Building a Resilient Health Care Workforce to Address Student and School Health Needs

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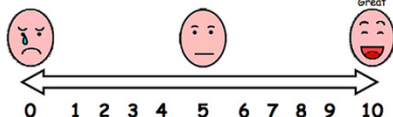**Maureen O'Keefe, LICSW, Mary's Center**

2019 National School-Based Health Care Convention

Let's Get Grounded

Mood Scale: How Are You Feeling?

Sad, Depressed, Down	In the Middle, Not Happy nor Sad	Happy, High, Awesome, Great

0 1 2 3 4 5 6 7 8 9 10

(Faces from www.aperfectworld.org/emotions.htm)

Phone App: Simple Habit

Disclosure

All presenters have no conflicts of interest, significant financial interest or relationships to disclose.

APHA — CENTER FOR SCHOOL, HEALTH AND EDUCATION

Learning Objectives

- Explain current national data and efforts that focus on addressing mental health wellbeing for students and staff
- Formulate strategies on how to implement clinical mental health programs across multiple schools that include mental wellness support services to staff and students
- Describe strategies for starting, measuring and sustaining a school wellness program
- Discuss opportunities to adopt school mental wellness advocacy tool in their own school and communities

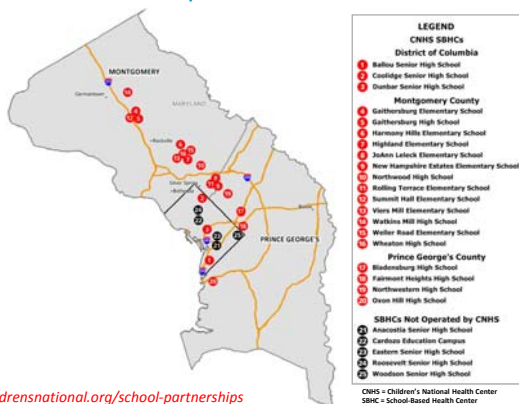DC Health Matters Collaborative

Children's National Health System

- Serving the nation's children since 1870
- CARE Mission: Clinical Care, Advocacy, Research and Education
- 313 inpatient beds & 54 dedicated NICU
- Ranked #1 for babies and #6 overall in 2019 *U.S. News & World Report Best Children's Hospitals Survey*

Children's National Operated SBHCs – DC & MD

LEGEND
CNHS SBHCs
District of Columbia
1. Ballou Senior High School
2. Coolidge Senior High School
3. Dunbar Senior High School
Montgomery County
4. Gaithersburg Elementary School
5. Gaithersburg High School
6. Harmony Hills Elementary School
7. Highland Elementary School
8. JoAnn Leleck Elementary School
9. New Hampshire Estates Elementary School
10. Northwood High School
11. Rolling Terrace Elementary School
12. Summit Hall Elementary School
13. Viers Mill Elementary School
14. Watkins Mill High School
15. Weller Road Elementary School
16. Wheaton High School
Prince George's County
17. Bladensburg High School
18. Fairmont Heights High School
19. Northwestern High School
20. Oxon Hill High School
SBHCs Not Operated by CNHS
21. Anacostia Senior High School
22. Cardozo Education Campus
23. Eastern Senior High School
24. Roosevelt Senior High School
25. Woodson Senior High School

CNHS = Children's National Health Center
SBHC = School-Based Health Center

https://childrensnational.org/school-partnerships

Collaborating for a Better Community Health Needs Assessment

4 hospitals and 4 community health centers entered into a formal partnership in January 2012 to develop a citywide needs assessment and improvement plan in 2013 and 2016. HSC Health Care System joined in 2018.

Ex-officio members include DC Hospital Association and DC Primary Care Association

Community Advisory Board includes ~10 members representing several social determinants of health in DC

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Slide 1

Mental Health
prevention and treatment of psychological, emotional and relational issues that lead to higher quality of life

Place-based Care
care options that are convenient and culturally sensitive

Care Coordination
deliberate organization of patient care activities & info sharing protocols to achieve safer, more effective care

Health Literacy
ability to obtain, process, and understand basic health information to make appropriate health decisions

Slide 2

Mental Health

Our Strategies

1. Advocate for a District-wide mental health needs assessment
2. **Increase mental health workforce capacity**
3. Implement policy level solutions
4. Improve care coordination for mental health and substance abuse
5. Advocate for financial incentives to increase mental health services in Ward 7 & 8

Learn more at DCHealthMatters.org

Slide 3

Environmental Scan

- DC Mental Health Workforce Survey
- School nurses focus groups on mental health student challenges and training needs
- National Academy of Medicine Conference on Establishing Clinician Well-being as a National Priority
- Building a Resilient Health Care Workforce in Washington, D.C. Convening

Slide 4

Workplace Burnout

- **23-31% primary care nurses** reported emotional exhaustion (National Academy of Medicine)
- **54% of doctors** reported experiencing one symptom of burnout costing $7,600 per physician per year (Annals of Internal Medicine)
- Up to **70% of teachers** in urban districts leave within first year (Center for School Mental Health)

Chronic stressors can include:
- Exposure to high intensity stress
- Sigma and fear of vulnerability
- Rapid decision making
- Culture of silence
- Lack of social support at work
- Challenging working conditions

SBHC Workplace Burnout

Q1: <u>On a scale of 1=minor issue to 5=significant issue</u>, how much of an issue is staff burnout and turnover at your SBHCs?

4 - Turnover in leadership is an issue. I'm the fourth person in a program management role, and we have had change in PI as well. Many students who attend our school are in a lower socioeconomic status with less resource and greater ACEs in their home life.

1- We have not had many problems with burnout or turnover. Those that have left have done so for a variety of reasons but not necessarily because they were unhappy with the positions. In general, it is a low stress job with **significantly less patient volume** than would have been seen in a normal clinic.

SBHC Workplace Burnout

Q2: <u>On a scale of 1=low importance to 5=high importance</u>, how important do you think it is to address SBHC staff burnout and turnover considering all other factors that go into running a SBHC (e.g., clinical services deliver, facilities and supplies management, student and parent engagement):

- High importance!!!!!
- Somewhat important

Q3: Are there currently any wellness resources, programs or initiatives offered?

- None.
- I only know of the opportunities to collaborate at Children's as well as with regional and national organizations.

SBHC Workplace Burnout

Q4: What type of staff wellness resources and programs would you find most helpful?

- **Group therapy**, and learning what policies/procedures we can implement in the clinics to minimize burnout.
- Learning how to make it a **safe space** to address burnout.
- **Continuing education** and more **opportunities to collaborate** would be helpful.
- Staff in the Wellness Centers may also feel isolated and apart from the organization. **Invite staff to the main campus or have staff come out and see the Centers** may help them feel their role within the organization is important and valued.
- Have **things delivered to the school** (for example during school wellness month- Feb?).

Children's National Staff Wellness Efforts

- Providers & Graduate Medical Education Wellness Committees
- CPR[2] Provider Wellness Curriculum
- Trauma-Informed System Training
- Mindful Mentors

Children's National Staff Wellness Efforts

"We recognize that self-care and support are extremely important in providing the highest quality care for our patients and families." – Just 4U Employee Program Guide for Children's National Health System

- Human Resources – Just 4U Program
- Occupational Health
  - Aetna Resources for Living Wellbeing 24/7 Hotline – support for **Stress, Anxiety, Depression, Relationship issues**
  - 24-Hour Nurseline to **help with medical needs**
  - Back up Care **adult and child care benefit**
  - Staff LiveWell Portal
  - Biometric Screening
- Chaplain Services

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Clinician Wellbeing and Resilience Resources

- **Clinician Well-being and Resilience Action Collaborative** established by National Academy of Medicine in 2017
- Advance evidence-based solutions to promote clinician well-being
- 150+ members including health care organizations, professional associations, insurers, government and nonprofits

Clinician Well-Being Knowledge Hub - https://nam.edu/clinicianwellbeing/

School Staff Wellness Resources

Whole School, Whole Community, Whole Child (WSCC)

- Hallways to Health: Creating a School-Wide Culture of Wellness Toolkit - https://tools.sbh4all.org/t/hallways-to-health/#xii
- Health Promotion for School Staff resources - https://www.healthiergeneration.org/take_action/schools/employee_wellness/
- School Employee Wellness Guide - https://www.eatsmartmovemorenc.com/Worksites/School_Worksite/Texts/School-Employee-Wellness.pdf
- WSCC model - https://www.cdc.gov/healthyschools/wscc/index.htm

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Slide 1

Mary's Center

Our Mission:
Building better futures through the delivery of <u>health care</u>, <u>education</u>, <u>social services, and workforce development</u> by embracing our culturally diverse community and providing the highest quality care, regardless of ability to pay.

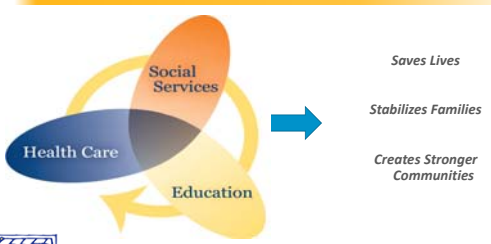**Became a Federally Qualified Health Center in 2005**

Provide Culturally and Linguistically Appropriate Services

Serve nearly 50,000 socially and medically vulnerable individuals

Historic focus on serving low-income immigrant families

Mary's Center

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Slide 2

**Mary's Center's
Social Change Model**

Social Services

Health Care

Education

Saves Lives

Stabilizes Families

Creates Stronger Communities

Mary's Center

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Slide 3

Overview of Programs

HEALTH
- Prenatal
- Pediatrics/Adolescents
- Adult Medicine
- Psychiatry
- Dental
- Health Promotion
- Chronic diseases

EDUCATION
- Early Childhood Education
- English and Computer Classes for Adults
- Parenting Classes
- High School Diploma
- Child Care Credential Training
- Medical Assistant Training
- Child Care Licensing Technical Assistance
- Coaching Hub for Infant and Toddler Child Care Providers
- Adolescent Tutoring and College Preparation

SOCIAL SERVICES
- Case Management
- Behavioral Health
- *School Based Mental Health*
- Senior Health and Wellness
- Early Intervention for Children with Special Needs
- Home Visiting
- Benefits Enrollment Assistance
- WIC Program

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School Based Mental Health Program Mission

In collaboration with partnering schools, we strive to increase student, family, and school communities' attainment of positive mental health and well-being.

The SBMH Program supplements and enhances each school's wellness team by providing on-site behavioral health treatment to students with a focus on trauma-informed, culturally-responsive care.

Our staff seeks to support a "culture of wellness" inside each school so that every student, parent and staff member feels safe and welcome.

Mary's Center

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Definitions

Compassion Satisfaction

vs.

Compassion Fatigue

Vicarious Trauma and Individual Risk Factors

- **Vicarious Trauma** *is a process of cognitive change resulting from chronic empathic engagement with trauma survivors.*

- *All providers are at risk.* You are at *increased* risk if you:
  - Have unresolved or unmanaged personal trauma
  - New to the work – novice workers at greater risk
  - Little or no ongoing supervision
  - Limited outlets for emotional or creative expression
  - Acute personal stress – diminished resilience
  - Unrealistic expectations for success

*****Helpers who are more aware of VT are more resilient to navigate it and less susceptible to its negative effects*****

Organizational Indicators and Risk Factors for VT

- High % of traumatized clients
- Lack of peer and supervisory support
- Few resources to refer clients for ancillary services
- Insufficient time, resources, infrastructure to complete tasks
- Workplace culture that stigmatizes help-seeking, doesn't acknowledge the "cost of caring"
- Indicators:
  - Absenteeism
  - High turnover
  - Low morale and "organizational contagion"

Why focus on provider self-care?

- *Provider **continuity** in the lives of populations who live in vulnerable circumstances promotes trust - the foundation of quality care.*

- *Quality care begins with a **healthy provider** who is resilient in the face of traumatic stories.*

- *Health professionals expose themselves to high levels of trauma – it is a critical part of their role and vicarious trauma is typical, even expected.*

- *Self-care is the key to **professional resilience** and it promotes **ethical** and **responsible** practice.*

- *Organizations and teams must play a role in supporting self-care – this supports a healthy workforce who in turn delivers higher quality care*

So what works?

Three levels of addressing self-care in the workplace

Individual level
- Complete a self-care assessment tool as well as a self-care plan
- Receive consistent supervision, the cornerstone for worker wellbeing
- Develop social connections and creative outlets outside of work
- Learn to not over-personalize setbacks ("*I failed to anticipate that*" vs. "*I am a failure*")

Team level
- Have a self-care accountability buddy or peer mentor
- Provide trauma-informed supervision that rests on a safe, secure supervisory relationship
- Have opportunities for concrete skill-building and growth (live supervision, taped sessions, role-play)
- Wellness initiatives that create a sense of shared resilience and compassion satisfaction:
  - Group texts that share encouragement, client art and joyful aspects of the work
  - Team awards and recognitions of small and large victories
  - Retreats to connect and plan, share ideas and talents.
  - "Birthday buddies" - supports cohesion & connectedness
  - Periodic debriefs on topics that impact our work – ie community violence and nearby ICE raids

...continued

Organizational level

- Recognize that VT is real and that the organization has a role in identifying and managing it
- Wellness programs – ie fitness challenges, film screenings (not just HH)
- *Ongoing* training on compassion satisfaction and compassion fatigue
- Encourage – not shame – use of time off
- Balance caseloads to the extent possible
- Skills training and PD to build competency in practice
- Workplace culture that balances accountability with affirmation
- Be forthcoming about EAP benefits & referrals
- Acknowledge that employee wellness is central to both staff retention and high-quality care

Quick Review- What is Trauma?

Definition:
- Child Traumatic Stress occurs when a child or adolescent is exposed to traumatic events or traumatic situations and when this exposure *overwhelms their ability to cope.*
- *3 Main Types: Acute, Chronic and Complex*

National Child Traumatic Stress Network

Ways Trauma May Manifest:
- Crying
- Hypervigilance
- Aggressive behavior: kicking, hitting, throwing things, punching, biting , yelling
- Dissociation-"Head in the clouds"
- Withdrawn and quiet
- Self-harming behaviors
- Somatic symptoms (headaches, stomachaches)
- Attention seeking behavior
- Low self-esteem

How Does Trauma Effect The Body?

- Traumatic events trigger the *sympathetic nervous system* which triggers the *stress response* (Flight, Fight or Freeze)
  - Perceived danger- system engaged- body responds to threat
- In people who have experienced trauma, the stress response is triggered faster and is harder to soothe
- The brain begins to develop strong connections to danger, perceiving danger when it may not be there

STOP yourself and ask, "Is It a Stick or a Snake?"
Dr. John J. Ratey

Bring Trauma Informed Practices (TIP) Into Schools

- School Demographics:
  - Bruce Monroe Elementary School (BMPV), DCPS
  - Title 1- 100% Economically Impoverished
  - Black 14%, Latino/Hispanic: 76%, White: 7%, Other Races 2%
  - English Language Learners: 59%
- Mary's Center within BMPV
  - Individual/group/family therapy
  - Crisis intervention
  - Teacher training
  - Member of school's wellness team
  - Parent workshops

Identifying the Need

- The increased presence of mental health support allowed teachers to begin to view the intersections between mental health, trauma, and education.
- One brave and introspective teacher, noticed her biases and approached Mary's Center for support.

"I'm done. I'm exhausted. I find myself avoiding those kids. I don't know how to help. Then I get angry, and I yell, and it works, but then I feel horrible."

Trauma Informed Trainings

- *June 2018*
  - Trauma training provided to 5th grade team
- Through 5th grade team advocacy and psychoeducation, the administration decided to dedicate time during professional development day to begin building a trauma informed school
- *August 2018*
  - Trauma training provided to entire school (Pre-K through 5th) with support of 8 Mary's Center Clinicians
- *2018-2019 SY*
  - Quarterly Trauma Trainings for whole school, broken into small groups, with support of BMPV's Wellness Team

Training Outline

Learning points

- What is trauma?
- Trauma's impact on the brain/body
- How does trauma manifest?
- Triggers
- ACES
- Neuroplasticity*
- Self-Care
- Vicarious Trauma vs Burn Out

Classroom Intervention Techniques

- 7 classroom intervention techniques
  - Teacher's own emotional regulation
  - Relationship building
  - Low and slow
  - Name it to Tame it
  - Movement
  - Mindfulness
  - Clear and consistent consequences
  - Self-care

Integrating TIP Into the Classroom

- Creation of Calm Down Corners in all classrooms
- Fidget boxes
- Alternative seating spaces (in bins with blankets, under tables, laying on the floor)
- 5-minute mandala coloring before the start of class
- Playing soothing music while students are in independent study
- Peaceful ambiance: lamps and low-lit classrooms, air and essential oil diffusers, pillows and blankets
- Meeting basic needs- Maslow's Hierarchy- ensuring breakfast and lunch are served to every child; naps when sleep needs weren't met

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Integrating TIP into the School Community

- Mindfulness group 2/month for teachers
- "You've Been Mugged" relationship building and inclusion activity for professionals
- Destigmatization of mental health for adults, normalizing therapy and providing lists of outside providers
- Creation of a mindfulness physical education teacher for all students to start in SY 2019-2020
- Collaborating with admin to create a trauma informed objective within the teacher rating rubric
- Continuing trauma informed trainings for all staff in the SY 2019-2020
- Teacher consultation hours with therapist and wellness team

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What Worked?

- Building trusting, safe, and consistent relationships is the number one way to heal trauma
  - "I took students out on the weekends, sat with them at lunch, rested with them in the hallways"
  - "I was able to recognize a student's come down after a triggering experience and gave them space to rest. I would have never let a child sleep in my classroom before but now I understand that they are able to engage quicker if I meet their physical and emotional needs now"
  - "Changing how I view and approach the child. It's not <u>what is wrong with you,</u> but rather *what has happened to you?*"
  - "I've learned not to use their trauma as a way to let them slide, children who have experienced trauma are just as capable as those who haven't"

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What Needs More Work...

- Relating to and healing trauma is a process, results aren't instantaneous
  - "Even if the trauma is instant the solution never is"
- Misunderstanding VT and blaming the child- using it as a way to distance themselves from children who had experienced trauma
- Misunderstanding attempts to empathize and feeling defeated
  - How a 40-year-old teacher handles and exhibits symptoms of trauma will be different from a child

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Building Self-Care and Resiliency

- Latter trainings focusing on vicarious trauma and self-care
- Through completion of their own ACES, teachers were able to see the parallel relationship, or drastic differences, between themselves and their students
- Created self-care plans and followed up on their ability to follow those plans
- Encouraged staff members to hold each other accountable
- Encouraging playfulness within the classroom as an educational tool that fosters relationship building and stress reduction
- Top down influence is essential!
    - Admin encouraging staff to leave on time, changing the norm from "who stays the longest is the hardest working to those who leave on time are taking care of themselves"
    - Encouraging staff to plan and schedule self-care days
    - Sending staff home to meet their personal needs, providing coverage and normalizing that teachers come to work as whole people
    - "Put yourself first at home in order and put yourself second at school"

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Empowerment Model

- Providing psychoeducation and normalizing the teachers responses to trauma allowed some to feel more effective and capable of interacting with children who have experienced trauma
- Staff began to view the school as a positive extension of children's homes, creating and providing safe spaces *outside* of social service provider's offices
- Staff stepped up to serve as coaches and leaders for trauma informed practices

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Recommended Resources

- The Melissa Institute for Violence Prevention and Treatment self-care guides for trauma professionals: www.melissainstitute.org
- Professional Quality of Life Scale (measures compassion fatigue/compassion satisfaction): www.proqol.org
- *The Trauma-Informed School: A Step-by-Step Implementation Guide For Administrators and School Personnel* by Jim Sporleder and Heather T. Forbes
- *Help for Billy: A Beyond Consequences Approach to Helping Challenging Children in the Classroom* by Heather T. Forbes
- *The Heart of Learning and Teaching: Compassion, Resilience, and Academic Success*
    - Free download http://www.k12.wa.us/compassionateschools/pubdocs/TheHeartofLearningandTeaching.pdf
- National Child Traumatic Stress Network
    - https://www.nctsn.org/

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Building a Resilient Health Care Workforce Advocacy Tool

Advocacy 101
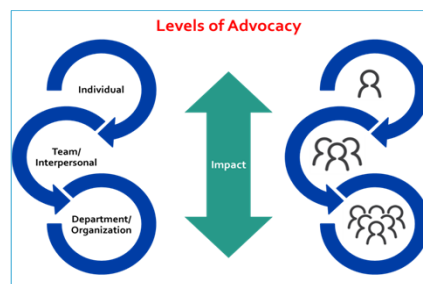
Discussion

1. On a scale of 1= minor issue to 5 = significant issue, how much of an issue is staff burnout and turnover at your SBHCs?
2. What wellness resources, programs or initiatives are currently offered at your school to address staff burnout?
3. What staff wellness resources and programs would you like to introduce to your school to address staff burnout?

Q&A

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