

Mental Health Promotion and Intervention in the Classroom

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Introductions

- Who's your neighbor?
- Who's in the audience?



UF School Psychology Research Team



Thanks to:

- Mark Weist
- Lucille Eber
- Susan Barrett
- Bob Stevens
- Bob Putnam
- Boone County (MO) Schools Mental Health Coalition
- Sharon Stephan



**POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS
AND
SCHOOL MENTAL HEALTH**

Today's Agenda

- What is Mental Health?
- Moving away from "De Facto" Status Quo
 - Interconnected Systems Framework
- Mental Health Intervention in Schools and Classrooms
 - Early warning signs and classroom strategies
- Mental Health Promotion and Prevention in Schools and Classrooms
 - Social Emotional Learning
 - Strengthening Protective Factors Framework

What is Mental Health?

Mental Health An Operational Definition

According to the World Health Organization and the Center for Disease Control, Mental Health is defined as:

“A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

Continuum of Mental Health and Wellbeing



Five Core SEL Competencies



Social Emotional Competency

Improves test scores

Improves Attendance

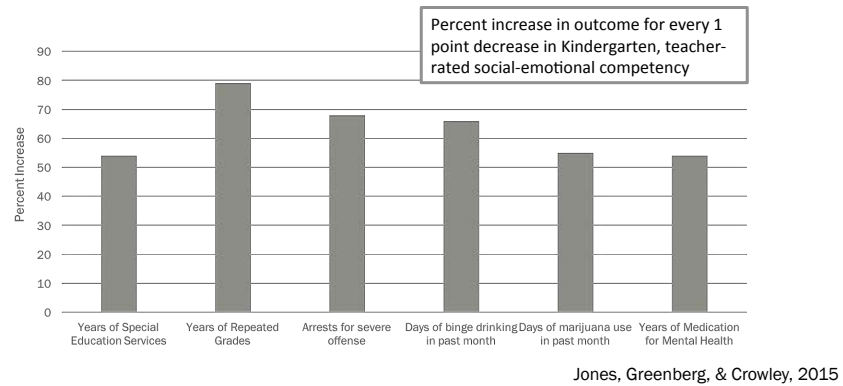
Improves School Connectedness

Decreases classroom disruptions

Improves teacher and peer relationships

Improves employability

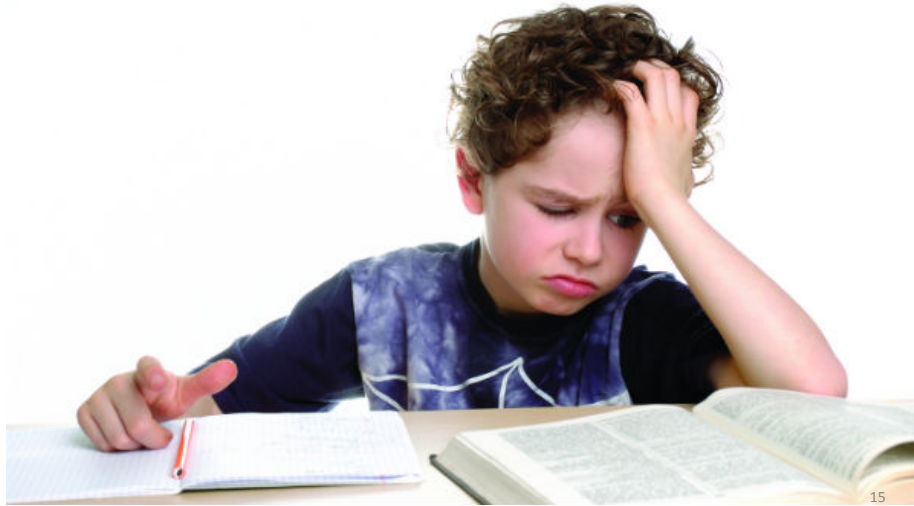
Social Emotional Learning predicts Future Wellness



Why is Mental Health Important?

- One in 5 youth have a MH “condition”
- About 70% of those get no treatment
- School is “defacto” MH provider
- JJ system is next level of system default
- Suicide is 4th leading cause of death among young adults

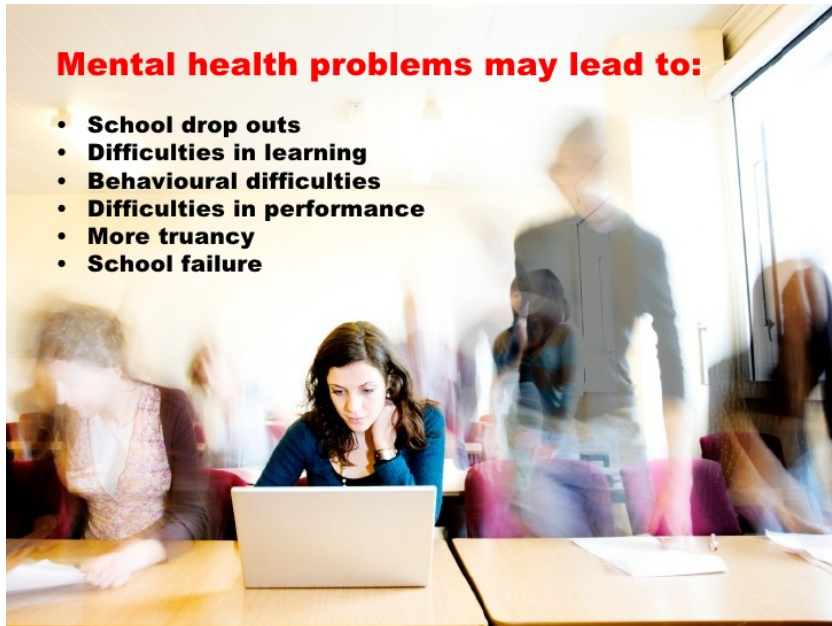
Affects learning



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Mental health problems may lead to:

- **School drop outs**
- **Difficulties in learning**
- **Behavioural difficulties**
- **Difficulties in performance**
- **More truancy**
- **School failure**



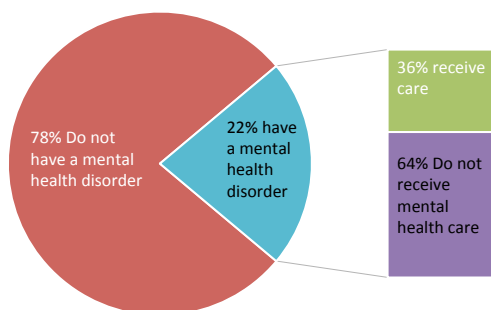
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50% of youth with a mental health disorder drops out of high school – the highest drop out rate among students

National Alliance on Mental Illness (NAMI)

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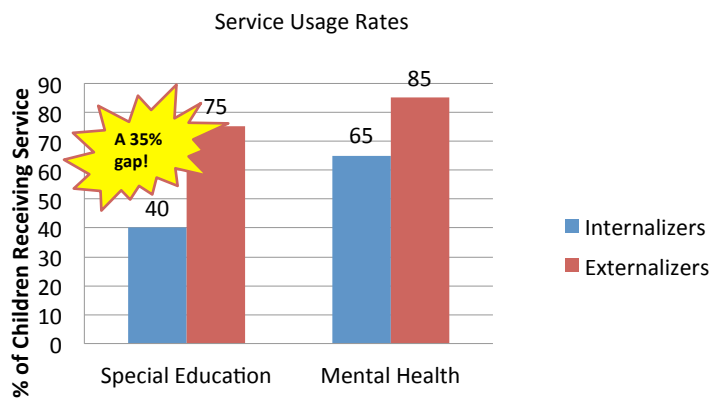
Only 1 in 3 Youth in Need Receives Care



Source: Merikangas et al., 2011; Merikangas et al., 2011

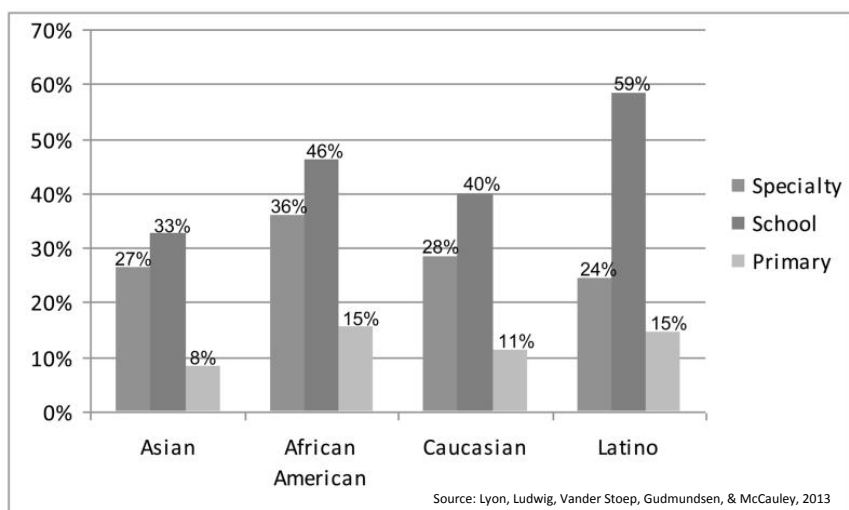
Mental health and school age children

- Internalizers are underserved by special education and mental health systems



Source: Bradshaw, Buckley, & Jalongo, 2008

Gap in Use of Specialty Mental Health Clinics



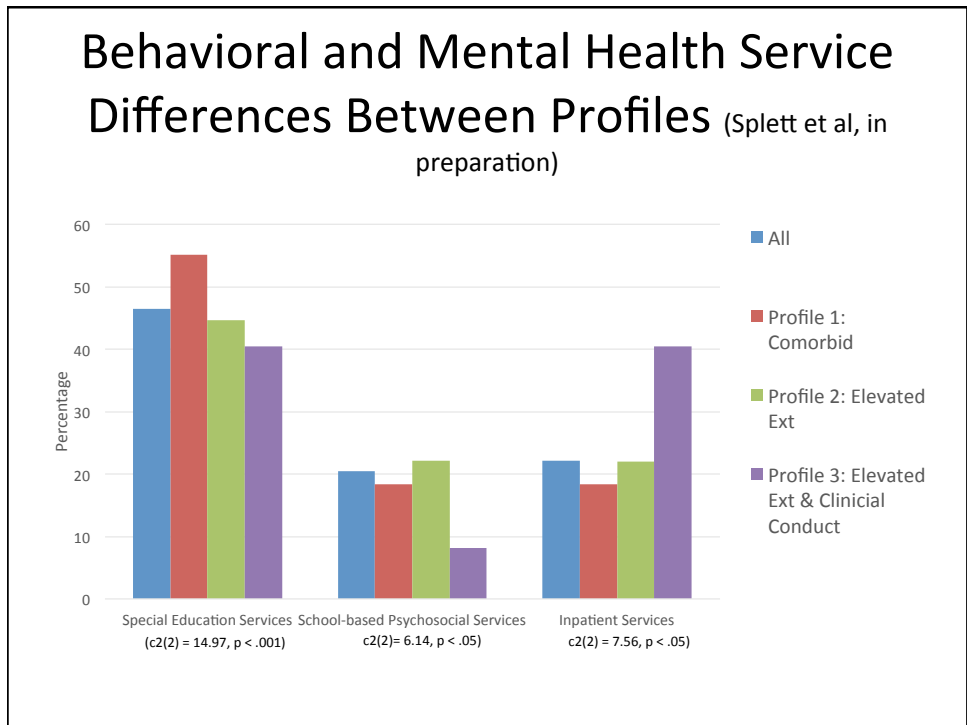
Source: Lyon, Ludwig, Vander Stoep, Gudmundsen, & McCauley, 2013

Many Barriers to Accessing Services



Teachers and school staff can help remove barriers





De Facto?

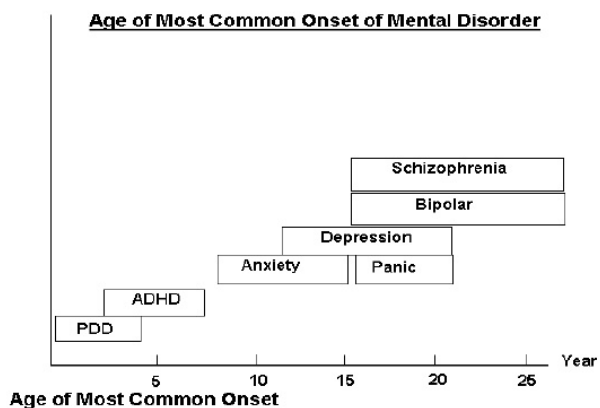
- Definition: being such in effect though **not** formally recognized
- Example: Whatever it says on the calendar, Florida has *de facto* summer
- Whatever system is recognized for providing children's mental health services, schools are *de facto* provider

Moving from De Facto to System Leader



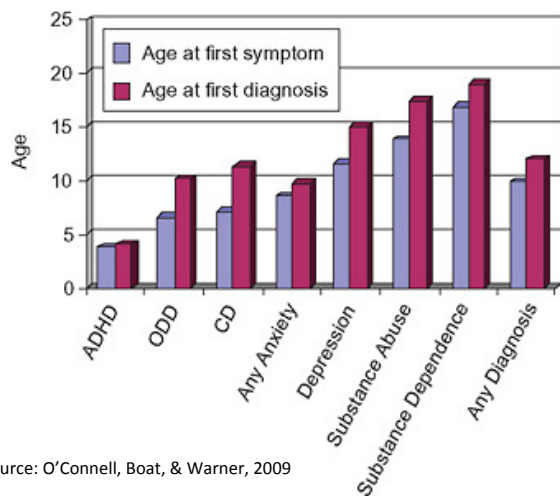
Why Schools?

Many of the mental disorders begin at the **exact time that youth are in or entering Jr. High, High School or University**

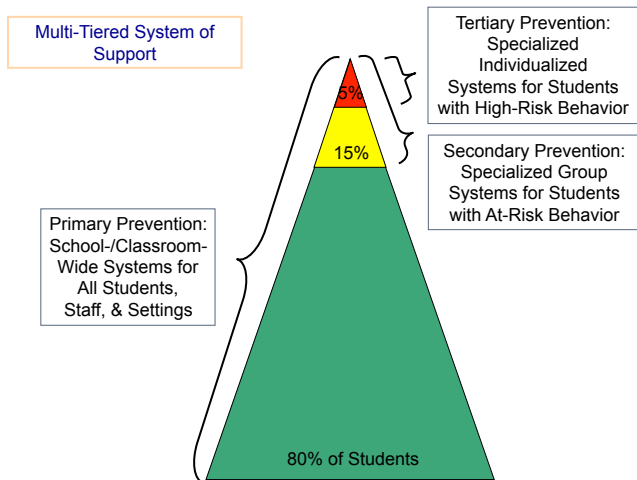


Mental health “Window of Opportunity”

Great Smoky Mountains Study: Age Between First Symptom and Initial Diagnosis



Source: O’Connell, Boat, & Warner, 2009



Positive Behavior Intervention and Support (www.pbis.org)

- In 23,000 plus schools
- Decision making framework to guide selection and implementation of best practices for improving academic and behavioral functioning
 - Data based decision making
 - Measurable outcomes
 - Evidence-based practices
 - Systems to support effective implementation

Advantages

- Promotes effective decision making
- Reduces punitive approaches
- Improves student behavior
- Improves student academic performance
- *WHEN DONE WELL*

But

- Many schools implementing PBIS lack resources and struggle to implement effective interventions at Tiers 2 and 3
- View student issues through lens of “behavior”
- Youth with “internalizing” issues may go undetected.
- PBIS systems (although showing success in social climate and discipline) often do not address broader community data and mental health prevention.

“Expanded” School Mental Health

- Reflecting a “**shared agenda**” involving school-family-community system partnerships
- Full continuum of effective mental health promotion and intervention available for students in general and special education
- Collaborating community professionals (not *outsiders*) **augment** the work of school-employed staff

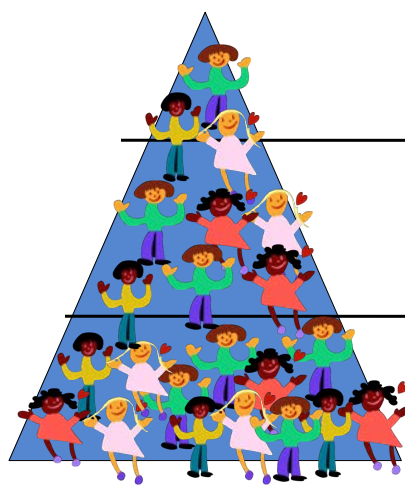
Weist & Paternite, 2006

Advantages

- Improved access
- Improved early identification/intervention
- Reduced barriers to learning, and achievement of valued outcomes
- *WHEN DONE WELL*

The Challenge of Evidence-Based Practice

(from Sharon Stephan)



Intervention/Indicated:

Cognitive Behavioral Intervention for Trauma in Schools, Coping Cat, Trauma Focused CBT, Interpersonal Therapy for Adolescents (IPT-A)

Prevention/Selected:

Coping Power, FRIENDS for Youth/Teens, The Incredible Years, Second Step, SEFEL and DECA Strategies and Tools, Strengthening Families Coping Resources Workshops

Promotion/Universal:

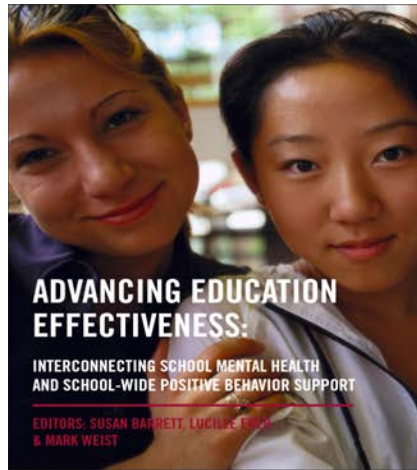
Good Behavior Game, PATHS to PAX, Positive Behavior Interventions and Support, Social and Emotional Foundations of Early Learning (SEFEL), Olweus Bullying Prevention, Toward No Tobacco Use

But

- SMH programs and services continue to develop in an ad hoc manner, and
- **LACK AN IMPLEMENTATION STRUCTURE**
 - Ineffective teams or no team, collaboration at all
 - Inconsistent or unavailable coaching and professional development systems
 - Poor use of data to monitor progress
 - Evaluation only at client level, no system or program outcome considerations

Not two, but one





Advancing Education Effectiveness:
Interconnecting School Mental Health and School-Wide Positive Behavior Support

*Editors: Susan Barrett,
Lucille Eber and Mark Weist*

ISF Defined

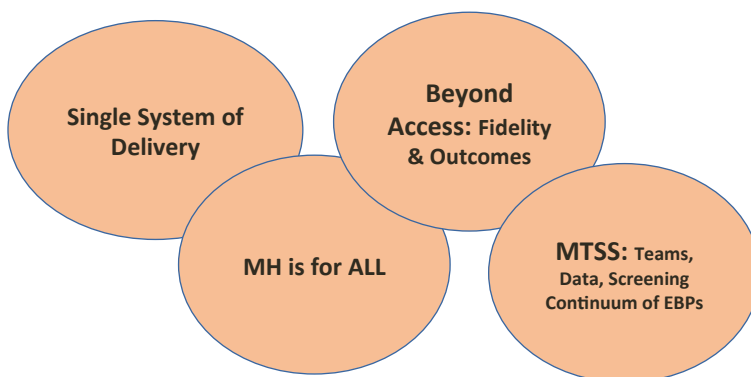
<https://www.pbis.org/school/school-mental-health/interconnected-systems>

- Structure and process for education and mental health systems to interact in most effective and efficient way.
- Guided by key stakeholders in education and mental health/community systems
- Who have the authority to reallocate resources, change role and function of staff, and change policy.

ISF Core Features

- **Effective, cross system teams** that include community mental health providers, youth, and families
- **Data**-based decision making
- **Tiered** prevention logic
- Formal processes for the selection & implementation of **evidence-based practices (EBP)**
- **Early access** through use of comprehensive screening
- Rigorous **progress-monitoring** for both fidelity & effectiveness
- Ongoing **coaching** at both the systems & practices level

Why use the Interconnected Systems Framework (ISF) for integrating mental health in schools?



ISF Resources

- Links to recorded webinars, conference presentations, tools, publications and other resources can be found at:
 - www.pbis.org on the mental health page under community
 - www.midwestpbis.org on the ISF page under content

ISF Targeted Workgroup Webinars

- Remaining scheduled webinars:
 - February 24th
 - March 24th
 - April 21st
- Time for webinars:
 - 1:00 – 2:00 Eastern – exploration/adoption through installation
 - 2:15 – 3:15 Eastern – installation through implementation and sustainability

PBIS National Leadership Forum

September 28 – 29

Hilton, Downtown Chicago

“PBIS: Starting, Scaling, and Sustaining”

- 75 different breakout sessions – including strand on mental health integration
- National Trainers and Exemplars
- 19 Roundtable/Discussions
- Networking Poster Session

Action Plan Wishlist

What’s one thing you can take back to your building or district?

OR

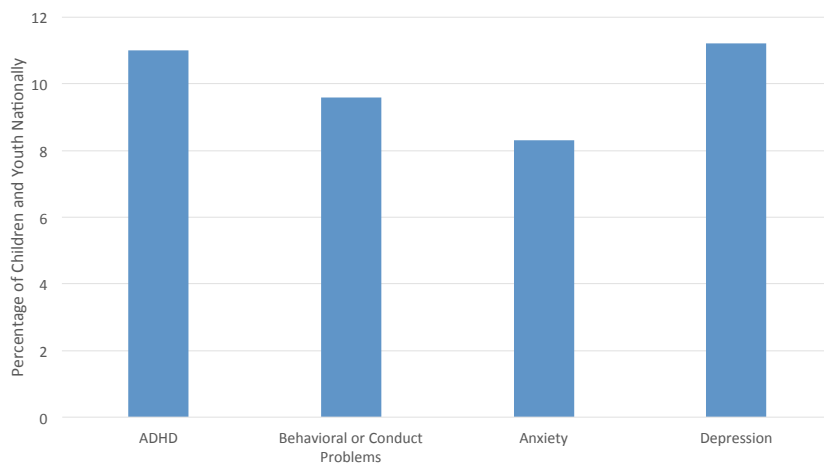
What’s one thing you can take back to your building or district to improve or expand PBIS implementation?

MENTAL HEALTH INTERVENTION IN SCHOOLS AND CLASSROOMS

Most Prevalent Diagnosis in Children

- Attention Deficit Disorders
- Oppositional and Conduct Disorders
- Anxiety
- Depression

What the Data Tell Us: National Incidence Among Youth



By Comparison: Prevalence

- Asthma – 9.3%
- Diabetes – 29%
- Obesity – 18%
- Tooth Decay – 15%
- ADHD about 8%
- Behavior Disorders – 19.1%
- Anxiety – 31.9%
- Depression – 14.3%

Attention Deficit Disorders

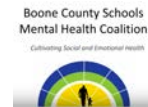
- Symptoms include difficulty staying focused and paying attention, difficulty controlling behavior, and hyperactivity
- Three subtypes
 - Predominantly hyperactive-impulsive
 - Predominantly inattentive
 - Combined hyperactive-impulsive and inattentive
- It can be mistaken for other problems

Signs and Symptoms

- Inattention
- Impulsive behavior
 - Always talking and blurting out answers
- Inability to concentrate
 - Starts assignments but doesn't complete them
- Easily distracted
 - Appears to be "spacing out" during lessons
- May require little sleep
- May have LOTS of energy
 - Doesn't work well in groups
- Unable to sit still

Strategies to Help in Classroom

- Teach transitions
 - Incorporate relaxation techniques when transitioning from active, unstructured time to focused instructional time (progressive muscle relaxation, deep breathing)
- Allow appropriate movement and consider incorporation with lessons
 - E.g., Form conga line counting to 30 as it moves through classroom and shaking hips on every multiple of 3
- Facilitate positive social interactions and opportunities to practice social skills (e.g., cross age tutoring)
- **Teach the student to write out the day's schedule** and/or make a to-do list for an assignment or a checklist for homework supplies/tasks



Write Down Our Schedule

- Oppositional Defiant Disorder
- Conduct Disorder
- Activity:** Meditation on the Soles of Your Feet
- Anxiety Disorders
- Depression and Mood Problems
- Activity:** Growth Mindset
- Activity:** Establish Continuum of Positive and Negative Consequences
- Perspective Shift

Oppositional and Conduct Disorders

- Oppositional Defiant Disorder (ODD)
- Conduct Disorder
- Behavior/Emotional Disturbed – Emotional Support Category

(remember versus typical development)

Oppositional Defiant Disorder

- Marked by defiant and disobedient behavior to authority figures
- Symptoms include irritable mood, argumentative and defiance, aggression, even vindictiveness
- Can also include antisocial behavior, impulsivity, screaming, self-harm, anxiety and/or depression

Conduct Disorder

- Aggression to people and/or animals
- Destruction of property
- Deceitfulness, lying, or stealing
- Serious violations of rules

Signs and Symptoms

- Inattention
- Impulsive behavior
 - Always talking and blurting out answers
- Inability to concentrate
 - Starts assignments but doesn't complete them
- Easily distracted
 - Appears to be "spacing out" during lessons
- May require little sleep
- May have LOTS of energy
 - Doesn't work well in groups
- Unable to sit still

Oppositional and Conduct Problems in Your Classroom

- Excessive arguing with adults
- Refusal to comply with requests and rules
- Attempts to annoy or upset others and/or easily upset by others
- Blames others for his/her mistakes
- Frequent outbursts of anger and resentment
- Spiteful and seeks revenge
- Frequent swearing and obscene language
- Says mean, hateful things when upset

Strategies to Help in Classroom

- **Meditation on the Soles of Your Feet**
- **Break Cards**
- Check in/Check Out, Daily Progress Report Card
 - Tied to classroom/school behavioral expectations and child-created reinforcement list
- **Use Praise Effectively** – maintain high ratio of praise to negative comments, corrections, complaints, etc
- Avoid threats and the need to “teach them a lesson”
- Don’t take it personal or make it personal
- Avoid public statements – sticky notes for praise, upcoming transitions or directions, humor, offering assistance
 - Dear Josie: I get lonely without words. -Your Journal
 - Do you want help?
 - I know you’ll like our next activity. Be sure to raise your hand if you have an answer or comment



Anxiety Disorders

- **A typical feeling that is part of normal life.
- Disorders involve more than temporary worry or fear – the anxiety persists, does not go away and can get worse over time.
- The feelings interfere with daily activities such as job performance, school work, and relationships.

Types of Anxiety Disorders

- Generalized Anxiety Disorder (GAD)
- Panic Disorder
- Social Anxiety Disorder (Social Phobia)
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder (PTSD)

Signs and Symptoms

- Excessive amount of time completing tasks with precision or preoccupation with making work look "perfect" or "neat"
- Low risk-taking for trying new things
 - Ex, need for reassurance and approval before moving on to next step of task
- Quitting a task if not doing it perfectly or unsure if can be successful
- Frequently restart work and seek assurance
- Generalize any bad news that peers experience to own life
 - Ex, scared of getting sick or having own parents get divorced
- Avoid tasks in which evaluation is likely or panic attack feared
 - Ex, avoid being called on in the classroom
- Somatic complaints to avoid 'performing'
 - Ex, frequent trips to the nurse for stomach ache
- Difficulty transitioning from home to school
- Frequent self-criticism
- Difficulty concentrating due to persistent worry
- Avoiding playing with peers, doing group work, interacting with unfamiliar students
- Failing to speak in social situations/large group discussions or avoid raising hand
- Avoiding people, places, and things that trigger obsessions or compulsions (e.g., avoid bathrooms for fear of germs)
- Frequent and atypical amounts of ordering, organizing, or picking up materials around them

Strategies in Your Classroom

- **Adaptive Thinking**
- Mindful Breathing
- Model (explicitly) coping and problem solving strategies
- Encourage small steps
- Provide safe space to go to (for limited time) when anxious and coping strategies not working
- Remove attention from anxious behaviors
 - Decrease reassurance seeking, increase positive coping
- Identify when ignoring the behavior
 - I have already answered that question. Go to the next one. (delivered privately)
- Praise the coping strategy and positive behavior as soon as it occurs
 - Nice job continuing with your work (delivered privately)



Depression and Mood Problems

- *Feeling sad or “blue” is a typical feeling.
- Symptoms include persistent sad or empty feelings, hopelessness, guilt, worthlessness, helplessness, fatigue, difficulty concentrating, insomnia, overeating or appetite loss, etc.
- In children and adolescents, can manifest as anger, anxiety, inattention, or withdrawn.

Types of Depression and Mood Problems

- Major Depression
- Persistent Depressive Disorder
- Seasonal Affective Disorder (SAD)
- Bipolar Disorder
- Psychotic Depression
- Postpartum Depression

Signs and Symptoms

- There may be none - internalizing
- May isolate or have difficulty interacting, getting along with others
- May be tardy/absent often or appear tired, restless
- May visit the nurse – somatic (more socially appropriately “times self out”)
- Can be irritable, moody, aggressive, cry easily for no explained reason
- May appear “ADD like” – inattention, easily distracted
- Negative view of self
- Lack of interest in activities/tasks or change in interest
- Daily, weekly or monthly fluctuations/swings in mood, energy and motivation
- Episodes of overwhelming emotion such as sadness, embarrassment, or rage

Strategies in Your Classroom

- Positive Peer Reporting
- Growth Mindset
- Heading off Failure
- Engineer social interactions to be acceptable, positive and rewarding (e.g., cross-grade tutoring)
- Teach to self-monitor mood throughout day
- See ADHD strategies (checklists, praise, etc)



Strategies in Your Classroom II

- Increase Predictability
- Establish Expectations
- Teach, Model and Reinforce Expectations Daily
- Use Praise Effectively
- Establish Continuum of Positive and Negative Consequences
- Build Community of Learners and Social



	Small & Everyday	Moderate & Frequent	Large & Infrequent
Positive Consequences	Social Praise ("Good Job") Smile, High Five, Handshake Stickers, Stamps, Smiley Face Positive Home Note Select Music For Seatwork Free Drinking Fountain Passes	Weekly Positive Home Call Lunch With Teacher/Principal Work "Escape" Ticket Student Seat Selection Computer Time "Buddy" Class Recess	Large Group Project Community Field Trip Cooking in the Classroom Class Sporting Event (Kickball) Office Helper or Hat Day Class Movie Day
Negative Consequences	Non-Verbal (Proximity, Glance) Class Pre-correction Individual Pre-correction Individual Correction In Class Conference After Class Conference	Instructional Modification Seat Modification "Buddy" Class Timeout Student & Principal Conference Parent Contact Student & Parent Conference	Office Referral Reparation Loss of Privilege Loss of Recess Working Lunch Detention Working After School Detention



Causes and treatment of disorders

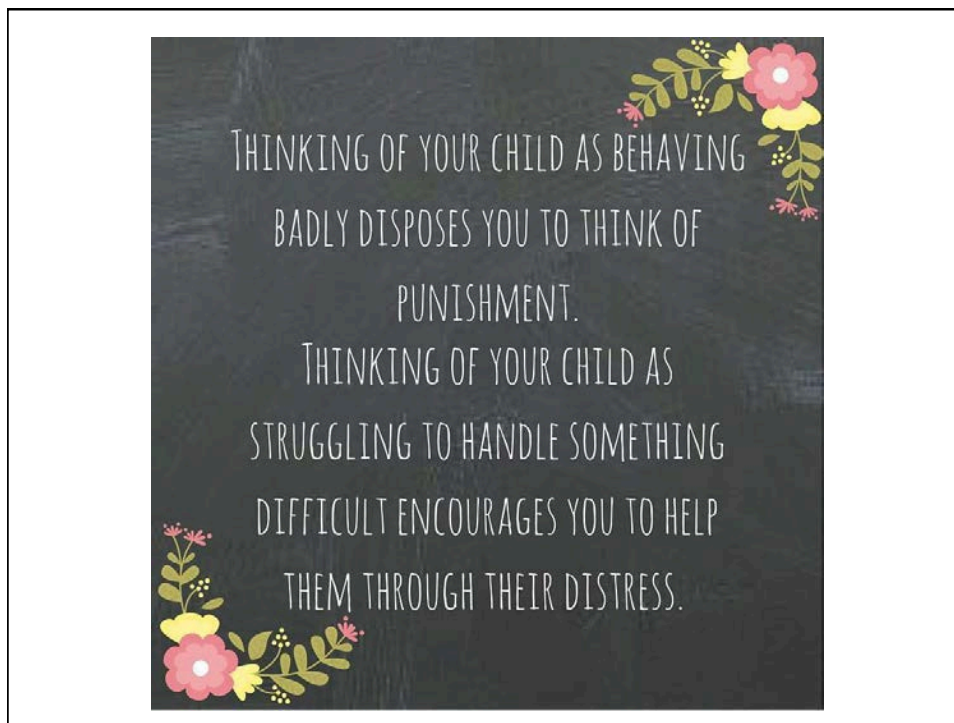
- Chemical
- Life experiences – chronic stress, trauma
- Although cannot be “cured”, most people respond well to treatment
- Physical versus mental/behavioral

The needed perspective shift

“What’s wrong with you?”



“What happened to you & how can we help?”



How do we see these students?

Uninformed view

- Anger management problems
- May have ADHD
- *Choosing* to act out & disrupt classroom (e.g., disrespectful or manipulative)
- Uncontrollable, destructive
- Non-responsive

Uninformed response

- Student needs consequences to correct behavior or maybe an ADHD evaluation

Informed view

- Maladaptive responses (in school setting)
- Seeking to get needs met
- Difficulty regulating emotions
- Lacking necessary skills
- Negative view of world (e.g., adults cannot be trusted)
- Trauma response was triggered

Informed response

- Student needs to learn skills to regulate emotions & we need to provide support

Adapted from Daniel & Zurling (2012)

How did you do?

- Oppositional Defiant Disorder
- Conduct Disorder
- Activity:** Meditation on the Soles of Your Feet
- Anxiety Disorders
- Depression and Mood Problems
- Activity:** Growth Mindset
- Activity:** Establish Continuum of Positive and Negative Consequences
- Perspective Shift

What Can I Do About IT?

- Attend this training, review resources
- Be mindful of your students
- Seek help – administration, guidance counselors, community support
- Know your roles and responsibilities

Roles and Responsibilities

Yes, Please!

- Identify students you are concerned about as appropriate.
- Be a supportive adult
- Provide structure in a safe, supportive environment.
- Hold students accountable without blame or shame.
- Share your concerns with administration and families.

No Thank You!

- Conduct an assessment.
- Offer a diagnosis.
- Provide “therapy”.
- Worry about causing harm or suicide.

Teacher & Staff Roles

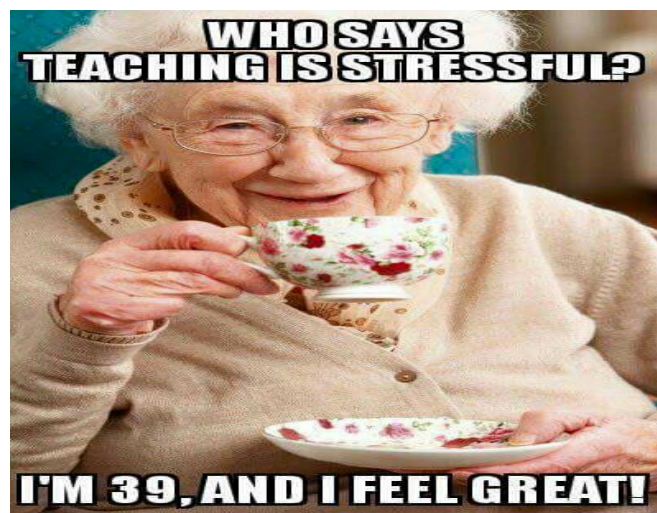
- Observer
- Catalyst
- Team member
- Educator
- Role model
- Collaborator
- Create Positive Social Culture

I-5

NEIGHBOR DISCUSSION

- At which roles do you currently operate?
- At which roles do you aspire to operate?
- What are two to three things you need to make that shift?
 - Discuss and write on your Action Plan Wishlist
- BREAK

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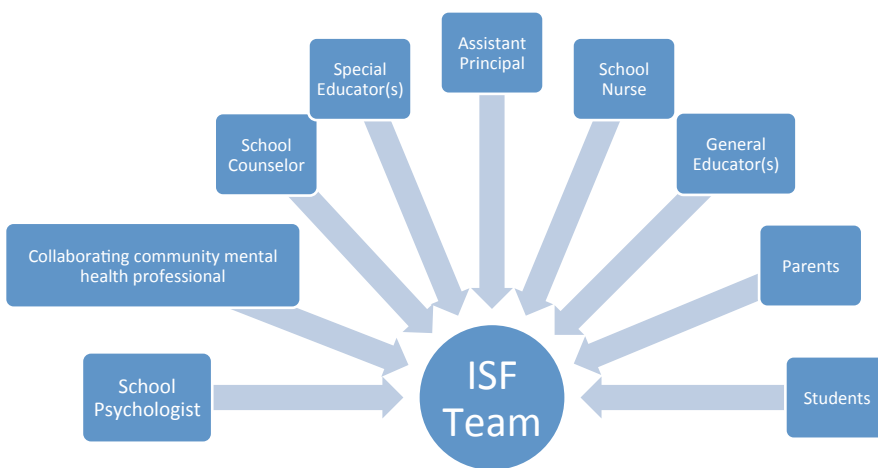


Before you add one more thing....

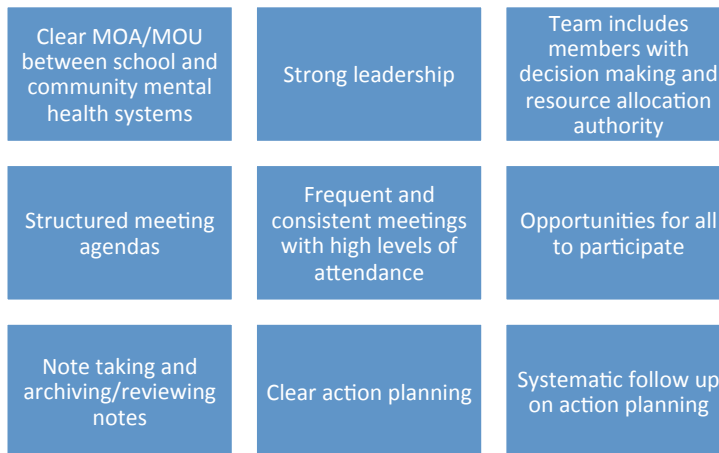


www.safetycenter.navy.mil

Who is on the ISF team?



What makes an ISF team effective?



District and Community Leadership Team

- Quarterly meetings
- Stakeholder representation – System of Care
- Implementer’s blueprint
- Systems, data and practices
- Scaling and sustainability

District Community Leadership Team: Role of Community Partners

- A District/Community leadership that includes families, develops, supports and monitors implementation plan
- Community partners participate in all three levels of systems teaming in the building: Universal, Secondary, and Tertiary

District Community Leadership Team: Role of Community Partners (cont.)

- Review data and design interventions that are evidence-based and can be progress monitored
- MH providers from both school & community develop, facilitate, coordinate and monitor all interventions through one structure

Action Plan Wishlist

- What's one thing you can take back to your classroom or classroom teachers in your building?

OR

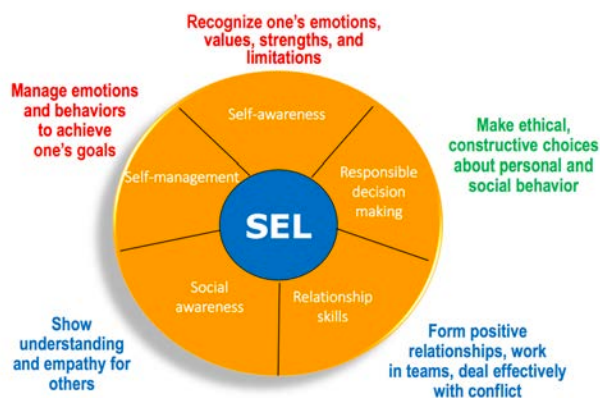
- What's one thing you can take back to your district or community to improve implementation?

Meanwhile, in a district down the road:



MENTAL HEALTH PROMOTION AND PREVENTION

Five Core SEL Competencies



Self-Awareness/Management Activity

- Activity 1: Feelings Feelings, Everywhere
- Activity 2: Things Are Not Always as They Seem
- Share with neighbor how you might use one or both in classroom



Core Components of Social Emotional Learning

University of Maryland Center for School Mental Health



CSMH Team



Sharon H. Stephan



Kimberly Becker



Meghan McKenzie




Gwen Lawson




Lisa Selby

Criteria for selecting interventions


- *Explicit skills instruction and/or teacher instructional practices*
- Resulted in 15 interventions

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Interventions that qualify

- 4Rs
- Competent Kids, Caring Communities
- **I Can Problem Solve**
- **The Incredible Years**
- **Michigan Model for Health**
- **MindUP**
- Open Circle
- **PATHS**
- Positive Action
- Raising Healthy Children
- Resolving Conflict Creatively Program
- **Second Step**
- **Social Decision Making/ Problem Solving Program**
- Steps to Respect
- **Too Good for Violence**

*For **bold** items, reviewers have purchased intervention manual

Instruction Guide

Feelings Identification

Objectives

- 1) To introduce an array of feelings
- 2) To help students learn how feelings are expressed
- 3) To provide opportunities to rehearse feeling expression and identification

Time: 30 minutes

Instructional Steps

- 1. Define feelings.**
Ask students to define what feelings. Praise students for their answers, and guide them to understand that feelings are our emotional reactions to our experiences.
- 2. Generate examples.**
Have students name feelings. It can be helpful to write their responses on a whiteboard or large piece of paper to refer to later in the lesson.
- 3. Explain that feelings are private and public.**
Ask students whether they think feelings are private (kept to oneself) or public (shared with others). Explain that feelings are felt on the inside but are shown on the outside. So, feelings can be both private and public. Guide students to name the various nonverbal cues that display one's emotion to others. Explain that feelings can be kept totally private when one wears a "mask."
- 4. Rehearse feelings.**
Have students practice expressing various feelings. Encourage them to use a variety of nonverbal cues.
- 5. Introduce the link between experiences and feelings.**
Remind students that feelings are our emotional reactions to our experiences. Have students generate ideas about what situations often make people happy, sad, frustrated, angry, etc. Guide them to understand that the same situation might make two different people feel different emotions.

Additional instruction ideas:

1. Find ways to model and label feelings. For example, during the course of the school day, label your emotions for students (e.g., "I am feeling happy. You can tell I am happy because I am smiling." Or "I am feeling frustrated. You can tell I am frustrated because my forehead is creased, my eyebrows are down, and I am not smiling.")
2. Encourage students to label their own emotions throughout the day, using prompts such as "How are you feeling?" and "How do you know you are feeling (happy, sad, frustrated, etc.)?"
3. Create opportunities for students to practice labeling others' emotions. Use multimedia materials (e.g., books, magazines, video) to help students find and label emotions, and have them practice labeling your emotions based on nonverbal cues.
4. Encourage generalization of these skills by finding opportunities for feelings identification within the context of daily instruction, such as by asking students to identify the emotions of people within the curriculum you use for reading, social studies, science, etc.

More **FREE** instruction guides coming soon.
Check <http://csmh.umaryland.edu/> and/or
[http://csmh.umaryland.edu/Resources/
Resources-for-Clinicians/](http://csmh.umaryland.edu/Resources/Resources-for-Clinicians/)

Social Awareness: Empathy

- **Activity:** Call-In Radio Show
- **Scenario:** You are Kyle, an 11-year-old whose best friend, Hanley is always getting picked on by the other boys in your class. You don't know how to help Hanley, and you are also worried that the other kids are going to start teasing and bullying you more.
- **Host:** (1) Guess the caller's emotion(s), providing detailed description as to how you arrived at guess, (2) offer help in form of practical advice or encouragement and support

**STRENGTHENING PROTECTIVE
FACTORS FRAMEWORK**

INTRODUCTION TO THE PROTECTIVE FACTORS FRAMEWORK

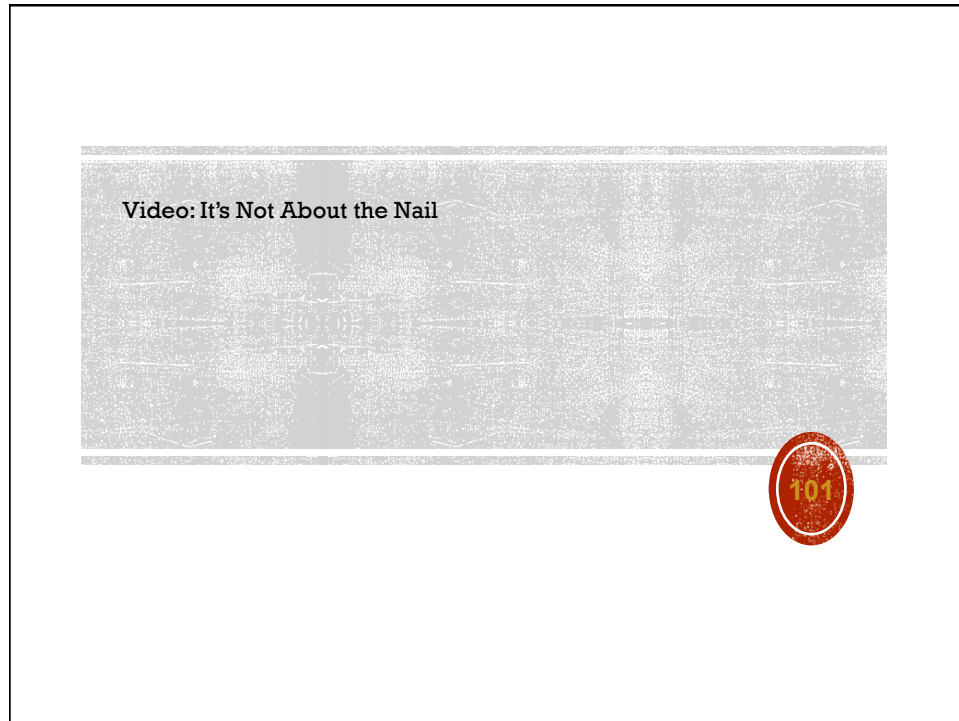
- **Strengthening Families Protective Factors Framework** comes from the CSSP
- Approach is designed to support family/ community service providers in their work with families to prevent child maltreatment
- Protective factors are strengths and resources a family can draw up
 - What is naturally existing?
 - How can capacity be built within those strengths?



PROTECTIVE FACTORS

- ① Parental Resilience
- ② Social Connections
- ③ Knowledge of Parenting and Child Development
- ④ Concrete Support in Times of Need
- ⑤ Social and Emotional Competence of Children





STRENGTH-BASED THEORY

- Looking at the existing strengths
- Acknowledging weaknesses but not dwelling or admiring the problem
- Building protective factors NOT just focused on reducing risk



Video: Resilient Typewriter Artist, Paul Smith



PARENTAL RESILIENCE

The ability to recover from difficult life experiences, and often to be strengthened by and even transformed by those experiences.



INVOLVING PARENTS TO IMPROVE RESILIENCE

- How was the artist resilient?
- How can this be applied to working with parents?



SHIFTING OUR LENS

- Moving away from looking at risk and looking at protective factors
- Look at the following cartoon?
 - What do you see occurring in the cartoon?
 - What risks do you see?



RISK
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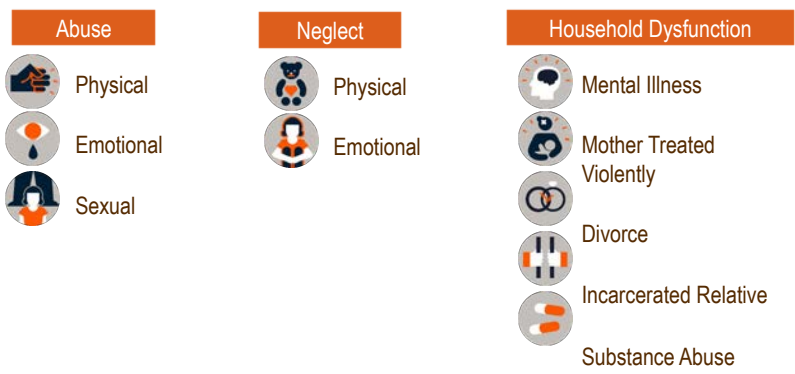
SHIFTING OUR LENS

- Now that we have identified the risks, what are the positives occurring in the cartoon?
- How can we shift our lens when working with families in schools?
- How can we shift our lens when working with families who might be contending with mental illness (either parent or child)?



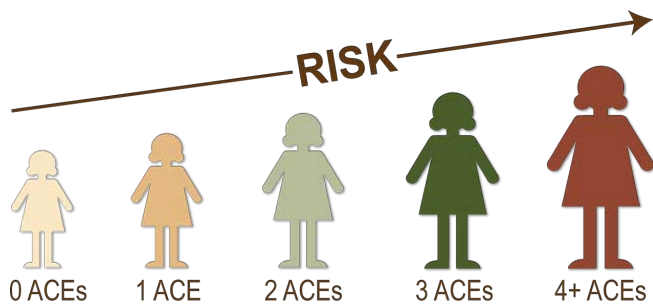
ADVERSE CHILDHOOD EXPERIENCES

3 categories, 10 ACES



WHAT IMPACT DO ACES HAVE?

As the Number of Aces Increases, So Does the Risk for Negative Health Outcomes



WHAT IMPACT DO ACES HAVE?

Possible Risk Outcomes Include

Behavior

- Lack of Physical Activity
- Smoking
- Alcoholism
- Drug Use
- Missed Work

Physical and Mental Health

- Severe Obesity
- Diabetes
- Depression
- Suicide Attempts
- STDs
- Heart Disease
- Cancer
- Stroke
- COPD
- Broken Bones

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A recently divorced parent who is working two jobs, relies on public transportation, and does not bring his/her child to school on time.

A parent who was relocated for work reasons appears to have an alcohol problem and has two children with special needs.

WOULD YOU RATHER?

An undocumented immigrant who works a construction job at night, has very limited English skills, and has four children.

A parent of two preschoolers who is wheelchair bound due to a recent spinal cord injury whose extended family lives on the other side of the country

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What do you think of when you
hear the word
RESILIENCE?



RESILIENCE IS NOT...

- It is not about the number of adversities or experience
 - It is how you build resilience
- It does not define you!
- Resilience is about how you respond to adversity
 - Every time you have an adversity your resilience is challenged
 - Respond favorably or experience setback



SOCIAL CONNECTIONS

Positive relationships that provide emotional, informational, instrumental and spiritual support



Video: Take a Seat and Make a Friend



SOCIAL CONNECTIONS OF TODAY



Do we need them? Do our kids need them?



KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT

Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.



*“If you had a good
enough parent, you are
most fortunate because
you had a **real** parent.”*

~ Dr. Donald Winnicott



CONCRETE SUPPORT IN TIMES OF NEED

Access to concrete support and services that
address a family's needs and help minimize
stress caused by challenges.



BALLOON ACTIVITY



Video: Brene Brown "Are you comfortable asking for help?"

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CHILDREN'S SOCIAL AND EMOTIONAL COMPETENCE

Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.



ZERO TO THREE
defines social-emotional competence
as:

“ . . .the developing capacity to experience and regulate emotions, form secure relationships, and explore and learn – all in the context of the child’s family, community and cultural background.”



CHILDREN WHO ARE SOCIALLY AND EMOTIONALLY COMPETENT

- Are more likely to grow up to have healthier behaviors, peer friendships, high capacity to respond to stress.
- Stress and isolation are two biggest indicators of abuse risk



POOR FIT...

- One example of child social emotional competence and maltreatment is oftentimes there is a poor fit with the parent's temperament and that of the child
 - Temperament—way of approaching a reacting to the world
- We are looking to build healthy social emotional development
 - If the child needs additional supports, the parents might also need additional support
- Some parents are more resilient than others with their child's behavior
 - When a child demonstrates persisting challenging behaviors, a parent might run out of positive tools and resources if they are not given enough appropriate support



WHY IS IT IMPORTANT TO BUILD PARTNERSHIPS WITH FAMILIES?



- The family is the center of a child's life; working with parents gives us a more holistic view of how to support and strengthen that family.
- Highly involved families almost double the positive odds for their children in education, health promotion and social-emotional development.



WHY DO PARENTS GET INVOLVED?

- They believe the issue is important to them and their family.
- They believe they have something to contribute.
- They believe they will be listened to and their contributions respected.
- They believe that their participation will make a difference.



HOW DO PARENTS STAY INVOLVED?



- Multiple opportunities for participation, from a small contribution of time to progressively larger contributions of time and effort.
- Families receive sufficient advanced notice.
- Their participation is facilitated by: child care, transportation, dinner, some form of compensation, educational benefits.



HOW DO PARENTS STAY INVOLVED?

- Families are listened to: their ideas are supported and respected.
- They do not experience retribution as a result of their participation.
- Family participation has an impact.
- Their participation is consciously and visibly appreciated.



GETTING STARTED – ENGAGING PARENTS



- Ask parents what they want and need from your program.
- Frame it in terms of the protective factors:
 - What's hard about parenting?
 - How can we be a more welcoming place for parents, where families feel comfortable asking for help or advice?
 - How can we reach out to and support families when they are overwhelmed, stressed or isolated?
 - How can we make it easier for parents to connect to each other?



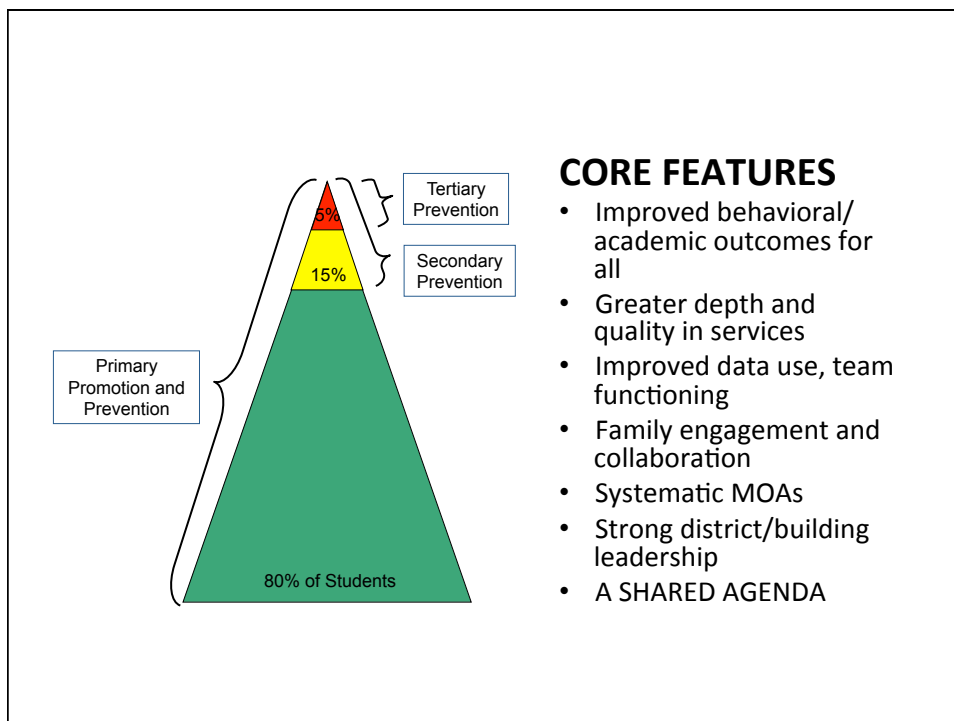
RESOURCE SHEET

- National Alliance Online Protective Factors Training
 - <http://www.ctalliance.org/onlinetraining.htm>
- CDC website on Positive Parenting
 - <https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/index.html>
- Children's Trust
 - <https://www.thechildrenstrust.org/>
- Soul Pancake
 - <http://soulpancake.com/>
- Zerotothree.org



Action Planning

- What's one thing you can take back to your classroom, school building or district?



ISF Resources

- Links to recorded webinars, conference presentations, tools, publications and other resources can be found at:
 - www.pbis.org on the mental health page under community
 - www.midwestpbis.org on the ISF page under content

ISF Targeted Workgroup Webinars

- Remaining scheduled webinars:
 - February 24th
 - March 24th
 - April 21st
- Time for webinars:
 - 1:00 – 2:00 Eastern – exploration/adoption through installation
 - 2:15 – 3:15 Eastern – installation through implementation and sustainability

PBIS National Leadership Forum

September 28 – 29

Hilton, Downtown Chicago

“PBIS: Starting, Scaling, and Sustaining”

- 75 different breakout sessions – including strand on mental health integration
- National Trainers and Exemplars
- 19 Roundtable/Discussions
- Networking Poster Session



Feel free to email us with any questions or requests:

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