



*Jogging Rather Than Running:
Shift of Crisis to Prevention in
New York City with the use of
Evidence Based Models in Schools*

NOVEMBER 8, 2019

Objectives

Objective #1: The participant will be able to describe how comprehensive school mental health is consistent with a multi-tiered system of support.

Objective #2: The participant will gain an initial understanding of the Blues Program and Incredible Years models

Objective #3: The participant will be able to list three strategies to engage students, families, and stakeholders in prevention work in schools.

WHO WE ARE

Why we are in this
conversation?

The New York Foundling

In 1869, three Sisters of Charity opened their doors to save the lives of babies being abandoned on the streets of New York, beginning the tremendous legacy of The New York Foundling ("The Foundling").

Over the past 150 years, The Foundling has evolved to comprehensive spectrum of community support services including:

- ▶ Foster Care
- ▶ Child Welfare Prevention
- ▶ Juvenile Justice
- ▶ Health and Mental Health
- ▶ Care Management
- ▶ Educational Services
- ▶ Persons with Developmental Disabilities

Operate in all five boroughs as well as upstate New York in Rockland County and one of the largest Head Start programs in Puerto Rico.



Implementation Support Center (ISC)

- The Foundling formally established the ISC in 2012 with the goal of increasing the number of children and families receiving proven Evidenced-Based Models (EBMs) throughout New York City.
- Over the last 7 years the ISC has expanded its focus and has provided implementation support to providers and governments.



IMPLEMENTATION
SUPPORT
CENTER

What is an Evidence-Based Model (EBM)?

- ▶ **"Scientific studies are the key to knowing what works. Blueprints reviews research studies and the quality of their evidence of intervention effectiveness. We look for strong methodological grounding, clearly defined goals, and reliably positive results."**
- ▶ **Blueprints considers four criteria:**
- ▶ – *Evaluation quality* — Can we be confident in an intervention's evaluation?
- ▶ – *Intervention impact* — How much positive change in key behavioral outcomes can be attributed to the intervention?
- ▶ – *Intervention specificity* — Is the intervention focused, practical, and logical?
- ▶ – *Dissemination readiness* — Does the intervention have the necessary support and information to be successfully implemented?

Not a cookie-cutter approach

Assessment of Strength and Needs

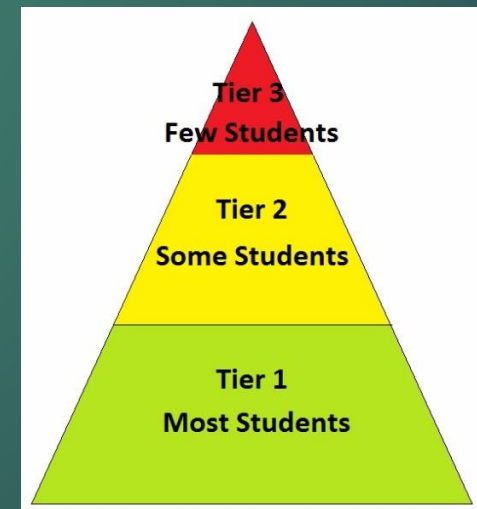
Menu of Services

- Targeted
 - Family, Individual, and/or Group Therapy
 - Intake and Assessments
 - Home Visits – engagement in treatment
 - Consultation and classroom observation for an indicated student in treatment
- Selective
 - At risk prevention services
- Universal
 - School wide assessment and needs
 - PPT or SIT meetings
 - School leadership meetings/consultation
 - School wide crisis response plan

Work Plan

The Foundling's SBMH Program

- ▶ Multi-Tiered Approach (MTSS)
 - ▶ Public Health Model
- ▶ MTSS and School Based Mental Health



SBMH Data – Nationally and in NYC

- ▶ - Approximately 18% of children in New York State between the ages of zero and 17 experienced two or more adverse family experiences in their lifetime, which predicts poor mental health and physical health outcomes later in life.
- ▶ - In the United States, almost 1 in 3 high school students report feeling so sad or hopeless that they stopped doing usual activities for two or more weeks in a row.
 - ▶ - In NYC, approximately 27% of high school students report feeling sad or hopeless each month.
- ▶ - In New York, 17% of high school students report they seriously considered attempting suicide in the last year

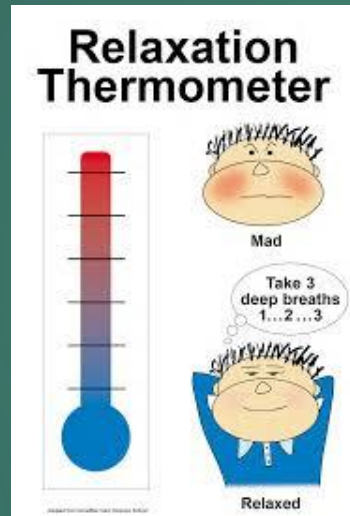
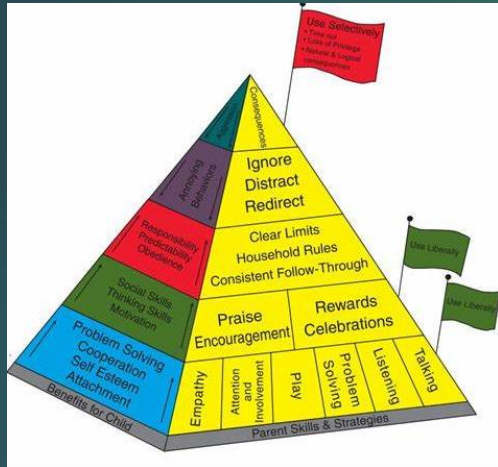
US Department of Health and Human Services

<https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-mental-health-fact-sheets/new-york/index.html>

New York City Department of Health and Mental Hygiene, Bureau of Maternal, Infant & Reproductive Health PRAMS, 2012 Unpublished Raw Data.

SBMH – Evidence Based Models

Incredible Years

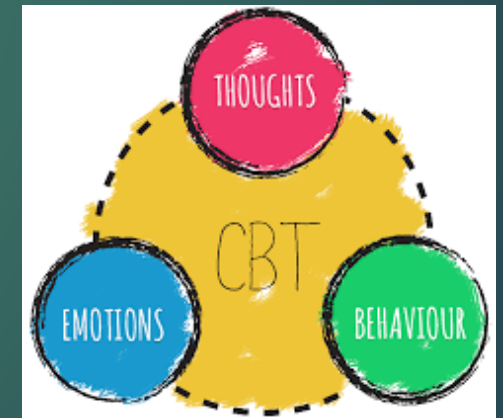


Blues Program



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- joyful, happy, relaxed, silly, content, great
- sad, lonely, depressed, insecure, numb
- productive, energetic, active, motivated, alive
- sick, tired, lazy, unmotivated, bored, dull
- average, normal, uneventful, good
- angry, anxious, frustrated, annoyed, grumpy



Incredible Years (IY) - Overview

- ▶ The Incredible Years Program is a set of training programs for parents, children and teachers aimed at promoting emotional, social, and academic competence and the prevention and treatment of behavioral and emotional problems in young children.
- ▶ The set of programs offer a “Building Block” Approach – programs offered for young babies and toddlers up to school-aged children.
- ▶ Programs target children with social and emotional problems including conduct problems, ADHD, and internalizing problems.
- ▶ All programs include 16-18 weekly two-hour sessions with in-home practice assignments
- ▶ All programs are based on principles of video modelling, observational and experiential learning, rehearsal and practice, goal setting, self-management, self-reflection, and cognitive self-control.
- ▶ Training & Consultation: Teams participate in weekly video tape reviews and bi-weekly consultation calls with model consultant.
- ▶ Certification process

Incredible Years (IY) - Program Goals and Outcomes

▶ **Program Goals:**

- ▶ Improved parent-child relationships
- ▶ Reductions in parental stress; increases in positive family communication
- ▶ Increases in positive parenting including coaching and praise
- ▶ Reductions in child externalizing and internalizing problems at school and at home
- ▶ Increases in children's emotional language, social skills, and appropriate cognitive problem-solving strategies with peers
- ▶ Prevent conduct disorders, school dropout, delinquency and substance abuse

▶ **Outcomes (based on IY-led RCTs and independent replications) :**

- ▶ Increases in positive parenting and decreases in harsh discipline
- ▶ Reduction in parental depression and increased self-confidence
- ▶ Reduction in child conduct problems
- ▶ Increases in children's emotional language, social skills, and cognitive problem-solving strategies with peers
- ▶ Reductions in hyperactivity and inattention
- ▶ Two-thirds of children in normal range at 3-year and 10-year follow-up

Blues Program - Overview

- ▶ Cognitive Behavioral Group Depression Prevention
- ▶ Aimed at engaging high school students age 13-19 with depressive symptoms or at risk of onset of depression
- ▶ Includes 6 weekly one-hour group sessions and home practice assignments
- ▶ Weekly sessions focus on building group rapport and increasing participant involvement in pleasant activities, learning and practicing cognitive restructuring techniques, and developing response plans to future life stressors
- ▶ Inclusionary and exclusionary criteria
- ▶ Weekly video tape review and consultant feedback and session ratings
- ▶ Certification process

Blues Program - Program Goals and Outcomes

▶ **Program Goals:**

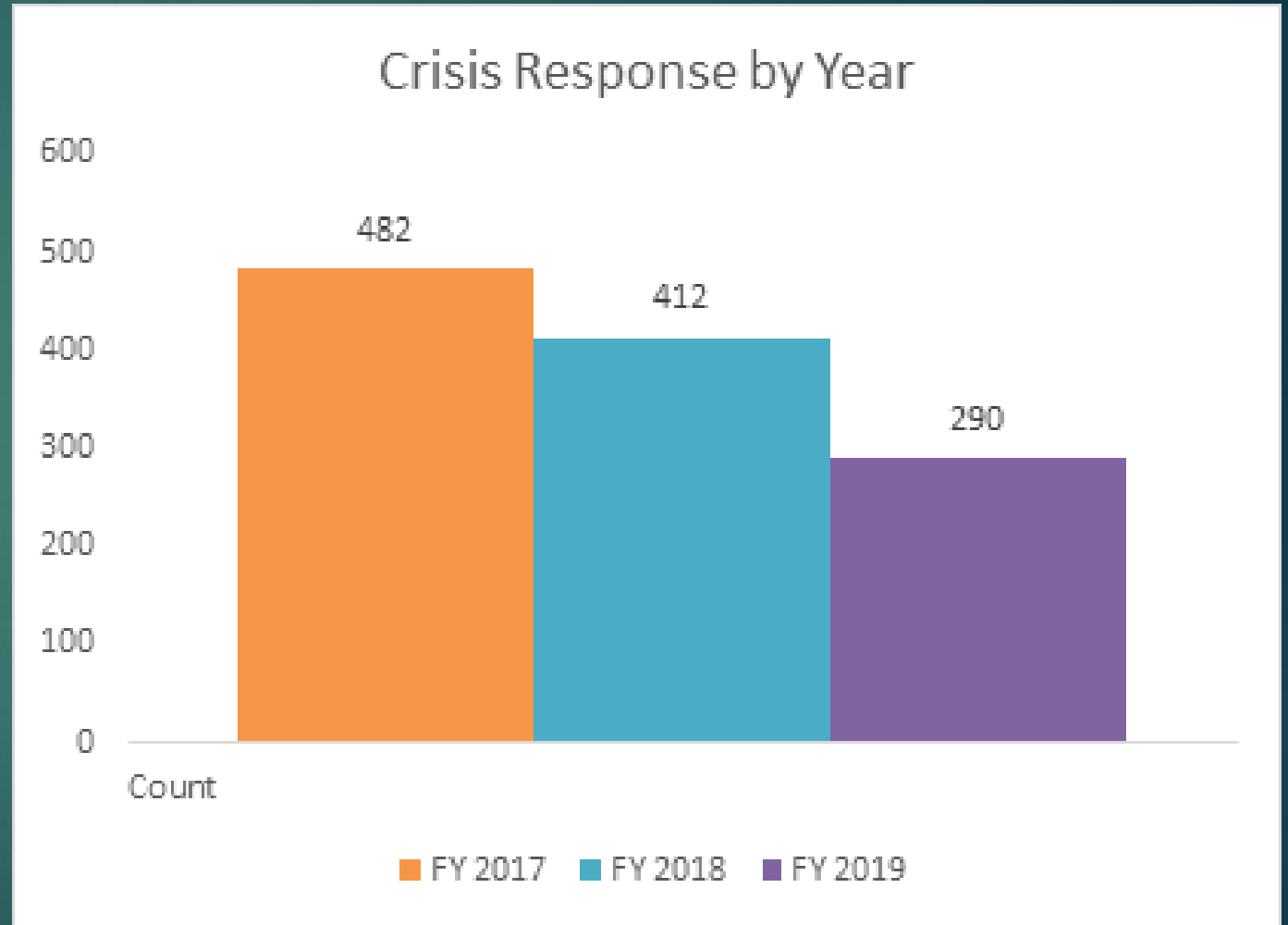
- ▶ Reduce current and future depression
- ▶ Simple focus: change how you think and change what you do!
- ▶ Being Adaptable to the need through delivery site location and group

▶ **Outcomes:**

- ▶ Greater reduction of depressive symptoms
- ▶ Lower rates of major depression onset at six-month follow-up
- ▶ Greater reductions in self-reported substance use at posttest and six-month follow-up

CRISIS DATA

- ▶ Over the last 3 years the number of crises in our schools has gone down approximately 40%.
- ▶ This reduction in crises can be attributed to an increase in evidence-based Mental Health programming, more effective prevention work, and streamlined crisis protocols.



Best Practice: Engagement and Buy-in



School and Community: Consistent Communication, clear expectations, personalizing how can be helpful to them, teachers on programs (using as key resource to engage families), talking about data and EBMS (data driven), servicing more kids at a time- short term meaning even more kids being supported, prevention, strength based, available in schools



Families: Events and fairs, lowering mental health stigma (language matters), personalizing how can be helpful to them, PTA newsletters, using technology (Kinvolv, Pupilpath), beginning of the year packets home, developmentally appropriate, prevention, strength based, short term- not a huge commitment for parents, adaptable, available in school

Let's Try it Out!

ENGAGEMENT ACTIVITY

Mental Break

- ▶ Think about "that person" (i.e. parent, teacher, school administrator, etc.) who you would like to engage in this discussion
- ▶ Turn to your neighbor or someone in your row and give a little description of this person (strengths and struggles)
- ▶ Using the 7 ways people take in information, discuss different strategies that you would like to try with that person
- ▶ Identify the top 3 best strategies that you would like to add to your toolbox and try out when you get home

Adding to
your toolbox

Strategies

Takeaways



Q&A

Our Contact:

▶ **Reina Batrony Cine, LMHC**

Reina.Batrony@nyfoundling.org

▶ **Bonnie Loughner, LCSW**

Bonnie.Loughner@nyfoundling.org

▶ **Elizabeth Tremblay, LMHC**

Elizabeth.Tremblay@nyfoundling.org

