Protecting Against Lifetime Psychiatric Disorders Through Nurturing Classroom Environments:

The PAX Good Behavior Game

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Track: School Climate and Universal Mental Health Promotion
October 20, 2017
School Based Behavioral Health

• Community and School Based Behavioral Health Teams (CCBH)
• School District Contracts
• School Based Outpatient
• Therapeutic Classroom Model
• Student Assistance Program
• Wesley Schools Partial Hospital

➢ 6 Funding Streams
➢ 18 School Districts
  ➢ 57 Schools
  ➢ 44 Staff Members
Behavioral Health is Essential To Health
Prevention Works
Treatment is Effective
People Recover
Prevention Practices in Schools Grant: Lessons for Clinicians Partnering with Schools

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Prevention Practices in Schools Grant: Lessons for Clinicians Partnering with Schools

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"The use of effective interventions without implementation strategies is like serum without the syringe; the cure is available but the delivery system is not."

Socially Significant Outcomes

Effective Interventions

Effective Implementation Methods

Enabling Contexts

= Socially Significant Outcomes
Defining Prevention and Promotion

- Prevention of relapse, co-morbidity are considered treatment, not prevention
- Endorsed classification of prevention as universal, selective or indicated
- Added promotion as a complementary intervention approach
Mental Health Promotion Aims to:

• Enhance individuals’
  – ability to achieve developmentally appropriate tasks (developmental competence)
  – positive sense of self-esteem, mastery, well-being, and social inclusion

• Strengthen their ability to cope with adversity
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Prevention AND Promotion
Preventive Intervention Opportunities

Interventions by Developmental Phase

Prior to Conception

- Pregnancy prevention

Prenatal

- Prenatal care

Infancy

- Home visiting

Early Childhood

- Early childhood interventions

Parenting skills training

Social and behavioral skills training

Classroom-based curriculum to prevent substance abuse, aggressive behavior, or risky sex

Prevention of depression

Prevention of schizophrenia

Adolescence

- Prevention focused on specific family adversities
  (Bereavement, divorce, parental psychopathology, parental substance use, parental incarceration)

- Community interventions

Adulthood

- Policy
Fig. 1 | Nesting of the active implementation and scaling functions within community prevention systems to achieve social impact
The Next Big Thing in Child and Adolescent Psychiatry
Interventions to Prevent and Intervene Early in Psychiatric Illnesses
  David A Baron, Lawrence S. Gross, Erica Z. Shoemaker, MD, MPHa,, et.al.

KEY POINTS

• Psychiatrists have long spent much of their time working to reduce symptom burden in chronic conditions in their patients. However, an era is beginning in which psychiatrists can aim to prevent mental illness, reducing the number of people affected by mental illness in their lifetimes.

• Universal prevention programs delivered by teachers in schools can reduce the numbers of children who grow up to abuse alcohol and illicit drugs.

• Psychiatrists need to advocate strongly in their communities for the funding support and implementation of these programs.
The effects of the GBG delivered in the first grade on male patients interviewed at age 19 to 21

• For alcohol use disorders: GBG men had a 50% reduction in risk for alcohol use disorder compared with non-GBG men.

• For illicit drug use disorders: Nineteen percent of GBG men had a drug abuse/dependence disorder compared with 38% of control men.

• Of men who had been highly disruptive in first grade, 29% of GBG men had a drug use disorder compared with 83% of men in non-GBG classrooms.
One-Semester Benefits of Province-Wide Mental-Health Benefits of PAX GBG v. Control

Moderate Problems Students Moving to Low Risk

- Control
- PAX

High Problem Students Moving to Moderate Risk

- Control
- PAX

High Problem Students Moving to Low Risk

- Control
- PAX

(p < .01)

N = 5,000

PAX GBG
Control

Improved Mental-Health =
- Fewer conduct problems
- Fewer emotional problems
- Less hyperactivity
- Fewer peer problems
- Better prosocial skills

Prevention Strategy Delivery Support

- **Practitioner competency and confidence**
  - Engagement
  - Training by Good Behavior Game (GBG) experts
  - Coaching model

- **Quality and outcome monitoring for system improvement**
  - Coaching
  - Measure Fidelity (Checklist or Rubric)
Prevention System Leadership and Coordination

• **Executive Leadership**
  – School District and the community commitment

• **Cross-system Leadership**
  – Implementation Teams

• **Day-to-Day Leadership**
  – Teachers at the classroom level
  – Principles at the school level
  – Superintendent’s support – wider systems level
Implementing the PAX Good Behavior Game

Glenn Thomas, PhD – Program Director
Nationwide Children’s Hospital
The Ohio State University
Caring for At-Risk Youth in Columbus, Ohio
The NCH & CCS Partnership

Target Schools in Year 1

Full Menu of Services

Primary Care for Children & Adolescents
- Well Child Health Supervision Visits
- Sick care
- Immunizations
- Consultation with the School RN
- Linkage with other primary and specialty services

Behavioral Health Services
- Individual and Family Treatment
- PAX Good Behavior Game (grades 1-5)
- Signs of Suicide (grades 6-12)

Other Services
- School-based Asthma Therapy
- Care coordination
- Partnership for dental services

Source: Team Analysis
Columbus City Schools Demographic Data

Enrollment: 53,327

<table>
<thead>
<tr>
<th>Select Risk Factors</th>
<th>% of Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economically Disadvantaged</td>
<td>79.0%</td>
</tr>
<tr>
<td>Four Year Graduation Rate</td>
<td>77.00%</td>
</tr>
<tr>
<td>Mobility (in the building less than 1 full academic year)</td>
<td>18.9%</td>
</tr>
</tbody>
</table>

Performance Index: D

Source: Ohio Department of Education Interactive Local Report Card. Columbus City Schools 2013-2014
*Adequate Yearly Progress

=10,000 students
How Does a Federal Service Agency and a Research Organization Partner?

1. Analyze which organizations are required for support
2. Learn about the organization, work through trust with each leader/organization
3. Search for mutual self interests
4. Form an operations group with oversight
5. Plan and carry out mutual self interest programs

SAMHSA/Ce-PIM Partnership Follows Kellam’s Stages of Partnership Development  APMH 2013
Clairton City School District

- Good Behavior Game
- Psychiatry
- School Based Behavioral Health
- Strong Administrative Support
Discussion

1. Describe your work setting.

2. What are the key challenges related to the implementation of prevention interventions in their setting?