The Time Has Come: Integrating Trauma-informed Prevention within Systems of Care

Patricia Lester, MD
Nathanson Family Professor of Psychiatry
Director, Division of Population Behavioral Health
UCLA Semel Institute for Neuroscience and Human Behavior

UCLA
Division of Population Behavioral Health
Nathanson Family Resilience Center
Child Anxiety, Resilience, Education & Support
UCLA TIES for Families
Pritzker Center for Strengthening Children and Families

Prevention within Systems: A Population Behavioral Health Approach to Well Being

Leadership & Policy
Innovative Technology
Translational Research
Division of Population Behavioral Health

Focus on Preventing and Reducing Risk

Population Behavioral Health & Wellness

Leadership & Policy
Innovative Technology
Translational Research
Division of Population Behavioral Health

Focus on Preventing and Reducing Risk
Ecological Framework for Prevention: Engaging with System of Support

Prevention Across a Continuum of Care: Opportunities to Support & Optimize Life Trajectories

Translation Gap from Research to Practice: Preventive Intervention

- Billions of dollars and decades of research have been invested in the development of practices, programs, guidelines, and interventions to affect individual-level health-related behavior and outcomes.

- Benefits of preventive interventions to support positive developmental and well-being outcomes in children and families have a strong research base, the translation of this evidence into practice has lagged far behind.

- Dissemination of existing EBP is low across most community and clinical settings, with research identifying a range of barriers to successful implementation.

Adapted from National Academy of Sciences, 2016

Common Elements Framework

Prevention researchers have increasingly proposed a paradigm shift is needed in how we apply, expand, and diffuse the evidence based of interventions.

"Common elements framework" is used to identify, coordinate and monitor the delivery of components from established EBP

• Focuses on professional training and development,
• Supports a flexible approach to evidence informed delivery across different settings and populations
• Encourages tailoring informed by empirical evidence about treatment efficacy and effectiveness, AND local evidence through the delivery process

(Chorpita & Daleiden, 2009; Becker et al, 2013, Mohr et al 2016)

Learning Community System: Using the “Adaptome” Model

Adaptome, a proposed set of approaches, processes, and infrastructure needed to advance the science of intervention adaptation and implementation

• Service Setting
• Target Audience
• Core Components
• Mode of Delivery
• Cultural Relevance

Trauma-informed Service Systems
Adapted from National Child Traumatic Stress Network
- Recognize and respond to the impact of traumatic stress on those who have contact with the system.
- Infuse and sustain trauma awareness, knowledge, and skills into organizational cultures, practices, and policies:
  - Routinely screen for trauma exposure and related symptoms.
  - Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.
  - Make resources available to clients and providers on trauma exposure, its impact, and treatment.
  - Address parent and caregiver trauma and its impact on the family system.
  - Emphasize continuity of care and collaboration across systems.
  - Maintain an environment of care for staff that addresses secondary traumatic stress, and that increases staff wellness.
  - Engage in efforts to strengthen resilience and protective processes.
  - Address the intersections of trauma with culture, history, race, gender, location, and language, acknowledge the compounding impact of structural inequity, and are responsive to the unique needs of diverse communities.

https://www.nctsn.org/resources/what-trauma-informed-child-and-family-service-system

Informed by Resilience Processes to Elevate Life Course Trajectories
A shift from deficit to adaptive strength
Social Justice
Focus on the wins
Not just stabilizing or catching up...flourishing
Honoring and building connections and belonging

Applying the Adaptome Framework:
Trauma- & Resilience-Informed Approach to Prevention
- Service Setting
- Audience
- Core Components
- Cultural Relevance
- Mode of Delivery
- Workforce Well-being

Requires
- Mapping & Monitoring Infrastructure for CQI
- Learning System: Training & Technical Support

---
FOCUS is a trauma-informed resilience-building intervention adapted from the team’s evidence-based preventive interventions for families facing adversity. It has been tailored for military families through a community participatory process.

FOCUS is delivered as a continuum of prevention services within military communities, including group, individual, family models, and through virtual and mobile platforms.

FOCUS provides core resilience education and skills to help families, parents, youth, and couples:

- Understand the impact of transitions and challenges on families, including those facing physical or behavioral health issues.
- Identify, manage, and discuss emotions.
- Develop problem-solving and goal-setting skills to enhance self-efficacy.
- Communicate effectively about the impact of transitions, deployments, trauma, and loss.
- Strengthen couple/family relationships and functioning.
- Enhance parenting and co-parenting skills.
Audience: Starting with Military/Veteran Family Experiences, Voice & Research

- Changes in social support and resources
- Community level stress
- Changes in family roles and routines
- Impact on children, parenting, and co-parenting
- Concerns about safety and danger
- Anxiety and depression
- Geographic mobility
- Financial concerns
- Possible parental mental health problems, physical injury, or loss: caregiving burden for spouse

Cultural Relevance of Family-Centered Prevention for Military Families

- Well-being of children and their families are inextricably linked
- Family members can play a significant role in enhancing or impeding the recovery of youth affected by trauma or adversity
- Families prefer family approaches over individual approaches for mental health care
- Cultural relevance of family readiness

MacDermid, Lester et al, 2013

FOCUS Core Elements


- Family real time check-up
  - Customizes services to family needs
- Family level education
  - PTSD, TBI, injury education
  - Child Stress Reactions
  - Developmental guidance
- Individual and Family CBT Skill Building
  - Emotional Regulation, Communication, Goal Setting, Problem Solving, Managing Trauma, Loss & Stress Reminders
- Family narrative timeline
  - Link skills to family (and child) experience
  - Develop shared family meaning
  - Bridge estrangements
  - Co-parenting
Embedded Screening Drives Personalized Delivery, Risk Screening & Stepped Care, & Continuous Quality Improvement

- Custom care delivery system for providers
- Assessment and clinical decision making tool from iPad
- Real-time data analytics ensure programs are working

Program Completion 70%

Mode of Delivery: FOCUS Core Elements as a Prevention Suite of Services

- Universal
- Indicated

FOCUS Impact on Family Psychological Health

- Children reported increased use of positive coping strategies in dealing with stressful events, including significant increases in problem solving ($p = .0001$) and emotional regulation on KidCope ($p = .005$).
- Children ages 6-18 reported decreased anxiety symptom on MASC ($p<0.01$).
- Parents reported reductions in child conduct problems ($p<.0001$), reductions in emotional symptoms ($p<.001$), such as anxiety and depressive symptoms, and improvements in child prosocial behaviors on SDQ ($p<.01$).
- Parents reported decreased levels of their own PTSD (PCL), depression ($p<.01$) and anxiety symptoms (BSI) ($p<.002$).
- Family functioning improved (problem solving, communication, roles, affective responsiveness, behavior control) on FAD ($p< .0001$).

Families with Children: Child Adjustment over Time

3,810 children ages 3-18; 54% were boys

Parent Anxiety and Depression Symptoms Over Time

- 1,426 (40.8%) Service Members and 2,073 (59.2%) Civilian Parents

Both service members and civilian spouses/partners showed statistically significant reductions in the prevalence of at-risk levels of anxiety and depressive symptoms from Intake to Post Intervention.
2019 FOCUS Site Locations

Arizona
- Marine Corps Air Station Yuma

California
- Marine Corps Air Ground Combat Center Twentynine Palms
- Marine Corps Base Camp Pendleton
- Naval Base Ventura County
- Naval Base San Diego
- Marine Corps Recruit Depot, San Diego
- Marine Corps Logistics Base Barstow
- Marine Corps Air Station Miramar

Florida
- MacDill Air Force Base

Hawaii
- Joint Base Pearl Harbor-Hickam
- Marine Corps Base Hawaii

Mississippi
- Keesler Air Force Base
- Naval Construction Battalion Center Gulfport
- Stennis Space Center

New Mexico
- Cannon Air Force Base

North Carolina
- Marine Corps Base Camp Lejeune
- Marine Corps Air Station Cherry Point
- Marine Corps Air Station New River

South Carolina
- Marine Corps Air Station Beaufort / Parris Island
- Marine Corps Recruit Training Depot

Virginia
- Marine Corps Base Quantico
- Naval Station Norfolk
- Joint Expeditionary Base Little Creek and Fort Story

Washington
- Joint Base Lewis-McChord
- Naval Air Station Whidbey Island

Japan
- Kadena Air Base
- Marine Corps Base Okinawa
- U.S. Army Garrison Torii Station
- Marine Corps Air Station Iwakuni

• VTC Virtual Home visiting FOCUS early childhood-6 session parenting coaching and dyadic model

• NICHD RO1 Randomized trial for Military Connected Families with young children – Virtual Home Visiting (Mogil et al, 2014)

In Home Tele-Behavioral Health
Reaching Families Where They Live

FOCUS Early Childhood Tele-Health
Preliminary Outcomes from a Randomized Trial

• Population Recruited:
- 199 children ages 3-6
- 194 mothers and 155 fathers
Primary caregivers in the FOCUS-EC intervention reported relative to those in the control condition:
- Significantly greater improvements in self-reported parent-child relationships at 3, 6 and 12 months
- Significantly greater reductions in total parenting stress at 12 months
- Reductions in Parent PTSD symptoms from baseline to 6 months
- Mother-child dyads in the intervention group were observed to have significantly greater improvements in parenting and parent-child interactions among participants in the FOCUS-EC intervention group relative to the control group.
Leveraging Mobile Technology for Behavioral Health Continuum of Care

• Personalized delivery of high quality care management, scale and reach of care.
• Family-centered care and prevention beyond traditional clinical settings.
• Research challenges in context of rapid innovations.

Setting and Audience: UCLA/VA Veteran Family Wellness Center

• Translating family and relationship-centered care to the VA system
• Utilizing a wellness approach to engage Veterans and families
• Continuum of in person and tele-wellness services and connection
• Academic-VA-Community Partnerships
Ecological Framework for Prevention: Engaging with School Mental Health to Children & Families

Research on Setting & Population: Traumatic experiences take a measurable toll on academic achievement

- Decreased IQ and reading ability
- More suspensions, expulsions
- More days absent from school
- Lower GPA
- Decreased high-school graduation rates

Adaptation for Los Angeles Unified School District

- 618,970 Students
- 80% Living in poverty
- 94 Languages spoken
- 157,619 English language learners
- 7,000+ Students in foster care
- 18,000 Students homeless
A Population Health Approach Developed in Partnership with LAUSD

Universal screen of risk and protective factors
Universal prevention curriculum
Targeted mental health screening
Tier 2 and Tier 3 evidence-based intervention

Resilience Check-In
FOCUS Resilience Curriculum
Wellness Check-Up
Groups (CBITS)

Trauma- & Resilience-Informed School Community

School
• Professional Development for teachers/staff (trauma & self-care)

Classroom
• FOCUS Resilience Curriculum, a skill-building classroom curriculum

Family
• FOCUS on Parenting groups

Student
• Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
• Individual counseling

Continuous Quality Improvement Requires Data Monitoring Infrastructure

Tracking student wellness across the District

• Data collection & management tool replaced paper screening
• School Mental Health Staff records interviews, assessments, and scores electronically
• Link to academic data and reporting

Interpretation, scoring, and management done in Real time managed by school team
Resilience Check-In

Brief universal survey of risk and resilience factors that assesses:

• Social skills
• Empathy
• Problem-solving
• Self-efficacy & Self-awareness
• School safety
• Traumatic stress risk
• Help-seeking behaviors
• School support

48% of Students were Found to be at Moderate/High Risk for PTSD
(n=9196)

High risk for PTSD significantly associated with low GPA
High Risk for PTSD significantly associated with low attendance

Adapting Core Components with LAUSD Partners: FOCUS Resilience Curriculum
(Ijadi-Maghsoodi et al, 2016)
Ecological Framework for Prevention: Engaging with Health Systems

Trauma-Informed Health Systems: Integrating Workforce Well-Being within Training & Practice
Workforce Well-Being: Trauma-Informed Prevention Across the Health System

- Mental Health Treatment
- Resilience Training
- Peer Support

General Wellness Initiatives
- Wellness App
- Connectd – A Self-Care Tool

Amount of effort targeting individuals at risk

General Education & Outreach:
- Preventative before an event

Evidence-based Skilled Peer Support:
- Preventative

Professional Mental Health Services:
- Interventional after symptoms

Evidence-based Education & Self Help:
- Preventative & Interventional

UCLA Professional Resilience Package
Brenda Bursch, PhD

“Connectd” – Adapted as UCLA Professional Wellness App

Self Assessment
- Anonymous screens for anxiety, depression, trauma, burnout, alcohol use, and health behaviors
- Track scores over time

Evidence-based Education and Tools

Local Resources

Selective Prevention UCLA Resilience Training

Scalable evidence-based resilience skills training to mitigate against exposure to high stress and trauma:
- Reflective Narrative Timeline
- Emotion Regulation
- Communication with Angry Individuals
- Effective Boundary Management
- Depression, Anxiety, Trauma, Resilient Toolbox

Adapted from FOCUS program, found to be effective with military personnel and their families.

Addresses stigma with use of actual events.
Ecological Framework for Prevention: Training Center of Excellence with Los Angeles County

Creating a “Learning” Community System

- Dissemination of best practices
- Understanding the many systems that impact individuals & families
- Intra-agency referrals
- Core Principles of Trauma
  - Resilience Informed Care
  - Safety
  - Trust and transparency
  - Peer support
  - Collaboration and mutuality
  - Voice, choice, and self agency
  - Culturally, historically, sexual identity, gender identity appropriate
Lessons Learned from Integrating Prevention into Systems of Care

- Adapting EBI Core Components
- Community Partnered Participatory Processes
- Continuous Data Monitoring: Leverage Cloud Computing Technology and Real Time Screening
- A “Learning” Training Institute/On Line Hub: to support and sustain community practice
- Flexible Platforms: utilization of suite of services along Public Health Continuum: Multiple Delivery Platforms
- Workforce Well-being: integrating professional development and management tools that address secondary stress & burnout
- Engagement Strategies: Materials Development, Partnered Marketing, Community Training, Mobile Tools, Continuous feedback through implementation monitoring/community practice

Foundational & Outcome Research for FOCUS Program


Patricia Lester, MD
plester@mednet.ucla.edu
http://dpbh.ucla.edu
Foundational & Outcome Research for FOCUS Program


