Georgia on My Mind

Learning targets

• Identify barriers and perceived barriers to school mental health services at school and district and state level

• Learn strategies for removing barriers, policies and practices that prevent implementing services at all levels.
Barriers
Barriers

• Lack of a comprehensive state plan for school based mental health services

• Agencies competing for funding to serve children and youth
Barriers

• Agencies working in silos

• Competing initiatives
Barriers

- Stigma of mental illness
- Liability fear
- Lack of knowledge regarding mental wellness and mental illness
- **Vocabulary challenge:** mental illness, mental wellness, behavior, social-emotional
Connecting the Dots

• Connecting **academic performance to mental wellness**

• **Data**

  Student Health Survey 121 questions
  School Counselor Survey
Finding the right Champions
Champions

• Interagency Directors Team
Mental Health Champions

- Georgia Department of Behavioral Health and Developmental Disabilities
  - Georgia Department of Community Health
  - Georgia Department of Early Care and Learning
  - Georgia Department of Education
  - Georgia Department of Human Services Division of Family and Children Services
  - Georgia Department of Juvenile Justice
  - Georgia Department of Public Health
  - Georgia Vocational Rehabilitation Agency

- Amerigroup Community Care
  - CareSource
  - Center of Excellence for Children’s Behavioral Health, Georgia State University
  - Center for Leadership in Disability, Georgia State University
  - Children’s Healthcare of Atlanta
  - Georgia Alliance of Therapeutic Services for Children and Families
  - Georgia Association of Community Service Boards
  - Georgia Parent Support Network
  - Get Georgia Reading
  - Mental Health America, Georgia
  - Peach State
  - The Carter Center
  - Together Georgia
  - Voices for Georgia’s Children
  - WellCare
Champions

THE CARTER CENTER

Champions Across the State

Georgia Project AWARE YMHFA Trainings

*GaDOE Project AWARE LEA Trainings*
*GaDOE Project AWARE SEA Trainings*
*LEA AWARE First Aiders Trained at another site*
Wins for Georgia

- $1.6 million added to state FY2019 budget for student mental health awareness training
- $1 million to help schools create wraparound specialists for the students
- Universal mental health screening support to more districts
- Trauma learning module offered by PBIS Team
Smooth Sailing Ahead
Challenges Continue

- Districts concerned about **liability** for identifying students with mental health needs.
- Mental health **stigma**.
- Project AWARE **ends** in September 2019
- Some silo workers like the **silos**.
- Many barriers persist but now **GEORGIA** has a **Vision**
Prevalence of Child and Adolescent Mental Disorders

- The 21% represents 4 million children and adolescents in this country who live with serious mental disorder.
- This equates to 5 or 6 children in each classroom in our schools.
Student Health Survey Data
Total Number of Secondary Students Completing the Survey

- Griffin-Spalding
  - 14/15 = 3,380
  - 15/16 = 3,488
  - 16/17 = 3,318
  - 17/18 = 3,362

- Georgia
  - 14/15 = 629,648
  - 15/16 = 663,797
  - 16/17 = 672,307
  - 17/18 = 674,354
114. In the past 30 days, (on how many days) have you felt sad or withdrawn?

Source: Georgia Student Health Survey 2.0
115. In the past 30 days, (on how many days) have you felt suddenly overwhelmed with fear for no reason, sometimes including a racing heart or fast breathing?

Panic Disorder

Source: Georgia Student Health Survey 2.0
116. In the past 30 days, (on how many days) have you experienced severely out of control behavior that could hurt yourself or others?

Source: Georgia Student Health Survey 2.0
117. In the past 30 days, (on how many days) have you avoided food, thrown up, or used laxatives to make yourself lose weight?

<table>
<thead>
<tr>
<th>Year</th>
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<th>Georgia</th>
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</thead>
<tbody>
<tr>
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<td>11.02</td>
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<td>2015-16</td>
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<td>2017-18</td>
<td>12.22</td>
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</table>

Source: Georgia Student Health Survey 2.0
118. In the past 30 days, (on how many days) have you experienced intense worries or fears that get in the way of your daily activities?

Source: Georgia Student Health Survey 2.0
119. In the past 30 days, (on how many days) have you experienced extreme difficulty concentrating or staying still, which has put you in physical danger and/or caused school failure?

Source: Georgia Student Health Survey 2.0
120. In the past 30 days, (on how many days) have you experienced severe mood swings that have caused problems in relationships?

Source: Georgia Student Health Survey 2.0
121. In the past 30 days, (on how many days) have you experienced drastic changes in your behavior and/or personality?

Source: Georgia Student Health Survey 2.0
Prevalence of Child and Adolescent Mental Disorders

The 20/20 Problem

20% of children have a mental health disorder
20% of those get the help they need
What is happening to our students living with mental illnesses?
Dropping Out of School
YOUTH MENTAL HEALTH AT SCHOOL

1 IN 5 CHILDREN AGE 13-18 HAVE OR WILL HAVE A MENTAL ILLNESS

2ND LEADING CAUSE OF DEATH FOR AGES 10-24

EVERY DAY IN THE UNITED STATES OVER 5,240 STUDENTS IN GRADES 7-12 ATTEMPT SUICIDE

4 OF 5 HAVE GIVEN CLEAR WARNING SIGNS

50% OF STUDENTS AGE 14 AND OLDER WITH A MENTAL ILLNESS DROP OUT OF HIGH SCHOOL.
69. During the past 12 months, (on how many occasions) have you thought about dropping out of school?

Percentage of Students

Source: Georgia Student Health Survey 2.0
Entering the Juvenile Court System and Department of Juvenile Justice
Percentage of adolescents in juvenile detention centers with at least 1 mental illness.

Girls
- 65%
- 35%

Boys
- 75%
- 25%

Source: National Institute of Mental Health
Suicide
Suicide is the 2\textsuperscript{nd} leading cause of death for teens.

Over 90\% of adolescents who die by suicide live with a mental illness.
79. During the past 12 months, (on how many occasions) have you seriously considered harming yourself on purpose?

Percentage of Secondary Students

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<th>2017-18</th>
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Source: Georgia Student Health Survey 2.0
81. During the past 12 months, (on how many occasions) have you harmed yourself on purpose?

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<th>Year</th>
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Source: Georgia Student Health Survey 2.0
83. During the past 12 months, (on how many occasions) have you seriously considered attempting suicide?

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Source: Georgia Student Health Survey 2.0
85. During the past 12 months, (on how many occasions) have you attempted suicide?

Percentage of Secondary Students

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<th>2017-18</th>
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<td>4.45</td>
<td>4.07</td>
<td>3.83</td>
<td>5.56</td>
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</table>

Source: Georgia Student Health Survey 2.0
5.56% of Georgia Survey Respondents = 37,494 Students

SunTrust Park has a seating capacity of 41,000
Why are we seeing so many young people with these issues?
TRAUMA
Most Common forms of Childhood Trauma

- Physical abuse
- Emotional abuse
- Sexual abuse
- Physical neglect
- Emotional neglect
Other situations that can be traumatic

- Witnessing police activity or experiencing community violence (e.g., drive by shooting, fight at school, robbery)
- Car accidents or other serious accidents
- Life-threatening natural disasters
- Acts or threats of terrorism
- Bullying
- Life-threatening illness in a caregiver
- Life-threatening health situations and/or painful medical procedures
- A family member serving overseas in the military
**What are ACEs?**

ACEs are adverse childhood experiences that harm children's developing brains and lead to changing how they respond to stress and damaging their immune systems so profoundly that the effects show up decades later.

ACEs cause much of our burden of chronic disease, most mental illness, and are at the root of most violence.

<table>
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<th>HOUSEHOLD DYSFUNCTION</th>
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<td>Sexual</td>
<td></td>
<td>Substance Abuse</td>
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<td></td>
<td></td>
<td>Incarcerated Relative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Divorce</td>
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</tbody>
</table>
Your classroom may look like this:
ACEs in the Classroom

ACEs are the greatest single predictor of health, attendance and behavior.

ACEs are the second strongest predictor, after special education status, for academic failure.

The relationship between academic achievement and health status appears much less related to income than to ACEs.
ACEs impact student learning

- Inability to process verbal/nonverbal written information
- Inability to effectively use language to relate to others.
- Lack of sequential organization.
- Not understanding cause and effect.
- Lack of sense of self and perspective.
- Inability to distinguish emotions.
- Lack of executive functions: setting goals, developing a plan, carrying out goals, reflecting on the process.
- Difficulty with transitions (endings & beginnings).
Resilience research: If you have a high ACE score, are you doomed?  

No!

The good news is that the brain is plastic, and the body wants to heal.

The brain is continually changing in response to the environment. If the toxic stress stops and is replaced by practices that build resilience, the brain can slowly undo many of the stress-induced changes.

There is well documented research on how individuals’ brains and bodies become healthier through mindfulness practices, exercise, good nutrition, adequate sleep, and healthy social interactions.
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

**Trauma-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

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

**Trauma-informed response**
- Student needs to learn skills to regulate emotions & we need to provide support

WI Department of Public Instruction Trauma-Sensitive Schools Resources
http://sspw.dpi.wi.gov/sspw_mhtrauma Adapted from Daniel & Zarling (2012)
Childhood Resiliency Starts With:

A shift in thinking from “What’s wrong with you?”

to “What happened to you?”

Resilient students need resilient teachers.
How a person interacts with a child can change how a traumatized student is wired.

Understanding and empathizing with one’s experiences will allow you to react and respond to them with more compassion. Simply acknowledging that a child’s behavior may stem from trauma related anxiety may change your reaction.

By YOU having a more empathic mindset and response, you are helping children/students to develop more empathy and compassion.
Layer mental health services within the same framework we are providing academic and behavior supports.
Where are teens looking for answers and help?
Internet
Friends
7. I know a student at my school that I can talk to if I need help.

12.90% of students responded that they ‘Disagree’ when asked if they knew a student at school if they need help.
8. I know a student at school that I can talk to if I am feeling sad or down.

18.59% of students responded that they ‘Disagree’ when asked if they knew a student at school if they felt sad.
Trusted Adult
91. I know an adult at school that I can talk with if I need help.

2017-18

- Strongly Disagree: 42.39%
- Somewhat Disagree: 13.56%
- Somewhat Agree: 9.25%
- Strongly Agree: 34.8%

22.51% of students responded that they ‘Disagree’ when asked if they knew an adult at school if they need help.
In the first 30 days of school, we received 120 referrals...

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<tr>
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<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
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<td>Grade</td>
<td>Threat</td>
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Technology Monitoring

TIER I
What Software is Used?

SysCloud

- Scans school domain (Google) for threats of bullying, self-harm, and suicide.
- School system personnel has to monitor the activity.
- Price is per user.
- Approximately $18,000 per year for school system of 10,000 students.
- During the first semester of the 2017-18 we received 600+ alerts.
SysCloud Searches

Dear, family

If you’re reading this it is because I gave up to easy…. It's not yalls fault it’s school & the bullies fault i love yall so much .. mom i know i gave u a really hard time and i'm really sorry mom...and my little brother i love u brother i'll be look down on u keeping u save .. help mom for me bc im not hear no more and she's gonna be broken help her as much as u can ik ik its hard but do it for me Ill be looking down at yall i love yall & miss yall

Love

XXXX XXXXXXXXX

• January 2018 – Discovered female student had been raped over Christmas Break

• January 12, 2018 – “Today I’m gonna commit suicide.”

• December 15, 2017 – “But I feel like I have to kill myself.”

• November 20, 2017 – “I can’t do it no more – Imma end up killing myself.”

• October 18, 2017 – “I’m not nothing. I want to kill myself.”

• September 28, 2017 – “She is the one who bullied me. She told me to go kill myself.”

• August 28, 2017 – “I should just go ahead and kill myself.”
MOTHER PLEASE LET ME BURN AWAY GOD I AM DROWNING IN MY MIND I AM SO TIRED I JUST WANN GET HIGH I JUST WANNA GET HIH I HAVE NO MORE GOALS NO LOVE NO LIFE TO GIVE IM SO SORRRY IM SO SORRY BABY I LOVE YOPU SO MUCH YOU ARE MY LAST LIGHT AND I WILL NOT BE HERE ANYMORE FOR YOU AN IM SO SPORRRY

DEAR GOD YOU HAV WATCHED ME GROW AND I KNOW YOU KNOW THAT ITS GETTING HARD FOR ME AND IM TRYING TO STAY AWAY FROM TEMPTATIONS BUT THE DEVIL IS STRONG AND MY HEART IS WEAK I LOVE I WANT TO LOVE MYSELF WHY DOS HE DO ME SO RONG CANT HESEE HOWMUCH LOVE HIM I LOVE HIM I LOVE ME IM NOT CRAZY IM SO SICK OF FEELING CRAZY. REALISTICLY I SOUND CRAZY I KOW THIS, GOD KEEP ME FROM GOING CRZY. i would die so quick withput you i wanna be full of happiness god help me times change but i still think and say reduned things. I am so sick of cutting myself.
What Software Is Used?

Go Guardian

- Scans internet searches for threats of bullying, self-harm, and suicide.
- Go Guardian monitors the activity and sends alerts when a threat is verified.
- Price is per device that is monitored.
- Approximately $28,000 per year for school system of 10,000 students with 1 to 1 technology.
GoGuardian Searches

- 8/23 XXXX - searched internet about poisons used to kill people, “fastest killing poisons.”
- 8/23 XXXX - looking on internet about how to make a noose.
- 8/24 XXXX - looked on internet and searched “What happens if you put a plastic bag on your head.”
- 8/29 XXXX googled, “How to end your life” and “Why teachers hate kids.”
- 8/31 XXXX - searched internet, “Why am I feeling very down lately. I feel like I want to end my life.”
- 8/31 XXXX - googled “I want to die.”
- 8/31 XXXX - searched internet about “How to kill yourself.”
- 9/7 XXXX created a Google Doc that only had “I want to die” written on the page
- 9/7 XXXX searched the internet for the Suicide Hotline phone number
- 11/17 XXXX - “I want to kill myself. Please help.”
- 1/26 XXXX- “How to kill yourself in school.”
Begins July 1, 2018 in GSCS
• Provides monitoring of Social Media
• Access to over 1 billion posts daily
• Applies over 450,000 behavior threat indicators
• School system receives alerts in real time
1 alerts from Jul 12 to Thu, Jul 19, 2018 7:30 AM

Alert ID: 306759841
Published: Wed, Jul 18, 2018 4:26 PM
Location(s): ANNE STREET ELEMENTARY SCHOOL, ATKINSON ELEMENTARY SCHOOL, AZ KELSEY ACADEMY, BEAVERBROOK ELEMENTARY SCHOOL, CARVER ROAD MIDDLE SCHOOL, COWAN ROAD ELEMENTARY SCHOOL, COWAN ROAD MIDDLE SCHOOL, JACKSON ROAD ELEMENTARY SCHOOL, JORDAN HILL ROAD ELEMENTARY SCHOOL, MAINSTAY, MORELAND ROAD ELEMENTARY, SPALDING HIGH SCHOOL, TAYLOR STREET ACHIEVEMENT CENTER,
Details: https://live.socialsentinel.com/v/pdf/wq8AW/3ji0o
Author: Little T

So you're gone. Goodbye. I hope I never see you again, because you'll regret it. I don't wish you happiness, I don't wish you the best. I wish that you'll put your fucking head on straight and stop using fucking drugs like a dumbass and get your life together.
• www.securly.com

• ”Auditor”

• If it is FREE, then give me THREE!

• Cyberbullying and Self Harm Detection for Google Mail.

• Option to add Google Docs.
Hi. I'm a 13 year old student at Cowan Road Middle School. I'm reaching out to you for help lately my self esteem levels have been dangerously low and need someone to save me. As you know that suicide is a dangerous thing and I know that I don't want to die I just don't know what to do anymore so please when you get the chance plz respond granted I doubt that you will get this email in time, but as you always say keep hope and maybe a slight miracle will happen.  

United States

--

I am a student of Griffin-Spalding County Schools, and I am daring to do better!
Overview of Internet Searches

School Level

Student’s Grade Level

- Elementary: 28%
- Middle: 14%
- High: 58%

Search Topics

- Homicide: 4%
- Self-Harm: 6%
- Noose: 7%
- Hotline: 10%
- How to Die: 26%
- Suicide Threat: 45%

Percentage
Technology Acceptable Use

• “Students accessing any network services from any school computer shall comply with the GSCS policies and procedures for appropriate behavior.”

• “Administrative staff and teachers reserve the right to monitor any and all use of technology resources by students including electronic mail and internet use.”
Youth Mental Health First Aid Training (TIER I)
YMHFA Action Plan

- Assess for risk of suicide or harm
- Listen non-judgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies
Youth Mental Health First Aid

SESSION 1

• To understand the prevalence of various mental health disorders impacting youth and the need for reduced stigma in communities.

• To recognize the warning signs of mental health problems that may impact youth, primarily those aged 12 – 18.

• To understand the risk and protective factors that can impact a youth’s mental health and resiliency.
Youth Mental Health First Aid

SESSION 2

• To apply a five-step action plan encompassing the skills, resources and knowledge to assess the situation; to select and implement appropriate interventions; and to help the youth in crisis connect with appropriate, evidence-based treatment and supports.

• To identify and access the community resources available to support youth and their families.
Universal Screening
Mental Health and Behavior Screening (TIER I)
Elementary School

• **WHO** – Completed by classroom teachers for each student on their roster whose parent/guardian has consented (*If the student has not been in a teachers’ class for at least 30 days, it is recommended that they DO NOT screen that student.*) 85% of parents consented to the screening.

• **WHEN** – Two times per year:
  - Fall (September)  4 weeks after the start of the school year
  - Winter (January)  4 weeks after the start of second semester

  *For the first screening, schools allowed extra time for an explanation and directions. Once teachers understand the process and become familiar with the SRSS, the time needed to complete the screener was reduced.*
HOW to screen students on the SRSS-IE?

For each student, rate them on each item going across the row horizontally.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>Student Risk Screening Scale- Internalizing and Externalizing (SRSS-IE) 2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ELEMENTARY USE 2014 - 2015</td>
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<table>
<thead>
<tr>
<th>TEACHER NAME</th>
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<tbody>
<tr>
<td>0 = Never</td>
</tr>
<tr>
<td>1 = Occasionally</td>
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<tr>
<td>2 = Sometimes</td>
</tr>
<tr>
<td>3 = Frequently</td>
</tr>
</tbody>
</table>

Use the above scale to rate each item for each student.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID</th>
<th>No.</th>
<th>Steal</th>
<th>Lie, Cheat, Sneak</th>
<th>Behavior Problem</th>
<th>Peer Rejection</th>
<th>Low Academic Achievement</th>
<th>Negative Attitude</th>
<th>Aggressive Behavior</th>
<th>Emotionally Flat</th>
<th>Shy; Withdrawn</th>
<th>Sad; Depressed</th>
<th>Anxious</th>
<th>Lonely</th>
<th>SRSS TOTAL</th>
<th>SRSS-15 TOTAL</th>
<th>SRSS-IE TOTAL</th>
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</tbody>
</table>
As you are completing the SRSS-IE...

• Ask yourself
  – “Am I being objective in my ratings of each child?”
  – “For each item, do I have evidence to support my rating on this item?”
SRSS-IE Cut Scores

**Externalizing Scale Score**
- Scores below 3: "No indication of concern"
- Scores of 4 – 8: "Slightly raised"
- Scores of 9 or more: "Elevated"

**Internalizing Scale Score**
- Scores of 0 – 1: "No indication of concern"
- Scores of 2 – 3: "Slightly raised"
- Scores of 4 or more: "Elevated"

**BASE RATE** = ‘SLIGHTLY RAISED’ + ‘ELEVATED’
### Schoolwide (N=404) Base Rates

<table>
<thead>
<tr>
<th></th>
<th>Total Screened</th>
<th>No indication of concern</th>
<th>Slightly Raised</th>
<th>Elevated</th>
<th>Not Screened</th>
<th>Total N</th>
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<td>N</td>
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<td>%</td>
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<td>SRSS Externalizing</td>
<td>328</td>
<td>76.5%</td>
<td>251</td>
<td>18.6%</td>
<td>61</td>
<td>4.9%</td>
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<tr>
<td>SRSS Internalizing</td>
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<td>84.5%</td>
<td>277</td>
<td>10.4%</td>
<td>34</td>
<td>5.2%</td>
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#### Slightly Elevated Ext., Slightly Elevated Int.

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<td>2.67%</td>
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#### Grade Teacher

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<td>Ingram</td>
<td>94092</td>
<td>48572, 73843</td>
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</tbody>
</table>
Secondary School

• **WHO** – Completed online by students using *Survey Monkey*. 80% participation rate for grades 6-12.

• **WHEN** – Two times per year:
  – Fall (September) 4 weeks after the start of the school year
  – Winter (February) 4 weeks after the start of second semester
SDQ Scales

- Emotional Problems
- Peer Problems
- Behavioral Problems
- Hyperactivity Problems
- Pro-social Behavior
- Internalizing
- Externalizing

Goodman, Lamping, & Ploubidis, 2010
### SDQ Overview

SDQ scales and corresponding items

<table>
<thead>
<tr>
<th>Emotional Symptoms Scale</th>
<th>Conduct Problems Scale</th>
<th>Hyperactivity Scale</th>
<th>Peer Problems Scale</th>
<th>Prosocial Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often complains of headaches, stomach-aches…</td>
<td>Often has temper tantrums or hot tempers</td>
<td>Restless, overactive, cannot stay still for long</td>
<td>Rather solitary, tends to play alone</td>
<td>Considerate of other people’s feelings</td>
</tr>
<tr>
<td>Many worries, often seems worried</td>
<td>Generally obedient, usually does what…</td>
<td>Constantly fidgeting or squirming</td>
<td>Has at least one good friend</td>
<td>Shares readily with other children</td>
</tr>
<tr>
<td>Often unhappy, downhearted or tearful</td>
<td>Often fights with other children or bullies them</td>
<td>Easily distracted, concentration wanders</td>
<td>Generally liked by other children</td>
<td>Helpful if someone is hurt, upset or feeling ill</td>
</tr>
<tr>
<td>Nervous or clingy in new situations</td>
<td>Often lies or cheats</td>
<td>Thinks things out before acting</td>
<td>Picked on or bullied by other children</td>
<td>Kind to younger children</td>
</tr>
<tr>
<td>Many fears, easily scared</td>
<td>Steals from home, school or elsewhere</td>
<td>Sees tasks through to the end, good attention span</td>
<td>Gets on better with adults than with other children</td>
<td>Often volunteers to help others</td>
</tr>
</tbody>
</table>
SDQ Cut Scores

**Externalizing Scale Score**
- Scores below 8: “No indication of concern”
- Scores of 9 – 10: “Slightly raised”
- Scores of 11 or more: “Elevated”

**Internalizing Scale Score**
- Scores of 0 – 6: “No indication of concern”
- Scores of 7 – 8: “Slightly raised”
- Scores of 9 or more: “Elevated”

**BASE RATE = ‘SLIGHTLY RAISED’ + ‘ELEVATED’**
Externalizing Data

Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Fall 2016 Data

**SRSS-IE**
- 0-3 No Indication of Concern (77.7%)
- 4-8 Slightly Elevated Level of Concern (14.5%)
- 9+ Elevated Level of Concern (7.9%)

**SDQ**
- 0- No Indication of Concern (81.5%)
- 9-10 Slightly Elevated Level of Concern (10.3%)
- 11+ Elevated Level of Concern (8.2%)
Externalizing Data

Slightly Elevated Level of Concern
+ Elevated Level of Concern = Base Rate

Spring 2017 Data

SRSS-IE

0-3 No Indication of Concern (76.9%)
4-8 Slightly Elevated Level of Concern (15.5%)
9+ Elevated Level of Concern (7.5%)

SDQ

0- No Indication of Concern (75.1%)
9-10 Slightly Elevated Level of Concern (12.7%)
11+ Elevated Level of Concern (12.2%)
Externalizing Data
Slightly Elevated Level of Concern
+ Elevated Level of Concern
= Base Rate

Fall 2017 Data

SRSS-IE

0-3 No Indication of Concern (79.3%)
4-8 Slightly Elevated Level of Concern (14.1%)
9+ Elevated Level of Concern (6.6%)

SDQ

0- No Indication of Concern (78.3%)
9-10 Slightly Elevated Level of Concern (11.2%)
11+ Elevated Level of Concern (10.5%)
Externalizing Data

Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Spring 2018 Data

SRSS-IE

0-3 No Indication of Concern (82.9%)
4-8 Slightly Elevated Level of Concern (11.2%)
9+ Elevated Level of Concern (5.9%)

SDQ

0- No Indication of Concern (79.2%)
9-10 Slightly Elevated Level of Concern (11.7%)
11+ Elevated Level of Concern (9.1%)
Externalizing Trend Data

SRSS-IE

<table>
<thead>
<tr>
<th></th>
<th>Fall 2016</th>
<th>Spring 2017</th>
<th>Fall 2017</th>
<th>Spring 2018</th>
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<td>76.9</td>
<td>79.3</td>
<td>82.9</td>
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<td>14.5</td>
<td>15.5</td>
<td>14.1</td>
<td>11.2</td>
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<tr>
<td>7.9</td>
<td></td>
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</tbody>
</table>

No Indication | Slight Indication | Elevated Indication
Internalizing Data

Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Fall 2016 Data

SRSS-IE

0-1 No Indication of Concern (86.5%)
2-3 Slightly Elevated Level of Concern (7.5%)
4+ Elevated Level of Concern (5.9%)

SDQ

0-6 No Indication of Concern (63.2%)
7-8 Slightly Elevated Level of Concern (16.9%)
9+ Elevated Level of Concern (19.9%)
Internalizing Data
Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Spring 2017 Data

SRSS-IE

- 0-1 No Indication of Concern (87.8%)
- 2-3 Slightly Elevated Level of Concern (6.6%)
- 4+ Elevated Level of Concern (5.5%)

SDQ

- 0-6 No Indication of Concern (60.1%)
- 7-8 Slightly Elevated Level of Concern (15.2%)
- 9+ Elevated Level of Concern (21.1%)
Internalizing Data

Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Fall 2017 Data

SRSS-IE

0-1 No Indication of Concern (79.3%)

2-3 Slightly Elevated Level of Concern (14.1%)

4+ Elevated Level of Concern (6.6%)

SDQ

0-6 No Indication of Concern (60.1%)

7-8 Slightly Elevated Level of Concern (17.1%)

9+ Elevated Level of Concern (22.9%)
Internalizing Data

Slightly Elevated Level of Concern + Elevated Level of Concern = Base Rate

Spring 2018 Data

**SRSS-IE**
- 0-1 No Indication of Concern (90.3%)
- 2-3 Slightly Elevated Level of Concern (6.6%)
- 4+ Elevated Level of Concern (3.1%)

**SDQ**
- 0-6 No Indication of Concern (60.5%)
- 7-8 Slightly Elevated Level of Concern (16.1%)
- 9+ Elevated Level of Concern (23.4%)
Internalizing Trend Data

SRSS-IE

No Indication | Slight Indication | Elevated Indication

<table>
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<tr>
<th>Fall 2016</th>
<th>Spring 2017</th>
<th>Fall 2017</th>
<th>Spring 2018</th>
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<tr>
<td>5.9</td>
<td>5.5</td>
<td>5.6</td>
<td>3.1</td>
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75 80 85 90 95 100 105
Universal Screening Results

- **School-Wide Base Rate > 20%**
  - Tier I Universal System Support
  - Sources of Strength
  - Social-Emotional Curriculum

- **School-Wide Base Rate < 20%, but Classroom Base Rate > 20%**
  - Tier I Classroom Support
  - Classroom Check Up
  - PBIS Classroom Web Chats

- **School-Wide Base Rate < 20% & Classroom Base Rate < 20%**
  - Tier II Group or Individual Support
  - Positive Action
  - Second Step
Mindfulness Practices

TIER I and II
• Breathing and Relaxation Exercises
• Emotion Regulation
• Develop Compassion and Connection
• PK – 12th grade
• 90 Sessions
• 5-10 minute daily audio guided practice
• 1-2 minute audio transition practice
• Teacher models behavior
• Bridges school and home
Social-Emotional Learning
TIER I and II
Curriculum in GSCS

Positive Action®

- Used at Tier I and Tier II
- Tier I – Guidance Counselors use the curriculum for classroom guidance lessons.
- Tier II – Guidance Counselors and Mental Health Clinicians use the curriculum for skill building in small groups.
- Used in all ISS programs.

secondSTEP®

- Used at Tier I and Tier II
- Tier I – Used school-wide in all elementary schools.
- Tier II – Guidance Counselors and Mental Health Clinicians use the curriculum for skill building in small groups.
Focus on Skill Building Groups

TIER II
Conscious Discipline

• Conscious Discipline is an evidence-based, trauma informed approach.
• Discipline issues are viewed as opportunities to teach and build skills.
• Create a culture of compassion.
7 Skills of Discipline

- These seven skills transform everyday discipline issues into teachable moments, equipping children with the social-emotional and communication skills needed to manage themselves, resolve conflict and develop healthy behavior.
Break Boxes (FunandFunction.com)

- All Counselors
- All Self-Contained Special Education Classes
- Supports Self-Regulation
- Helps students calm down, channel energy, and focus
Zones of Regulation

• The Zones is a systematic, cognitive behavioral approach used to teach self-regulation by categorizing all the different ways we feel and states of alertness we experience into four concrete colored zones.
Zones of Regulation

• By addressing underlying deficits in emotional and sensory regulation, executive functioning, and social cognition, the framework is designed to help move students toward independent regulation.
“Kids will do well if they can... kids with behavioral challenges are not attention-seeking, manipulative, limit-testing, coercive, or unmotivated, but they lack the skills to behave adaptively.”

REFERRAL SYSTEM
(Tier II & III)
Columbia Suicide Severity Rating Scale (C-SSRS)

- The C-SSRS is an evidence-based screening scale that is designed to screen for suicidal ideation and behavior. This training is for student services personnel (counselors, social workers, school nurses, etc.) who receive referrals and need to triage these referrals to community services.
- All GSCS Guidance Counselors, Psychologists, Social Workers and Mental Health Clinicians are trained to administer the scale.
- cssrs.columbia.edu
Columbia - Suicide Severity Rating Scale

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
<th>Screener:</th>
<th>Past month</th>
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</thead>
</table>

### Suicide Ideation Definitions and Prompts

Ask questions that are bolded and underlined.

**Ask Questions 1 and 2**

1) **Wish to be Dead:**
Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

*Have you wished you were dead or wished you could go to sleep and not wake up?*

2) **Suicidal Thoughts:**
General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.

*Have you actually had any thoughts of killing yourself?*

If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.

3) **Suicidal Thoughts with Method (without Specific Plan or Intent to Act):**
Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to where and how I would do it...and I would never go through with it."

*Have you been thinking about how you might do this?*

4) **Suicidal Intent (without Specific Plan):**
Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."

*Have you had these thoughts and had some intention of acting on them?*

5) **Suicide Intent with Specific Plan:**
Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

*Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*

6) **Suicide Behavior Question:**

*Have you ever done anything, started to do anything, or prepared to do anything to end your life?*

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

If YES, ask: **Were any of these in the past 3 months?**

For inquiries and training information contact: Kelly Posner, Ph.D.
Suicide and Self Harm Protocol (Tier III)
Suicide or Self Harm Flowchart
Student Safety Plan

• Contract between the student and the school that details a plan of action if the student is self-harming, having suicidal ideations or homicidal ideations.

• Required when a student returns from hospitalization.

• The student is responsible of outlining their plan.

• Includes a list of local resources.

• Adapted for elementary students.
Student Safety Plan

Step 1: Warning Signs (thoughts, images, mood, situation, behavior) that a crisis may be developing.
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

Step 2: “On My Own” Coping Strategies – Things to de-stress
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

Step 3: “With Others” strategies for Distraction and Support: People and Social Settings
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

Step 4: People Whom I Can Ask for Help When I Feel Bad/Suicidal
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

Step 5: Professionals or Agencies I Can Contact During A Crisis
1. Trusted Adult Name and Phone Number
   ____________________________________________
2. Clinician Name and Phone Number
   ____________________________________________
3. Local Urgent Care Name and Phone Number
   ____________________________________________
4. Georgia Crisis and Access Line – 1-800-715-4225
5. National Suicide Prevention Lifeline – 1-800-273-TALK (8255)

Step 6: Making the School Environment Safe
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

One thing that is important to me and worth living for: ____________

__________________________________________

Student Signature: ____________________________
Date: ____________

Parent Signature: ____________________________
Date: ____________

Counselor Signature: ____________________________
Date: ____________

White: Student Copy
Yellow: School Copy

Revised 5/8/2018
What makes me feel sad, mad, scared or worried?

- fight with my friend
- being touched
- when I'm hungry
- loud noises
- being tired
- someone being mean
- I'm sick
- thunderstorms
- too many people
- when I'm left out
- missing someone
- when I'm told NO
What happens to my body when I am angry, sad, scared or worried.

- hyper
- cry
- loud voice
- red/hot face
- giggle/laugh
- rude/mean to others
- swear
- clenched fist
- wringing hands
- stomp my feet
- tremble/shake
- stomachache
- breathing hard
- racing heart
- clenched teeth
- headache
- pace
Student Safety Plan - Elementary

What helps me feel better.

- sitting in bean bag chair
- taking deep breathes
- fidget
- dancing
- listen to music
- sports/exercise
- getting a hug
- go to chill zone
- read
- watch TV
- sing
- stress ball
- count to ten
- watch movie
- use computer
- Theraputty
- sit on yoga ball
- play games/toys
Parent Acknowledgement Form

• Informs the parent their child’s risk of suicide, homicide or self-harm.
• Acknowledges the parents have been advised to seek medical and/or mental health services.
• Request for permission for the school to discuss the student with appropriate medical personnel.
• Notifies parents a DFACS referral may result if due care is not given to the student.
• Provides a list of resources.
Griffin-Spalding County School System
Parent Acknowledgement Form

I, or we, ________________________________, the parent(s)/guardian(s)/custodian(s) of ________________________________, were involved in a conference with school personnel on the date of ________________________________.

We were made aware of our child’s suicidal/homicidal/self-harm risk. I have been advised to seek the services of a mental health agency or therapist immediately.

☐ I give permission for school personnel to disclose information regarding my child’s suicidal/homicidal/self-harm risk to mental health and medical professionals who may evaluate or treat my child in the future.

☐ I DO NOT give permission for school personnel to disclose information regarding my child’s suicidal/homicidal/self-harm risk to mental health and medical professionals who may evaluate or treat my child in the future.

In addition, I have been made aware that if the school determines that my student’s behavior is a threat to self, and that if I do not follow through with intervention, a referral to the Department of Family and Children Services may be considered.

________________________  ____________________________
Parent or Legal Guardian  Parent or Legal Guardian

________________________  ____________________________
School Administrator  School Personnel/Title

Georgia Crisis & Access Line
1-800-715-4225
mygcal.com
Comprehensive Wrap Around Services (Tier III)
“Kids will do well if they can... kids with behavioral challenges are not attention-seeking, manipulative, limit-testing, coercive, or unmotivated, but they lack the skills to behave adaptively.”

Respond to the need.
Don’t react to the behavior.
“It is easier to build strong children than to repair broken men.”

~ Frederick Douglass
Questions and Comments

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Project Aware & PBIS
Griffin-Spalding County Schools
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(o) 770-229-3700 x10418