Implementation and Data Collection: Strategies to Increase Performance and Sustainability

Diana L. Perry, PsyD
Carolyn Franzen, Ph.D.
Learning Objectives:

- Offer information about two evidence-based, trauma-informed group models that are designed specifically to be offered to students during the school day.

- Describe the no cost implementation support resources that are offered through the DCF-funded CBITS Initiative.

- Review innovative quality improvement strategies implemented by one CT school district/SBHC partnership in their effort to offer groups to students.

- Share outcomes and lessons learned from one district’s pilot year.
The CBITS Initiative:
Trauma Focused Group Therapy Options
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

• Created for children in grades 5-12 to attend while at school
• 10 manualized group sessions designed to fit into a class period
  • Individual exposure sessions in addition to group work
• Includes caregiver and teacher psychoeducation components
• Homework-based
• Cohesion-Building focus to reduce isolation

Bounce Back (BB) is an adaptation for students in K-5
CBITS & BB continued

• The CBITS group intervention is designed to:
  • Reduce PTSD symptoms, depression, & behavior problems
  • Improve coping skills and foster the use of peer/caregiver support

• Criteria:
  • report **at least one trauma** (on the TEC)
  • **Experiencing** at least a moderate amount of PTSD symptoms (CPSS)
Implementation Requires More than Simply Being Trained
What is the CBITS Initiative?

Our Goals:

1) Serve as many eligible children as possible
2) Ensure high-quality CBITS is provided
3) Children demonstrate positive outcomes
Ongoing Team and Clinical Support Available

● **Initial Readiness Assessment**
  ○ Existing Leadership and internal resources
  ○ Engaged school personnel
  ○ “Champion” staff or stakeholders

● **Clinical Consultation and Certification Tracking**
  ○ Initial and Ongoing Trainings, Consultation/Coaching calls
  ○ Manuals & toolkits
  ○ Mentorship from Site Based Trainers
  ○ Data-Driven Certification Tracking
  ○ Opportunities to become model trainers for the initiative

● **Performance Based Sustainability Funding**

All of this is provided at no cost!
Ongoing, Individualized Consultation

- Standardizing documentation (consent forms, etc)
- Identifying referral streams
- Engaging school staff & assessing level of buy-in
- Structuring internal supervisory and learning spaces
- Quarterly Initiative Leadership Calls
- Identifying and strategizing around potential barriers

*All of this is provided at no cost!*
What Data-Related Support is Provided?

● **EBP Tracker Database**
  ○ Secure website, de-identified data

● **All psychometrically validated screeners are provided**
  ○ Training in use and scoring offered initially and as needed

● **Data Reporting for QI & for showcasing successes**
  ○ Monthly, quarterly, & annual team-specific & statewide reports

● **TA for data entry and Reporting**
  ○ In person, telephonic, and email (help desk)

● **Data-Driven Performance Based Sustainability Funding**
### Child PTSD Symptom Scale (CPSS IV)

**CAREGIVER**

**State Completed:** 12/30/2018 12:37 PM

**Data Entered:** 12/30/2018 10:10:34 AM

**Notes:**

**Assessment Not Completed Reasons:**
- 1. The child is not ready.
- 2. The child is not ready.
- 3. The child is not ready.

**EBP TRACKER**

**Login Page:**

- User Name: [ ]
- Password: [ ]
- Login: [ ]

I Forgot My Password (Click This Link to Reset and Log in)

**Child PTSD Symptom Scale (CPSS IV) History**

![Graph showing Child PTSD Symptom Scale (CPSS IV) History]

**Child PTSS Symptom Scale (CPSS IV) History**

- Likely PTSD Diagnosis:
  - Child Total: 27
  - Caregiver Total: 20

**Borderline PTSD Symptoms**

- 12/11/2014: 3
- 06/13/2015: 4
- 04/29/2015: 2

**Child Health and Development Institute of Connecticut, Inc.**
What Measures Do We Provide?

- **Trauma Exposure Checklist**
  - Trauma history

- **Child PTSD Symptom Scale (CPSS)**
  - PTSD symptoms associated with trauma history

- **Ohio Problem Severity Scale**
  - Internalizing and externalizing behaviors

- **Ohio Functioning Scale**
  - How severely child’s problems affect functioning

- **OHIO Satisfaction Scale**
  - Family and/or child’s satisfaction with treatment
## Flexible Assessment Scheduling

### Case Assessment Setup

<table>
<thead>
<tr>
<th>Intake</th>
<th>Assessment</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's History of Trauma Exposure</td>
<td></td>
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<tr>
<td>✔</td>
<td>Trauma History Screen (THS) - CHILD</td>
<td>Required.</td>
</tr>
<tr>
<td>✔</td>
<td>Trauma History Screen (THS) - CAREGIVER</td>
<td>Required.</td>
</tr>
<tr>
<td>Child Trauma Symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>✔</td>
<td>Child PTSD Symptom Scale (CPSS V) - CHILD</td>
<td>Recommended for children 7 or more years old. Optional for children less than 7 years old.</td>
</tr>
<tr>
<td>✔</td>
<td>Child PTSD Symptom Scale (CPSS V) - CAREGIVER</td>
<td>Recommended for children 7 or more years old.</td>
</tr>
<tr>
<td></td>
<td>Child PTSD Symptom Scale (CPSS IV) - CHILD</td>
<td>Recommended for children 7 or more years old. Can Use In Place of CPSS-V. <strong>CPSS-IV is being phased out.</strong></td>
</tr>
<tr>
<td></td>
<td>Child PTSD Symptom Scale (CPSS IV) - CAREGIVER</td>
<td>Recommended for children 7 or more years old. Can Use In Place of CPSS-V. <strong>CPSS-IV is being phased out.</strong></td>
</tr>
<tr>
<td></td>
<td>Young Child PTSD Checklist (YCPC) - CAREGIVER</td>
<td>Recommended for children less than 7 years old.</td>
</tr>
<tr>
<td>Child Behavior</td>
<td></td>
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<tr>
<td></td>
<td>Ohio Scales - CHILD</td>
<td>Recommended for children 11-18 years old. Optional for children 5 - 10 years old.</td>
</tr>
<tr>
<td></td>
<td>Ohio Scales - CAREGIVER</td>
<td>Recommended for children 5-18 years old.</td>
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<td>Preschool Pediatric Symptom Checklist (PPSC) - CAREGIVER</td>
<td>Recommended for children less than 5 years old.</td>
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<tr>
<td>Caregiver Symptoms</td>
<td></td>
<td></td>
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<tr>
<td>✔</td>
<td>Center for Epidemiologic Studies Depression Scale – Revised (CESD-R) - CAREGIVER</td>
<td>Recommended for children less than 7 years old.</td>
</tr>
</tbody>
</table>
# Group Session Form

## CBITS Group Session

<table>
<thead>
<tr>
<th>CBITS Session Objectives</th>
<th>CBITS Session Activities</th>
<th>Session #</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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</thead>
<tbody>
<tr>
<td>How well did your group meet each objective?</td>
<td>Did your group complete the activity? Y=Yes, N=No</td>
<td>1/10/15</td>
<td>11/5/15</td>
<td>11/12/15</td>
<td>11/19/15</td>
<td>11/26/15</td>
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### 1: Introductions

- Build group cohesion
- Reduce anxiety about participating in group
- Introduction to the group
- Explanation of CBITS

<table>
<thead>
<tr>
<th>Objective</th>
<th>1</th>
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<th>3</th>
<th>4</th>
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<tr>
<td>Cohesion</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Anxiety</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>4</td>
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<td>Introduction to the group</td>
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<td>N</td>
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<tr>
<td>Explanation of CBITS</td>
<td>0</td>
<td>N</td>
<td></td>
<td></td>
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</tbody>
</table>
Attendance Tracker

Child Attendance
12345 G, F 08/07/2000
Attendance: P = Present, A = Absent, M = Makeup

Group Status:

Open

Setup

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<th>4</th>
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<tbody>
<tr>
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<td>A</td>
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<td>P</td>
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</tbody>
</table>
What Types of Reports Can Teams Print Out?

- Child-Specific Measures: Outcomes Graphs
- Who Did We Serve?
  - Aggregate
  - Site or Clinician-Specific
- How Much Did We Do?
  - Aggregate
  - Site or Clinician-Specific
- Team Rosters and Attention Items Reports
- Data Exports
  - Raw data files
  - Can be brought into other applications to share with stakeholders as needed
## Data Exports

<table>
<thead>
<tr>
<th>#</th>
<th>Data Export Name</th>
<th>Exported</th>
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<tbody>
<tr>
<td>1</td>
<td>Child Snapshot</td>
<td>Export</td>
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<td>2</td>
<td>Monthly Session (TP-CBT)</td>
<td>Export</td>
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<tr>
<td>3</td>
<td>Monthly Session (MATCH-ADTC)</td>
<td>Export</td>
</tr>
<tr>
<td>4</td>
<td>Monthly Session (ARC)</td>
<td>Export</td>
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<tr>
<td>5</td>
<td>Caregiver Satisfaction Questionnaire</td>
<td>Export</td>
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<td>6</td>
<td>Center for Epidemiologic Studies Depression Scale Revised (CESD-R) - Caregiver</td>
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<td>7</td>
<td>CES-D (Version 2)</td>
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<td>8</td>
<td>CHILD - Trauma Exposure Checklist</td>
<td>Export</td>
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<td>9</td>
<td>Child PTSD Symptom Scale (CPSS IV) - Caregiver</td>
<td>Export</td>
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<tr>
<td>10</td>
<td>Child PTSD Symptom Scale (CPSS IV) - Child</td>
<td>Export</td>
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<td>11</td>
<td>Child PTSD Symptom Scale (CPSS V) - Caregiver</td>
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<tr>
<td>12</td>
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<td>Export</td>
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<tr>
<td>13</td>
<td>Ohio Scales - Child</td>
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<td>14</td>
<td>Ohio Scales - Caregiver</td>
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<td>15</td>
<td>Ohio Scales - Clinician</td>
<td>Export</td>
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<td>16</td>
<td>Ohio Scales - CHILD (MATCH-ADTC)</td>
<td>Export</td>
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<td>Ohio Scales - Caregiver (MATCH-ADTC)</td>
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<td>18</td>
<td>Ohio Scales - Clinician (MATCH-ADTC)</td>
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<td>Ohio Scales - Functioning - Child (MATCH-ADTC)</td>
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<td>Ohio Scales - Functioning - Caregiver (MATCH-ADTC)</td>
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<td>Ohio Scales - Problem Severity - Child (MATCH-ADTC)</td>
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<td>Ohio Scales - Problem Severity - Caregiver (MATCH-ADTC)</td>
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<td>23</td>
<td>Short Mood And Feelings Questionnaire - Caregiver</td>
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<td>24</td>
<td>Short Mood And Feelings Questionnaire - Child</td>
<td>Export</td>
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<tr>
<td>25</td>
<td>Trauma History Screen (THS) - Caregiver</td>
<td>Export</td>
</tr>
<tr>
<td>26</td>
<td>Trauma History Screen (THS) - Child</td>
<td>Export</td>
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<tr>
<td>27</td>
<td>UCLA - Caregiver</td>
<td>Export</td>
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<tr>
<td>28</td>
<td>UCLA - Child</td>
<td>Export</td>
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</tbody>
</table>
Piloting during the 2018/19 Academic Year

Windham Hospital School Based Health Center & Windham Public Schools
Connecticut School Based Health Centers

Connecticut's School Based Health Centers (SBHCs) are comprehensive primary health care facilities licensed as outpatient clinics or as hospital satellites. The SBHCs are located within or on school grounds and serve students in grades pre-K-12. The health centers are staffed by multi-disciplinary teams of pediatric and adolescent health specialists, including nurse practitioner or physician assistant, social worker or LMFT, physicians and in some cases, dentists and dental hygienists.

A school based health center is not the same as the school nurse's office. School nurses and SBHCs work together, and school nurses often refer students to SBHCs because they are able to treat and resolve student health problems. All SBHC services are confidential. Parents must sign a Parent Permission Form for students to receive services. SBHCs are also able to bill Medicaid and HUSKY A & B health insurance for services provided to students covered by these health plans.
Structural Violence

Root cause of trauma

Represents collective experience, not simply an individual phenomenon

Erodes sense of hope
Expanding Definitions - Changing Narratives

- Trauma
- Resilience
- Burnout
- Sustainability

“When we consider trauma and resilience from a developmental and ecosystemic perspective, we view risk and resilience in light of multiple, recursive influences.” - Walsh, 2016
“I like to say that the resilience of a child is distributed. It's not just in the child. It's distributed in their relationships with the many other people who make up their world.”

Ann Masten, Ordinary Magic
Ecological Framework

Bronfenbrenner's Ecological Framework
Workplace burnout or workplace resilience?

- Sense of community at work
- Work social relationships
- Collegial environment
- Sense of agency
- Manageable workload
Multilevel recursive processes in resilience

**Structural Violence as collective experience**

**Systems Level**

**Vertical Stressors**

**Horizontal Stressors**

Walsh (2016)
Resilience as an ecosystemic phenomenon

“The capacity to rebound from adversity strengthened and more resourceful... an active process of endurance, self-righting, and growth in response to crisis and challenges” Walsh, 2016
Question for staff sustainability:

What is required of the professionals who work within stressed environments and provide trauma-informed care every day?
“I am more than what happened to me, I’m not just my trauma”.  -Marcus

Ginwright, 2018
CBITS Student Participant

“... A lot of us students are going through similar things, and it’s our first time seeing these things because we’re just kids. It’s good for us to know that we’re not alone in anything.

[Group] feels like a community. There are people like me. We’re struggling through the same things and we can help each other through these things.

... From CBITS, just because we are one, two, or 10 people - we are able to make a difference in more than just our school or ourselves. We are able to make a difference. It’s pretty big for us.”
WHS Teacher

“...by the end of the year she was not an A student. She still used her phone, but she could put it down and join the world around her.

...the student who told me that my class was ass, and left the class every chance that she could, came up to me this year and told me that she missed my class.”
Step One: Included a Data Specialist on the Team

- Identified an internal employee familiar with Windham data systems
- Introduced this opportunity and obtained buy-in from Lori
  - Not just telling her it is now a task of hers
- Reviewed Lori’s job responsibilities and time availability
  - Allocate time toward CBITS/BB data
- Identified funding for additional data specialist hours associated with this project
  - Sustainability funding from the Initiative. Later hired through WPS
Step Two: Standardized Data Collection Plan

Standardized flow of data collection
Step Three: Reassessing Our Data Needs

- Requiring session format conducive to fostering group-building processes
- Expanding how to capture/quantify important group dynamics
- Creating space and platforms to hear student voices
  - Obtain qualitative information and feedback
Step Four: Prioritized a Team Approach

- Integrated Lori into CBITS/BB team meetings or planning discussions
- Ensured that Lori can attend the Conference and trainings
- Regular local team meetings
- Data collection procedure
2018-2019 Academic - Related Successes

- Absentee rates went down
  - Days in school increased
  - Reduced number of missed classes

- Grades improved

- Teachers reported higher level of engagement

- Of the 24 youth that began a group, 87.5% successfully completed (n=21)
References


Collaborative for Academic Social, and Emotional Learning, www.casel.org


Professional Quality of Life www.proqol.org

Radically Healing Schools and Communities: The Power of Policy from the Heart Dr. Shawn Ginwright, San Francisco State University http://www.sbh4all.org/training/national-school-based-health-care-convention/
