

Access the recording here:

<https://attendee.gotowebinar.com/recording/426237094105871631>

Access the entire webinar series here:

<https://files.asprtracie.hhs.gov/documents/aspr-tracie-pediatric-lessons-learned-from-covid-19-immediate-and-future-implications.pdf>

Access speaker bios here: <https://files.asprtracie.hhs.gov/documents/pediatric-compound-disaster-triage-to-care-speaker-bios.pdf>



TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Pediatric Lessons Learned from COVID-19: Immediate and Future Implications- Speaker Series

July 2021

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T R A C I E
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

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Sonoma County

Office of Education

**School Preparedness and
Response for Mental
Wellness in a time of
Disaster**



SONOMA COUNTY, CALIFORNIA

Disasters 2014-2021

- November 2014 Flood
- October 2017 Tubbs Fire
- November 2018 Smoke from Camp Fire, Butte County
- February 2019 Flood
- October 2019 Kincadee Fire
- March 2020 Covid-19 Pandemic
- August 2020 LNU Complex, Walbridge, and Meyers Fires
- September 2020 Glass Fire
- March 2019-Present Covid-19



A Sonoma County Student....



- Who will be in 2nd grade in the 2021-22 school year and who attended Preschool has never had a year of school that was uninterrupted by a disaster
- Who will be in the 5th grade in the 2021-22 school year has never had a year of elementary school that was uninterrupted by a disaster
- Who graduated high school in June of 2021 never had a typical high school year without lost school days
- Who is 3 or 4 years old and will start preschool in 2021-22 has never had a year without exposure to wildfire smoke
- Has missed multiple days of instruction, up to three weeks at a time per year, for the last four years
- May experience significant distress when it is hot, windy, cold and rainy, hears sirens
- Likely talks about disaster as if it is normal
- Lives in a community with adults who also may experience significant distress due to disaster triggers and who likely discuss disasters frequently

Key Preparedness Tasks for School Administrators and Personnel...



During the Crisis

YOU WILL BE BOTH-

LIVING THE MOMENT

And

**PREPARING FOR
ACTION
AFTER THE CRISIS IS OVER**





Preparing to respond to a disaster includes...

- Having RESOURCES that are easily available and within reach
- Being on the ready... immediate, quick, prompt
- Know your role
- Know others' roles
- Know your personal response plan
- Know your self-care and mental wellness plan



How to Prepare...



- Have a tight knit team with established communication systems and caring relationships
- Clarify the roles of each member of that crisis response team
 - Personnel
 - Communication
 - Internal with staff and reporting structure
 - Families and students
 - External (media)
 - OES Command Center reps/schedule
 - Website management
 - Response to assist with AND screen, if possible, children at shelters
 - Student Food Service
 - Facilities
 - Finance... working with FEMA, donations
 - Counselors well-trained & on-going training
 - Counseling, Mental Wellness *during* the crisis
 - Counseling, Mental Wellness *post-crisis* plan

Creating and Maintaining Systems for Successive Disasters...



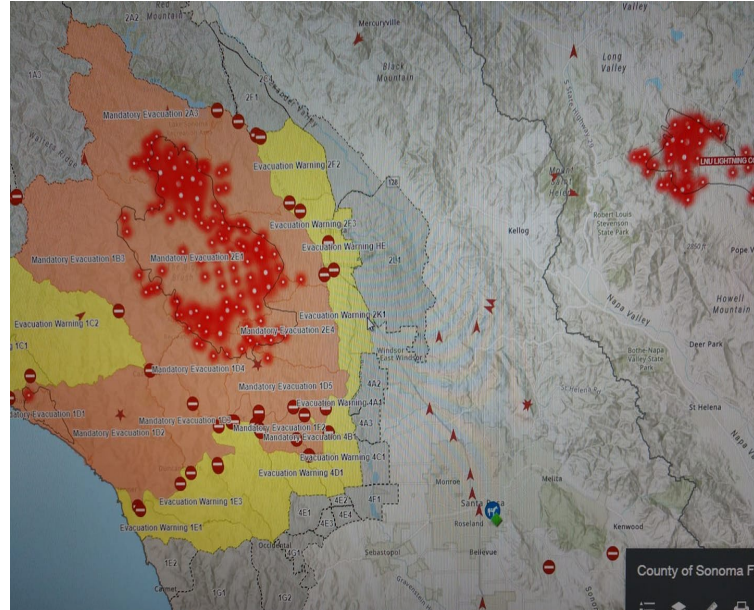
- Prepped and Structured Training of Trainers and Training PPTs that are easily adjusted to fit the crisis with identified Trainers
- Have and know your crisis response documents
- Know the experts and “disaster friends”
- Have your own plan in place and practice with your kids and family, explaining your role and what to expect
- Keep your cell phone powered and in good working order, have backup power for your devices such as phone and laptop
- Have a hard copy of your basic needed information
- Know your community partners and have a basic meeting structure at least bi-annually to review disaster response plans and roles
- Review your State School Disaster Guide periodically
- Self-Care and Mental Wellness staff activities are part of the educational workplace culture, on-going - a well resourced school staff is your greatest asset

AND...

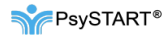
HAVE A STEPPED TRIAGE TO
CARE SYSTEM TO ADDRESS
STUDENT TRAUMA WITH
IDENTIFIED SITUATIONAL
SCREENING TOOL(S)

Stepped Triage to Care Support... Sonoma County

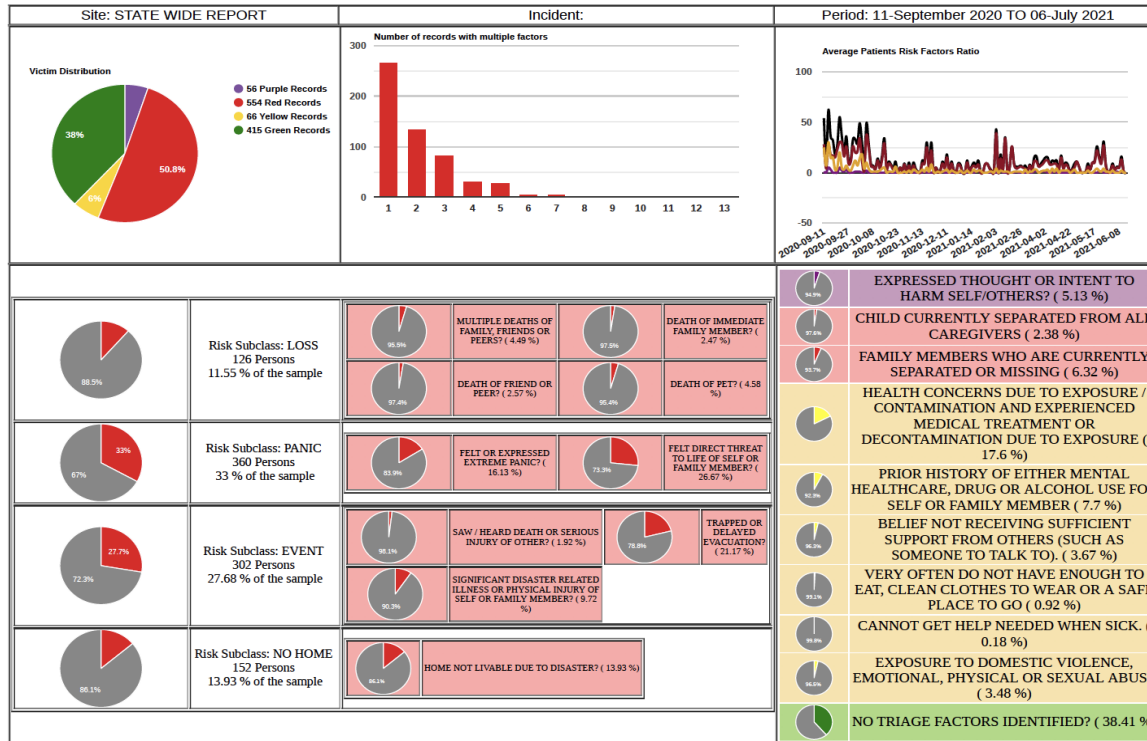
- Situational Screener
PsySTART
- Direct Training and
Resources to Schools,
Staff, and Students
immediately after the crisis
- Additional Screener
CPSS-V
- Implement TF-CBT
Services for students in
need



PsySTART Pediatric Community Risk Surveillance(9/20-3/21)



Sonoma County Office of Education PsySTART Situational Awareness Report 6 JULY 21



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PsySTART Rapid Disaster MH Triage Systems

- Real-time situational awareness: risk types, levels, locations and resource gaps
- Geo-coded information “risk mapping”
- Floating “cut off” score permits targeted high-risk outreach and linkage priorities
- Integrated acute danger, disaster/active shooter-terrorism, COVID-19 risk and prior trauma risk indicators in one tool
- New version allows parent and student “self-triage” option
- Allows for a single, real time “common operating picture” across local health care coalitions: schools, hospitals, behavioral health
- WRAP-EM version available at no cost in WA,OR,CA,NV,AZ,UT

Key Takeaways...



- Preparing for crisis is continuous
- Professional development to cope with and manage crisis is included in annual planning, including staff self-care
- Continuous role clarification of leadership teams
- Be Clear who will provide the school based mental health response
- Have strong MTSS that all personnel know how to access
- Have a Stepped Triage to Care Mental Wellness Response System in place for students
- Coordinated service structure among all community agencies; routine meetings to review
- Have a communications plan in place that EVERYONE understands
- Have a post-crisis response structure built and ready
- Identify a post-crisis response coordinator to manage and implement resources





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Children's Disaster Behavioral Health CONOPS Recommendations

Schreiber and Pfefferbaum, 2012s

Awareness training in pediatric traumatic stress for all medical providers

- PsySTART Trauma Informed Care

PsySTART Triage/Incident Management System

- PsySTART Triage System for disaster systems of care: schools, hospitals in *disasters and non disaster acute traumatic events*
- *Stepped Triage to Care Model with TF-CBT*

Community-Based Psychological First Aid

- LPC 60 minute Neighbor to Neighbor, Family to Family, Parent and School Versions
- State of Texas DSHS Region 2/3, LA County Community Disaster Resilience Project, Vibrant Health NYC /NYC DYCD Youth Resilience Program
- Anticipate. Plan. Cope. Parent Coping Skills Package adapted for COVID-19

PsySTART–R Responder Resilience System

- Anticipate, Plan and Deter Pre-event, JIT Resilience Training
- Active, proactive risk monitoring
- Managing impact of dealing with kids on medical responders
- CDC, LA,WA,OR, NorCal, HHS Ebola, CDC ED Providers

PsySTART is Rapid Triage of Risk Experience vs. Distress Symptoms

- Acute Stress Symptoms(<40 days are NOT predictive of clinical PTSD or depression)
- How do you practically predict PTSD at the time of disasters and everyday traumatic events in touchpoints?
- Symptoms vs. Experiences
 - Don't focus on distress symptoms initially
 - Severe stress exposures, not initial distress
 - “outside your head, not inside”
 - “Chase risk not tears”



PsySTART Rapid Triage- Primary Touch Points: School, ED, Shelters, HCC

How Does PsySTART work ?

PsySTART enables targeted (indicated) follow-up

- Linkage to Step 2: Tele-Health Early Intervention
- Rational allocation of scarce resource



The Sonoma Schools PsySTART to Trauma-Focused CBT Project

Step 1: PsySTART Risk Triage Via School Screening Outreach

- Targeted intervention engagement:
 - Algorithm 1=11% of total screened school population
 - Algorithm 2= 23% of total screened school population

Step 2: TF-CBT- *Acute*

4 Tele-health resiliency skills sessions(PRAC Skills Components)

(PRAC skills can be delivered in groups of 5-6)

- 1: PTSD education
- 2: Relaxation skills
- 3: Affective modulation
- 4: Cognitive coping processing skills
 - Reassess with CPSS for Step 3
 - About 50% required next level of care: Step 2

Stepped-Care Step 3

Step 3: TF-CBT Full intervention (est. 50%)

- 6-8 additional sessions to complete the full TF-CBT model
- Trauma Narrative, conjoint parent and child sessions and safety planning
 - Tele-health or in-person
- Reassess at post treatment

Trauma-Focused Cognitive Behavioral Therapy

- Evidence-based trauma-focused treatment for youth ages 3-18 years and non-offending caregivers
- Provided in 12-20 parallel youth and caregiver sessions with several conjoint sessions
- For youth with any type of remembered trauma and significant trauma-related symptoms
- Components- and phase-based treatment, incorporates gradual exposure and includes caregivers whenever possible

TF-CBT Evidence Base

- Evaluated in 23 randomized controlled trials (RCTs)
- TF-CBT significantly superior for improving:
 - PTSD diagnosis/symptoms
 - Depressive, anxiety symptoms
 - Externalizing behavioral problems
 - Sexual behavior problems
 - Negative cognitions (e.g., self-blame; “I am damaged.”)
- TF-CBT also significantly superior for improving parental support, distress, positive parenting
- TF-CBT effective for youth with ICD-11 Complex PTSD

Components- and Phase-Based Treatment

PRACTICE COMPONENTS:

Psychoeducation

Parenting Skills

Relaxation Skills

Affective regulation Skills

Cognitive processing Skills

Trauma narration and processing

In vivo mastery of trauma reminders

Conjoint child-parent sessions

Enhancing safety

TF-CBT PHASES:

STABILIZATION PHASE

TN PHASE

INTEGRATION PHASE

CATS Project

- Child & Adolescent Trauma Treatment and Services Project funded by SAMHSA
- 9 Community and University-affiliated programs in the 5 boroughs of NYC consisting of >80 therapists, diverse therapeutic orientations and ethnicities
- Screened children for PTSD symptoms after 9-11
- Provided treatment to >500, quasi-randomized depending on initial scores to PRAC or full TF-CBT
- Matching algorithm produced significant reliable change in PTSD symptoms using regression discontinuity analysis (Hoagwood et al, 2006)

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