



Child Health and
Development Institute
of Connecticut, Inc.

Building Effective Trauma-Informed School-Based Mental Health Systems for Youth

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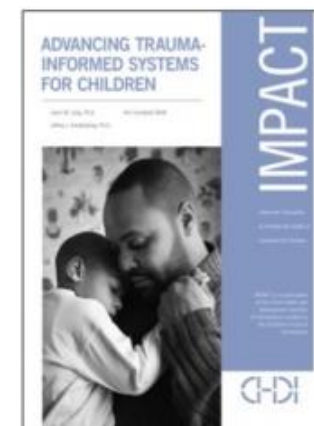
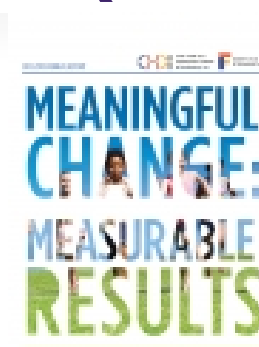
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Child Health and Development Institute (CHDI)

- CHDI is an independent non-profit organization
- Subsidiary of the Children's Fund of Connecticut
- Self-funded with additional support from federal, state, philanthropy
- A catalyst for improving health, mental health and early care systems and services for children in Connecticut
- Operate at policy, system, and practice levels
- www.chdi.org
- www.kidsmentalhealthinfo.com



Goals for Today

- Understand factors influencing development and the prevalence and signs of **trauma and behavioral health concerns**
- Understand the **structure of CT's behavioral health system**
- Understand **four areas** necessary for building trauma-informed school mental health systems

Factors Influencing Development

Development

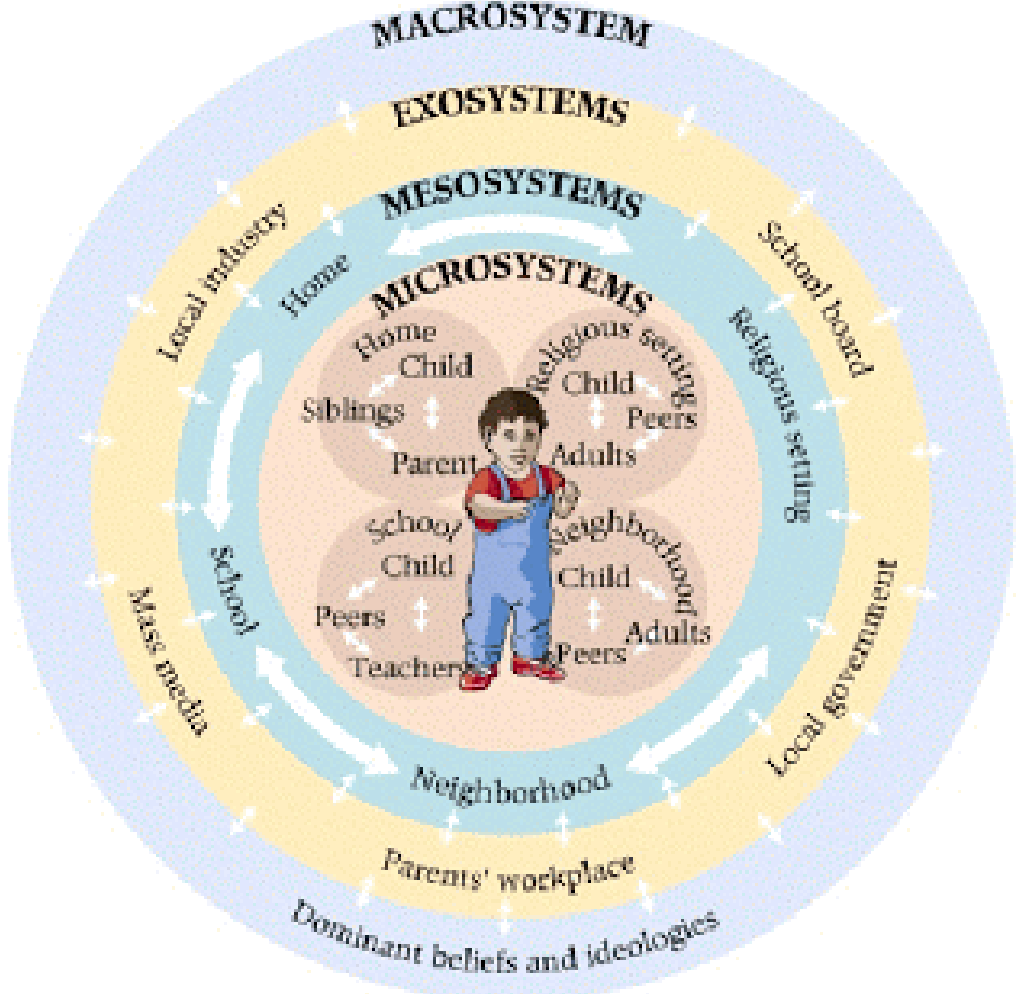
Development:

- Occurs at different rates across multiple domains
- Physical, Cognitive, Social, Emotional, Behavioral, Moral

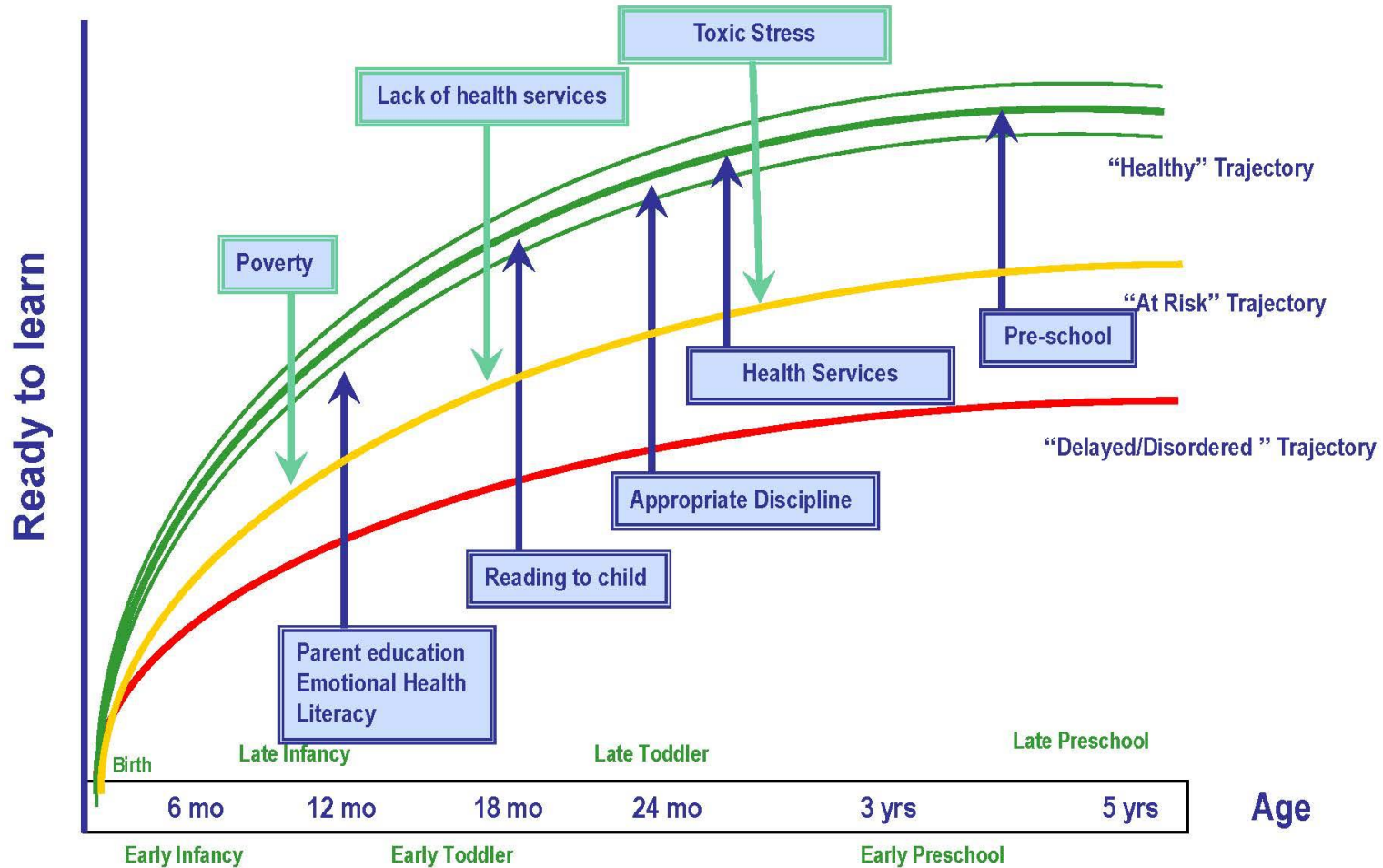
A few factors that contribute to unhealthy development:

- Brain physiology/genetics
- Environmental toxins (e.g., lead)
- Lack of access to health care
- Harsh or inconsistent parenting
- Parental mental health or substance abuse
- Poverty and inequities
- “Toxic stress” & exposure to trauma
 - Abuse/neglect
 - Violence (home, community)
- **Much of human development is driven by an interaction of genetics and environment (nature and nurture)**

Factors Influencing Development



Health Development: Reducing Risk and Optimizing Promoting and Protective Factors



Hallmarks of Healthy Development



Focused on daily activities

Thinking/planning intact

Breathing/heart rate normal

Range of feelings

Feel in control

Alert/aware

Sense of reality

Ready to learn

Connected to others

Prevalence and Signs of Trauma and Behavioral Health Concerns

Behavioral Health Conditions

- Up to **1 in 5 youth (20%)** experience signs and symptoms of behavioral health concerns that would benefit from treatment
- Up to **1 in 10 (10%)** exhibit serious emotional/behavioral disturbance

COMMON MENTAL HEALTH CONDITIONS

Anxiety

Depression

Attention Deficit Hyperactivity Disorder (ADHD)

Oppositional Defiant Disorder
Conduct Disorder

Post-Traumatic Stress Disorder

Obsessive Compulsive Disorder

Bipolar Disorder

Autism

Schizophrenia

MENTAL HEALTH CONDITIONS CAN IMPACT:

- Behavior
- Emotions/Mood
- Cognition/Thinking
- Physical (sleep, appetite, illness, disease)

Conditions vs. Symptoms

Four conditions make up about 70% of all referrals for outpatient behavioral health treatment:

- **Anxiety**
 - Excessive worry, racing thoughts, physical complaints (in young children)
- **Depression**
 - Sad, withdrawn, fatigued, changes in eating patterns
- **Attention Deficit Hyperactivity Disorder (ADHD)**
 - Difficulty concentrating, difficulty sitting still
- **Oppositional Defiant Disorder/Conduct Disorder**
 - Difficulty regulating emotions and behaviors; trouble with school/police
- Most youth (70-80%) in need of treatment never receive it!
- If you notice signs and symptoms that concern you, consult with a pediatrician, psychologist, or social worker
 - Call 211 to reach your local EMPS team

Suicide Warning Signs and Risk Factors

- 3rd leading cause of death among 15-24 year olds
- Suicide attempts are **not** typically for attention. They must be taken seriously
- Signs and risk factors to watch out for:
 - Current suicidal thoughts, plan
 - Previous suicide attempt
 - Psychiatric disorder (depression present in 2/3 of suicides)
 - Alcohol or drug abuse
 - Sudden changes in mood, hygiene
 - “You won’t see me again,” giving away possessions, signs of distress on social media
 - Feelings of hopelessness; withdrawn behavior
 - Impulsive/aggressive behavior; rage
 - Odd behavior/hallucinations
 - Access to lethal means (firearms, drugs)
 - Recent interpersonal conflict, situational stress
- **Call 911 for emergencies**
- **Call 211 if a child is in distress or crisis**
- **Call 1-800-273 8255 (National Suicide Hotline) anywhere in the U.S.**

The Role of Trauma in Behavioral Health

- Physical Abuse
- Sexual Abuse
- Neglect
- Life threatening accident or injury
- Chronic illness or painful medical procedures
- Loss or death of a loved one (or incarceration)
- Caregiver mental illness/substance abuse
- Domestic Violence
- Community Violence
- School Violence
- House fires
- Natural disasters
- Exposure to war or terrorism

National Prevalence of Trauma Exposure in Childhood

- Exposure the past year:¹

Exposure Type	Age 6-9	Age 14-17
Physical Assault	49%	40%
Sexual Victimization	2%	16%
Abuse/Neglect	12%	20%
Witness Violence	12%	43%

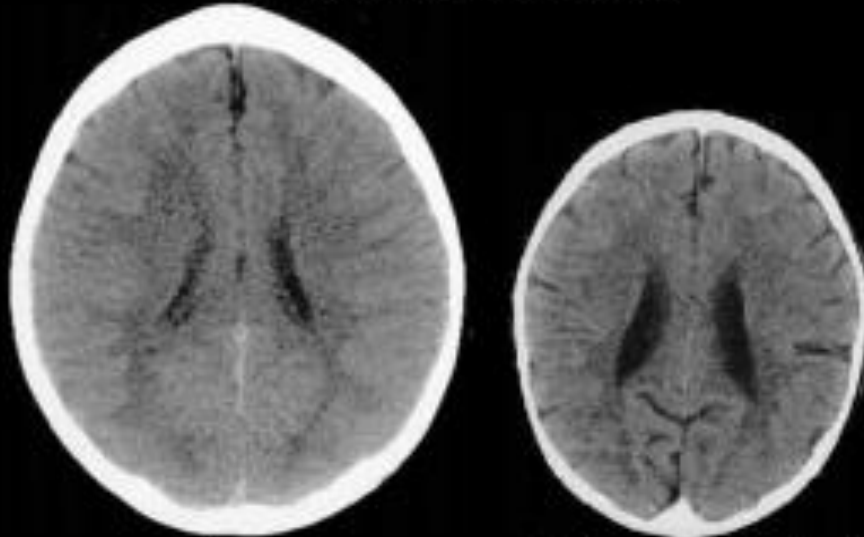
- **71% of all youth by age 17¹**

Most trauma exposure is never reported



¹Finkelhor et al. (2013)

3 Year Old Children



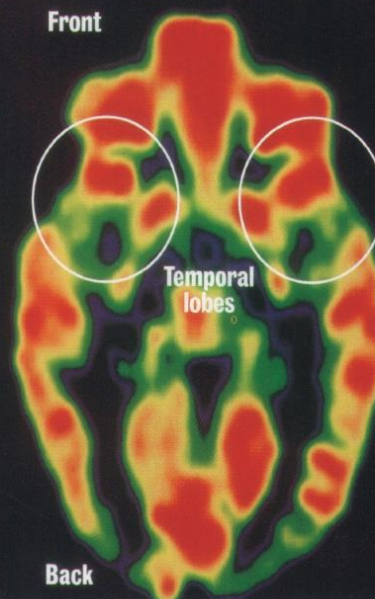
Normal

Extreme Neglect

Perry, 2002

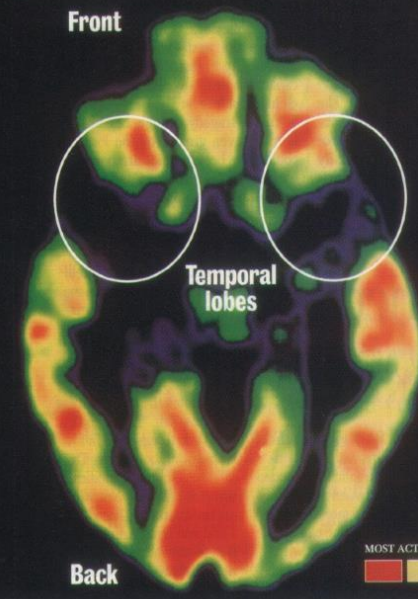
Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



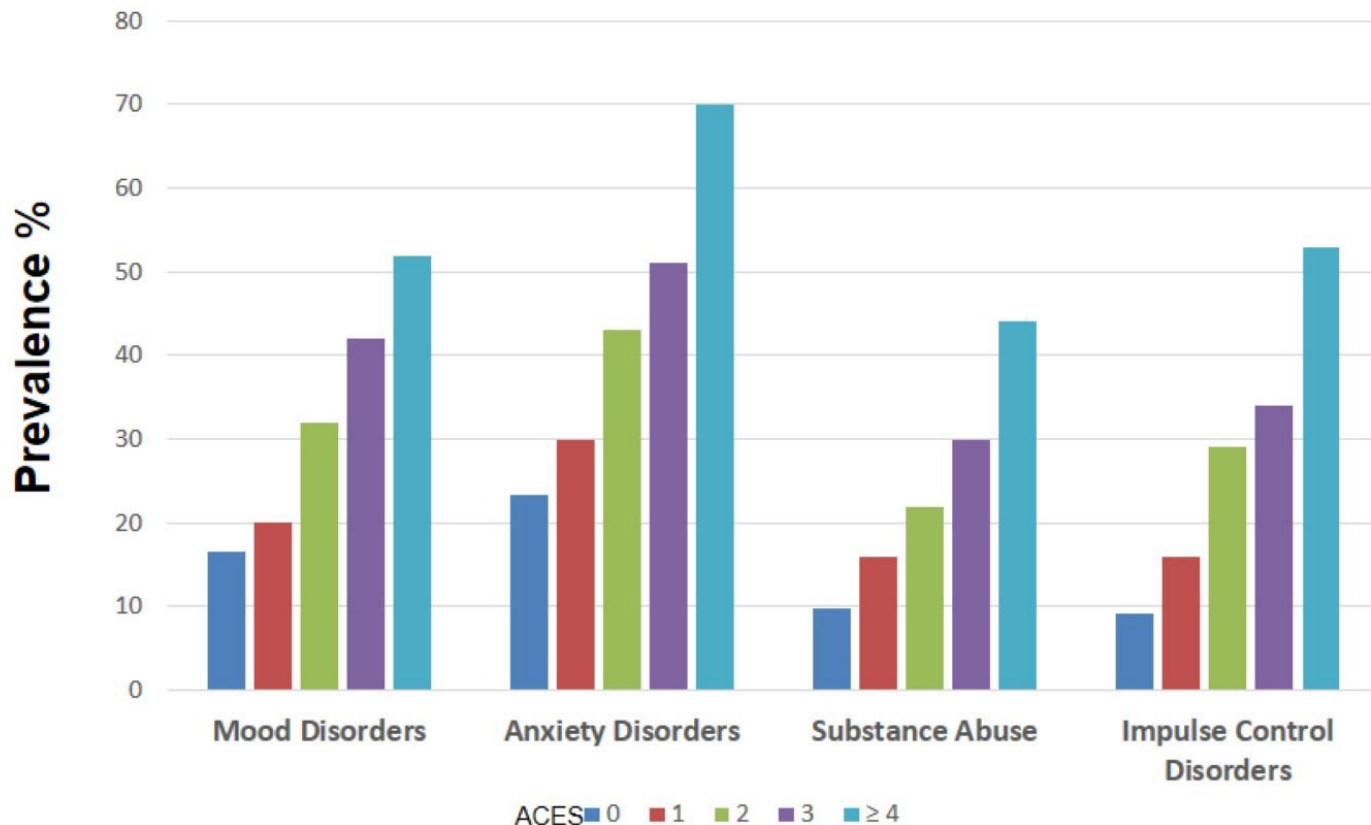
An Abused Brain

This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



MOST ACTIVE
LEAST ACTIVE

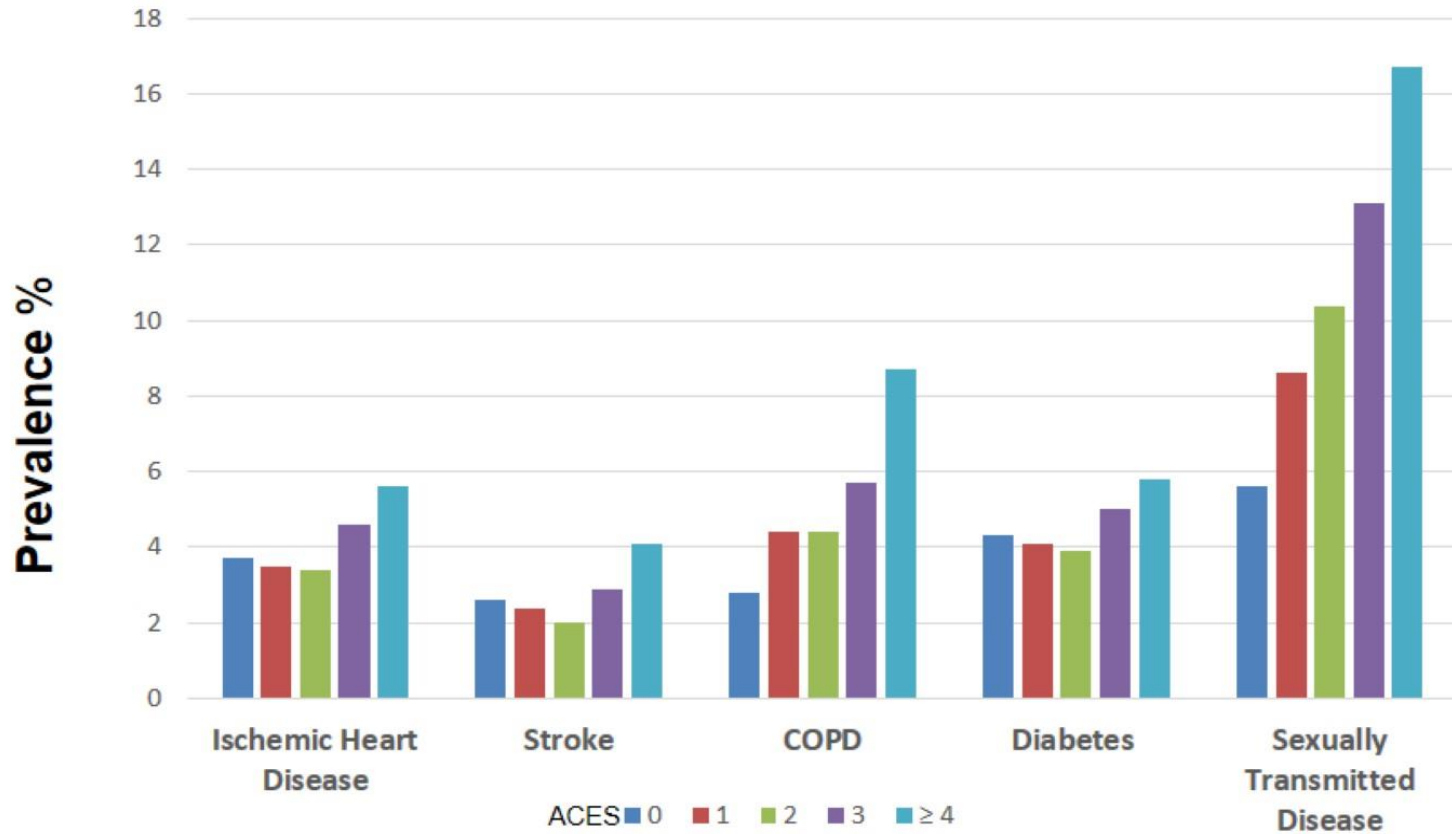
Cumulative ACES & Mental Health^{1,2}



¹Data from the National Comorbidity Survey-Replication Sample (NCS-R).

²Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Cumulative ACES & Chronic Disease¹



¹Felitti et al., (1998) American Journal of Preventive Medicine, 14:245-258.

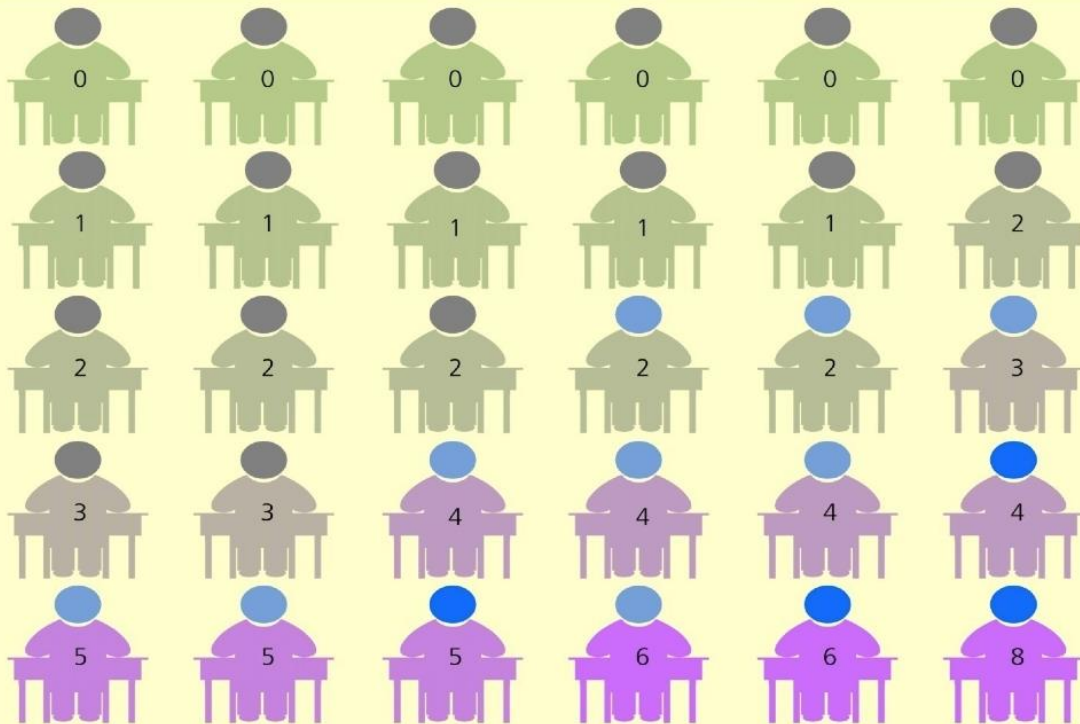
ACEs and High School Sophomores and Seniors

Washington School Classroom (30 Students) Adverse Childhood Experiences (ACEs)

- 6 students with no ACE
- 5 students with 1 ACE
- 6 students with 2 ACEs
- 3 students with 3 ACEs
- 7 students with 4 or 5 ACEs
- 3 students with 6 or more ACEs



Population
Average



Children who Perceive Threat



Focused on survival

Thinking impaired

↑↑ Breathing/heart rate

Feeling Fear/Terror

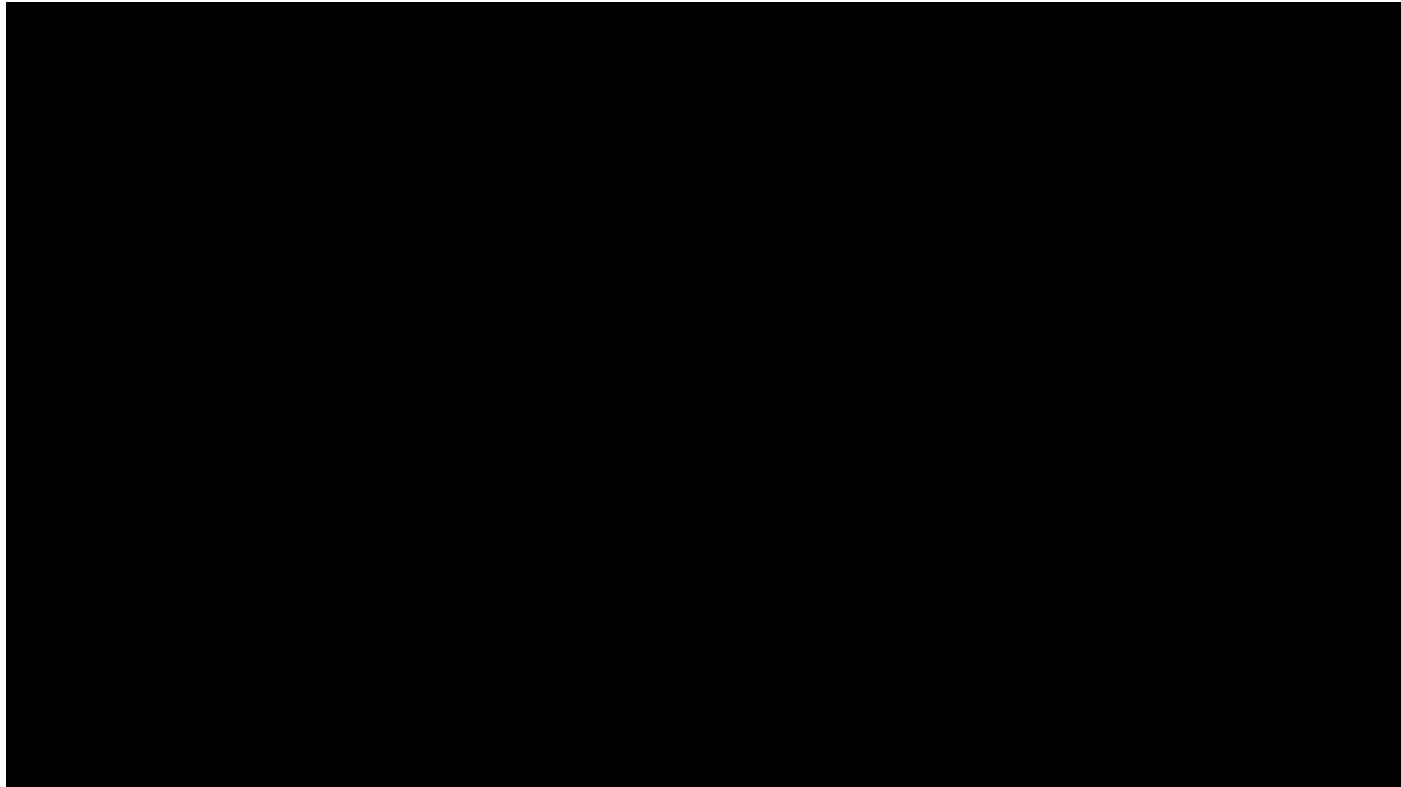
Loss of control

Hypervigilant

Reality confusion

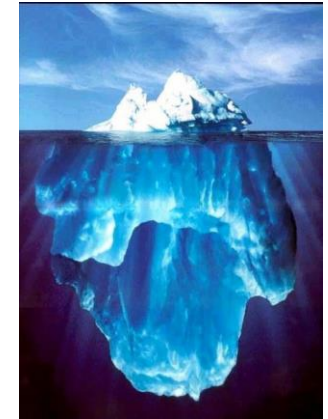
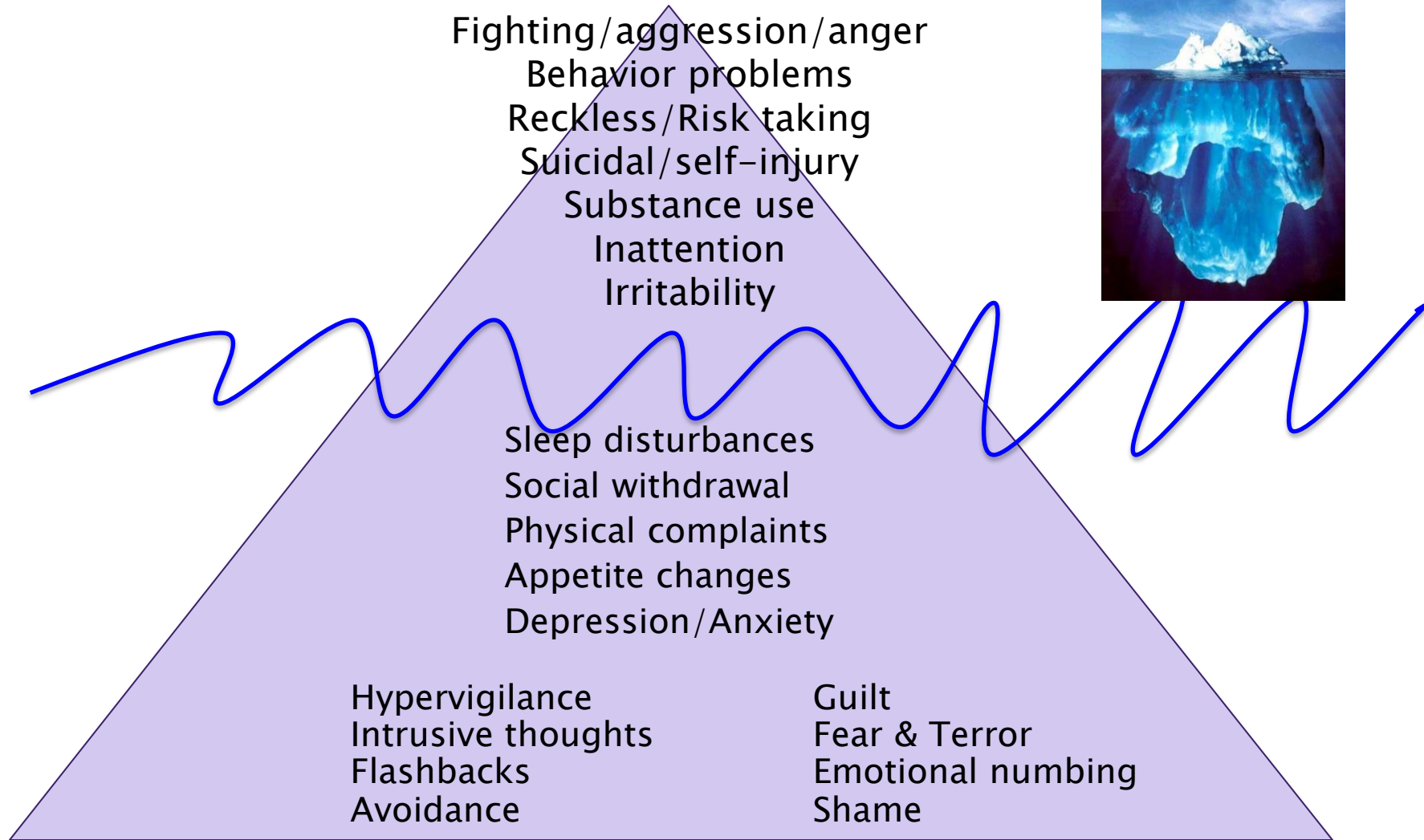
Trying to survive

Disconnected



<https://www.youtube.com/watch?v=N9oxmRT2YWw>

Traumatic Stress Reactions



Reframing

Changing

“What’s wrong with you?”

Into

“What happened to you?”

Now the Good News

- Children are resilient
- Young brains are malleable
- Effective treatments exist
- **Systems must work effectively to ensure access to trauma-informed, evidence-based interventions**



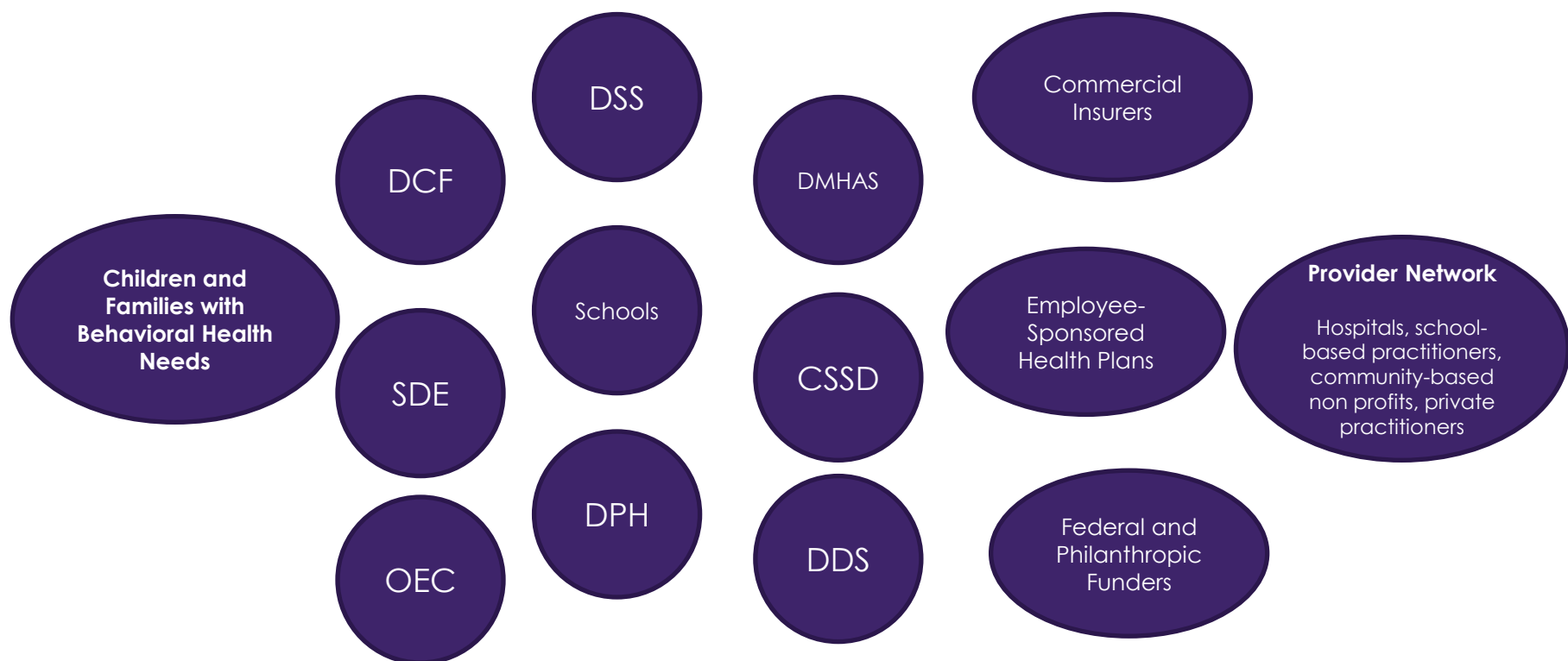
Trauma-Informed School Mental Health Systems

What do we want in a Children's Behavioral Health System?

- Youth with behavioral health needs are identified early and have access to appropriate care
- Services promote equity and work to reduce behavioral health disparities that impact disadvantaged populations
- A full service array is available and youth and families are matched to the appropriate treatment based on their needs (not geography, system involvement)
- Providers are trained and supported to provide services backed by the best available science for effectiveness
- Service delivery is supported by robust data collection, reporting and quality improvement
- Children and families achieve the best possible outcomes and expenditures are closely tracked and monitored to ensure cost effectiveness
- **CT has a system and service development “blueprint” in the form of the Children's Behavioral Health Plan (www.plan4children.org)**

Children's Behavioral Health in CT

- Can families navigate the system and access services?



- Each has their own unique set of eligibility criteria and “menu” of available services
- **So...do we have a children's mental health system?**

Behavioral Health Treatments: Levels of Care

Least Intensive



Crisis Response and Stabilization

- EMPS Mobile Crisis Intervention Services

Care Coordination

- “Wraparound “ services for youth at risk of out-of-home placement

School-Based Services

- School Based Health Centers, social workers, school psychologists, guidance

Outpatient Services

- Routine outpatient treatment
- Evidence-based outpatient treatments (MATCH-ADTC, TF-CBT)...more on that later

Intensive In-Home Services

- Multisystemic Therapy (MST), Functional Family Therapy (FFT), Multi-Dimensional Family Therapy (MDFT), Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)

Intermediate Level of Care

Extended Day Treatment, Partial Hospitalization, Intensive Outpatient

Inpatient Hospitalization

Psychiatric Residential Treatment Facilities

Most Intensive

Policy Influences School Mental Health

- Public Act 13-178
 - Requires schools to develop MOAs with their local EMPS Mobile Crisis team
- PA 16-(2016)--Juvenile Justice Policy and Oversight Committee(JJPOC):
 - Requires schools to offer alternative educational opportunities to a larger category of expelled students
 - Eliminates truancy and defiance of schools rules as permissible grounds for FWSN referrals
 - Requires schools with a disproportionately high truancy rate to implement an approved intervention model
 - Requires SDE (in collaboration with other agencies) to develop plans on school based diversion initiatives and address educational deficiencies among children in the juvenile justice system
- In general, recent legislation strengthens efforts to:
 - Limit situations in which students can be arrested or detained
 - Enhance diversion efforts to keep students out of court
 - Provide services in home, school, community settings

Policy Influences School Mental Health

- Individuals with Disabilities Education Act (IDEA)
 - Entitles students with disabilities to a free public education in the least restrictive setting possible
- Special Education in CT
 - \$1.85 Billion spent in CT in 2014
 - 22% of all public education expenses
 - Increased by 65% in the last decade
 - A sizable proportion is related to behavioral health
- Services range from periodic interventions to out-placement
- Special education expenses can be unpredictable, unanticipated, costly

Developing a Trauma-Informed System

➤ **Workforce Development**

- ✓ School staff are knowledgeable about the prevalence and effects of trauma exposure and traumatic stress reactions and associated health and behavioral health outcomes

➤ **Trauma Screening**

- ✓ Children are screened for trauma exposure and trauma reactions at initial system contact and periodically thereafter

➤ **Practice Change and Evidence-Based Practices**

- ✓ Ongoing commitment, funding and support to ensure access to evidence-based trauma-focused interventions

➤ **Inter-system Collaboration and Coordination**

- ✓ Shared understanding, shared funding, coordinated care, information and data sharing, non-duplication of services, access irrespective of initial contact point.



Developing a Trauma-Informed System

Workforce Development

- ✓ School staff are knowledgeable about basic concepts relating to trauma and behavioral health
- ✓ Goal is not to train teachers as clinicians
- ✓ Goal is to better understand symptoms, recognizing potential concerns, understanding impact on learning, when to make a referral for further evaluation

Examples of relevant trainings include:

- ✓ Impact of Trauma
- ✓ Mental Health First Aid
- ✓ Cultural and Linguistic Competence
- ✓ Classroom Behavior Management Skills
- ✓ Overview of Children's Behavioral Health System



Developing a Trauma-Informed System

Trauma Screening

- ✓ Recognizes high prevalence rates of trauma among school-age youth
- ✓ Provides a standardized, reliable, and valid approach to identifying trauma
- ✓ The best measures are brief and easy to administer by clinical and non-clinical professionals

The Connecticut Trauma Screen

- ✓ Brief (10 items)
- ✓ Easy to administer and score
- ✓ Validated in clinical studies
- ✓ For children age 7 and older
- ✓ Early childhood version in development



Developing a Trauma-Informed System

Practice Change and Evidence-Based Practices

- ✓ Commitment, funding and support
- ✓ Access to evidence-based, trauma-focused interventions
- ✓ Can be delivered by school clinicians, school-based health center, co-located community-based clinicians

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

- ✓ Group-based
- ✓ Designed for in-school implementation
- ✓ Results demonstrate significant improvements in PTSD, depression

EMPS Mobile Crisis Intervention Services

- ✓ Dial 211, press 1 for EMPS
- ✓ Mobile 6am – 10pm weekdays
- ✓ 93% mobility rate
- ✓ Median response time = 25 min.
- ✓ Trained in trauma recognition
- ✓ Access to continuum of community-based services



Developing a Trauma-Informed System

Inter-system Collaboration and Coordination

- ✓ Shared understanding, shared funding
- ✓ Coordinated care, information and data sharing
- ✓ Non-duplication of services
- ✓ Access irrespective of initial contact point

Connecticut Network of Care Transformation (CONNECT)

- ✓ Federal system of care expansion grant
- ✓ Goal is to blend and integrate ALL child-serving systems into a Network of Care
- ✓ Equally and effectively serve all children and families
- ✓ Working to develop statewide and regional infrastructure and service enhancements
- ✓ Based in the values and principles of systems of care





Next Steps

- What **policies & procedures** need to be considered?
- How do you develop **staff knowledge** about trauma & learning?
- How do you **shape schools/classrooms** to be responsive to child trauma victims and improve their ability to succeed in school?
- How do you proactively **screen/identify children**?
- How do you link students in need to **specialized trauma services**?
- How do you **better coordinate** with other system partners?

Questions and Discussion

Thank you!

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Resources:

- www.chdi.org
- www.kidsmentalhealthinfo.com
- www.plan4children.org
- www.ctsbdi.org
- National Child Traumatic Stress Network: www.nctsn.org
- Adverse Childhood Experiences Study: www.acestudy.org