Building Resiliency for Complex Children & Adolescents

Through a Trauma-Responsive Relational Model connecting schools & PC community

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WMU Children’s Trauma Assessment Center (CTAC)

- Opened Feb 2000 / Cadillac site opens in 2021
  - Jim Henry, PhD, MSW (CTAC Director)
- Transdisciplinary Team (SW, OT, SLP, Medical)
- Graduate interns were pivotal
- Referrals from DHHS / CTAC part of a state-wide network of assessment centers
- 6-7 children & adolescents seen each week
  - 6000 comprehensive trauma assessments
  - 1500 medication consultations using novel model
WMU Resiliency Center for Families & Children (2021-?)

- Funded by Medicaid dollars via state legislature
- $1.5 M initial investment (Kalamazoo/Cadillac)
- Charged with filling current needs / gaps in trauma-informed care across MI
- Trauma assessments for children and adults
- Family assessments / interventions
- Anyone can refer...no cost to families
- No restrictions re who can receive assessments or interventions
Critical recent transformation and rural health challenges

• Understanding **traumatic impact** on children’s health (ACES) is reasonably well established across disciplines (including PC)

• Not yet clear *how* to best screen for trauma in multiple settings & **implement** trauma-responsive services / interventions to facilitate trauma healing for children and families (MI/US)

• Rural communities must be helped to **build capacity** for trauma screening, assessment & intervention to achieve health equity
Implementation challenges

- Limited capacity (especially in rural areas)
- Inadequate research data re sequence of interventions
- Compliance, logistics & transportation issues
- Suboptimal interdisciplinary communication and collaboration...too many silos!
- Inadequate / non-existent translational functional outcome data
Three critical *intertwined* components when assessing/managing complex children & adolescents & adults

- **Genetic Risk** (eg, ADHD, anxiety, depression, mood disorder, ASD) impact
- **Prenatal Exposure** (traumatic stress, drugs, alcohol) impact
- **Post-natal traumatic stress** impact
Resiliency defined:

“...those factors that contribute to an organism’s ability to **cope** with environmental challenges ensuing its **survival**”

Karatsoreos & McEwen 2013
Key Resiliency Factors

Masten, 2014; Southwick & Charney, 2012; Ginsburg, 2014

Relatedness (Protective Factor #1):
• Effective caregiving and parenting quality
• Close relationships with other capable adults
• Connecting w/ close friends & romantic partners

Mastery / Efficacy (Protective Factor #2):
• Intelligence/academics and problem-solving skills
• Intrinsic motivation to succeed
• Competence / Self-Efficacy: Can I impact my world?

Regulation (Risk Factor)
• Self-control, emotional/behavioral regulation, planfulness
Trust-Based Relational Intervention (TBRI)

www.child.tcu.edu

- A holistic intervention that has been developed over the past 20 years (now at Texas Christian Univ)
- An evidence-based practice that meets the needs of the “whole child”
- An approach to caregiving that is developmentally respectful, responsive to trauma, and attachment-based
- Fits well with Relational Health concept (from Thinking Developmentally by Andy Garner, MD)
- TBRI as interagency/interdisciplinary connector
TBRI® Principles

TBRI® Connecting Principles
Mindfulness Strategies
Engagement Strategies

TBRI® Empowering Principles
Physiological Strategies
Ecological Strategies

TBRI® Correcting Principles
Proactive Strategies
Responsive Strategies
CTAC’s Northern MI Experience

Trauma-informed Child Welfare Project

• CTAC’s ACF federal grant (2012-2018) provided opportunity to change the CW system in MI
  – Multiple pilot counties across northern MI / UP (2016)

• Trauma-informed child welfare project included schools and primary care as essential partners

• Vision: *School-primary care collaboration* may ultimately reduce CW system entry

• COPESD then COOR ISD & Iosco RESA step up

• Funding: ACF grant → private contracts + MDE 31N *Mental Health in Schools* project
Two-pronged approach emerged:

• How do we help students that are really struggling with *severe behaviors*?
  – How do we *screen & assess* for trauma for our kids that are not in the child welfare system - not able to access MDHHS Trauma Assessment network?

• How to help *all teachers* build *safe classrooms* & provide *trauma tools* to help them better *connect* with children & better *manage* behavior... w/o always calling for help
Expanded Trauma Screening in Schools

Modified CTAC model: Foundation for Implementation

• Initial *trauma screening* in the school setting
  – CTAC Trauma Screen score helps triage students
• Student scheduled for 3-hr consult session
• Ethnographic family *interview* prior to consult
• Behavior Rating Scales for parents, teachers, students (if 8y or older) completed & posted
• Google doc format allows multi-user access
• *Psychosocial* student (recorded) interview / classroom observation occur before consult day
Expanded Trauma Screening in Schools

Template schedule of the consult day

- MAS & coordinator lead the zoom consult day
- 8a: Trauma Team organizational meeting
- 9a: MAS Family Interview remotely observed by trauma team-including teacher(s) (focus on intergenerational trauma / traumatic impact)
- 10a: Break
- 10:15a: Trauma Team processing / TBRI safety plan build / follow-up session(s) scheduled
- 11:00a Adjourn
Expanded Trauma Screening in Schools
Community partners involved

• Classroom teacher is expected to attend the entire session...many AHA moments!
• ISD staff (SSW, TC, school psych, OT, SLP)
• PCP care manager nurse attends all or part
• School-based HC staff are also invited
• Private and/or CMH therapists
• CMH case managers / home-based staff
• MDHHS foster care specialists / CPS & JJ staff
• Juvenile probation officers (court-based)
Expanded Trauma Screening in Schools

After the consult day

- Trauma consultation report completed
- MAS makes specific medication recs (via letter to treating PCP or CMH psychiatrist)
- Intervention recs are detailed in the report →
- School district trauma team (with help from ISD trauma consultants) refines the trauma-informed TBRI-focused safety plan
- ISD Trauma Coordinators & support staff are roaming the ISD where needed/requested
School-based Regulatory-targeted trauma-informed interventions

- Trauma-informed ψ Tx
- Brain-based Trauma-informed medication
- Sensory strategies
- Music strategies
- Equine-assisted ψ Tx
- Zones of Regulation
- MindUp
- The Brain in the Palm of the Hand
- Trauma-Sensitive Yoga
  - Mindful Performance Therapy
  - EndeavorRx
  - Alpha-Stim
  - Safe & Sound Project
  - CogMed
  - ACTIVATE
WMU CTAC PC-School Trauma Project
Videoconference Follow-up Sessions

- These follow-up zoom sessions have proven invaluable for **effective implementation**
- 1-3 sessions following each initial consult
- 6 30-minute sessions scheduled per half-day
- Same individuals are invited via email
- TC coordinates / sends zoom links to invitees
- Parents / caregivers also invited
- MAS mentors local PCP / CMH psychiatrist who is managing medication via ongoing med recs
WMU CTAC PC-School Trauma Project
Videoconference Follow-up Sessions

- TC leads the follow-up sessions
- 30-minute session requires efficiency
- Some students require families to join after 10 minutes (to give staff time to update team)
- Teacher provides brief school update
- Parent provides brief home update
- PCP care manager nurse gives summary of most recent PCP visit
- Team safety planning updates end the session
WMU CTAC PC-School Trauma Project
Videoconference Follow-up Sessions

- Team determines if/when next follow-up will occur…date / time set for next session

- Progress forms have been developed (you have examples in handout folder)

- Functional Impact Questionnaires to monitor progress (you have in handout folder)
WMU CTAC Videoconference
Follow-up sessions: PCP Impact

- Care manager nurse immediately informs PCP re follow-up meeting highlights
- Care manager nurse becomes familiar PCP liaison between PC and schools / other community partners
- PCP receives written medication recommendations from MAS
- PCP has ongoing consultation access to MAS
WMU CTAC Videoconference
Follow-up sessions: school impact

- School feels heard by community partners
- School feels “in the loop” re community partners involvement with “high-flyer” students
- Example: Information from trauma therapist can inform teachers / school staff to understand behavioral backslides
  - “We will be discussing his grandpa starting next week and you may see him become more agitated in class the day or two after the session”
WMU CTAC Videoconference
Follow-up sessions: CMH/therapy impact

• Provides intimate connection to community partners that had not previous occurred
• Allows professional-to-professional community connection to better understand children/families impacted by trauma
• Allows community partners to better understand the role of trauma therapy
CTAC Videoconference Follow-ups
Home-Based Family Services Impact

- Home-based family services staff can use these sessions to report/promote their overall contribution and to make key connections with other community partners.

- H-B staff can also play a critical role in helping parents/caregivers implement successful school-based interventions in the home setting.
WMU CTAC PC-School Trauma Project

Videoconference Follow-up Sessions

- These sessions can facilitate / help track implementation of trauma-informed interventions
- Must be intentional here re functional outcomes
- *Translational research* opportunities abound
  - IVA-2 (computerized EF assessment) pivotal
Let’s discuss this model...would this work in your area?
Thank you!

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- www.wmich.edu/traumacenter