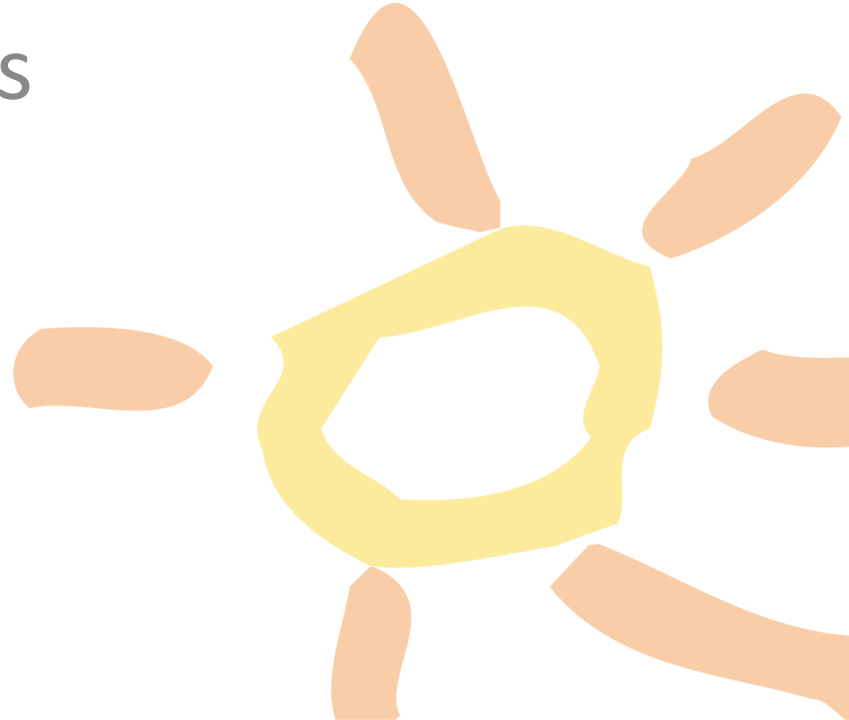


# School Based Mental Health Education and Celebration Luncheon

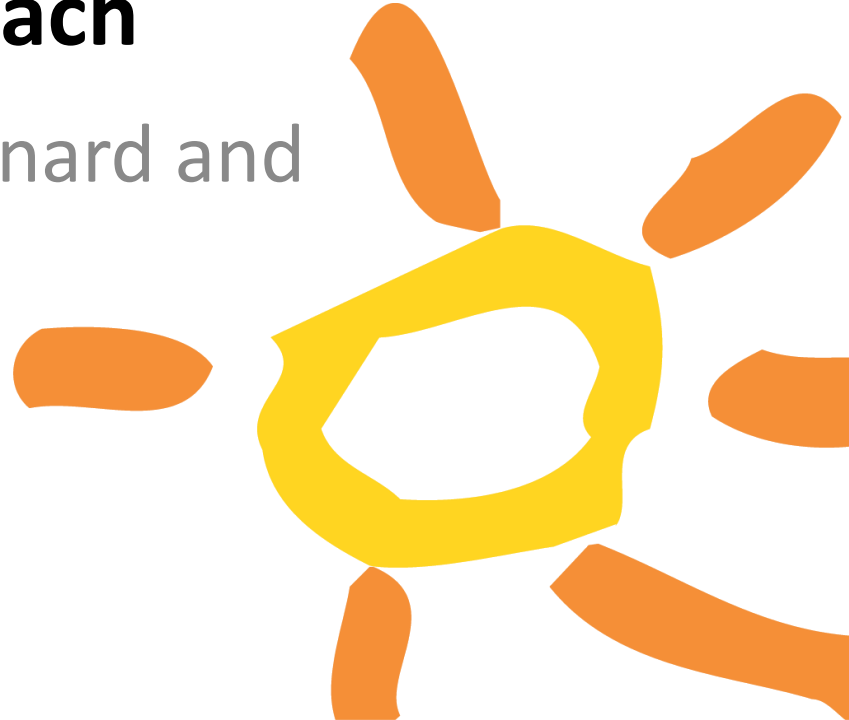
Team Presentations





# **Mental Health Delivery in a School-Based Setting: A “Whole-School” Approach**

Nina Ginocchio, Andie Bernard and Tracy Redding



# Creating Adaptive Therapeutic Communities

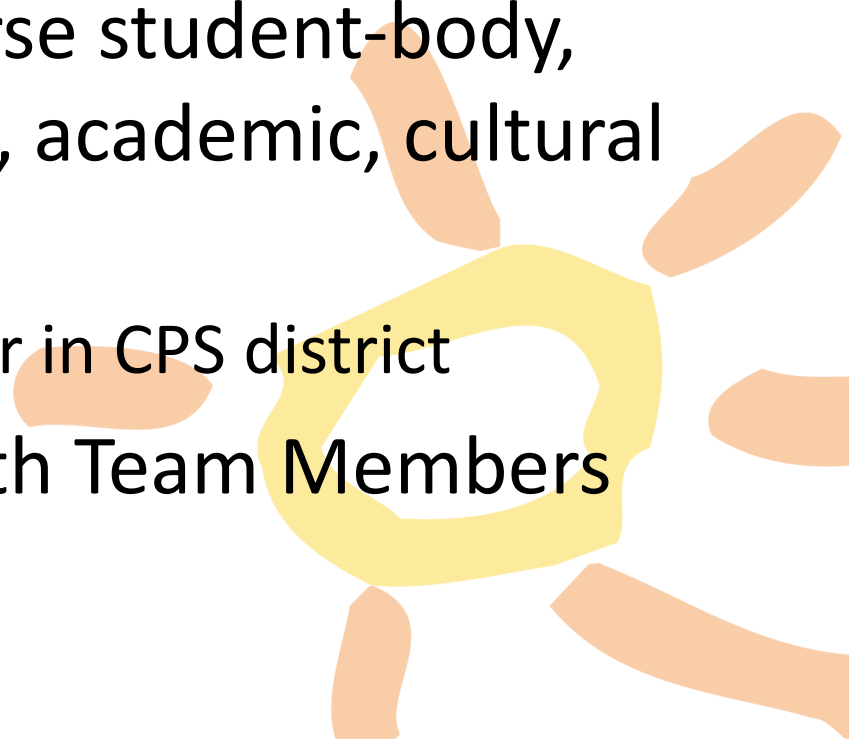
- A “therapeutic community” ideology is a model where all parts of the school work together to create a milieu conducive to wellbeing.
- Enhances learning opportunities and outcomes
- Decreases difficult student behaviors
- Increases teachers wellbeing
- Increases safety & trust in the student body

(Winship & MacDonald, 2018)



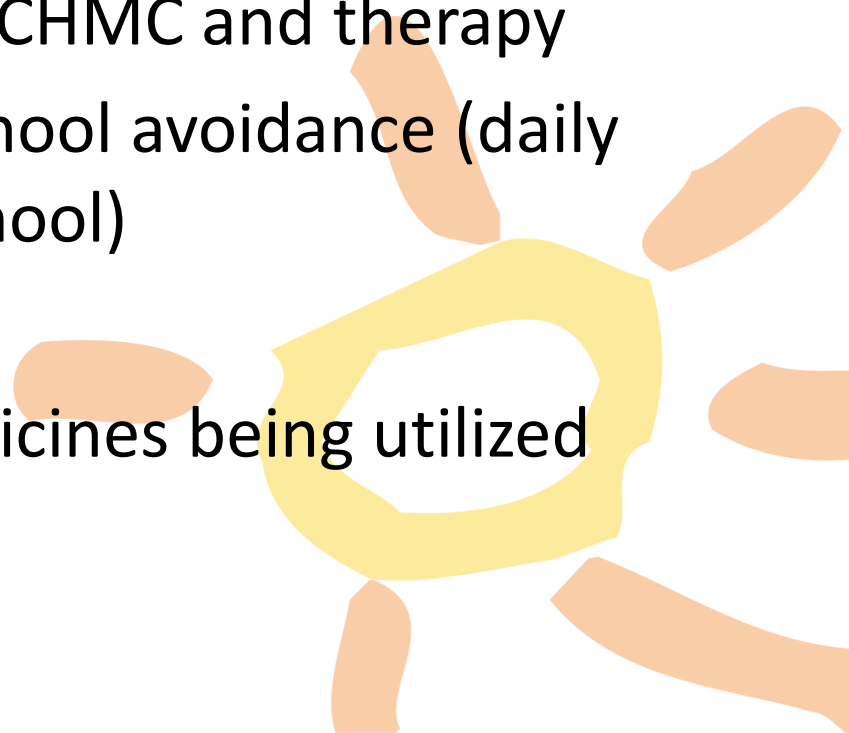
# Adapted Therapeutic Community: Who's at the Table?

- Partnership: The Children's Home & The Spencer Center for Gifted & Exceptional Students
- Magnet School with diverse student-body, including socio-economic, academic, cultural and psychological
  - 3<sup>rd</sup>-10<sup>th</sup> (currently), 3<sup>rd</sup> year in CPS district
- Inter/Intra Behavior Health Team Members



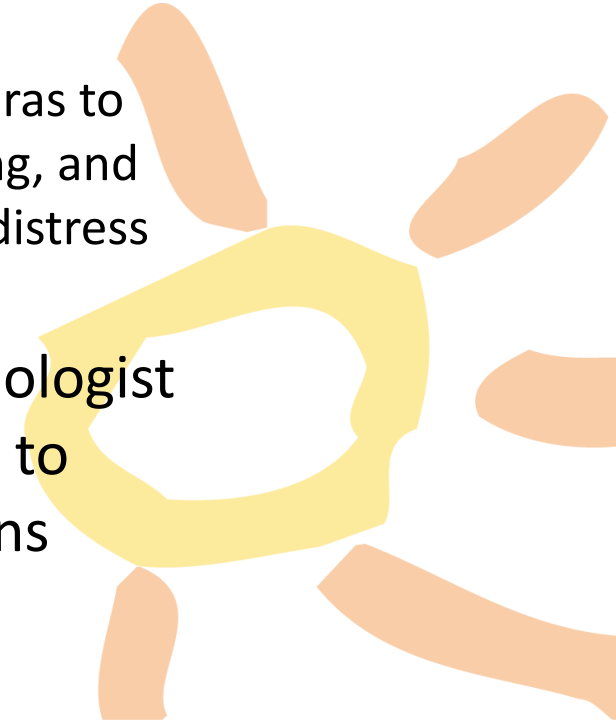
# Case Conceptualization #1:

- 11 yr. old Caucasian female, presenting with severe migraines, significant school avoidance
  - Spencer School Nurse identified client
  - Referred to pain clinic at CCHMC and therapy
  - 1.5 yrs. of documented school avoidance (daily nurse visits at previous school)
  - Daily familial interaction
  - Anti-anxiety and pain medicines being utilized



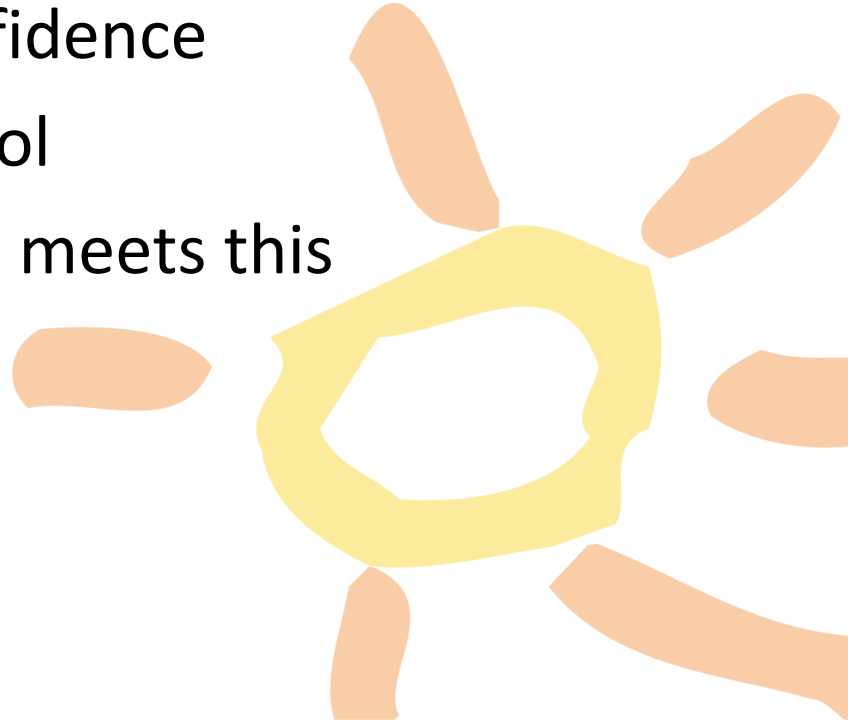
# Case Conceptualization #1 (cont.): Who was at the Table?

- Key Roles and Interventions in Case
  - School nurse presented case in monthly behavioral health meeting
  - Referred to counseling, single incident trauma identified
    - Therapist collaborated with teachers and paras to adjust interactional style, preferential seating, and dismissal strategy, affect management and distress tolerance tools, etc.
  - Intervention Specialist and School Psychologist collaborated to design breaks in the day to support psychological and academic gains



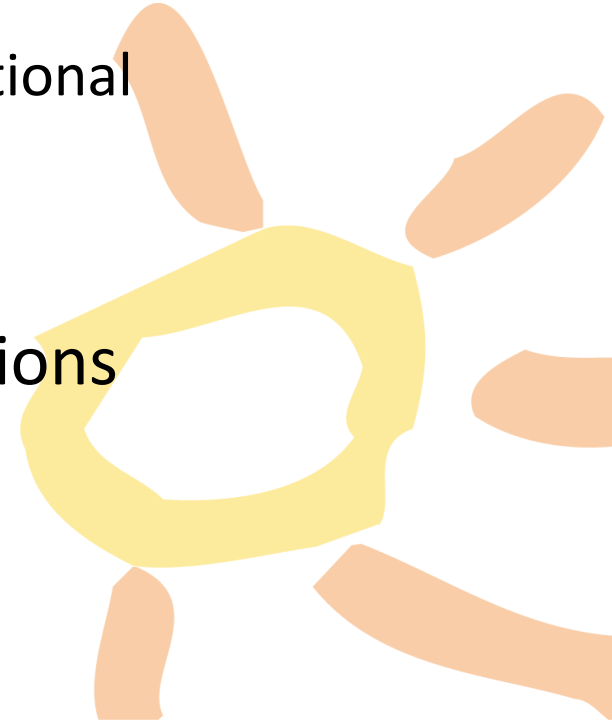
# Outcomes

- Client no longer requires anti-anxiety or pain medications
- Significantly reduced school avoidance
- Functional gains academically
- Family reports increased confidence
- Increased friendships at school
- Competed in ALL of her swim meets this summer



## Case Conceptualization #2:

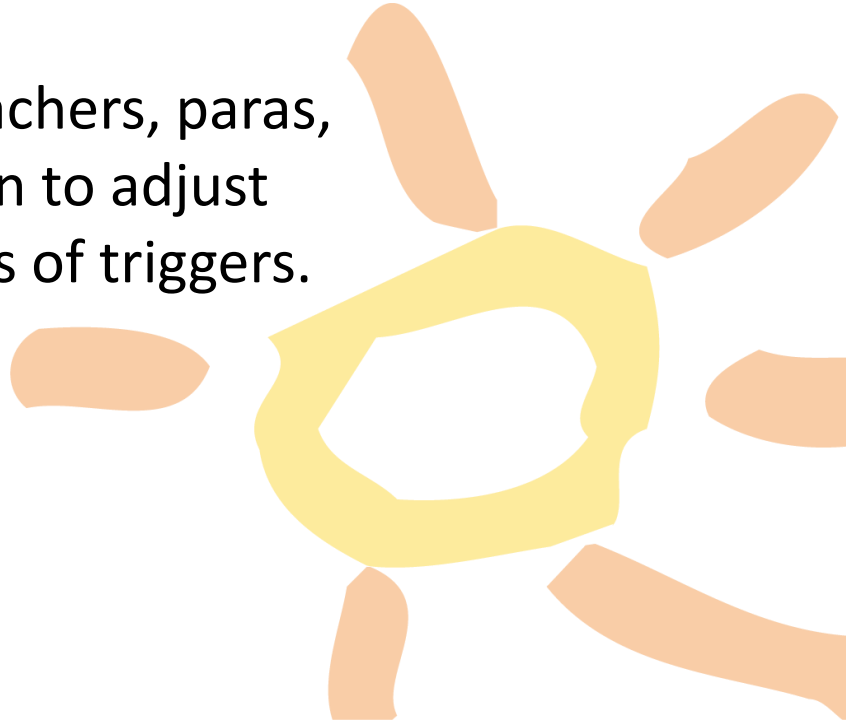
- 13 yrs. old, African American male, presenting with:
- Explosive Behavior
- Significant school avoidance
  - History of fleeing classroom and oppositional behavior when redirected
- Suicidal Ideation
- 4.5 yrs. of extensive discipline infractions





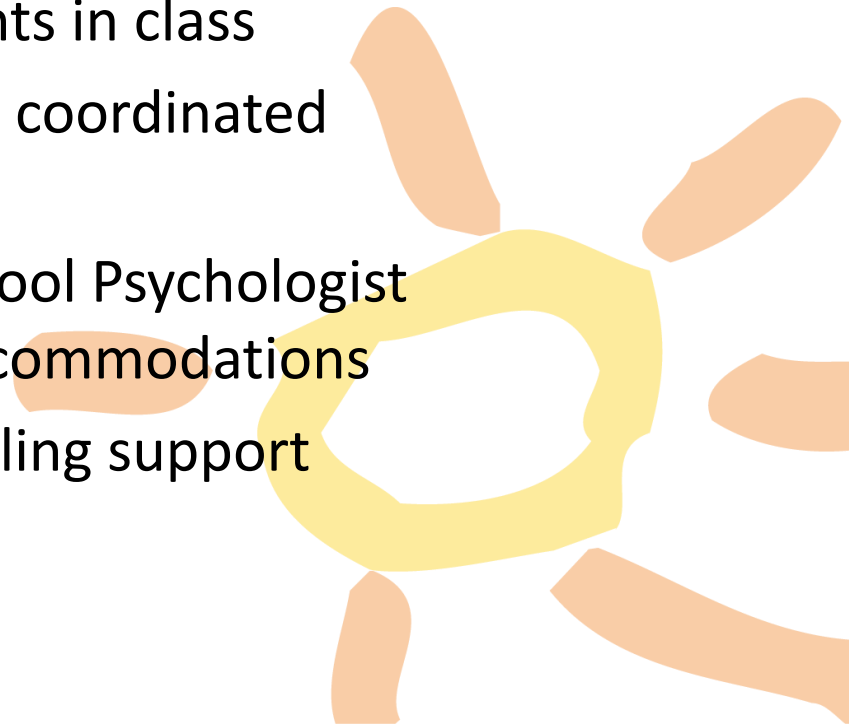
# Case Conceptualization #2 (cont.): Who was at the Table?

- Key Roles and Interventions:
  - Identification: Teaching staff and administration
  - Mental Health assessment yielded correlation between past traumatic incidents and school avoidance/explosive behaviors
  - Therapist collaborated with teachers, paras, family offering psychoeducation to adjust interaction style and awareness of triggers.



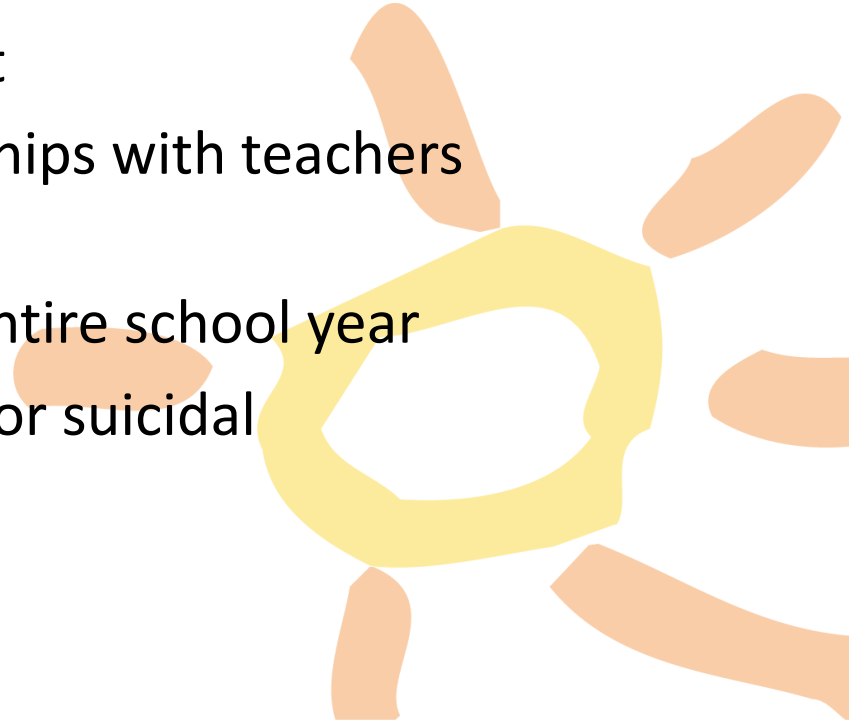
# Case Conceptualization #2 (cont.): Who was at the Table?

- Key Roles and Interventions in Case
  - School counselor adjusted schedule to decrease psychological triggers
  - Teacher(s) reported to school counselor verbalization of suicidal thoughts in class
  - School counselor accessed and coordinated hospitalization
  - Intervention Specialist and School Psychologist collaborated on testing and accommodations
  - Parent was referred for counseling support



# Outcomes

- Client is actively engaged in therapy
- Client's mom is actively engaged in therapy
- Client's school avoidance decreased
- Client now has formalized academic accommodations in school
- Client increased class engagement
- Client increased positive relationships with teachers and peers
- Client had no physical fights the entire school year
- Client has not been hospitalized for suicidal ideation again



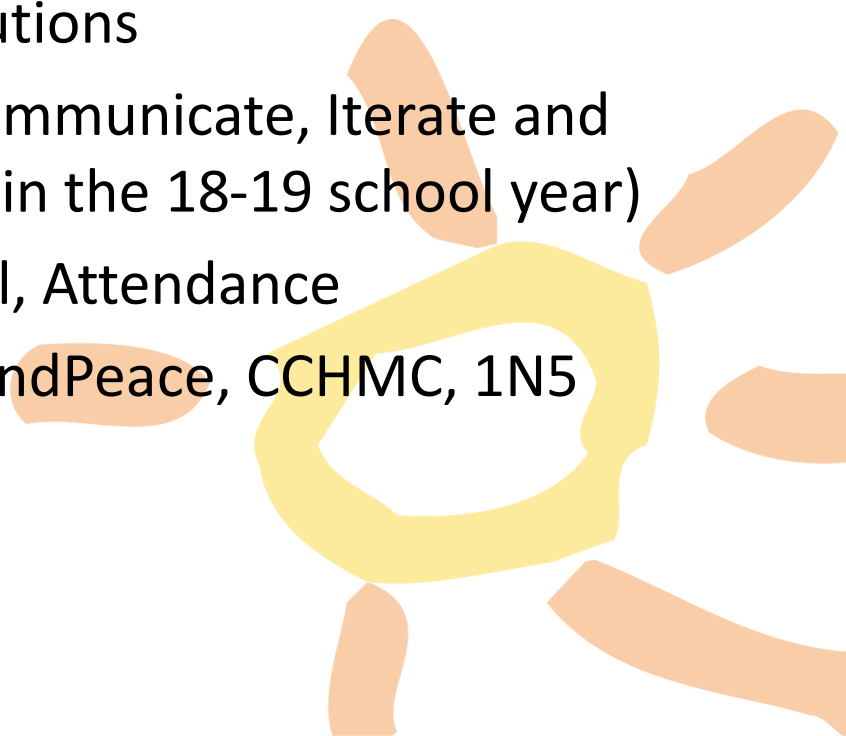
# Steps for Building an Adaptive Therapeutic School-Setting...*The Spencer Way*

- Respect and trust for all specialties in the school, including delineation of roles
- Using the “best person” for the immediate task - *No hurt feelings*
- Central process for referrals
- Educated and informed staff
- Strong Partnerships
- Continuous communication and follow-thru
  - Informal: Hallways, Class “drop-ins” and Impromptu Meetings
  - Formal: Monthly Meetings, Strategic Planning

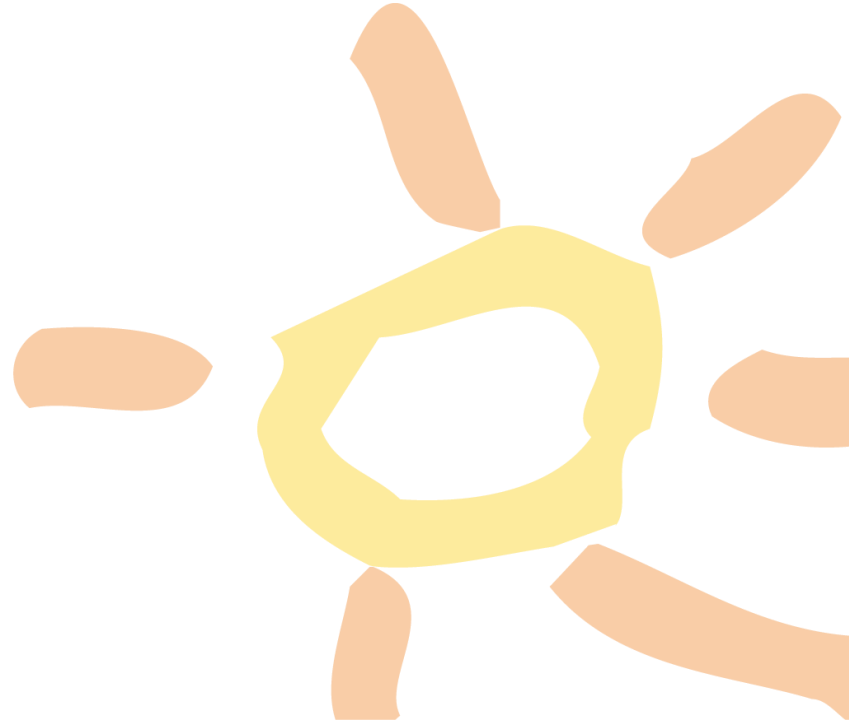


# Setting the Table: Implications and Recommendations for the School Team

- Student (Human) First: Student-centered decision making
- Collaborate: Leadership Approach
- Equitable Practices: Respect all voices and inputs
- Quality Improvement: 100 1% solutions
- Efficient Systems: Review, Plan, Communicate, Iterate and Analyze (ex: 52 suicide screenings in the 18-19 school year)
- Data-Driven: Academic, Behavioral, Attendance
- Partnerships: Children's Home, MindPeace, CCHMC, 1N5



# End of Presentation





# You Had Me at Session 1: A Case Study of Increasing Patient Engagement using Quality Improvement

Cindy Zion & Laura Hershberger

[Cynthia.Zion@cchmc.org](mailto:Cynthia.Zion@cchmc.org)

[Laura.Hershberger@cchmc.org](mailto:Laura.Hershberger@cchmc.org)



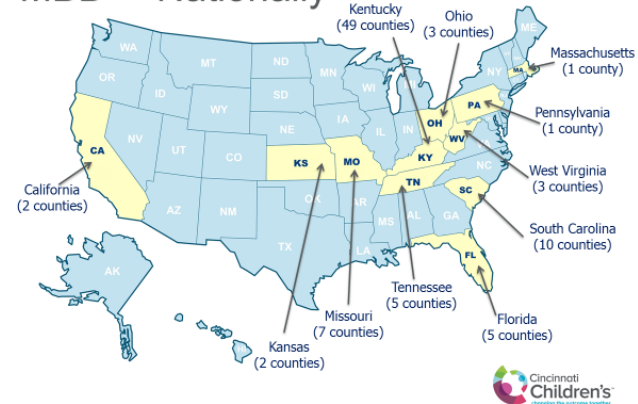
# Background

- **Moving Beyond Depression (MBD) Program**
  - Evidence-based In-Home CBT treatment for maternal depression



- Two-generational impact
- Reduced treatment barriers

MBD™ Nationally





# MBD & Pediatric Primary Care

- Universal screening
- Early identification
- Leverage trust in primary care

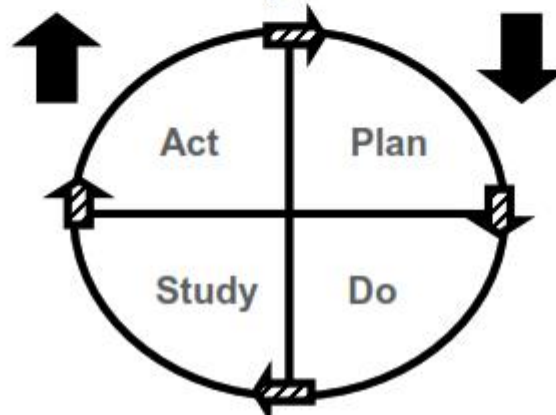
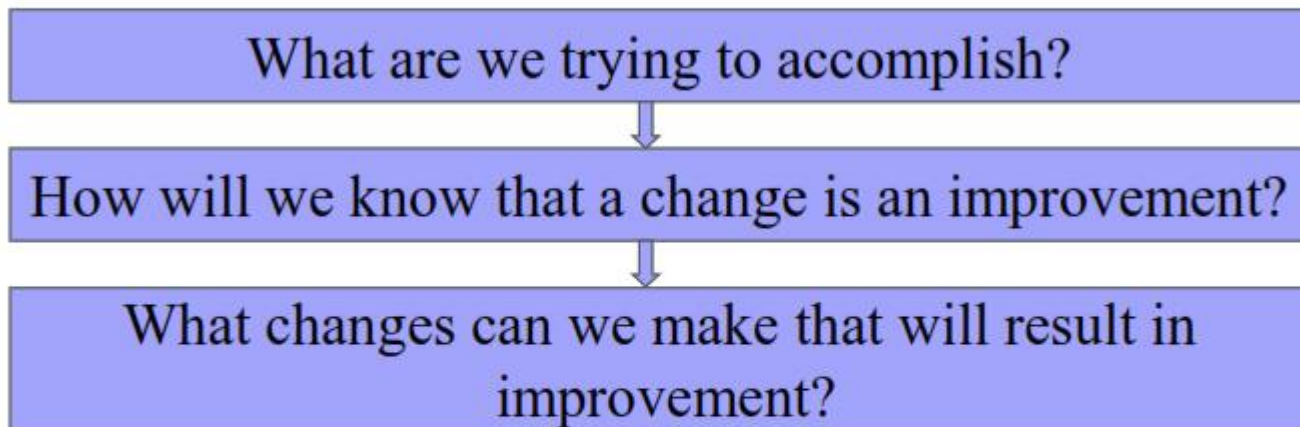


## Engagement Challenges

- Only 22% completed MBD as compared to 50% with the home visiting model

# Quality Improvement Project

## *Model for Improvement*

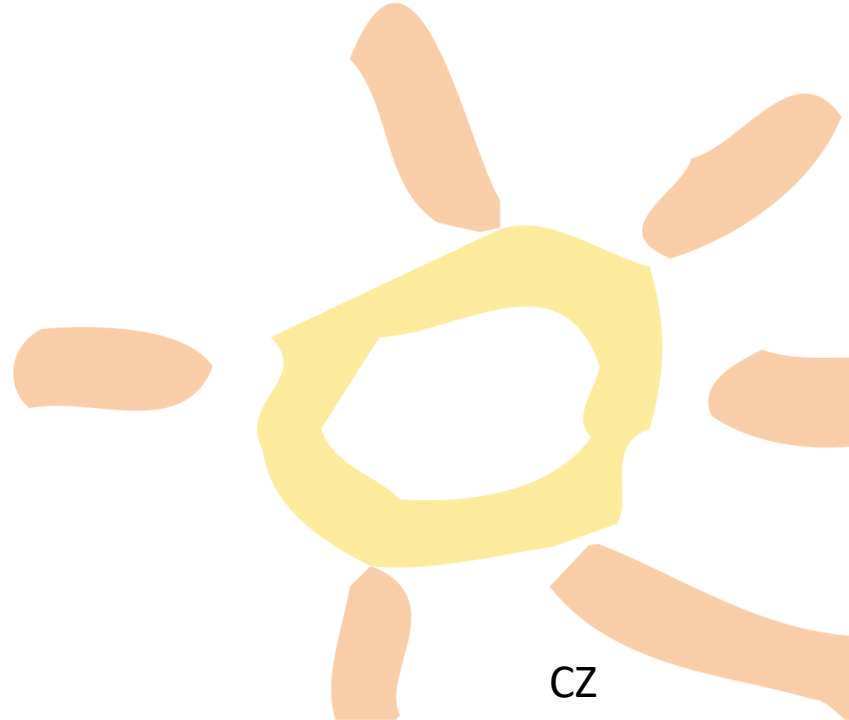


The Improvement Guide: a Practical Approach to  
Enhancing Organizational Performance  
Langley, Moen, Nolan et al. 2<sup>nd</sup> ed. 2009

# ***What are we trying to accomplish?***

## **Global Aim**

Increase number of mother's completing MBD from  
22% to 80%

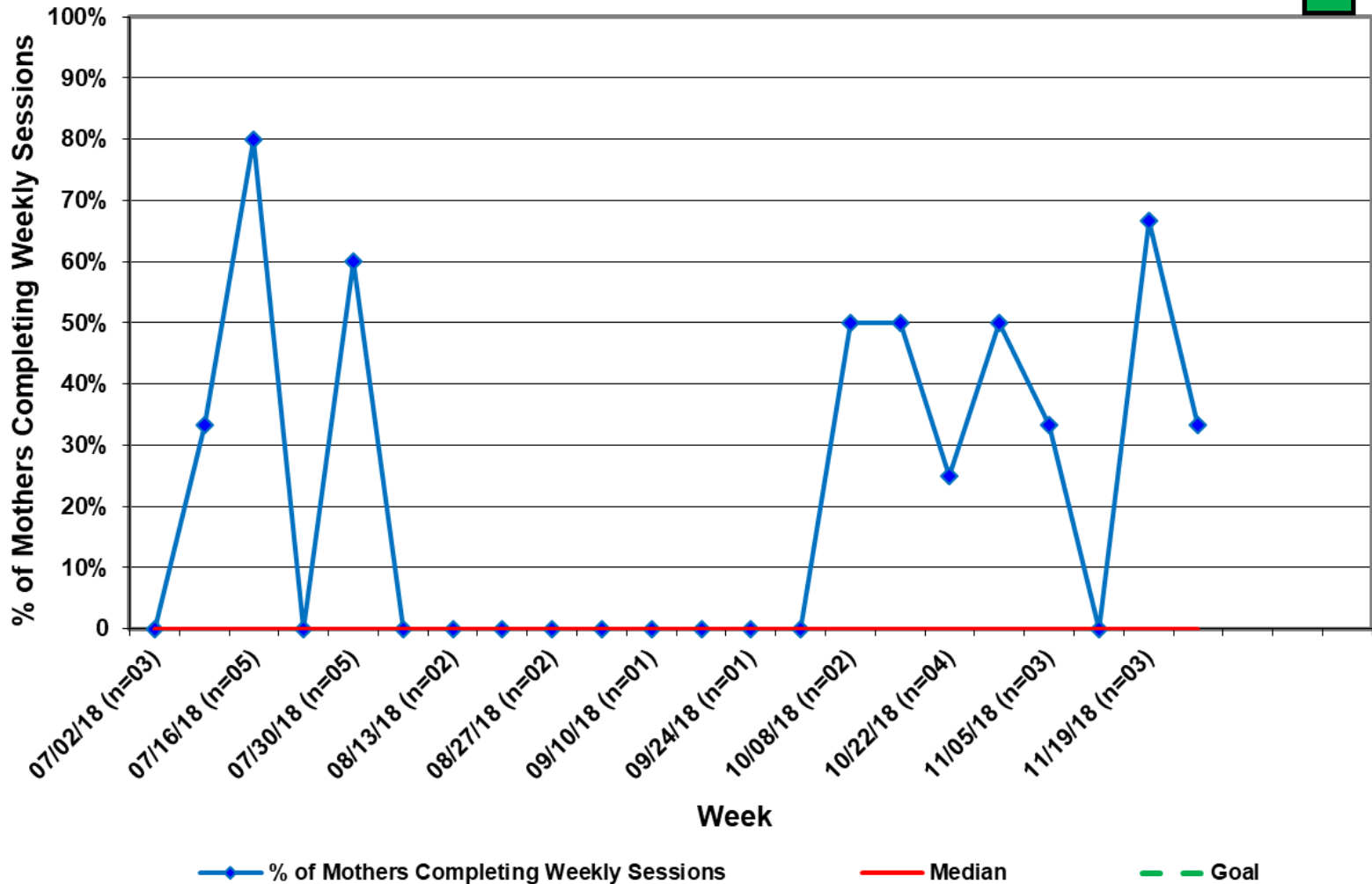


# How will we know changes is an improvement?

## Current State

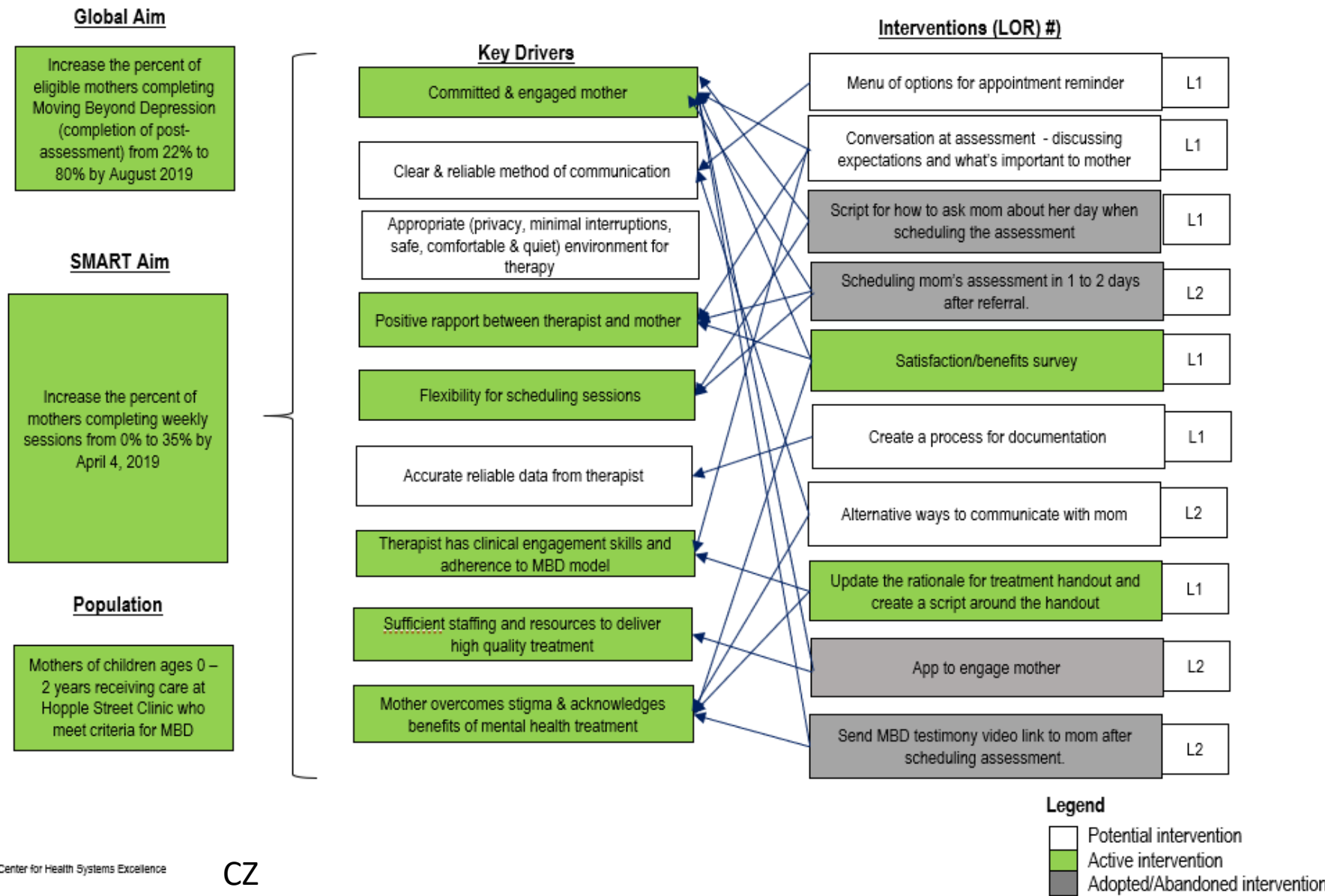


% of Mothers Completing Weekly Sessions

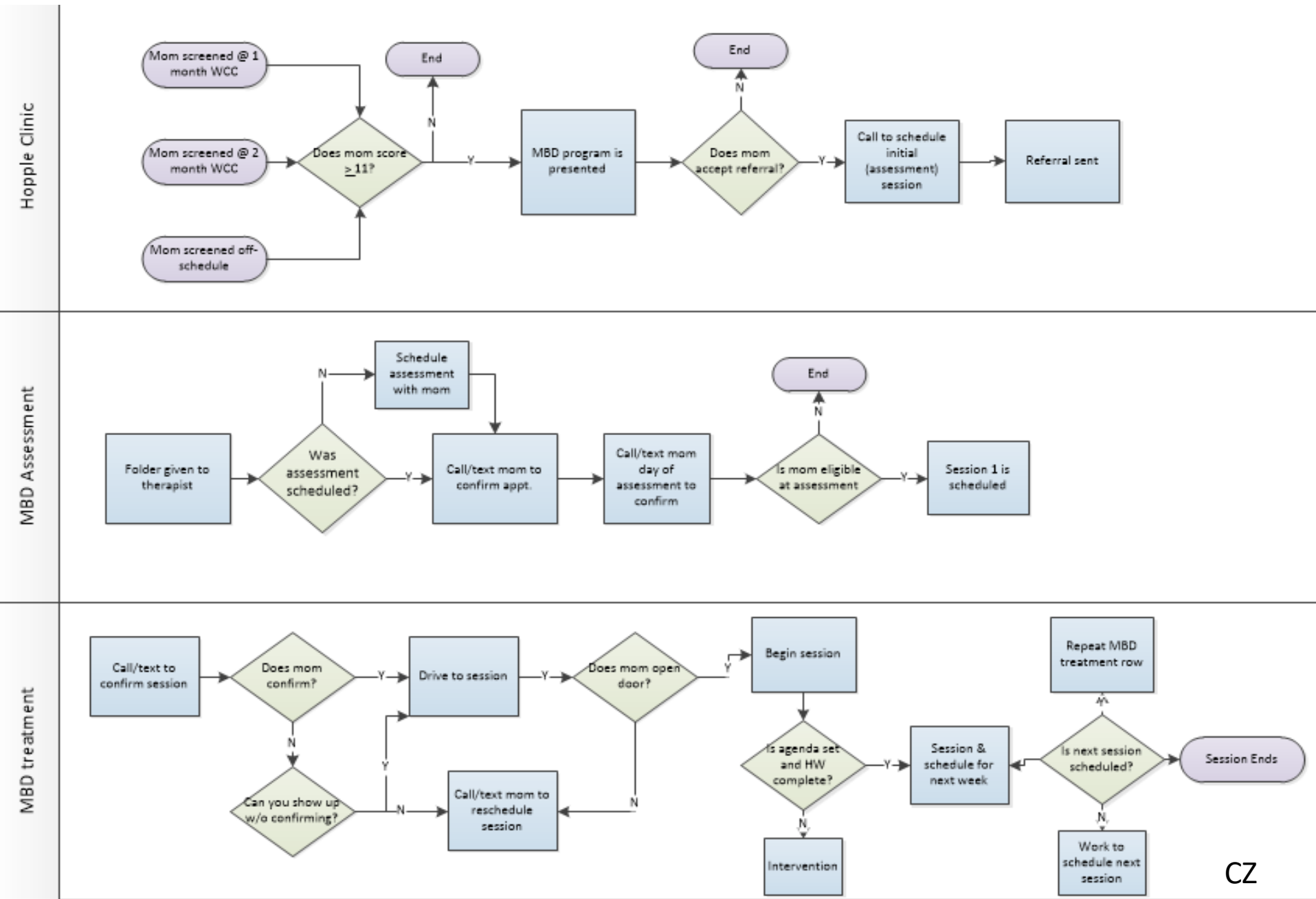


# What changes can we make that will result in improvement?

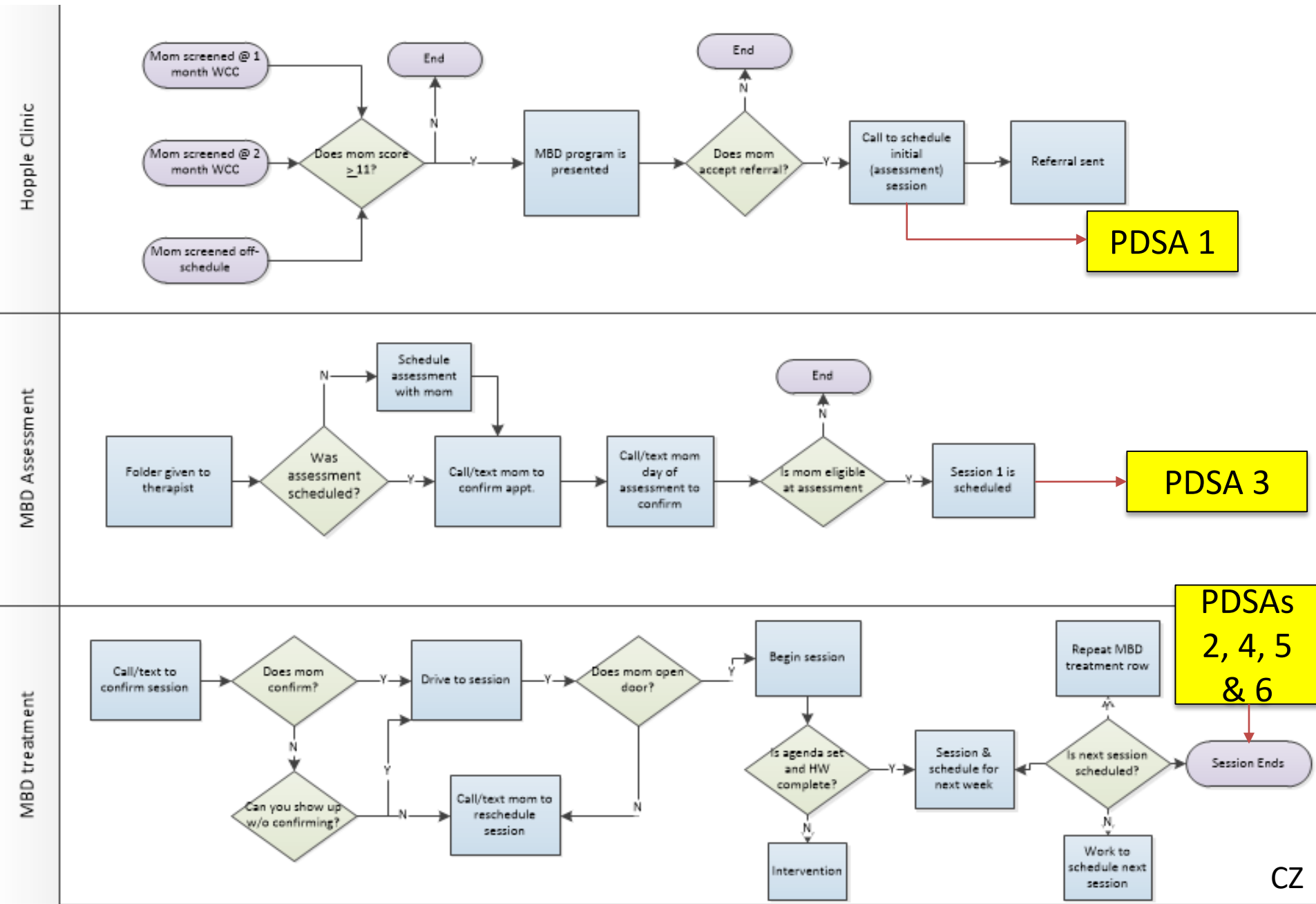
## Key Driver Diagram



# Detailed Process Map



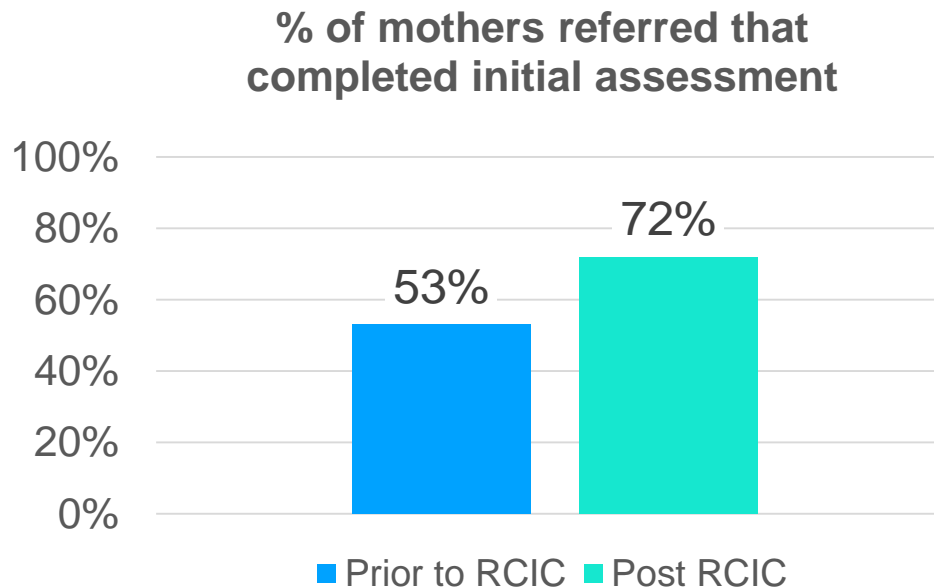
# Detailed Process Map



# Interventions

## Standardized Scheduling

- Schedule initial appointment in clinic **-ADOPTED**
- Phone script problem-solving prospective conflicts **-ADOPTED**
  - “tell me about your next 5 days”
  - “is there a best time of the day or day of the week”
  - “do you have any appointments”
- Schedule within 1-2 business days **-ABANDONED**





# Interventions

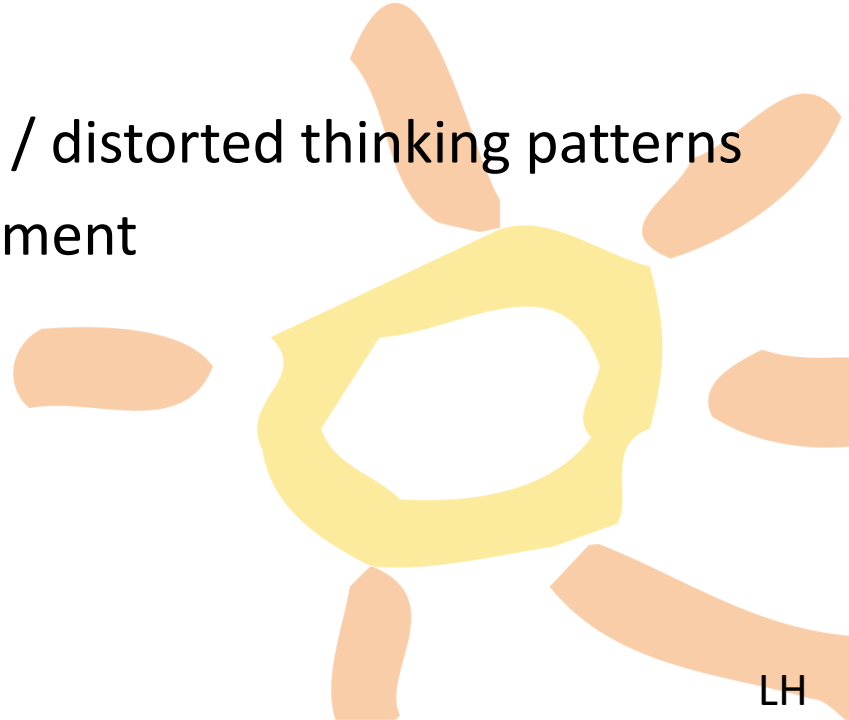
## Daylio App -ADOPTED

- Mood Tracking - record moods and activities
- Early treatment engagement



## Moodtools App -ADOPTED

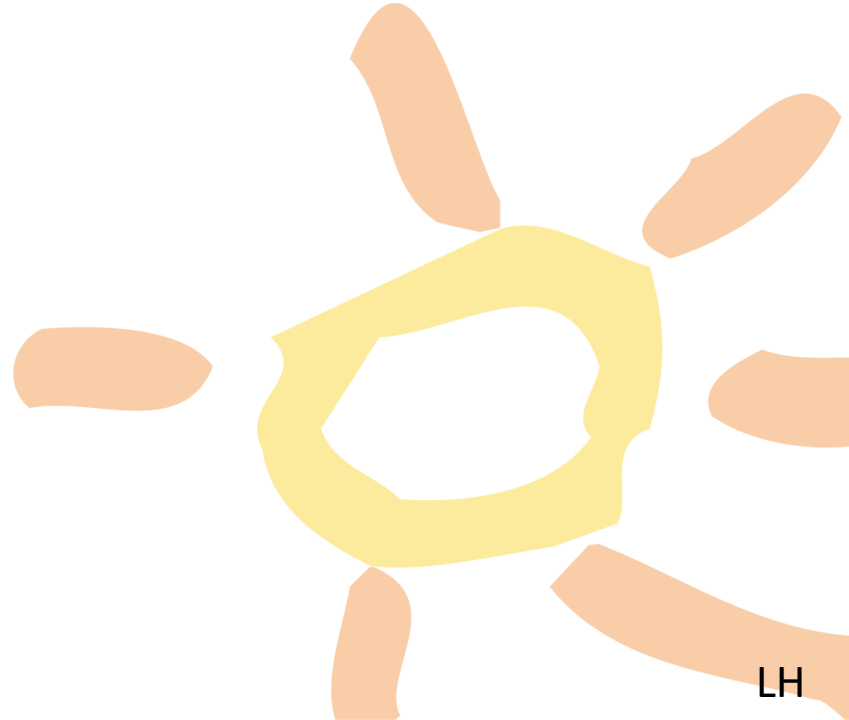
- Thought Diary - identifying negative / distorted thinking patterns
- Reduce barriers to adhering to treatment



# Interventions

## Testimonial Video Link **-ABANDONED**

- Text testimonial video
- Reduce stigma
- Benefits of treatment



# Interventions

## Treatment Rationale Handout -ADOPTED

- Modified presentation of information
- Standardized introduction of program
- Increase engagement and reduce stigma




**In-Home Cognitive Behavioral Therapy**

The treatment program you are participating in is called In-Home Cognitive Behavioral Therapy. In this program you will learn how your thoughts, feelings, and behaviors are related. Cognitive behavioral therapy focuses on the present and is a structured approach. People experiencing depression often have a negative view of themselves, the world and their future. Together we will look at your views or thoughts and work on changing them.


Depression is often associated with difficulties in coping with stress and feeling unable to adequately deal with problems in life. It's important to know that the symptoms of depression and related problems you've been struggling with are common in new mothers. Mothers with depression often feel high levels of distress and strong emotions and believe that they are unable to alter or change the source of that distress. In our sessions, we will focus primarily on these problems and difficulties that you are currently experiencing in your life. We will try to understand what is causing these feelings, and how to change and manage them more effectively.

Cognitive Behavioral Therapy focuses on the "here and now." We will set goals for therapy. Each session you will participate in setting an agenda, examining your thoughts and trying techniques between sessions to improve how you feel. In between sessions, you will record information about how you are feeling, and you will practice newly learned strategies to cope better as a new mother. You will also learn how to better communicate how you are feeling and what you are thinking. As you learn and master these coping skills, you are likely to feel better, more confident, and more able to achieve your goals.



**What is In-Home Cognitive Behavioral Therapy (IH-CBT)?**

- IH-CBT is a treatment that promotes recovery from depression.
- IH-CBT focuses on the present ("here and now") and is structured.
- With IH-CBT you will learn how your thoughts, feelings, and behaviors are related.



**Why use IH-CBT to treat depression?**

- It's important to know that the symptoms of depression and related problems you've been struggling with are common in new mothers. Also, depression is very treatable.
- IH-CBT has proven to be effective in treating depression. In our study we found that most mothers that completed the program were not depressed or were less depressed at the end of treatment.

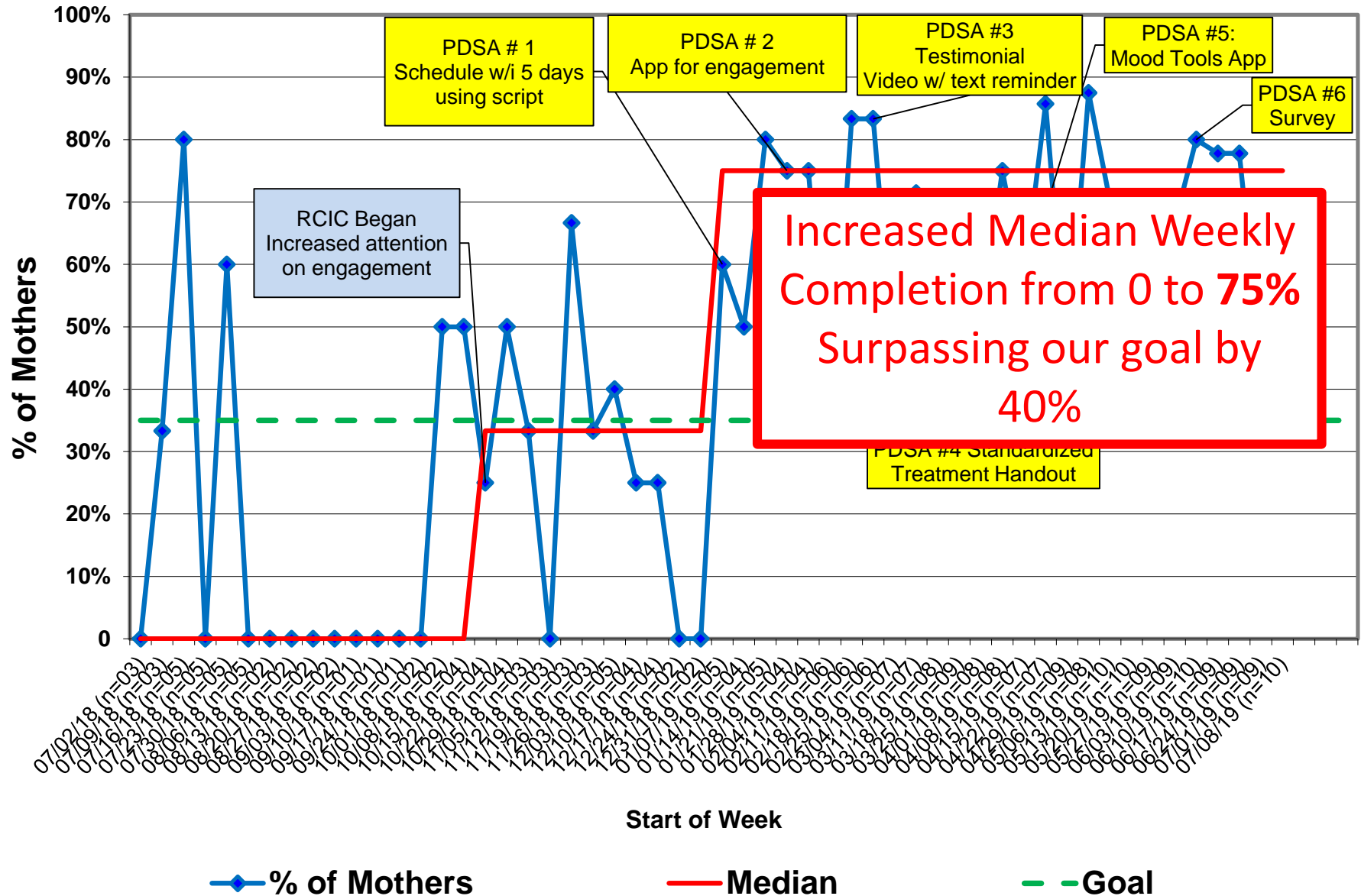
**What IH-CBT looks like?**

- Each session you will record your symptoms and check your mood.
- We will set an agenda to make sure we have time to talk about what is most important.
- I will ask for feedback so I can make sure the therapy is helping you.
- We will set goals for treatment that are important to you and we will work towards achieving those goals.
- We will examine your thoughts, emotions, and behaviors and try strategies to improve how you feel.
- In between sessions, you will practice what you have learned.
- As you learn and master these skills, you are likely to feel better, more confident, and more able to achieve your goals!

## Satisfaction & Benefits Survey -Currently Testing

- Survey to open dialogue
  - “The skills we have worked on have been helpful and they have worked for me.”
  - “The therapist listens to me and I feel heard.”
- Strengthen therapist-patient rapport

# % of Mothers Who Complete Weekly Sessions



# Key Learnings

- Collective decision making – understand the current state
- “Stay in your backyard”
- Real-time measurement
- *Not another meeting...* – huddles
- Document
- Small tests of change = Big learnings/ low risk



# Contributions

## Collaborating Departments:

James M. Anderson Center for Health Systems Excellence, CCHMC

Behavioral Medicine & Clinical Psychology, CCHMC

Every Child Succeeds

## Project Team:

Dr. Robert Ammerman, Team Sponsor & Scientific Director

Christine Voegle & Mary Anne Lenk, QI Course Instructors

Lindsey Boehl, QI Coach

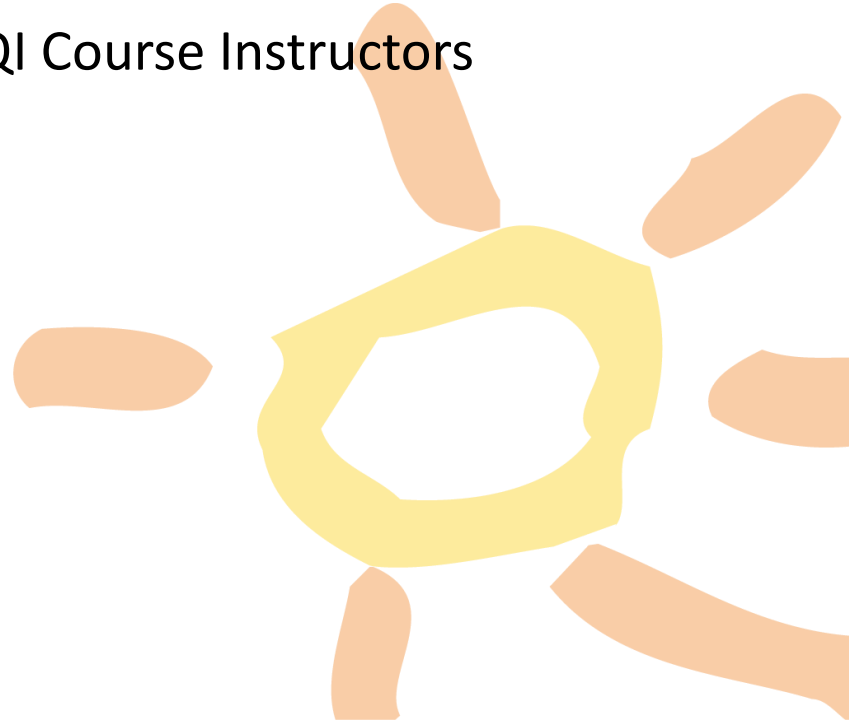
Megan Posinski- Team Lead, Therapist

Cindy Zion- Team Lead

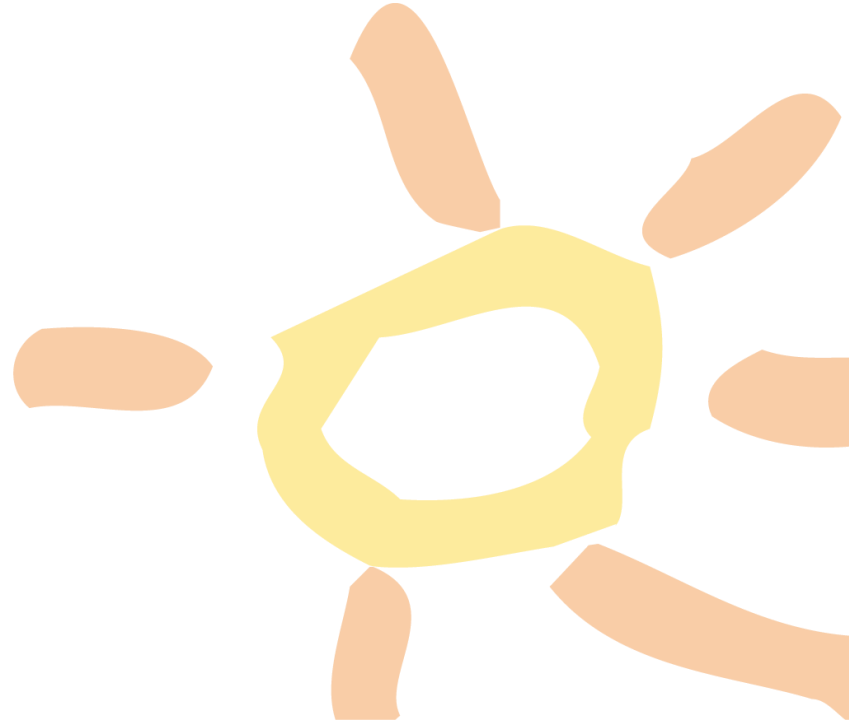
Laura Hershberger, Therapist

Shameka Perry, Therapist

Toni Duganiero, Data Coordinator



# End of Presentation



# Signs of Suicide Prevention Program

Brittany Meyer  
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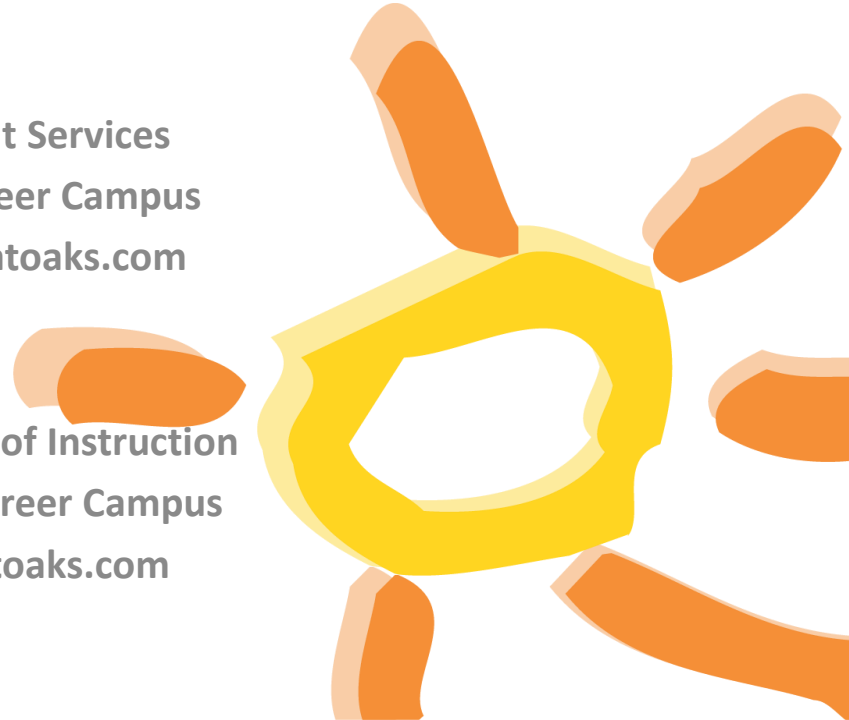
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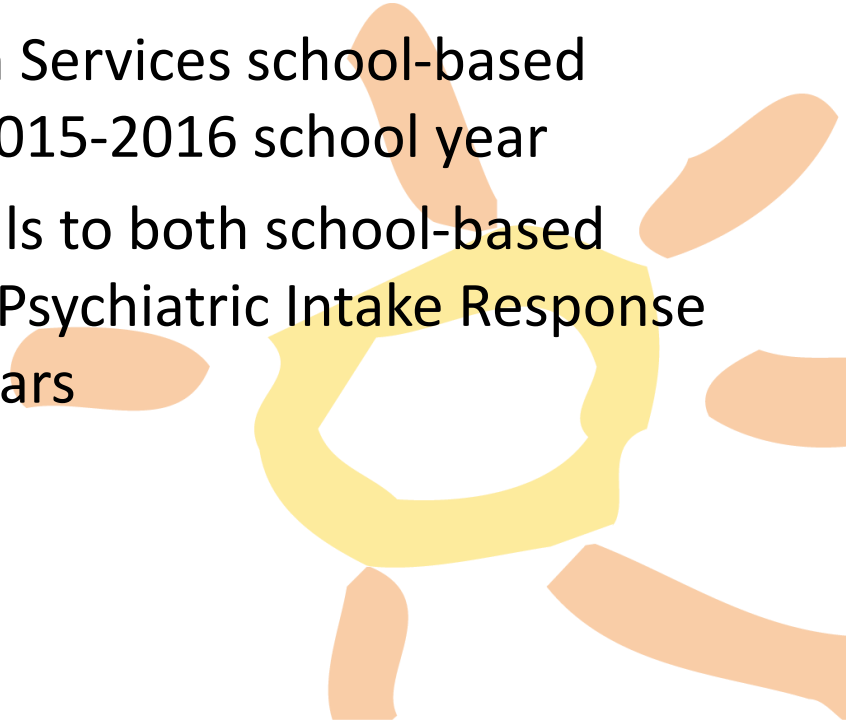




# Scarlet Oaks

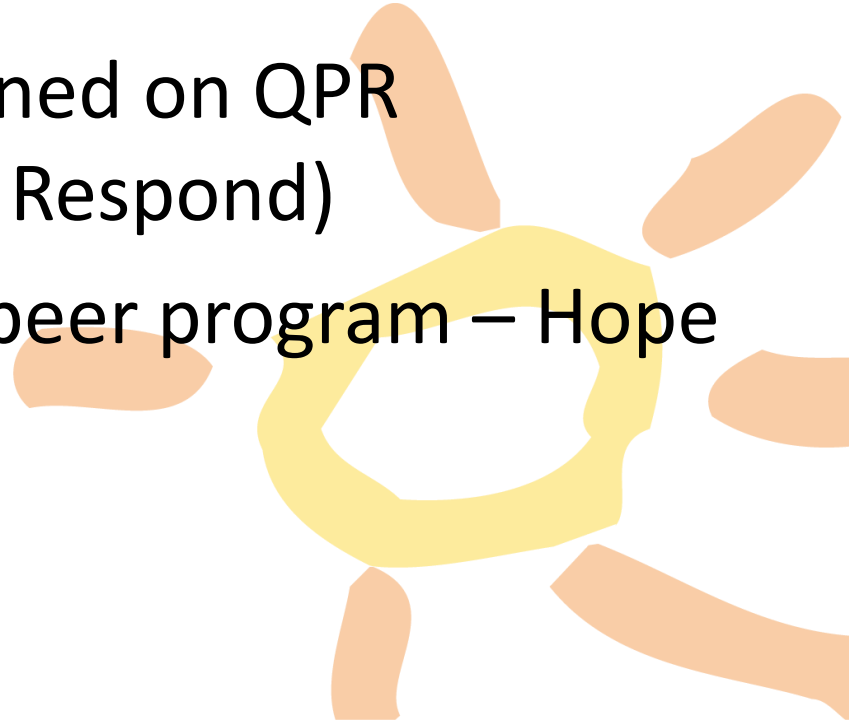
## Background/Needs

- Career Tech high school – 880 11<sup>th</sup> and 12<sup>th</sup> grade students
- 21 programs
- 36 affiliate schools in Hamilton, Warren, Clermont, & Clinton Counties
- Partnership with Lighthouse Youth Services school-based mental health services since the 2015-2016 school year
- Increased student need for referrals to both school-based mental health services and to the Psychiatric Intake Response Center (PIRC) over the past few years



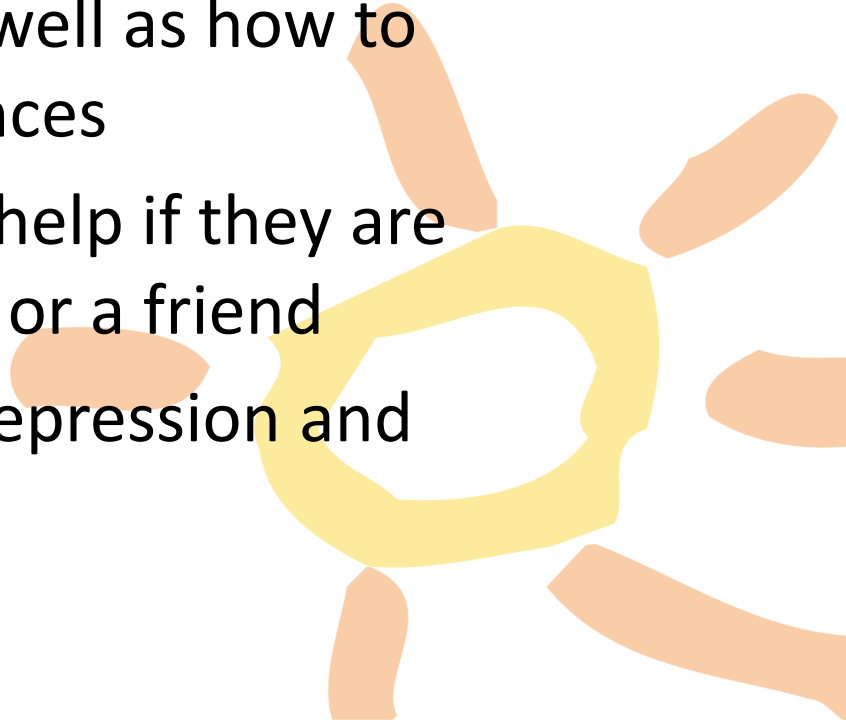
# Building Mental Health Initiatives

- To increase student and faculty knowledge and awareness surrounding mental health
- To create programming that is proactive rather than reactive
- Require all staff to be trained on QPR (Question, Persuade, and Respond)
- Adopt a student peer-to-peer program – Hope Squad



# What is SOS

- Depression awareness and suicide prevention training
- Provides students training in how to identify serious depression and potential suicide risk in themselves or a friend, as well as how to seek help in those circumstances
- Encourages students to seek help if they are concerned about themselves or a friend
- Screens students for risk of depression and suicide

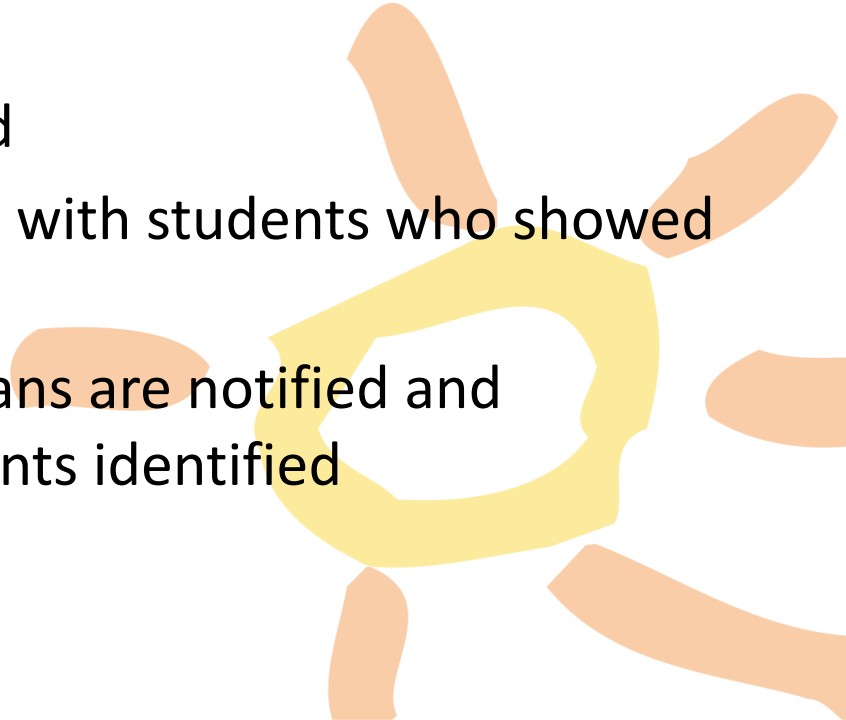


# Preparation for Screening Day

- Multiple planning meetings with internal and external stakeholders (MindPeace, Lighthouse Youth Services, Scarlet Staff)
- QPR training is required (entire staff)
- Screening Party for direct service providers, including School Counselors, teachers, and clinical staff
- Preassembled folders containing essential information
- Space consideration – enough private rooms for each clinician and an information collecting hub
- Giant spreadsheet
- Assign runners to escort students who require further assessment - need to know the students and building well

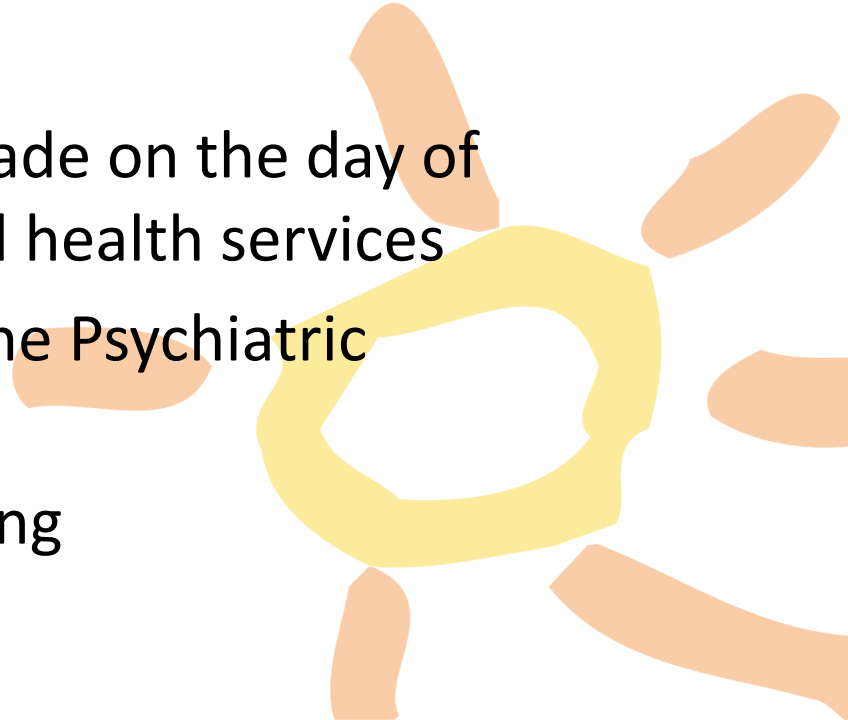
# Program Details

- Inform parents/guardian via mailed letter and all call about the upcoming program and were given the option to opt their child out
- Lesson includes a video about depression and the signs of suicide, discussion, and a brief screener for risk
- Approx. 45 minutes
- Screeners are collected and scored
- Individual discussions are initiated with students who showed signs of risk
- Before end of day, parents/guardians are notified and referrals are made for those students identified



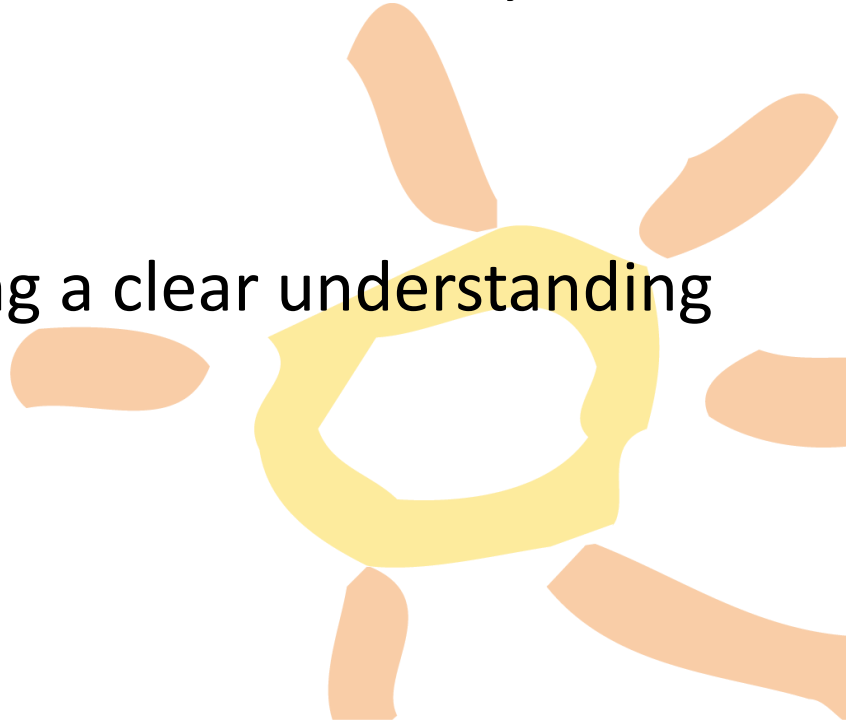
# Results

- 348 students were screened
- 49 students met with a counselor on the day of the screening (most high risk)
- An additional 94 students were seen in the 3 days following the screening (those considered lower risk).
- 32 Lighthouse referrals were made on the day of screening for continuing mental health services
- 1 immediate referral made to the Psychiatric Intake Response Center (PIRC)
- 8 students opted out of screening



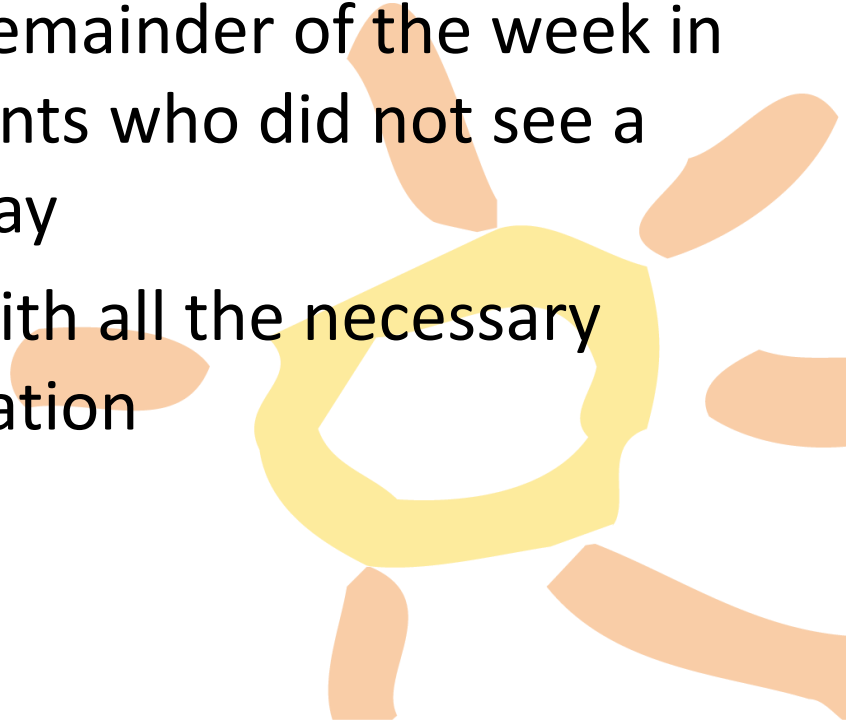
# Challenges

- Coordinating schedule for the day
  - SOS assessment must occur in the morning in order to allow time for follow-up for all high risk students - prior to the end of the school day.
- Space consideration
- Disruption of the school day
- Direct service providers having a clear understanding of responsibilities



# Recommendations

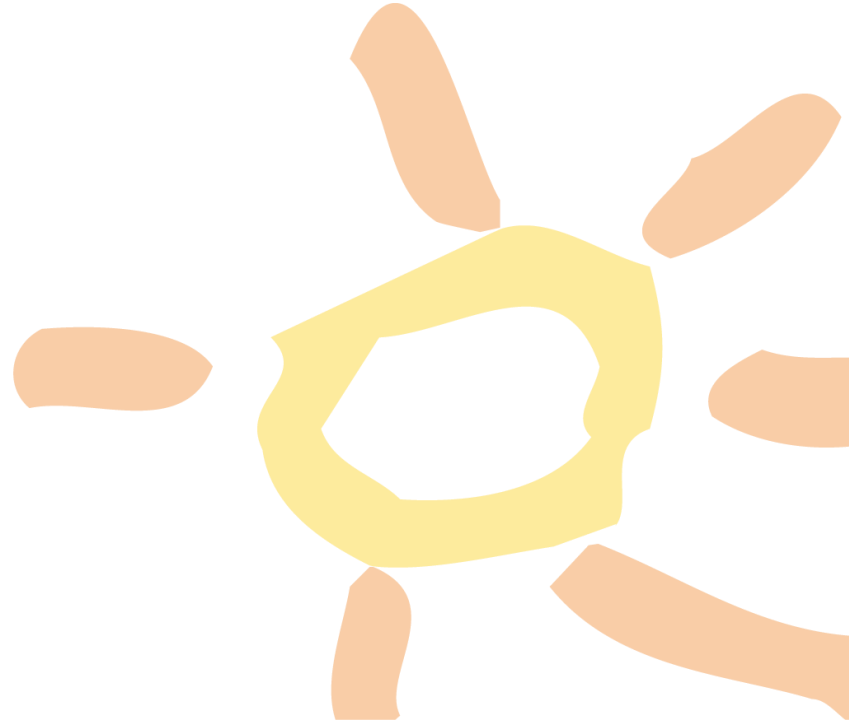
- Start planning early
- Organization is essential
- Hold the screening early in the week (We chose Tuesday)
- Open your schedule for the remainder of the week in order to follow up with students who did not see a counselor on the screening day
- Preassembled spreadsheet with all the necessary student identification information





# Observations of the Mental Health Providers

- Importance of QPR for staff
- Staffing
- VOCA funding
- VOCA screening
- VOCA Stats



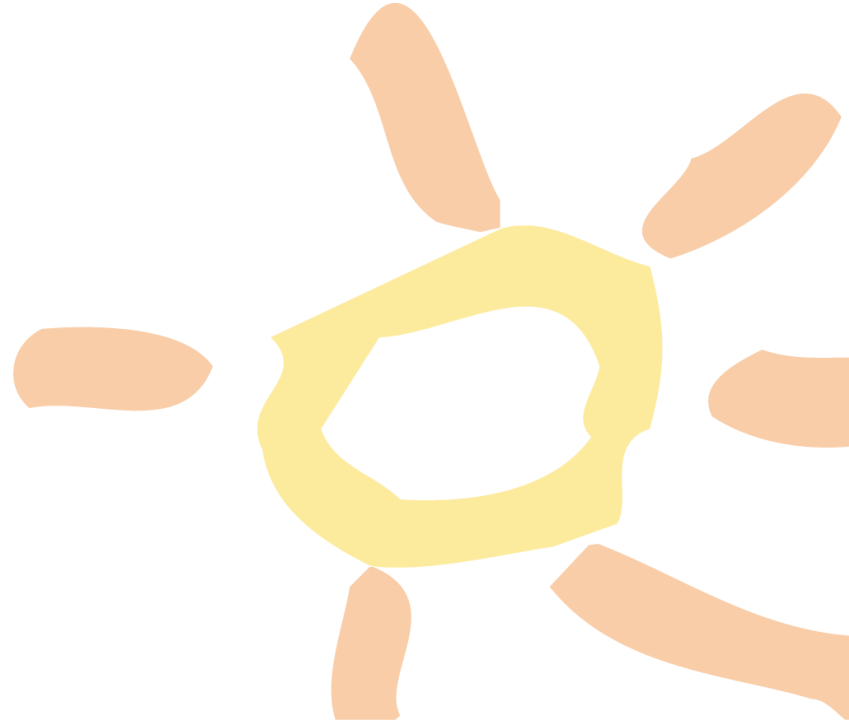
# Administrator Point of View

- Role of mental health in school
- Relationship between discipline and mental health
- Determining student needs and meeting them where they are
- Eliminating the stigma
- Educating and supporting staff



# Implications and Outcomes for School Counselors

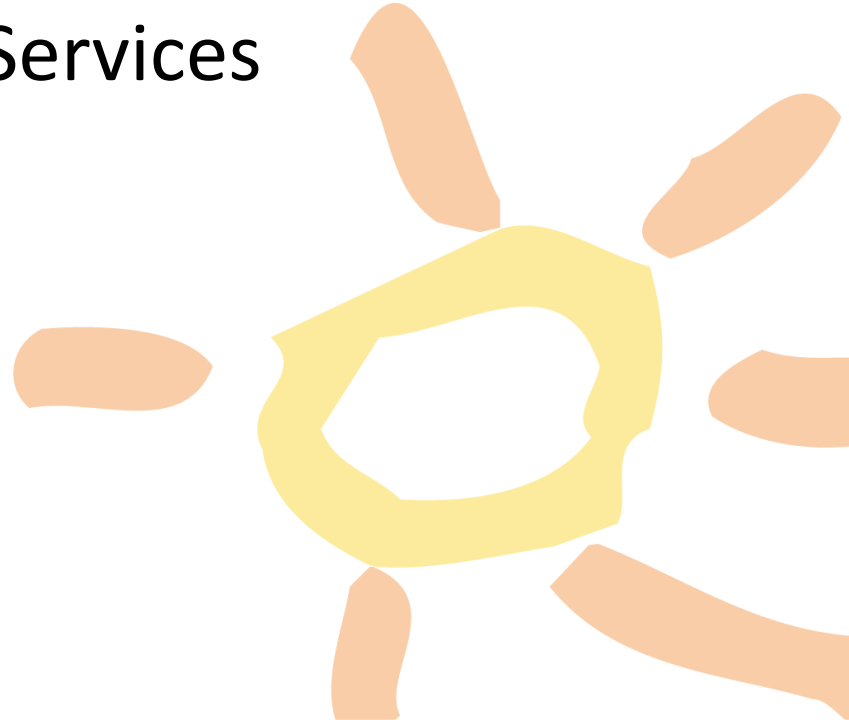
- ASCA
- OSCA
- OSCES



# Cost

## Safety Grant- Attorney General

- Signs of Suicide \$495
- Grant us Hope \$4000
- Extended Mental Health Services

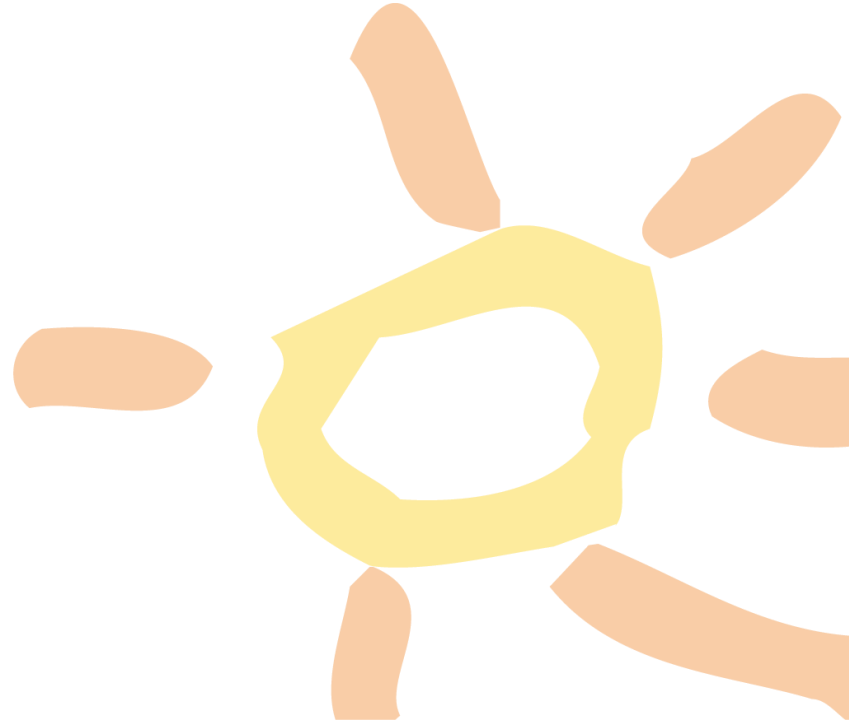


# Moving Forward

- Plan to continue the SOS program annually with our junior class
- Conduct the program in the Fall to catch at risk students sooner
- Continuous improvement and evaluation of data



# End of Presentation



# Post-Crisis....Lessons Learned

**Lauren Brown**

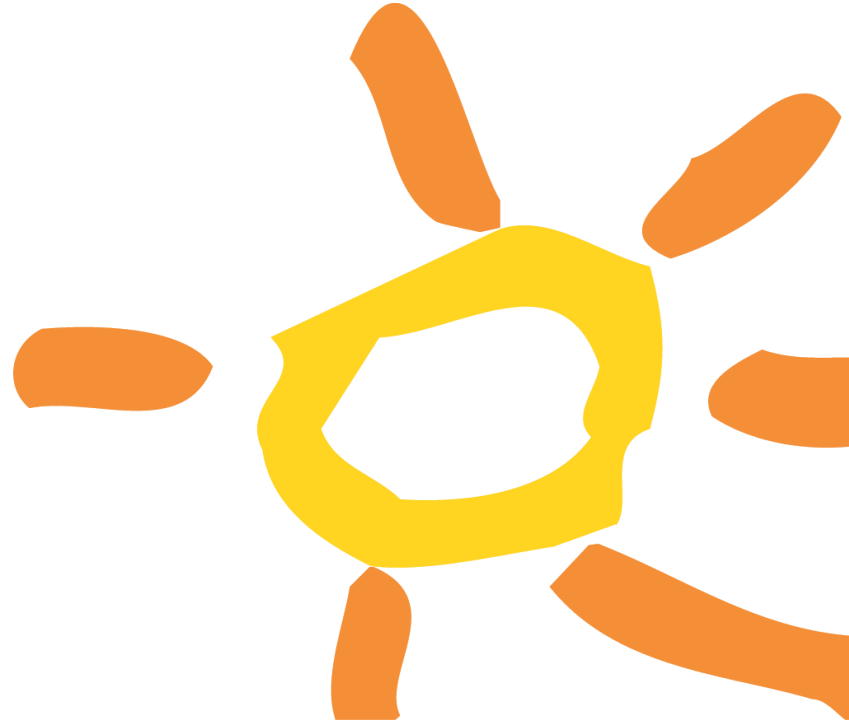
Manager of Health Services

**Lori Brown**

Director of Student Services

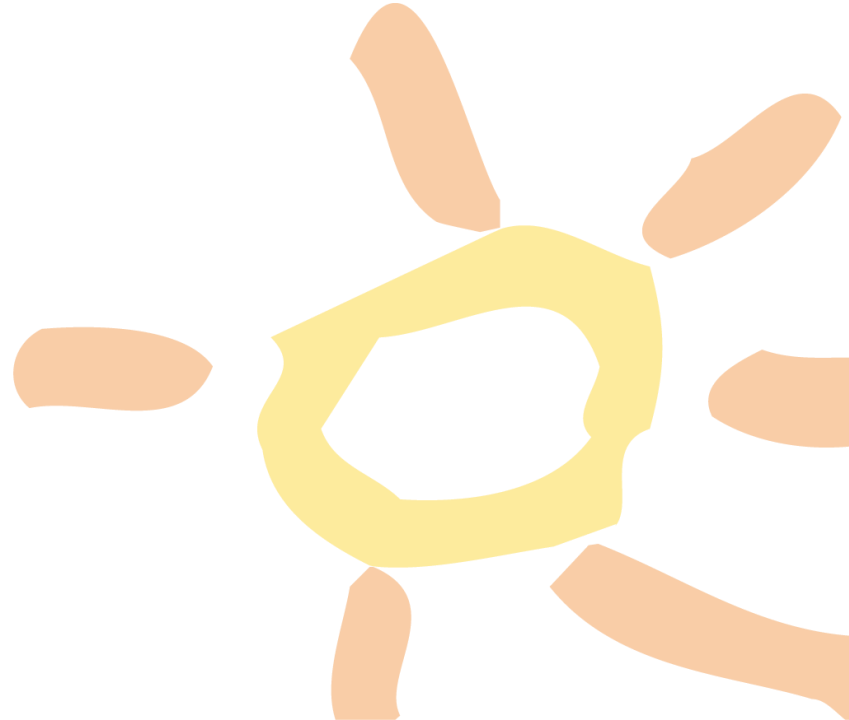
**Julie Knueven**

Child & Adolescent Program Director



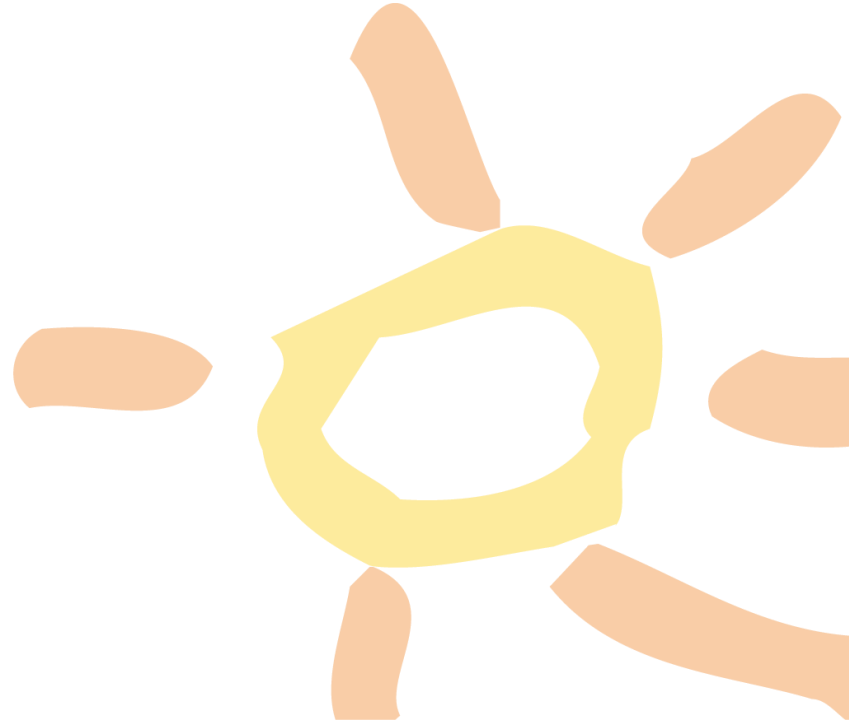
# What Happened and Our Response

- Morning Events
- Day One Response
- Day Two Response
- Afterwards



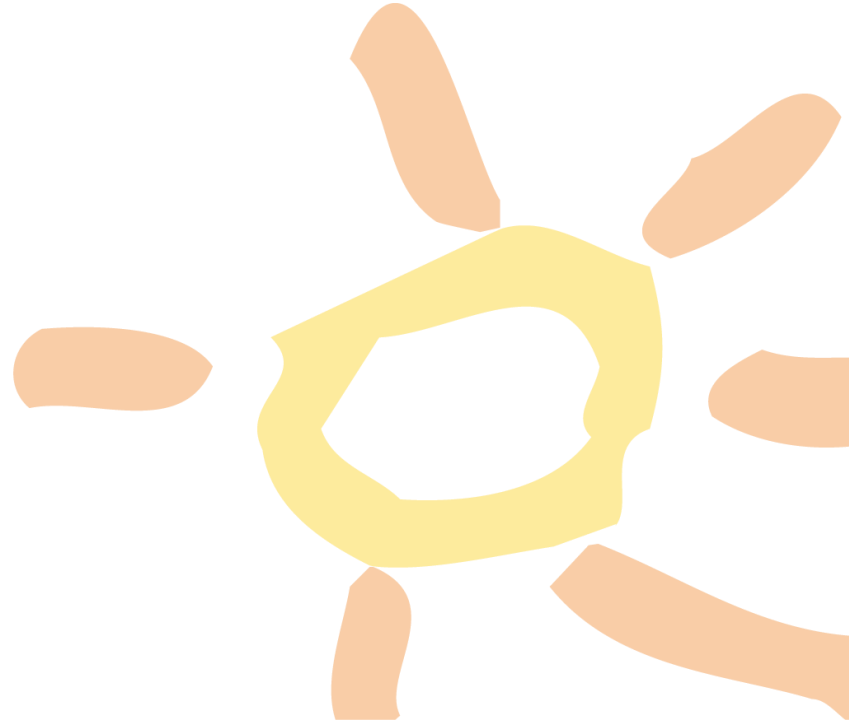


# What We Learned



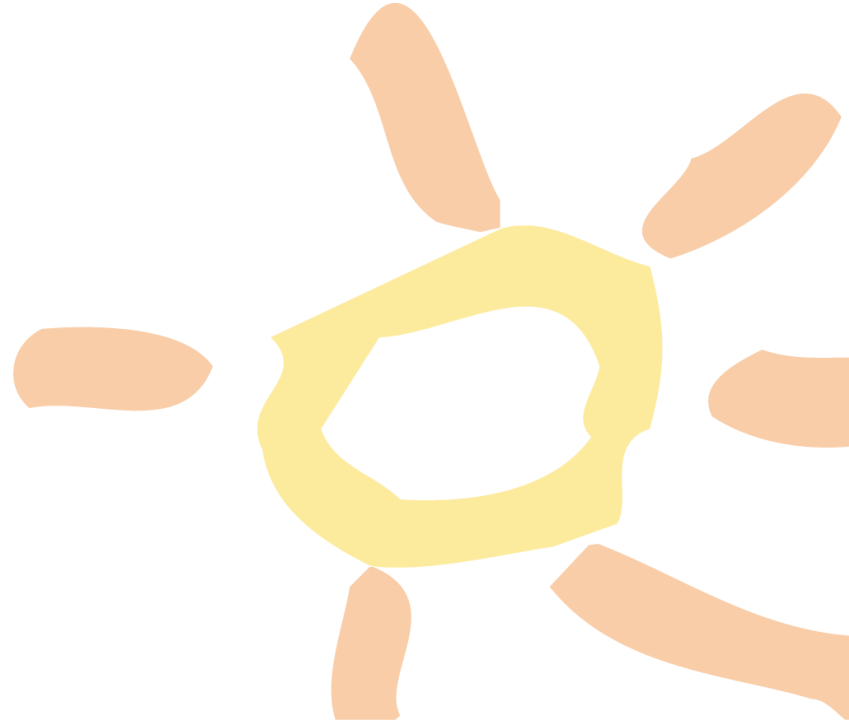
# Crisis Support is Not the Same as Crisis Response

- Danger vs. postvention
- Where do the structures meet?
- Who is in command?
- Crisis support team



# Know and Follow Your Protocol/Policy

- Follow plan
- Allow for flexibility based on situation
- Support from central office
- Public Relations-Media
- Communication flow
  - Notifying parents
  - Notifying students



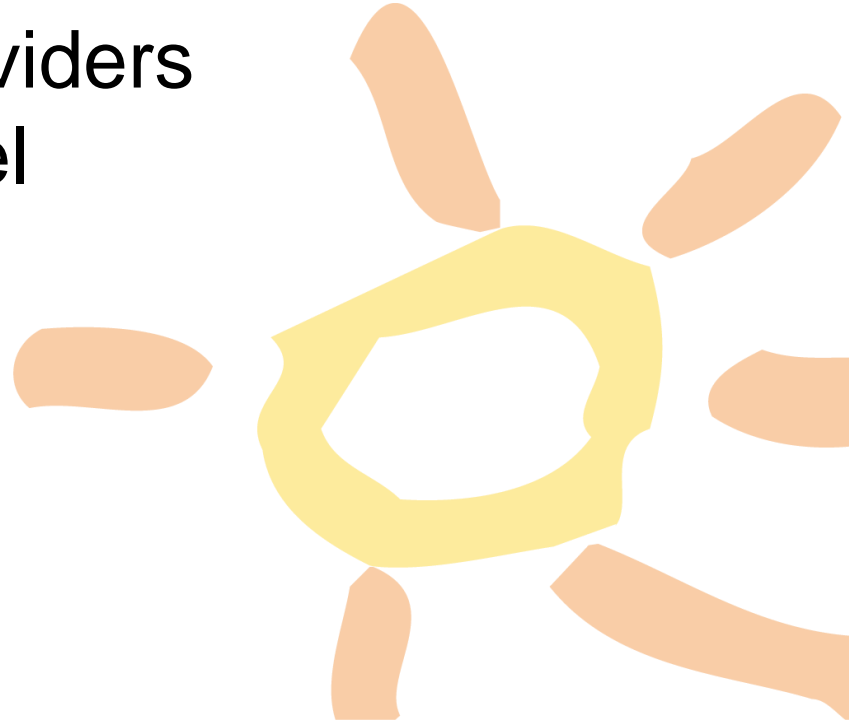
# Think of the Little Things

- School events (cancel?)
- Attendance
- Consider the student's schedule
- Bus routes
- Social media
- Reunification
- Similar names/relationships
- Effects on schedule structure
- Materials
- Food and beverage



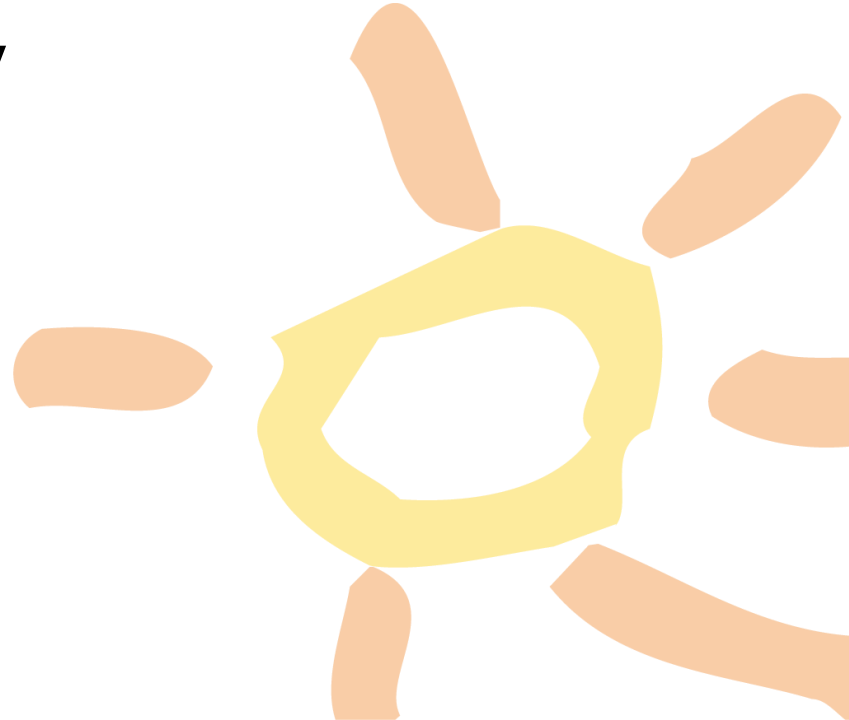
# Consider Your Internal Resources

- Counselors
- School Psychologists
- Community Liaison
- Nurses
- Other mental health providers
- Central Officer personnel
- Target feeder schools



# Consider Your External Resources

- Who to call? When?
- Mental health partners
- Therapy dogs
- County crisis teams
- Companions on Journey
- Grant Us Hope
- MindPeace



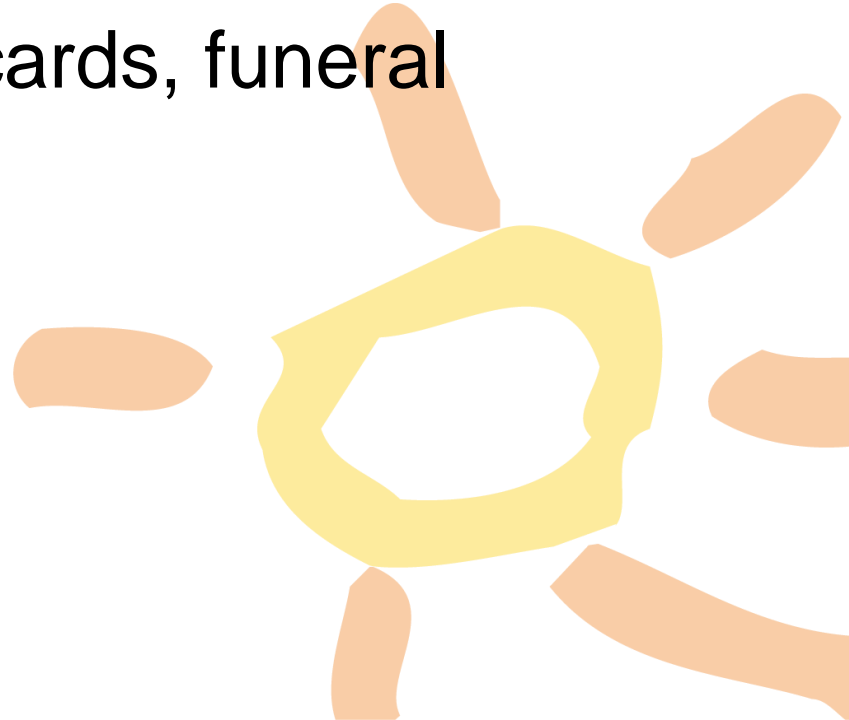
# Crisis Reaches Far

- Other buildings
  - Siblings' buildings
  - Neighborhood
- Trauma reactions
- Close relationships/siblings in other buildings
- Increased alertness in community



# Whole School Support vs. Targeted Support

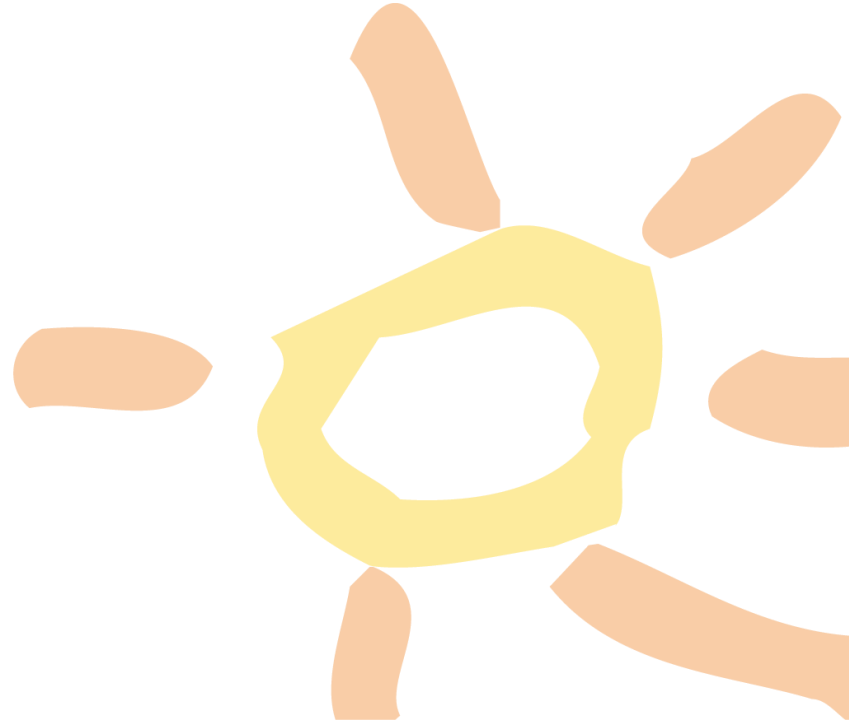
- Physical space
- Procedures
- Communication
- Watchlist
  - Reading messages, cards, funeral website, etc.
- Therapist
  - Active client check-in
  - Neediest





# Staff Needs Support, too

- Consider the emotional response of the responders.
- Close relationships (nurse, teachers, etc.)
- Coverage
- Support in staff lounge
- Staff meetings:
  - Recovery circle
- Communication
- Ongoing/healing
- Leadership support



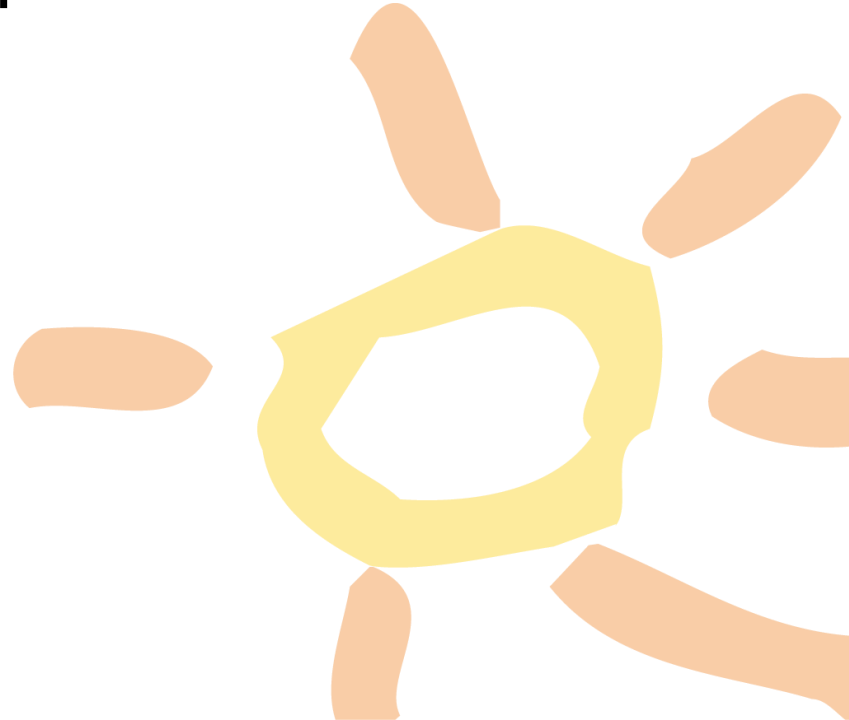
# The Need for Support Continues

- Watch list
- Referrals to counseling
- Washington DC trip
- Memorializing
  - School events
  - Purple
  - Communication
- Transitioning grade levels
- Close relationships/siblings



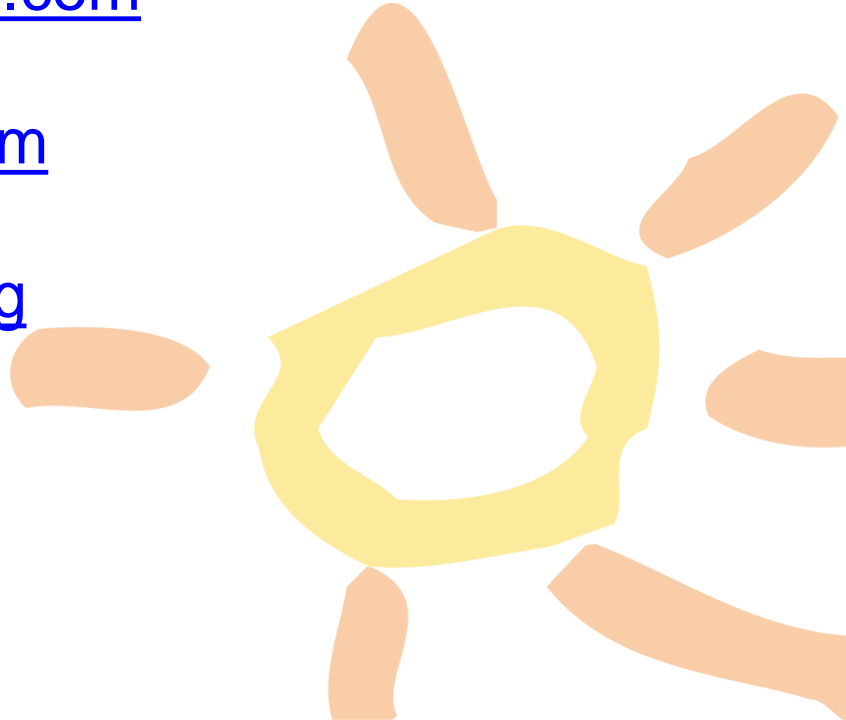
# Everyone Cares and Wants to Help

- Partner and community reach out
- Parents--food and support
- Forum
- School staff offering support



# Thank you for your time!

- For questions, comments, or suggestions:
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# **Not to Exclude You, but Uncovering and Mitigating Bias**

**Dr. Nicole Avant**

