SELF CARE

“Rest and self-care are so important. When you take time to replenish your spirit, it allows you to serve others from the overflow. You cannot serve from an empty vessel.”

- Eleanor Brownn

LEARNING OBJECTIVES

- Participants will be able to identify the rationale and programmatic challenges in creating a multi-stepped approach to addressing children’s mental health needs.
- Participants will learn how school communities can be engaged in forming collaborative partnerships to address educational and mental health issues in school age children.
- Participants will be able to list specific strategies and programming that can assist in overcoming barriers to implementation, which in turn has promoted both adoption and sustainability of evidence-based practice in New Orleans area schools.

PROJECT FLEUR-DE-LIS: THE BEGINNING

- Identify logistical and clinical factors the schools were facing post-Katrina
- Focus on both mental health and educational problems
- Assess and assist in satisfying the hierarchy of needs of schools and communities
- Conduct focus groups
- Build trust with school personnel and their communities

PROJECT FLEUR-DE-LIS SCHOOLS

- Began with 45 schools, mostly parochial
- Include parochial, private, public, and charter
- Located among 3 parishes (counties) in the Greater New Orleans area (Jefferson, Orleans, and St. Tammany)
- Currently, partnering with over 60 schools with over 30,000 students under our umbrella of care
BEST PRACTICE: STEPPED CARE APPROACH TO MENTAL HEALTH INTERVENTION

- Multi-tiered levels of care
- Pro-active focus on addressing symptoms before they interfere with child’s educational or social emotional functioning
- Utilize evidence-based treatment models and identified “best practice” in the field of child trauma

Evidence-Based Practice: A Dynamic Interplay

EBP

Consistent with Family/Client Values

Best Clinical Experience

Best Research Evidence

DUAL PROGRAMMING

Trauma Informed Programming

Tier Three: Community-Based Intervention (TF-CBT)

Tier Two: Classroom-Based Intervention (CBITS)

Tier One: School-Based Intervention (CBI; PFA)

School-Based Identification of All Mental Health & Learning Issues

Community-Based Interventions: Psychology, Psychiatry, Social Work

Classroom - Community Consultation (C3): Triage Child Specific Issues for possible referral into Community

School-Wide Issues: Collective Issues of Resilience and Recovery

DUAL PROGRAMMING

Trauma Specific Programming

Tier Three: Community-Based Intervention (TF-CBT)

Tier Two: Classroom-Based Intervention (CBITS)

Tier One: School-Based Intervention (CBI; PFA)
PSYCHOLOGICAL FIRST AID (Brymer, Steinberg, Watson, & Herrmann, 2008)

- An evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of disaster and terrorism: to reduce initial distress, and to foster short and long-term adaptive functioning.
- Primary objective is to create and sustain an environment of safety, calm, connectedness to others, self-efficacy/empowerment, and hope.

PFA'S CORE ACTIONS

- Contact and Engagement
- Safety and Comfort
- Stabilization
- Information Gathering: Current Needs and Concerns
- Practical Assistance
- Connection with Social Supports
- Information on Coping
- Linkage with Collaborative Services

COGNITIVE BEHAVIORAL INTERVENTION FOR TRAUMA IN SCHOOLS (Jaycox, 2004)

- Target Population: 4th-9th grade students
- 10 child group therapy sessions for trauma symptoms
- 1-3 individual child sessions for exposure to trauma memory and treatment planning
- 2 parent sessions on education about trauma
- 1 teacher session regarding detecting and supporting traumatized students in the classroom

BACKGROUND OF CBITS

- Concerned with the impact of violence on students, Los Angeles Unified School District officials wanted an effective program for traumatized students
  - Based on the best available science
  - Tailored for the school setting
  - Designed for children and families of diverse ethnic and social backgrounds

CBITS GOALS

- Symptom Reduction
  + PTSD
  + General anxiety
  + Depressive
  + Low self-esteem
  + Behavioral problems
  + Aggressive and impulsive
- Build Resilience
- Peer, Parent, & Teacher Support

CBITS POST-KATRINA RESEARCH PROJECT

During the 2006-2007 school year, the most common trauma exposures reported by CBITS students are as follows:

1. Death of Family Member/Parent incarceration
2. Hurricane Katrina/direct exposure or homes and communities destroyed
3. Community Violence

CBITS ONGOING RESEARCH PROJECT

During the past three school years, the most common trauma exposures reported by CBITS students are as follows:

1. Serious injury/Death of a loved one due to community violence
2. Hurricane Katrina
3. Seeing a dead body in town
4. Being beaten up/Shot at/Threatened to be hurt badly in your town

TRAUMA FOCUSED-CBT (COHEN, MANNARINO, & DEBLINGER, 2006)

- Evidence-based intervention designed to integrate trauma sensitive interventions with cognitive behavioral strategies
- Provided to children ages 3-18 years old
- Time limited (12-20 sessions)
- Parent/caregiver involvement
- Skill based components and gradual exposure

TF-CBTS TREATMENT APPROACH

- PRACTICE:
  + Psycho-education and Parenting skills
  + Relaxation
  + Affective expression and regulation
  + Cognitive coping
  + Trauma narrative development and processing
  + In vivo gradual exposure
  + Conjoint parent child sessions
  + Enhancing safety and future development

IT IS ALL ABOUT ACCESS!!

- CBITS (N=58)
  + Group and individual sessions at the child’s school
  + 53 completed treatment
  + 2 dropped out, 2 pulled out by parents, 1 left school

- TF-CBT (N=60)
  + Individual appointments at Community MH Clinic
  + 7 completed treatment
  + 6 ineligible
  + 1 diagnosed with Asperger’s + PTSD Symptoms
  + 16 did not come to appointment, 7 no interest, 16 never reached


DUAL PROGRAMMING

School-Based Identification of All Mental Health & Learning Issues

- Community Based Interventions: Psychology, Psychiatry, Social Work
- Classroom - Community Consultation (C3): Triage Child Specific Issues for possible referral into Community
- School-Based Identification: Collective Issues of Potential and Recovery

Community Based Interventions: Psychology, Psychiatry, Social Work

Classroom - Community Consultation (C3): Triage Child Specific Issues for possible referral into Community

School-Based Identification: Collective Issues of Potential and Recovery
**C³ GOALS**

- To eliminate all barriers to receiving services
- To provide an efficient triage system for students in need of intensive interventions and services
- To guide school-based mental health professionals in their daily interventions with students to catch school related problems early
- To serve as a clearinghouse of information/resources
- To increase knowledge of trauma-related issues in youth
- To strengthen relationships among participants

**C³ REFERRAL PROCESS**

- School counselor or social worker identifies child’s needs and contacts parent
- Gathers information from parent, teachers, and child and sends to PFDL
- Uses electronic record system to create referral form and to document referral
- Attends meeting to staff case with PFDL clinical advisory team
- PFDL contacts parent to schedule appointment(s) and follow up

**POTENTIAL C³ REFERRAL OPTIONS**

- Individual Therapy/Family Therapy
- Group Therapy
- Behavior Management/Parent Training
- Case Management
- Psycho educational Testing
- Comprehensive Psychological Testing
- School Consultation/Observation
- Developmental Evaluation
- Psychiatric Evaluation
- Medication Management
- No Referral Necessary

**PFDL C³ INSTRUMENTS**

- Hurricane Assessment Instrument
- Achenbach Child Behavior Checklist (CBCL)
- Teacher Report Form (TRF)
- Pediatric Symptom Checklist
- The Strengths and Difficulties Questionnaire

**EVOLUTION OF C³**

- Shift from weekly meetings to monthly meetings to no meetings
- Conduct clinical interview and assessment with parent over the phone to determine needs and to make an appropriate referral
- Enhance of case management services due to increase in the complexity of cases
- Transition to monthly continuing education presentations to augment knowledge and provide ongoing peer to peer networking and support
EVOLUTION OF PROJECT FLEUR-DE-LIS

- Bullying/Cyber bullying Presentations
- CEU Presentations
- Crisis Prevention and Intervention Services
- Disaster Response Support/Consultation
- Evidence-Based Treatment in Schools
- Summer Hurricane Preparedness Workshops
- Trauma-Informed Trainings & Consultations
- Trauma and Self Care Workshops
- Workforce Development

IMPACT OF PROJECT FLEUR-DE-LIS

- Provided bullying/cyberbullying presentations for almost 11,000 students, teachers, and parents/caregivers
- Triage over 1,700 students through our Classroom-Community Consultation (C3) referral model
- Provided over 40 CEU presentations to over 1,250 school mental health professionals
- Provided crisis intervention services for over 25 schools and almost 1,000 administrators, teachers, and students
- Provided trauma-informed services to over 650 students
- Provided hurricane preparedness workshops to 975 students
- Provided trainings for 875 school and community mental health professionals as well as many first responders
- Provided trauma education and/or self care presentations to 1,200 faculty, administrators, and mental health professionals
- Supervised over 35 interns/externs who have given over 7,000 hours to assist us in providing school-based services to students

EXPANSION OF PROJECT FLEUR-DE-LIS

Creating & Expanding Our Trauma-Informed System of Care

TRAUMA INFORMED PROGRAMMING 2005 - 2012

Tier Three: Community-Based Intervention (TF-CBT)
Tier Two: Classroom-Based Intervention (CBITS)
Tier One: School-Based Intervention (PFA)

NEW BEST PRACTICE ADDED IN 2012

TF-CBT
CBITS
SPARCS
PFA
**STRUCTURED PSYCHOTHERAPY FOR ADOLESCENTS RESPONDING TO CHRONIC STRESS (SPARCS; DEROSA, ET AL, 2006)**

- Group intervention created to address the needs of chronically traumatized adolescents and addresses the elevated risk of further trauma exposure early in the intervention through individualized safety planning.

- Designed to “spark” active coping through the identification of youth strengths and hopes for the future and to address current problems by exploring the ways that trauma reminders support maladaptive coping strategies.

**GOALS OF SPARCS**

- To Support Adolescents in Cultivating the 4 C’s:
  - Cultivate awareness,
  - Cope more effectively,
  - Connect with others,
  - Create meaning

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**NEW BEST PRACTICE ADDED IN 2014**

- TF-CBT
- CBITs
- Bounce Back
- SPARCS
- PFA

**BOUNCE BACK (LANGLEY & JAYCOX, 2012)**

- Target Population: K – 5th grade students
- 10 child group therapy sessions for trauma symptoms
- 1-3 individual child/parent sessions for exposure to trauma memory and treatment planning
- 3 parent sessions on education about trauma
- 1 teacher session regarding detecting and supporting traumatized students in the classroom; session by session teacher emails

**BACKGROUND OF BOUNCE BACK**

- Concerned with the impact of trauma on elementary school students and hopes to build resilience to helps students bounce back to a quality level of functioning and wellbeing in their school and community. Bounce Back is:
  - Based on the best available science
  - Tailored for the school setting
  - Designed for children and families of diverse ethnic and social backgrounds
LESSONS LEARNED

School-based mental health services are best for children after disasters
- Provide the best care, to the most children, by many providers (school counselors/social workers, outside mental health providers, teachers)

School-based mental health professional engagement can be robust if their expertise is acknowledged and combined with best practices

LESSONS LEARNED

Many children and adults will not need mental health services after disaster; upwards of 80%
- Their resiliency needs limited or no support

Children and adults with pre-existing mental health conditions and past trauma exposures are vulnerable and must not be overlooked

Individuals heal at different rates which can cause tension in relationships and rifts among communities

LESSONS LEARNED

Pets are family members too
- Support groups for children who lost their pets during and after the disaster

Teachers are being asked to wear so many different hats post-disaster that it is important to acknowledge what they are going through and provide Care for the Caregiver trainings and resources
- Common mistake in schools post disaster

LESSONS LEARNED

Compassion Fatigue:
“The wounded healing the wounded”

“The good”:
You understand your community

“The bad”:
Too much to do, no rest, and no apparent end

MOVING BEYOND SELF CARE 101

RESOURCES

- SAMHSA: http://www.samhsa.gov/trauma/
- NCTSN: www.nctsn.org
- NCTSN’s Child Trauma Toolkit for Educators: http://www.nctsn.org/resources/audiences/school-personnel/trauma-toolkit
- PFA: http://www.nctsn.org/content/psychological-first-aid
- CBITs: www.cbitprogram.org
- TF-CBT: http://tfcbt.musc.edu/
- Actively Caring for People (AC4P): www.ac4p.org
- Self Care Assessment Worksheet: https://files.counseling.org/wellness_taskforce/PDF/ACA_taskforce_assessment.pdf
- Email me: Laura.danna@mercy.net
- Like us on Facebook & Follow us on Twitter!