

**Compassion Fatigue and Resilience:  
Strategies for  
School Based Health  
Center Providers**

**Thursday, December 10, 2020**

2:00-3:00pm EST



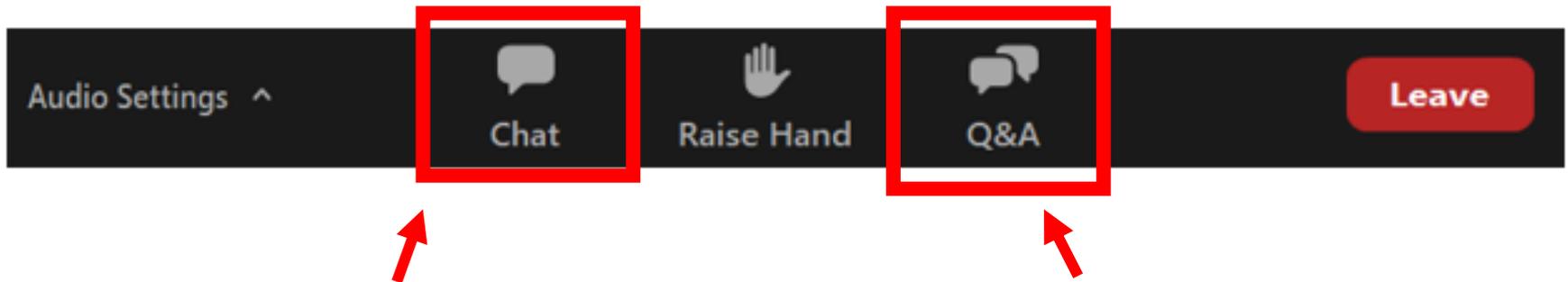
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# How to Ask a Question/Make a Comment



Type in a **comment** in the **chat box**

Type in a **question** in the **Q&A box**

Both are located at the bottom of your screen.

We'll answer as many questions as we can at the end of the presentation.

# Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

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Substance Abuse and Mental Health  
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[www.samhsa.gov](http://www.samhsa.gov)



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# Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)



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# Poll #2: What best describes your organization? (check all that apply)

- School Based Health Provider
- Behavioral Health Provider
- Primary Care Provider
- Mental Health Provider
- Substance Use Disorder Provider
- Other (specify in chat box)



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# Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)



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# Introductions



**Dr. Timothy Kearney**  
Child Guidance Center,  
Inc. & Community  
Health Center, Inc.



**Dr. Jessica Welt**  
Child Guidance Center,  
Inc. & Community Health  
Center, Inc.



**Pamela Black, MA, MEd**  
Consultant  
National Council for  
Behavioral Health  
and Trauma Sensitive  
Education, LLC



**Katy Stinchfield**  
Senior Program Manager  
School-Based Health  
Alliance



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# Learning Objectives

## In this webinar participants will:

- Understand the impacts of trauma on students, parents and guardians, teachers and school staff, and providers
- Understand ways in which the on-going COVID-19 pandemic is impacting all individuals within school communities
- Understand compassion fatigue, resilience, and the importance of self-care
- Learn strategies that providers and staff can implement to address on-going traumatic stress and increase resilience among staff



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# SAMHSA Concept of Trauma

Individual trauma results from an ***event***, series of events, or circumstances that is ***experienced*** by an individual as physically or emotionally harmful or life threatening and that has lasting ***effects*** on an individual's functioning and mental, physical, social, emotional, or spiritual well being.

From SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach, July 2014,  
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>



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# What is Trauma

- Acute vs Chronic
- Potentially traumatic experience vs. trauma
  - Majority will have resilience; **exposure does not equal trauma**
  - Individual variables influence how an event impacts a child

The national average of child abuse and neglect victims in 2013 was **679,000**, or **9.1 victims per 1,000 children**.<sup>2</sup>



<sup>2</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). Child maltreatment 2013. <http://www.acf.hhs.gov/sites/default/files/cb/cm2013.pdf>



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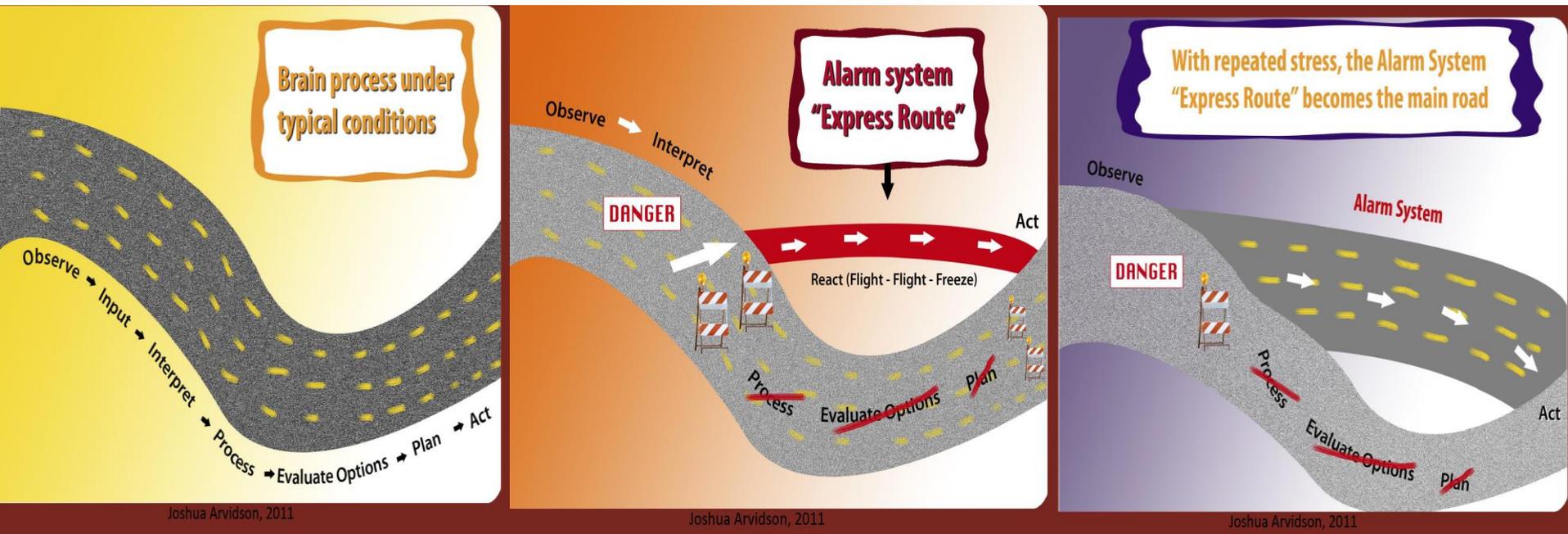
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# Trauma and the Brain

- Alarm state vs. calm state
- Constant cortisol affects brain chemistry = physiological change



# Impact of Trauma Students

## School Performance

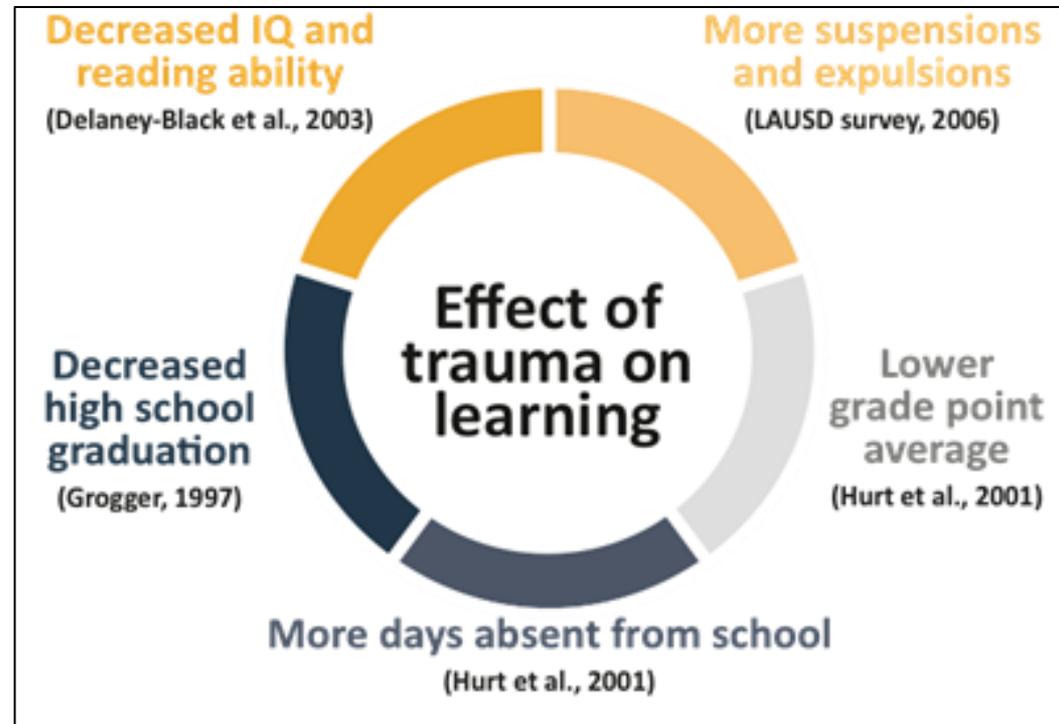
- Decreased ability to concentrate
- Impact on learning and development

## Delayed developmental competencies

- Cognitive functioning, emotional regulation, interpersonal relationships

## Behavior

- Immediate and over time
- Trauma kids = “problem kids”; disciplined more
- Externalizing vs. internalizing



# Impact of Trauma

## *Parents & Guardians*

### **Adults with kids who have trauma**

- Ongoing frustration trying to understand and communicate with child
- Impact on relationship, attachment, trust
- Frequent requests for parent involvement in school, conflicts with work obligations
- Kids potential to act differently in school and at home

### **Adults who have trauma (past/present), with kids who have trauma**

- Can share present trauma (from same event), however reactions and responses do not have to be same
  - Abuse in the home? Death in home? Pandemic?
- How to care for someone when trying to cope yourself?



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# Impact of Trauma

## *Teachers & School Staff*

### Prevalence seem to anecdotally be rising

- 26% in the U.S. will witness or experience potential traumatic event(s) before they turn four (Briggs-Gowan et al., 2010)
- Creates a *huge* burden to manage individual needs
  - Teachers not trained to identify students; may unknowingly re-traumatize
  - Remote learning challenges
- Teachers trying to help
  - Personal rejection: “I was just trying to help, s/he didn’t appreciate it”

### Whole system trauma awareness:

- **Why** might this child be acting this way?

<sup>1</sup> National Center for Mental Health Promotion and Youth Violence Prevention, "Childhood Trauma and Its Effect on Healthy Development," July 2012



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# Impact of Trauma *Providers*

## **Vicarious & secondary traumatization, compassion fatigue**

- May re-experience personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure

## **School-Based Providers**

- Isolated, may have limited resources, no team in vicinity to debrief

## **Non Behavioral Health Providers**

- Details of trauma may be overwhelming
- Risk of becoming desensitized to the details
- Reporting the abuse: more work with limited time/resources
  - Unfamiliarity with reporting and can result in minimization of severity



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# SBHCs and Pandemic Trauma

Immense systems are overwhelmed:

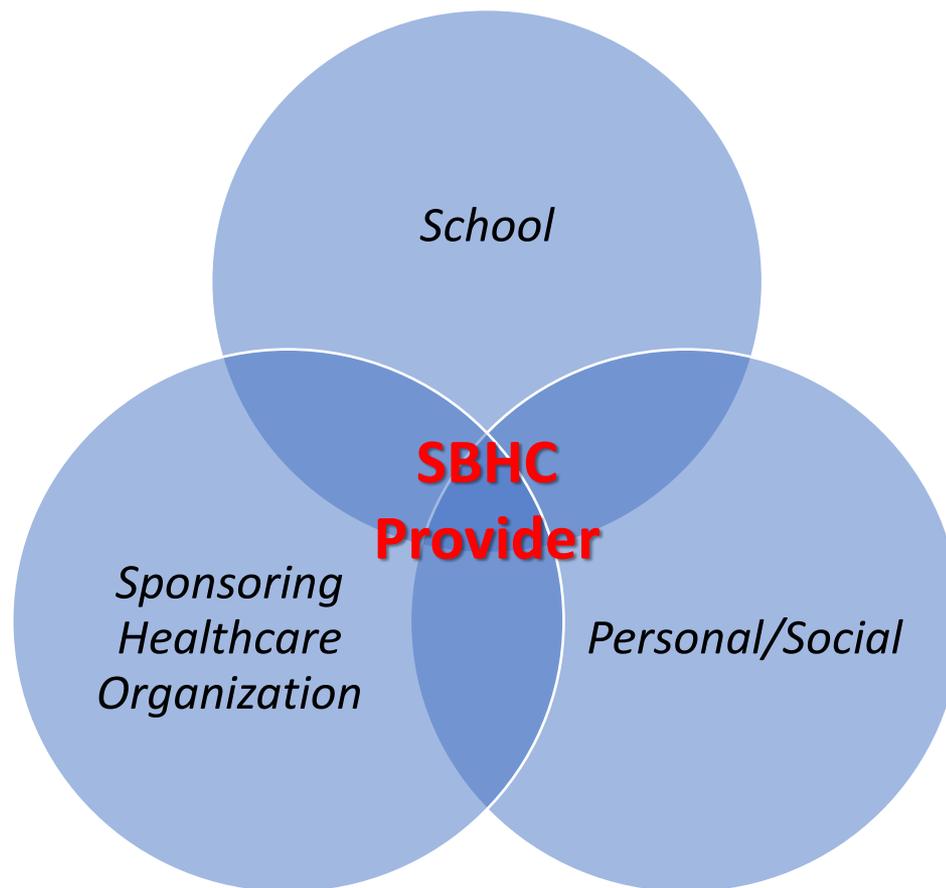
1. Education
2. Healthcare
3. Society at large

*And SBHCs are sitting at the critical intersection of all these over-stressed systems...*



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# SCHOOL-BASED HEALTH ALLIANCE

Redefining Health for Kids and Teens



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## We Believe...

In the  
transformational  
power of the health  
and education  
intersection



**HEALTHY STUDENTS**  
make better learners



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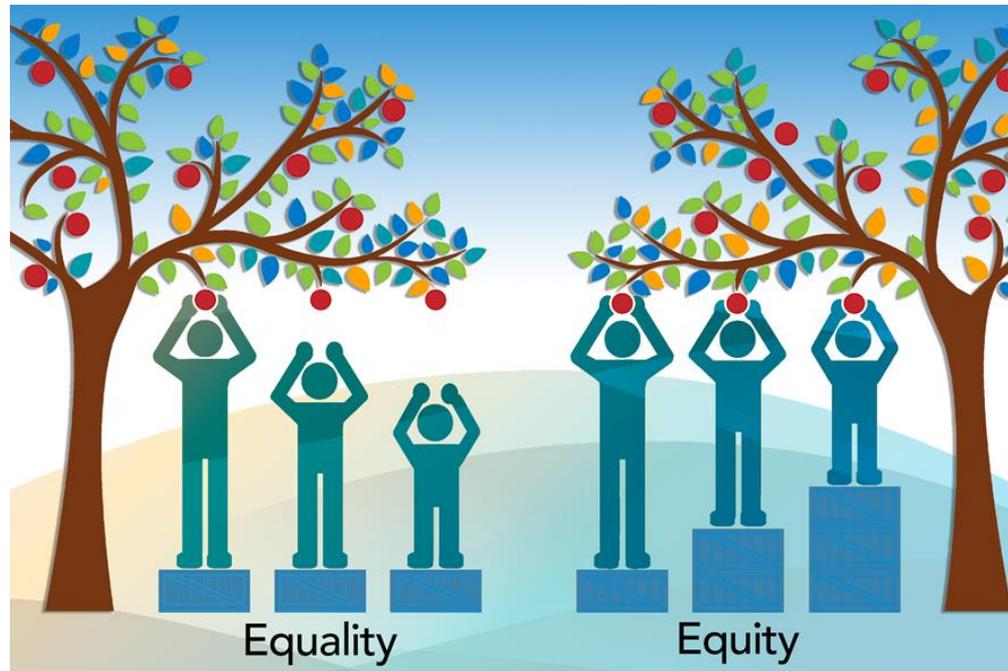
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**Equity is moving health resources into socially disadvantaged schools and communities so school aged youth can access medical, behavioral and oral health care.**





A **school-based health center** is a shared commitment between a community's schools and health care organizations to support students' health, well-being, and academic success by providing preventative, early intervention, and treatment services where students are: in school.



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# The CDC and Community Preventive Services Task Force (CPSTF) Community Guide Evidence-Based Recommendation

The Guide to Community Preventive Services  
**THE COMMUNITY GUIDE**  
*What Works to Promote Health*

## School-Based Health Centers



**Community Preventive Services Task Force Recommendation**

The Community Preventive Services Task Force recommends the implementation and maintenance of school-based health centers (SBHCs) in low-income communities to improve educational and health outcomes.

**Facts about Health and Racial and Ethnic Minority Children**

Children from low-income and racial and ethnic minority populations in the United States commonly experience worse health, are less likely to have a usual place of health care, and miss more days of school because of illness than do children from less economically and socially disadvantaged populations.<sup>1</sup>

They are also more likely to be hungry and have problems with vision, oral health, or hearing.<sup>2</sup> SBHCs can help address these obstacles, which can be critical to students' education and long-term health.

**What are School-Based Health Centers?**

SBHCs provide primary health services to students in grades K-12 and may be offered on-site (school-based centers) or off-site (school-linked centers). SBHCs are often established in schools that serve predominantly low-income communities. SBHCs may have the following characteristics:

- A single clinician providing primary care services or a multi-disciplinary team providing comprehensive services
- Mental health care, social services, dentistry, and health education
- Ability to extend services to school staff, student family members, and others within the surrounding community.

**Major Findings**

SBHCs led to improved educational outcomes including school performance, grade promotion, and high school completion.

SBHCs also led to improved health outcomes including the delivery of vaccinations and other recommended preventive services, and decreases in asthma morbidity, and emergency department and hospital admission rates.

**Learn More**

**Summary of Evidence and Task Force Finding**  
[www.thecommunityguide.org/health/evidence/education/schoolbasedhealthcenters.html](http://www.thecommunityguide.org/health/evidence/education/schoolbasedhealthcenters.html)

**Improving Environments for Health & Health Equity**  
[drive.preventionscience.org/focus-area/improving-environments-for-health-and-health-equity.html](http://drive.preventionscience.org/focus-area/improving-environments-for-health-and-health-equity.html)

**CDC, Office of Minority Health & Health Equity**  
[www.cdc.gov/minorityhealth/OMHHE.html](http://www.cdc.gov/minorityhealth/OMHHE.html)

The Community Preventive Services Task Force (Task Force) is an independent, nonfederal, unpaid body of public health and prevention experts. It is congressionally mandated to identify community preventive programs, services, and policies that save American lives and dollars, increase longevity, and improve quality of life. The Community Guide is a collection of all the evidence-based findings and recommendations of this Task Force. Find more information at [www.thecommunityguide.org](http://www.thecommunityguide.org). The Center for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.

<sup>1</sup>Health Affairs. 2012. The Health Care Quality and Safety for U.S. Children Network Report: School Health Centers. *Health Affairs*. Vol 31, No 26, 2012, 6028B.



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# Health Affairs Journal

## Twenty Years of School-Based Health Care Growth And Expansion

The screenshot shows the top navigation bar of the Health Affairs Journal website. The 'HealthAffairs' logo is on the left. To its right are buttons for 'SUBSCRIBE', 'FOR AUTHORS', and a shopping cart icon. Below these are navigation links for 'TOPICS', 'JOURNAL', and 'BLOG'. The main content area features a red banner with 'RESEARCH ARTICLE' and 'CULTURE OF HEALTH'. Below this, the journal's volume and issue information is displayed: 'HEALTH AFFAIRS > VOL. 38, NO. 5: SOCIAL DETERMINANTS, CHILDREN & MORE'. The article title 'Twenty Years Of School-Based Health Care Growth And Expansion' is prominently displayed, followed by the authors' names: 'Hayley E. Love, John Schlitt, Samira Soleimanpour, Nirmita Panchal, and Caroline Behr'. A dropdown menu for 'AFFILIATIONS' is visible. The publication date is 'MAY 2019' and it is marked as 'Open Access'. The DOI link is 'https://doi.org/10.1377/hlthaff.2018.05472'. A dark blue bar contains utility links: 'SECTIONS', 'VIEW PDF', 'PERMISSIONS', 'SHARE', and 'TOOLS'. The 'ABSTRACT' section begins with the text: 'Youth in underserved communities lack access to consistent sources of high-quality health care. School-based health centers (SBHCs) address this challenge through the provision of'.

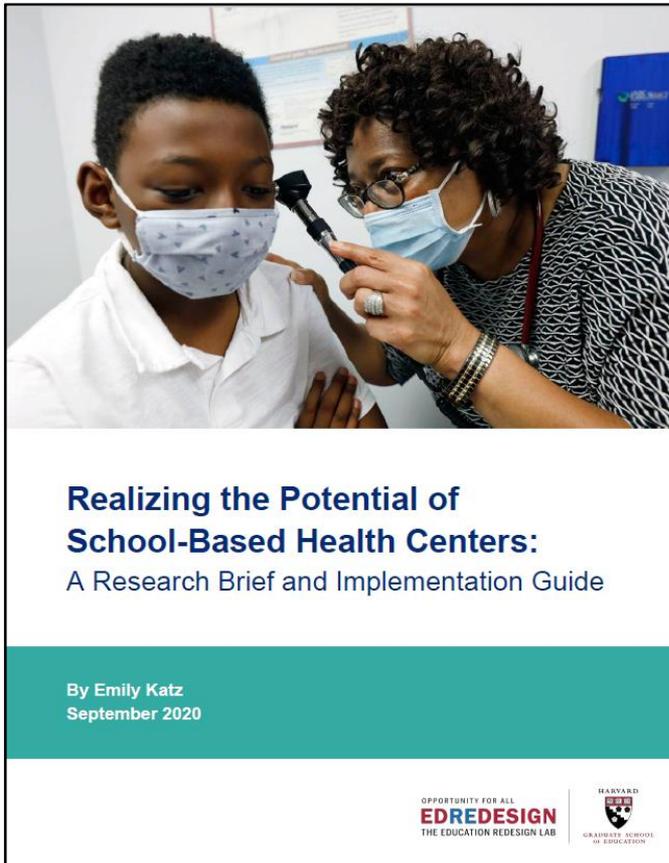


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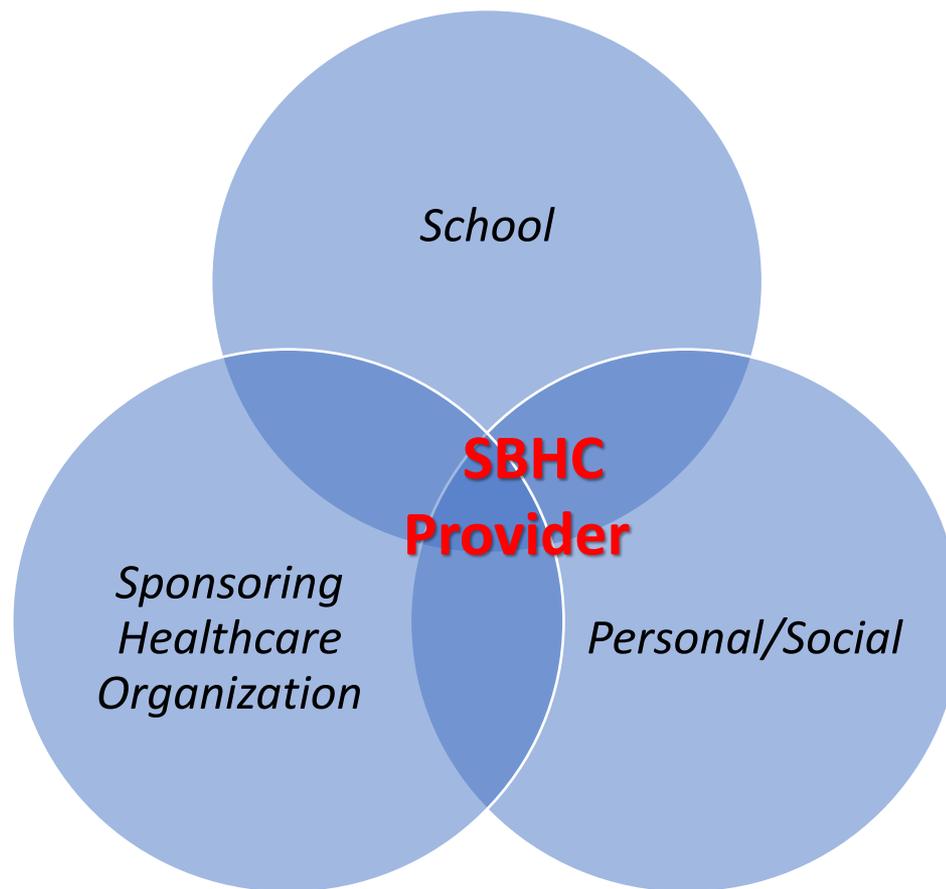
# Harvard Education Redesign Lab Briefs



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# Effects on Schools

- All levels: administrators, teachers, support staff...
- Rapid transition to remote education – “redesigning the entire US public education system overnight”
- Lack of infrastructure/connectivity – absent or aging
- “Till this is over mentality”
- Districts using up “rainy day” funds
- Complicated new health and cleaning protocols
- Staff feeling they have to choose between their own kids or their students
- Intense concern for at risk students who “disappear”



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# Effects on Sponsoring Healthcare Organizations

- Complete change to job description:
- New supervisory and billing structures, confidentiality, etc
- Lack of tools to assess/mitigate risk (suicide, etc)
- “Till this is over mentality”
- Lack of sustainability – for individuals, teams, orgs – we can’t operate in “crisis mode” forever!



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# Personal/Social Effects

- Feeling concerned/responsible for EVERYBODY, at work *and* at home
- Fearing illness in their own networks and students' networks
- Fearing job loss, economic stress, etc.
- Grief/loss: deaths, PLUS inability to grieve in traditional ways
- They + their students grieving loss of “normal,” altered opportunities
- PLUS for POC and other marginalized groups, health equity issues – socially + disproportionate risk for illness, etc.



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# Leading to “Compound Trauma” for SBHC Providers

- Intersection of trying to support everyone else + survive themselves
- We normally think of SBHCs as this amazing solution to so many social determinants of health...
  - And they are! They bridge the complex worlds of education and healthcare to meet student needs and enable success
- But the pandemic is placing enormous stress on them...



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# Silver Lining?

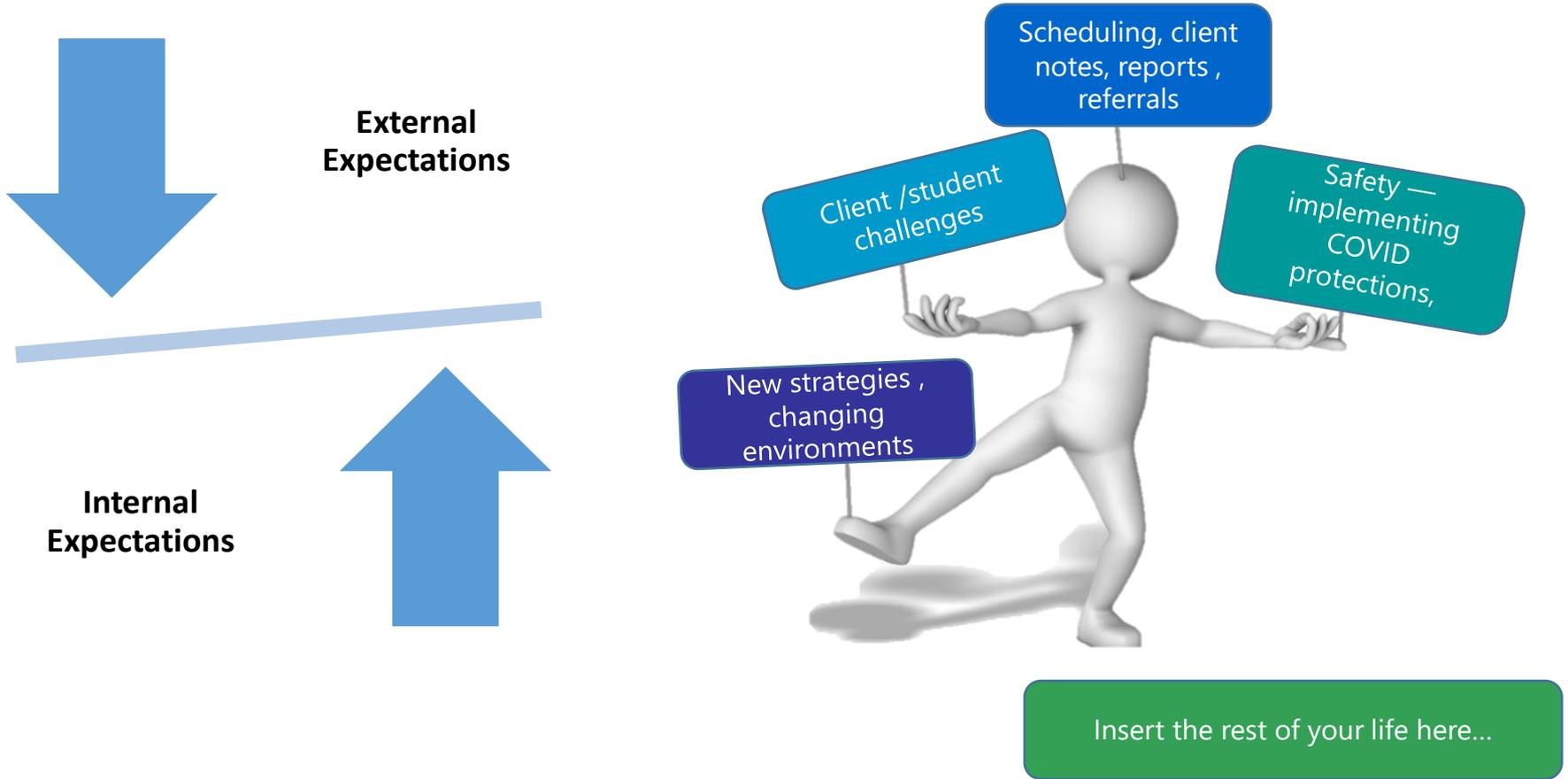
- Exposure of issues that were there before and are now reaching a breaking point across all these systems...
  - can we rewrite the script and rebuild in a healthier way for all?
- Is there an opportunity here?
- “Re-imagining”



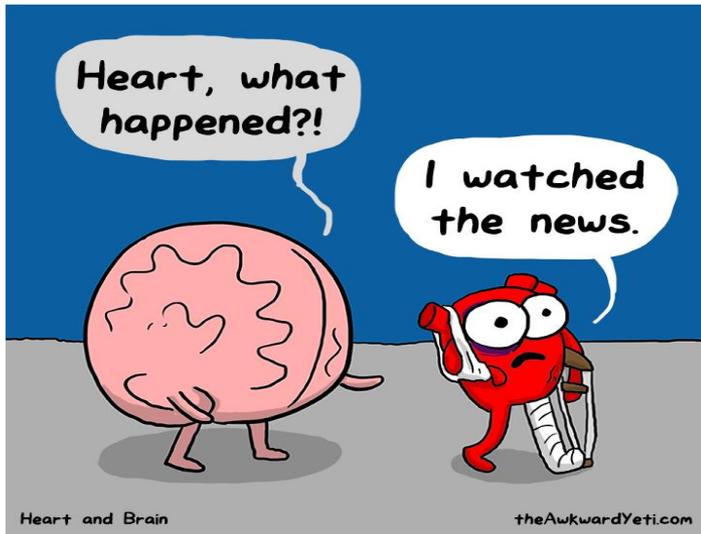
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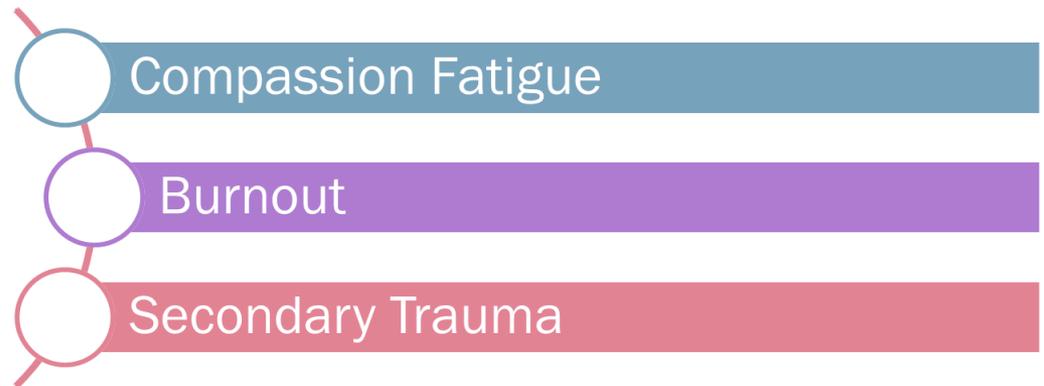
# People Do Well If They Can



# Compassion Fatigue & Resilience



<http://theawkwardyeti.com/comic/news/>



# Compassion Fatigue's Path



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# The Importance of Self-Care

**Physical Responses**  
*Change in Appetite*  
*Difficulty Sleeping*  
*Chronic Exhaustion*  
*Physical Illness*

**Distorted Beliefs**  
*Diminished Creativity*  
*Sense of Persecution*  
*Guilt*  
*Fear*  
*Grandiosity*

**Sensory Responses**  
*Hypervigilance*  
*Inability to empathize/numbing*

**Addictions**

<https://youtu.be/uOzDGrcvmus>

**Emotions**  
*Helplessness*  
*Hopelessness*  
*Anxiety*  
*Sadness & Depression*  
*Anger & Cynicism*

**Cognitive Responses**  
*Inability to embrace complexity*  
*Minimizing*



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# Compassion Resilience Reflection

How is my Self-Care?



A Toolkit for Schools



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# What Is Self-Compassion?



## Self-Kindness

Be loving towards ourselves instead of self-critical.



## Common Humanity

Everyone suffers. You are not perfect. No one is. You are not alone.



## Mindfulness

Notice our struggle. Feel it, instead of being reactive. Be with it, avoiding self-judgment or overreaction.

When you feel like you have fallen short,  
how do you practice self-compassion?

# Expectations & Boundaries



✓ **Realistic  
Expectations**

✓ **Boundaries you can  
say YES to!**



**Unrealistic  
Expectations**

**Boundaries that are  
not okay**

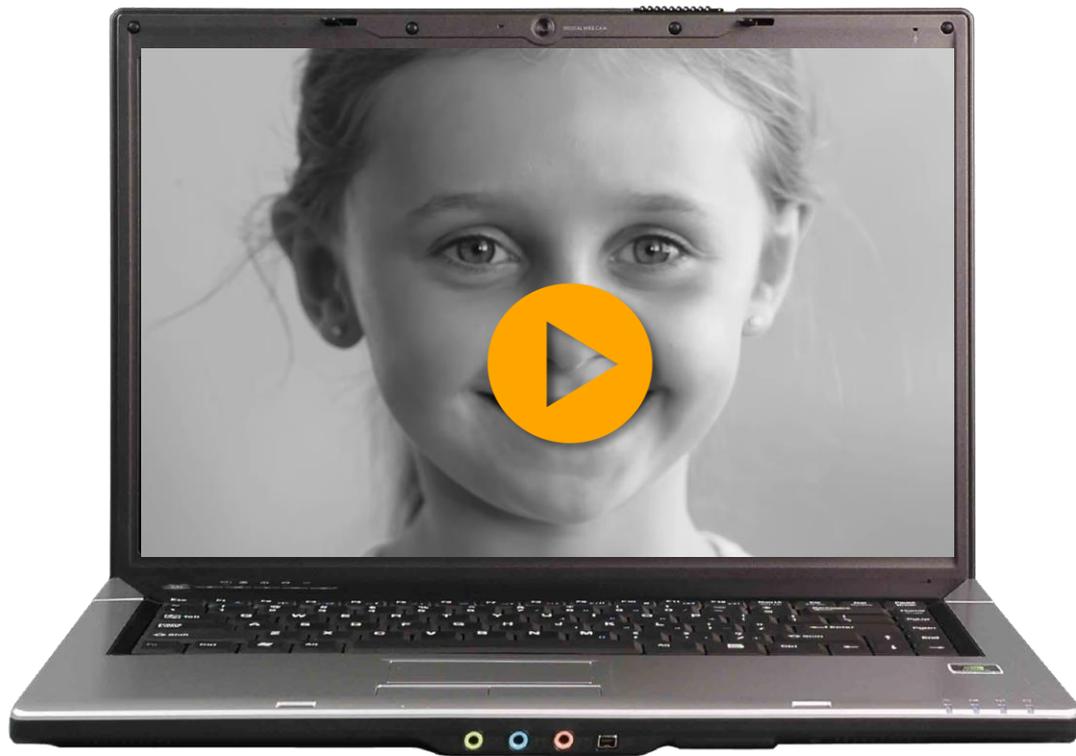


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# A Break for our STRENGTH

Stress Resilience | Pausing

[Breathe Video](#)



ACTIVITY



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# Questions?



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# Resources

- [School-Based Health Alliance](#)
  - [SBHA COVID-19 Resources](#)
- [Compassion Resilience Reflection Sheet](#)
- [CDC Community Preventive Services Task Force Recommends School-Based Health Centers to Promote Health Equity](#)
- [Health Affairs Journal: Twenty Years Of School-Based Health Care Growth And Expansion](#)
- [The Education Redesign Lab – Harvard Graduate School of Education – SBHC Research Brief Series](#)
- [The Collaborative for Academic, Social, and Emotional Learning’s Reunite, Renew and Thrive: SEL Roadmap for Reopening School](#)
- [Johns Hopkins University: How K-12 Schools Should Prepare for Reopening During the 2020-21 Academic Year: An Equity Checklist](#)
- [School Reentry Considerations: Supporting Student Social and Emotional Learning and Mental and Behavioral Health Amidst COVID-19 by the American School Counselor Association and the National Association of School Psychologists](#)



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# Resources (cont'd)

- [Kaiser Permanente's Thriving Schools "Planning for the Next Normal at School: Keeping students, staff, and families safe and healthy"](#)
- [The National Education Association's School Crisis Guide](#)
- [National Child Traumatic Stress Network](#)
  - [National Child Traumatic Stress Network – School Personnel](#)
  - [National Child Traumatic Stress Network – Healthcare Providers](#)
- [Psychological First Aid](#)
- [Skills for Psychological Recovery \(SPR\)](#)
- [Trauma Stewardship](#)
- [Mental Health First Aid \(adult, youth, and teen versions\)](#)
  - [Youth Focused Modules](#)
  - [Teen Focused Modules](#)
- [National Center for School Mental Health](#)
- [Coalition to Support Grieving Students](#)
- [Children's Hospital LA - National Center for School Crisis and Bereavement](#)
- [CDC: Typical Child/Adolescent Development](#)



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# Upcoming CoE Events:

**Tips and Tools for Leveraging Trauma Informed Care Techniques to Reduce Stress for Students, Teachers, and Providers**

[Register here for webinar](#) on Dec. 15, 2-3pm ET

**Solving for Sleep: Unseen Impacts: Health Disparities and Sleep**

[Register here for webinar](#) on Jan. 7, 1-2:30pm ET

**Interested in an individual consultation with the CoE experts on integrated care?**

[Contact us through this form here!](#)

**Looking for free trainings and credits?**

[Check out integrated health trainings from Relias here.](#)



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# Thank You

## Questions?

Email [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

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

1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)



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# Thank You

Thank you for being here, and all you do,  
whatever your role, to support young people  
in these difficult times!



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