



School Based Mental Health Celebration Luncheon

Welcome!
MindPeace Introductions

Our Goals Today

- Celebrate Our Work
 - Thank you to every school based mental health team!
- Provide New Tools
 - Thank you to the MindPeace team!
- Learn from Each Other to Help Improve Care
 - Thank you to each presenting team!
- Breakthrough to Engage More Parents
 - Thank you to Dr. Patricia White and Dr. Suzie White with Leadership Scholars!

Celebrate Our Work

- Growth of our Collaborative – new partners!
- Commitment to Serve all Children
- Suicide Postvention Work – collaboration with community partners including SERA
- Suicide Prevention Technology Pilot – SAM, a collaboration with Cincinnati Children’s Hospital
- Trauma Informed Commitment and Implementation
- Transitions in Care Work Continues– high school, adult

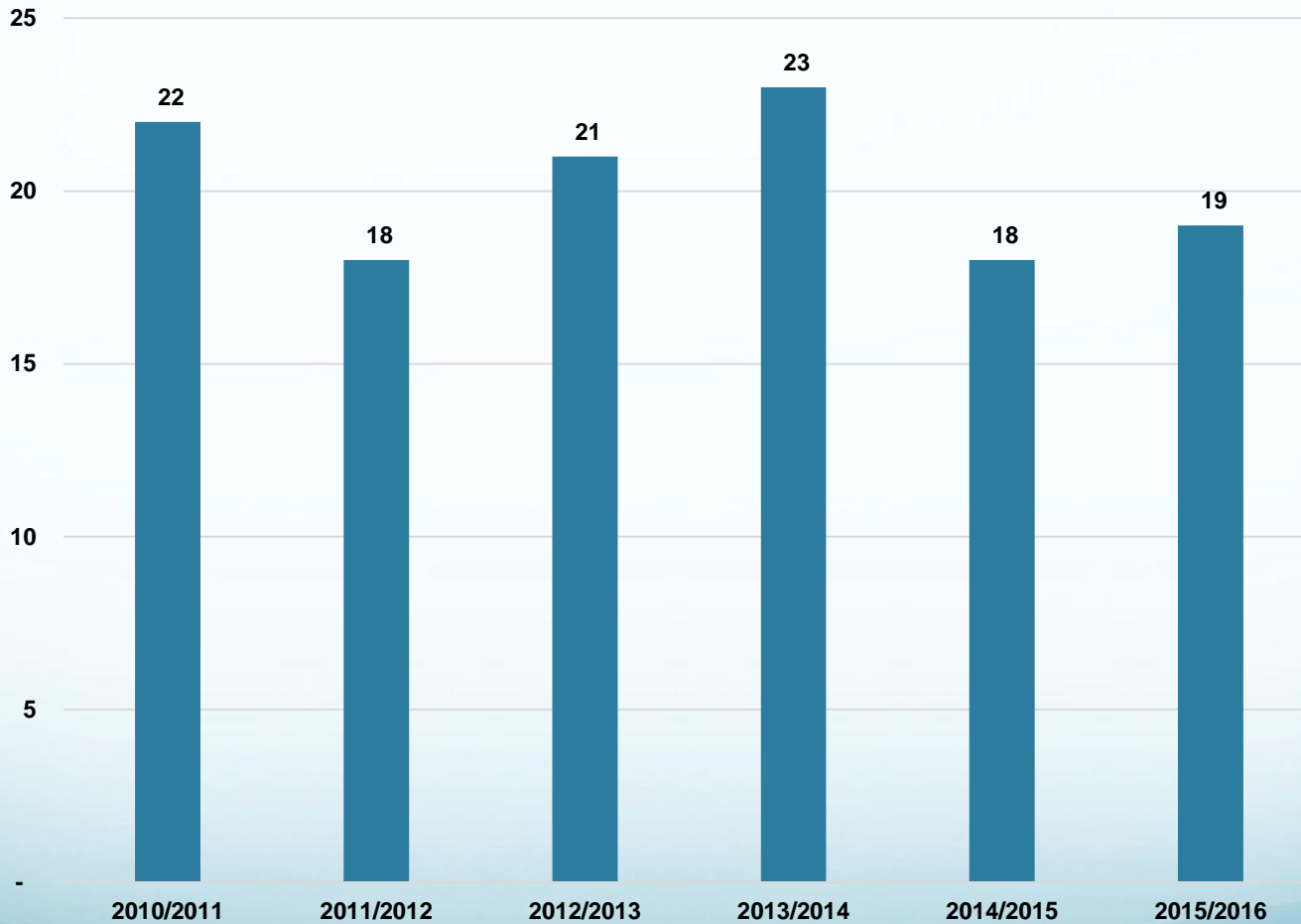
Celebrate Our Work

Total Number of Students Served



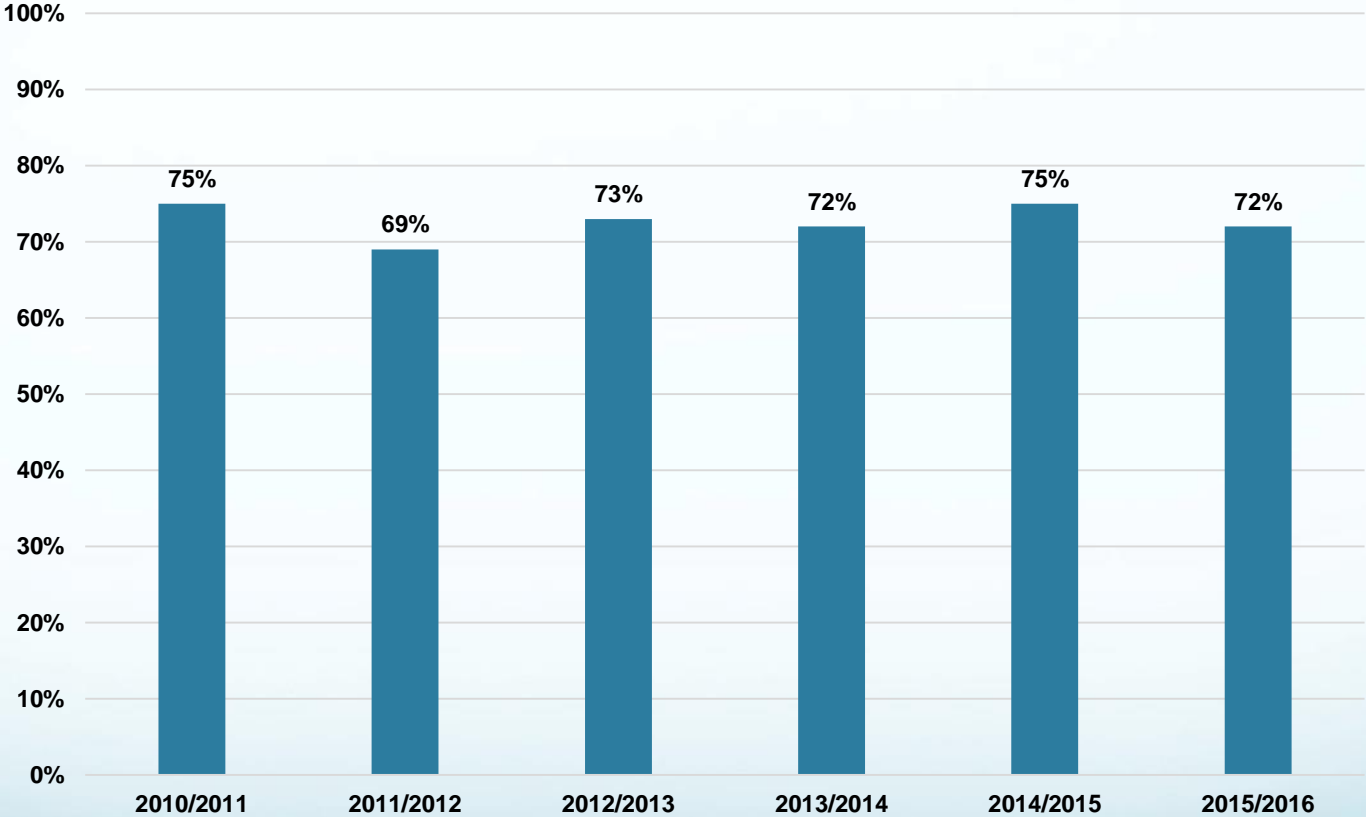
Celebrate Our Work

Average Number of Hours in Treatment (per student)-Total



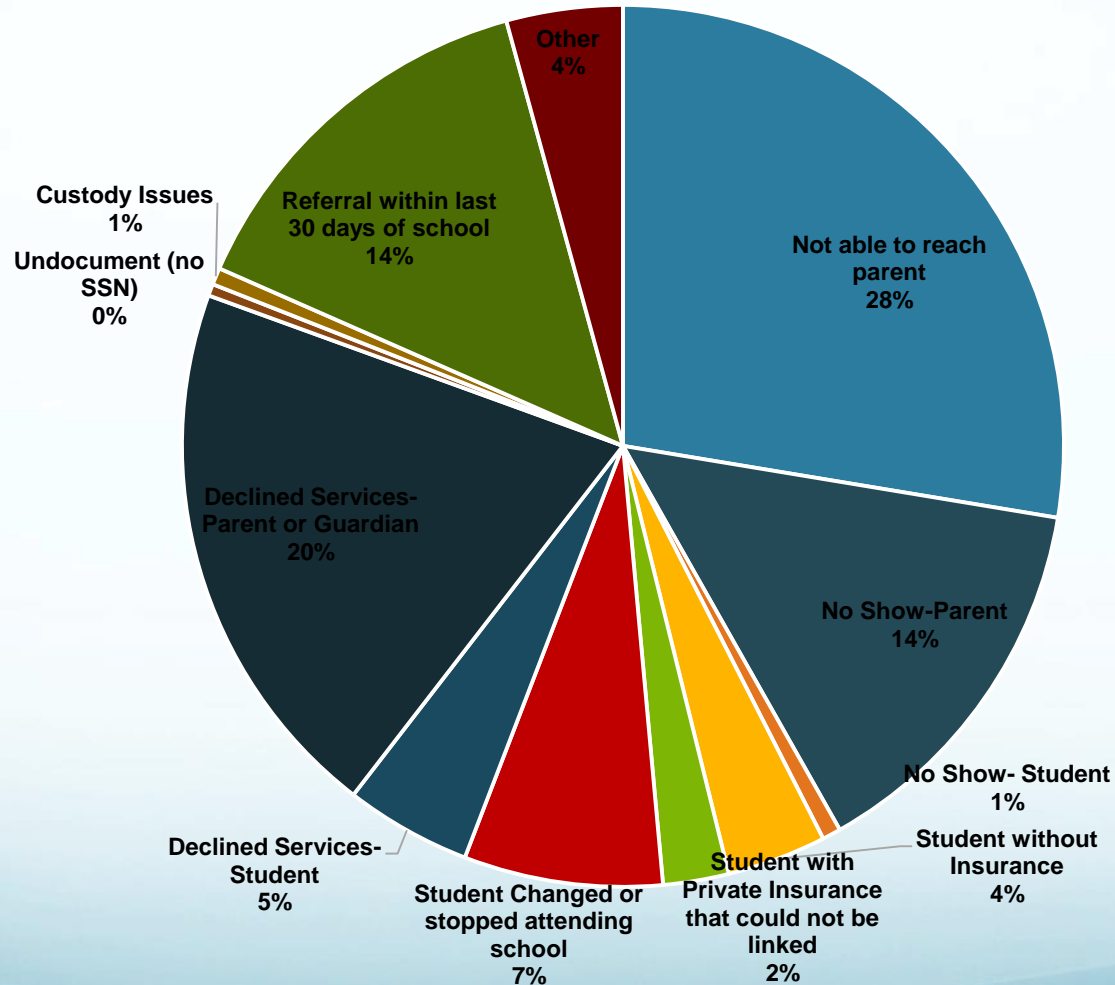
Celebrate Our Work

Total % Access- Total



Embrace Opportunities

2015/16 Barriers to Care-Total



Provide New Tools

- *How can we continue to improve together to meet students and their families needs?*
 - *Deeper integration*
 - *Collect the right data – analyze and learn*
 - *Listen to our students, families and communities*
- **School Based Mental Health Toolkit**
 - **Information and resources for:**
 - Engaging families
 - Engaging teachers
 - Care and treatment
 - Wellness – Sleep, Mindfulness...

Gender Responsiveness in School Setting


Allen Alderfer

Prevention Specialist

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“It is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences.”

-Audre Lorde



"The only way I will rest in peace is if one day transgender people aren't treated the way I was, they're treated like humans, with valid feelings and human rights. Gender needs to be taught about in schools, the earlier the better. My death needs to mean something" - Leelah Alcorn

UK: 48% of trans people under 26 attempt suicide (2014)

US: 41% of trans people attempt suicide (2014)

Canada: 43% of trans people attempt suicide (2012)

genderagenda.net

- These students have some disproportionate statistics which are a concern for mental health providers but also for school settings.
 - 85% of LGBT students were verbally harassed in the past year.
 - 30% of LGBT students missed at least one day in the past month because they felt unsafe or uncomfortable.
 - Hostile school climates negatively affect LGBT students' educational success and well-being.
 - Lower GPA's
 - Less likely to plan to go to College
 - Lower self esteem

What can I do?

- Create an environment where it's okay to question and learn
- Mistakes will be made... own them and move on
- Don't make assumptions
- Get comfortable with discomfort
- Don't be silent
- There is support, there are trainings
- Get out in front of the issue.
- Be an Ally



Trauma Informed Care at South Avondale Elementary

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Elana Carnevale, BA
Program Officer, MindPeace
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Challenge/Need

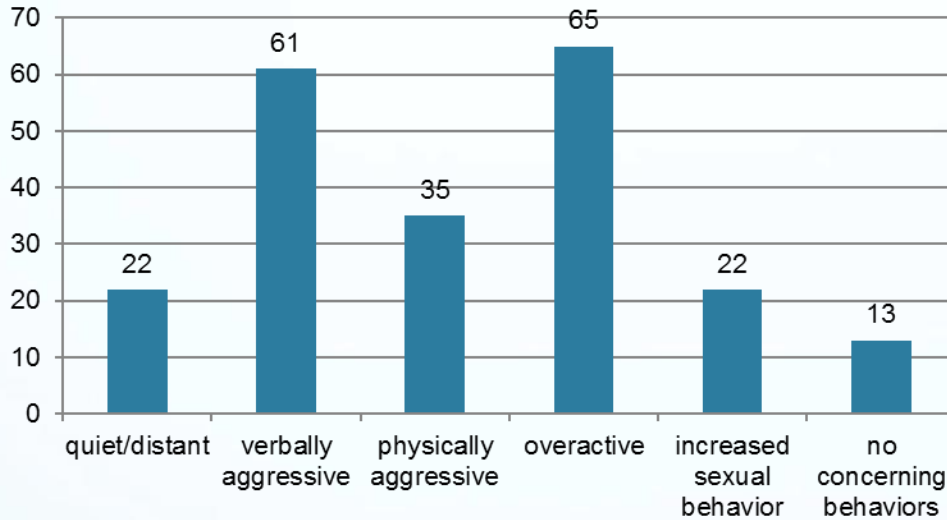
- Call to Action! Led by Principal Michael Allison
 - Last summer, there was an increase in community violence, including gun violence involving/witnessed by children.
 - Mr. Allison noticed kids were easily triggered and desensitized to violence.
 - MindPeace organized a collaborative team to help with intervention efforts.
 - Fernside- Christine Kettman
 - Childhood Trust- Dr. Barbara Boat
 - The Children's Home- Crishna Wilburn, school-based therapist & Debbie Gingrich, school based services director,
 - South Avondale- Jessica Malloy, psychologist, Michael Allison, Principal, Ingrid Sandidge, Resource Coordinator, Health Center Nurse and Medical Assistant
 - Hirsch Recreation Center (CRC)- Aziel Cordero
 - MindPeace- Elana Carnevale, Program Officer & Susan Shelton, Executive Director

Programs

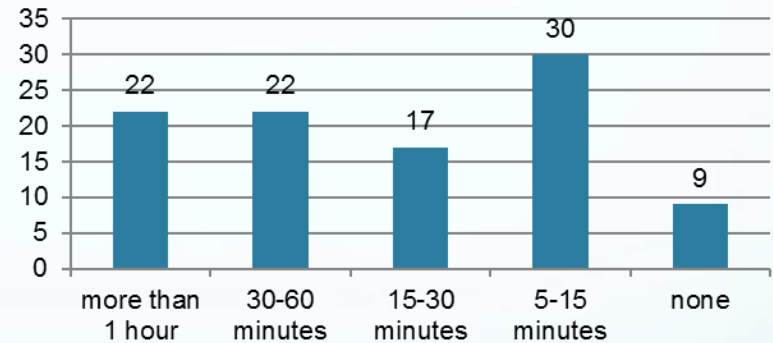
Needs Assessment— Done by the school psychologist

Pre/Post Teacher and Parent surveys

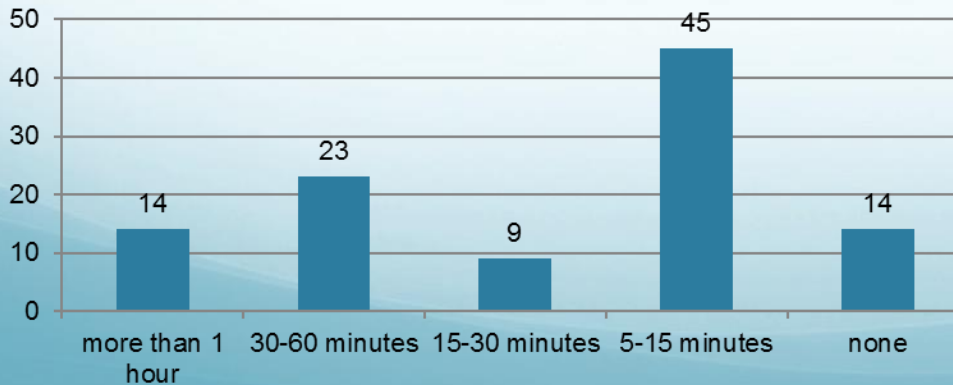
% of Observed Behaviors



% of time to devote to support/prevention?

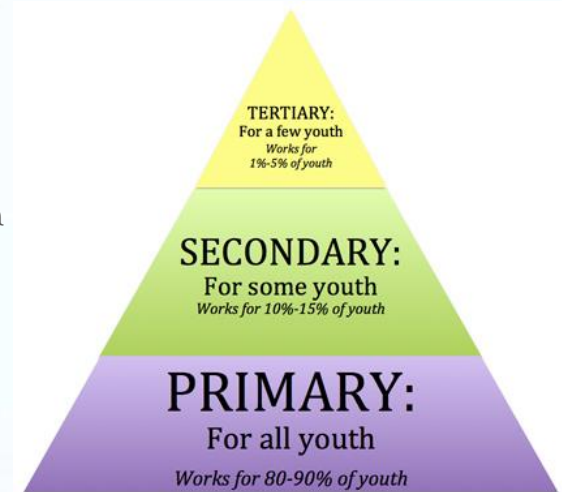


% of time spent dealing with challenging behavior



Support Provided

- School Staff Training
 - ACES and Toxic Stress—Barbara Boat/CCHMC
 - Grief and Loss—Christine Kettman/Fernside
 - Role Play—Mr. Allison
 - Trauma informed interventions—Debbie Gingrich/TCH
- School Culture
 - Student-led news team, Safety Patrol, OLWEUS bullying prevention
 - Staff Newsletter—Elana Carnevale/MindPeace, School Psychologist
 - Mental Health—Social/emotional skills groups, therapy referrals
 - Parents- Susan Shelton/MindPeace led discussion at PTA meeting
- Community Supports—Ms. Sandridge/Resource Coordinator
 - Hirsch Rec Center, CYC Mentors, Afterschool activities
 - Training provided to Hirsch Center staff to help identify signs and symptoms of kids struggling, as well as behavior interventions- Debbie Gingrich/TCH
- Direct Support for kids—both prevention and intervention
 - Supports for teachers—they needed tools for responding to the kids
 - Parent and community support—kids felt safe at school, but needed to extend this safety to the community.



Teachers' Training- "Around the Campfire"



Granola Bar



Teachers' Presentation by
Dr. Boat

Trauma-Informed Newsletters for Staff

Supporting Our Students:

A Trauma Informed Newsletter for South Avondale Elementary

Issue 1: February 2016

Where Future Leaders Are Made

Creating a Soothing Atmosphere

Painting Emblems-

This activity encouraged 5th graders to think about what they stand for and what's important to them.



Understanding Trauma

Trauma is widespread, but the intensity level of these experiences differs, as does the way we deal with these events. A child's coping skills can be overwhelmed, resulting in extreme emotional, psychological and physiological distress.

Trauma can involve actual or perceived threats to the safety and well-being of a child, or to someone close to them. Whether single occurrences, recurring or multiple unrelated events, these experiences result in feelings of fear and helplessness. These are normal responses to abnormal events, not signs of weakness.

A child can be affected at any developmental stage, beginning at infancy. Some children recover quickly with few complications, while others have more extreme reactions. For some, the response is immediate; for others, it is delayed. These reactions may have wide ranging effects on a child's physical health, emotional responses, behaviors and school success.

Experiencing trauma can result in immediate distress to children and their families, which may lead to lifelong problems. Children need to know that they're safe and that people care and will help them.

<http://mha.ohio.gov>

Classrooms Tips for a Trauma Environment:

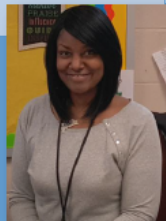
Meet Ms. Clifton: Ms. Clifton recently started at South Avondale Elementary and has made waves with the children. She says, "Within the class I have a motto of 'Keep It Simple'". She took time to share with us some key elements she incorporates to promote a positive classroom environment.

- **Expectations-** Listen with your EEF (eyes, ears, face) at all times.
- **Structure-** creating routines
- **Understand how each student learns-** ex: if a student is not successful completing a task within a group setting, they will receive smaller portions of the whole group instruction, then attend a small group instruction reinforcement lesson with their peers.
- **Behavior Modification-** I use a ten-point coupon system. Students have the opportunity to gain points throughout their instruction to redeem in the classroom store on Friday's.
- **Stations-** Learn stations allow students to know exactly what is expected of them in order to successfully complete their daily assignment.
- **Turn and Talk-** During core instruction we "turn and talk" to discuss different viewpoints and whether we agree or disagree, and why. This provides students the opportunity to seek peer assistance and guidance.
- **Building Open Communication-** Open communications with parents and students ensures that we are all on the same accord with their educational success.

What do you do in your classroom that stands out?

-Each month a new classroom will be included in this newsletter.

-Contact Jessica Malloy, Guidance Counselor, to tell her about your classroom.



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Supporting Our Students:

A Trauma Informed Newsletter for South Avondale Elementary

Issue 2: March 2016

Where Future Leaders Are Made

Classrooms Tips for a Trauma Environment

Ms. Costanzo, Kindergarten Teacher

I believe in creating a safe classroom environment for all children. In my room there are designated areas for specific activities. We follow daily routines, and all children (as well as adults) take ownership of our room. This includes everyone having jobs and their own personal spaces.

I begin, and maintain throughout the year, firm limits based on school wide expectations. This helps young children understand what is expected. I am pro-active instead of reactive, which helps build a sense of security and safety. There are logical consequences in our room. So, if you decide to write on the table instead of paper, an adult will help you clean up the table.

It is important to develop a relationship with each and every student. Just like friendships we develop with other adults, I think it is important to get to know personal information about our students. Do they have siblings or pets? What did they do over the weekend? Tell me about going to your aunt's house. I make time to talk and build relationships with students. It is also fantastic to have foster grandmas in the classroom in case a child needs extra love and attention. They are also another resource for the children to confide in, without judgment.

When children are upset or need special time to re-group, they have choices in our classroom. They may read a book or listen to some quiet music. They can go to the dramatic play area or our dollhouse, use puppets or work with playdoh. This allows an avenue to act out trauma-induced feelings or talk about the event.

Lastly, I also believe it is important to have communication with the adults in the child's family. Making referrals for therapy not only helps the child, but also their families as well.

If you have questions, please contact Jessica Malloy, School Psychologist at Malloy.J@cpsboe.k12.oh.us

Suicide Postvention: This is an intervention which takes place after a completed suicide. It supports the people who are grieving, and those who may be at an increased risk for suicide.

Mr. Hopkins, Instructional Assistant, recalls his viewpoint after the increased awareness of suicide across the district. Discussions were held amongst the 5th and 6th grade classes during January and February.

- He has learned to take factors outside of school, like what the student may be facing at school, into consideration when working/talking with students. It's also important to consider things that we might not have had to deal with when we were younger, like the impact of social media.
- He has become more aware of reading body language, observing how students react to other students, and how boys and girls interact with each other.
- Students might be more willing to confide in him because they can relate to him. He engages them in conversation about their personal life outside of academics-asks about their weekend, what they're doing after school, etc.
- For some students, he believes that it's important for them to be able to confide in a male figure such as himself.



Results / What We've Learned

- Post Survey Results
 - 38% of teachers were spending 5-15 minutes each day dealing with behavior
 - 38% of teachers were spending 30min-1 hour per day dealing with behavior
 - Teachers reported they wanted more classroom observations and recommendations
- School offers a lot of supports, but parents are not always aware of the programs
- Observed an increase in teacher use of calming strategies
- Principal leadership is key to driving success
- Multidisciplinary team is needed to cover range of needs



TriHealth Coffee & Chat

Andrew Sweeney, Psy.D.
Clinical Psychologist
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Background

- TriHealth School-based Behavioral Health
- Funded, in part, by the Bethesda Foundation
 - Grant funding allows for creativity in service delivery
- Parker Woods Montessori in Northside

Challenge/Need

- Staff equipped for multiple empirically supported interventions:
 - Parent Child Interaction Therapy (PCIT)
 - CBT for anxiety using the Coping Cat program
 - School/home behavior tracking
- These interventions require some level of parent engagement to be most effective
- Parent engagement at Parker Woods has traditionally been poor

Birth of a Decent Idea

- A parent suggested having weekly one-hour meeting with on-site clinicians
- Got the idea from a friend who's children go to another school
 - Are any of you from that school?
- Wanted to use parent interests to increase parent interest in clinical services

Program

- One hour Coffee & Chat with TriHealth staff
- Meetings held monthly
- Brief didactic presentation followed by open discussion
 - Topics included special playtime, clear instructions, anxiety, suicide awareness, physical activity over the summer, etc.
- Coffee and pie donated by affiliated businesses
 - Sidewinder Coffee
 - O Pie O

Challenges

- **Scheduling:**
 - Tried to pair Coffee & Chat with events that would bring parents into the building
 - Tried to pair Coffee & Chat with days when nothing was going on
 - Frequently moved or canceled based on school events or needs
- **Promotion:**
 - Flyers sent home
 - Robo calls
 - School does not have website

Results / What We've Learned

- After a slow start, attendance increased by the end of the year.
 - First meeting: 1 parent
 - Final meeting: 6-8 parents, 3-4 staff
- Parents (and staff) that attended spoke positively about program and suggested possible topics
- Partner with PTO for promotion



Creating a Successful School Based Program

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School Counselor at Scarlet Oaks

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Challenge/Need

- The 2015-2016 school year was the first year for Lighthouse and Scarlet Oaks partnership
- Scarlet Oaks students needed to make up a large enough caseload for the Lighthouse School based Social worker to be able to sustain her role.
- Scarlet Oaks students live in neighborhoods across a very large geographic area which can be challenging.
- A referral process that would be the most time efficient and cost effective needed to be established so that the school based social worker was able to focus on referrals of students with clinical mental health needs who would qualify for services.

Program

- Anyone can refer a student; however we ask that they go through the student's school counselor to do so.
- The counselors then would meet with the student. If they felt Clinical Mental Health services were needed, they would discuss the referral with the student and make a call to their guardian or parent.
- The Counselor would then speak to the School Based Therapist about the referral and hand it off to them. The School Based therapist would then move forward with the referral.

Results / What We've Learned

- Funneling referrals through the school counselors has sped up the process from time of referral to time of service by cutting down on some of the non-billable tasks (ie: determining if the referral was appropriate, finding out what kind of insurance student had)
- There was clear role identification explained to the administrators and staff regarding the services provided by the School Counselors as well as the services provided by the Lighthouse School Based Social Worker/ Therapist.
- A crisis plan was created and explained to all staff which explained when and how the school counselors and the therapist should become involved with a crisis.

What We've Learned..

- Having the School Counselors engage with the student and family first made it easier for the school based social worker to engage with the family.
- The school counselors and the LYS social worker worked as one team cooperatively together to address any crisis situations, as well as any issues that arose during the school year.
- The school counselors and LYS social worker had a clear understanding of each other's responsibilities and capabilities.



The Bully Project at Sayler Park

Aubrey Singleton, QMHS

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Jamie Sowders, Principal

Sayler Park Elementary

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Challenge/Need

Staff and Administration noticed there were:

- Increase in bullying claims
- Lack of education and understanding surrounding bullying
- Concerning change in environment making bullying more likely

The Bully Project

5 steps to program:

- 1) Assess how students feel about environment
- 2) Get participation from all adults in school/community
- 3) Inspire youth to change the tide
- 4) Institute traditions/events to celebrate diversity
- 5) Build and support students holistically through the process

The Bully Project

Main Components:

- Pre/mid/post year surveys
- Online prep workshop for staff and administrators
- Pre-viewing discussion
- The Bully Project film (two versions)
- Post-viewing discussion guides
- Follow up (signage, activities, etc)

Results / What We've Learned

- Create common knowledge and language
- Psycho-educational information for students
- Decreased number of non-bullying claims
- PBIS committee planned problem solving/action curriculum

Healthy Coping Strategies

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Program

Discussion- School-Based, Health Center, School Nurse, School psychologist and Ready to Learn School-Based Services (RtL) team met to discuss chronic concern regarding trending self-harm behaviors.

Issue/Concern- Students were engaging in unhealthy practice of coping with anxiety and stress i.e. cutting

Plan- RtL researched various ways to address this concern and it appeared that a psycho-educational approach was the best approach. This approach is data driven and is less threatening; students would not feel isolated and singled out.

Implementation

- Planned implementation
 - Evidence support that psychoeducation is effective to discuss and explore positive coping mechanisms
 - To offer follow-up interventions for those in greater need
- RTL began to coordinate when to facilitate to classrooms of 6-8 graders at Roberts Academy.
- Opt- Out Letters were sent to parents/families.
- Conducted 1 sessions for 30 -45 mins.
- Sessions were congruent
- Classrooms were gender specific
- Teachers were present to assist with any disruptive behaviors

Implementation

Dialectical Behavioral Therapy (DBT)

- DBT has been shown to be effective in addressing self injurious behaviors.
- In DBT, problem behaviors are seen as learned responses to cope with negative pain and emotions.
- In DBT, a **Wise Mind** is one that integrates both logical and emotional approaches to problem-solving.

Groups

- Started with open discussion
- Had students identify triggers to stress and how they cope with stress on a regular basis. Named cutting as one way they deal with this.
- Instructor discussed appropriate ways to deal with stress, such as using distractors found in *Wise Mind Accept* Technique
- Educated students on importance of talking with teacher or other adults as a way to help a peer who they know is engaging in cutting behavior

Implementation

DISTRACT

- Was taught to reduce contact with emotional stimuli and increase positive coping
- Wise Mind ACCEPTS:
 - Activities – keeping attention on other things
 - Contributing – taking care of others; volunteering
 - Comparisons – to worse situations
 - Emotions – opposite to what one is feeling; watch a funny movie
 - Pushing Away – decrease contact with painful cues
 - Thoughts – thinking of other things
 - Sensations – intense other sensations interfere with the physiological component of current negative emotions

Results / What We've Learned

- 63% of the students reported that they trusted the facilitator and could be open and honest during the group.
- 86% of the students reported that the session was helpful.
- 91% of the students reported that they learned strategies that help them at school, home and with friends.
- 86% of the students reported that overall they like the group session.
- Many of the students reported that they learned that they were not alone in feeling sad and angry. Realized that there are people who they could talk with about those feelings. And that harming oneself is not a good way to manage those emotions.

Case Presentation

- Client was a 15 year old white male whose symptoms consisted of:
 - Being disrespectful and cursing at his teachers and his guardian on a regular basis.
 - Receiving multiple detentions and suspensions.
 - Failing most of his classes due to not completing work or not turning work in.

Case Presentation Cont'd

- When angry would often punch and break things.
- Reported feeling depressed everyday about life and stated that he felt abandoned.
- Engaged in cutting 3-5 times a week and stated that the "physical pain washed away his emotional pain ."

Treatment: Coping Skills

- Acknowledging truth to self and alerting others to how he was feeling.
- Positive self talk.
- Developed a well thought out plan for safety.
- Negotiated with self.
- Identified what is hurting.
- Drawing on areas where he used to cut.

Treatment: Coping Skills Cont'd

- Client was allowed to have check-ins with therapist at the beginning of the day when he was feeling triggered at school
- Client utilized a stress record and kept track of the Stressful Event, the time it occurred and his reaction

Results

- Client successfully completed school year,
- Discontinued self harm behaviors and utilized coping skills when needed.
- He reported a reduction in depression
- An increase of trust and emotion regulation skills
- Family dynamics significantly improved,.
- He passed all of his classes with a “C” or higher.
- He was taken off of his IEP.



Keys to raising happy and healthy children in society today:
*How to minimize the impact of growing up in a high performing
community.*

Kelly Lean, LISW-S
Mariemont School Therapist
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What is Going on with our Kids Today: too Much Pressure

Looking into high performing communities, the children seem to be thriving. There are nice homes, excellent public education, and easy access to resources. Though many of the children are not navigating adolescence successfully.

- Research has shown that there are increasingly significant problems occurring with young people from high performing communities distinguished by rigorous academic curriculum, high standardized test scores, and diverse extracurricular activities.
- In a surprising switch, the children of high performing communities today are more distressed than other youth. They show high rates of substance use, depression, anxiety, eating disorders, cheating, and stealing at a rate of 2 – 3 times higher than the national average. We are seeing more and more of this at our junior high and high school right here in the Mariemont Community.

What is Going on with our Kids Today: too Much Pressure

- Based on the January 2016 Pride Survey our students here in Mariemont completed, results indicate:
 - 60% of 11th/12th grade students are using alcohol
 - 30% of 11th/12th grade students are using marijuana in the past year
 - This happens at home, at friends homes, and parties on the weekends.
 - The students also identify with lots of binge drinking.
- Why does this matter to a parent of a young elementary student? Parents can make an impact now on how they raise their children to potentially intervene prior to adolescents and the potential of having a struggling teen.

Symptoms/What?

- High rates of substance abuse: more likely to use harder drugs such as prescription pills as well as binge drinking and marijuana use.
- Depression – studies have shown that symptoms of internalizing problems such as anxiety, somatic complaints, self injurious behavior, etc... occurs twice as often as the national average. Currently the national average is 1:5 girls will struggle with depressive symptoms.
- Anxiety – studies have shown high rates of anxiety with child from high performing communities such as over pushing themselves, feeling overly stressed, or perfectionistic tendencies.

What Can I do Now? (What We have Learned)

1. Parents need to be advocates and cheerleaders, not graders and correctors.
2. Praise your child for their current accomplishments versus always needing to improve.
3. Take time to celebrate where they are now; not where they need to be.

For example- Excessive emphasis on child's accomplishments instead of doing the best that a child is capable of. Parental pressure to excel in school as well as in other activities. – For example a child makes a “B” in math on their report card. Per the child's teacher; the student is working up to their highest potential. Still the parent places pressure on their child to work harder and still needs to improve their grade to an “A”.

What Can I do Now? (What We have Learned)

4. Listen to your child about when it is too much.
5. Don't constantly have your child scheduled for every opportunity available; prioritize with your child.
6. Also, don't have your children constantly scheduled, children need free time/free play.
7. Ask your child if they like the activities they are signed up for so they have control over their choices.

What Can I do Now? (What We have Learned)

8. Don't compare you child with other children.

For example - Perceived parental pride and thus the child's self worth rests largely on achieving and maintaining "star" status. Children begin to feel that any failure to accomplish will diminish the acceptance and the esteem with their parents disregard them. - For example : Children are enrolled in every afterschool enrichment program versus signing up for 1 or 2 programs or high school students taking 5 AP classes available to them versus taking 1 or 2 at a time for a more feasible work load.

Attachment Theory:

- Early security builds resilience. If we come at our children without being supportive, protective, and validating their feelings we may not develop a significant attachment to assist with issues later down the road.
- Currently middle school students are saying “I just wish my parents would listen to me” or “I wish my parents would have asked me first”.
- The capacity to regulate our emotions and reactions is built during the early years of life. This is known as affect regulation. Positive affect regulation depends on an attuned attachment relationship with a well regulated care giver. Attachment difficulties often leads to poor affect regulation.

Attachment Theory:

- So think about the previous example with accepting the grade the child is given if their teacher has said they are working to their potential. If we react supportive and praise the young child; the attachment and resiliency will continue to grow. If we put pressure on the child to do better; they may feel their best is not enough, they will never be good enough, etc....
- Listen to your children about when it is too much.
- Ask your child if they like the activities they are signed up for so they have control over their choices.
- Ask your child how they feel today versus what did they do today. This will create a listening environment as well as validating their feelings.

Parent Engagement

Dr. Patricia White

Dr. Suzie White <https://www.youtube.com/watch?v=qX9FSZJu448>

Leadership Scholars