



# Lessons from a Community of Practice to Advance Providers' Trauma-Informed Pediatric Care

## SBHA Conference 2024

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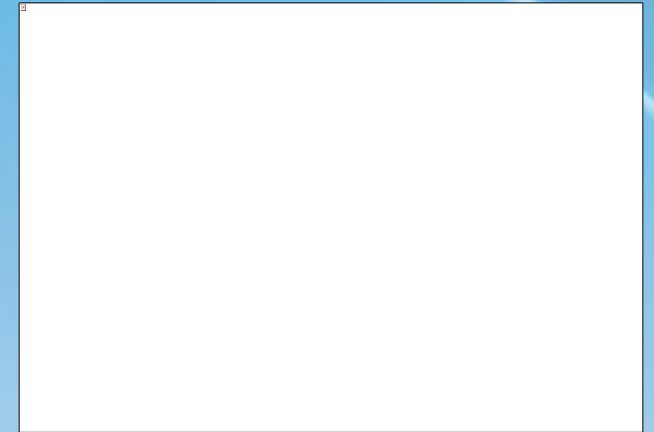
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# CME and CE Information

In support of improving patient care, this activity has been planned and implemented by the School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



Through Joint Accreditation, credits are also available under the following bodies:

- American Academy of PAs (AAPA)
- American Dental Association's Continuing Education Recognition Program (ADA CERP)
- American Psychological Association (APA)
- Association of Social Work Boards (ASWB)
- Commission on Dietetic Registration (CDR)

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- With respect to the following presentation, there have been no relevant (direct or indirect) financial relationship between the presenters/activity planners and any ineligible company in the past 24 months which would be considered a relevant financial relationship.
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# Learning Objectives

- Attendees will learn how continuing education programming, such as the ECHO model, is needed to advance providers' trauma-informed practices to enhance family engagement and care within a school-based setting
- Attendees will learn how an interprofessional community of practice focused on peer-to-peer learning facilitates problem solving to address challenges for children and their families experiencing the effects of trauma.
- Attendees will learn how addressing the impacts of trauma for youth and families requires an equitable and holistic approach.

# Welcome from the National Council!



*To be the leading voice for mental wellbeing advocacy and community development, **the National Council for Mental Wellbeing** strives to increase access to mental health and substance use treatment more than anyone else by advancing education and awareness, influencing policy change and implementing policy-aligned practice improvements that prioritize our members.”*

**3,300+ health care** organizations serving over 10 million adults, children, and families living with mental illnesses and addictions.

- Advocacy
- Education
- Technical Assistance

NATIONAL  
COUNCIL  
*for Mental  
Wellbeing*







# CENTER OF EXCELLENCE for Integrated Health Solutions

*Funded by Substance Abuse and Mental Health Services Administration  
and operated by the National Council for Mental Wellbeing*

## Advancing Integrated Care Through Training and Technical Assistance

- To advance the implementation of **high quality, evidence-based treatment** for individuals with co-occurring physical and mental health conditions, including substance use disorders.
- **Provide practical, on-demand and evidence-based TTA** to health practitioners and other stakeholders to address the fundamental building blocks for bi-directional integrated care within health, behavioral health, and community settings and respond to local complexities within state and regional systems of care.



# Disclaimer

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***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

[www.samhsa.gov](http://www.samhsa.gov)

NATIONAL  
COUNCIL  
*for Mental  
Wellbeing*



# Our Team



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# Core Partners



The Medical Director Institute,  
National Council for Mental Wellbeing

HEALTHY MINDS  
STRONG COMMUNITIES



**Montefiore**



# Why Integrated Care Training & Technical Assistance?



# Delivering Training and Technical Assistance: Through Diversified Methods



Individualized  
Technical  
Assistance &  
Coaching



Webinars



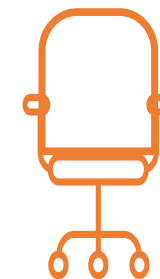
Resources &  
Tools



Learning  
Communities &  
ECHOs

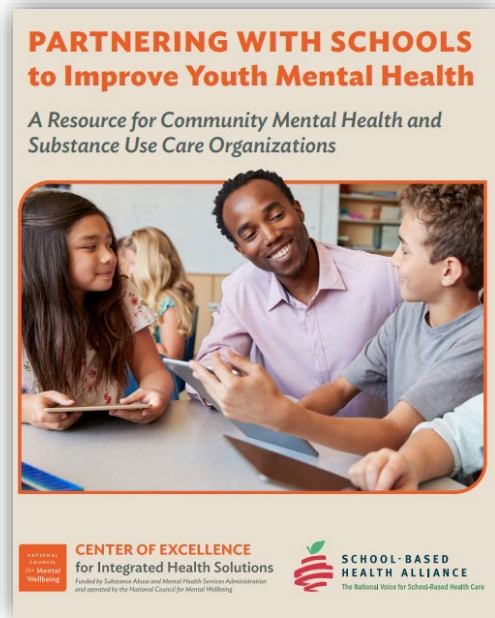


On-demand  
Trainings



Office Hours

# Highlighted Resources



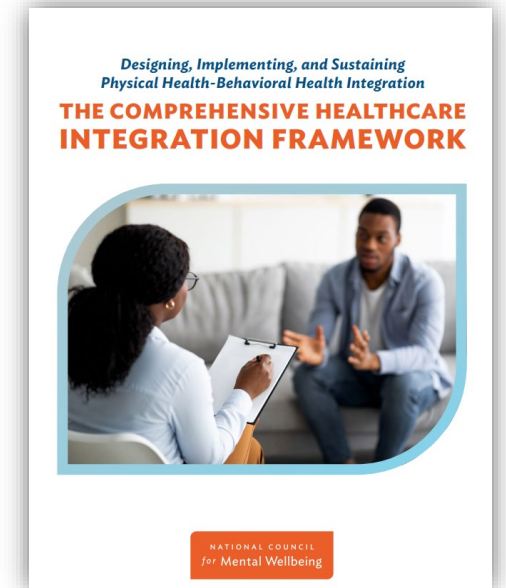
This [School-Based health resource](#) offers **six key considerations** for successful partnerships between mental health and substance use care organizations and schools to improve mental health, from 12 organizations across the country.



This [toolkit](#) covers topics and resources related to **advancing health equity** and is meant for staff at all levels of any organization.



This [tool & modules](#) support providers in estimating Medicare & Medicaid revenue across integrated care services. It contains a list of specific billing codes, service types, professional discipline coverage, documentation and time requirements

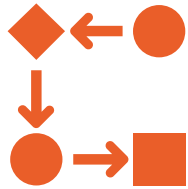


The [CHI Framework](#) provides **guidance on implementing the integration of physical health and behavioral health, bidirectionally**, to help providers, payers and population managers.

[CoE-IHS Resources](#)

# CHAT WITH AN EXPERT!

*Schedule a free call with an integrated care expert to discuss:*



**Implementing  
Models of  
Integrated Care**



**Health Equity  
through  
Integrated Care**



**Population  
Health in  
Integrated Care**



**Workforce  
Development**



**Integrated Care  
Financing &  
Operations**

**Diversity, Equity and Inclusion**

**Ongoing Impacts of COVID-19 Pandemic**

[CoE-IHS Website](#)

[Submit a Request!](#)



# weitzman institute



Committed to improving primary care  
for underserved populations by promoting **research,**  
**training, education, and innovation**



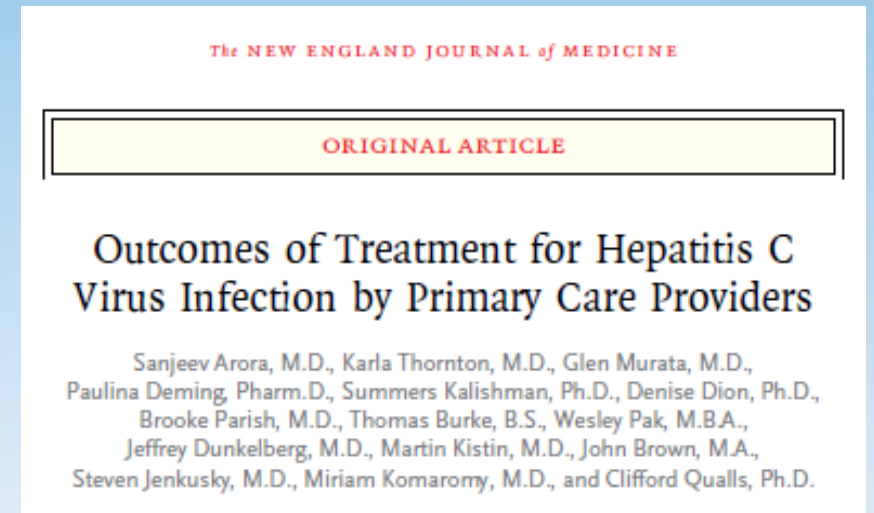
# The Project ECHO® Model

*“The mission of **Project ECHO** is to develop the capacity to safely and effectively treat chronic, common and complex diseases in rural and underserved areas and to monitor outcomes.”*

- Dr. Sanjeev Arora, University of New Mexico

## The New England Journal of Medicine 6/2011

- Prospective cohort study comparing HCV Rx at UNM with Rx by primary care clinicians at 21 ECHO sites in rural areas and prisons in NM.
- 407 patients with no previous treatment
- Primary endpoint was SVR.
- 57.5% at UNM and 58.2% at ECHO sites achieved SVR.
- Serious adverse events occurred in 13.7% at UNM and 6.9% at ECHO sites.



# Moses/Weitzman Health System: Weitzman ECHO

- Certified Project ECHO<sup>®</sup> hub since 2012
- The first FQHC that adopted the ECHO Model
- Engaged over 8,500 health care professionals across all 50 states, plus Washington D.C. and Puerto Rico
- Offered ECHOs in 22 topic areas relevant to primary care in safety net settings



Peer Recovery  
Specialists



Substance Use  
Disorder



LGBT Health



Complex Care  
Management



Alcohol and Smoking



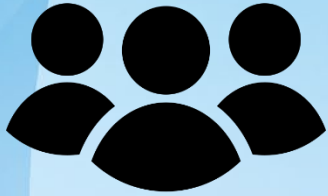
Healthy Lifestyle  
Management  
and Diabetes



# ECHO Fidelity (It's Not Just a Webinar)

- Sessions are **collaborative** and **engaging**
  - *More than half of the session is dedicated to content that participants submit*
  - *Community of practice, utilizing an “all teach, all learn” approach*
- Faculty **consistency**
  - *Builds rapport with participants*
  - *Fosters a trusting, mutually beneficial partnership*
- Several topics and teaching points can be addressed in every session, **based on participant needs**
- Designed to **build knowledge over time**

# Weitzman ECHO Childhood Trauma Overview



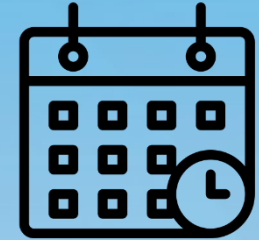
## Target Audience

- Primary care providers
- Behavioral health providers
- Additional care team members (e.g., nurses, CHWs, case managers)



## Session Structure

- 20-30 minutes: focused, topical didactic presentation
- 1 de-identified patient case discussion
  - Presented by participant
  - Expert faculty recommendations
  - Peer discussion
- 1 self-care tip
  - Ends session in a reflective tone
  - Encourage provider & patient use self care techniques



## Timeline

- Cohort I: Jan 2021 - June 2021
- Cohort II: Oct 2021 - June 2022
- Cohort III: Oct 2022 - June 2023
- Cohort IV: Oct 2023 - May 2024



# 2023-24 Multidisciplinary Core Faculty



**Georgette Harrison, EdM, LPC**

Director, Clinical and Community Partnerships  
Child Guidance Center of Southern CT



**Naomi Shapiro, RN, PhD, CPNP-PC**

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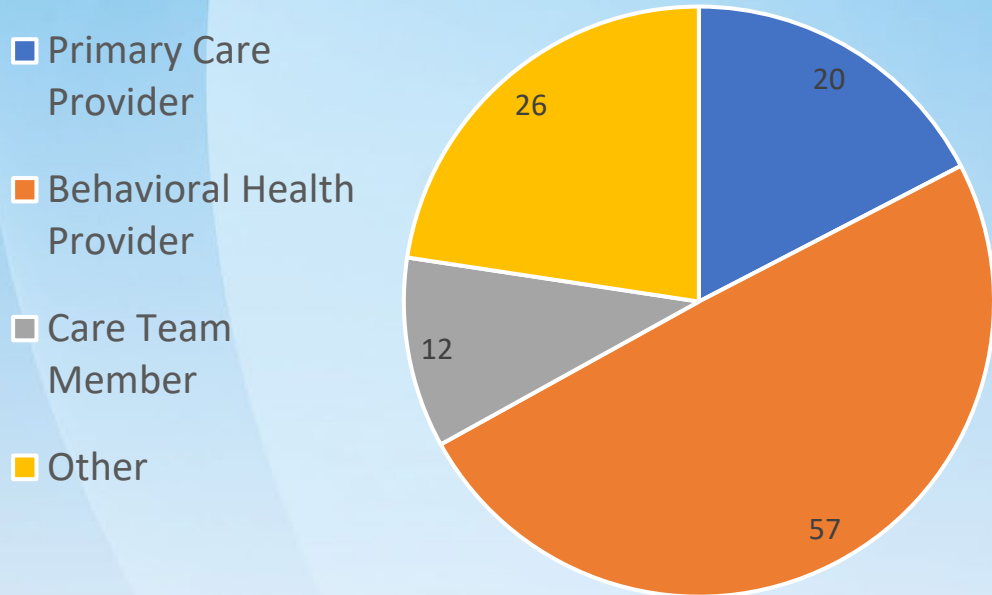


**Kimberly Gordon-Achebe, MD, DFAPA**

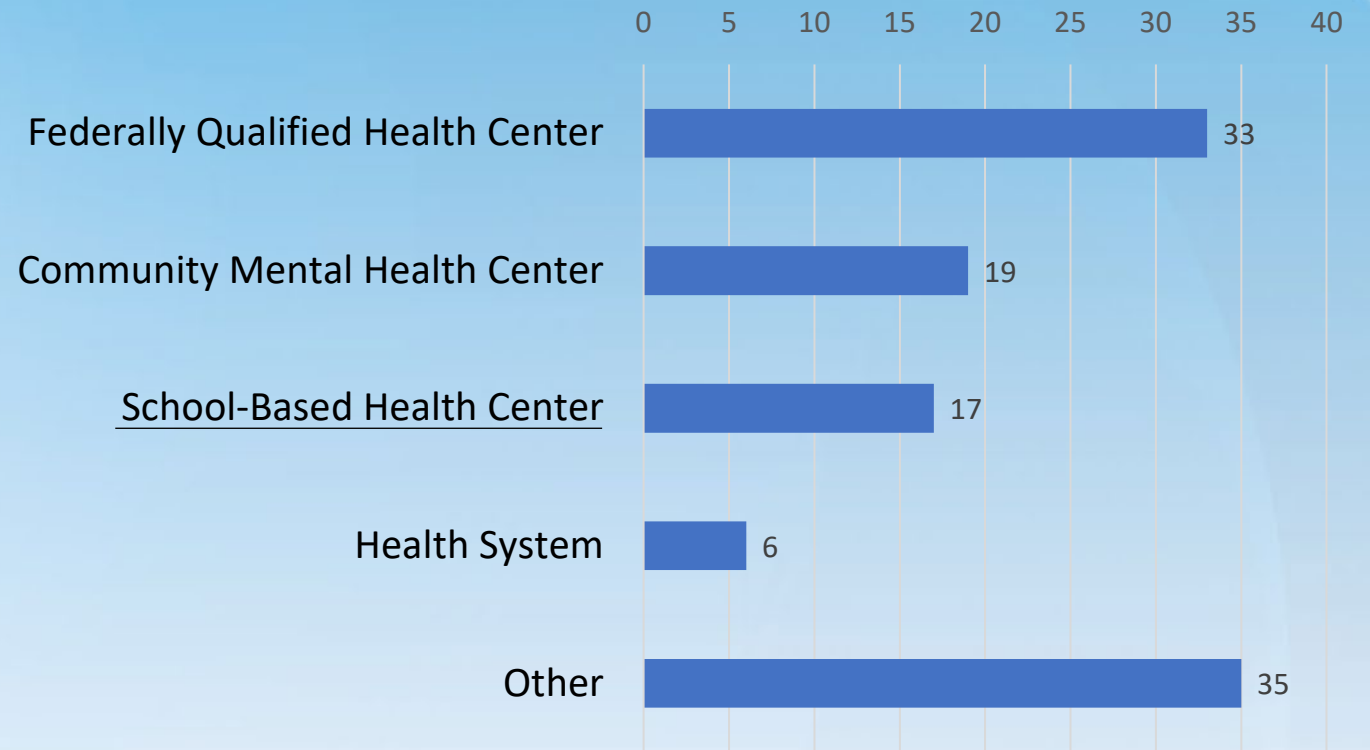
Child & Adolescent Psychiatrist  
University of Maryland Medical Center

# About the ECHO Participants (Cohort III)

Role (n=115)



Organization Type (n=110)



# Incorporating Schools: Curriculum

Two sessions in the ECHO curriculum directly address schools:

## Trauma Awareness in Schools

- Importance of a trauma-informed approach to education and school-based health care
- Strategies in creating a trauma-informed culture
- Collaborating with their schools at all levels of school's multi-tiered system
- Transparent communication with school staff to further support positive growth in student clients

## Culture, Race & Equity: School Perspective

- How trauma can present in a classroom setting
- Importance of different types of safety for marginalized populations in schools
- Holistic approaches to coping for students
- Strategies for school-based providers as it relates to cultural safety.

# Incorporating Schools: Post-Session Evaluations

- After the school focused sessions, participants were asked on the post-session evaluations: ***How will you make practice changes and/or improvements?***

Trauma Awareness in  
Schools

“I will remember to be mindful when I approach students and consider their reactions based on past trauma.”  
“Continue with educating staff on the importance of trauma-sensitive school environments”  
“Continue to advocate for trauma informed practices in schools”  
“Prioritizing collaboration with school staff, even from an outpatient setting”

Culture, Race & Equity:  
School Perspective

“Continue to work within the complex school system.”  
“Training just reiterated my current practices with teachers and the school system so it was nice to hear ... it's impact and how it shows up at school.”  
“As a school nurse I need to be more cognizant of somatic complaints from students as being from racial trauma within our schools”



# Participants' Barriers to Care

- Upon enrollment, participants were asked: ***What barriers do you face when working with children and adolescent patients/clients/students experiencing the impacts of trauma?***
- **Over 20%** described challenges working with parents and caregivers

*Insufficient  
family  
involvement*

*Resistance of parent  
involvement or parent  
denial of child's need  
of mental health  
services*

*Working  
through the  
caregiver's  
own trauma*

*Lack of  
commitment  
by parents*



# Incorporating the Family: Learning Objectives

Related to children, adolescents, **and their families** who are experiencing trauma and its aftermath, participants should be able to:

- Utilize evidence-based strategies to assess and treat patients throughout childhood and adolescence.
- Apply a trauma-informed care approach in primary care and **school-based health settings**.
- Demonstrate the impact that cultural lenses, such as race, ethnicity, neurodiversity, gender, and sexual orientation, have on access and quality of care for patients **and their families**.
- Implement self-care strategies in practice to combat burnout, compassion fatigue, and trauma.
- Recognize the importance of addressing social determinants of health and assisting patients **and their families** in navigating systems

# Incorporating the Family: Curriculum

Two sessions in the ECHO curriculum directly address family engagement:

## Foundations for Family Engagement

- Why assessment of caregiver ACEs may improve one's ability to engage the entire family unit.
- Adult trauma exposure measures
- The role of caregivers in childhood trauma

## Practical Strategies for Family Engagement

- Why caregiver engagement is important
- Strategies to engage caregivers in their child's care, including "hard to reach" caregivers

# Incorporating the Family: Post-Session Evaluations

- After the family engagement focused sessions, participants were asked on the post-session evaluations: ***How will you make practice changes and/or improvements?***

Foundations for Family Engagement

- “I will be more intentional about considering the trauma and experiences that my clients’ parents/guardians carry with them when working with a family in a clinical setting.”
- “Screening caregivers for ACEs, continue to include caregivers in treatment with psychoeducation and co-regulation.”

Practical Strategies for Family Engagement

- “I work in a high school ... caregivers are integral to teens' everyday lives and the more we can engage with them the better off the teens usually are. I would like to work on engaging caregivers more in my work with students.”
- “Increase caregiver engagement, support service for families.”
- “I will put greater emphasis on engaging parents and caregivers.”

# Incorporating the Family: Cases

- Participants **submit a case form** detailing relevant factors including:
  - Parental involvement
  - Living situation
  - Ethnicity/Cultural background
  - Peer relationships
- Case discussions display a **wide array of complex patient scenarios** providers encounter in practice
- Faculty use case discussions as an opportunity to **promote a strengths-based, holistic approach**, and explain how to incorporate the family into care

## Sample Case Topics Discussed in Cohort III

Trauma Experiences	Co-Occurring Conditions	Barriers to Care
<ul style="list-style-type: none"> <li>• Losing a parent</li> <li>• Life-threatening medical procedures</li> <li>• Witnessing domestic violence</li> <li>• Experiencing sexual abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Developmental delays</li> <li>• Autism Spectrum Disorder</li> <li>• Anxiety</li> <li>• ADHD</li> </ul>	<ul style="list-style-type: none"> <li>• Foster care system</li> <li>• Immigration and documentation status</li> <li>• Access to transportation</li> <li>• U.S. legal system</li> </ul>

# Incorporating the Family: Case Questions

*What kinds of supports can be set up at school to help a newcomer to the US **with limited family support** and keep her safe after returning to school from a psychiatric hospitalization for suicidality?*

*How can I support **patient and her family** through the re-traumatizing experience of a court hearing related to past sexual abuse?*

*Are there any additional ideas about how I can **collaborate with new school** to ease the transition, when **mother does not want to disclose** trauma history to new school?*

*How to **improve parents engagement** despite impoverished environment and unhealthy/severed relationships within family unit?*

*Student doesn't want **family to know about traumatic incident** but also uncomfortable with what happened, what is the best way to support student while navigating outside factors?*

*How can I best support the **patient and her family** during their journey with complex medical problems and chronic illness?*



# ECHO Content & Topics

- What is Trauma?
- Screening and Assessment
- Culture, Race & Trauma
- Family Engagement
- Special Populations
- Self-care



# Emphasis on Family Engagement

## Role of Caregivers in Childhood Trauma

Caregivers are often involved in the potentially traumatic event (PTE)...



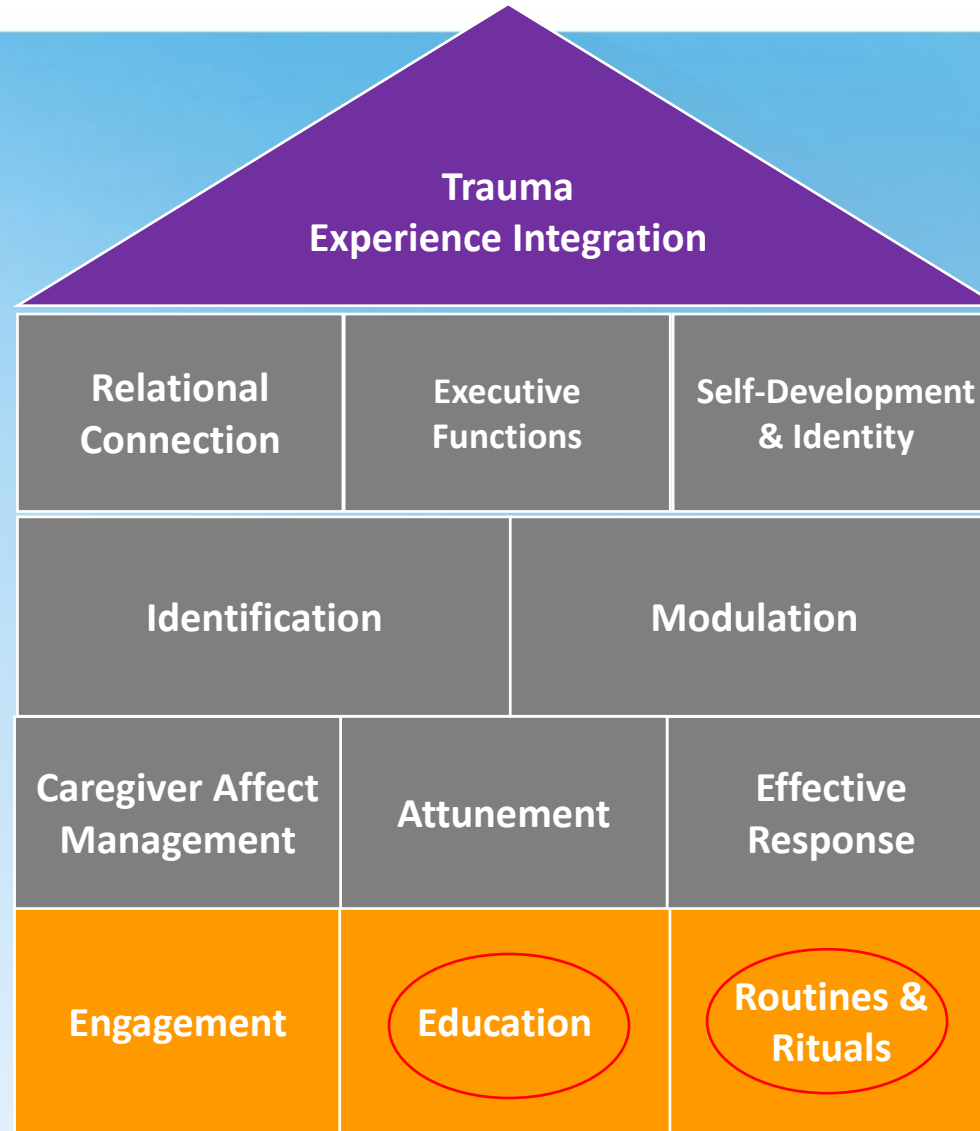
...yet children need their caregivers to help them make meaning of the PTE in developmentally appropriate ways.

# ARC Framework

**C**ompetency

**R**egulation

**A**ttachment



ARC - Blaustein & Kinniburgh 2010; Kinniburgh & Blaustein, 2005

# Emphasis on Family Engagement

## Strategies to Promote Family Engagement

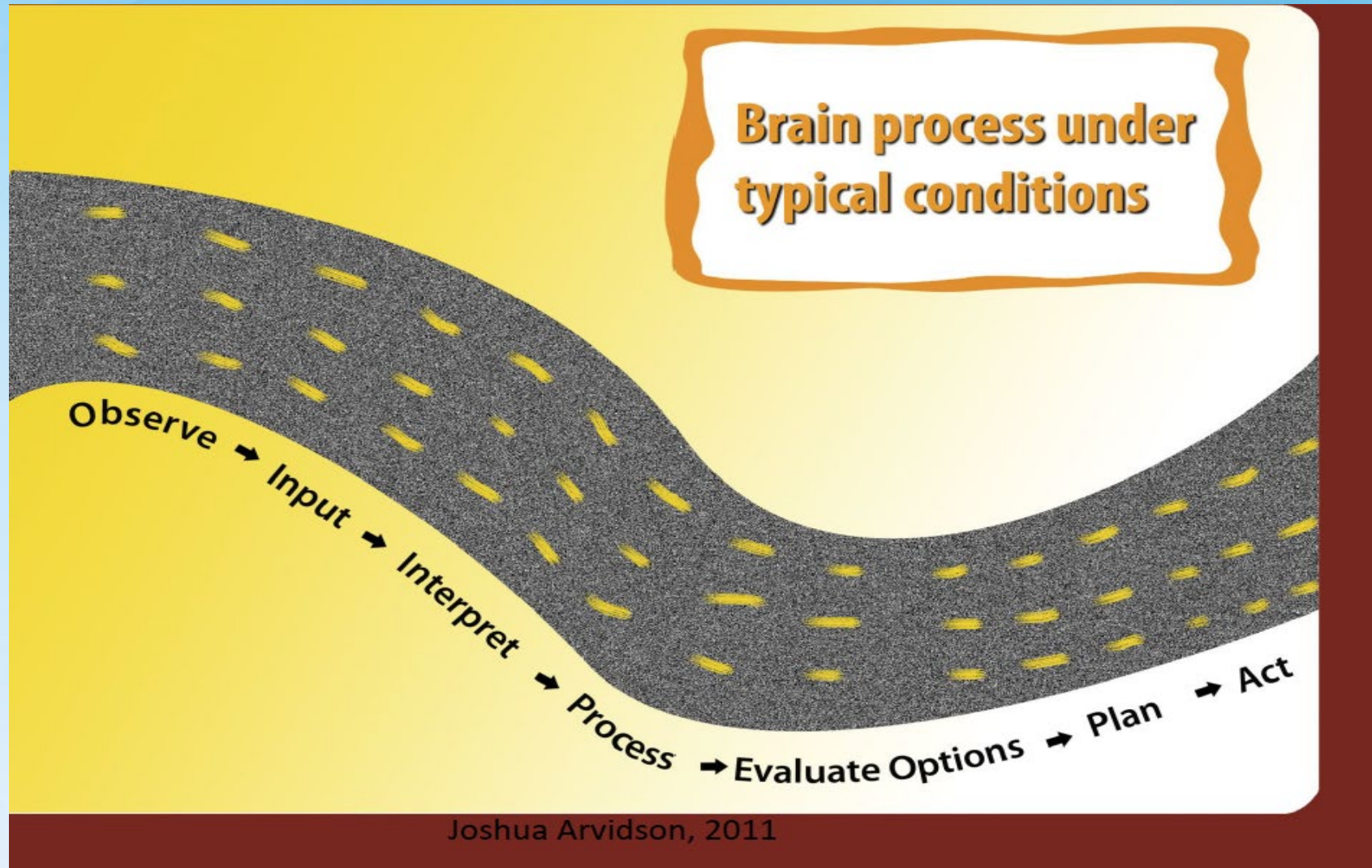
Show genuine interest in the caregiver as a person, not just a caregiver.



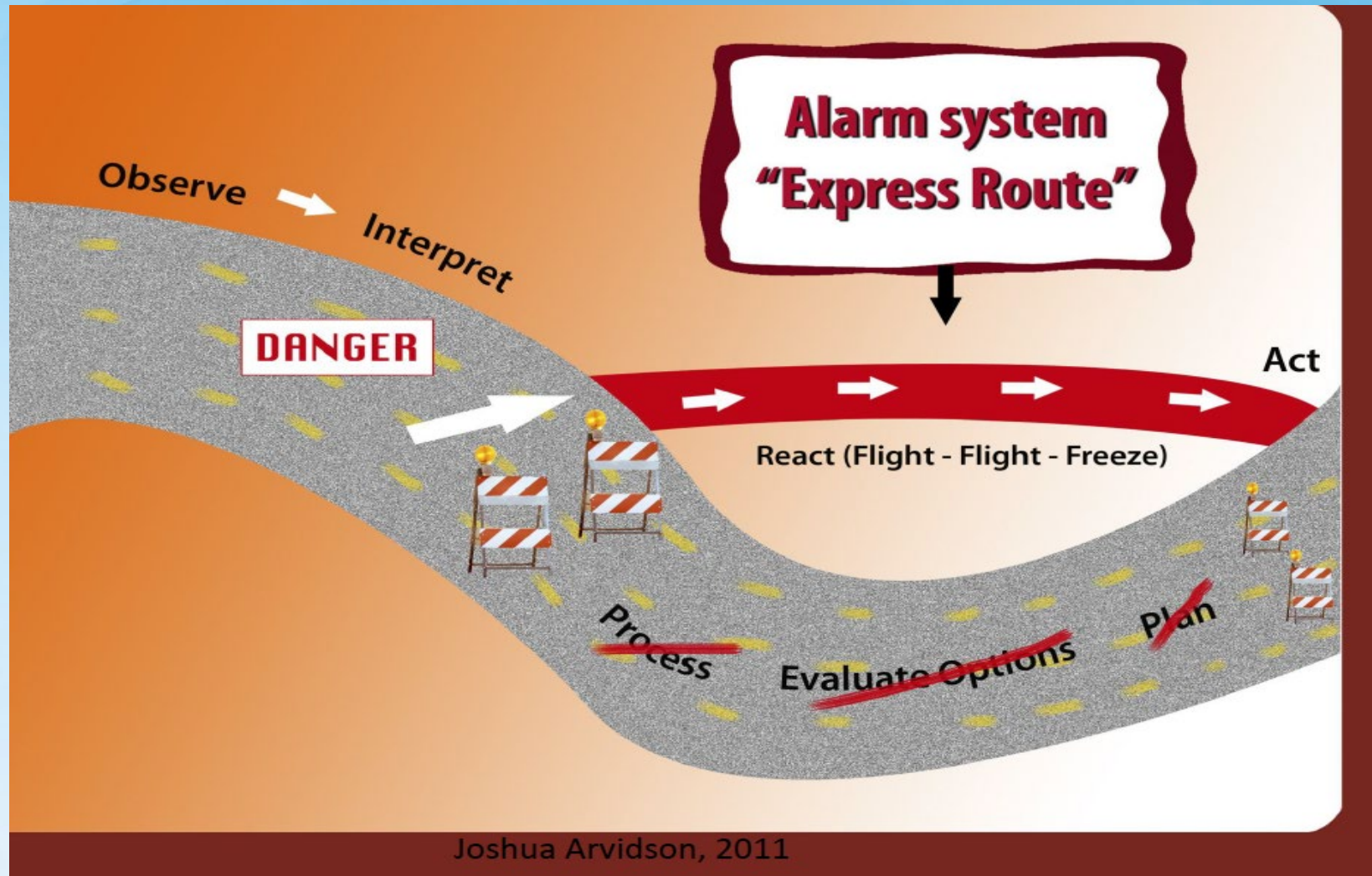
When providers hold the caregiver(s), the caregiver(s) can hold the child.

# ARC Strategies for Children and Caregivers



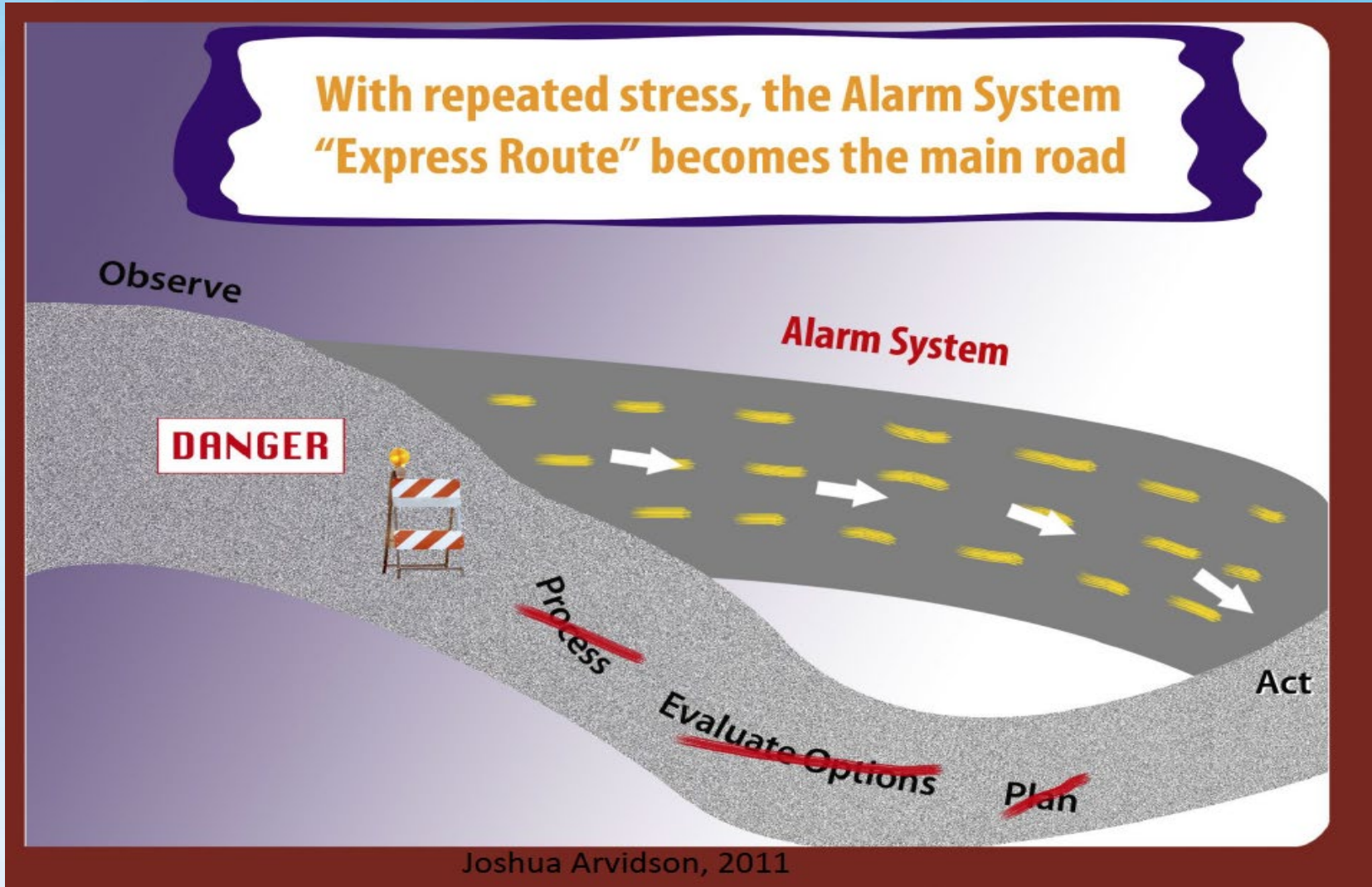


Joshua Arvidson, 2011





**With repeated stress, the Alarm System  
“Express Route” becomes the main road**

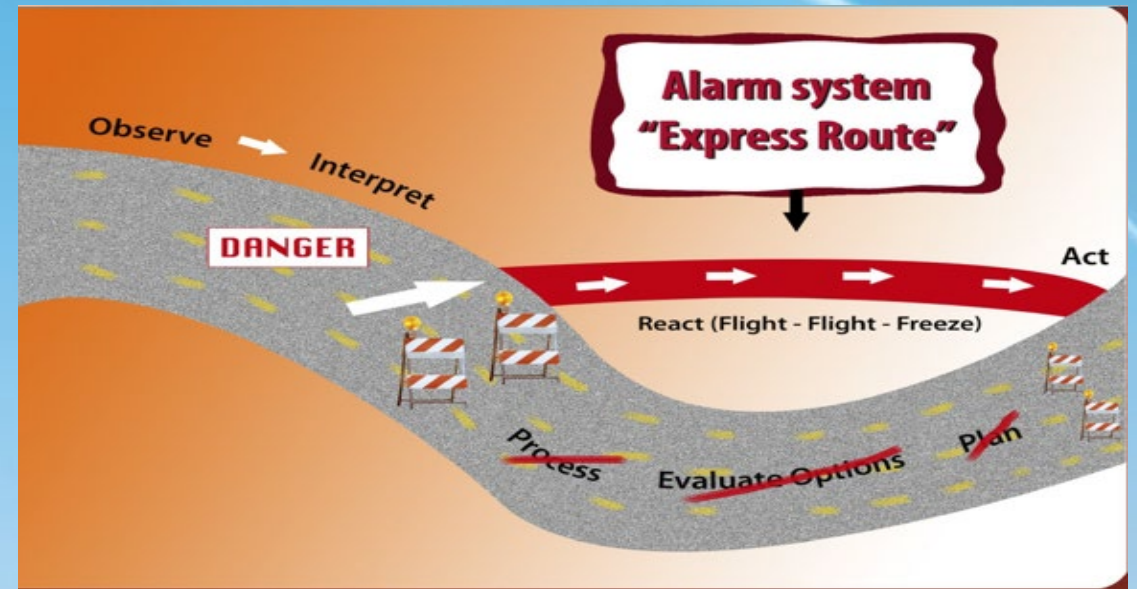


Joshua Arvidson, 2011

# Activity: Talk and Turn to your Neighbors

As you can see when looking at the map, alarm system responses happen when we skip the process, evaluate, and plan before acting.

1. What reactions might be visible for the child and the caregiver on this alarm system route?
2. Choose a situation in your work with a child, caregiver, or both:
  - a) How could you introduce the alarm system map to help them understand how stress and the trauma-cycle impacts their reactions and decision-making? What terms or examples could you use?  
*and/or*
  - b) What strategies could you suggest to help them step out of the trauma cycle?
3. How do you think utilizing the map and suggesting strategies would be received by the caregiver and the child?



# Benefits of ECHO for Childhood Trauma Education

Interprofessional collaboration

Didactic and practical learning opportunities

Variability of available resources based on geography

Case consultation with expert faculty & peers



# ECHO Participant Case Presentation and Experience

- <https://vimeo.com/881688154/519187dceb?share=copy>

# Evaluation Overview

- Enrollment Form ( $n=89$ )
  - Gathered information on professional role, organizational environment, years of experience working with pediatric patients, and barriers to providing care
  - Measured baseline knowledge, skills, self-efficacy, and attitudes related to the program's learning objectives
- Midpoint Participant Interviews ( $n=11$ )
  - Focused on how participants implemented ECHO content, barriers or facilitators to practice changes, and what didactic topics were most useful
- End-of-Series Survey ( $n=25$ )
  - Pre-Post analysis to measure changes in self-reported knowledge, skills, self-efficacy and attitudes related to the program's learning objectives
  - Open-ended questions about practice changes and barriers to practice changes

# Change in Learner Outcomes: Knowledge (n=21)

Statement	Pre-Mean (1-5)	Post-Mean (1-5)	Change in Mean	Significance (p<0.05)
*Evidence-based strategies to assess and treat patients throughout childhood and adolescence.	3.62	4.19	0.57	*.001
*Self-care strategies in practice to combat burnout, compassion fatigue, and trauma.	3.86	4.24	0.38	*.042
<b>*Trauma-informed care approach in primary care and school based settings.</b>	3.10	3.95	0.85	*p<.001
<b>*The impact that race, ethnicity, neurodiversity, gender and sexual orientation have on the care of patients and their families.</b>	3.52	4.14	0.62	*p<.001
<b>*Resources to address social determinants of health patients may be experiencing.</b>	3.29	3.86	0.57	*.004
*Approaches colleagues in other disciplines would utilize to address child and adolescent patients experiencing trauma.	2.95	3.76	0.81	*.001

\*Statistically significant change in self-reported learner outcome

# Change in Learner Outcomes: Self-Efficacy (n=21)

Statement	Pre-Mean (1-5)	Post-Mean (1-5)	Change in Mean	Significance (p<0.05)
Demonstrating the impact that cultural lenses have on access to and quality of care of patients and their families (i.e., race, ethnicity, neurodiversity, gender, and sexual orientation).	3.19	3.57	0.38	.072
*Utilizing evidence-based strategies to assess and treat patients throughout childhood and adolescence.	3.33	3.90	0.57	*.004
* <b>Assisting patients and their families in navigating systems related to social determinants of health.</b>	3.14	3.81	0.67	*.005

\*Statistically significant change in self-reported learner outcome

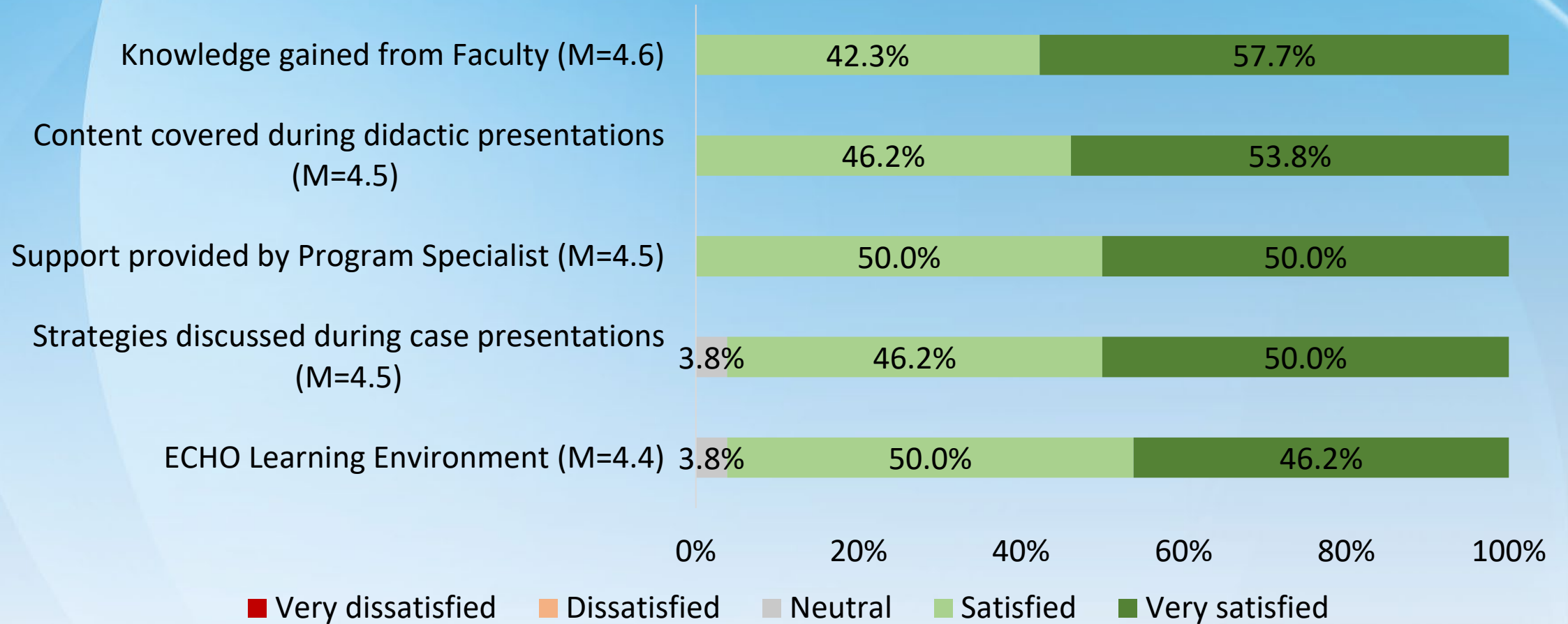
# Changes in Learner Outcomes: Skills *(n=21)*

Statement	Pre-Mean (1-5)	Post-Mean (1-5)	Change in Mean	Significance ( $p < 0.05$ )
<b>*Applying a trauma-informed care approach in primary care and school-based health settings.</b>	2.95	3.71	0.76	* $p < .001$
<b>*Addressing social determinants of health patients and their families may be experiencing.</b>	3.24	3.86	0.62	*.009

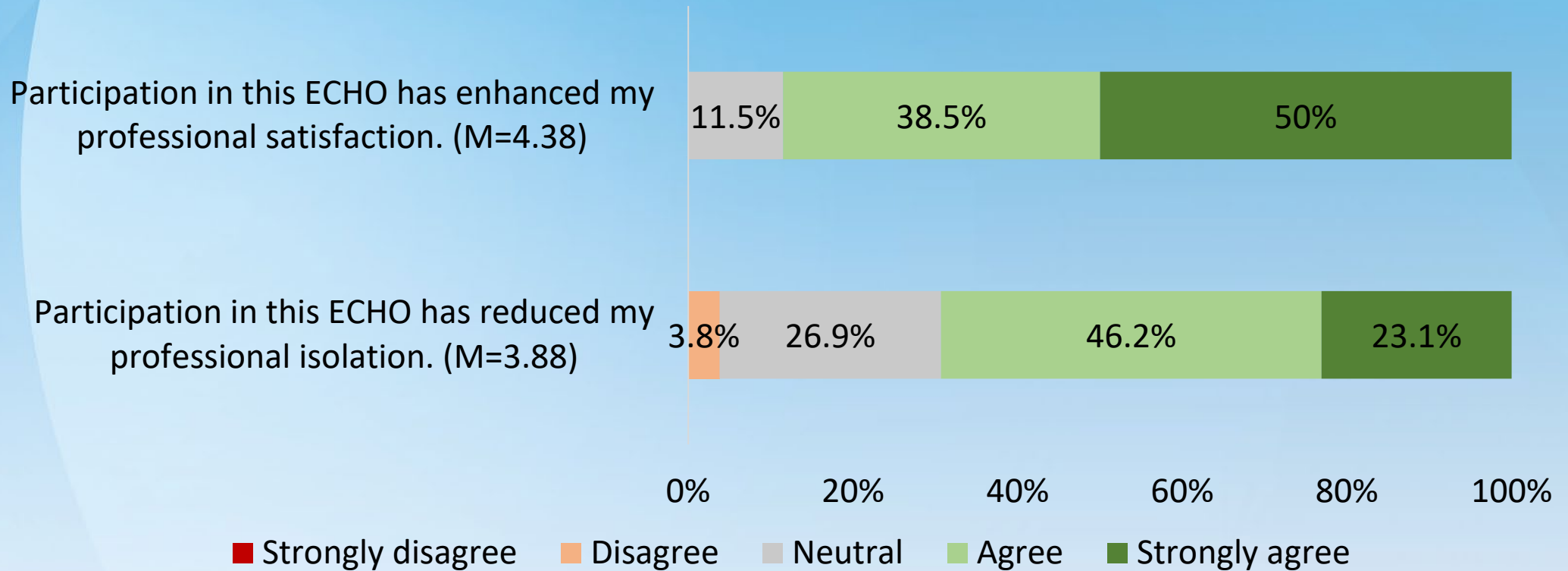
\*Statistically significant change in self-reported learner outcome



# Overall Satisfaction (n=26)



# Professional Satisfaction and Isolation (n=26)



# Practice Changes



## Universal

- *“Increased Trauma screening at all levels” (n=4)*

## Organizational

- *“Implement trauma-informed social-emotional curriculum and discipline”*

## Team-Based

- *“Sharing education and resources in team meetings” (n=4)*
- *“Hiring people specifically to coordinate care for our traumatized population of youth.”*

## Individual

- *“Increased awareness with patients” (n=3)*
- *“Incorporate self-care practices into the daily schedule”*

# Participant Interviews

Relevant  
Content

- Adverse Childhood Experiences (ACEs)
- Early Childhood Development
- Self-Care Practices
- Creating Safe Spaces for Patients
- Special Populations (e.g., neurodivergence, race and ethnicity)
- Caregiver and Family Engagement
- Intergenerational Trauma

“Because in the pediatric world, you can't treat the child without including the family. And so it's been helpful to have the resources as well as the new knowledge to integrate that into care.”

# Participant Interviews

## Practice Changes

- Implemented Case Recommendations
- Engagement and Communication with Caregivers and Family
- Screening Tools
- Utilization of Resources and Services Related to Social Determinants of Health (SDOH)
- Team-Based Care Approach

“Well, I just have taken out so many notes on how to work with children, how to work with families, right? And how to do the validation for families and making sure the child feels safe...Finding ways to help them to engage better, to talk more about their emotions and feelings in a safe space.”



# Participant Interviews

## Community of Practice

- Collaborative Approach
- Connecting with an Interprofessional Community
- **Reduced Professional Isolation**

“Yeah. It's been nice to connect every other week with other colleagues. And just also hearing that they're struggling with some tough cases and that we're all doing this and that there is a community available.”

# Thank you! Questions?

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# References

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- <https://www.nctsn.org/>
- “Your Very Own TFCBT Workbook” By Alison Hendricks, Judith A. Cohen, Anthony P. Mannarino, Esther Deblinger
- <https://arcframework.org>
- [https://www.nctsn.org/sites/default/files/interventions/arc\\_fact\\_sheet.pdf](https://www.nctsn.org/sites/default/files/interventions/arc_fact_sheet.pdf)
- Blaustein, M., & Kinniburgh, K. (2018). *Treating Traumatic Stress in Children and Adolescents – Second Edition*. New York: Guilford Press.