

Fourth Meeting of the Cross-State Collaborative to Support Schools in the Opioid Crisis (CCSSOC)

July 14, 2020

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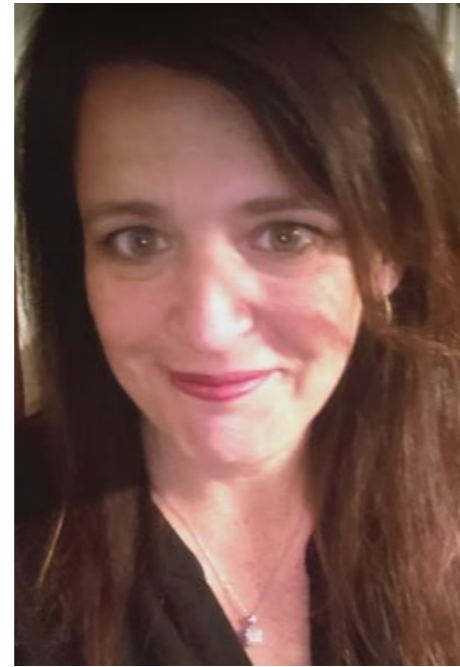


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Agenda



Time	Agenda item
2:00 – 2:05 p.m.	Welcome and introductions
2:05 – 2:50 p.m.	Panel: Student and educator needs and supports as schools plan for re-opening
2:50 – 3:05 p.m.	School-based mental health and trauma screening
3:05 – 3:25 p.m.	Trauma screening in practice
3:25 – 3:30 p.m.	Wrap-up and next steps

Panel: Student and Educator Needs and Supports as Schools Plan for Re-opening



Panelists

- **Martha Montgomery, Ed.S.**, School Psychology Specialist, Virginia Department of Education
- **Nicole DeVries, Ph.D.**, Director of K-12 and Gifted Programs, Virginia Beach City Public Schools
- **Damien Sweeney, Ed.D.**, Program Coordinator for Comprehensive School Counseling, Kentucky Department of Education
- **Courtney Whitehead, MA, LPC, NCC**, Director of Assessment, Accountability, & School Counseling, Monongalia County Schools



Panel discussion

- What are major **student and educator needs** you have identified (or anticipate) as schools plan for re-opening, particularly around mental health and trauma?
- What kinds of relevant **supports or resources** have you considered or planned?



School-based Mental Health and Trauma Screening



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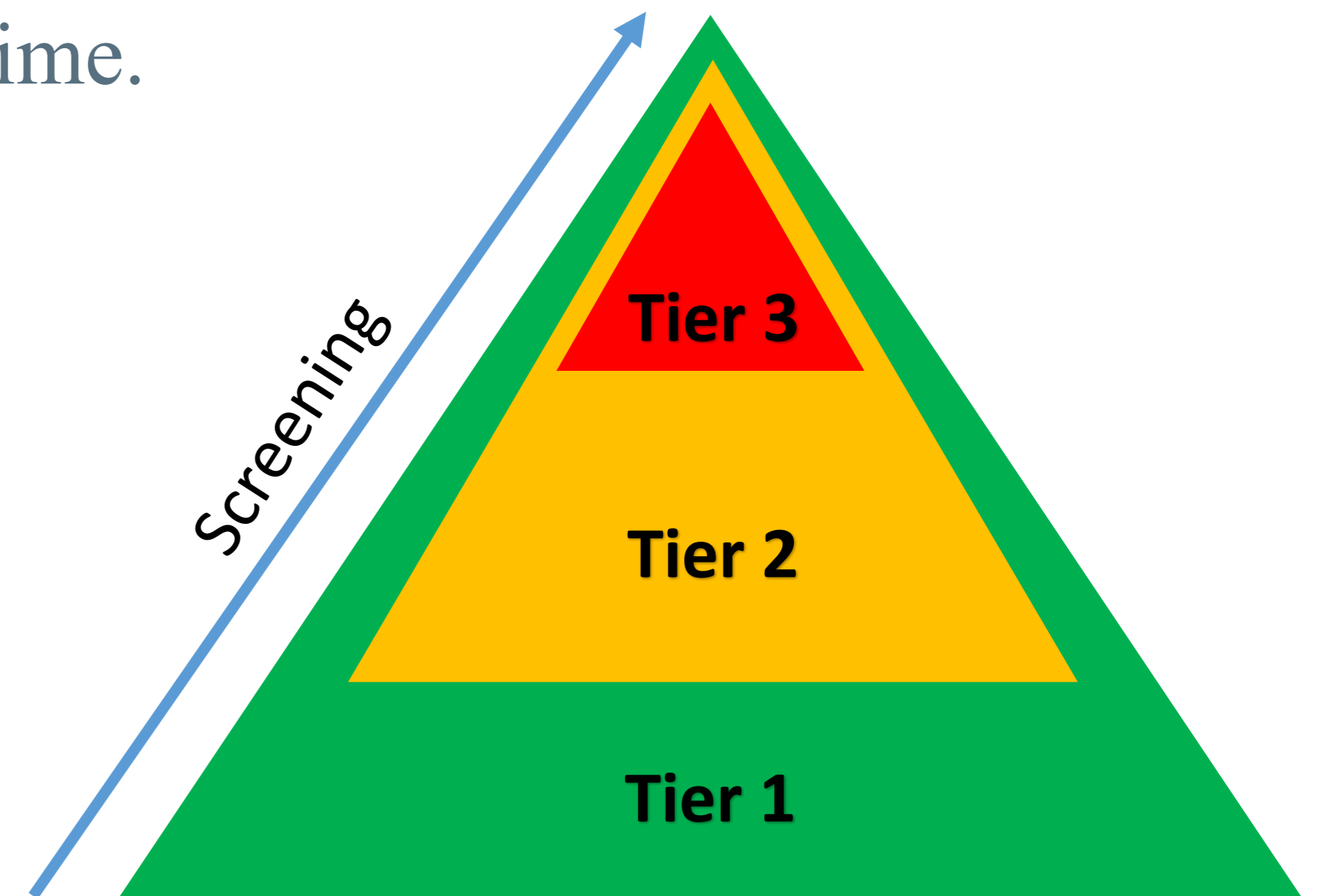
What is school-based universal screening?

- Use of a systematic tool or process (e.g., brief measures, teacher nomination procedures) to identify students' strengths and needs, experiences, and symptoms.
- Conducted for *all* students, not just students at risk.
- Most commonly used to identify students who are experiencing, or at risk of, social, emotional, mental health, and/or behavioral difficulties.
 - Identification is *NOT* a diagnosis.



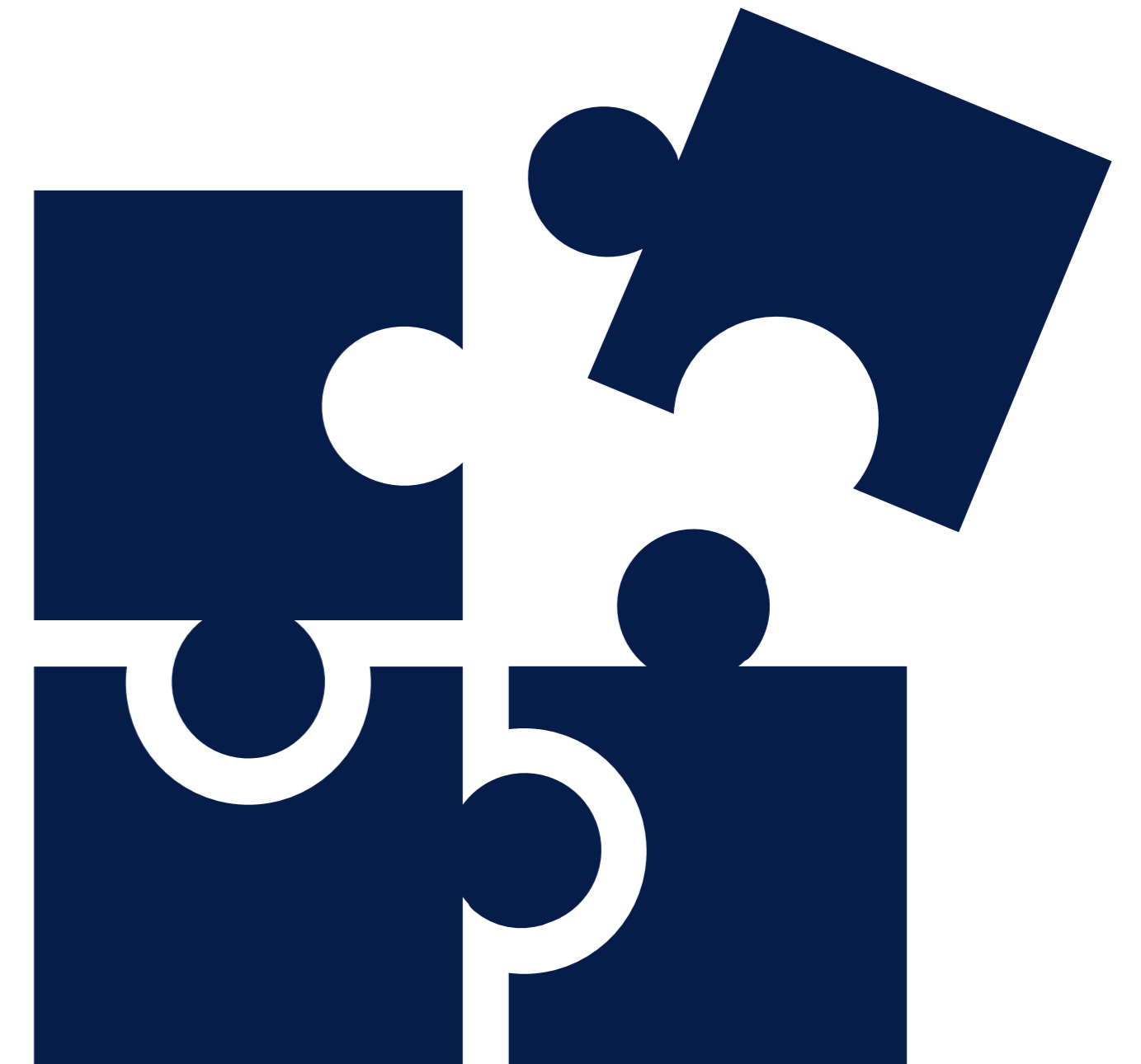
Why screen?

- Inform decisions about when to apply prevention and early intervention resources.
- Provide access to mental health supports.
- Identify strengths and concerns specific to certain subsets of students.
- Provide baseline data for monitoring students over time.
- Administer a critical component of MTSS.

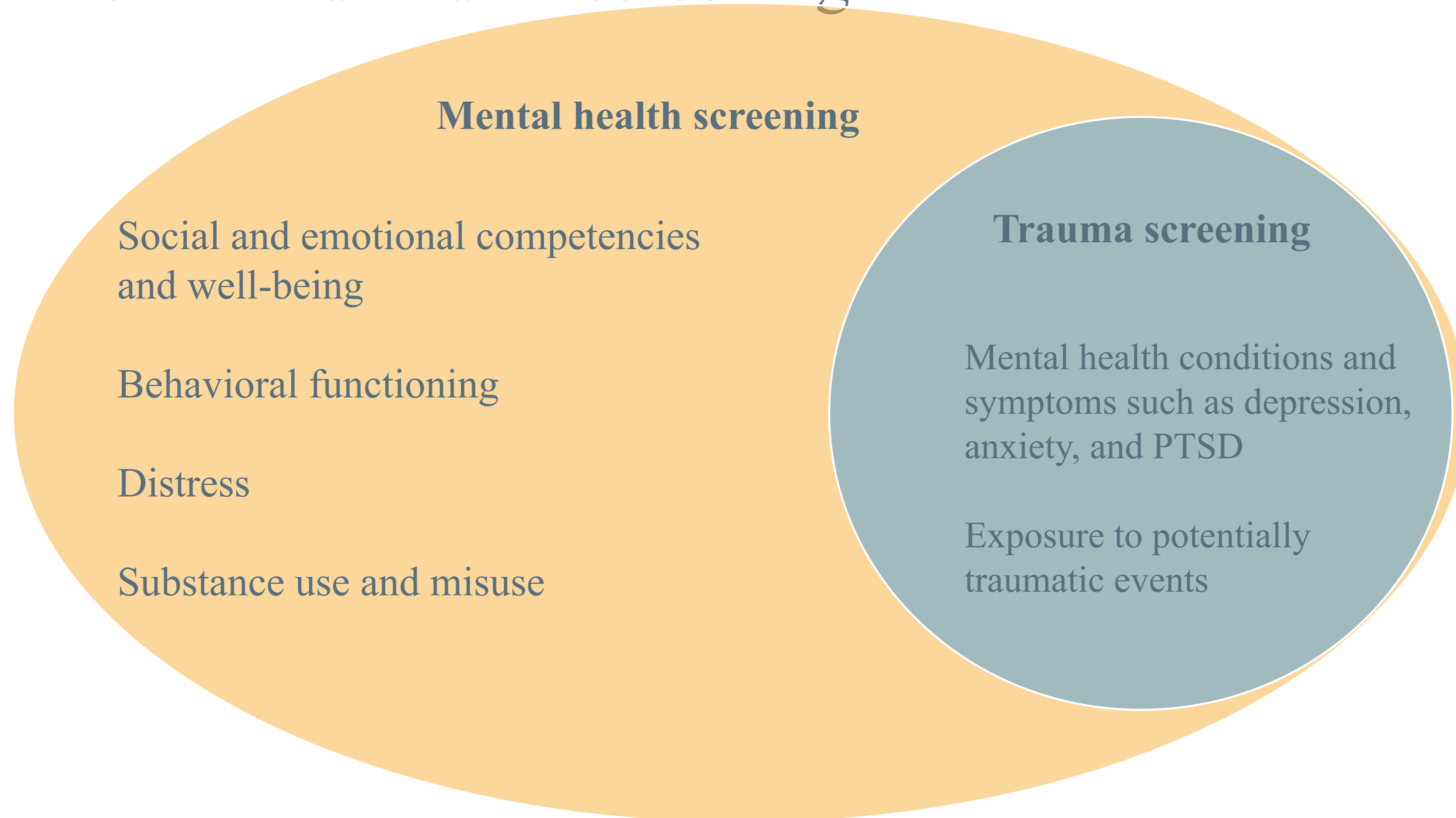


Challenges with screening

- Lack of awareness of screening procedures and practices.
- Limited time and resources.
- Concerns about consent/assent and privacy.
- School capacity to address identified needs.



Mental health and trauma screening



Getting started: 5 major steps



Build a foundation

- Team (re)assembly
 - Define roles and responsibilities
- Data infrastructure and management
 - Enhance existing data and data systems
- Staff, student, and family buy-in
 - Seek feedback and provide information during focus groups, parent and staff meetings
- Cultural considerations
 - Inquire about experiences and perspectives of different communities and subgroups of students/families



Clarify goals

- Define your **purpose** for screening students.
 - Examples: to provide classroom support; to inform tier 1 SEL programs; to refer students to tier 2 or tier 3 interventions
- Articulate the factors that are critical for your **community context**.
 - Examples: high rates of community violence, poverty, opioid epidemic
- Identify relevant goals of your **stakeholders** (e.g., parents, staff, students).



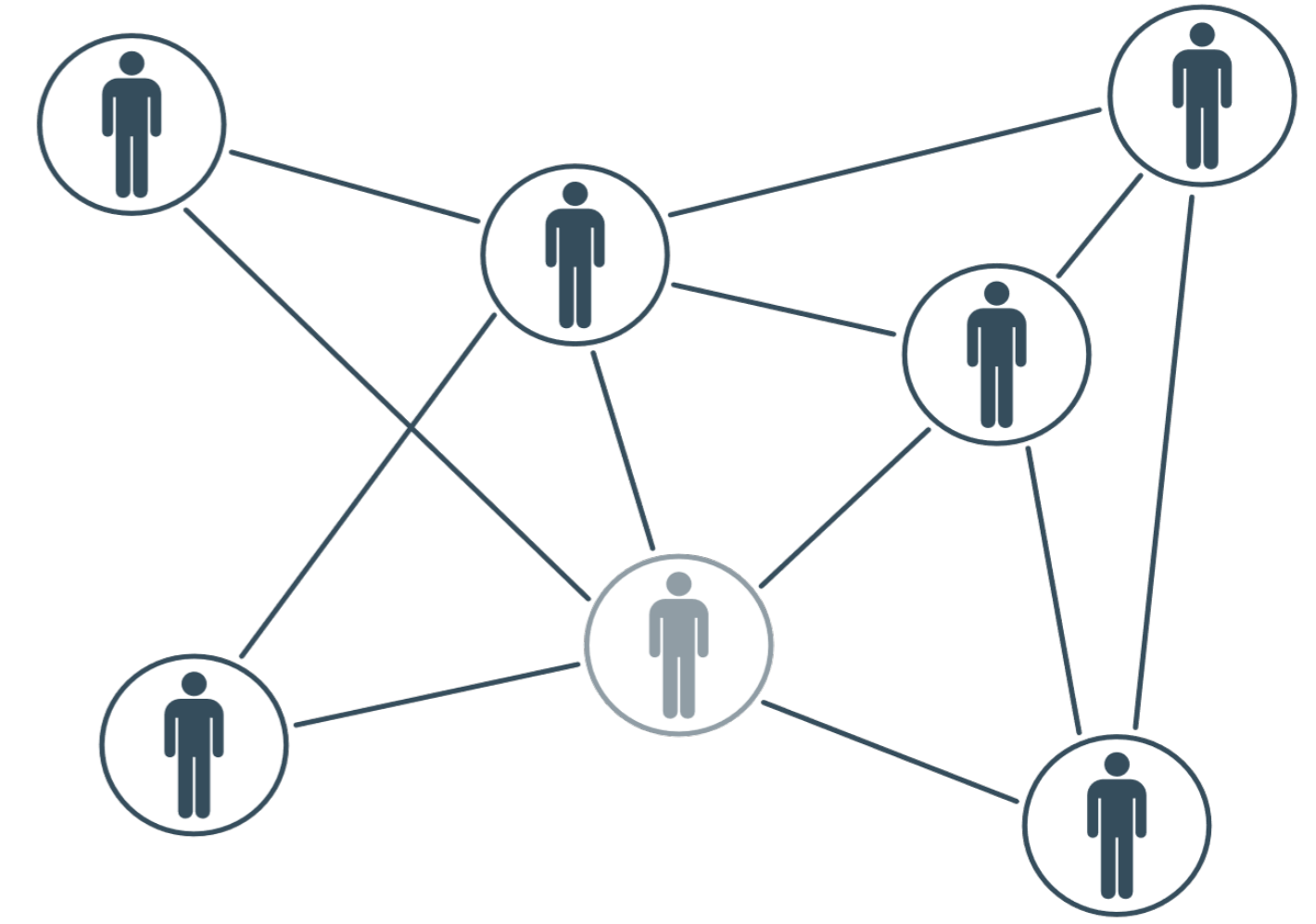
Consider what **existing data** you can use to identify student needs.

- Examples: disciplinary incidences, attendance, school climate and health surveys



Identify resources and logistics (and gaps)

- Timeline and frequency to administer screening(s)
- Staffing to collect, review, and act on findings
- Budget
- Referral pathway and available resources
- Resource mapping to identify and evaluate internal and external supports/services (e.g., across MTSS tiers). See:
 - School Mental Health Quality Guide: Needs Assessment and Resource Mapping
 - <http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Needs-Assessment-&-Resource-Mapping-2.3.20.pdf>
 - Center for Mental Health in Schools at UCLA: Resource Mapping and Management to Address Barriers to Learning: An Intervention for Systemic Change
 - <http://smhp.psych.ucla.edu/pdfdocs/resourcemapping/resourcemappingandmanagement.pdf>



Select an appropriate screening tool: Considerations

- Intended use and relevancy to population
 - Developmental/age appropriateness, cultural relevance, and potential triggers
- School/district context
- Psychometrics
 - Reliability and validity (of full or partial scale)
- Cost
 - Financial and personnel burden; feasibility
- Method of administration (e.g., self, individual, group)
- Time for administration and scoring
- Available training and technical support
- Main types of tools
 - Existing screening measures/tools
 - Teacher nomination/observation
 - Other relevant indicators (e.g., grades, ODR)



Select an appropriate screening tool: Resources

- The School Health Assessment and Performance Evaluation (SHAPE) System's Screening and Assessment Library
 - <https://www.theshapesystem.com/assessmentlibrary/>
- Defending Childhood State Policy Initiative's Guidance for Trauma Screening in Schools
 - <https://www.nasponline.org/x37269.xml>

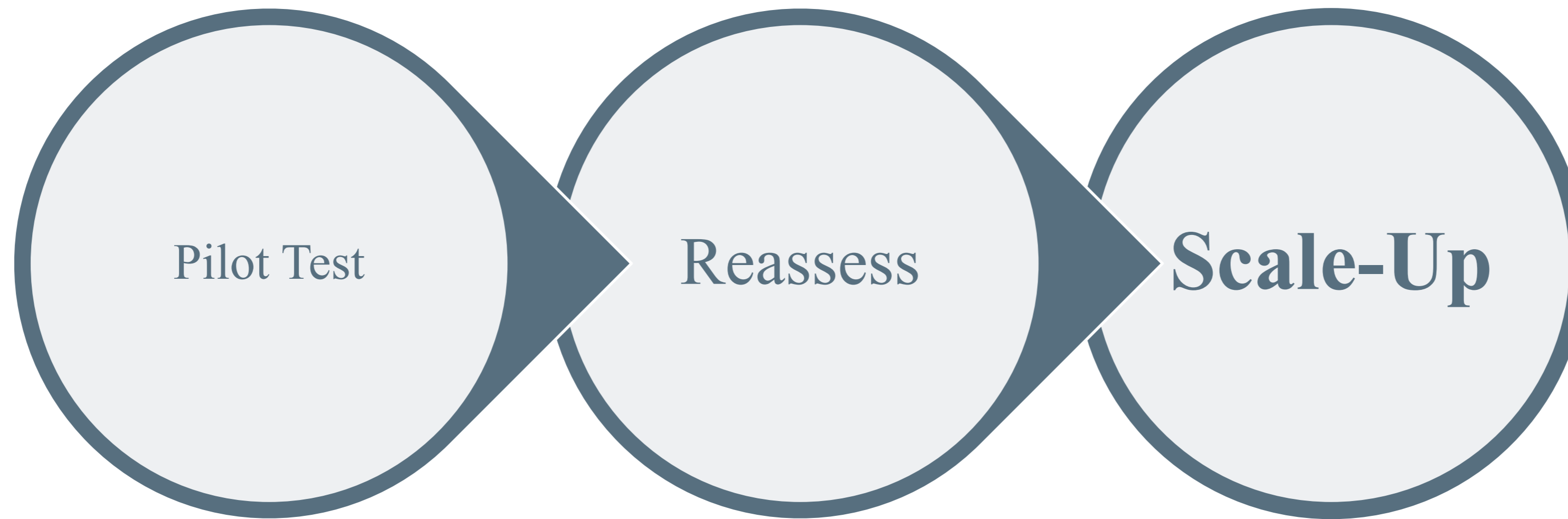


Determine data collection and administration processes

- Parental consent: active, passive/opt-out
 - State laws or district policies, IRB
- Student assent
 - Voluntary completion; missing data issues
- Communication with families, students, and school staff about screening
- Cultural considerations
- Response to triggers/mandated reporting issues
- Data management and privacy
 - FERPA and HIPAA
- Electronic vs. paper/pencil administration

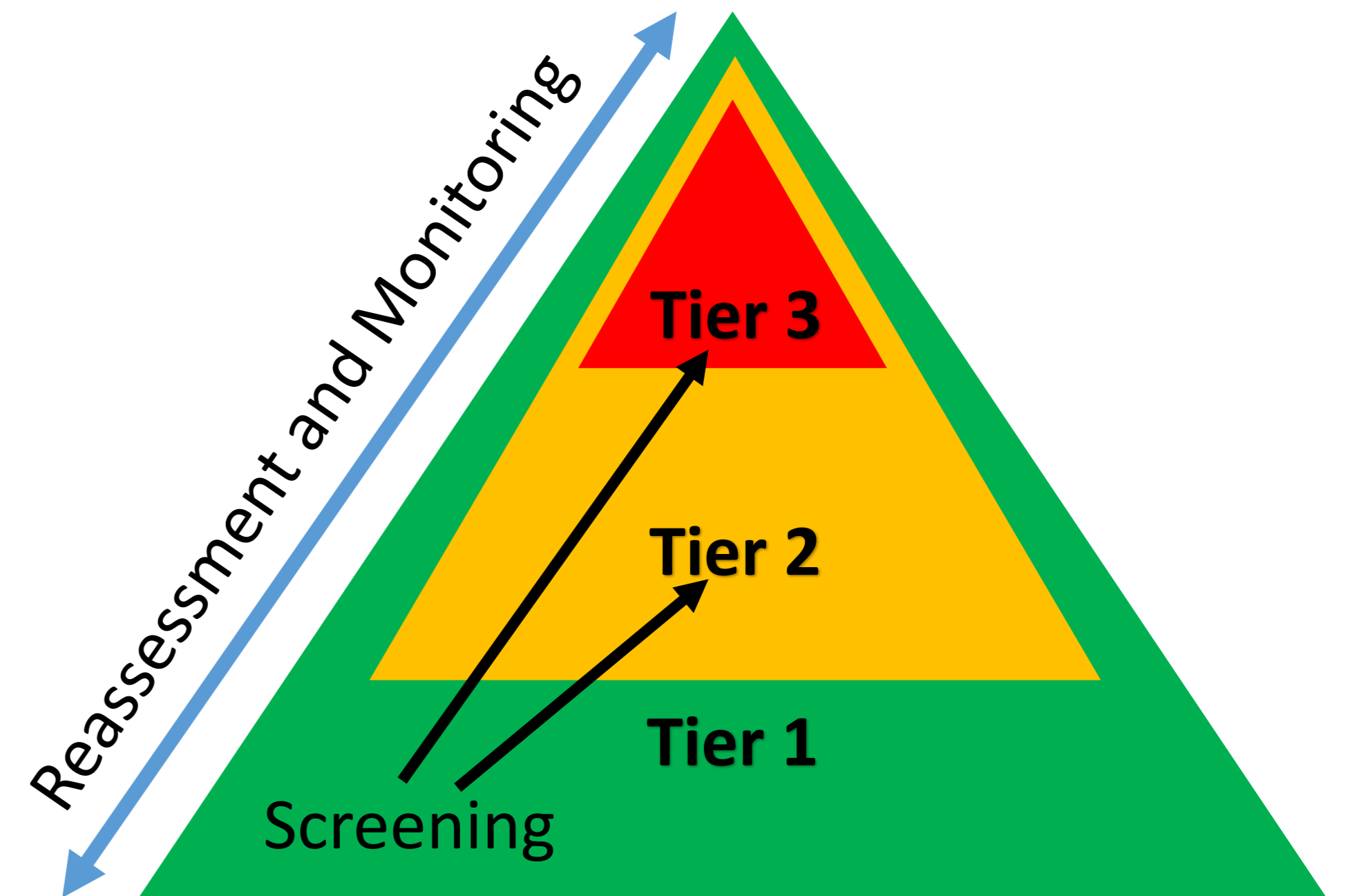


Implementation: Start **SLOW** and **SMALL**



Following up

- Tier 1
 - Class- or schoolwide SEL curricula
 - Staff and/or parent psychoeducation trainings
- Tier 2
 - In-school support groups
 - Mentoring
 - Low-intensity classroom-based supports
- Tier 3
 - In-school mental health support staff
 - Local community mental health centers
 - Substance Use Disorder Treatment Centers
- Reassessment and Monitoring



Resources

- School Mental Health Quality Guide: Screening
 - <http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Screening-1.27.20.pdf>
- Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools (SAMHSA)
 - https://www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf

Trauma screening in practice



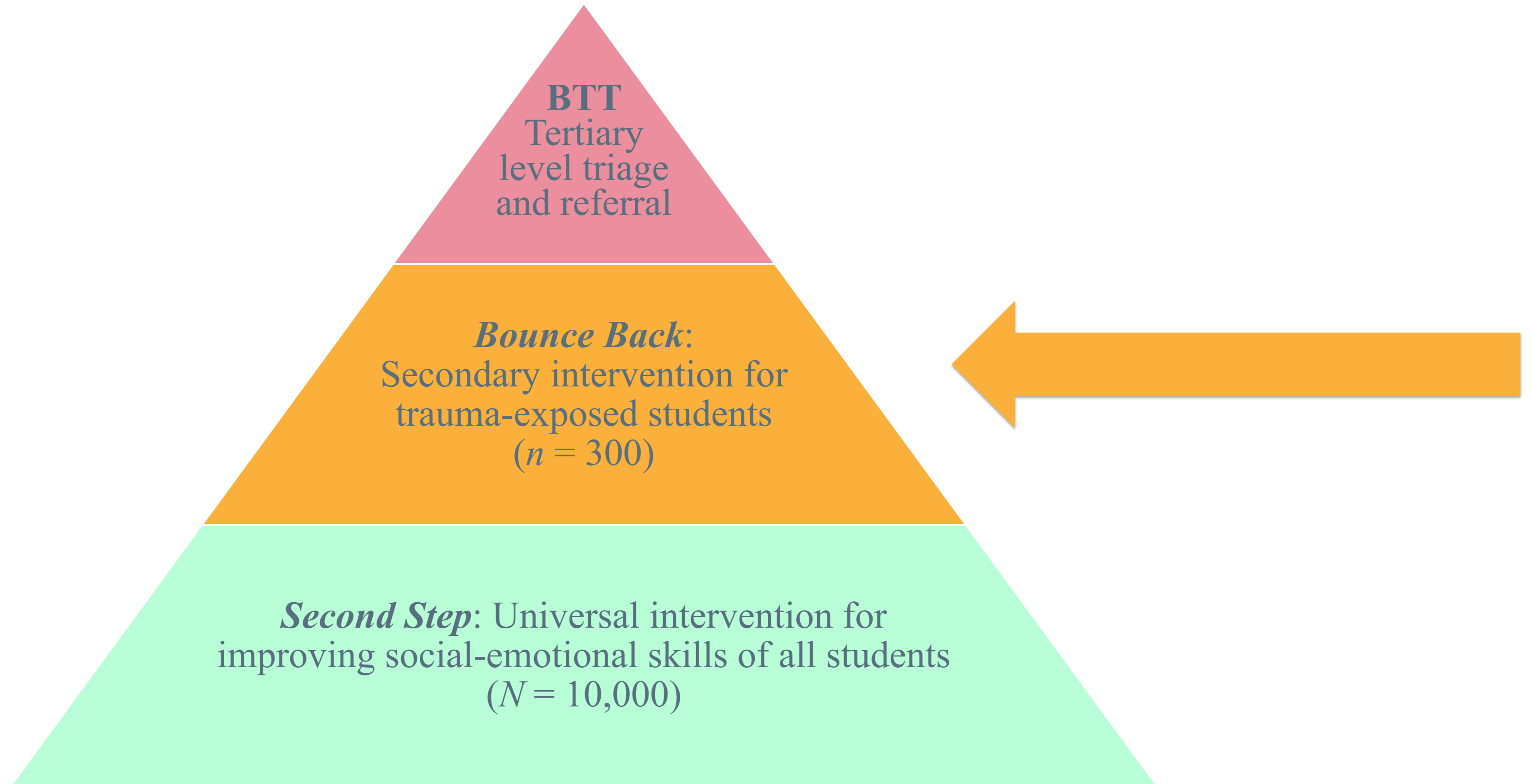
Michelle Woodbridge
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Project **SECURE** to promote Safety, Equity, Caring, Understanding, and Resilience

- **Purpose:** Implement and evaluate a multi-tiered evidence-based framework to strengthen the **resilience** of diverse students who are the most vulnerable to disciplinary exclusion, gang involvement, and **trauma**.
- **Strategies:**
 - Implement **universal** and **targeted** interventions (*Second Step* and *Bounce Back*) to improve social-emotional skills, reduce bullying, and ameliorate the devastating effects of trauma.
 - Conduct **rigorous evaluation** of implementation and outcomes.
 - Provide **support and consultation** to school administrators, classroom teachers, and school social workers (SSWs) implementing interventions.

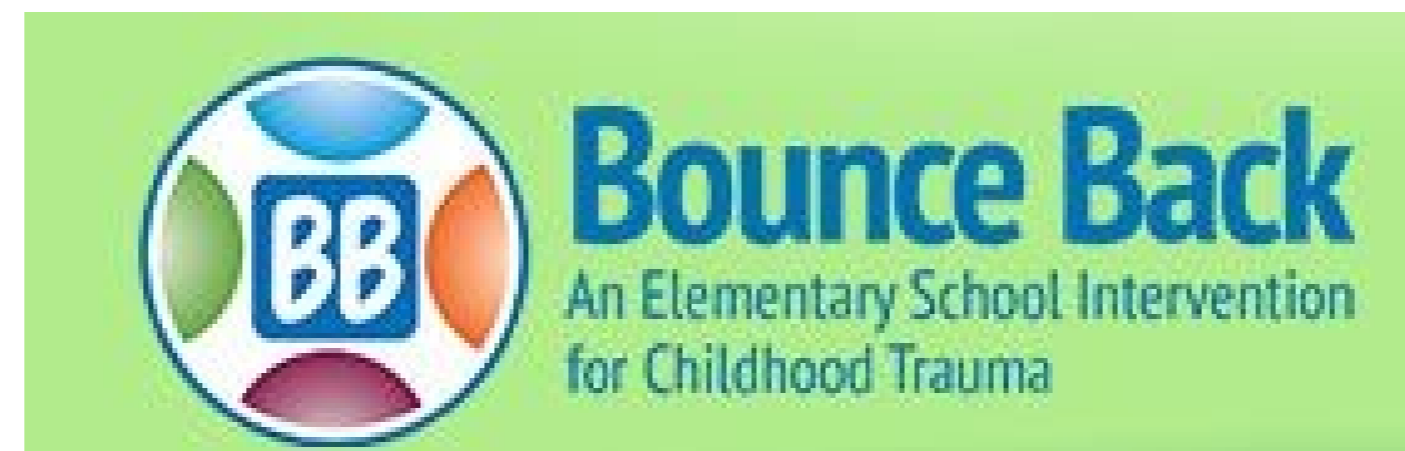


Project SECURE framework: Multi-tiered approach



Bounce Back

- Bounce Back: Tier 2 intervention for students in grades K–5 who have experienced significant traumatic stress.
- This program is included in the [Menu of Trauma-Informed Programs for Schools](#) resource (promising level of evidence).
- School social workers (SSWs) deliver the program during school day:
 - 10 group therapy sessions (up to 7 participants) + 2–3 individual/parent sessions with focus on:
 - Weekly SSW supervision group, coaching and guidance from mentor SSWs, consultation from BB developers (UCLA)



Assessing elementary school students: Considerations



Age appropriateness/**developmental appropriateness** of assessment instrument

- Young children construct knowledge in hands-on ways.
- Children develop in 4 domains—physical, cognitive, social, and emotional—at a different pace.
- Decisions about a child’s needs should never be based on a single test result.



Cultural appropriateness

- A one-size-fits-all assessment will not accurately assess most young children.



Time considerations

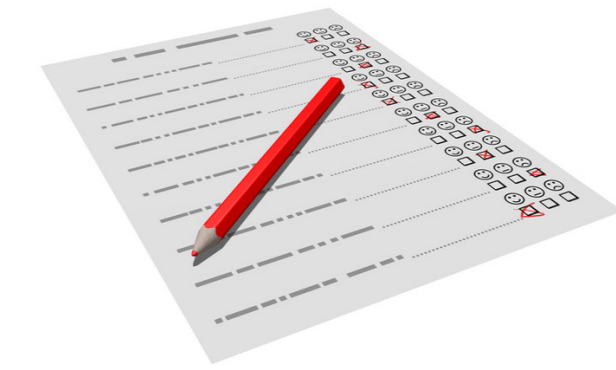
- Assessments should be administered in a one-on-one setting and in short segments over a period of days or even weeks.

Assessing elementary school students: Further considerations

- Diverse youth are **less likely to receive mental health services**, particularly for internalizing symptoms.
- The **disparity in treatment** can be linked to cultural practices and beliefs about mental illness and to **cultural competence and discrimination** issues.
- **Screening and school-based services** must explicitly address these factors.

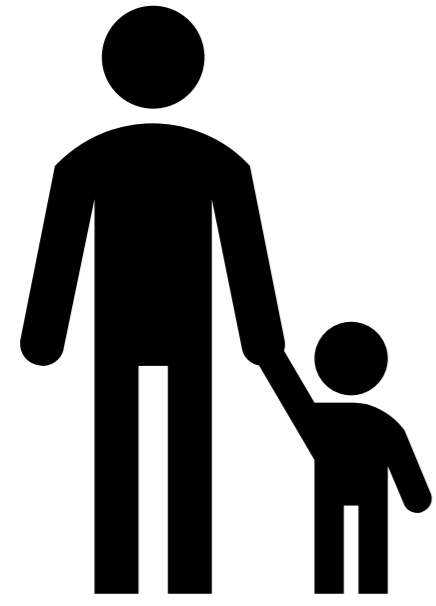


Screening students for exposure to trauma: v1

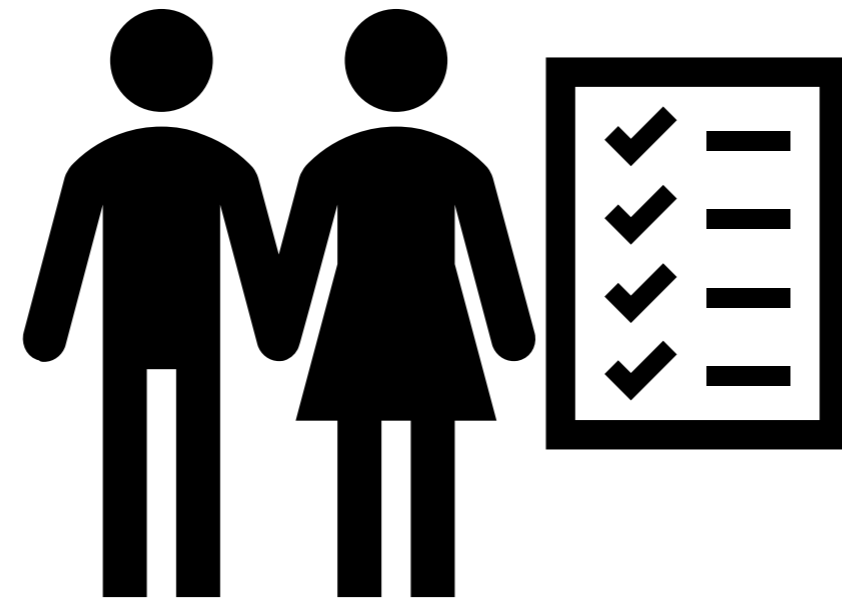


- School-based **clinicians** privately and **individually screen** children (read each question aloud and validate answers) and ask **parents** to complete surveys.
 - Modified Traumatic Events Screening Inventory for Children (TESI-C-Brief) (Ford et al., 2000)
 - PTSD Reaction Index (Steinberg, Brymer, Decker, & Pynoos, 2004), a 20-item parent and child report of posttraumatic stress symptoms; items correspond to DSM-IV PTSD criteria
- Inclusion criteria
 - Experience of 1+ traumatic events
 - Symptoms of PTSD in moderate or higher levels of severity
- Exclusion criteria
 - Presence of a severe psychiatric disturbance or sexual abuse
- In original Bounce Back study, **29%** of children were deemed eligible for intervention.

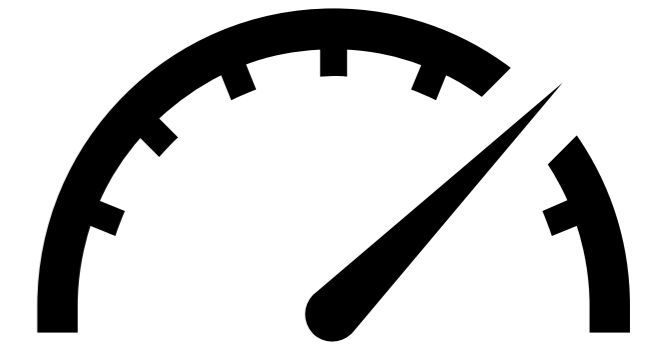
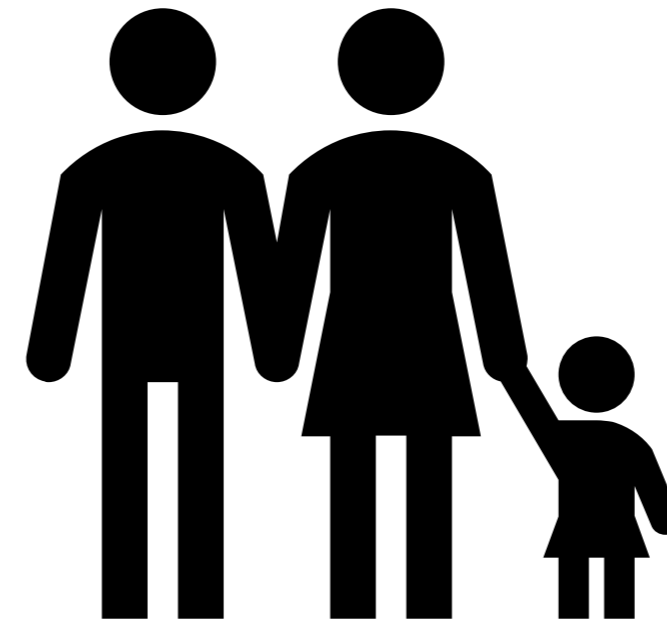
Screening v1



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Clinician and child 1:1

Parent/caregiver survey

Validation of responses

Determination of eligibility



Challenges to screening v1: Local district considerations

- Research goals: Practical challenges
 - Research study goal = **100 children** in Bounce Back cohort sample per year
 - If 20% of children show elevated traumatic stress and 50% consent to research study, we must screen at least 1,000 children
 - 90 minutes per child = **1,500 hours** to complete screening (250 school days)
- Logistics: Resource challenges
 - Dedication of school clinicians to screening
 - Parent/caregiver completion and submission of screening tools (language, literacy, burden)



Screening students for exposure to trauma: v2.2



- **Classroom SST** (Student Success Team) process to review each student's academic and behavioral functioning and identify those in need of additional intervention
 - Potential team members: classroom teacher, administrator, school social worker, student advisor, school psychologist, family liaison, nurse, previous teacher
- Classroom SST objectives:
 - Identify students in need of **academic and behavioral**/social emotional supports.
 - Identify students (grades 4-5) with **traumatic stress** who are eligible for Bounce Back program.
- Process facilitated by School Social Worker (SSW)
 - Teachers review cumulative files; input state **test scores** and **IEP** status for each student.
 - SSWs review cumulative files and intervention databases; input **attendance, ODRs**.

Screening students for exposure to trauma: v2.2

- To **increase identification** of children with **internalizing** behavior problems, we enacted SST enhancements with Cohorts 2 and 3:
 - Process aligns with Systematic Screening for Behavior Disorders (Walker & Severson, 1992).
 - SST team first nominates (at least) 5 students with **externalizing** behavior problems and 5 students with **internalizing** behavior problems (sample profiles provided).
- Of the 10+ nominated students, SST team uses the **Modified ACEs Screener** to indicate known trauma experiences of students.
- Eligibility =
 - 1+ event on modified ACEs (i.e., has experienced trauma) +
 - 1+ issue on Symptoms Checklist (i.e., displays symptoms of traumatic stress) +
 - 1+ academic, attendance, or behavior/social emotional concern +
 - Group appropriateness



Bounce Back Eligibility Guidelines - STEP 1 Symptom Checklist

- *Teacher selects 10 students (5 internalizer and 5 externalizer) who most closely match each behavior profile*
- *Even if it is difficult for teachers to identify 5 students for each profile, it is critical to have equal number of students for each profile*
- *If a student shares both behavior characteristics, rank the student on the profile which seems to best characterize his/her overall behavior pattern.*
- *Teachers are to rank order students based on their observations and interactions during the past month or longer (students known less than one month should not be included/identified).*

1. Ask Teacher/Staff to review description of Internalizing

Internalizing refers to behaviors that are directed inwardly, away from the social environment (i.e., self-directed), that often involve behavioral deficits, patterns of social avoidance, and/or problems with self. Internalizing includes deficits such as being socially unskilled, excessively shy, timid or withdrawn; and exhibit conditions such as depression, school phobia and social isolation/peer rejection. Such students often do not participate in peer-controlled activities and are unresponsive to social initiations by others.

Internalizing behavior examples (problems) include:

- | | |
|--|-----------------------------------|
| • Having low or restricted activity levels | • Acting in a fearful manner |
| • Not talking with other students | • Being shy, timid or unassertive |
| • Avoiding or withdrawing from social situations | • Not talking with other students |
| • Unresponsive to social initiations by others | • Not standing up for one's self |
| • Sleepiness and nightmares | • Preferring to spend time alone |
| • Frequent reports of stomach or headaches | • Appearing sad |

2. Ask Teacher/Staff to identify five students in their class who closely match the above profile. List the five student on Bounce Back Worksheet.

3. Ask Teacher/Staff to review description of externalizing

Externalizing refers to behaviors that are directed outwardly by the student towards the external social environment (i.e., away from self) and that involve behavior excesses which are usually maladaptive and aversive to others (i.e., considered inappropriate by teachers and other school personnel). This dimension includes aggressive behavior, hyperactivity, conduct disorders, anti-social behavior patterns and non-compliance/defiance.

Externalizing behaviors include:

- | | |
|---|---|
| • Disturbing others | • Not complying with teacher instructions or directives |
| • Displaying aggression toward objects or persons | • Not following teacher or school imposed rules |
| • Forcing submission of others | • Being out of seat |
| • Defying the teacher or other authority figures | • Having tantrums |
| • Being hyperactive | • Arguing |
| • Stealing | |

4. Ask Teacher/Staff to identify five students in their class who closely match the above profile. List the five student on Bounce Back Worksheet.

Bounce Back Eligibility Guidelines - STEP 2 Modified ACES Tool

INITIAL ELIGIBILITY GUIDELINES

Adverse Childhood Experience (ACE) Screener has been modified by Chris Blodgett at WSU (2012) to include immigration-related trauma because it is a frequent-enough occurrence in the students served by SFUSD. Below is a list of 12 events from the ACES screener.

BOUNCE BACK ELIGIBILITY

In the Classroom SST meeting, school staff should review the events on the Modified ACES screener below and indicate if a student has experienced any of the events listed. Staff who are indicating yes to an event should only endorse items that are known (i.e., should not report opinions or suspicions).

Please note the number of the guideline on the Classroom SST grid.

Bounce Back Initial Eligibility Guidelines
<ol style="list-style-type: none"> 1. CPS referral or involvement due to: <ul style="list-style-type: none"> ○ Emotional abuse (often sworn at, insulted, put down, humiliated, or threatened) ○ Physical abuse ○ Sexual abuse ○ Emotional neglect (made to feel that no one in family loved them or thought they were important or special) ○ Physical neglect 2. Exposure/witness to domestic violence (adult interpersonal violence between parents/caregivers) 3. Homelessness or highly transient housing 4. Separation from parent/caregiver due to divorce, separation, or abandonment 5. Death of a primary caregiver 6. Family member incarceration 7. Family member with physical disability 8. Family member with mental illness 9. Family member with substance or alcohol abuse 10. Exposure to (or experience of) community violence 11. Severe basic needs concerns 12. Immigration related trauma

Screening v2



Meeting of SST team

SST team review of data

Identification of student needs

Determination of eligibility

Estimated 60-90 minutes per class

Classroom SST screening results: Cohorts 1 & 2

	Cohort 1	Cohort 2
Schools	10	10
Classrooms	34	46
Students screened	915	1,084
Students eligible	174 (19%)	166 (15%)
Range per school	6–34%	4–51%
Students with consent	76 (44%*)	91 (79%*)

*Not all eligible students were invited to participate in the study:
Exclusion criteria included: Children not 'group ready,' involved in other intensive interventions, immature or attention/behavior issue, language issue

Wrap-up and Next Steps



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Website: Trauma Support for Schools

- Curated evidence-based tools, practices, and resources for educators, policymakers, and relevant community organizations to support schools in addressing student and educator trauma.
- Members can submit resources under 6 overarching topics that members have identified as high-priority needs (subject to change).
 - Trauma programs
 - Assessment and early identification of student needs
 - Educator supports
 - Family engagement and supports
 - School-community partnerships
 - Systems-level issues and policies



Trauma Support
for Schools

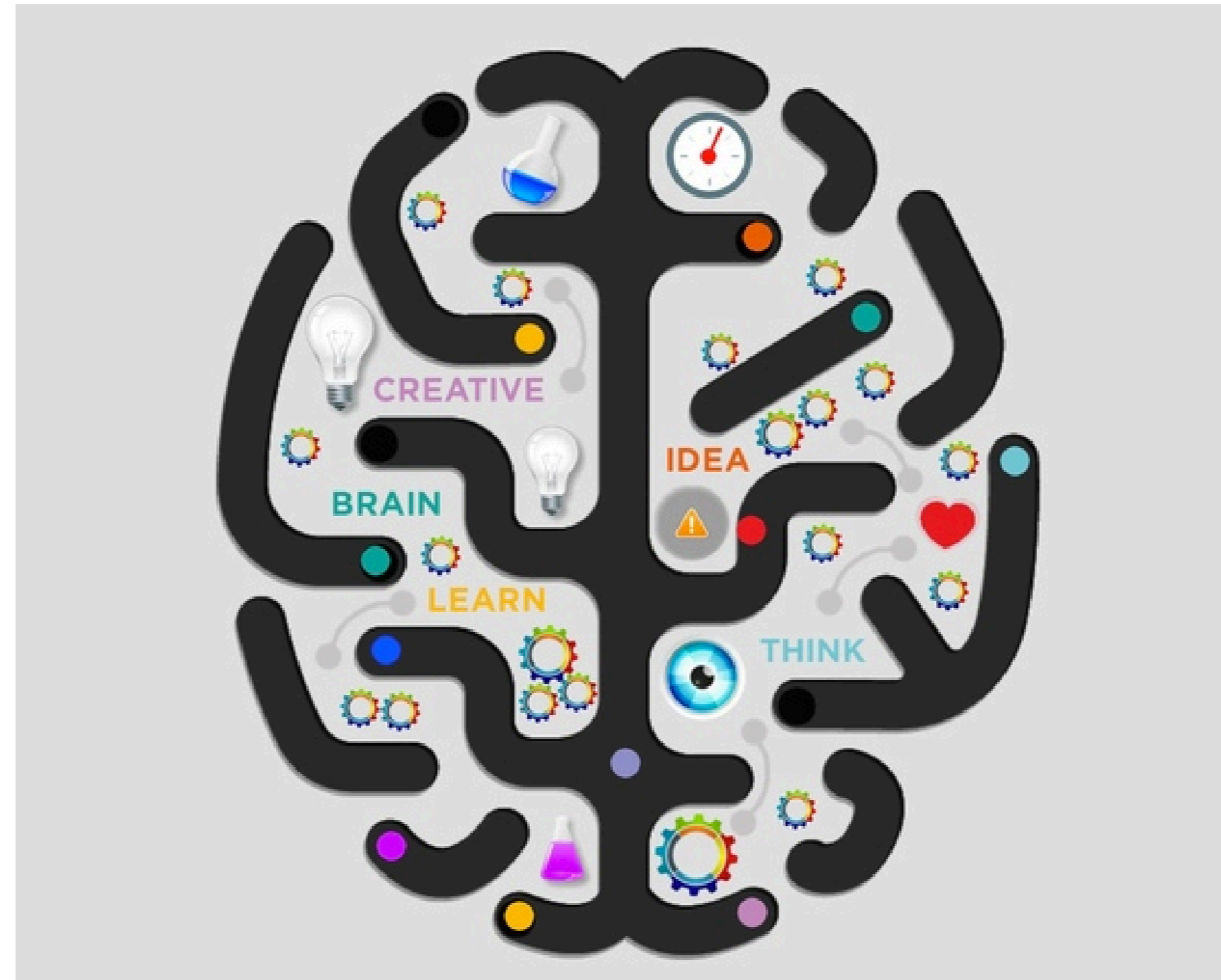
Upcoming meetings

- Fifth quarterly meeting
 - Tentatively planned for October 2020
- Sixth (and final) quarterly meeting
 - Tentatively planned for January 2021
- Final Summit (ideally in person in summer 2021)
 - Lessons learned discussions
 - Keynote speakers
 - Panel sessions
 - Presentation of the research action agenda that
 - Identifies high-priority unmet needs or gaps
 - Outlines the necessary steps to address these needs or gaps
 - Provides relevant information and resources to educators



Topics of interest

- What are some topics of interest/need for our future collaborative activities?



Questions?



Thank you!



<https://ies.ed.gov/ncee/edlabs/regions/appalachia/partners-cross-state-collaborative-to-support-opioid-crisis.asp>



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