Mental Health Supports: A School and Community System

2019 National ESEA Conference

Kansas City, MO

February 1, 2019

Dr. Merrianne Dyer

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

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

" 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

" 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

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

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.
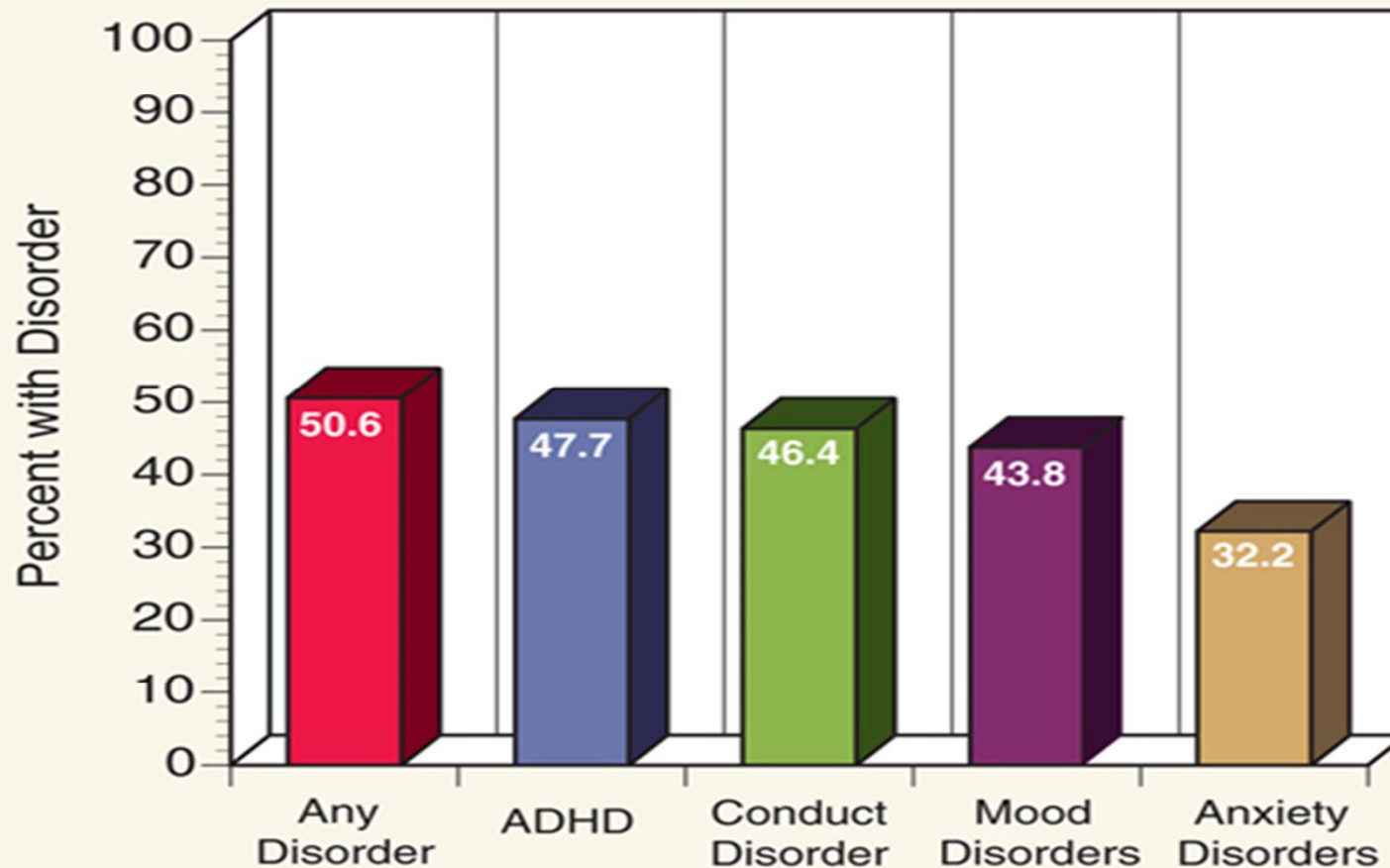
" Schools can help a child who has been traumatized.

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.

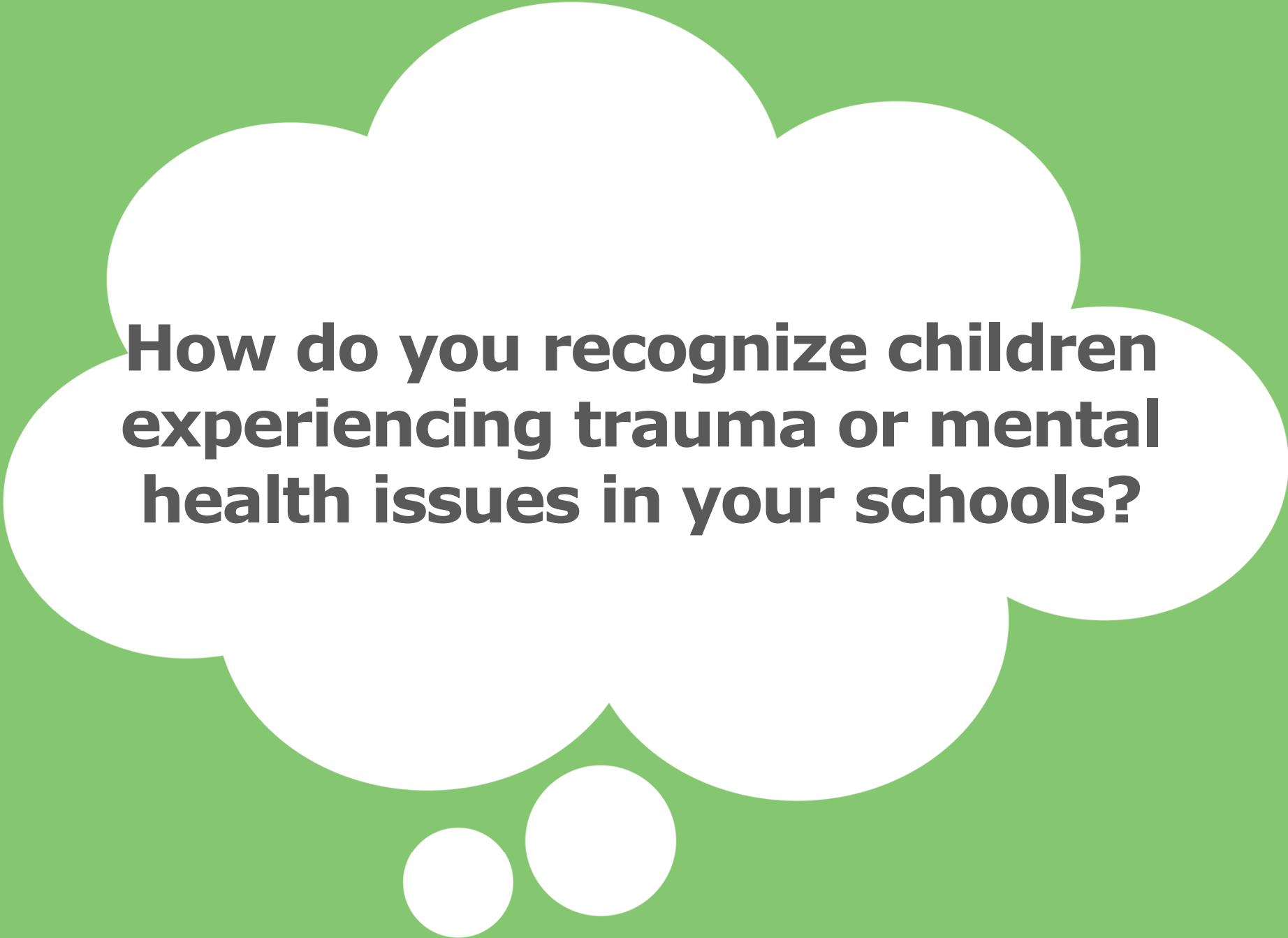" Mental health counseling is effective in dealing with long-term symptoms.

Mental Health Service Use for Children (8–15 years)

Bar chart titled "Mental Health Service Use for Children (8–15 years)" with y-axis labeled "Percent with Disorder" ranging from 0 to 100.

- Any Disorder: 50.6
- ADHD: 47.7
- Conduct Disorder: 46.4
- Mood Disorders: 43.8
- Anxiety Disorders: 32.2

Demographics Associated with Mental Health (MH) Service Use:

Data Courtesy of CDC

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

Environment	← →	Individual

Environment	Family	School & Peers	Individual
" Economic deprivation	" Chronic poverty or situational poverty	" Enrollment and attendance issues	" Learning issues
" Community disorganization, including high levels of transience and crime	" Conflict, disruptions, violence	" Schools lacking resources	" Mental health issues
" Violence, drugs, etc.	" Substance abuse	" Negative encounters with school staff	" Medical issues
" Gangs	" Lack of quality child care	" Negative encounters with peers and/or inappropriate peer models	" Low birth weight
" Racial and ethnic conflicts	" Immigration issues		" Developmental delays
			" 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
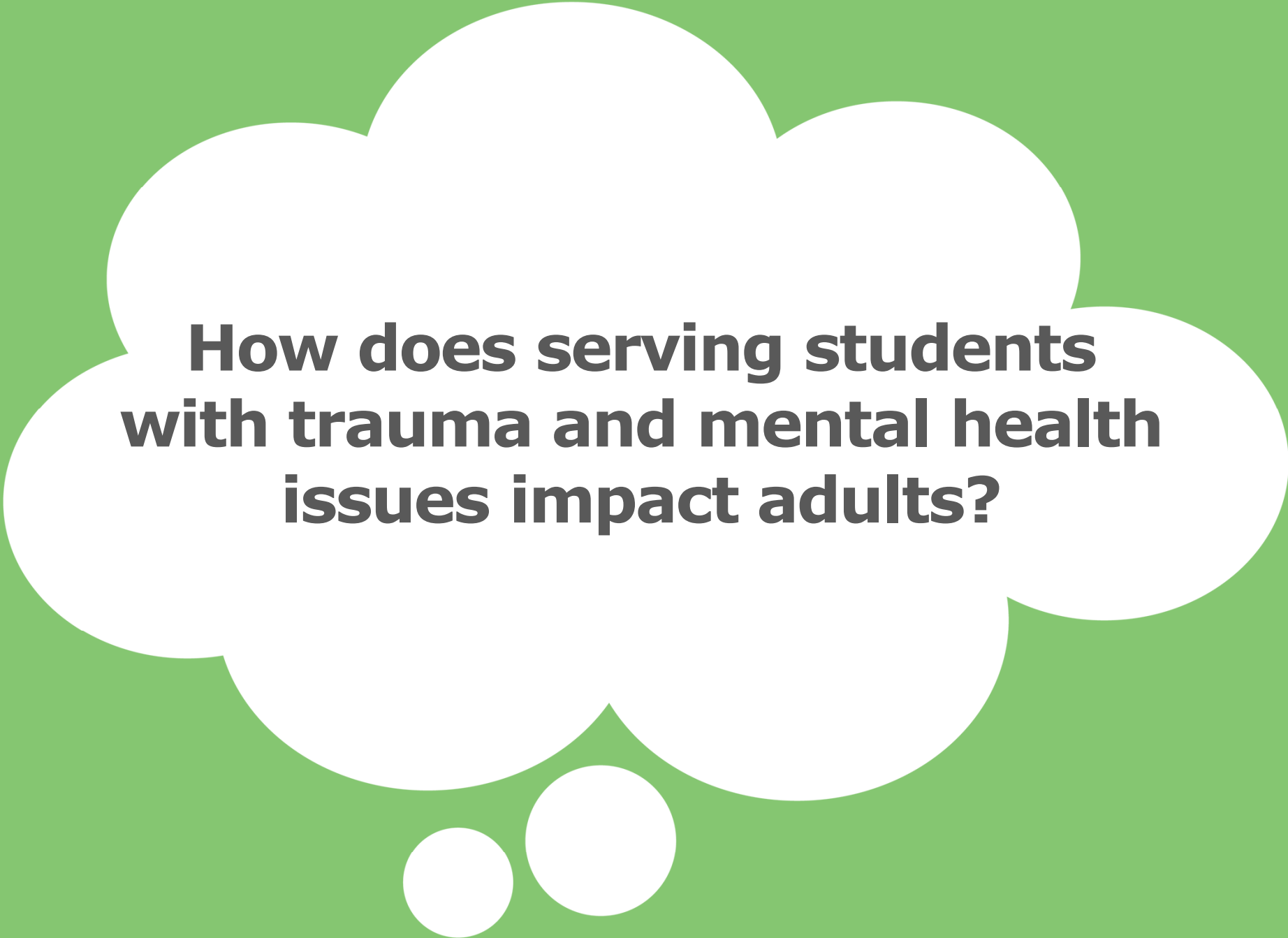
Source: https://www.mayoclinic.org

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 and Child Mind Institute 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

Student Mental Health Continuum

HEALTHY	REACTING	INJURED	ILL
Comfortable Confident Capable	Nervous Forgetful Procrastinating Decreased social activity	Intense prolonged stress Disrupted functioning Socially isolated Academic decline	Diagnosable mental illness Severe functional impairment Difficulty controlling emotions

Services & Support

Mental health awareness

Institutional commitment, equitable and diverse policies & procedures

Inclusive curriculum and pedagogy

all students

Community capacity to respond to early indicators of student concern

Continuum of programs and services to support mental health

students with coping concerns

Case management

Accessible mental health services

students with mental health concerns

The Purpose of Schools

Learning

The Traditional Theory of Change
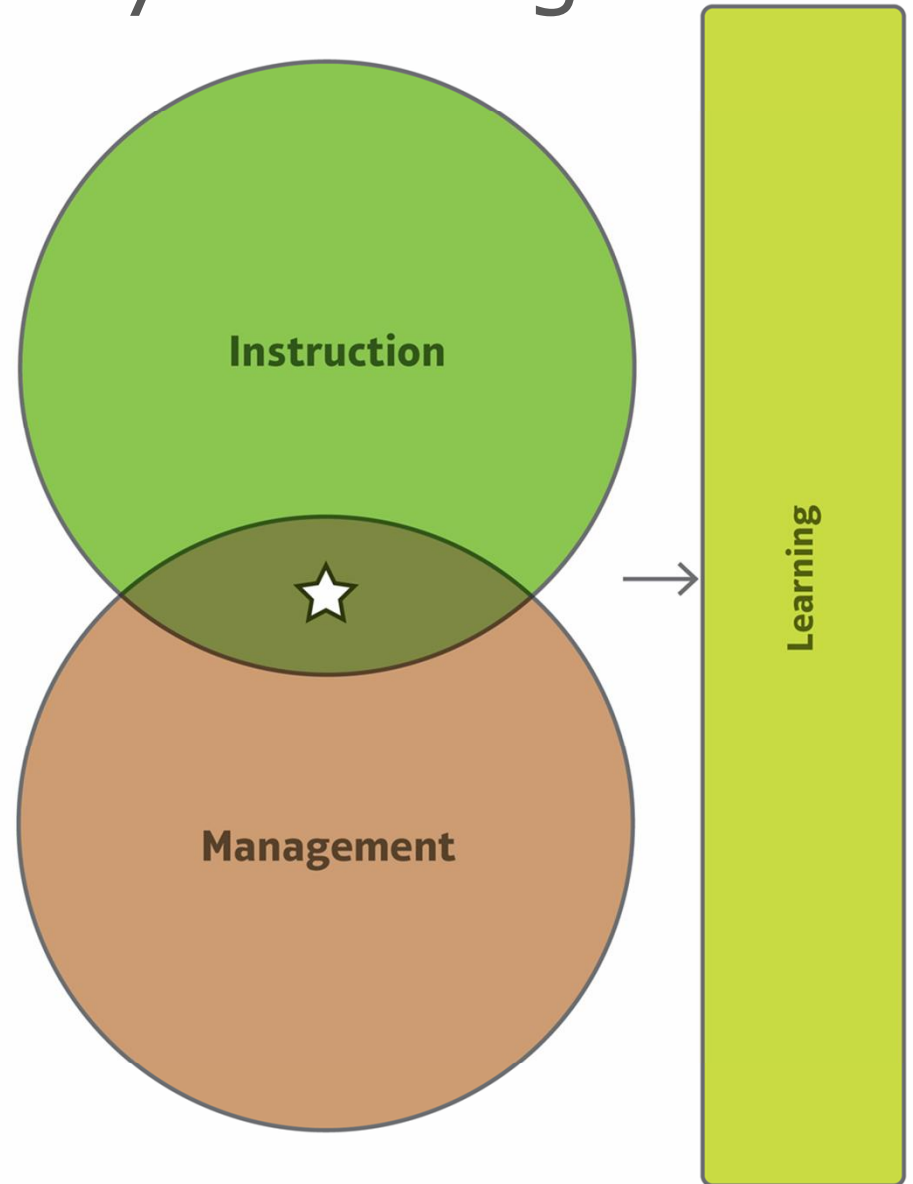
Who Benefits from the Traditional Approach?

Motivated,
Engaged
And Ready
To Learn

Instruction

Management

Learning

Range of Learners

Range of Learners

Motivated,
Engaged
And Ready
To Learn

Experiencing
Minor
Challenges

Experiencing
Major
Challenges

Instruction

Management
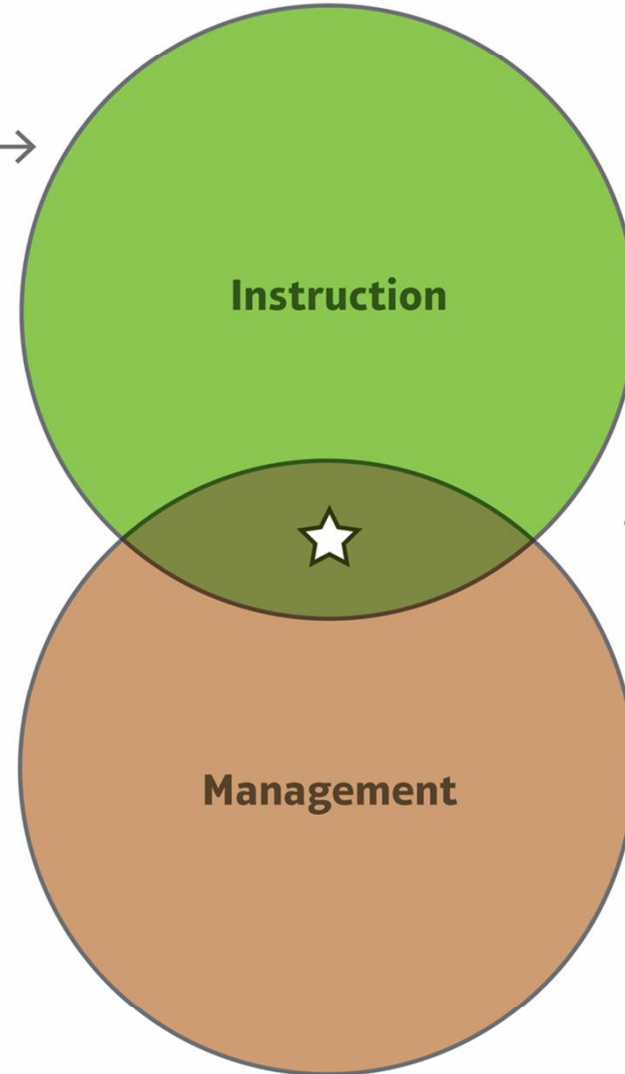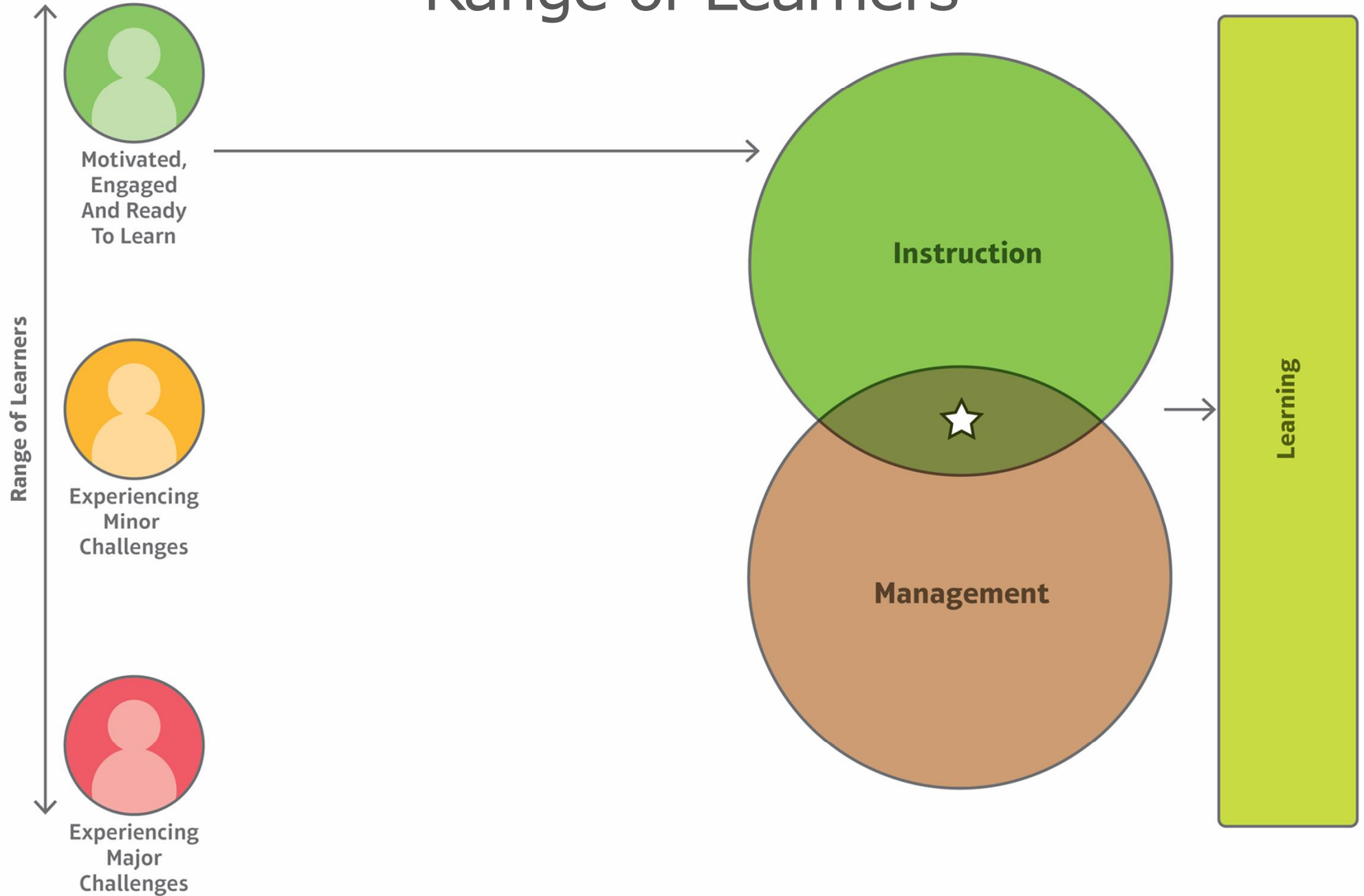
Learning

Barriers to
Instruction and Learning

Range of Learners

Motivated, Engaged And Ready To Learn

Experiencing Minor Challenges

Experiencing Major Challenges

Barriers to Instruction

Instruction

Management

Learning

The Imperative

Range of Learners

Motivated, Engaged And Ready To Learn

Experiencing Minor Challenges

Experiencing Major Challenges

Barriers to Instruction

Instruction

Management

Learning

"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

Learning Supports

Wheel diagram with six segments: Classroom-Based Supports, Student & Family Interventions, Transitions, Crisis Intervention, Community Collaboration, Family Engagement.

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
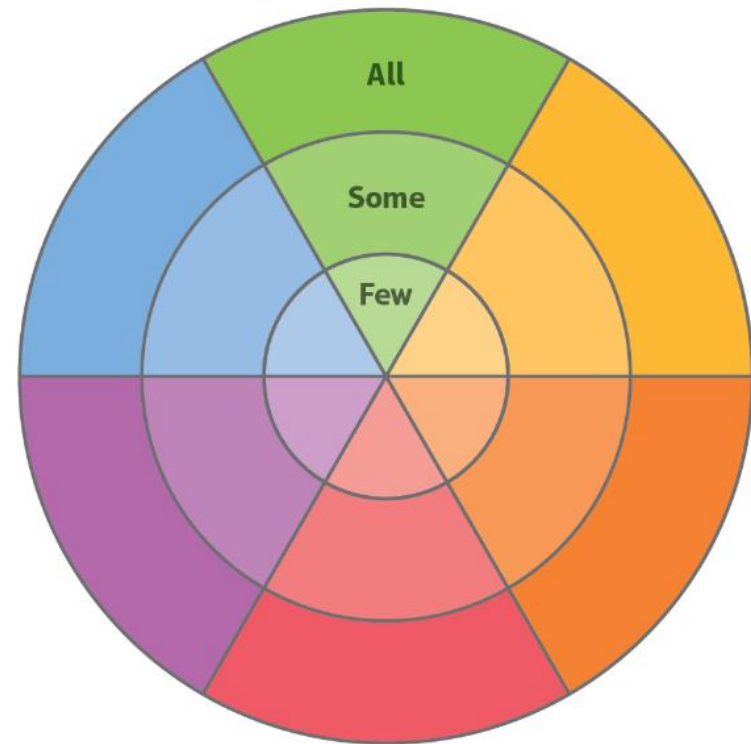
Three Component Framework

Range of Learners

Motivated, Engaged And Ready To Learn

Experiencing Minor Challenges

Experiencing Major Challenges

Barriers to Instruction

Learning Supports

Instruction

Management
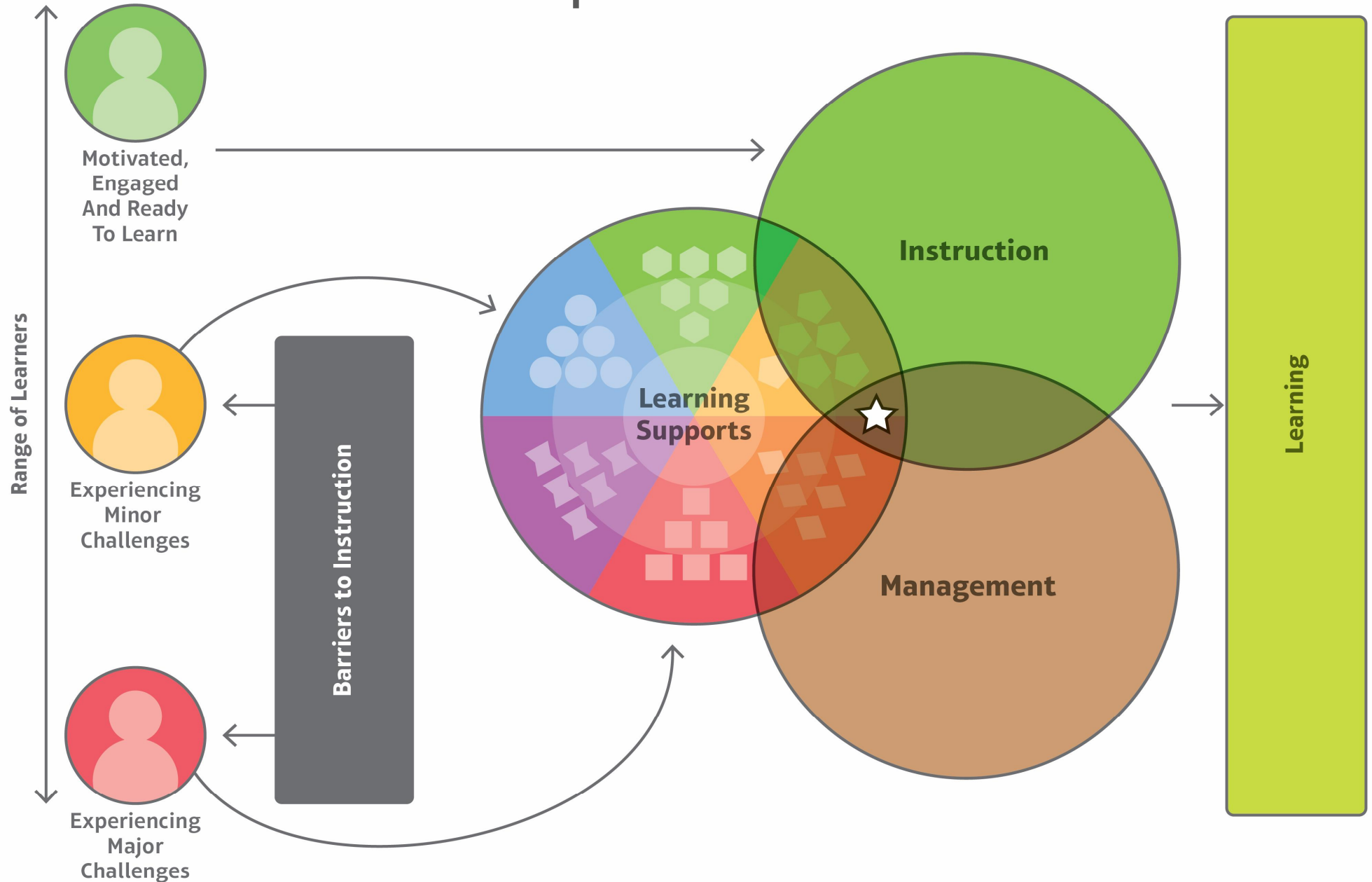
Learning

Align the Learning Supports with Instruction and Management
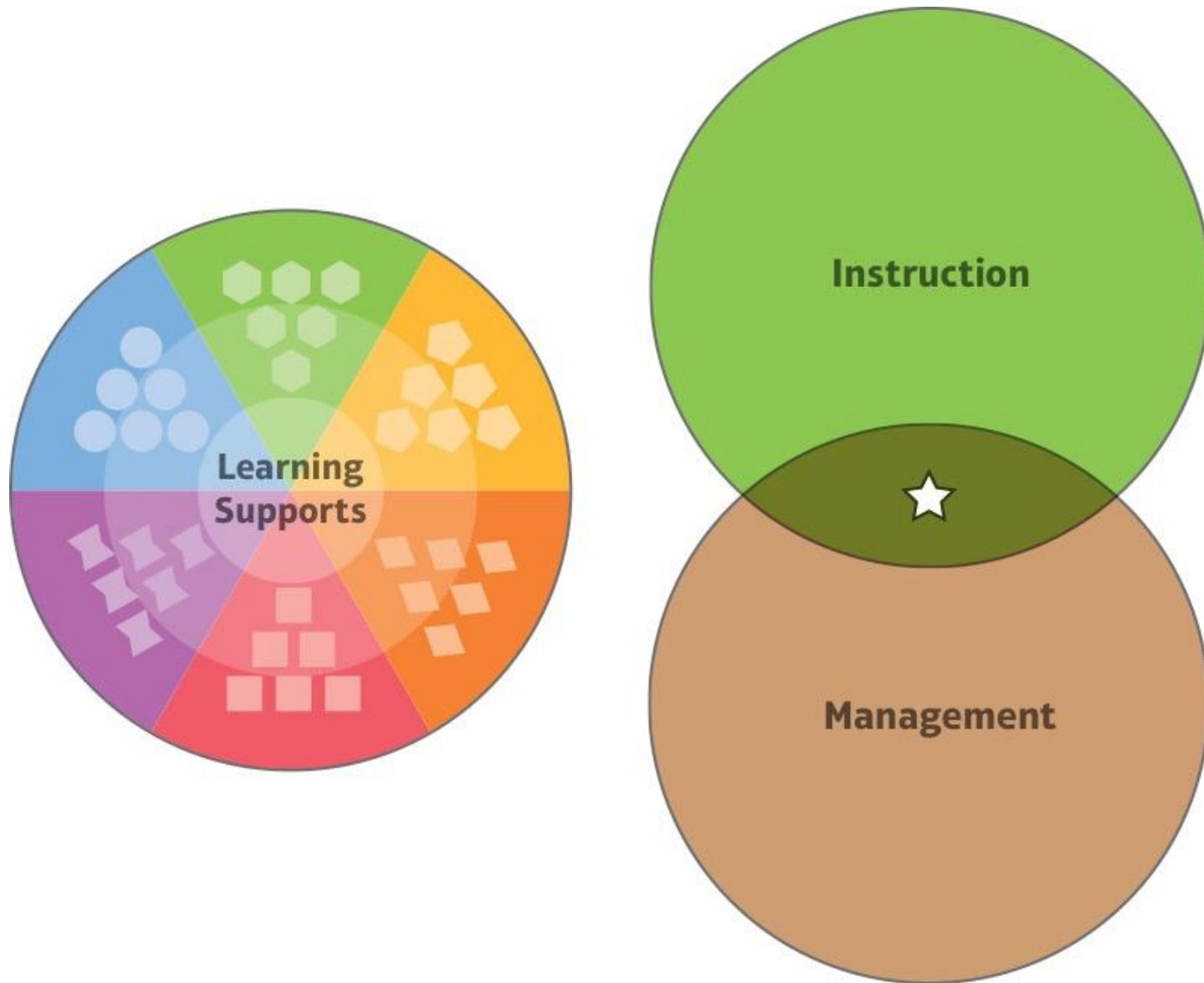
A Fully-Integrated Infrastructure
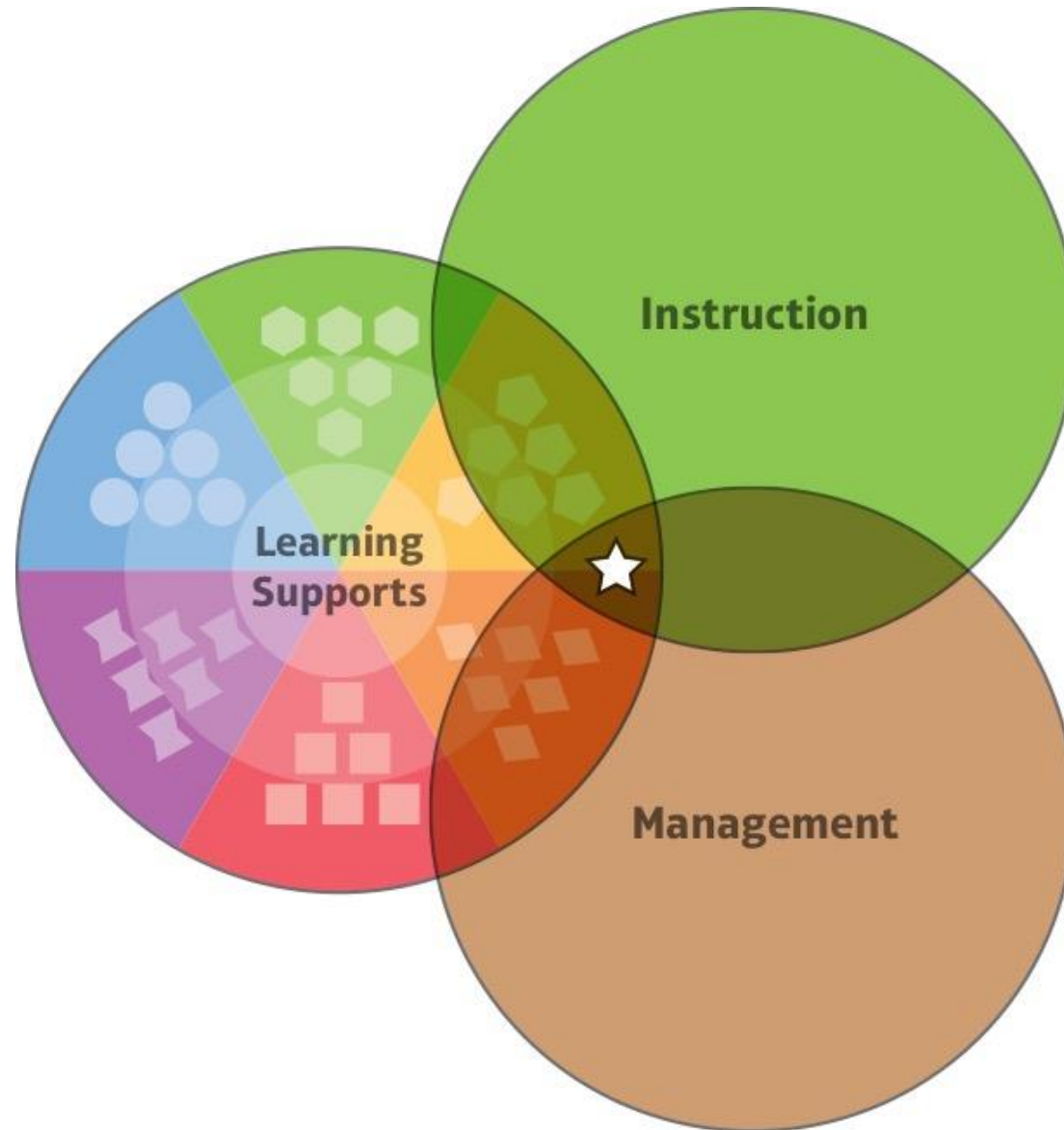
Design Functions: Creating the Organizational and Operational Conditions
to Support Children with Trauma and Other Mental Health Issues

Working In 3 Components
Provides Organization and Helps with Integration
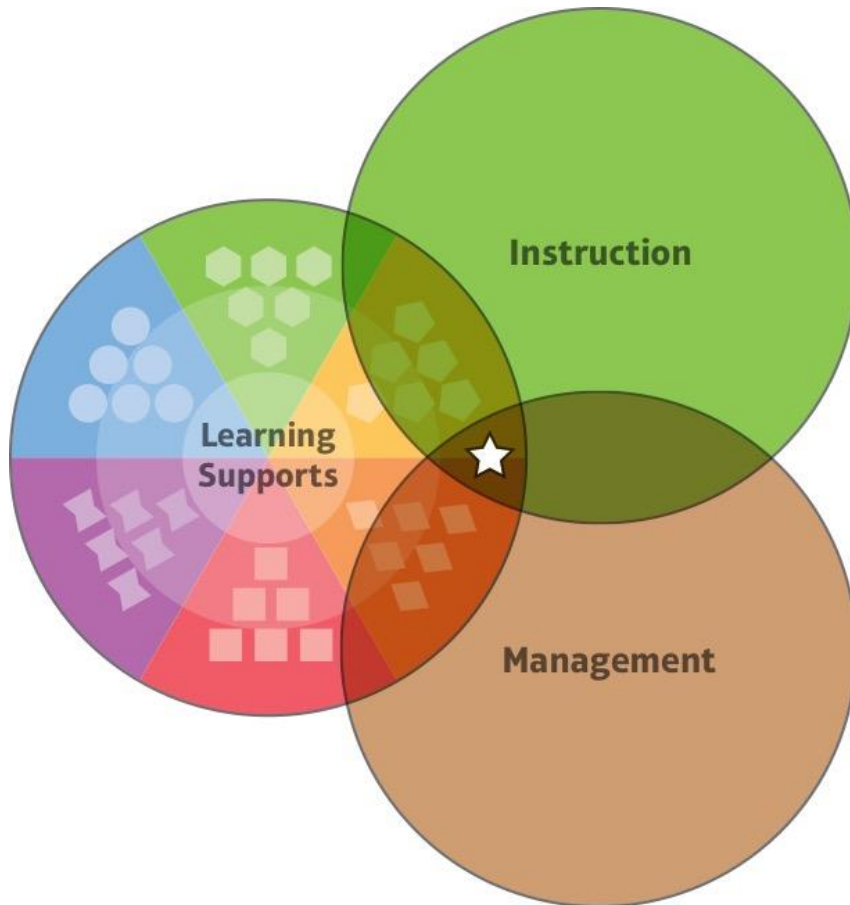
Instruction

" Deliver standards in a meaningful and engaging way.

" Monitors data

" Analyzes "why?" – root cause of underperformance.

" 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
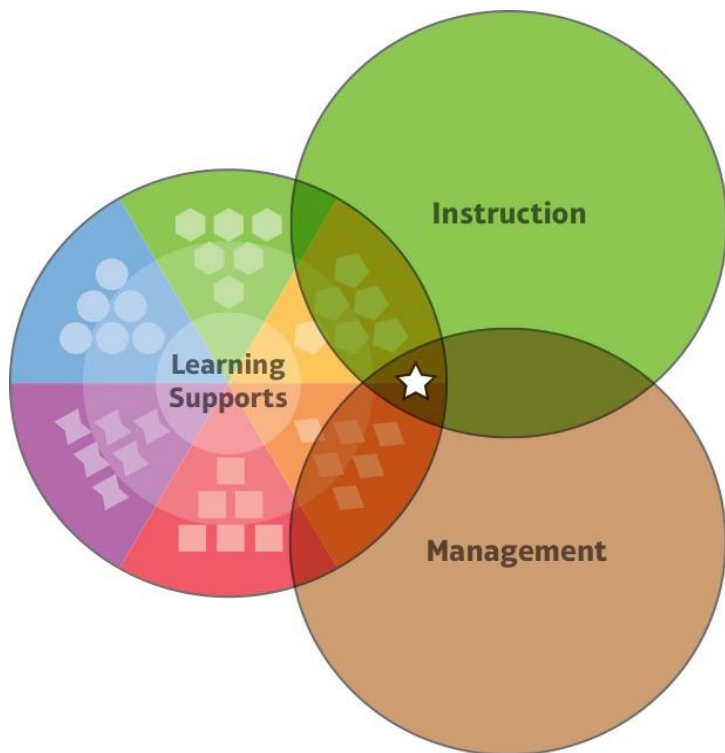
LEARNING SUPPORTS PRACTICE AREAS
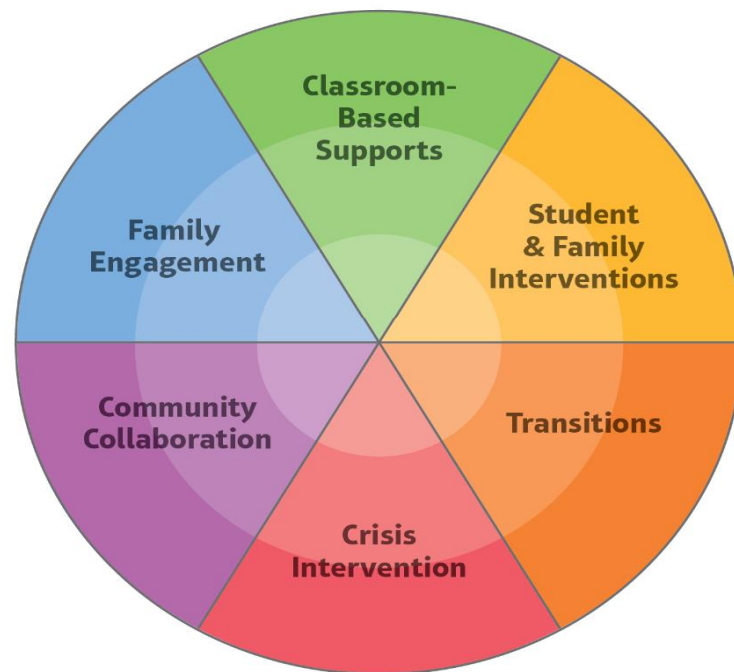
= An Integrated System

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

High Will- Low Skill	**High Will- High Skill**
Empathetic; caring **Identifies with feeling in others** **Directive teaching style with little differentiation** **Classroom management is a challenge**	**Empathetic, caring, and establishes supportive relationships** **Use of multiple instructional deliveries and use of language-based approaches** **Inclusion of students in developing classroom management** **Excellent establishment of routines and procedures**
Low Will- Low Skill Relatively unaccepting of differences in children Low-energy and interest and/or ‰one-way+ teaching style Classroom management is directive and based on rewards and punishment	Low Skill- High Will Empathetic; inspired; idealistic Inexperienced in use of language-based approaches and/or differentiated instruction Classroom management and procedures not firmly established

Analysis of Student Needs

GRADE LEVEL	ADHD	ANXIETY DEPRESSION	EATING DISORDERS	SELF-HARM	BEHAVIOR REGULATION	DRUG-ALCOHOL

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.

Design Functions: Learning Supports
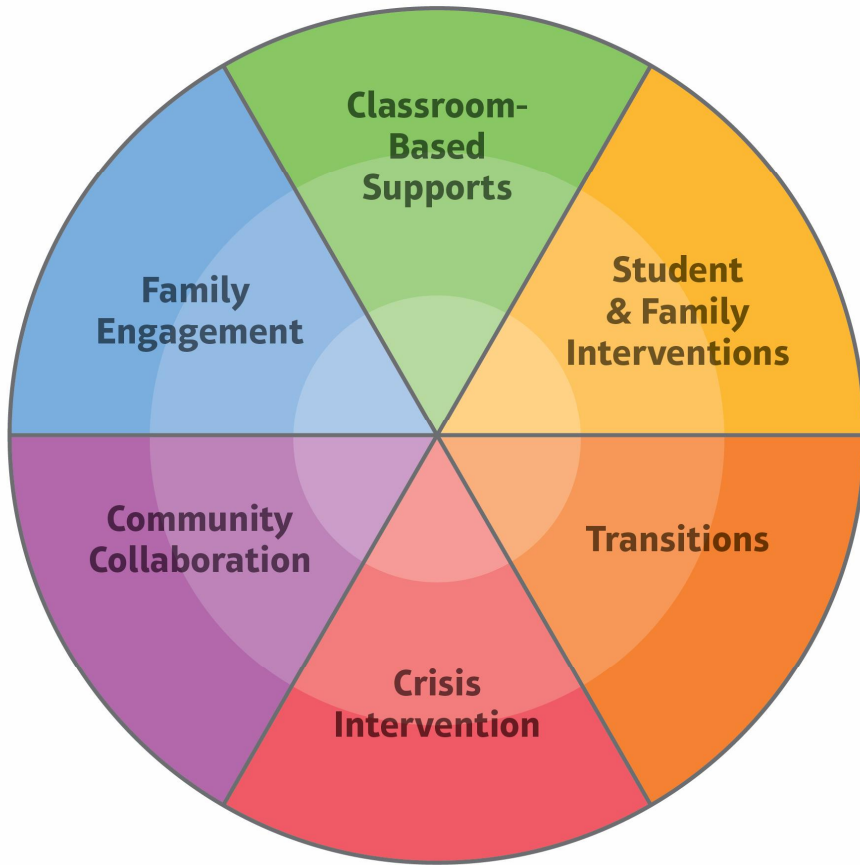
" Identify aligned, high-impact strategies to support fragile students AND improve academic achievement.

" Ensure that **all** faculty agrees on the non-negotiables.

" Integrate the learning supports strategies into school-wide practices.

Learning Supports Strategies for Mental Health

Classroom-Based Supports	Student & Family Interventions	Transitions	Crisis Intervention	Community Collaboration	Family Engagement

Classroom-Based Supports
Students
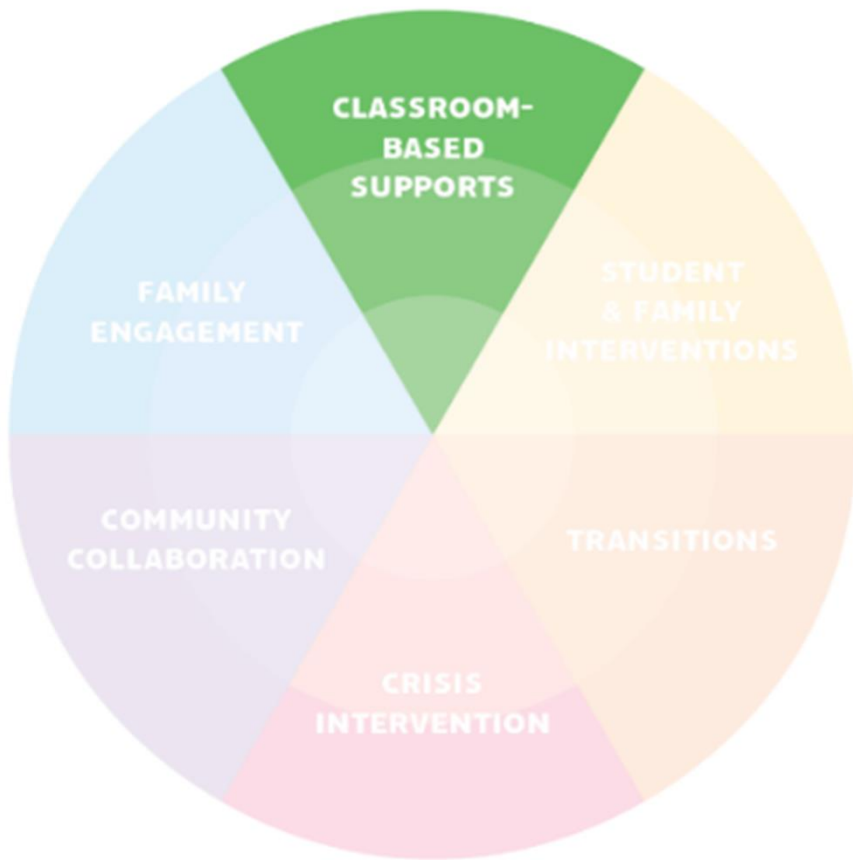
" Use of language-based approaches to help students process information and alleviate fears

" 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

The National Child Traumatic Stress Network (http://www.nctsn.org) "Trauma Toolkit for Educators".

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!

Source: http://bainbridgeclass.blogspot.com/2016/03

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
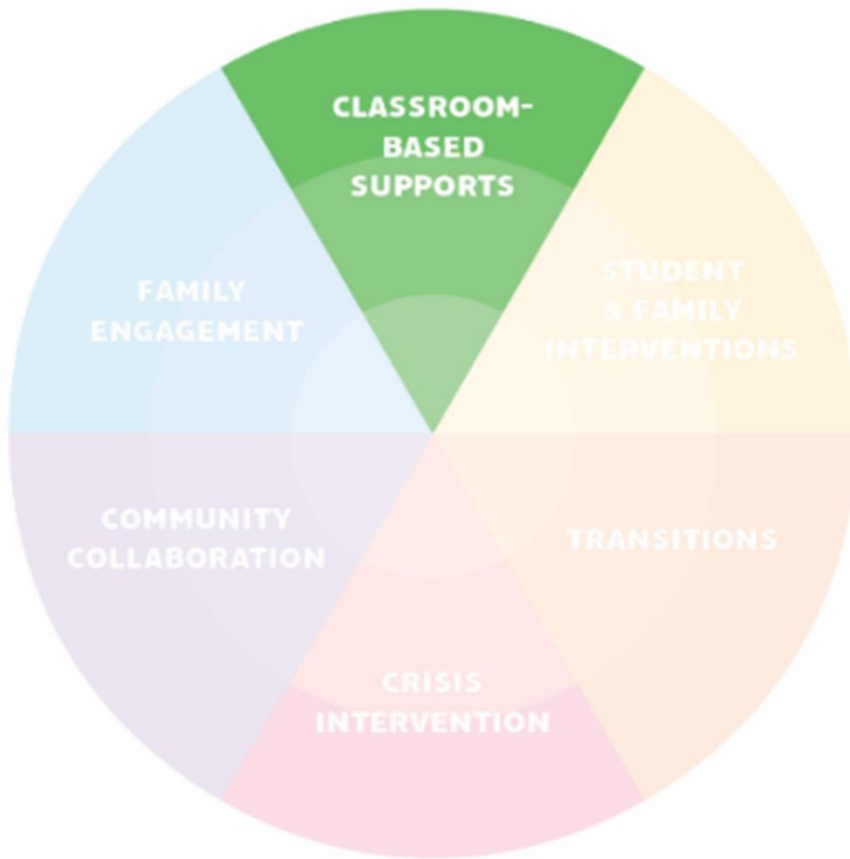
" Teacher training on abuse, neglect, homelessness, trauma

" 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.

Book, Head, Heart

Beers, K. & Probst, R.E. (2017). *Disrupting Thinking: Why How We Read Matters.* New York, NY: Scholastic ∎

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?
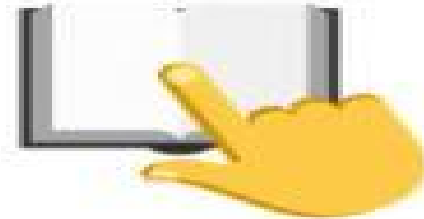
…iN YOUR HEAD
- What surprised me?
- What does the author think I already know?
- What changed, challenged, or confirmed my thinking?
- What did I notice?

…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**!

a	the
my	you
to	is
go	up
it	me
and	by
see	no
I	like
but	can
day	big

© A. Knight 2012

MY BAR GRAPH
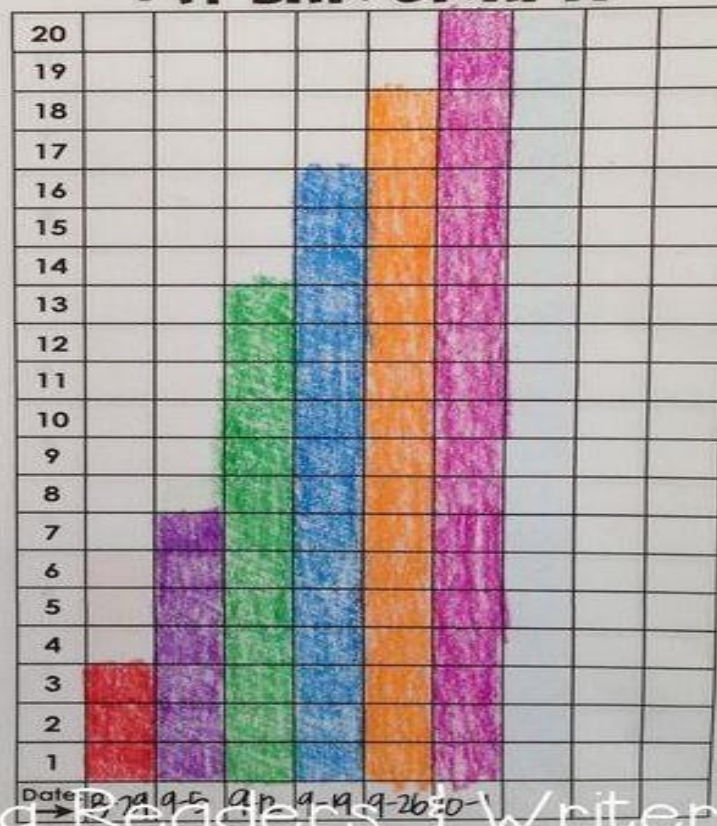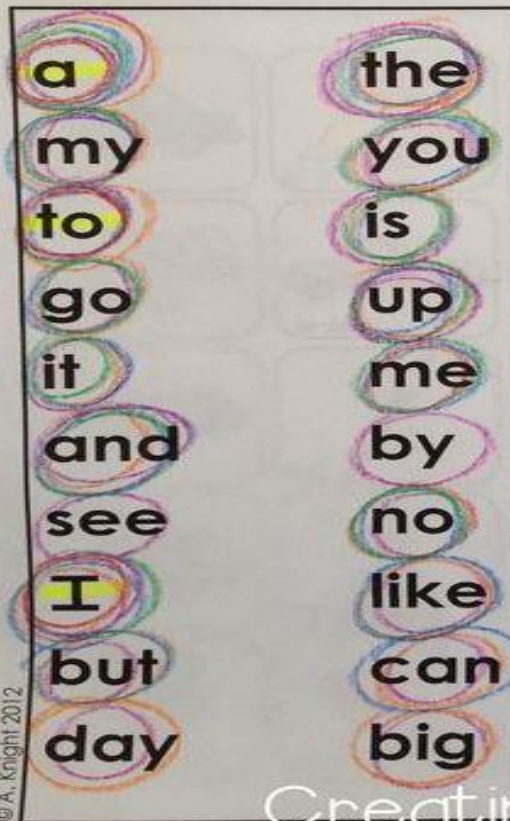
Student and Family Interventions
Students
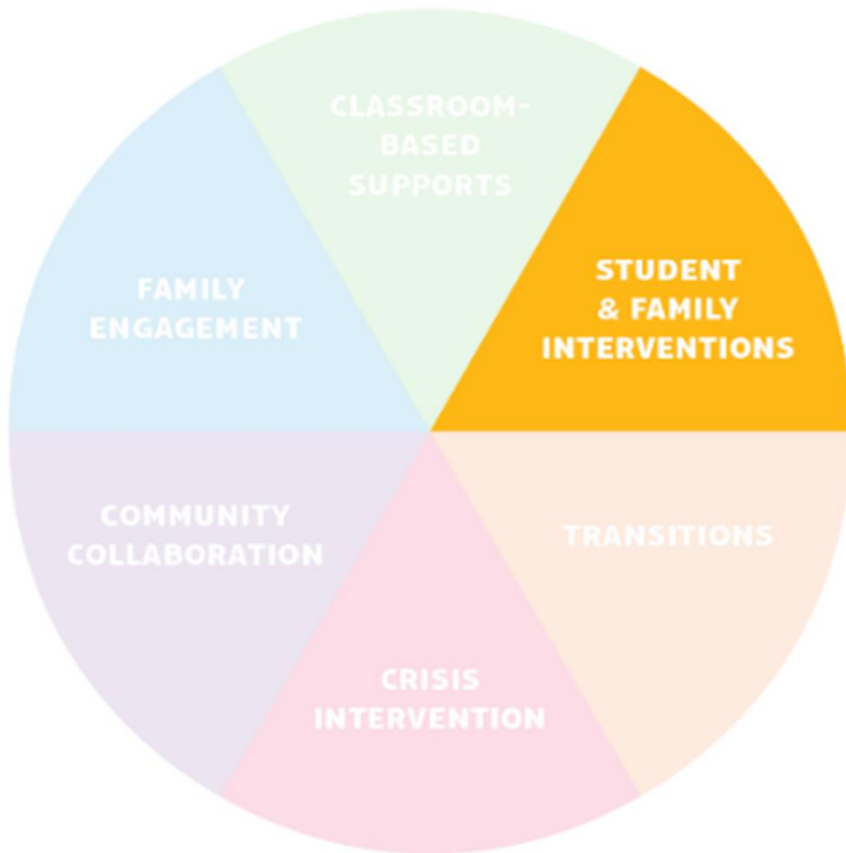
" Build non-academic relationships with students

" 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
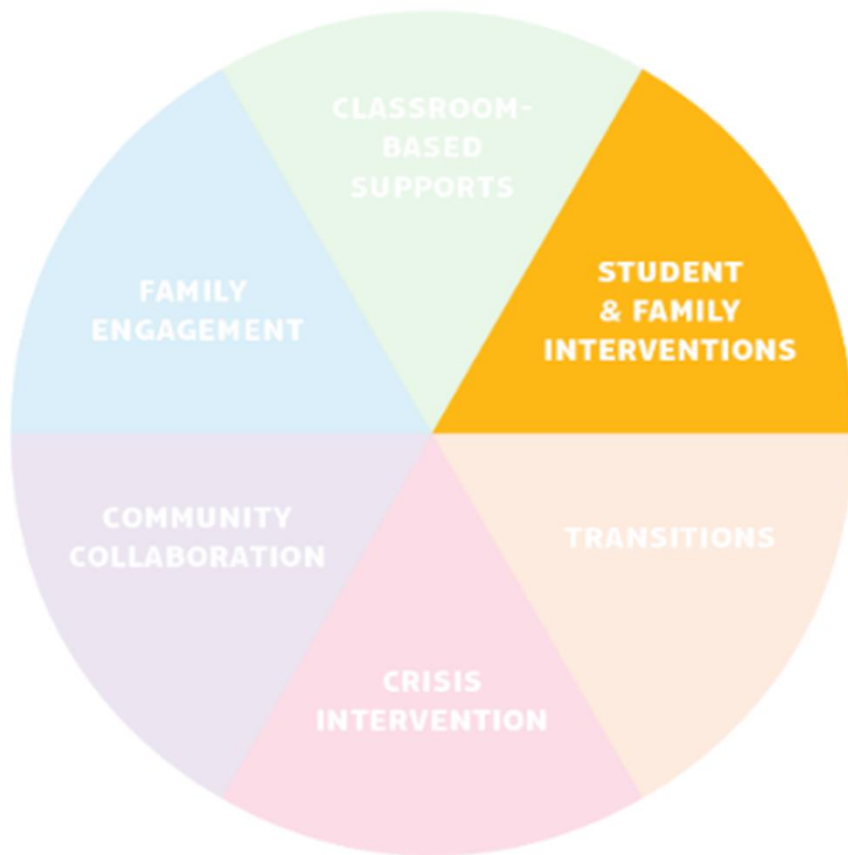
" Resources for parents, mental health, trafficking, grief, death/divorce, suicide prevention and others.

" 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.

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*)*

*The National Child Traumatic Stress Network (*http://www.nctsn.org*) "Trauma Toolkit for Educators".*

Transitions
Adults

CLASSROOM-BASED SUPPORTS

FAMILY ENGAGEMENT

STUDENT & FAMILY INTERVENTIONS

COMMUNITY COLLABORATION

TRANSITIONS

CRISIS INTERVENTION
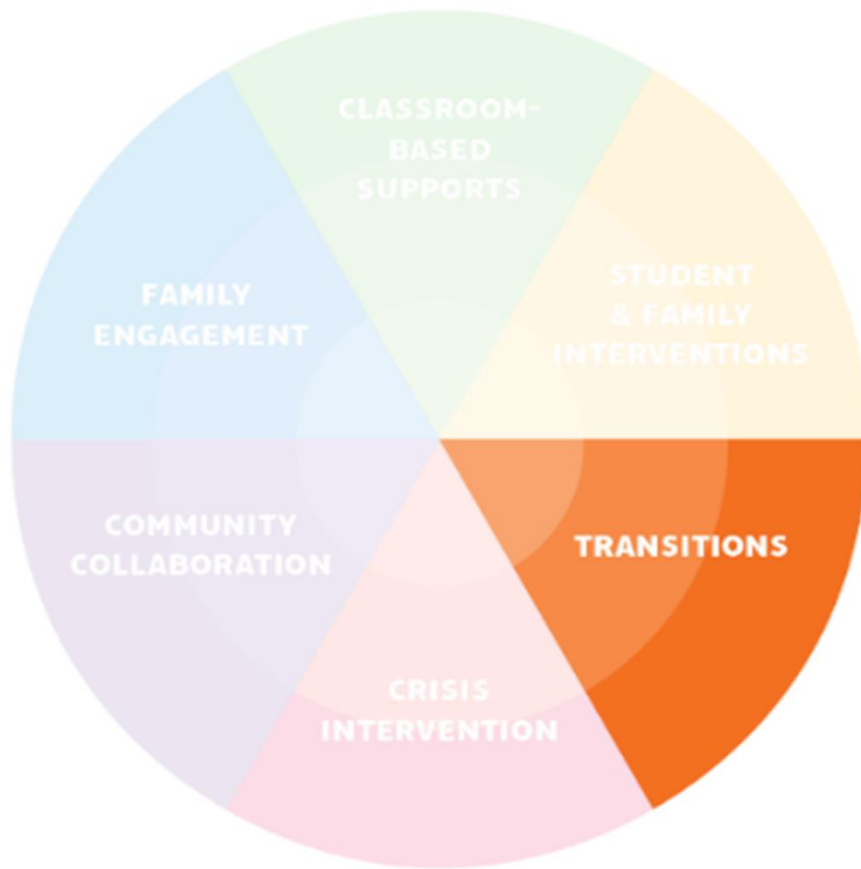
"	Protocols for transitioning in and out are transparent and communicated

"	Communicate with students your expectations for the relationship

"	Small group guidance reinforce the expectations

"	Systematic and regular communication of those who serve the child

Crisis Intervention
Students
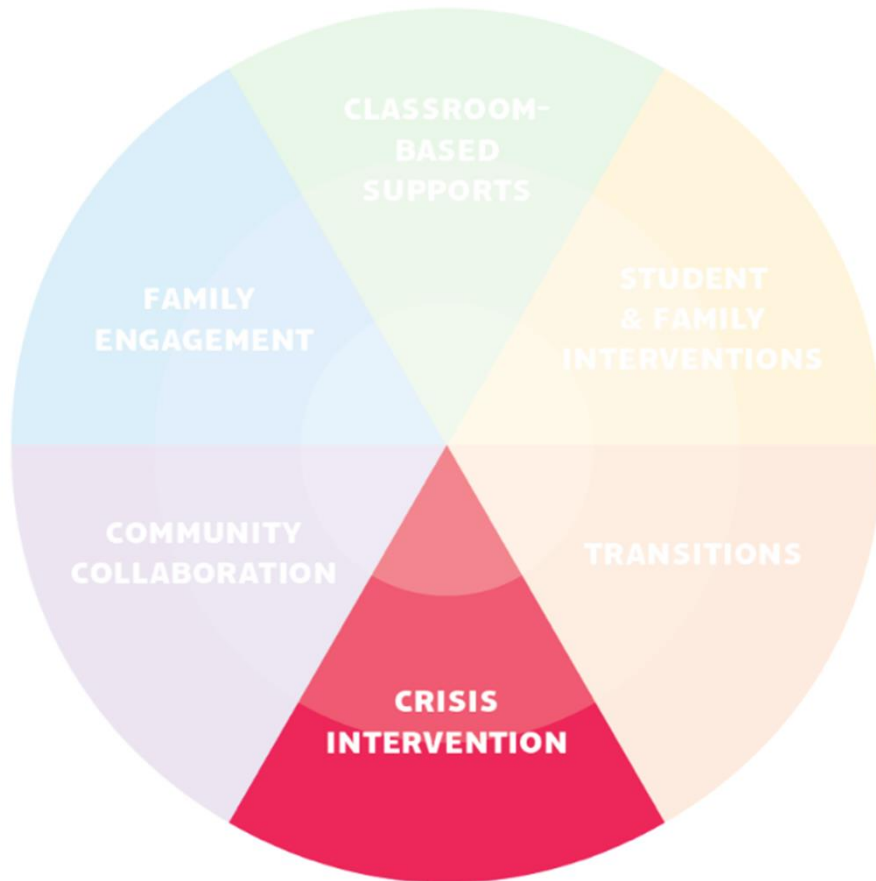
- Referral process to community mental health agencies.

- 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.

Crisis Intervention
Adults
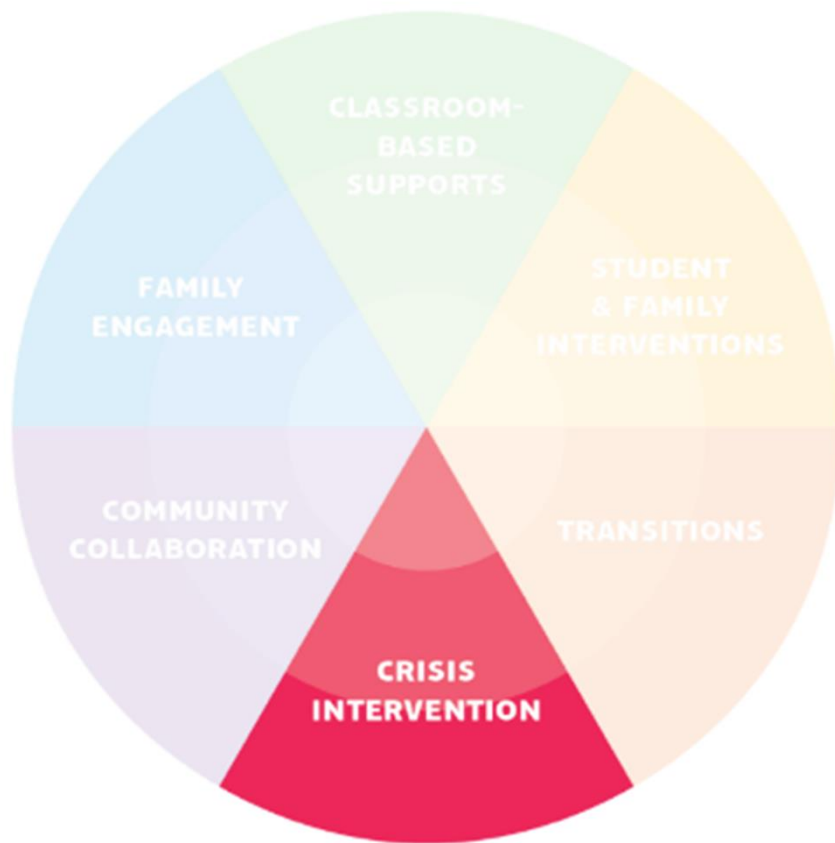
” Clear and understood protocols with mental health agencies

” 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

Community Collaboration
Students
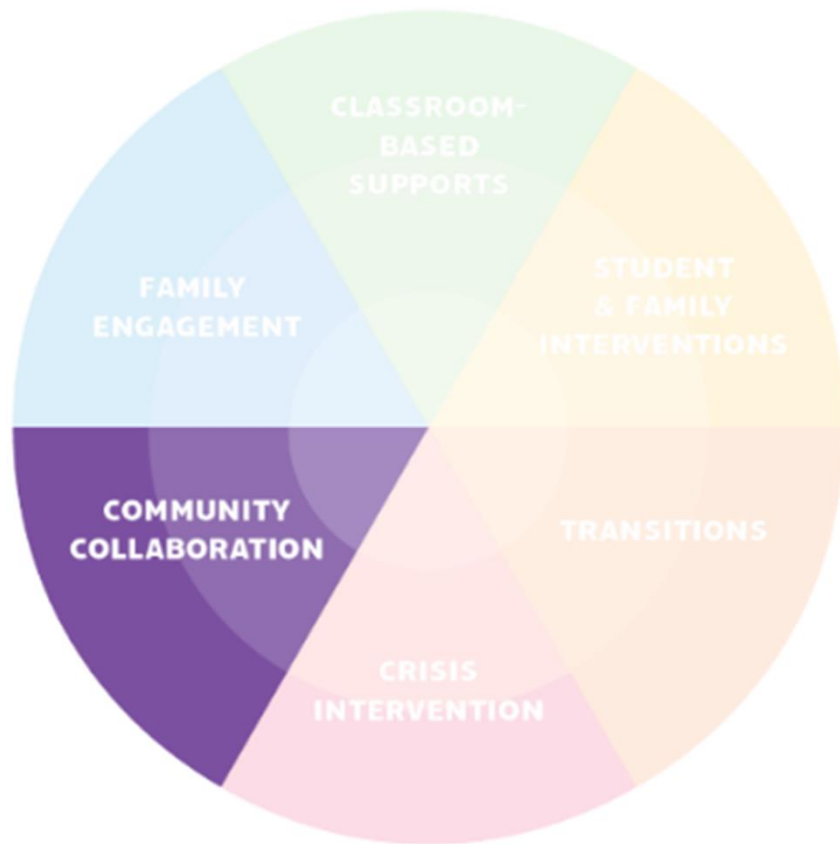
- Build school-community partnerships with mental health agencies
- Inform community and faith-based organizations of the need for trauma informed practices
- Include after-school providers in training and planning
- Assist supports for children to participate in extracurricular activities
- Include community agencies in regular meetings to share information and resources
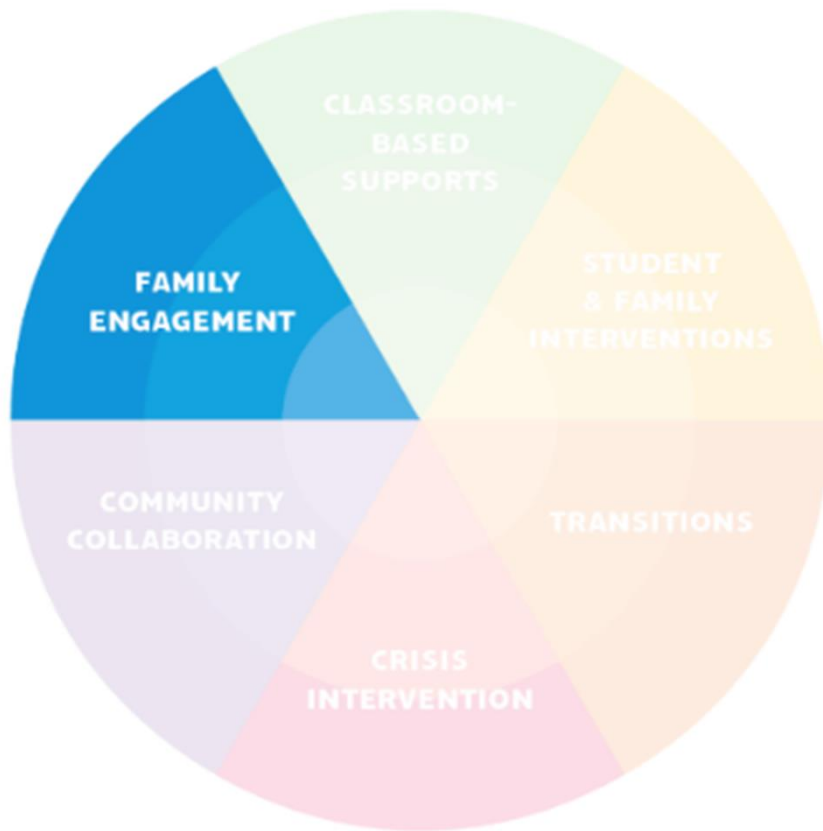
Community Collaboration
Adults
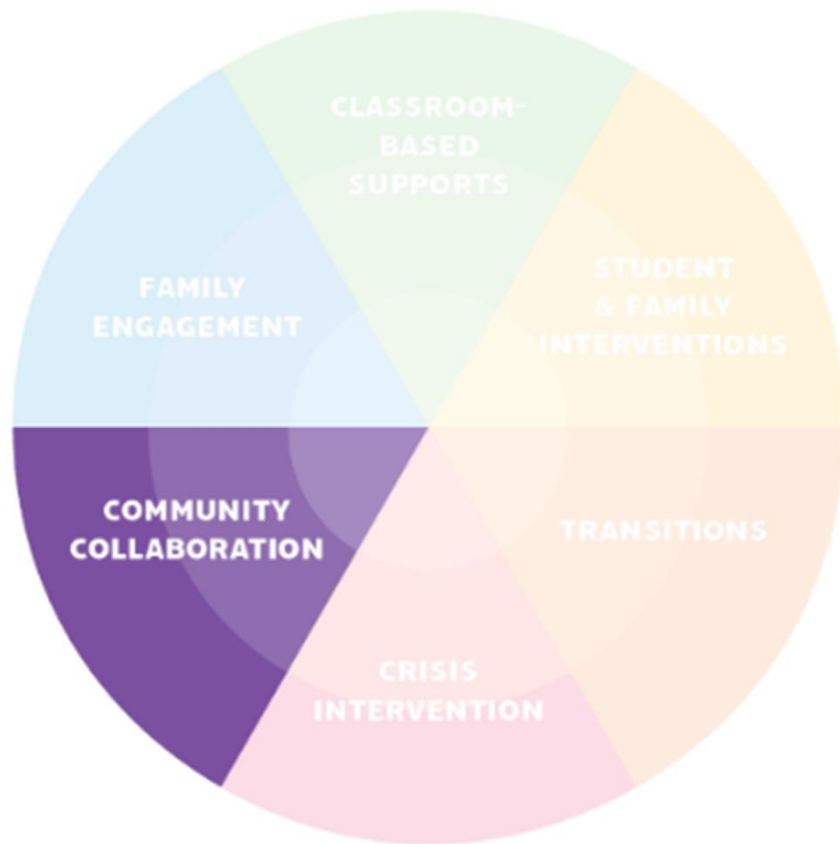
- Utilize mental health and counseling resources for teacher-staff professional development and individual

- Include all providers in training and planning support activities

- Include community agencies in regular meetings to share information and nurture supports
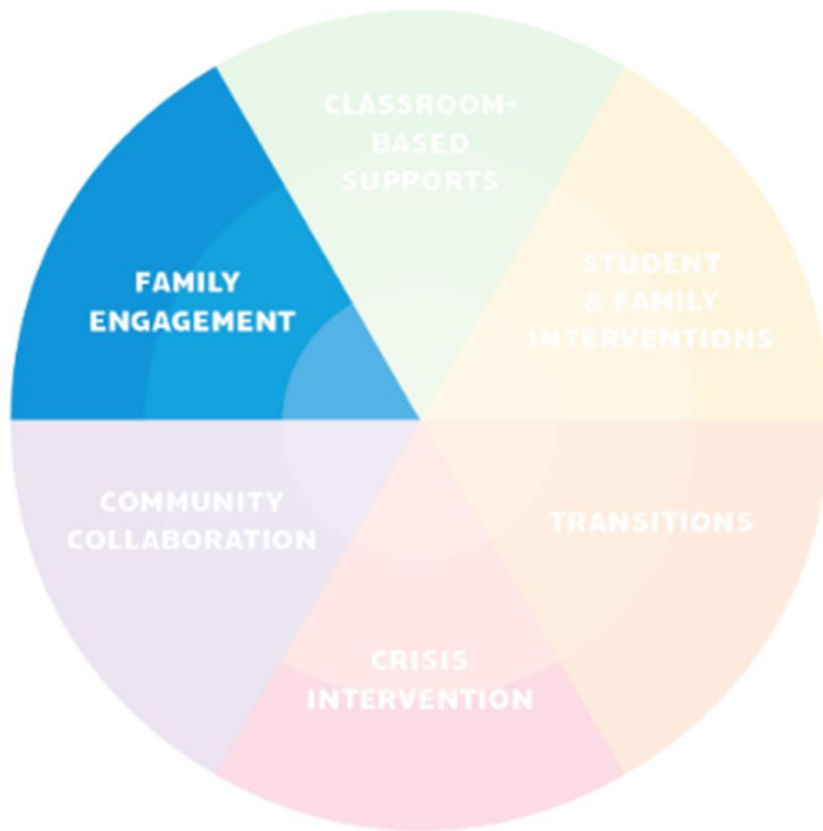
Family Engagement
Students

" 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.

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

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".

…"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

Dr. Merrianne Dyer

dyer2@bellsouth.net

770-539-0678

Twitter @MerrianneDyer

Sources

Adelman, H. and Taylor, L. (2010) *The School Leader's Guide to Student Learning Supports.* Corwin Press.

American Occupational Therapy Association, Inc. (2011) *Mental Health Promotion, Prevention, and Intervention for Children and Youth: A Guiding Framework for Occupational Therapy.*

Positive Psychology Progress: Empirical Validation of Interventions. American Psychology Today, 60, 410-421, Seligman, M.E, Steen, T.A., Park, N., and Peterson, C.

Bayzk, S., *Every Moment Counts*, www.everymomentcounts.org Office of Exceptional Children, Ohio Department of Education.

PBS New Hour (2015) www.pbs.org./newshour/bb/kindergarteners-good-social-skills-turn-successful-sdults-study-finds/

www.casel.org/federal-legislation-to-promote-social-and-emotional-learning/

U.S. Department of Education, Retrieved from https://www2.ed.gov/documents/family-community/partners-education.pdf

Zacarian,D., Ortiz-Alvarez, and L., Haynes, J. (2017). *Teaching to Strengths: Supporting Students Living with Trauma, Violence, and Chronic Stress*. ASCD

Sources

Centers for Disease Control and Prevention's National Health and Nutrition Examination Survey (NHANES), Retrieved April 23, 2017, https://www.nimh.nih.gov/health/statics/prevalence/use-use-of-mental-health-services-and-treatment-among-children.shtml

Child Mind Institute https://childhmind.org

NPR: *A Silent Epidemic. Our public schools are struggling to handle millions of students with mental health problems*. Retrieved from www.apps.npr.org/mental-health /

Richwood, D. (2007) *Connecting Social and Emotion Leaning with Mental Health. Conceptual framework for PPEI and applications in general practice*. www.promoteprevent.org/sites/www.promoteprevent.org/files/resources/ConnectingSEL_2.pdf

The National Child Traumatic Stress Network, www.NCTSN.org *Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals.*

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

The National Child Traumatic Stress Network, www.NCTSN.org *Child Trauma Toolkit for Educators.*

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*

President's New Freedom Commission on Mental Health (2003) *Achieving the promise: Transforming mental health care in America*. Final Report (DHHS Pub. No SMA-03-3832). Rockville, MD:U.S. Department of Health and Human Services

Jensen, E. (2009) *Teaching with Poverty in Mind.* ASCD.NCES (2002)

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