

Youth Wellness: Addressing Trauma and Promoting Whole Health

July 24, 2014 2:00 p.m. Eastern

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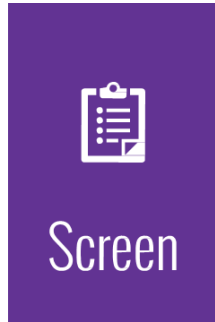


Grantmakers In Health (GIH) Webinar

July 24, 2014

Tuere Anderson, LCSW
Interim Director of Clinical Programs

CYW Model



- **PREVENT:** Raise national awareness among those who have the power to make a difference
- **SCREEN:** All children and youth at our center and train others how to screen for ACEs
- **HEAL:** Best practice mental health, holistic wellness, mindfulness, nutrition and movement integrated with primary care

Those who are able to make a difference are the CYW audience from parents and pediatricians to policy makers.



CYW Strategic Rationale for Program Areas



“Generate Hypotheses”

- Developing novel treatment approaches in “real-life” situations
- Participatory research model heightens accountability

“Test Hypotheses”

- Provide tools for validating efficacy and replicability of model

“Share Theories”

- Enables broad-scale sharing of learnings
- Key mechanism for scaling impact

CYW Clinical Interventions

- ✓ Wellness Nursing and Wellness Coordination
- ✓ Eco-Bio-Developmental assessment for toxic stress
- ✓ Home visits
- ✓ High quality referrals
- ✓ Psychotherapy(CBT, CCT & CCP)→ Stanford and UCSF as partners
- ✓ Psychiatry→ UCSF as partner
- ✓ Biofeedback
- ✓ Exercise
- ✓ Nutrition
- ✓ Mindfulness and coping
- ✓ Health education



Service Engagement Process

In Pediatric Medical Home

- Service entry begins with in clinic consultation with pediatrician
- On-site triage of appropriate CYW clinician
- Brief meeting/warm hand-off with patient
- Assess readiness for services and inform about available services

At CYW

- Referral and triage from MDR
- CYW clinician makes contact to schedule intake appointment
- Focus on screening to assess physiology of toxic stress and triage services



Multidisciplinary Rounds (MDR)

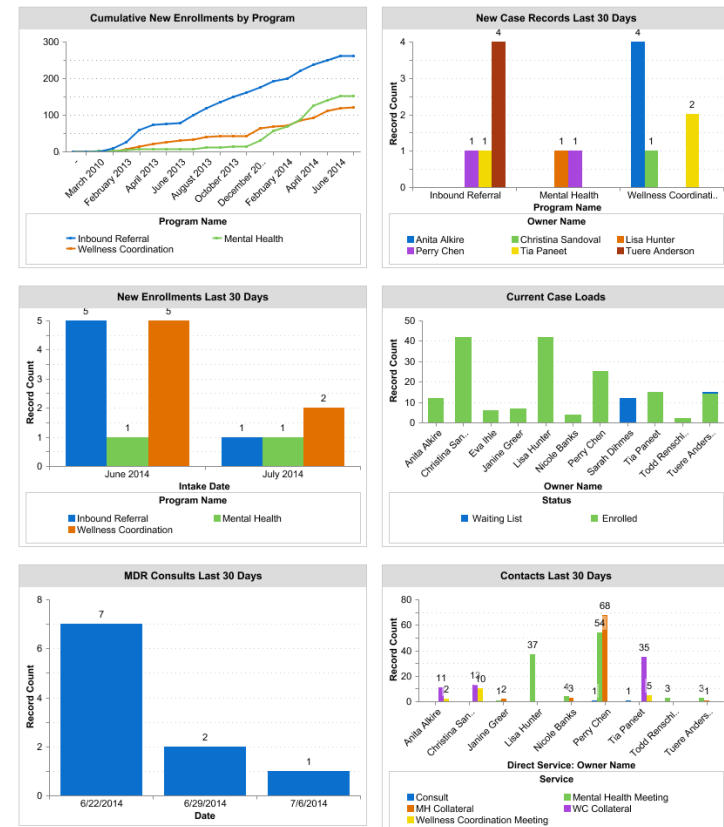
Integral Part of Integrated Behavioral Health System

- Weekly meeting with pediatricians and other multidisciplinary team members
- Discuss symptomology, provide collegial consultation and recommendation, and triage services
- Focus on differential diagnosis and symptomology of toxic stress
- As of 6/30/14: 118 unique patients discussed with physicians
 - 228 consultations (many patients are discussed multiple times)



Program Dashboard- Salesforce

- Emailed automatically to Clinical Director (weekly) and COO (monthly)
 - Monitors incoming referral volume, caseloads, services provided, and patient service utilization
 - Flags patients who are not engaging actively
 - Monitors timeliness of each staff person's data entry (expectation is within 24 hours of contact)
 - Year to date, 82% of contacts recorded on time



Next Steps (3-7 years)

- Focus on developing trauma informed nursing practice
- Piloting EBD assessment and validation of ACEs screen
- Continue refining and implementing Integrated Behavioral Health System in pediatric medical home
- Integration of mindfulness in all clinical programs and throughout the organization
- Utilization of data for CQI
- On-going assessment and program development based on interaction among all divisions in CYW
- Clinical program evaluation; potential RCT in the future (CYW or collaborators)
- Dissemination of learnings from clinical protocol development



Crittenton Head Start Trauma Smart



Trauma Smart is. . .

- a model by which a defined community can establish a lasting culture of health and resilience to chronic adversity
 - First-person impact
 - National epidemic
 - Children in social context



Communities are . . .

- defined based on a set of children and the adult caregivers they encounter for a specific purpose

Head Start construct

Kansas City metro urban core

Inclusive of all caregivers

Prepared for paradigm shifts



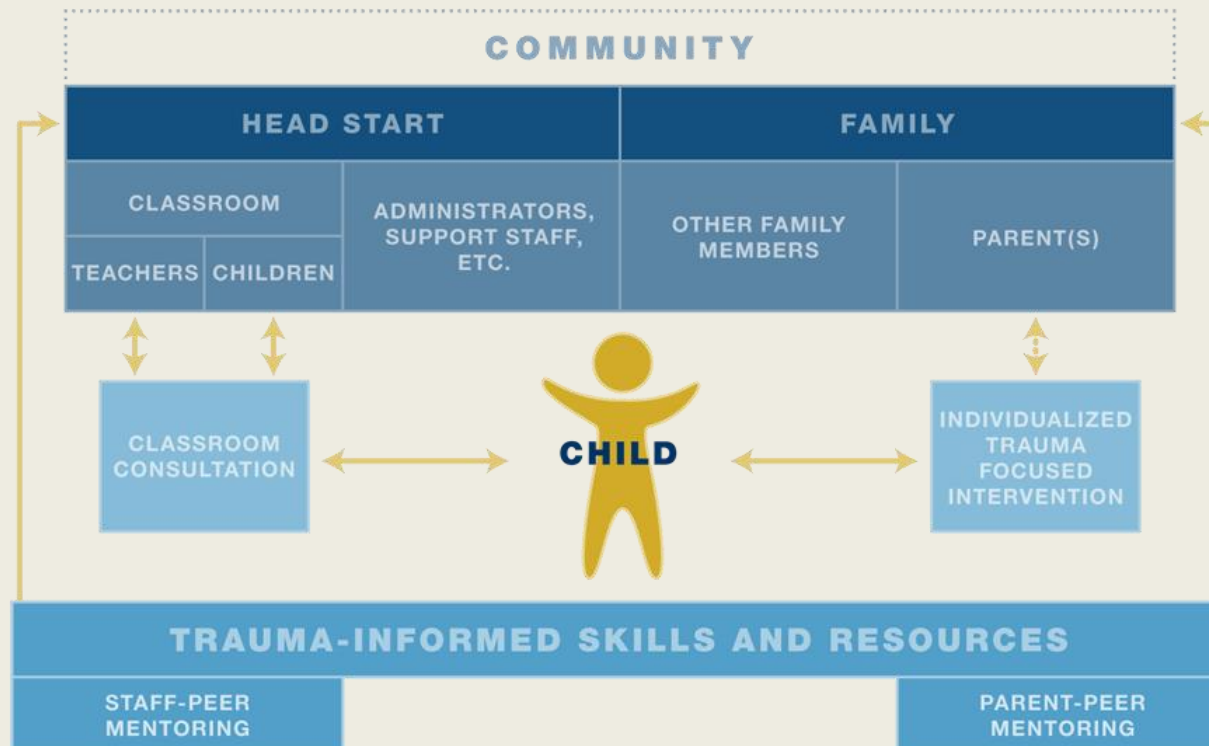
The model prescribes. . .

- braided application of multiple evidence based and promising practices to establish common goals, skill sets and strong personal functioning levels
 - Common frame of reference
 - Effective clinical intervention
 - Community capacity



The approach is . . .

- systemic, multi-generational, practical and designed to be self-sustaining



Building Resilience

Individually and Collectively

1. Practice good self care. We are role models for others.
2. Validate feelings even when we can't validate behavior.
3. Be consistent. Build routines and rituals into daily life.
4. Teach children how to identify, modulate and express emotions in socially appropriate ways. Practice this ourselves!
5. Connect classroom learning to real life. Teach critical thinking skills.
6. Help children view themselves as positive, unique, whole beings with a belief in the future.
7. Help children integrate prior trauma. We can be a safe place where children belong and can make a positive contribution.
8. Help children and families establish connections to each other, their communities, their culture, and their faith.

Measuring Progress

- Childhood Trust Events Survey
- Classroom Assessment Scoring Systems (CLASS)
- Achenbach Child Behavior Checklist (CBCL 1.5-5, TRF 1.5-5)
- Application of learning post-tests
- Participant satisfaction surveys

CLASS Results

CLASS Scores Classroom Assessment Scoring System	All Sites October 2010 Baseline	All Sites April, 2011	All Sites April, 2012	All Sites April, 2013
Positive Classroom Climate	4.56	4.36	5.16	5.51
Negative Classroom Climate	1.76	1.73	1.73	1.40
Teacher Sensitivity	4.00	3.95	4.48	4.75
Respect for Student Perspectives	3.59	3.65	4.33	4.57
Emotional Support Domain	4.60	4.56	5.06	5.39

Achenbach Results



- Internalized symptoms – 100% of children resolved to within normal range prior to moving on to kindergarten
- Externalized symptoms – 66% of children resolved to within normal range prior to moving on to kindergarten

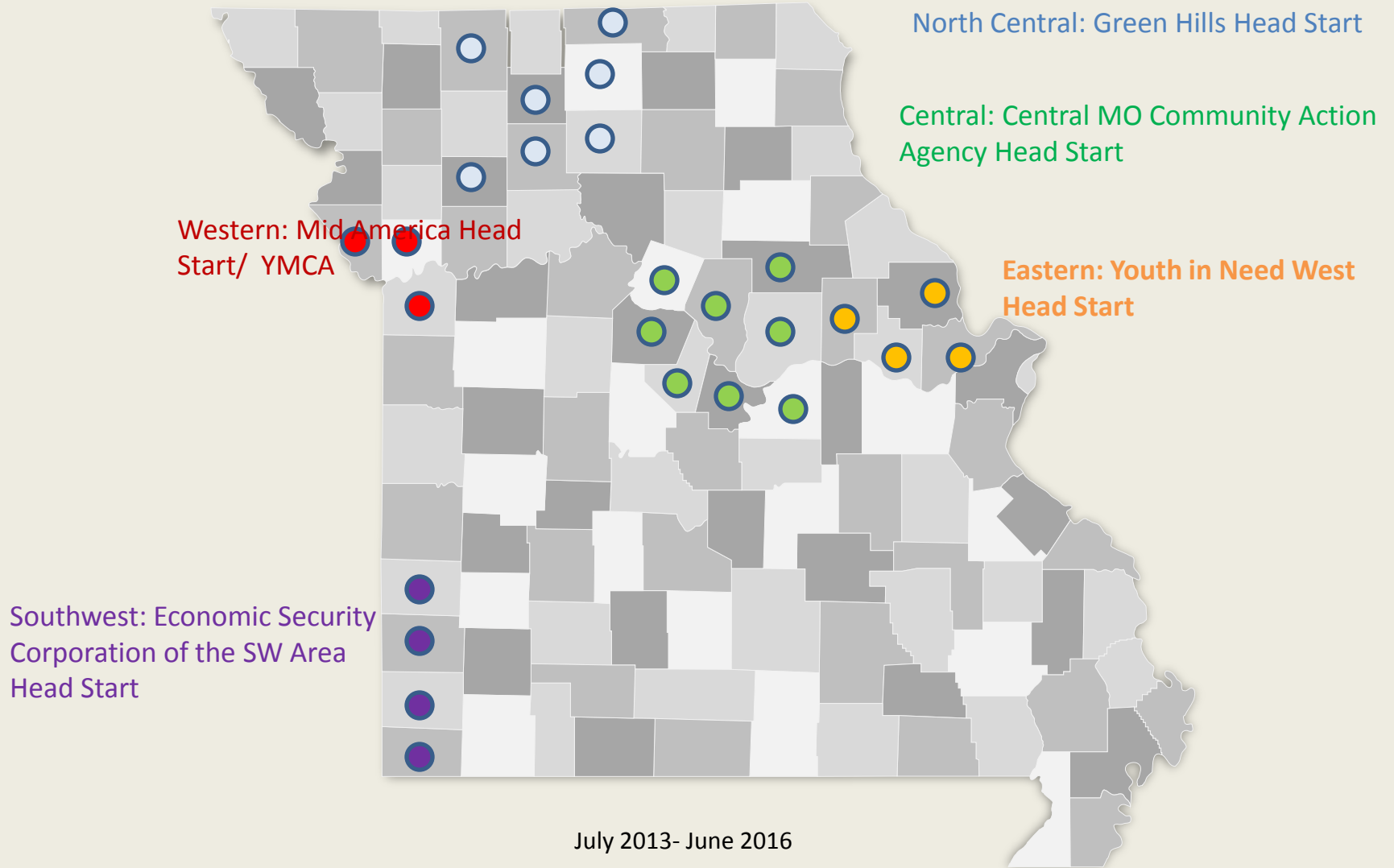
Participant Themes

- *“Before HSTS, I was exhausted from the strain of my job. Now, I know how to take better care of myself, and I know I am making a difference.”* Teacher, Wyandotte Co. Head Start
- *“I felt all alone in the classroom. I really thought these kids’ issues were too big for me to handle. Now I have tools that really help.”* Teacher, Operation Breakthrough
- *“I felt so incompetent as a parent. Now I have skills that work not only with my 4 year old, but also with my 13 year old son. I am becoming a calm, confident parent.... And my son is becoming a calm, confident teenager. “* Parent, MidAmerica Head Start

“I learned that I
shape my
child’s brain!”

Operation Breakthrough Dad

Head Start-Trauma Smart Replication Missouri





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Question?

Please type your question into the Chat Box or press
*6 to unmute your phone line and ask a question