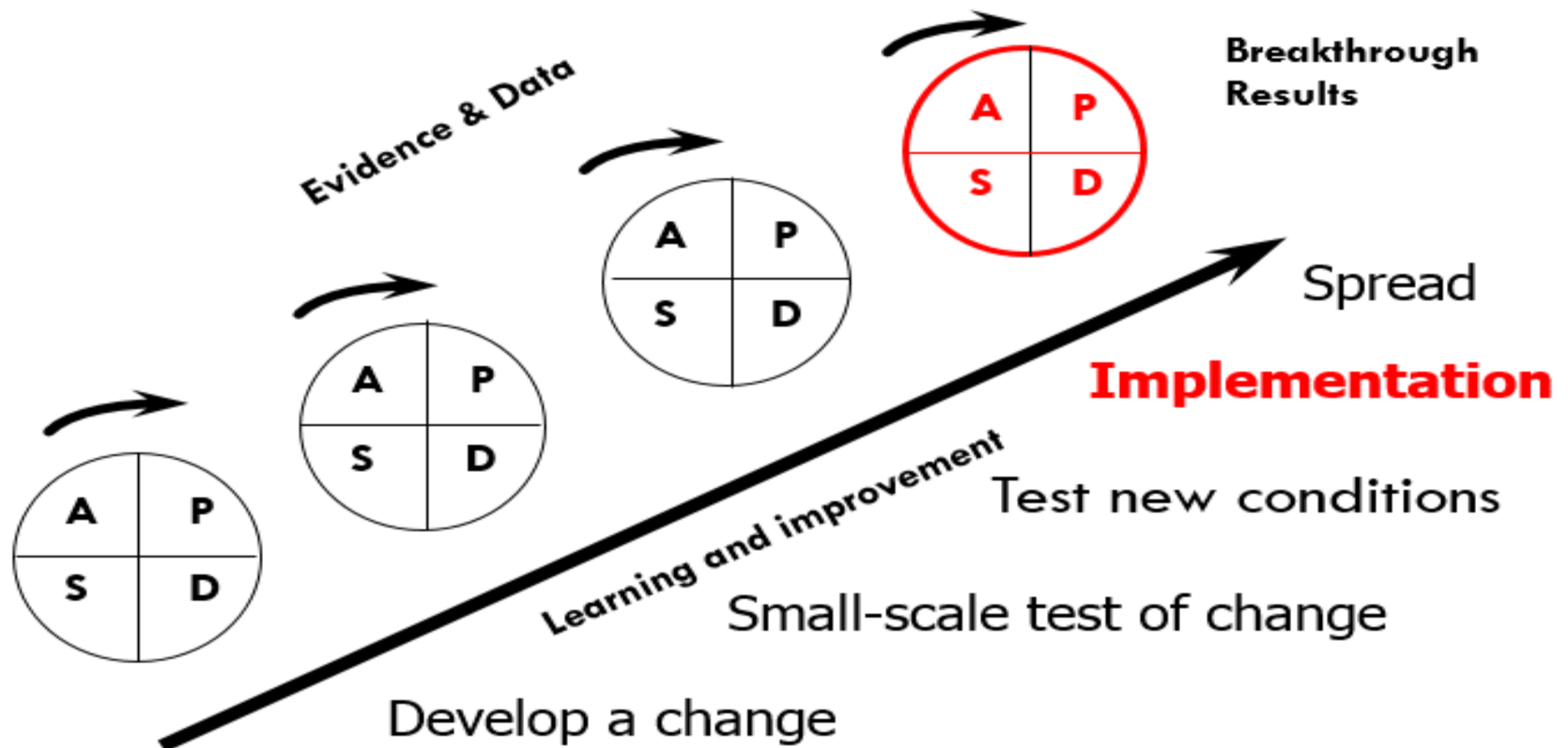


Elizabeth Gentile, LCSW, Jeannie Carrillo, LCSW
Amy Albero, LCSW
Lead CBITS Trauma Support Specialists

CBITS Trauma Specialist Role:

1. Consult/Support MH teams who were leading CBITS groups in their schools;
2. Co-Facilitate a CBITS Group with a School-Based Clinician;
3. Under Special Circumstances, Lead a CBITS group independent of a School-Based clinician (i.e. New Arrivals/Bilingual Program).

Partnered with University of Maryland



PDSA BIG PICTURE

- Focused on progressive implementation steps for ONE trauma-informed intervention:
CBITS (Cognitive Behavioral Intervention for Trauma in Schools)
- All PDSA's conducted during this period focused on the implementation of CBITS.
- SPS trained multiple mental health professionals in the evidence based model.
- Problem #1: Moving from training to implementation was slow
- 5 of the PDSA cycles focused on 'think small' philosophy.
- Began implementing CBITS in one school as the 'pioneer' school.
- Staffing resources- chose leader to offer organizational support/supervision support for CBITS.
- Training for data support- Once staffing resources were developed, provided intensive training for data entry.



Mental Health SUCCESSES

1. Multiple CBITS groups completed in several schools across SPS
2. Data demonstrating that children are reporting decreases in PTSD symptoms from beginning to end of treatment
3. Parental feedback applauding school for improvements in children's emotional functioning
4. Increase staff buy-in regarding effectiveness of CBITS
5. Frame for moving toward 2016-17 school-based CBITS leadership team

Looking Ahead: 2016-17 Plans & Goals

- **District Support** as a result of *trend data*
 - Creation of SW position solely for CBITS
 - Flexibility in other positions for dedicated CBITS time
- CBITS "team" will be responsible for
 - facilitating CBITS groups across the district (particularly bilingual groups)
 - co-facilitating CBITS groups with clinicians in their school buildings
 - supporting clinicians who are facilitating CBITS groups in their buildings
 - Piloting TF-CBT with CBITS “graduates” still in need of support

GOAL = ONE CBITS Group in EVERY School

Cultural Movement: Bringing It All Together

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

BUILDING THE TRAUMA TOOL KIT:

Step 1: Trust



Building the TRAUMA tool kit

- **Step 2: Learning from each other/paying attention to staff needs**
- **Step 3: Self-care and self-reflection for staff (build it and they will come)**



Peer Supervision Model 2016-17

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

Sample Syllabus: Peer Supervision

- **2016-17 Seminar Calendar:**
- **9/7/16 Session 1:** Seminar Introduction: Clinical Supervision in the School Setting
- **9/21/16 Session 2:** The Use of Self in Trauma-informed care
- **11/9/16 Session 3:** The Impact of working with crisis vs. prevention lens in a trauma-informed environment (How do you balance fires vs. on-going preventive work)?
- **12/7/16 Session 4:** Application of trauma-informed work: A clinical case presentation
Will need a volunteer to lead this session
- **1/11/17 Session 5:** Adding to your clinical tool kit: Clinical strategies exercise: Review of Mindfulness exercises
Will need a volunteer to lead this session

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

Think Small Steps:

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

Clinical Interventions and supports:

- CBITS/Bounce Back
- DBT
- Mindfulness
- Crisis Intervention Lead teams
- Peer Supervisor Model
- Self Reflection/Care

SPS Mental Health Services Report Card

Building a Trauma Informed School-based System of Care:

- 1 Hold school principal/community partner meeting/s. **Done**
- 2 Conduct resource mapping and needs assessment.. **Done**
- 3 Understand your school-wide mental health team. **In progress**
- 4 Define services and provide training and support to professionals. **On-going**
- 5 Get the message out about school mental health and build relationships. **On-going**



QUESTIONS AND DISCUSSION

Thank You!

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