Mental Health Supports: A School and Community System

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Purpose of Today

• Explore how mental health, trauma, and other adverse childhood experiences impact schools and classrooms

• Understand how the school, family, and community can organize, align, and integrate supports using a systematic process.

• Understand prevention and intervention strategies to apply in schools, family engagement, and community collaborations to address child trauma and mental health issues.
Professional Development in the Learning Supports Pathway - UCLA Center for Mental Health System

Å Workshop 1 - **Leadership** establishes the organizational and operational conditions, the infrastructure, to effectively deliver supports (consider personnel, placements, schedules, procedures, school design)

Å Workshop 2 - **Leaders** and **school staff** identify and apply strategies to address trauma, support mental health, intervene in existing mental health issues, and coordinate mental health services for high-needs children

Å Workshop 3 - **Leaders** and **school staff** identify and apply consistent and integrated protocols with community mental health agencies to address trauma and other adverse childhood experiences
How does child trauma and mental health issues impact learning in your school?
Mental health is a state of successful performance of mental function resulting in productive activities, fulfilling relationships with people and the ability to adapt to change and cope with adversity. (Seligman, et. al.)
Situations that Result in Trauma

- Physical or sexual abuse
- Abandonment or neglect
- Death of a loved one
- Life threatening illness of a caregiver
- Automobile or other accidents
- Life-threatening health issues or painful medical procedures
- Bullying
- Witnessing or experiencing community violence
- Witnessing police activity or having close relative incarcerated
- Natural disasters
- Acts of threat or terrorism
- Living in chronically chaotic environments in which housing and financial resources are consistently not available

Source: The National Child Traumatic Stress Network  www.NCTSN.org
Trauma Facts for Educators

- One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.

- Trauma can impact school performance.

- Trauma can impair learning.

- Traumatized children may experience physical and emotional distress.

- Schools can help a child who has been traumatized.

Trauma Impact and Mental Health Issues

- Symptoms may be identical to children with developmental delays, ADHD, or other medical conditions, so it is important to obtain a formal or informal trauma history.

- Some children suffering from traumatic stress will recover within a few weeks or months from the traumatic experience.

- Recurrence of symptoms may occur on the anniversary of the event or with media reports of similar situations.

- Mental health counseling is effective in dealing with long-term symptoms.
Data from the Centers for Disease Control and Prevention's National Health and Nutrition Examination Survey (NHANES) show that approximately half (50.6 percent) of children with mental disorders had received treatment for their disorder within the past year.
How do you recognize children experiencing trauma or mental health issues in your schools?
## Barriers To Learning

<table>
<thead>
<tr>
<th>Environment</th>
<th>Family</th>
<th>School &amp; Peers</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Economic deprivation</td>
<td>• Chronic poverty or situational poverty</td>
<td>• Enrollment and attendance issues</td>
<td>• Learning issues</td>
</tr>
<tr>
<td>• Community disorganization, including high levels of transience and crime</td>
<td>• Conflict, disruptions, violence</td>
<td>• Schools lacking resources</td>
<td>• Mental health issues</td>
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<tr>
<td>• Violence, drugs, etc.</td>
<td>• Substance abuse</td>
<td>• Negative encounters with school staff</td>
<td>• Medical issues</td>
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<tr>
<td>• Gangs</td>
<td>• Lack of quality child care</td>
<td>• Negative encounters with peers and/or</td>
<td>• Low birth weight</td>
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<tr>
<td>• Racial and ethnic conflicts</td>
<td>• Immigration issues</td>
<td>inappropriate peer models</td>
<td>• Developmental delays</td>
</tr>
</tbody>
</table>

- Adjustment issues
- Inadequate nutrition
- English language challenges
Children Pre-School- Age 11

- Generally unable to attribute their feelings to an event or cause
- Stomach aches, headaches, clinging, excessive fears or worrying, mood swings
- Disruptive behavior due to poor self-regulation; often a result of anxiety
- Eating or sleeping disorders
- Difficulty paying attention, impulsivity, hyperactivity
- Intense feelings of overwhelming fear- racing heart, breathing faster- without a reason
- Negative thinking; trouble forming relationships

Source: https://www.mayoclinic.org
Adolescents Ages 11 - 20

- Generally able to attribute their feelings to a cause, such as bullying, abuse, traumatic event in their life, feelings of worthlessness
- Stomach aches, headaches, excessive fears or worrying, mood swings
- Disruptive behavior due to poor self-regulation; truancy, criminal behavior
- Eating disorders
- Self-harm; negative view of themselves
- Bullying others
- Difficulty paying attention, impulsivity, hyperactivity, hypervigilance
- Suicide ideation

Sources: [https://www.mayoclinic.org](https://www.mayoclinic.org) and Child Mind Institute [https://childmind.org](https://childmind.org)
Challenges to Addressing Childhood Trauma in Schools

- Children have difficulty forming relationships and bonds with adults.

- Schools use disciplinary systems that punish and further “push away” children with trauma issues.

- Poor self-regulation and inability to manage strong emotions requires the teacher to co-regulate with the child.

- Children need coaching and practice to de-escalate when they feel overwhelmed; school demands prevent this time.
How does serving students with trauma and mental health issues impact adults?
Secondary Traumatic Stress for Adults

- The essential task of listening to first-hand stories and serving students with mental health conditions takes an emotional toll that compromises professional functioning and quality of life.
- The symptoms mimic those of post-traumatic stress disorder (PTSD.) Individuals may find themselves re-experiencing personal trauma or notice reactions related to indirect trauma exposure.
- Studies show that from 6% to 26% of therapists and 50% of child welfare workers are at risk.
- Risks are higher for professionals who serve incarcerated youth due to organizational isolation or inadequate preparation or training.

Are you impacted by secondary trauma?

Symptoms of Secondary Traumatic Stress

- Hypervigilance
- Hopelessness
- Inability to embrace complexity
- Inability to listen; avoidance
- Anger and cynicism
- Sleeplessness
- Fear
- Chronic Exhaustion
- Physical ailments
- Minimizing
- Guilt

The “Antidote” for Secondary Traumatic Stress:
Compassion Satisfaction

- Positive feelings derived from competent performance serving wounded students
- Positive relationships with colleagues
- Belief that one’s work makes a meaningful contribution to clients and society
- Professional development on ways to identify children with trauma and mental health issues and how to address them.

The Learning Supports System recognizes the impact of secondary trauma and build supports for adults as well as students.

School Design: Addresses the “Triggers” of Traumatized Children

- Acknowledge that the student behavior we are seeing may be a traumatic response to something bigger and more complex than what we are seeing in our classrooms.

- Assume that there is a plausible link between some stimulus (or stimulus configuration) in the classroom and the complex behavior of the student.

- Look for that stimulus configuration and figuring out how it might be a representation of a current day form of a threatening thought or memory.
Design Schools that Reduce or Eliminate these Risk Factors

- Non-inclusion of students with mental health or other disabilities in all functions of the school day
- Unprepared faculty and staff that sees every situation as a crisis and needing intensive services
- Faculty and staff that does not collaborate or proactively plan to serve students
- Unstructured, disjointed, and incoherent school routines and procedures
- Lack of empathy from students and teachers
- Teachers or staff who break confidentiality and discuss students inappropriately
- Stigmatizing mental health as something to avoid.
The Invisible Backpack

Belief in self; self-worth

Faith and trust in an adult or authority figure

View of the world around them

These factors affect how a child will think, feel, and behave.

Center for Childhood Resilience  www.childhoodresilience.org
The Theory: A Comprehensive System of Learning Supports
October 2014, Report of the Provostial Advisory Committee on Student Mental Health, The University of Toronto Student Mental Health Strategy and Framework. RS
The Purpose of Schools
The Traditional Theory of Change

- Instruction
- Management

Learning
Who Benefits from the Traditional Approach?
Range of Learners

Motivated, Engaged And Ready To Learn

Experiencing Minor Challenges

Experiencing Major Challenges

Instruction

Management

Learning
Barriers to Instruction and Learning

- Motivated, Engaged And Ready To Learn
- Experiencing Minor Challenges
- Experiencing Major Challenges

Barriers to Instruction

Instruction

Management

Learning
The Imperative

“School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.”

—Carnegie Task Force on Education

Motivated, Engaged And Ready To Learn

Experiencing Minor Challenges

Experiencing Major Challenges

Range of Learners

Instruction

Management

Learning

Barriers to Instruction
Learning Supports

**What are learning supports?**
Learning supports are the resources, strategies and practices that support intellectual, physical, social and emotional development to ensure student success.

**Where are learning supports?**
Learning supports are deployed in classrooms and school-wide to address barriers to learning and teaching, and to re-engage disconnected students.
How do the people in your school’s support areas, such as counselors, social workers, psychologist, currently work together to address childhood trauma and mental health issues?
Transform Fragmented Learning Support Activities Into a Fully-Integrated Continuum
Three Component Framework

Motivated, Engaged And Ready To Learn

Experiencing Minor Challenges

Experiencing Major Challenges

Range of Learners

Instruction

Management

Learning Supports

Barriers to Instruction
Align the Learning Supports with Instruction and Management
A Fully-Integrated Infrastructure
Activity:
How could you organize your infrastructure to better serve students impacted by mental health issues?
Design Functions: Creating the Organizational and Operational Conditions to Support Children with Trauma and Other Mental Health Issues
Working In 3 Components
Provides Organization and Helps with Integration

**Instruction**
- Deliver standards in a meaningful and engaging way.
- Monitors data
- Who works in this area? When do they meet?

**Learning Supports**
- Identify strategies to address root causes of trauma and strategies to address them.
- Collaboratively implements through the six practice areas.
- Who works in this area? When do they meet?

**Management**
- Provides resources (i.e., human, fiscal, operational) and to support schools in implementing strategies.
- Who works in this area? When do they meet?
The Learning Supports System: Organize-Align-Integrate

Organize in 3 components + Align Supports = An Integrated System
Keys to Addressing Mental Health Needs

- Ensure a safe environment
- Build relationships and connectedness
- Support and teach emotional regulation

SAMHSA https://www.samhsa.gov
Design Functions vs. Strategies

- Design functions precede strategies.
- Design functions create an infrastructure that will support your strategies toward successful outcomes.
- Design functions are often tactical; they set up the conditions for success.
Design Functions: Management

- Identify students with trauma and other mental health needs.
  - Carefully consider classroom placement
  - Identify and chart students by grade level
  - Place fragile students purposefully with an empathic peer.
  - Assign a “check in adult” other than the teacher for specific critical needs children.

- Analyze the teaching staff as to their will/skill in their ability to work with fragile students. Designate a cadre of teachers to serve as Resident Experts. Use the Psychologist or Counselor to lead this group.

- Identify and designate teacher-partners to collaboratively address challenging circumstances and to support one another. “Support Partners”

- Plan for a mental-health professional, social worker, or counselor to meet with teachers, bus drivers, et. al. before the school year begins to understand the dynamics of children with trauma and other disruptive mental health issues.

- Incorporate a “Mental Health Moment” in faculty meetings.
## Analyze Capacity of Faculty

<table>
<thead>
<tr>
<th>High Will- Low Skill</th>
<th>High Will- High Skill</th>
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<tbody>
<tr>
<td>Empathetic; caring</td>
<td>Empathetic, caring, and establishes supportive relationships</td>
</tr>
<tr>
<td>Identifies with feeling in others</td>
<td>Use of multiple instructional deliveries and use of language-based approaches</td>
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<tr>
<td>Directive teaching style with little differentiation</td>
<td>Inclusion of students in developing classroom management</td>
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<tr>
<td>Classroom management is a challenge</td>
<td>Excellent establishment of routines and procedures</td>
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<table>
<thead>
<tr>
<th>Low Will- Low Skill</th>
<th>Low Skill- High Will</th>
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<tbody>
<tr>
<td>Relatively unaccepting of differences in children</td>
<td>Empathetic; inspired; idealistic</td>
</tr>
<tr>
<td>Low-energy and interest and/or “one-way” teaching style</td>
<td>Inexperienced in use of language-based approaches and/or differentiated instruction</td>
</tr>
<tr>
<td>Classroom management is directive and based on rewards and punishment</td>
<td>Classroom management and procedures not firmly established</td>
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### Analysis of Student Needs

<table>
<thead>
<tr>
<th>GRADE LEVEL</th>
<th>ADHD</th>
<th>ANXIETY DEPRESSION</th>
<th>EATING DISORDERS</th>
<th>SELF-HARM</th>
<th>BEHAVIOR REGULATION</th>
<th>DRUG-ALCOHOL</th>
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**Design Functions: Instruction**

- Design a schedule that is consistent and offers the least interruption for the grade or department with the most fragile students.

- Ensure that the teachers and staff understand the standards and collaborate on pedagogy and practices.

- School rules- essential agreements- should be positive statements, such as “We will ____.” Avoid the use of the word NO and DO NOT. Explicitly TEACH the schoolwide procedures regularly and often. Develop classroom rules with the students.

- Keep classrooms consistent in organization and work-flow. In the event classroom will be rearranged, announce to students beforehand; have fragile students assist in the change.
Identify aligned, high-impact strategies to support fragile students AND improve academic achievement.

Ensure that all faculty agrees on the non-negotiables.

Integrate the learning supports strategies into school-wide practices.
## Learning Supports Strategies for Mental Health

<table>
<thead>
<tr>
<th>Classroom-Based Supports</th>
<th>Student &amp; Family Interventions</th>
<th>Transitions</th>
<th>Crisis Intervention</th>
<th>Community Collaboration</th>
<th>Family Engagement</th>
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Classroom-Based Supports

Students

- Use of language-based approaches to help students process information and alleviate fears
- Using multiple forms of communication; children pay more attention to non-verbal cues
- Maintain predictable routines and expectations
- Teach consistent rules and consequences; identify and address appropriate emotional responses
- Model respectful, nonviolent relationships
- Give students choice and praise positive choices.
- Non-punitive grading practices; provide support and feedback.

The National Center for Trauma-Informed Care (http://www.samhsa.gov/nctic/about.asp)

1. Rules
   If it's not your turn to talk... it's your turn to listen.
   Make room for... everyone.
   Look your friends in their... eyes.
   Listen so we can move... quickly.
   Have fun... respectfully.

2. Greeting
   "Good morning, _______

3. Activity

4. News of the Day

5. Poem/Passage

6. Behavior Goals

7. Our Class Motto
   Good, Better, Best...
   Never let it rest
   Until your good is better
   and your better is your BEST!
Conflict Resolution Agreement

Respect the right to disagree.
Express your real concerns.
Share common goals and interests.
Open yourself to different points of view.
Listen carefully to all proposals.
Understand the major issues involved.
Think about probable consequences.
Imagine several possible alternative solutions.
Offer some reasonable compromises.
Negotiate mutually fair cooperative agreements.

Robert E. Valett
Classroom-Based Supports

Teachers and Staff

- Teacher training on abuse, neglect, homelessness, trauma
- Large group guidance
- Student led conferences
- Journals or other positive language communication between adults and with students
- A classroom that is reflective and analytic as opposed to highly emotional and fast paced.
BHH READING
When you read, think about what is...
...in the BOOK
• What's this about?
• Who's telling the story?
• What does the author want me to know?
...in your HEAD
• What surprised me?
• What does the author think I already know?
• What changed, challenged, or confirmed my thinking?
• What did I notice?
...in your HEART
• What did I learn about me?
• How will this help me to be better?
Name: Elizabeth | Grade: 1

**WORDS!**

My goal is to read all of these words by October 1.

**MY BAR GRAPH**

- **Words:**
  - a
  - my
  - to
  - go
  - it
  - see
  - I
  - but
  - day
  - the
  - you
  - is
  - up
  - me
  - by
  - no
  - like
  - can
  - big

**Date:** 9-9-2021

*Creating Readers, Writers*
Student and Family Interventions

Students

- Build non-academic relationships with students
- Support and facilitate participation in extra-curricular activities
- Involve open-communication and relationship building with families
- Obtain a trauma history
- Respect and assure confidentiality
- Identify and connect with outside supports
- Prevention and support team
- Using reflection, role-play to identify how to appropriately respond to the demands of the situation (self-regulation)

The National Center for Trauma-Informed Care (http://www.samhsa.gov/nctic/about.asp)
The National Child Traumatic Stress Network (http://www.nctsn.org) "Trauma Toolkit for Educators".
Student and Family Interventions

Adults

- Resources for parents, mental health, trafficking, grief, death/divorce, suicide prevention and others.
- Sharing of care through the case worker and probation officer.
- Written messages of inspiration for the student to share with the family.
- Learning methods of external self-regulation supports to help students.

The National Center for Trauma-Informed Care (http://www.samhsa.gov/nctic/about.asp)

Transitions

Students

- Provide training and professional development for cadre of teachers and staff who will serve students with intensive mental health needs. Consider cadre of K-12 teachers.
- Place students with teachers in cadre and align schedules for support.
- Deliberately place student with peers who exhibit caring and inclusive attitudes and values.
- Develop a plan for student to have a safe haven when unable to cope in the classroom. i.e.: “time out” space
- Conference with parent and teachers in transitions grades prior to start of school year.
- Ensure that all service providers, i.e.: PT, OT, after school, are trained and prepared.

The National Center for Trauma-Informed Care (http://www.samhsa.gov/nctic/about.asp)

Transitions

Adults

- Protocols for transitioning in and out are transparent and communicated
- Communicate with students your expectations for the relationship
- Small group guidance reinforce the expectations
- Systematic and regular communication of those who serve the child

The National Center for Trauma-Informed Care (http://www.samhsa.gov/nctic/about.asp)

Crisis Intervention

Students

- Referral process to community mental health agencies.
- Referral for suspected abuse or neglect.
- Assess for medical issues or concerns, i.e.: medications, hearing, vision, signs of abuse.
- Provide support for additional family needs, i.e.: clothing, school supplies, etc.
- Assess housing needs and home environment.
- Develop or refer to family-parent support groups.
- Ensure there is a well-trained crisis team.

The National Center for Trauma-Informed Care (http://www.samhsa.gov/nctic/about.asp)

Crisis Intervention

Adults

- Clear and understood protocols with mental health agencies
- Consistent review of crisis plans
- Review all data from psychological, speech and language, functional behavioral, occupational therapy evaluations
- Specialized training for school personnel – counselors, parent coordinators, principals
- Maintain positive and frequent communication with student and other teachers and staff

The National Center for Trauma-Informed Care (http://www.samhsa.gov/nctic/about.asp)

What outside school mental health providers does your school currently have?

How do you coordinate services?
Community Collaboration

Students

- Build school-community partnerships with mental health agencies
- Inform community and faith-based organizations of the need for trauma informed practices
- Include after-school providers in training and planning
- Assist supports for children to participate in extracurricular activities
- Include community agencies in regular meetings to share information and resources

The National Center for Trauma-Informed Care (http://www.samhsa.gov/nctic/about.asp)

Community Collaboration

Adults

- Utilize mental health and counseling resources for teacher-staff professional development and individual
- Include all providers in training and planning support activities
- Include community agencies in regular meetings to share information and nurture supports

The National Center for Trauma-Informed Care (http://www.samhsa.gov/nctic/about.asp)

Family Engagement

Students

- Unconditional positive regard and respect for the families.
- Conduct surveys/ needs assessment to determine needs.
- Explicitly explain and demonstrate with how WE will work together to help their child.
- Offer parent support groups that assist families in developing strategies for the home.
- Ensure positive relationships and an inclusive environment.

The National Center for Trauma-Informed Care (http://www.samhsa.gov/nctic/about.asp)

Family Engagement

**Adults**

- Collaboratively develop the family engagement plans
- Book or article study in groups; read a novel from perspective of poverty or mental illness
- Assure trauma sensitive, safe, and healthy school environment for adults; risk free space for requesting help
- Communicate, encourage, grieve, celebrate

**Resources**

The National Center for Trauma-Informed Care ([http://www.samhsa.gov/nctic/about.asp](http://www.samhsa.gov/nctic/about.asp))

…”The soft side of students’ lives, the social side, runs their brains, their feelings, and their behaviors—and those three run their cognition!”

(Jensen, Teaching with Poverty in Mind, 2009)
For More Information

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Sources


Sources


Child Mind Institute https://childmind.org


The National Center for Trauma-Informed Care www.samhsa.gov/nctic/about.asp

Sources

Center for Childhood Resilience.  www.childhoodresilience.org

The University of Toronto Student Mental Health Strategy and Framework (2014) *Report of the Provostial Advisory Committee on Student Mental Health*


NCSPA (2011) SBMH Subcommittee

https://www.mayoclinic.org/health-lifestyle/childrens-health

Substance Abuse and Mental Health Association (SAMHSA).

https://www.samhsa.gov

Child Mind Institute  https://childmind.org