



**Vida Clinic and Austin ISD  
2016-2017  
School Mental Health Centers  
Outcomes Report**

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## VIDA CLINIC AND AUSTIN ISD COLLABORATION

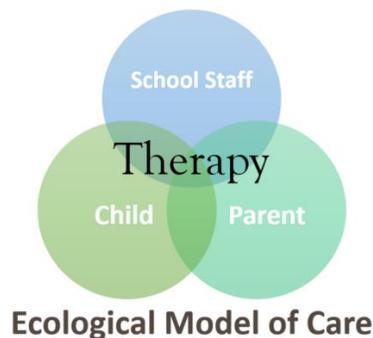
Vida Clinic would like to thank the Austin Independent School District (Austin ISD) for the opportunity to provide intensive mental health services in three Austin ISD high schools through our School Mental Health Centers (SMHCs). Vida Clinic is a specialty practice for school-based mental health, and our mission is to provide access to quality mental health services to anyone in our school communities who needs them. In our SMHCs, we provide care for students as well as for adults. This report reviews our model of care and student outcomes from the 2016-2017 school year from Anderson High School, Bowie High School and Crockett Early College High School.

### AN INNOVATIVE PROGRAM, HELPING TO MEET A COMMON GOAL

Vida Clinic's SMHCs provide intensive clinical services that are distinct from other programs or interventions that are offered on campuses. Additionally, we collaborate closely with other school professionals such as school counselors, administrators, nurses, educators and other campus-based support programs to coordinate care. The work of the SMHCs is intended to be complementary to that of other programs in place by Austin ISD. Providing intensive clinical services on campuses gives school staff the peace of mind that individuals in distress are getting the mental health care that they need, by clinically trained experts, which, in turn, helps students and families to feel supported and satisfied with their school experience. Vida Clinic SMHC services contribute to the Whole Child mission of supporting ALL aspects of the child's development, including mental health, in the educational process.

### AN ECOLOGICAL MODEL OF CARE

The Ecological Model of psychological care in schools is becoming the standard for supporting the mental health needs of school communities. Youth treatment achieves long-lasting results when we acknowledge the context of the multiple systems, such as the school and home, that help shape a young person's life story. In this model, a therapist not only works directly with youth, but also involves their parents and educators in the healing process to create a climate in the school community that recognizes the whole child. This approach fosters meaningful connections within and across these groups (youth, parents, school staff) to promote a culture of empathy and resilience in our schools. (See Appendix A for a literature review on the Ecological Model).



Vida Clinic uses an ecological approach to school-based therapy.

### SCHOOL MENTAL HEALTH CENTERS (SMHCs)

Vida Clinic's culturally sensitive School Mental Health Centers give access to much needed mental health care for individuals who have historically experienced significant barriers to getting this type of support.

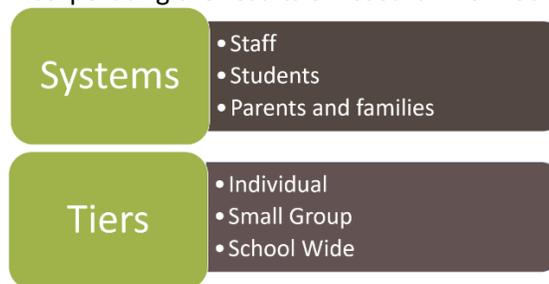
Advantages of our SMHCs include:

- We get clients in for services quickly.
- We work with youth and adults.

- Parents do not miss work to take students to therapy.
- Students miss minimal school to attend sessions.
- We destigmatize mental health issues on school campuses.
- We create a “system” of care for our youth where their families and educators are also involved in their healing process when appropriate. We want youth and adults alike to feel connected to and cared for by their school communities.

**A MULTI-SYSTEMIC AND MULTI-TIERED APPROACH.**

Our combination of multi-systemic, multi-tiered mental health services yield promising and long-lasting results by engaging parents, teachers, and the school system in the care of youth. Services are implemented in campus-wide, small group and individual formats. The intensive small group and individual formats make an intrinsic impact on individuals, whereas campus-wide presentations are most useful for introductions of new concepts and surface-level information sharing. Our approach enhances a community culture of resiliency and creates sensitivity to the impact that adverse events have on the lives of youth and families attending the school. Together with schools, we develop a model of care customized for each community. We continually improve our model by sharing research on our findings and incorporating the results of research from others in the mental health field.



Vida Clinic’s multi-systemic, multi-tiered SMHC model

**IMPLEMENTATION**

**JOINING WITH THE SCHOOL SYSTEM: A COLLABORATIVE AND EXPEDITED PROCESS.**

Cultivating positive working relationships with key school personnel on our Austin ISD campuses has facilitated fast and seamless implementation of mental health services on campus. Vida promotes a “flexible framework” in which services are customized to the needs of the individuals and groups being served (see Appendix B for a menu of services that Vida Clinic offers). Wellness programs are developed collaboratively with school communities, and they are implemented in a timely manner. This partnering allows the Vida team to truly understand and build on the strengths of each Austin ISD campus, with the goal of meeting the needs of students, parents and staff. Vida places utmost importance on customer service, collaboration at all levels, and being an overall positive partner with our school communities.

**A THERAPIST ON CAMPUS.**

Each of our three full-time SMHCs is staffed by a licensed provider (Ph.D Psychologist, Clinical Social Worker, or Licensed Professional Counselor). To meet the strong and growing demand for these services, our team has placed additional mental health providers on each campus to ensure that all needs of students and adults are being met. Currently we have a team of 7 licensed providers serving our designated school campuses.

**REFERRAL PROCESS.**

A strength of our program is a well-developed, seamless student referral process that is utilized by the schools. This process enables the school community to systematically identify and refer individuals for care in a manner that is compliant with current legal guidelines in mental health and education. Referrals typically result from routine conversations among members of a multi-disciplinary “core team” of school personnel that identify emerging campus needs. Referral consent must be signed by the parent or guardian before it is passed on from the school to the Vida team. Once the referral is received by the Vida team, a therapist then contacts the parent to discuss services and to set up an appointment to initiate services.

## SERVICES DETAILS

### CLINICAL STUDENT SERVICES.

Clinical Student Services are the key component of a full-time SMHC. Vida places one or more licensed therapists in a dedicated office space on a school campus to provide psychotherapy services to students who are referred to the School Mental Health Center.

### CLINICAL ENCOUNTERS

Services conducted onsite include:

- 1) Psychiatric Intake Assessment, including diagnosis and treatment plan
- 2) Individual Therapy in 30, 45 and 60-minute sessions
- 3) Group Therapy
- 4) Family Therapy
- 5) Coordination of Care with School Campus

Youth are generally seen weekly, and therapists flex their treatment format in response to the needs of the patient. For example, a student who is experiencing an adverse event at home may have an individual session and a family session within the same week to ensure that he or she is safe and stable. Generally, student therapy services are provided during, or close to, school hours, which is typically the most convenient time for students and families. Vida has an established protocol for providing services with minimal interruption of the academic day. Vida Clinic providers also maintain a presence on their campuses during summer months and during some school holidays so that there is minimal disruption in services.

### FAMILY-SCHOOL MEETINGS

Vida runs family-school meetings in which students, parents, and teachers come together to engage in thoughtful, mutually respectful conversations about how family members can feel most satisfied with their school experiences. These therapeutic conversations are intended to provide students, parents and educators opportunities to collaborate, build positive connections, and ultimately improve the youth’s school and treatment experience. Parents remain closely involved in the therapeutic process through participation in family sessions or routine phone or in-person conferences with the therapist.

### PARENT SERVICES.

Providing care and support for parents is key to meaningful change in our youth and campus communities. Vida has worked with Austin ISD and grant partners to run parent workshops in designated schools. The groups focus on stress recognition, stress management, and application to positive parenting. Parent groups have historically been very well attended, with male and female caregivers present at sessions. Workshops have been held in Spanish and English. Parents have shown strong interest in the skills they gain by participating in these groups, and they have also demonstrated notable willingness to share about personal experiences and to support one another. On a participant

feedback survey, one hundred percent of participants express needing and wanting more of these types of psychoeducational group experiences at their schools.

#### STAFF SERVICES.

##### CONSULTATION

Vida has worked with AISD and grant partners to integrate teacher wellness services into the SMHC model. School staff have real-time access to a mental health professional who provides customized consultation and training support, so that staff feel competent in helping all young people learn while fostering healthy teacher-student bonds. The therapeutic consultation model provides a safe and non-judgmental space for staff to articulate their work related needs and to engage in solution-oriented discussion about how to compassionately address those needs. The consultation model places emphasis on staff strengthening self-regulation skills that can be modeled in the classroom for students. This consultation may also include staff participation in focus-groups to enable the consultants to customize their consultation model to the strengths and needs of that campus.

##### TRAINING

Vida Clinic trainings provided for school staff are conducted in campus-wide and small-group formats. Vida has worked with individual schools to develop customized trainings for staff as issues emerge on campus. Licensed clinical staff and clinical graduate students provide workshops on trauma-informed practices designed to raise awareness of how trauma impacts brain development and classroom behavior, as well as how to empathically respond to complex behaviors of chronically stressed students. Members of the Vida staff also run workshops on teacher stress and wellness, with a focus on teaching mindfulness techniques. Participants have demonstrated statistically significant improvements in job satisfaction and overall mindfulness skills based on pretest and posttest findings.

##### THERAPY

Teachers and school staff are eligible to receive personal clinical therapy services by self-referring to the school-embedded therapist, if they desire. These services are confidential and separate from school activity. Psychotherapy sessions are scheduled at a time that is most convenient for the staff member.



This piece highlights the school-based outcomes of a group of students who received Vida Clinic SMHC services. Students attended Anderson High School, Bowie High School, or Crockett Early College High School in the 2016-2017 year. This report examines the outcomes of a group of 155 students who participated in ongoing therapy sessions beginning in the Fall of 2016. Students took part in therapy services, including diagnostic intake as well as individual, group and family therapy sessions, as clinically indicated for the individual client. Vida Clinic has partnered with the non-profit Seek Institute to analyze the aggregated SMHC data and create this report.

**DESCRIPTION OF STUDENT ISSUES REQUIRING SERVICES.**

Depression and anxiety (which includes history of suicidal ideation, self-injurious behavior and panic attacks), trauma-related problems, family disruption, school-related issues and developmental disabilities such as Autism Spectrum Disorder are the most common general problems that we see in our SMHCs. While students may initially be referred due to behavioral problems such as aggressive outbursts, we tend to find that underlying those behaviors are struggles with prolonged stress, mood regulation and a history of psychological maltreatment.

**DEMOGRAPHIC PROFILE.**

The demographic makeup of the student Treatment Group participating in services can be described as follows:

Gender	%
Male	39.35
Female	60.65
Ethnicity	%
Hispanic	49.03
Black, not of Hispanic origin	2.58
White, not of Hispanic origin	43.87
Asian, not of Hispanic origin	1.94
American Indian/Alaskan Native, not of Hispanic origin	0.65
Native Hawaiian or Other Pacific Islander, not of Hispanic origin	0.00
Two or More Races	1.94
Other	%
Economically Disadvantaged	44.52
English Language Learners	3.87
Special Education	16.77

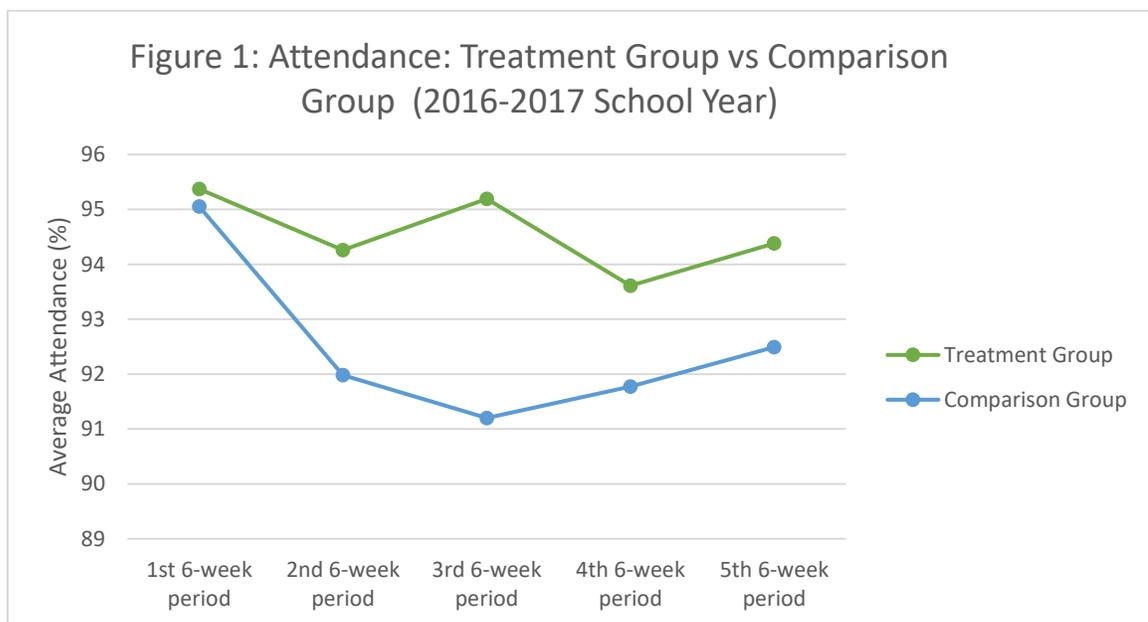
## METHOD OF COMPARISON.

Academic and disciplinary outcomes were compared across two samples: A *Treatment Group* consisting of students enrolled in the Vida Clinic SMHC program and a *Comparison Group* consisting of students who were not enrolled in the program. Comparison data was generated through Austin ISD's Standard Aggregate Reporting (SAR) system. The Treatment Group and the Comparison Group were matched on the following demographic characteristics: gender, grade distribution, ethnicity, economic status, and special education. Both samples included students from three Austin Independent School District schools: Anderson High School of northwest Austin (enrollment as of 2/6/2017: 2,212), Bowie High School of southwest Austin (enrollment as of 2/6/2017: 2,883), and Crockett Early College High School of south Austin (enrollment as of 2/6/2017: 1,514).

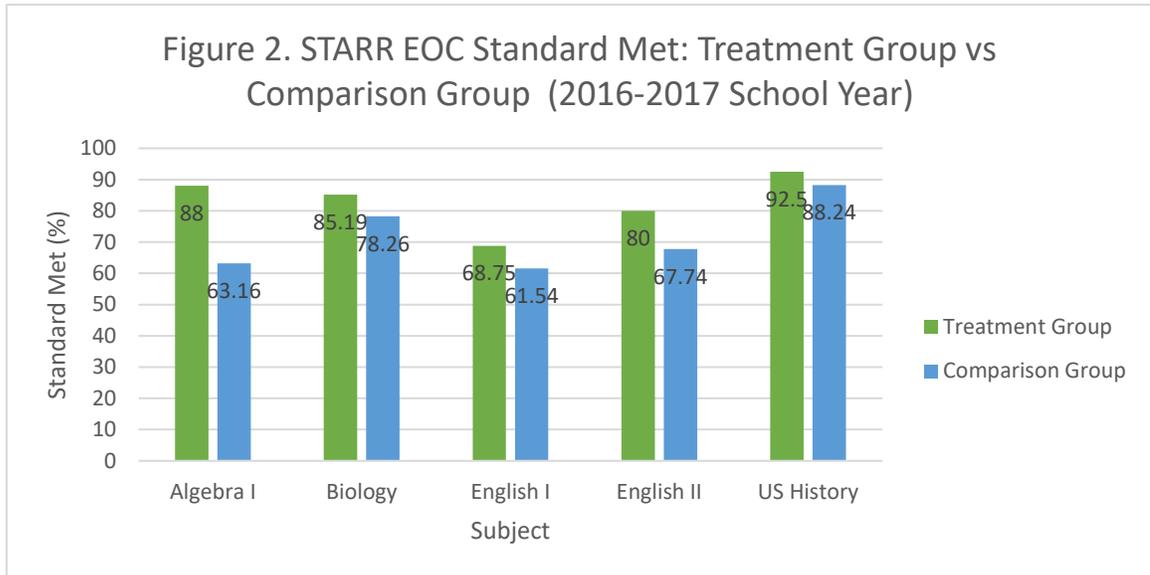
## RESULTS.

### ACADEMIC PERFORMANCE

- a) **Better attendance for SMHC student Treatment Group:** The Treatment Group exhibited a better attendance record than the Comparison Group. A one-tailed, paired-samples *t*-test (groups were matched on school-year period) supports this conclusion. Specifically, the Treatment Group's attendance rate ( $M = 94.56$ ,  $SD = .72$ ) was significantly *better* than the Comparison Group's attendance rate ( $M = 92.50$ ,  $SD = 1.50$ ),  $t(4) = 3.52$ ,  $p = .01$  (See Figure 1). The SAR program provided attendance data for a total of 5 six-week periods. Overall, the Treatment Group's annual attendance rate was 2.61% greater than the Comparison Group's annual attendance rate.

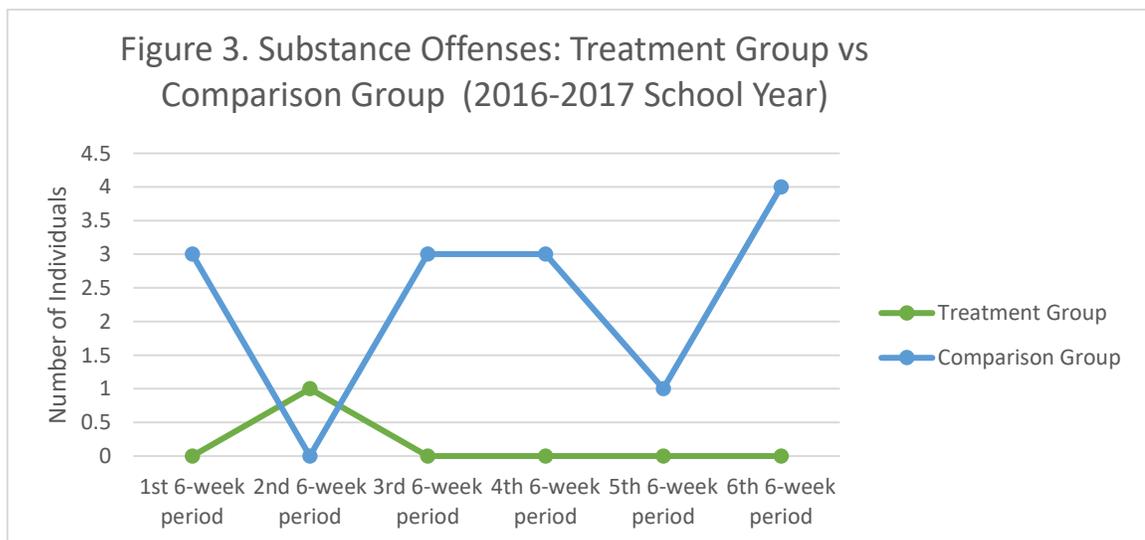


- b) **Better overall STARR EOC performance for SMHC student Treatment Group:** The Treatment Group more frequently met academic standards in Algebra I, Biology, English I, English II and US History than the Comparison Group. Taken together, there is a significantly greater standard achievement by the Treatment Group relative to the Comparison Group across all subjects, ( $\chi^2(1) = 4.35, p = .04$ , Treatment Group = 83.02%, Comparison Group = 72.93% (See Figure 2).

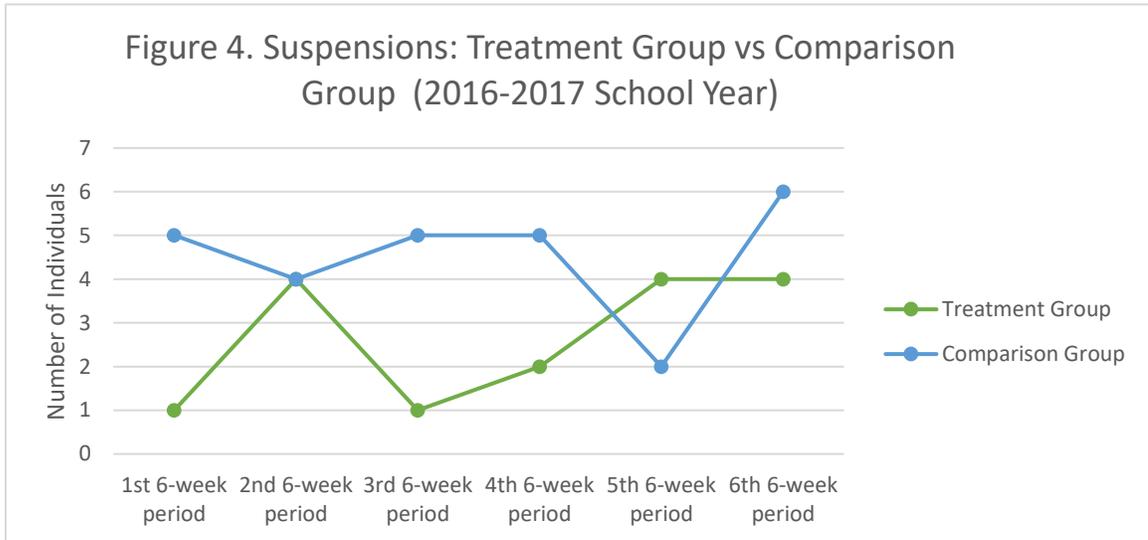


**DISCIPLINARY OUTCOMES**

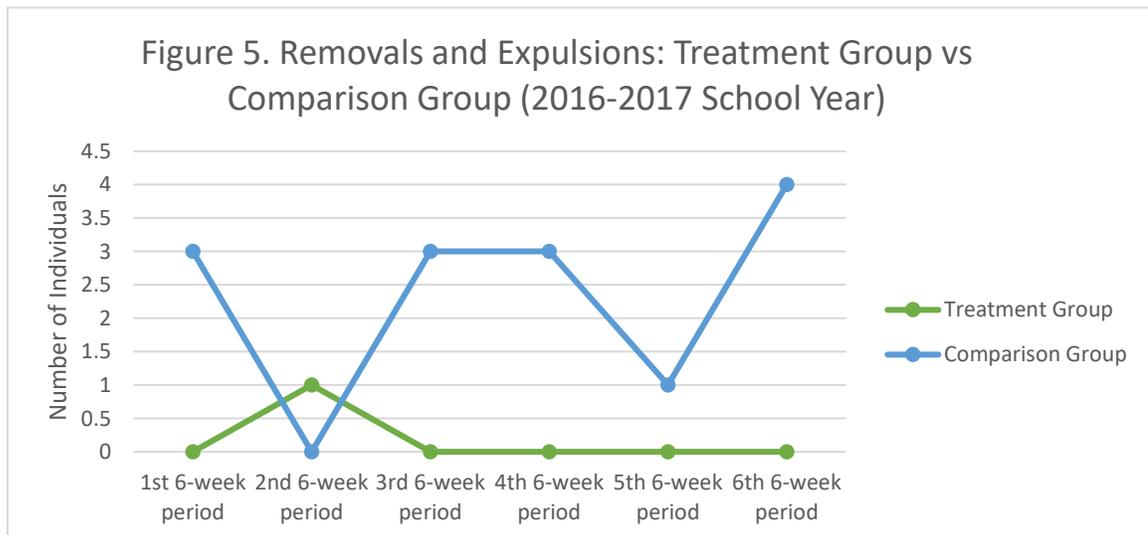
- a) **Fewer substance offenses for SMHC student Treatment Group:** A one-tailed, paired-samples *t*-test (groups were matched on school-year period) revealed that *fewer* individuals in the Treatment Group were disciplined for substance offenses ( $M = .17, SD = .41$ ) than in the Comparison Group ( $M = 2.33, SD = 1.51$ ),  $t(5) = 2.89, p = .02$  (See Figure 3). Treatment Group students had an initial increase in substance use at the 2<sup>nd</sup> six-week period, with fewer such offenses at all other six-week periods relative to the Comparison Group.



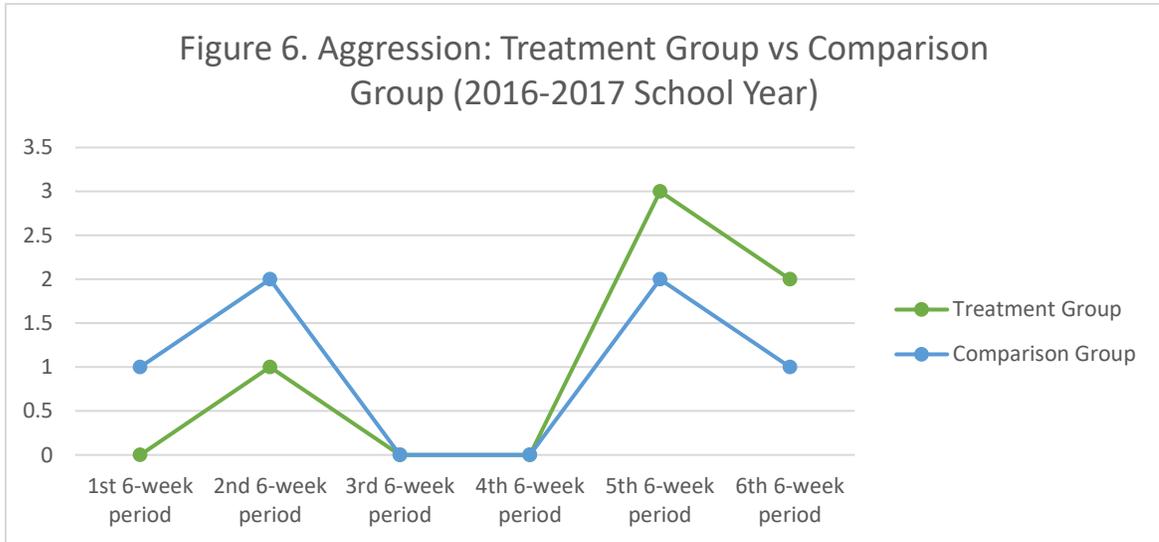
- b) **A trend toward fewer suspensions for SMHC student Treatment Group:** A one-tailed, paired-samples *t*-test (groups were matched on school-year period) revealed that individuals in the Treatment Group were overall marginally *less often* suspended ( $M = 2.67, SD = 1.51$ ) than individuals in the Comparison Group ( $M = 4.50, SD = 1.38$ ),  $t(5) = 1.87, p = .06$  (See Figure 4).



- c) **Fewer expulsions for SMHC student Treatment Group:** A one-tailed, paired-samples *t*-test (groups were matched on school-year period) revealed that individuals in the Treatment Group were overall *less likely* to be expelled or removed from school ( $M = .17, SD = .41$ ) than individuals in the Comparison Group ( $M = 2.33, SD = 1.51$ ),  $t(5) = 2.89, p = .02$ , (See Figure 5). Students in the Treatment Group had relatively fewer expulsions during almost every period except for slightly more expulsions at the 2<sup>nd</sup> six-week period.



d) **Aggressive behaviors in school: What we learned:** A one-tailed, paired-samples *t*-test (groups were matched on school-year period) revealed no significant differences between the Treatment Group ( $M = 1.00, SD = 1.26$ ) and the Comparison Group ( $M = 1.00, SD = .89$ ) on aggressive behavior offenses,  $t(5) = .00, p = 1.0$  (See Figure 6). During the 1<sup>st</sup> and 2<sup>nd</sup> periods, the Treatment Group had less frequent problems with aggression relative to the Comparison Group. During the 5<sup>th</sup> and 6<sup>th</sup> week periods, Treatment Group individuals tended to have slightly more frequent problems with aggressive behaviors at school. These aggressive behavior problems at school are often tied to student struggles with psychological trauma, toxic stress, and other mental health factors that cause emotional dysregulation in the classroom.



#### SUMMARY OF OUTCOMES

We see compelling positive outcomes for this group of students who participated in school-based mental health services through the Vida Clinic SMHC. The Vida Clinic SMHC student Treatment Group demonstrated significant and positive results in overall attendance and academic performance. Students participating in mental health services also exhibited significantly fewer substance use problems at school and fewer school expulsions relative to the Comparison Group. The Treatment Group shows marginally fewer suspensions, while the two groups do not differ significantly in aggressive behavior offenses at school. The comparison group was matched for gender, grade distribution, ethnicity, economic status and special education. These outcomes suggest a possible relation between involvement in Vida Clinic’s intensive school-based mental health services and school-based indicators of success. These outcomes also lend support for the ecological model of psychological care in schools.

#### FUTURE DIRECTIONS.

#### CONTINUED PRESENCE OF SMHCs ON HIGH SCHOOL CAMPUSES

High school students benefit from having access to mental health services on campuses. Providing school-located mental health services for those in need promotes a Whole Child learning environment that enables our young people to be life-ready. All high schools would benefit from having access to SMHCs on their campuses.

## SMHCs FOR YOUNGER STUDENTS

These outcomes focus on high school students who receive mental health services in school. It is likely that positive outcomes would be even more robust if students had access to SMHCs at a younger age. Placing SMHCs on middle school and elementary campuses could allow for earlier identification and intervention for mental health issues, thus improving the trajectory of the student's development and learning.

## SUPPORTING TRAUMA-INFORMED TEACHING METHODS IN CLASSROOMS

Students who have experienced psychological maltreatment, trauma and other emotional problems often struggle at school behaviorally because of their psychological distress.

*Even though research shows that about 35 million children have experienced emotional and psychological trauma in the United States, schools across the nation continue to enforce discipline codes that fail to acknowledge trauma and other mental health conditions as a potential context for "bad" behavior. –Hogg Foundation for Mental Health*

These distressed students more often get in trouble for "aggressive" behaviors at school, placing them at risk for suspension, premature dropout, or for becoming part of the school-to-prison pipeline. Frequent, customized teacher support and coaching to utilize alternative, Trauma-Informed approaches to behaviors at school would parallel the work that is done in the SMHCs. Teacher access to this type of "mental health coaching" would bring more robust decreases in incidences of aggressive behavior offenses and suspensions for students receiving SMHC services. "Trauma-Informed" schools expect educators to consider the student's personal context surrounding a behavior problem while encouraging educators to not over-personalize student problems in the classroom. Trauma-Informed schools actively make efforts to shift away from discipline that isolates students from others and towards more inclusive disciplinary practices in which students take ownership of their behaviors and then work with their school community to make relationship repairs. Teacher-focused support could not only enhance student outcomes, but also improve school climate for students and adults alike.

## CONTINUED RESEARCH

In partnership with Austin ISD and Seek Institute, Vida Clinic continues to conduct additional research and look for ways to improve patient and student outcomes. The goal of research on school-based mental health is to illuminate the relationship between mental health support and school based indicators of success and to further improve the way in which mental health is integrated into school campuses.

## ABOUT VIDA CLINIC

### HIGHLIGHTS.

- Vida Clinic is a practice specializing in school-based mental health.
- Vida Clinic has been involved in numerous professional publications and presentations on School Mental Health Centers.
- Vida Clinic was recognized by the *American Psychological Association* for its ground-breaking work in school-based mental health.
- Vida Clinic has implemented research grant programs in numerous schools with funding from the Hogg Foundation and the Kellogg Foundation.

### ABOUT OUR FOUNDER.

Vida Clinic was founded by Dr. Elizabeth Portman Minne, a bilingual licensed psychologist, to further advance the practice of psychological care in schools. Dr. Minne also founded Seek Institute, a non-profit organization with a mission to develop research on School Based Mental Health, and to promote awareness and access to school mental health programs. Dr. Minne's partnership with Austin ISD began in 2012 when she implemented the first SMHC at Crockett High School.

### ABOUT OUR TEAM.

All Vida team members providing direct services are licensed clinical professionals including Ph.D. psychologists, Clinical Social Workers, and Licensed Professional Counselors. All providers demonstrate strong foundations in culturally appropriate, trauma-informed, and person-centered approaches to working with clients. All providers are comfortable working with campus communities and serving as a resource and voice for mental health. Vida also values contributions from clinical graduate students from the University of Texas at Austin, who provide services and support for these projects under the supervision of Vida's licensed clinical staff.

### WORKING FOR SOCIETAL PROGRESS.

By focusing on addressing mental health in schools, the Vida team demonstrates a strong commitment to promoting a vision of making our schools progressive and nurturing learning places that inspire our students to make a positive contribution to society. These strong and positive partnerships are inspired not just by Vida's desire to benefit our local schools, but also to serve a greater good of creating positive societal change. For instance, Vida Clinic participates in legislative testimonies and advocacy work, alongside Austin ISD, that have brought school mental health issues to the conscious awareness of our state and federal governments and to our communities.

## STAFF TESTIMONIALS: VIDA CLINIC SMHCs

- *“Typically, school counselors offer short term intervention for crisis oriented issues or situations. To have clinicians available through Vida Clinic who could perform much-needed long-term therapy was invaluable. I hope and pray that this partnership is one that continues for a long time to come. The students of [this school] deserve no less.”*  
-School Counselor
- *“This is the best program that has come to [this school] ever. I say that with no reservations ... I am wonderfully relieved to know that students in crisis are being served within the walls of [this school] and by an expert... She amazes us all with her knowledge, relationship skills, and careful attention to the details of her clientele. Thank you for the fantastic resource!”*  
-School Administrator
- *“It’s hard to pick one thing [that was most beneficial from the list of wellness services] since they’re so interrelated. But one thing that is so beneficial, not necessarily for me personally but for everybody here at [this school], is to have somebody here on campus that, if it’s individual talk therapy, you don’t need to leave campus. You set your own appointments. You can come in for an emergency. Like the kids in crisis in the classroom. So I can do the job that I was hired to do and because you don’t have to go anywhere.”*  
-Teacher
- *“These services have impacted my work with students because they have given me a way to calm myself before reacting. I was good at it before, but now I have a way to actually think and calm instead of just pushing away the stress feelings.”*  
-Teacher
- *“We (teacher and student) met with the psychologist to discuss a student who felt she was being bullied. These services helped me to be more aware of what was going on in the classroom.”*  
-Teacher
- *“Everything has been beneficial. How could I just choose one or two items to list? From breathing to awareness of self-judgment, everything is applicable to my day-to-day life both on and off campus.”*  
-Teacher

## APPENDIX A: JUSTIFICATION FOR AN ECOLOGICAL PROGRAM – A REVIEW OF LITERATURE

Effective and sustainable school-based mental health is no longer achieved with child-focused therapy in isolation. There is increasing recognition of the need to adopt a differentiated set of mental health services that engages all systems within a student's life. When applied to school mental health, a Multi-Tiered System of Support (MTSS) refers to a continuum of services spanning a range of ages, needs, and intervention agents; an MTSS often involves multiple tiers of programming based on the severity of need. A continuum model of school mental health contributes to positive academic, emotional, and behavioral outcomes for students (Desrochers, 2014).

Additionally, intervention occurs in an ecological context that targets not only the individual student, but the other influential adults in his/her life (i.e., family, teachers, school administration). Embedding services in an ecological framework addresses the critical role that each aspect of a child's environment plays in health and development. As such, an organized, multi-systemic source of support promotes greater efficiency, greater maintenance of gains, and ensures that the needs of all students are met.

Leveraging the teacher-student relationship can go a long way towards helping chronically stressed youth regulate their behavior, communication, and peer interaction (Doll, 1996; Pianta, 1999). Once children enter school, relationships with non-parental adults, specifically child-teacher relationships, become increasingly important to classroom adjustment (Birch & Ladd, 1997; Greenberg, Speltz, & Deklyen, 1993; Howes, Hamilton, & Matheson, 1994). Perhaps one of the most important roles that educators can adopt in the lives of their traumatized students is to provide consistent and responsive emotional support, as well as a model for healthy relationships with adults. From a child's perspective, positive relationships with teachers may protect against the poor school performance associated with an unsupportive home environment.

Vida provides mental health services, including teacher consultation and support, based on the principles of Trauma-Informed Care (TIC). Ultimately, the TIC approach improves student-teacher relationships and leverages the impact of positive teacher and parent modeling. At the root of TIC, the Attachment, Regulation, and Competency (ARC) framework is based on theory and research in the attachment, trauma, and developmental theories literature (Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005; Kinniburgh., Blaustein, & Spinazzola, 2005). The ARC framework conceptualizes trauma across three domains: (a) attachment (e.g., building consistent relationships with caregivers and emotional attunement skills), (b) self-regulation (defined as affect/emotion identification, expression and modulation) and (c) competency (e.g. executive functioning, self-development and identity). School-based interventions can be framed by each of the core domains within the ARC theory, making the ARC framework ideal for developing, implementing, evaluating, and sustaining TIC interventions in schools. The ARC framework serves as a guide for services provided in this project in that promoting healthy attachment, regulation, and competency building experiences are thought to be key to the recovery process.

## APPENDIX B: SERVICES MENU

### NEEDS ASSESSMENT

	Staff	Students	Families/Parents
Individual	<ul style="list-style-type: none"> <li>• Qualitative interview</li> <li>• Informal conversations</li> <li>• Word-of-mouth</li> <li>• Walk-and-talk</li> </ul>	<ul style="list-style-type: none"> <li>• Qualitative interview</li> <li>• Informal conversations</li> <li>• Symptom checklists</li> <li>• 1-1 therapy feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Word of mouth from teacher/student</li> <li>• Conversation with family/parent</li> <li>• Qualitative Interviews</li> </ul>
Small group	<ul style="list-style-type: none"> <li>• Focus groups <ul style="list-style-type: none"> <li>▪ Administrators</li> <li>▪ Secretaries</li> <li>▪ New teachers</li> <li>▪ Exemplar teachers</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Focus groups <ul style="list-style-type: none"> <li>▪ Trauma-affected groups</li> <li>▪ Student leader groups</li> </ul> </li> <li>• Ongoing satisfaction reports from Treatment Groups</li> </ul>	<ul style="list-style-type: none"> <li>• Focus Groups <ul style="list-style-type: none"> <li>▪ Caregivers</li> </ul> </li> <li>• Ongoing family satisfaction reports</li> </ul>
School wide	<ul style="list-style-type: none"> <li>• Surveys (school climate, targeted questioning)</li> </ul>	<ul style="list-style-type: none"> <li>• Surveys (school climate, patient satisfaction)</li> </ul>	<ul style="list-style-type: none"> <li>• Surveys (school climate, patient satisfaction)</li> </ul>

### SERVICE DELIVERY

	Staff	Students	Families/Parents
Individual	<ul style="list-style-type: none"> <li>• Consultation <ul style="list-style-type: none"> <li>▪ 1-1 Therapeutic (teacher wellness)</li> <li>▪ Classroom climate/management</li> </ul> </li> <li>• Individual Psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>• Individual psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>• Individual psychotherapy for parents</li> <li>• Family therapy</li> </ul>
Small group	<ul style="list-style-type: none"> <li>• Mindfulness Training</li> <li>• Beginning teachers support group</li> <li>• Healthy Teachers for Healthy Students Program</li> </ul>	<ul style="list-style-type: none"> <li>• Group therapy</li> <li>• Family –school meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Parent stress management and support groups</li> </ul>
School wide	<ul style="list-style-type: none"> <li>• School wide workshops <ul style="list-style-type: none"> <li>▪ Trauma-informed schools</li> <li>▪ Mindfulness</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Stress management</li> <li>• Coping skills</li> </ul>	<ul style="list-style-type: none"> <li>• Trainings <ul style="list-style-type: none"> <li>▪ Positive school engagement</li> <li>▪ Positive family coping</li> </ul> </li> <li>• Community Meetings</li> </ul>

Timestamp: 10.2.2017.12.07