Can Elementary Afterschool Programs Address and Prevent Child Mental Health Disparities?

Angela Venegas-Murillo, MD MPH
CDU Grand Rounds
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MENTORS: Sheryl Kataoka, MD MS
Paul Chung, MD MS
Pia Escudero, LCSW – LAUSD School Mental Health
Keosha Partlow, MPH PhD – Charles R. Drew University
I have no disclosures or any conflicts of interest
Learning Objectives

• To be able to define resiliency
• To be able to identify the key elements of Trauma-/Resiliency-Informed Care
Outline

**Background**
- Case-Based Question
- What is Trauma?
- What is Resiliency?
- Definition of Trauma / Resilience Informed Care

**Truth Telling**
- My Story of Resilience

**Personal Reconciliation: Community Partnered Research Project**
- LA’s BEST Afterschool Program / LAUSD School Mental Health
  - Building mental health capacity within an afterschool setting
Karen is an 8 year old girl who presents for her annual physical in clinic. She has had difficulty in school and her mother is concerned that she might be held back a grade. Her mother is predominately Spanish speaking and has not been able to help Karen with her homework. She relies on the elementary afterschool program to help her with her homework. They live in an impoverished area with limited resources. Karen’s father was recently incarcerated a couple of months ago and she misses him every day. Both her teacher and the afterschool instructor have noted that Karen has become very recluse in the last couple of months and have expressed their concerns to Karen’s mother.

What are the six key principals of a Trauma-/Resiliency-Informed approach you should have in mind while advising both Karen and her mother?
Background – Trauma

• **Trauma** refers to the effects of a single event, a series of events, and/or ongoing circumstances that are experienced or perceived as physically or emotionally harmful and/or life threatening.

• Affects individuals, families and communities at the time it occurs and over time (generations).

• Adverse effects of trauma can be profound and long-lasting:
  - Diminished functioning and wellbeing.

Possible ways that adverse childhood experiences might influence health and well-being throughout the lifespan, according to the [Centers for Disease Control and Prevention](https://www.cdc.gov/ncbddd/ACEsToolkit/index.html).

(LA County Trauma Informed Systems Change Initiative 2017, SAMHSA 2014)
Karen’s Adversities

Family / Household Challenges
• Father is incarcerated
• Mother is Spanish Speaking / Language barrier

Community / Environmental Challenges
• Living in poverty

Academic Challenges
• Might be held back a grade

Coping Strategy
• Recluse
Background – Resilience

• **Resiliency** is the capacity of individuals, families, and communities to heal from trauma, and to strengthen their wellbeing and adaptability despite challenging or threatening circumstances.

• The capacity changes over time and is enhanced by protective factors in the individual, family and community.
Karen’s Resiliency Characteristics

Family Support
• Awareness that Karen misses her father daily
• Mother asking for help

Academic Support Network
• Daytime teacher expressed his/her concerns to Karen’s mother
• Afterschool instructor expressed his/her concerns as well

Medical Support Network
• Pediatrician can assist in healing process
Trauma / Resiliency Informed Care

- **Trauma / Resiliency-Informed Care** is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

  (p. 82, Hopper et al., 2010)

- Treat every person as though they have experienced trauma... chances are they have.

- **BUT** also recognize their strengths and skills to overcome
Trauma / Resiliency Informed Care Framework of Best Practices

SAMHSA’s Six Key Principles of a Trauma-Informed Approach

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues
Trauma / Resiliency Informed Program, Organization, or System

**Realizes**
- Realizes widespread impact of trauma and understands potential paths for recovery

**Recognizes**
- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

**Responds**
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices

**Resists**
- Seeks to actively resist re-traumatization.

*From SAMHSA’s Concept Paper*
Stages of Trauma / Resiliency Informed Program, Organization, or System

- **Aware**
  - Develop understanding of why Trauma / Resiliency Informed Care is important among staff and people served by org

- **Sensitive**
  - Assess readiness & develop a plan for systematic change

- **Responsive**
  - Begun to apply system-wide change
  - Data gathering
  - Revisions & adaptations

- **Informed**
  - Normalized protocol for providing Trauma/Resiliency Informed Care
  - Ongoing evaluation, revisions & adaptations

(Philadelphia ACE Project, 2016; Missouri State Roundtable, 2016; SAMHSA, 2014)
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**What are the six key principals of a Trauma- /Resiliency -Informed approach you should have in mind while advising both Karen and her mother?**

A. Safety; Trustworthiness & Transparency; Peer Support; Collaboration & Mutuality; Empowerment, Voice & Choice; and Cultural, Historical & Gender Issues

B. Universal Prevention; Selective / Indicated Prevention; Early Intervention; Intensive Treatment

C. Goal Setting; Self Esteem; Problem Solving Skills; Learning from Mistakes; Acceptance; Willingness to Overcome Difficulties

D. Awareness, Sensitive, Responsive and Informed
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A. Safety; Trustworthiness & Transparency; Peer Support; Collaboration & Mutuality; Empowerment, Voice & Choice; and Cultural, Historical & Gender Issues – **SAMHSA’s 6 Principles on Trauma-Informed Approach**

B. Universal Prevention; Selective / Indicated Prevention; Early Intervention; Intensive Treatment – **Intervention Levels**

C. Goal Setting; Self Esteem; Problem Solving Skills; Learning from Mistakes; Acceptance; Willingness to Overcome Difficulties – **Resiliency Characteristics**

D. Awareness, Sensitive, Responsive and Informed – **Stages of Trauma-/Resiliency-Informed Care Readiness for an Organization**
Truth Telling – My Story of Resilience in South Central Los Angeles
Personal Reconciliation: Community Partnered Research Project

Can Elementary Afterschool Programs Address and Prevent Child Mental Health Disparities?
Background – LA’s BEST Afterschool Program

• Provides a safe and supervised space for afterschool education, enrichment and recreation
  • 194 Elementary Schools (serves 25,000+ children ages 5-12yo)
  • Partnership with City of Los Angeles, LAUSD & Private Sector

• **Academic Support:** 72% of children report doing better in school when they get help with their homework

• **Sports & Recreation:** 2,775+ games played over the course of a year

• **Nutritious Supper:** 25,000+ children received daily supper
Background – Elementary Afterschool Programs

• 56% of 49,700 public elementary schools in the nation have afterschool programs on site
• 10 to 25% of elementary children nationwide are enrolled
• Low income, African-American and Latino families are the highest utilizers

• Afterschool program providers have the potential to bridge the gap in childhood mental health care.
• Yet little information exists on how these programs could serve as a platform for mental health capacity building.
Background – Childhood Mental Health Care Crisis

- About 80% of youth with symptoms of mental illness do not receive adequate mental health care.
  - If left untreated can lead to life-long disability
- Ethnic minority youth and the uninsured are the most vulnerable

- School-based, group cognitive behavioral therapy has been shown to be effective in reducing PTSD, depression and anxiety symptoms among low-income, minority youth

- Implementation has been limited due to:
  - Interference with instructional time
  - Access to trained staff
  - Barriers in parental engagement during school hours (work, child care, etc)
Background – LAUSD School Mental Health

- 2013-2014 screening of 572 LAUSD students
  - 88% reported experiencing three or more traumatic events in their lifetime
  - 55% showed symptoms of PTSD, depression, or anxiety.
  - Rate of PTSD is 5x greater than general population
- 300 - 450 mental health providers for 665,000 students in K-12
- 14 Wellness clinics
Purpose

Specific Aim:

• To identify strengths, challenges and gaps in current efforts to integrate mental health services within an afterschool program (LA’s BEST) in elementary schools across Los Angeles Unified School District (LAUSD) to inform future strategies and best practices.
Methods

Mixed methods approach

- Semi-structured interviews and focus groups of LA’s BEST staff and parents / caregivers (English and Spanish) at 4 school sites

Analysis

- Themes developed through inductive approach
# Preliminary Results

**LA's BEST**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th># of subjects (%) or mean (range)</th>
<th>n = 32</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td>27.6 (18 – 70)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>26 (81.3)</td>
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<tr>
<td><strong>Years Employed</strong></td>
<td></td>
<td></td>
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<tr>
<td>Classroom staff</td>
<td></td>
<td>2.2 (0.25-11)</td>
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<tr>
<td>Supervising staff</td>
<td></td>
<td>8.4 (2-18.25)</td>
</tr>
<tr>
<td><strong>Ethnicity / Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>2 (6.25)</td>
</tr>
<tr>
<td>African American</td>
<td></td>
<td>2 (6.25)</td>
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</table>

## Parent / Caregiver

<table>
<thead>
<tr>
<th>Characteristic</th>
<th># of subjects (%) or mean (range)</th>
<th>n = 56</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td>37.6 (24 – 62)</td>
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<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
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<tr>
<td>Male</td>
<td></td>
<td>16 (28)</td>
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<tr>
<td>Female</td>
<td></td>
<td>40 (72)</td>
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<tr>
<td><strong>Children in LA's BEST</strong></td>
<td></td>
<td></td>
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<tr>
<td># in program (mode)</td>
<td></td>
<td>1 (1-2)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td>8.1 (5-12)</td>
</tr>
<tr>
<td><strong>Years in program</strong></td>
<td></td>
<td>2.4 (0.1 – 6)</td>
</tr>
<tr>
<td><strong>Ethnicity / Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>3 (5.3)</td>
</tr>
<tr>
<td>African American</td>
<td></td>
<td>8 (14.4)</td>
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<tr>
<td>Hispanic (non-white)</td>
<td></td>
<td>43 (76.7)</td>
</tr>
<tr>
<td>Mixed</td>
<td></td>
<td>2 (3.6)</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td></td>
<td>31 (55)</td>
</tr>
<tr>
<td>Spanish</td>
<td></td>
<td>25 (45)</td>
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</table>
Preliminary Results

Word Cloud

• The range of life challenges described in the focus groups and interviews
<table>
<thead>
<tr>
<th>Themes</th>
<th>Staff</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths</strong></td>
<td></td>
<td></td>
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<tr>
<td>Trusting relationships with children &amp; parents</td>
<td>“[The kids] open up more to staff because they have a sense of trust.”</td>
<td>“…Students get attached to the staff. My daughter cried when staff left.”</td>
</tr>
<tr>
<td></td>
<td>“Even if it’s small, we tell the parents.” “[They] appreciate it [and] makes them more open.”</td>
<td>“I feel like I can open up to them, and if it’s going to help my child then why not.”</td>
</tr>
<tr>
<td>Good communication skills</td>
<td>“We give parents the ‘feedback sandwich’ when giving news about their child's performance. We try to give feedback that's positive.”</td>
<td>“The staff are always a phone call away. They take you to the side [to discuss] a resolution.” “There is no judgement about your kids”</td>
</tr>
<tr>
<td>Guided response to difficult situations</td>
<td>“…We speak to the parent first; create a behavior plan; talk to the daytime teacher[and] submit a referral to Student Support Services. They observe the child in the day school hours to identify issues and develop a plan.”</td>
<td>“I was really open to [LA’s BEST worker]. I remember breaking down to her. I told her my problems that I was having with the school. She set up this whole curriculum that made life easy.”</td>
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<tr>
<td><strong>Challenges</strong></td>
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<td>Lack of experienced / long-term staff</td>
<td>“The staff is young, so even if they are trained, they aren’t parents and aren’t here for the long haul.”</td>
<td>“Having new staff around, so not as comfortable starting new conversations, I don’t really interact as much.”</td>
</tr>
<tr>
<td>Limited training</td>
<td>“We do have training sets about behavior but [it] doesn’t work.”</td>
<td>“If staff doesn’t know, how can they help? They need to be open about issues the child is having in order to help.”</td>
</tr>
<tr>
<td>Limited parent involvement</td>
<td>“They work. They have finances. They cannot be present. They have other kids.” “Many parents are in denial.”</td>
<td>“We are all really busy as parents. Time constraints is the biggest problem for me.”</td>
</tr>
<tr>
<td>Themes - Recommendations</td>
<td>Representative Quotes</td>
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<tr>
<td>LA’s BEST Staff</td>
<td></td>
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<tr>
<td>More training</td>
<td>“More training with people who have more experience with emotional / behavioral issues.” “A range of examples from mild to severe cases.”</td>
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<tr>
<td>More parent involvement</td>
<td>“Some parent involvement at least once a month...to see what our schedule is like, what we do.”</td>
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<tr>
<td>Onsite mental health counseling</td>
<td>“I would add extra tools for therapy within LA's BEST. A direct referral to therapy with LA's BEST.”</td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Onsite mental health counseling</td>
<td>“Therapist that travel to kids, visits the sites and checks on kids that need help.”</td>
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<tr>
<td>Increase knowledge and guidance</td>
<td>“[A course] will help me better understand if there’s something bothering my child.” “As parents, its kind of hard for us...to know where to start or how to talk to my child about this.”</td>
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Conclusions

• Elementary afterschool programs like LA’s BEST can serve as a valuable frontline in mental health services

• Mental health support can be built upon existing and trusted relationships between afterschool staff, children and their parents

• Parents and their children may have improved access to mental health services in the afterschool setting
Future Direction

• To incorporate recommendations into mental health training for LA’s BEST staff

• To collaborate and reinforce LAUSD School Mental Health’s efforts to teach elementary children basic social-emotional-learning skills during school hours

• To adapt existing social-emotional-learning curriculum for the afterschool staff to implement

• To continue an ongoing collaborative partnership towards LA’s BEST evolution into a Trauma/Resiliency Informed organization
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