



# Implementation and Data Collection: Strategies to Increase Performance and Sustainability

Diana L. Perry, PsyD  
Carolyn Franzen, Ph.D.

# Learning Objectives

## 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

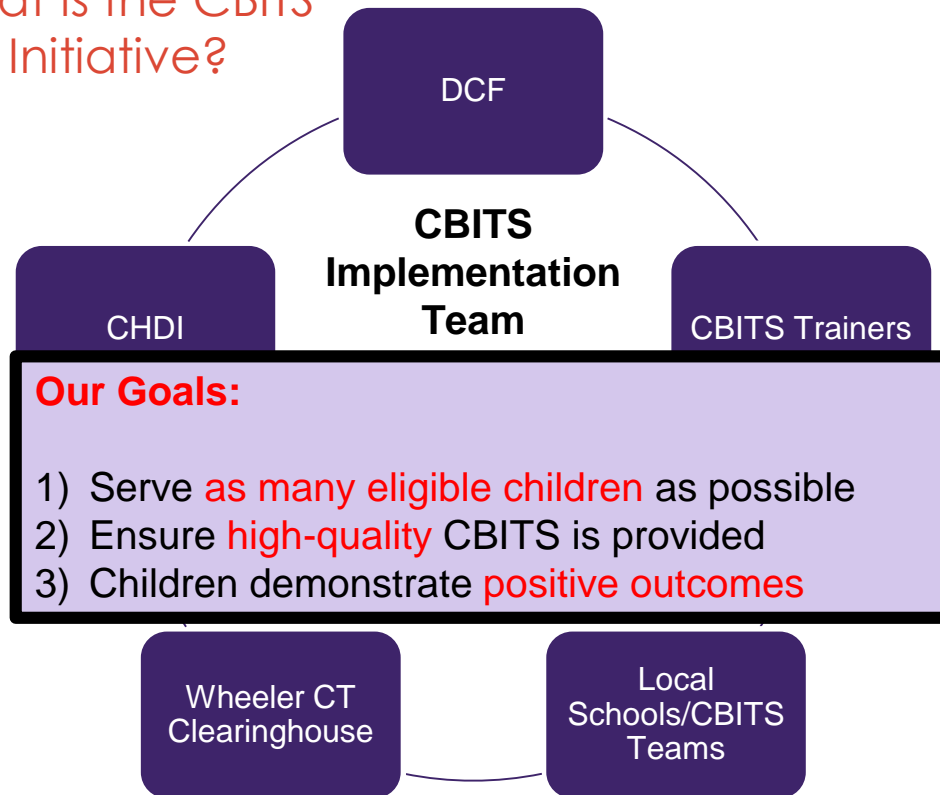
# CBITS & BB continued

- 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?



# 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 Health and Development Institute of Connecticut, Inc.

# EBP TRACKER



Login Page

User Name:

Password:

[Login](#)

[I Forgot My Password \(Click This Link to Reset and Login\)](#)

Child PTSD Symptom Scale (CPSS IV)  
CAREGIVER

Date Completed:  Date Entered: 10/24/2016 10:10:14 AM

Notes:

[Spell Check](#)

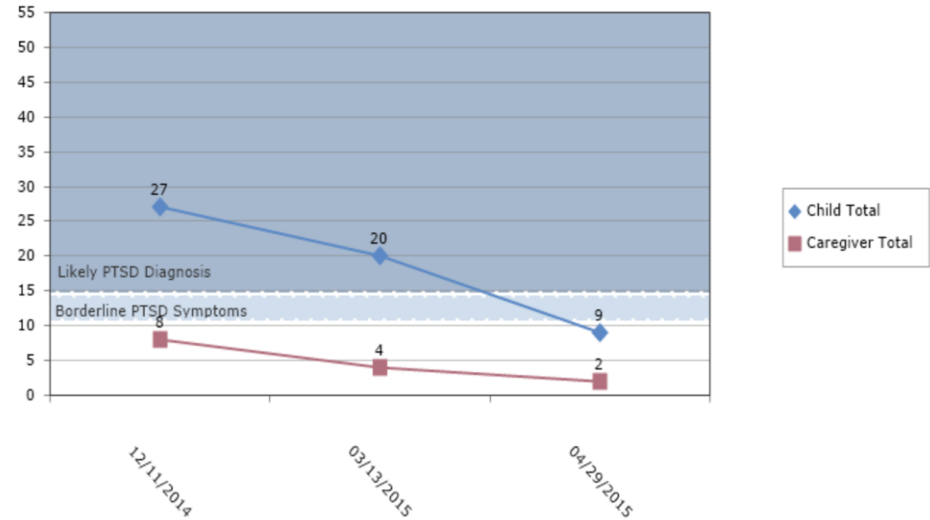
Assessment Not Completed Reason:

Partially Complete

**BELOW IS A LIST OF PROBLEMS THAT CHILDREN SOMETIMES HAVE AFTER EXPERIENCING AN UPSETTING EVENT. READ EACH ONE CAREFULLY AND CIRCLE THE NUMBER (0-3) THAT BEST DESCRIBES HOW OFTEN THE PROBLEM HAS BOTHERED YOUR CHILD IN THE LAST 2 WEEKS.**

	Not at all or only at one time <b>0</b>	Once a week or less/once in a while <b>1</b>	2 to 4 times a week/half the time <b>2</b>	5 or more times a week/almost always <b>3</b>
1. Having upsetting thoughts or images about the event that came into your child's head when he/she didn't want them to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Having bad dreams or nightmares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Acting or feeling as if the event was happening again (hearing something or seeing a picture about it and feeling as if he/she were there again)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling upset when he/she think about it or hear about the event (for example, feeling scared, angry, sad, guilty, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Having feelings in his/her body when thinking about or hear about the event (for example, breaking out into a sweat, heart beating fast)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Trying not to think about, talk about, or have feelings about the event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trying to avoid activities, people, or places that remind him/her of the traumatic event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Not being able to remember an important part of the upsetting event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Having much less interest or doing things he/she used to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Not feeling close to people around him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Child PTSD Symptom Scale (CPSS IV) History



# 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

- Actions**
- Attention Items
- My Open Cases
- Add/Reopen Child
- Find/Edit Child
- Monthly Session
- Change Provider
- Reports
- Account Settings
- Logout

- Child Actions**
- Child Home Page
- Score Profile Report
- TF-CBT Treatment Components Report

Case Assessment Setup			
<b>Child DOB:</b>	10/18/2008	<b>Intake Date:</b>	05/01/2018
<b>Child Age:</b>	9 years, 6 months (114 months)		
Intake	Assessment	Recommendation	
Child's History of Trauma Exposure			
<input checked="" type="checkbox"/>	Trauma History Screen (THS) - CHILD	Required.	
<input checked="" type="checkbox"/>	Trauma History Screen (THS) - CAREGIVER	Required.	
Child Trauma Symptoms			
<input checked="" type="checkbox"/>	Child PTSD Symptom Scale (CPSS V) - CHILD	Recommended for children 7 or more years old. Optional for children less than 7 years old.	
<input checked="" type="checkbox"/>	Child PTSD Symptom Scale (CPSS V) - CAREGIVER	Recommended for children 7 or more years old.	
<input type="checkbox"/>	Child PTSD Symptom Scale (CPSS IV) - CHILD	Recommended for children 7 or more years old. Optional for children less than 7 years old. Can Use In Place of CPSS-V. <b>CPSS-IV is being phased out.</b>	
<input type="checkbox"/>	Child PTSD Symptom Scale (CPSS IV) - CAREGIVER	Recommended for children 7 or more years old. Can Use In Place of CPSS-V. <b>CPSS-IV is being phased out.</b>	
<input type="checkbox"/>	Young Child PTSD Checklist (YCPC) - CAREGIVER	Recommended for children less than 7 years old.	
Child Behavior			
<input type="checkbox"/>	Ohio Scales - CHILD	Recommended for children 11-18 years old. Optional for children 5 - 10 years old.	
<input checked="" type="checkbox"/>	Ohio Scales - CAREGIVER	Recommended for children 5-18 years old.	
<input type="checkbox"/>	Preschool Pediatric Symptom Checklist (PPSC) - CAREGIVER	Recommended for children less than 5 years old.	
Caregiver Symptoms			
<input type="checkbox"/>	Center for Epidemiologic Studies Depression Scale - Revised (CESD-R) - CAREGIVER	Recommended for children less than 7 years old.	

# Group Session Form

CBITS Group Session												
CBITS Session Objectives How well did your group meet each objective? 1=Not Met/Not Attempted, 2=Somewhat Met, 3=Mostly Met, 4=Completed Met	CBITS Session Activities Did your group complete the activity? Y=Yes, N=No	Session #	1	2	3	4	5	6	7	8	9	10
		Date	10/22/15	11/05/15	11/12/15	11/19/15	11/26/15					
<b>1: Introductions</b>												
Build group cohesion			1 2 3 4									
Reduce anxiety about participating in group			1 2 3 4									
	Introduction to the group		Y N									
	Explanation of CBITS		Y N									

# Attendance Tracker

Child Attendance	1	2	3	4	
12345 G, F 08/07/2000	<b>P</b> A M	P <b>A</b> M	P A <b>M</b>	P A M	
Attendance: P = Present, A = Absent, M = Makeup					
<b>Group Status:</b>	<input type="text" value="Open"/>			<input type="button" value="Setup"/>	

1	2	3	4	5	6	7	8	9	10
<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	P <b>A</b> M	P <b>A</b> M	Unenrolled	Unenrolled	Unenrolled	Unenrolled
<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M
P A <b>M</b>	P <b>A</b> M	P <b>A</b> M	Unenrolled	Unenrolled	Unenrolled	Unenrolled	Unenrolled	Unenrolled	Unenrolled
<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M
<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M
<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M	<b>P</b> A M

# 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

Home Page Administration Home Page

**Data Exports**

Provider: Clifford Beers Clinic (CBC) ▼

Treatment Model: ▼

#	Data Export Name	Exported	Export
1.	Child Snapshot	<input type="checkbox"/>	Export
2.	Monthly Session (TF-CBT)	<input type="checkbox"/>	Export
3.	Monthly Session (MATCH-ADTC)	<input type="checkbox"/>	Export
4.	Monthly Session (ARC)	<input type="checkbox"/>	Export
5.	Caregiver Satisfaction Questionnaire	<input type="checkbox"/>	Export
6.	Center for Epidemiologic Studies Depression Scale Revised (CESD-R) - Caregiver	<input type="checkbox"/>	Export
7.	CES-D (Version 2)	<input type="checkbox"/>	Export
8.	CHILD - Trauma Exposure Checklist	<input type="checkbox"/>	Export
9.	Child PTSD Symptom Scale (CPSS IV) - Caregiver	<input type="checkbox"/>	Export
10.	Child PTSD Symptom Scale (CPSS IV) - Child	<input type="checkbox"/>	Export
11.	Child PTSD Symptom Scale (CPSS V) - Caregiver	<input type="checkbox"/>	Export
12.	Child PTSD Symptom Scale (CPSS V) - Child	<input type="checkbox"/>	Export
13.	Ohio Scales - Child	<input type="checkbox"/>	Export
14.	Ohio Scales - Caregiver	<input type="checkbox"/>	Export
15.	Ohio Scales - Clinician	<input type="checkbox"/>	Export
16.	Ohio Scales - Child (MATCH-ADTC)	<input type="checkbox"/>	Export
17.	Ohio Scales - Caregiver (MATCH-ADTC)	<input type="checkbox"/>	Export
18.	Ohio Scales - Clinician (MATCH-ADTC)	<input type="checkbox"/>	Export
19.	Ohio Scales - Functioning - Child (MATCH-ADTC)	<input type="checkbox"/>	Export
20.	Ohio Scales - Functioning - Caregiver (MATCH-ADTC)	<input type="checkbox"/>	Export
21.	Ohio Scales - Problem Severity - Child (MATCH-ADTC)	<input type="checkbox"/>	Export
22.	Ohio Scales - Problem Severity - Caregiver (MATCH-ADTC)	<input type="checkbox"/>	Export
23.	Short Mood And Feelings Questionnaire - Caregiver	<input type="checkbox"/>	Export
24.	Short Mood And Feelings Questionnaire - Child	<input type="checkbox"/>	Export
25.	Trauma History Screen (THS) - Caregiver	<input type="checkbox"/>	Export
26.	Trauma History Screen (THS) - Child	<input type="checkbox"/>	Export
27.	UCLA - Caregiver	<input type="checkbox"/>	Export
28.	UCLA - Child	<input type="checkbox"/>	Export

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.

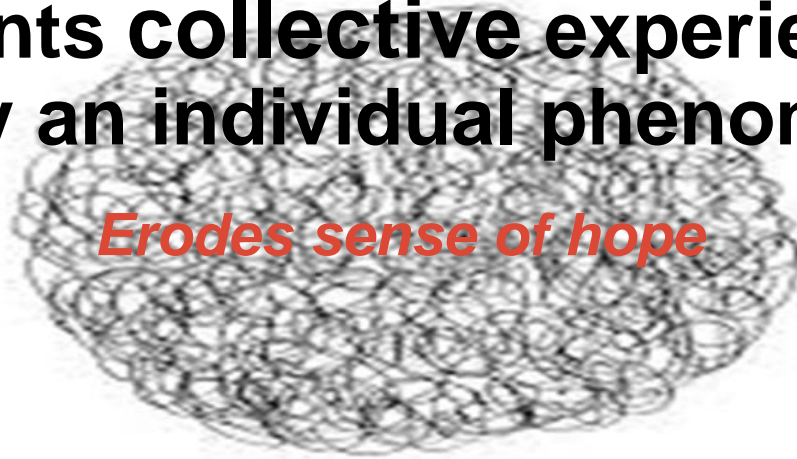
A school based health center is not the same as the school nurse's office. School nurses and SBHCs work together, and school nurses often refer students to SBHCs because they are able to treat and resolve student health problems. All SBHC services are confidential. Parents must sign a Parent Permission 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

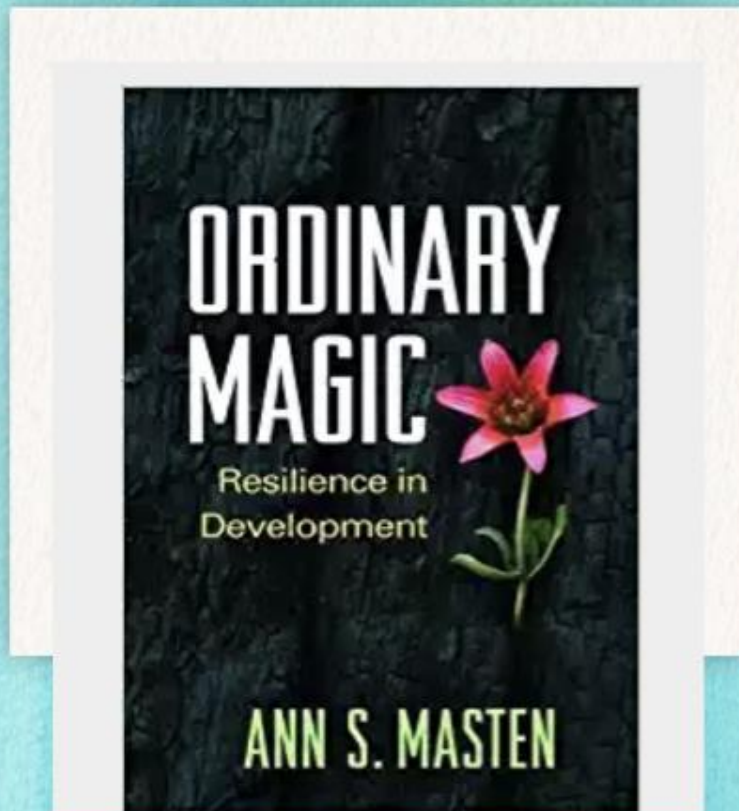
❖ Burnout

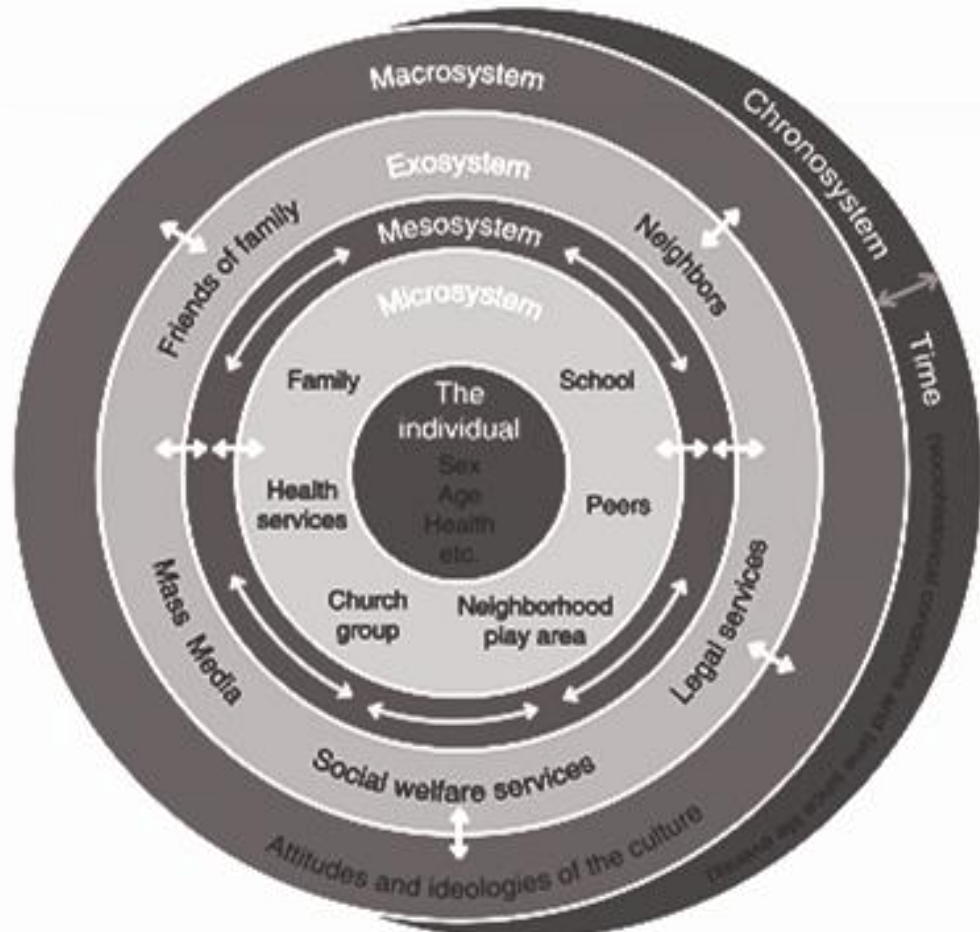
❖ Sustainability

***“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



Sense of community at work

Work social relationships

Collegial environment

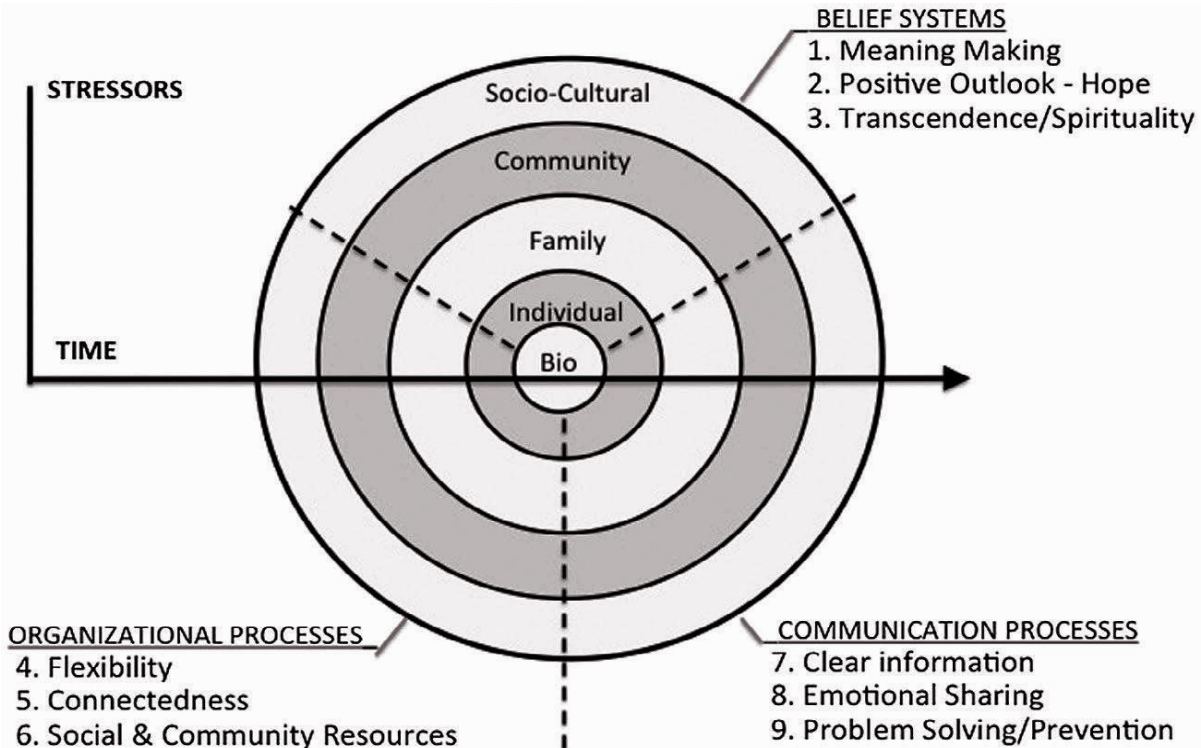
Sense of agency

Manageable workload

**Workplace** burnout or **workplace** resilience?



# 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

- Brunzell, T., Waters, L., & Stokes, H. (2015). Teaching with strengths in trauma-affected students: A new approach to healing and growth in the classroom. *American Journal of Orthopsychiatry*, 85(1), 3–9. <https://doi.org/10.1037/ort0000048>
- [Calhoun, A, Mainor, A, Moreland-Russell, S, Maier, RC, Brossart, L, Luke, DA. \(2014\). Using the Program Sustainability Assessment Tool to Assess and Plan for Sustainability. Preventing Chronic Disease, 11:130185.](#)
- Collaborative for Academic Social, and Emotional Learning, [www.casel.org](http://www.casel.org)
- Ginwright, S. (2015). *Hope and healing in urban education: How urban activists and teachers are reclaiming matters of the heart*. Routledge.
- Ginwright, S. (2018). The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement. [www.Medium.com](http://www.Medium.com) inSpired, inspired.fb.com
- Nadeem, E., & Ringle, V. (March 2016). De-adoption of an evidence-based trauma intervention in schools: A retrospective report from an urban school district. *Journal of School Mental Health*. 8(1): 132–143. doi:10.1007/s12310-016-9179-y.
- Professional Quality of Life [www.proqol.org](http://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/>
- Reyes, M. R., Brackett, M. A., Rivers, S. E., White, M., & Salovey, P. (2012). Classroom emotional climate, student engagement, and academic achievement. *Journal of Educational Psychology*, 104(3), 700.
- Skills Converged Training Resources, [www.SkillsConverged.com](http://www.SkillsConverged.com) Trauma and Learning Policy Initiative (TLPI) A collaboration of Massachusetts Advocates for Children and Harvard Law School, <https://traumasensitiveschools.org/>