

Enhancing Fatality Review with Lessons from Brain Science

Telling Each Story to Save Lives Nationally



KEY FUNDING PARTNERS

FEDERAL ACKNOWLEDGEMENT

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HOUSEKEEPING

Before we get started

- This webinar is being recorded and will be available on the National Center's webpage (URL: www.ncfrp.org).
- Participants are muted. Use the question and answer box to ask questions.
- Due to the large number of participants, the speakers may be unable to answer all questions. Unanswered questions will be answered and posted with the recording.
- Contact the National Center (email: <u>info@ncfrp.org</u>) for any tech problems.





EVALUATION

https://www.surveymonkey.com/r/32BRMMX

Bethany Miller, MEd, MSW,

Welcome and Introductions

Branch Chief,

Adolescent Health Branch

Division of Child, Adolescent and Family Health

Maternal and Child Health Bureau

Health Resources and Service Administration





Speakers



Abby Collier, MS
Director
National Center for Fatality
Review and Prevention



Jennifer Jones, MSW Chief Strategy Officer Prevent Child Abuse America



Stacy Phillips, DSW
Victim Justice Specialist
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The Social-Ecological Model (SEM)

Gain an understanding of the SEM and how it applies to all aspects of fatality review.



Applying SEM and Brain Science

Promote systems focused reviews by applying SEM and lessons from brain science to all aspects of fatality review.



Key Questions to Ask

Identify and discuss key questions to ask during the death scene investigation, review meeting, and prevention discussion.



Documenting in NFR-CRS

Recognize where to document data elements that impact brain science in NFR-CRS.





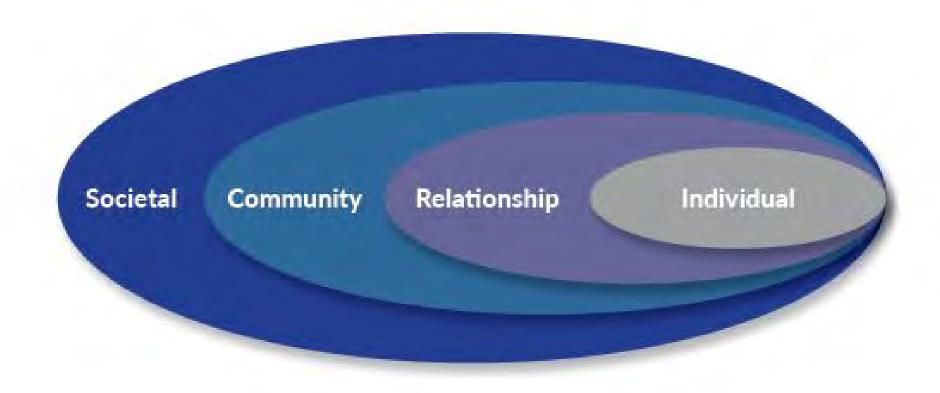
Promoting Resiliency

Building individual and community resilience can prevent the pair of ACEs.



Social-Ecological Model

Effective Discussions Lead to Effective Interventions



Levels of the Social-Ecological Model

Reaching Across Levels for Effective Interventions

Individual

Identifies individual risk and protective factors, including experiences, behaviors, and genetic predispositions.

Societal

Considers broad factors that help create or eliminate risk factors.

Relationship

Examines close relationships that increase or reduce risk and is often the individual's closest circle.

Community

Explores the settings in which relationships exist which is commonly schools, neighborhoods, and churches.

Applying SEM and Brain Science

SHIFTING THE DISCUSSION





PROMOTES A SYSTEMS FOCUS

Helps to shift discussion and practice from individual blaming to exploring systems.



TARGETS THE WHOLE SYSTEM

Allows team members to identify and explore the complex ways the community interacts. This systematic approach identifies the factors that drive behaviors and impact outcomes.



Review Meeting Discussions

Applying SEM and Brain Science

- Did the child have at least one healthy relationship?
- Describe the child's early experiences, including ACEs and PCEs?
- Did the child have access to medical care?
- Did the caregivers experience ACEs or toxic stress?
- What services were available to the community?





Life Stressors in NFR-CRS

Added in April 2020, Version 5.1 of NFR-CRS (https://www.ncfrp.org/wp-content/uploads/NCRPCD-Docs/CDR CRS v5-1.pdf)

17. LIFE STRESSOR	RS P	Please indicate all stressors that were pro-	esent for this child around the time of dea	ath.	
a. Life stressors - Social/economic		b. Life stressors - Relationship	b. Life stressors - Relationships (age 5 and over)		
☐None listed below	☐ Housing ins	stability None listed below	Argument with friends	☐ Stress due to sexual	(age 5 and over)
□Racism	Racism Witnessed		☐ Bullying as a victim	orientation Stress due to gender identity	☐ None listed below
□ Discrimination violence □ Poverty □ Pregnancy		☐ Argument with parents/care	egivers Bullying as a perpetrator		☐ School failure ☐ Pressure to succeed
		Parents' divorce/separation	Cyberbullying as a victim		
☐Neighborhood discord	Pregnancy	☐ Parents' incarceration	Cyberbullying as a perpetrato	r	☐ Extracurricular activities
□Job problems	scare	☐ Argument with significant of	ther Peer violence as a victim		☐ New school
☐Money problems		☐ Breakup with significant oth	ner Peer violence as a perpetrato	or .	Other school problems
☐Food insecurity		☐ Social discord	☐ Isolation		
d. Life stressors - Techno	logy (age 5+)	e. Life stressors - Transitions (age 5 and	d over)	f. Life stressors - Trauma (age 5 and over)
Stress/negative consequences due to: None		None listed below	Release from juvenile justice facility	☐ None listed below	
□None listed below □ Relea		Release from hospital	☐ End of school year/school break	☐ Rape/sexual assault	
☐ Electronic gaming ☐ Tran		☐ Transition from any level of mental	☐ Transition to/from child welfare	o/from child welfare	
☐Texting heal		health care to another (e.g. inpatient	system		
☐Restriction of technology to out		to outpatient, inpatient to residential,	Release from immigrant detention	g. Life stressors - Describe	any other life stressors:
□Social media outpa		outpatient to inpatient, etc.)	center	(age 5 and over)	

ACEs in NFR-CRS

Identifying Where ACEs Appear in NFR-CRS

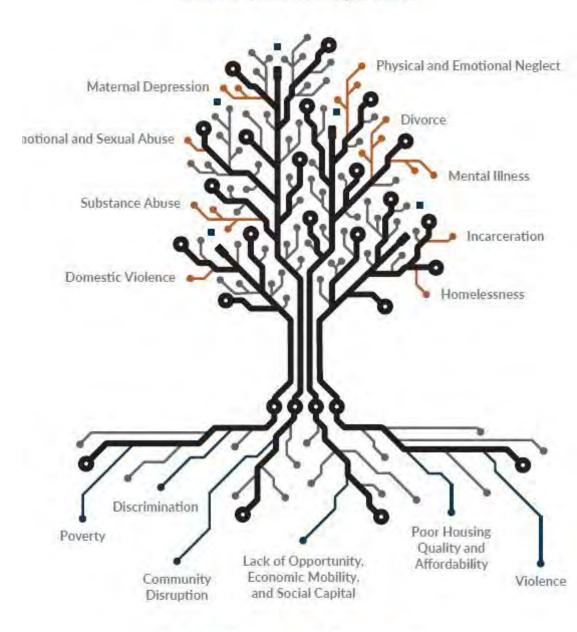
ACE	NFR-CRS Question		
Emotional, physical, sexual abuse or neglect	A22.Child had history of child maltreatment? If yes as victim, check all that apply (options are: physical, neglect, sexual, emotional/psychological)		
Violence	B17, C18, D13. Did the parent, caregiver, or supervisor have a history of intimate partner violence?		
Household Substance Abuse	B12, C13, D9. Did the parent, caregiver, or supervisor have a history of substance use or abuse? If yes, specify.		
Mental Illness	B15, C16, D11, Did the parent, caregiver, or supervisor have a history of disability or illness? If yes, specify.		
Criminal History	B18, C19, D14. Did the parent, caregiver, or supervisor have a history of criminal activities? If yes, specify.		
Divorce	Life Stressors		

Building Resiliency

For Team Members

- Take time to acknowledge what went well
- Allow team members to opt out of reviews
- Incorporate resilience-building activities into meetings

Adverse Childhood Experiences



Adverse Community Experiences



Prevention Matrix

A Framework for Implementing Brain Science

Level of How should current What are the What ACEs/ activities be changed the Social-Current resilience PCEs are **Ecological** or new activities Activity factors targeted? Model implemented? promoted? Individual Screening families All ACEs Begin screening for PCEs, Opportunities to Snyder's Hope Scale, for ACEs upon strengthen selfand resilience to create a admission regulatory skills complete assessment of the whole child. Children in child Possibly no Screen children and their Interpersonal/ Supportive Relationship care settings ACEs: having adult-child parents for executive experience typical another nonrelationships; function scores using child care activities cultural traditions scales like the Minnesota parental adult who genuinely Executive Function Scale. Target interventions/ cares; enjoyment curriculum to improve in participating in community executive function traditions scores. Providing primary Having another A sense of self-Implement the Reach Community care services non-parental efficacy and Out and Read program to low-income adult who perceived control to provide families with families genuinely cares tools to support reading. Societal Family drug court Substance Use Supportive Ensure court updates (Organizational adult-child focus on promoting PCE and Policy) relationships; experiences in families. a sense of selfefficacy and perceived control

Concepts of Brain Science

Effective Prevention Strategies

Levels of SEM

Enhancing Fatality Review with Lessons from Brain Science

Guidance is available at https://www.ncfrp.org/wp-content/uploads/Brain Science Guidance Jan2021.pdf
Fillable PDF of prevention matrix is available under equity/disparities https://www.ncfrp.org/center-resources/written-products/





Connecting the fundamental concepts of brain science with the Social-Ecological Model and fatality review findings and recommendations provides a community with the opportunity to analyze the complex nature of how families build relationships, access services, and interact with their environment.





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