Center for School Mental Health
22nd Annual Conference on Advancing School Mental Health
Washington D.C.- October 21st 2017

Turn 2 Us: Methods for implementing an evidenced-informed comprehensive mental health promotion and prevention program in elementary schools.

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Objectives

1. Provide **universal** (primary) prevention to promote, academic success, pro-social behavior, and healthy lifestyle practices while increasing mental health literacy of school personnel , caregivers, and students;

2. Provide cost-effective **selective** (secondary) prevention services during and after school in a safe and accessible setting;

3. Address the needs of high risk students by supporting Child Study Teams.

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Turn 2 Us: School Based Mental Health Promotion & Prevention Program

History:

- Created in 2001, in response to elevated psychiatric emergency room visits and elevated cumulative demographic risk factors at a local elementary school;
- In 2007, the program was piloted at a 2nd neighboring school
- In 2015 services were expanded to 2 more local schools
- Since inception T2U has served over 10,000 students staff and parents.

Partnership:

- NY-Presbyterian Hospital, Derek Jeter's Turn 2 Foundation, Columbia University Community Pediatrics and local schools.

Target Population:

- Entire school community (students, parents and all school personnel).
- Smaller scale services provided in 7 additional local elementary schools through our Healthy Lifestyles Sports Leagues

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Why the Need for School Based Mental Health Promotion & Prevention Services in our Community?

To reduce the impact of mental health/health conditions and stressors:
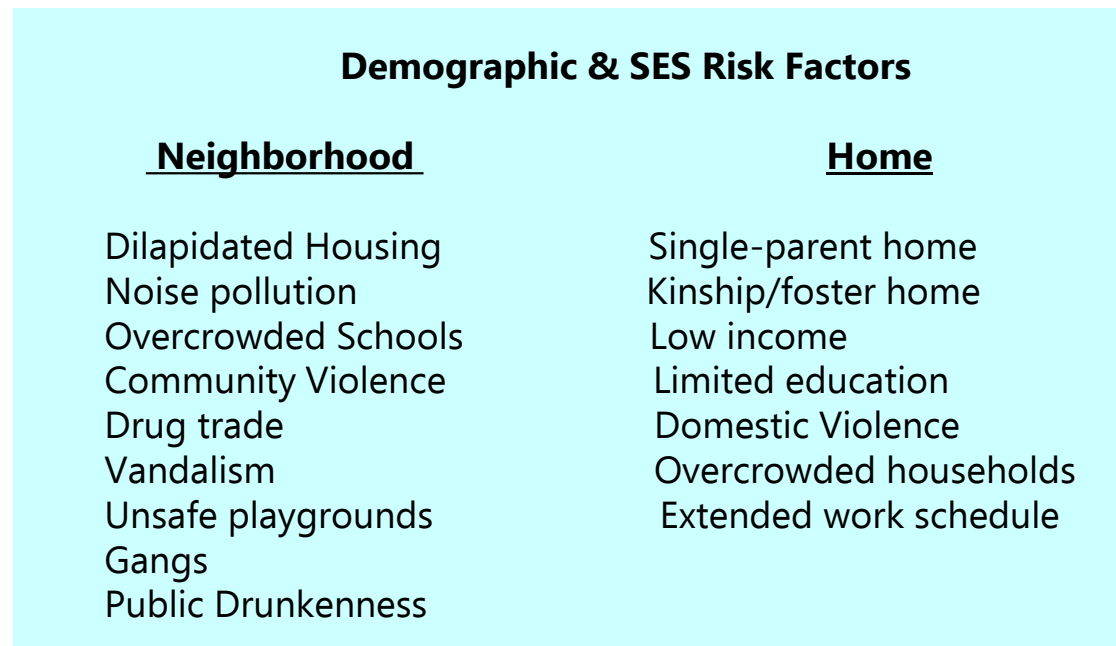
➢ **Prevalent Common School Age Disorders:**
  ADHD, Depression, Anxiety, Conduct Disorder, PTSD

➢ **Prevalent Health Issues:** Obesity, Asthma, Type 2 Diabetes, Psychiatric Hospitalizations

➢ **Prevalent Cumulative Demographic Risk Factors:**
  ↑ poverty, single parent household, families in shelters or living as borders, etc.

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Consequences of Recurring Stressors Due to Cumulative Risk Factors

Demographic & SES Risk Factors

<u>Neighborhood</u>	<u>Home</u>
Dilapidated Housing	Single-parent home
Noise pollution	Kinship/foster home
Overcrowded Schools	Low income
Community Violence	Limited education
Drug trade	Domestic Violence
Vandalism	Overcrowded households
Unsafe playgrounds	Extended work schedule
Gangs	
Public Drunkenness	

Parent responses to DRF

- Hopelessness
- Authoritative
- Lack of family structure
- Lack of academic support

Bio-psycho-social Implications for child

Mental and/or physical symptoms i.e. insomnia, overeating, hyperactivity, lethargy

Compromised Academic Achievement

- Lack of concentration
- Lack of motivation
- Antisocial behavior
- Absence and lateness

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Latino Children and Mental Health

- 21% of low-income children and youth ages 6-17 have MH problems (Howell, 2004)

- Estimates as high as 88% of Latino children have unmet MH needs (Kataoka et. al., 2002).

- School-age children with MH problems more likely to be unhappy at school, absent, suspended or expelled (Blackorby & Cameto, 2004)

(NCCP, 2006)

GOAL: Deliver a Data-Driven School Based Mental Health Promotion and Prevention Program in Urban Elementary Schools

I. Delivery of Service for Entire School Community:
   Cultivate healthy lifestyles practices in students, caregivers and staff

II. Delivery of Service for Targeted 4ᵗʰ & 5ᵗʰ grade At-Risk Students:
   Provide social-emotional learning opportunities for identified at-risk students

III. Delivery of Services for All School Personnel and Caregivers

   Provide a series of psycho-educational services to increase mental health literacy:
   a) increase help-seeking behaviors on behalf of students and selves;
   b) promote sense of competency in managing behavioral/social/emotional issues
        displayed in the classroom or home; and
   c) decrease stigma.

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Models & Interventions interwoven in our Program

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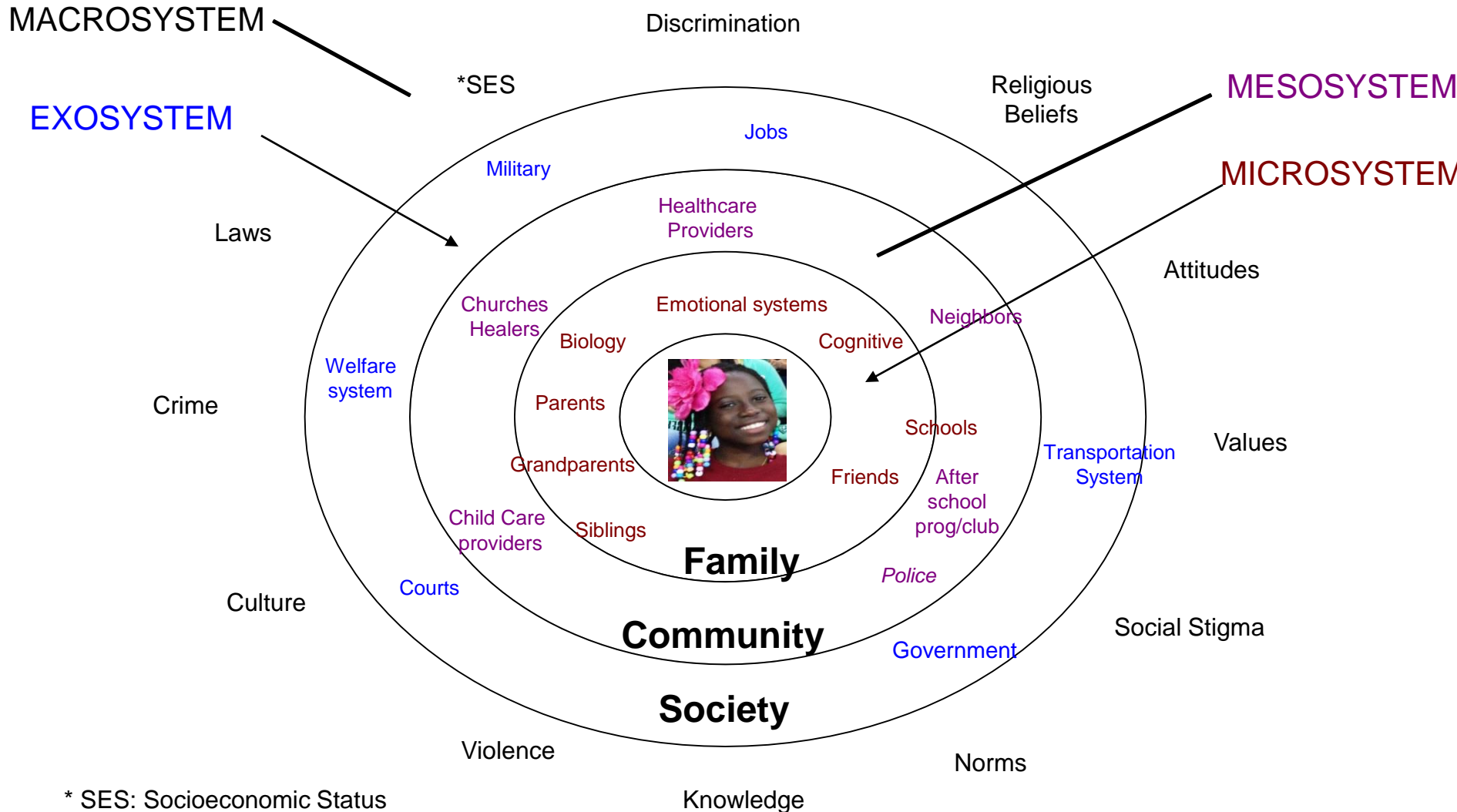# THEORETICAL APPROACHES & PRACTICES

1) Ecological Systems Theory: Bronfenbrenner (1979)

2) Systems of Care Approach: Stroul & Friedman (1996)

3) Psychoeducation Practices: Authier (1977)

4) Preventive Practices: Gordon, R.S. (1983)

5) Social Learning Theory: Elias, M. J. (2004)

6) Trauma Informed Practices: Traumawareschools.org (2016)

7) Positive Behavioral Interventions: Sugai & Horner, (1994, 1999)

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This was adapted from Health & Welfare for Families of the 21st Century, Editor Helen Wallace 1999

strength vs. deficit

*** ECOLOGICAL SYSTEMS PERSPECTIVE***

MACROSYSTEM

Discrimination

EXOSYSTEM

*SES

Religious Beliefs

MESOSYSTEM

MICROSYSTEM

Laws

Jobs

Military

Healthcare Providers

Attitudes

Crime

Churches Healers

Emotional systems

Neighbors

Cognitive

Welfare system

Biology

Parents

Schools

Values

Grandparents

Friends

After school prog/club

Transportation System

Child Care providers

Siblings

Police

Family

Courts

Community

Government

Social Stigma

Society

Culture

Violence

Norms

* SES: Socioeconomic Status

Knowledge

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INTEGRATING CORE PRINCIPLES
THAT PARALLEL SYSTEM OF CARE APPROACH

We integrate core values which assert that services should be

1) Child centered and family focused,

2) Community-based; and

3) Culturally and linguistically competent.

These values are guided into practice by key principles that specify how services provided for children and families should be:

- Individualized to the strengths and needs of the child and family

- Provided in the least restrictive appropriate settings

- Involving families as full partners in all decisions

- Emphasizing early identification and Intervention

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Prevention Practices

➤ Emphasize sharing information and/or teaching skills & practices that contribute to health and well-being;

➤ Aims to help people avoid situations/behaviors detrimental to well-being/performance

Psychoeducation Practices

This therapeutic approach does not focus on abnormality diagnosis, prescription, therapy, or cure. It focuses on goal setting, skill teaching, satisfaction, and goal achievement

Social Emotional Learning Theory (SEL)

Process through which people learn to recognize and manage their emotions and develop fundamental skills for life effectiveness.

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15 Skills promoted in Social Learning Theory (SEL) :

1) ***"Recognizing emotions in self and others"***
2) ***"Regulating and managing strong emotions (pos. & neg.)"***
3) "Recognizing strengths and areas of need"
4) ***"Listening and communicating accurately and clearly"***
5) "Taking others' perspectives and sensing their emotions"
6) "Respecting others and self and appreciating differences"
7) ***"Identifying problems correctly"***
8) **"Setting positive and realistic goals"**
9) "Problem solving, decision making, and planning"
10) "Approaching others and building positive relationships"
11) "Resisting negative peer pressure"
12) "Cooperating, negotiating, and managing conflict nonviolently"
13) "Working effectively in groups"
14) "Help-seeking and help-giving"
15) "Showing ethical and social responsibility"

Elias, M. J. (2004)

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Trauma Informed Practices begins with the understanding of:

- ➢ What is trauma and its prevalence in the community
- ➢ Brain development as it relates to trauma
- ➢ Common symptoms/reactions in children expose to trauma
- ➢ How body language, non-verbal communications and use of threat by school staff can trigger negative responses/re-traumatization in traumatized students
- ➢ How to create a safe school environment

T2U delivers a series of staff-development workshops followed by grade-specific & role-specific meetings to reinforce materials learned during staff development.

*** http://www.traumainformedcareproject.org/resources/WhySchoolsNeedToBe Trauma-Informed

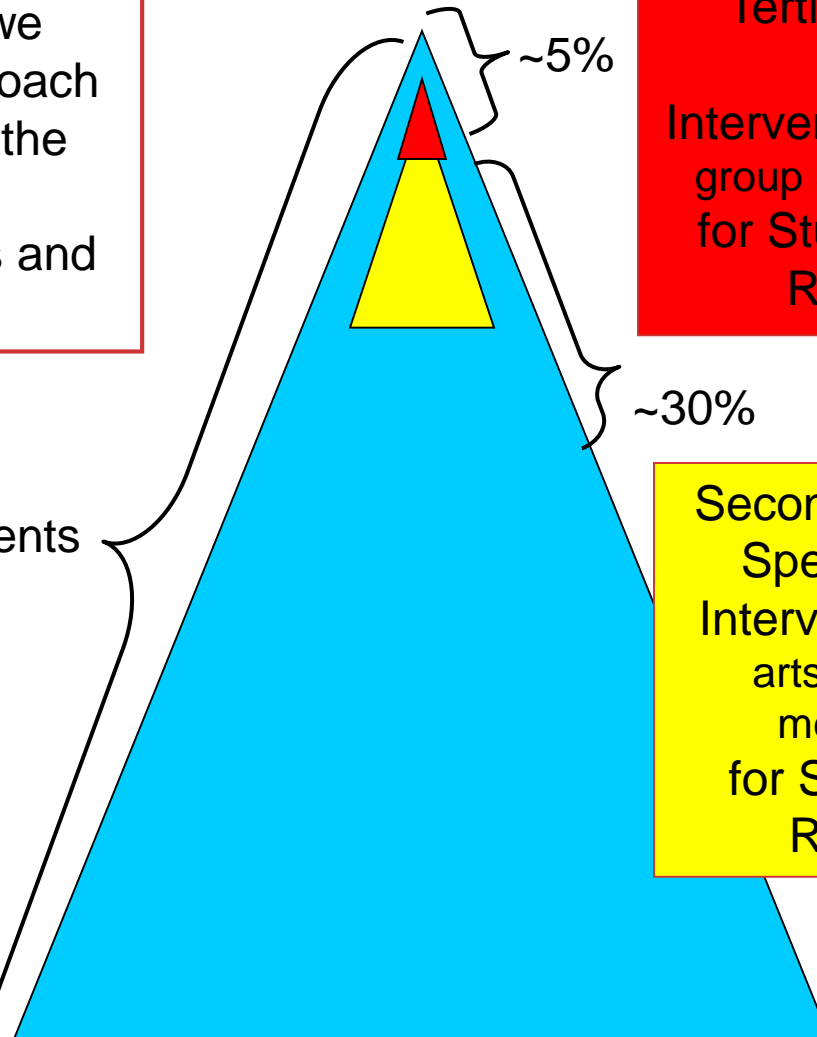*** Perry, Bruce D. M.D., Ph. D.,[Video Series #1] "The Fear Response: The Impact of Childhood
    Trauma". 2004, The Child Academy, www.childtrauma.org

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POSITIVE BEHAVIORAL INTERVENTIONS & SUPPORTS MODEL (PBIS)

Similar to the PBIS model, we emphasize a universal approach to addressing the needs of the entire student body while providing support to parents and school staff.

~5%
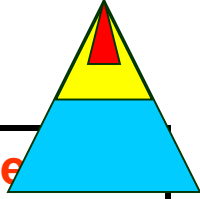
Tertiary Prevention: Intensive Intervention (i.e. individual, group & family treatment) for Students with High-Risk Behavior

~30%

~100% of Students

Secondary Prevention: Specialized Group Intervention (i.e. sports, arts, dance, drama, mentorship, etc.) for Students with At-Risk Behavior

Primary Prevention: School/In-In-Class Interventions for All Students, Staff, & Parents (e.g. **MH Literacy**)

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DELIVERY OF INTEGRATED SERVICES

School Community (Turn 2 Us & Com Partners)	At-Risk Students (Turn 2 Us)	High Risk Students (Peds Psych-NYP)
School Staff & Parent *Psycho-education* Workshops:*(Aimed to de-stigmatize mental health related issues & increase mental health literacy)*	After school: Visual Arts: Drama & Art programs (CARING At Columbia)	Elementary school-based clinic: Comprehensive evaluation (Delivered by NYP Partner Prog.)
School Staff & Parent Seminars: *(Building communication through Theater aims to enhance empathy, listening, communication)*	After-School: Co-ed Baseball League Girls & Boys Basketball League (includes 8 elementary schools)	Individual, group and family treatment
Year long campaigns: Boosting Brain Power & Anti-bullying , *Bi-annual assemblies: Conflict Resolution, Enhancing Test Taking Strategies, Psych First Aid for unexpected loss, disasters, etc.)*	Third grade Mind & Body Camp Summer Sleep Away Camp (Sponsored through Partnerships)	Psychopharmacology
In-Class Mindfulness Program (ICME) *(Psychoeducation and Mind/body exercises to strengthen stress reduction skills, self-efficacy, positive thinking & coping skills)*	In-School weekly mentorship group (for all Turn 2 students)	School staff consultation
Wellness Initiatives for Family & Staff: *(Father-Child Night Events, Parent Walkathons, Staff Olympics, etc.)*	Weekly/Monthly/ quarterly social, behavioral, academic follow-up with students, parents & teachers	Specialized trauma prevention and treatment services:
Consultations, crisis intervention & referrals with or on behalf of students, caregivers & school staff	Parent & Teacher Consults,, Crisis intervention & referrals	Program Evaluation Project

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Partnering with Child Study Teams

Supporting (Tertiary) Prevention

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Strengthening and Supporting Child Study Teams

In NYC, the Child Study Teams are responsible for addressing the mental health/academic needs of students (special education staff; guidance counselors, dean, administrators and other school-based related staff).

T2U play's an active role in the team by providing:

 a) tools to implement/reinforce policies and procedures in **identifying** and **referring** students in need of mental health services;

b) Tools to track and follow-up on referrals made on behalf of students with mental health needs;

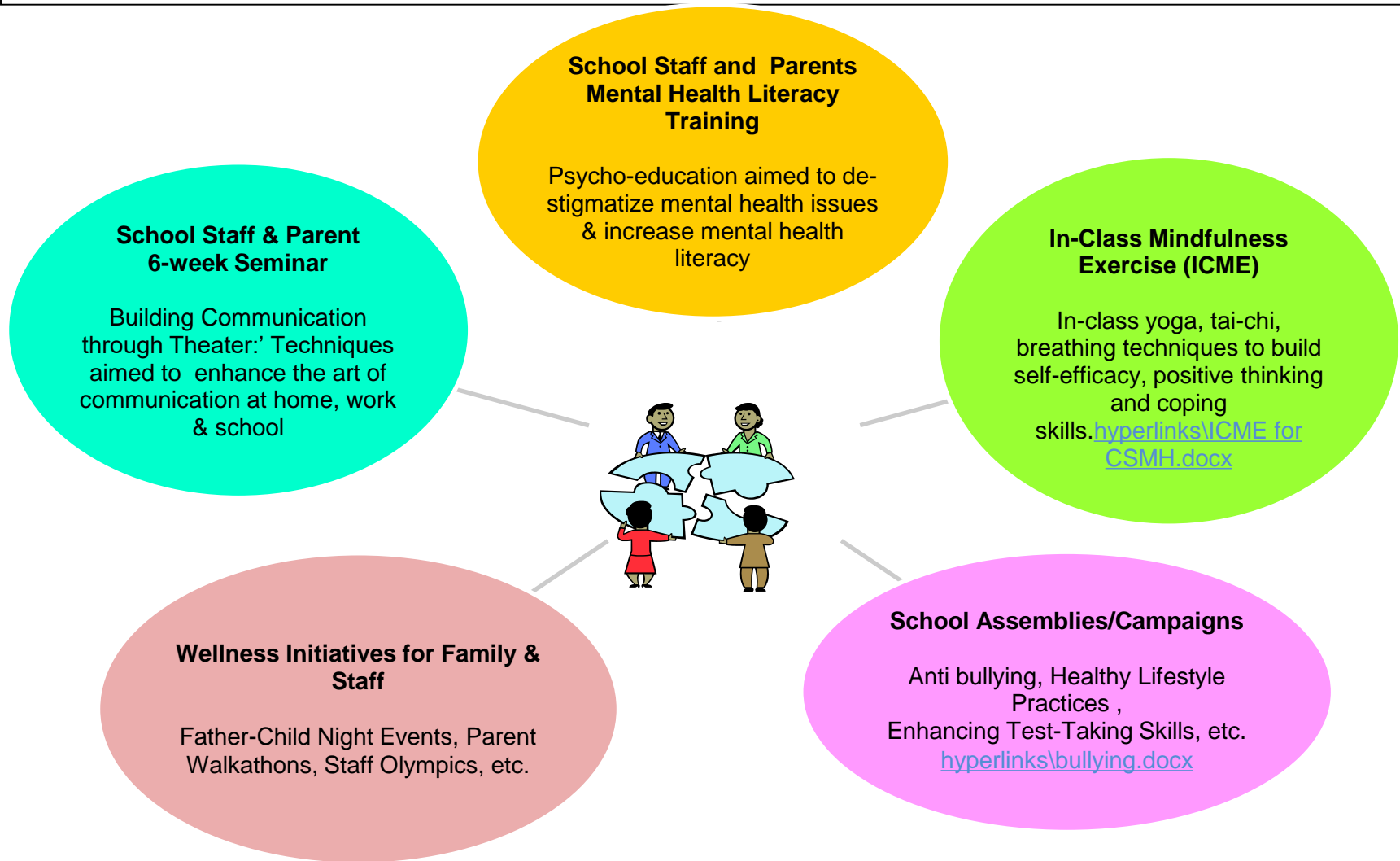 c) linkages between mental health agencies and families to assure mental health needs are being met.

**As mental health literacy increased among school personal so did help-seeking behaviors for themselves or loved ones. Thus, referrals were also provided for school personnel in a confidential manner. hyperlinks\MH Referral Forms.docx

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Universal (Primary)Prevention

Promoting Mental Health Literacy to the Entire School Community

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Primary Intervention for all Students, Parents & Teachers
Promoting Mental Health Literacy & Well-being

School Staff and Parents Mental Health Literacy Training

Psycho-education aimed to de-stigmatize mental health issues & increase mental health literacy

School Staff & Parent 6-week Seminar

Building Communication through Theater:' Techniques aimed to enhance the art of communication at home, work & school

In-Class Mindfulness Exercise (ICME)

In-class yoga, tai-chi, breathing techniques to build self-efficacy, positive thinking and coping skills.hyperlinks\ICME for CSMH.docx

Wellness Initiatives for Family & Staff

Father-Child Night Events, Parent Walkathons, Staff Olympics, etc.

School Assemblies/Campaigns

Anti bullying, Healthy Lifestyle Practices ,
Enhancing Test-Taking Skills, etc.
hyperlinks\bullying.docx

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Enhancing the Mental Health Literacy of Staff & Parents:

Turn 2 Us provides: 2- Trauma informed practice.pptx

a) Staff Development Workshops are designed for all classroom teachers, clusters, paraprofessionals, cafeteria aids and administrators. Topics include:

➢ Common school age disorders, symptoms, treatments, and stigma;

➢ Prevalence of demographic risk factors & trauma on academic & social performance;

➢ Trauma-informed classroom strategies to manage behaviors and reduce impact of stressors in students, and (http://youtu.be/kbB2wQ1Ttsw)

➢ Self-care strategies to enhance stress management and reduce staff burnout. hyperlinks\Teachers_Mantras.docx

b) Grade specific meetings with staff to reinforce materials learned in PD;

c) 1:1 consultations with school personnel struggling with more challenging cases.

These workshops parallel similar workshops for parents in a culturally and linguistically appropriate manner. It aims to decrease mental health related stigma that hinders help-seeking behaviors.

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TIPS FOR EFFECTIVE LINKAGES BETWEEN CAREGIVERS & AGENCIES

Identify local community resources

    MH community agencies;   Faith-based agencies;   Hospital services;   Private Practitioners

Know the referral process of each agency
- ✓ Can a school personnel schedule an intake appointment on behalf of a parent?
- ✓ What are the hours of operation (i.e., evenings, weekends)?
- ✓ Do they offer walk-in services (days/times)?
- ✓ Is initial intake appointment done by phone or in-person?
- ✓ Are the intake forms easy to complete by caregivers with literacy challenges or will they need assistance?

Be aware of agencies common wait time
- ✓ Inform caregivers of extended waitlist so they know what to expect and not get discouraged

Provide caregivers questions they can ask the agencies (being well-informed increases follow through)
- ✓ What insurance plans do agencies accept?
- ✓ What is the co-pay (if any) and is there any additional facilities fees?
- ✓ If insurance is not accepted is there a sliding scale?
- ✓ Can caregiver be contacted for an earlier appointment if there is a cancellation?
- ✓ What is the cancellation policy?

Place referrals at multiple locations for urgent cases, if your community tends to have long waitlists

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Promoting Self-Care for Parents & School Staff

excerpts from self-care staff wksp (9-29).pptx

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(ICME) Boosting Academic Success & Well-Being through School Wide Mindfulness Exercises

Eagle Pose 13M.mp4   Snake Game.mp4   hyperlinks\Chap 4 Primary prevention_I ICME.docx

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BOOSTING BRAIN POWER

Student Assemblies: Boosting Brain Power & Test-Taking Skills

In-Class Workshops: Healthy Lifestyles Practices to Boost Performance

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Anti-Bullying Campaign hyperlinks\bullying.docx

Students learn how to take care of their bodies and develop healthy lifestyle habits

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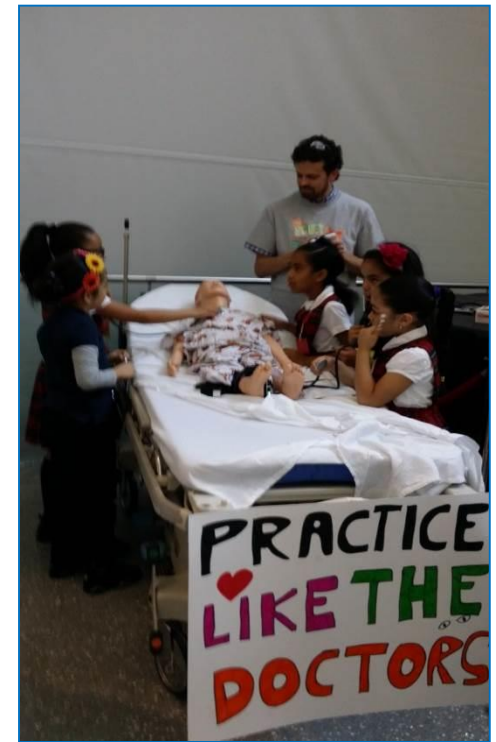
Family Engagement
(Cultural Trips & Workshops)

Father-Child Night Events

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Selective (Secondary) Prevention Services

➢ After-School Extracurricular Intervention Tracks
➢ Recess Mentorship

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At-risk 4th & 5th gd targeted students are provided:

➤ Extracurricular activities (intervention tracks) after school in a structured and safe setting (schools) where they can develop and build skills in

   a) identifying and managing their feelings;

   b) sustaining positive adult and peer relationships;

   c) emotional regulation;

   d) help-seeking behaviors for self and others.

➤ A 12 week mentorship program (during recess) to foster & reinforce social/emotional learning;

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Secondary Intervention for targeted At-Risk Students

Staff training on identifying & referring at-risk students
Teacher recomendation form , Observation form.docx

Follow-up on classroom performance & incentives

Tryouts for sports teams, Recruitment for Art & Drama

Students attend weekly in-school mentorship
hyperlinks\TIPS MENTORSHIP (11-7).docx, feelings & problem solving.docx

Caregivers & Students Orientation
hyperlinks\Baseball Clinic Jeopardy 2 015.pptx

Students attend afterschool activity

Students & parents complete goal cards.

Teachers complete classroom compliance form & a symptoms screening tool.
hyperlinks\Program measures.doc

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CARING at Columbia After School Drama Program

Social Skills Building

Problem-Solving
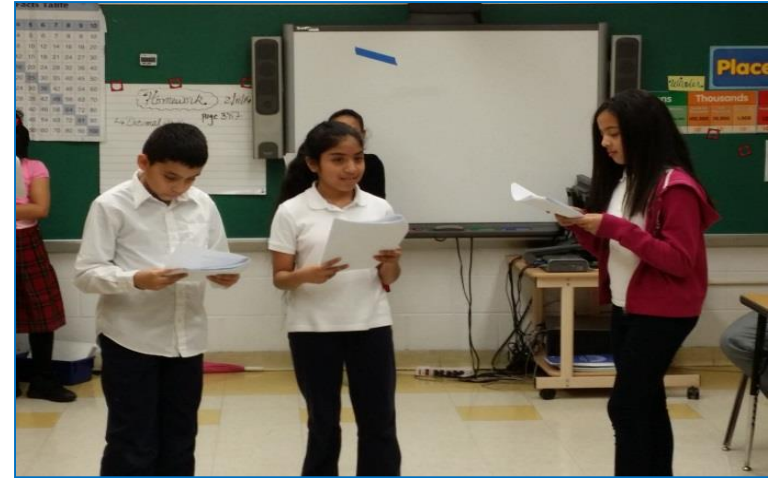
Self-Confidence

Empowerment

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Art as a means to Cultural Integration

Cultural Sharing

Problem Solving

Self-Identity

Self-Expression

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Holistic View to Sports

EXERCISE & NUTRITION

MENTORSHIP

CRITICAL THINKING

YOGA EXERCISES

SPORTSMANSHIP

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Building Interpersonal Skills through Sports

Creating a Sense of Community

Building Respect for Rules

Discipline & Leadership

Developing Friendships & Acceptance of Others

Fostering Aspirations

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Building Team Work, Responsibility & Self-Esteem

Girls & Boys Healthy Lifestyles Sports League

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Co-Ed Baseball League

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Components of Mentorship

- In-school meetings during recess
- Social/Emotional Learning Curriculum
- 12 Week Program
  - Goal setting and attainment
  - Stress management/Emotional regulation
  - Problem-solving
  - Keeping bullying at bay
  - Healthy lifestyle practices

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Mentoring Session Outline
D:\2017 CSMH\hyperlinks\TIPS MENTORSHIP (11-7).docx

- Opening
  - Group mantra
  - Critical thinking question
- Middle
  - Interactive Activity (e.g. role plays, reflection, games)
  - Answer critical thinking
- Ends
  - Power Praise Activity

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Lunch-Time Mentorship Group:
Promoting Social/Academic Success

PROGRAM EVALUATION: THREE STUDIES

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Study 1

- Objective: To evaluate the impact of Turn 2 Us on attendance, academic and social performance of participating students (2008-2009)

➢ Evaluated data from 2008- 2009

- ▪ 161 students in 3rd-5th grade,
- ▪ 32 teachers,
- ▪ 106 parents

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Program evaluation was conducted in 2008-2009
(161 students in 3rd-5th grade, 32 teachers, 106 parents)

Total N for students	161[a]
Grades	3rd=11 (7%) 4th=47 (29%) 5th=103 (64%)
Gender	Males=81(50%) Females 80 (50%)
Ethnicity	Hispanic = 144 (89%) African Amer = 16 (10%) Other = 1 (1%)
Economic Level	95% received free lunch

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Academic Performance: Mean Standardized Exam Scores (N=134)

English: Pre Turn2Us, '07-'08: 2.53; Post Turn2Us, '08-'09: 2.86 *

Math: Pre Turn2Us, '07-'08: 2.86; Post Turn2Us, '08-'09: 3.18 *
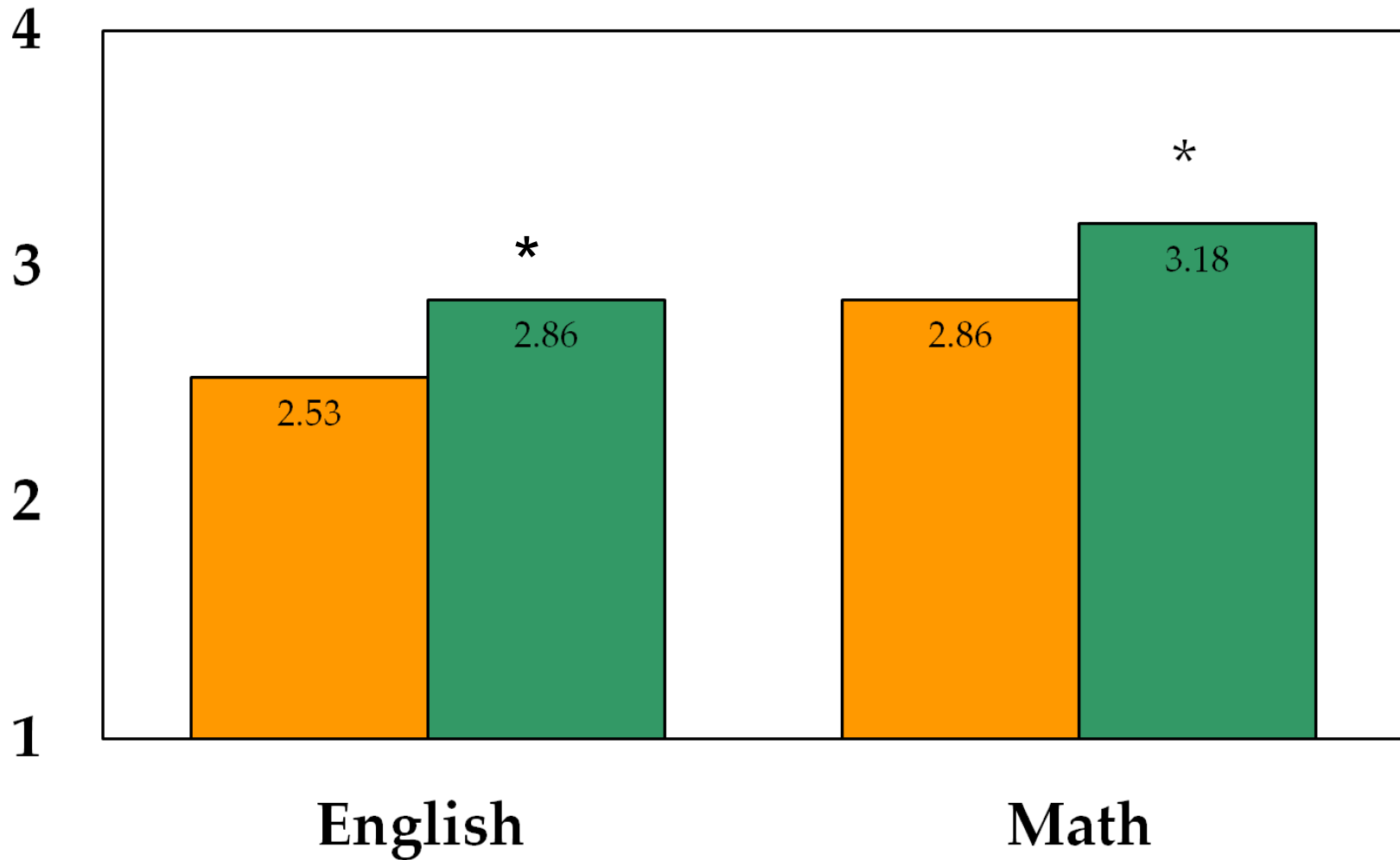
* p = 0.001

Legend: ☐ Pre Turn2Us, '07-'08   ☐ Post Turn2Us, '08-'09

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Attendance

Mean # of Absences   (N=156)
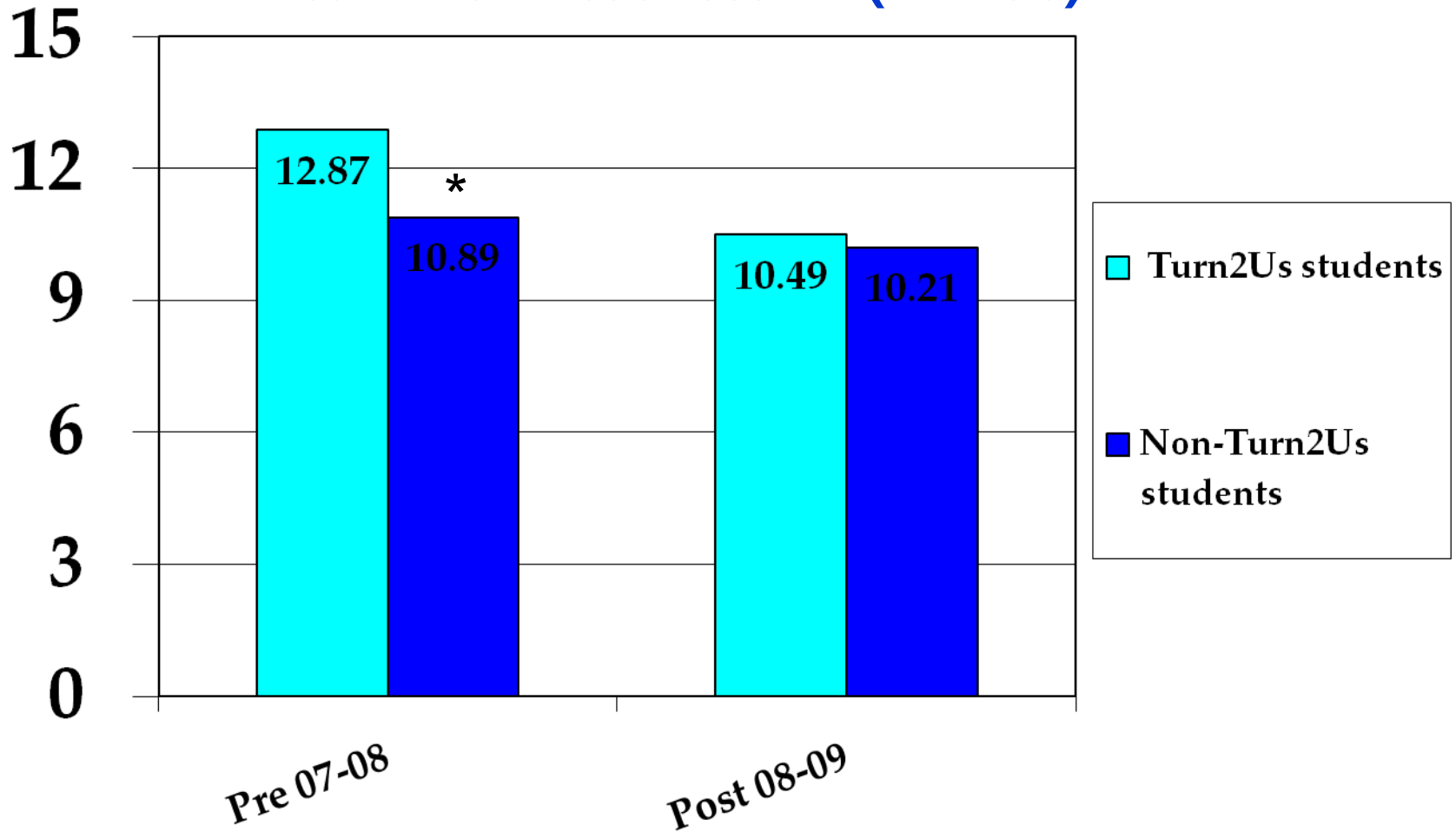
* p=0.002

Classroom Compliance
Student Assessment Survey (Teacher)
N=161
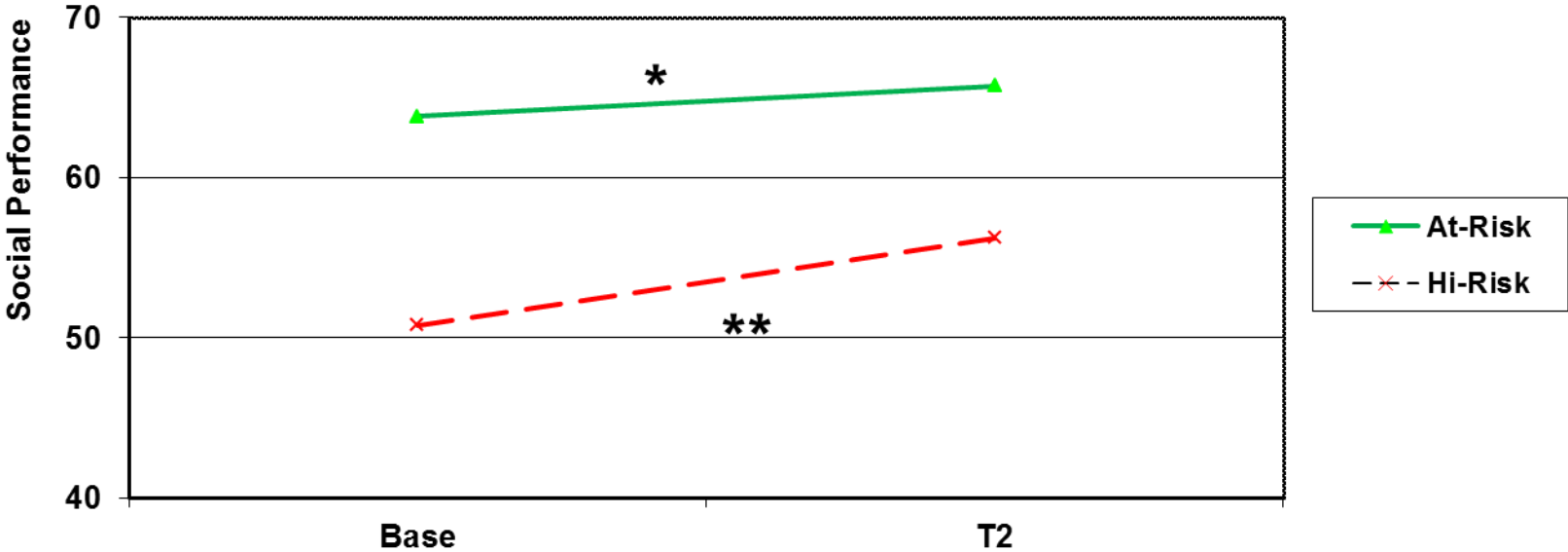
*p < 0.001, **p < 0.01

Study # 2

- Objective: To evaluate the impact of Turn 2 Us on mental health outcomes of participating students (2011-2014)

- Evaluated data from six cohorts from 2011- 2014 (N=188 students)

- Study involved a pre-post survey design

- Teachers completed a Strengths and Difficulties Questionnaire (SDQ), which is a brief symptoms check list of 25 questions and screens for internalizing and externalizing symptoms and pro-social behavior.

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Baseline Characteristics

Variable	N (%)
Gender	
Male	110 (58.5%)
Female	78 (41.5%)
Grade	
4th	95 (50.5%)
5th	94 (49.5%)
Year of Study	
2011- 2012	72 (38.3%)
2012- 2013	58 (30.9%)
2013- 2014	58 (30.9%)
Intervention Group Category	
Arts/Drama	94 (50%)
Sports	94 (50%)
Baseline SDQ Risk Category	
Low Risk	156 (83%)
High Risk	30 (16%)

Regression Analysis

- Controlling for baseline SDQ scores, there was no significant impact of gender, grade, year of study, intervention track, or pro-social score on post-intervention SDQ scores

- Controlling for baseline SDQ score, higher baseline internalizing behaviors sub-scores predicted improved post-SDQ scores (B= -.641, p<0.00)

Symptoms Checklist
Strengths & Difficulties Questionnaire (N=161)

Symptoms sub-scales	% Students Meeting Criteria		
	School 1 (n=85)	School 2 (n=76)	**Total (n=161)**
Emotional Symptoms	11	17	**14**
Conduct Problems	26	25	**26**
Hyperactivity	28	37	**30**
Peer Problems	9	13	**11**
Pro-social Behavior	19	28	**23**
Total	22	37	**39**

Total SDQ scores improved post intervention*
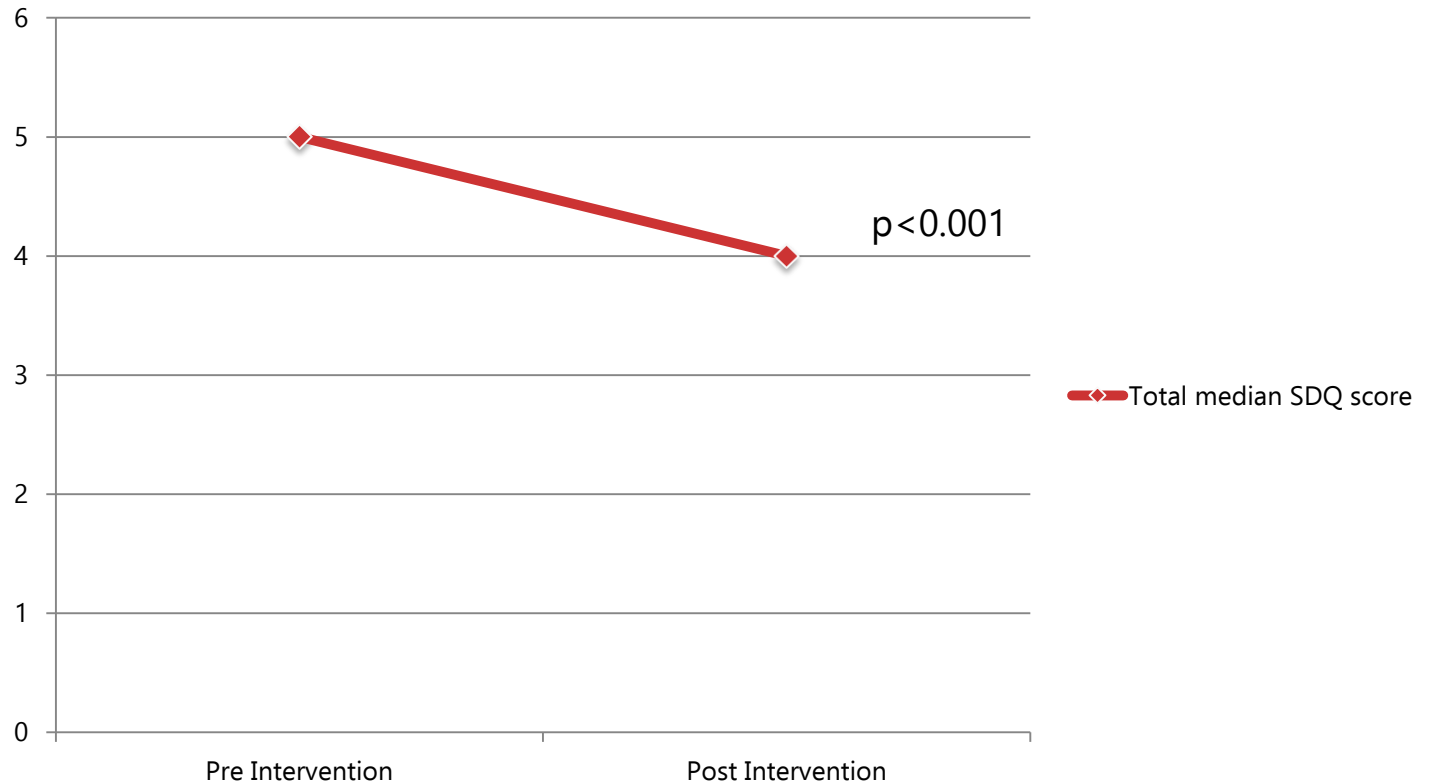
*Significant (p<0.00) using Wilcoxon rank-sum testing

High risk students showed greater improvement in SDQ scores*

p<0.001

p<0.001

- Low risk
- High Risk

16
14
12
10
8
6
4
2
0

Pre Intervention   Post intervention

*Significant (p<0.00) using Wilcoxon rank-sum testing

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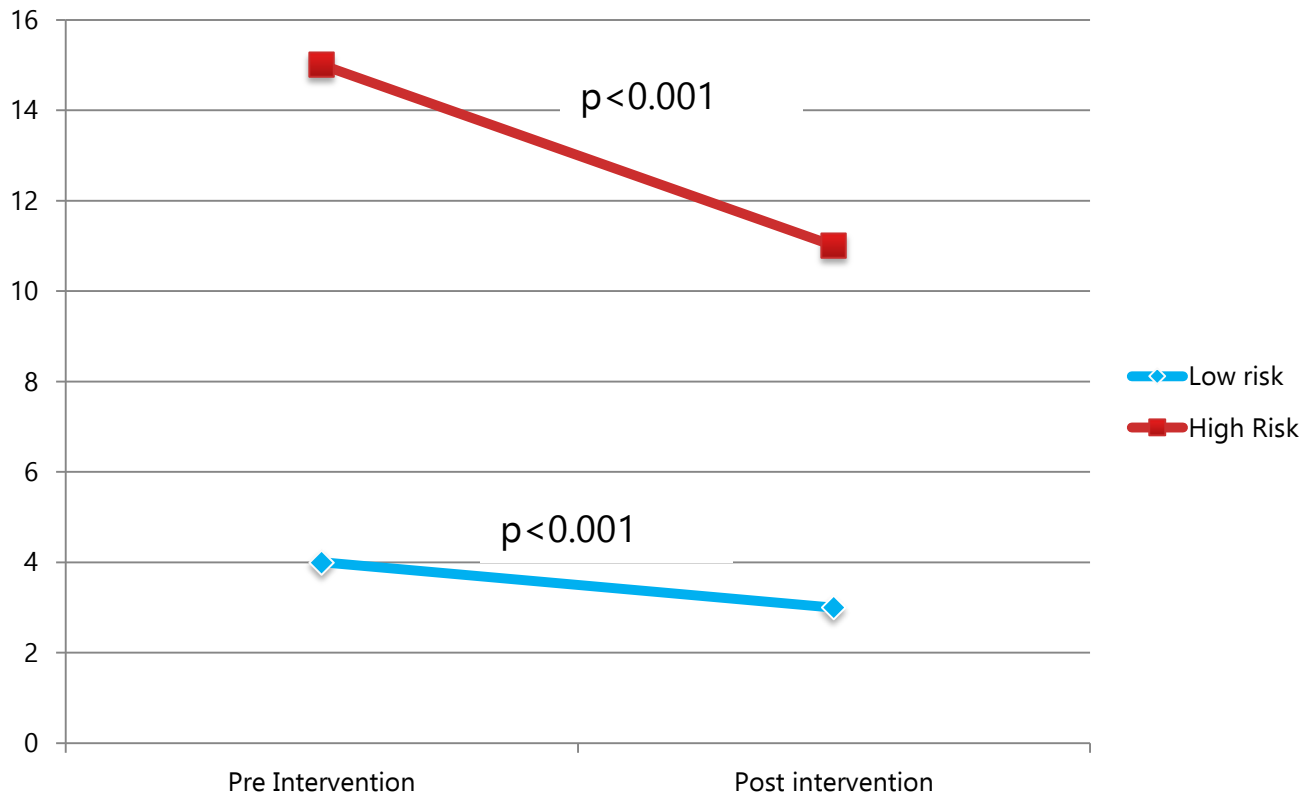
Students with high internalizing behaviors improved post-intervention*

p<0.001

p<0.001

— High Internalizing Risk

— High Externalizing Risk

Pre Total SDQ Score (Median)

Post Total SDQ score

*Significant (p<0.00) using Wilcoxon rank-sum testing

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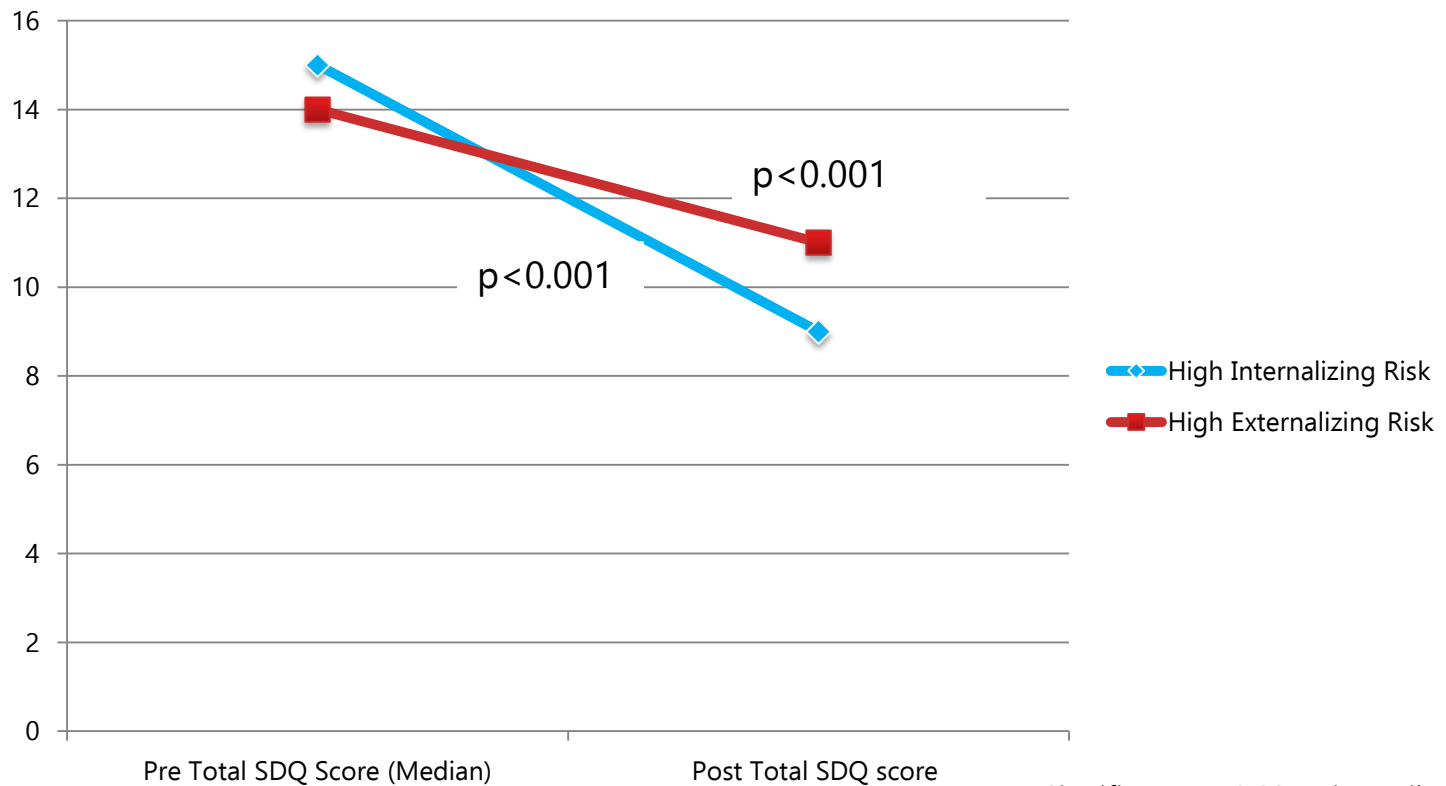
Study # 3 PRELIMINARY DATA

Objective: To evaluate the impact of Turn 2 Us on school personnel's mental health literacy (2015-2016)

➤ Evaluated data from 2 school sites
   (N=109 school personnel)

➤ Study involved a pre-post survey design

➤ Mental Health Literacy Survey examined:
   a) Attitude towards addressing students MH needs;
   b) Knowledge of common school age MH disorders;
   c) Sense of confidence in addressing/referring students with MH needs;
   d) Training received on identifying, referring for or addressing MH issues;
   e) MH related stigma.

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Baseline Data

	Intervention (n=56) School	Control (n=53) School
Female	47 (84%)	46 (87%)
Age: 20-29	8 (14%)	8 (15%)
30-39	17 (30%)	15 (28%)
40-49	16 (29%)	12 (23%)
50-59	13 (23%)	15 (28%)
60+	2 (4%)	3 (6%)
Mean Years Experience (sd)	14.6 (9.1)	15.5 (8.0)
Position Teacher	23 (41%)	22 (42%)
Para	13 (23%)	9 (17%)
Other	20 (36%)	22 (42%)

**No sig difference between schools in any of these categories based on chi-square analysis

Question 1: Currently, how informed do you feel regarding the policies and procedures for referring students...

Percent Who Answered Extensive (from "None, Brief, Extensive")

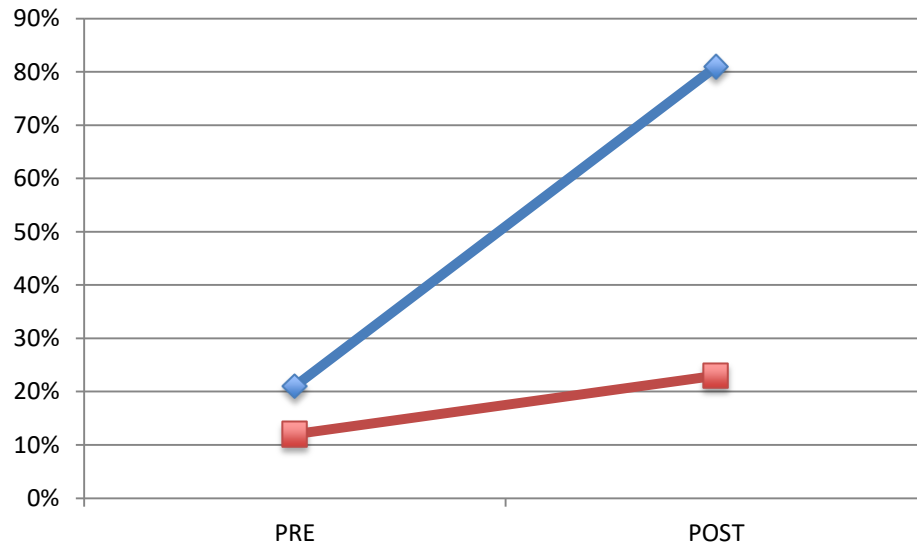|	PRE	POST
Intervention school	16	44
Control school	2	13
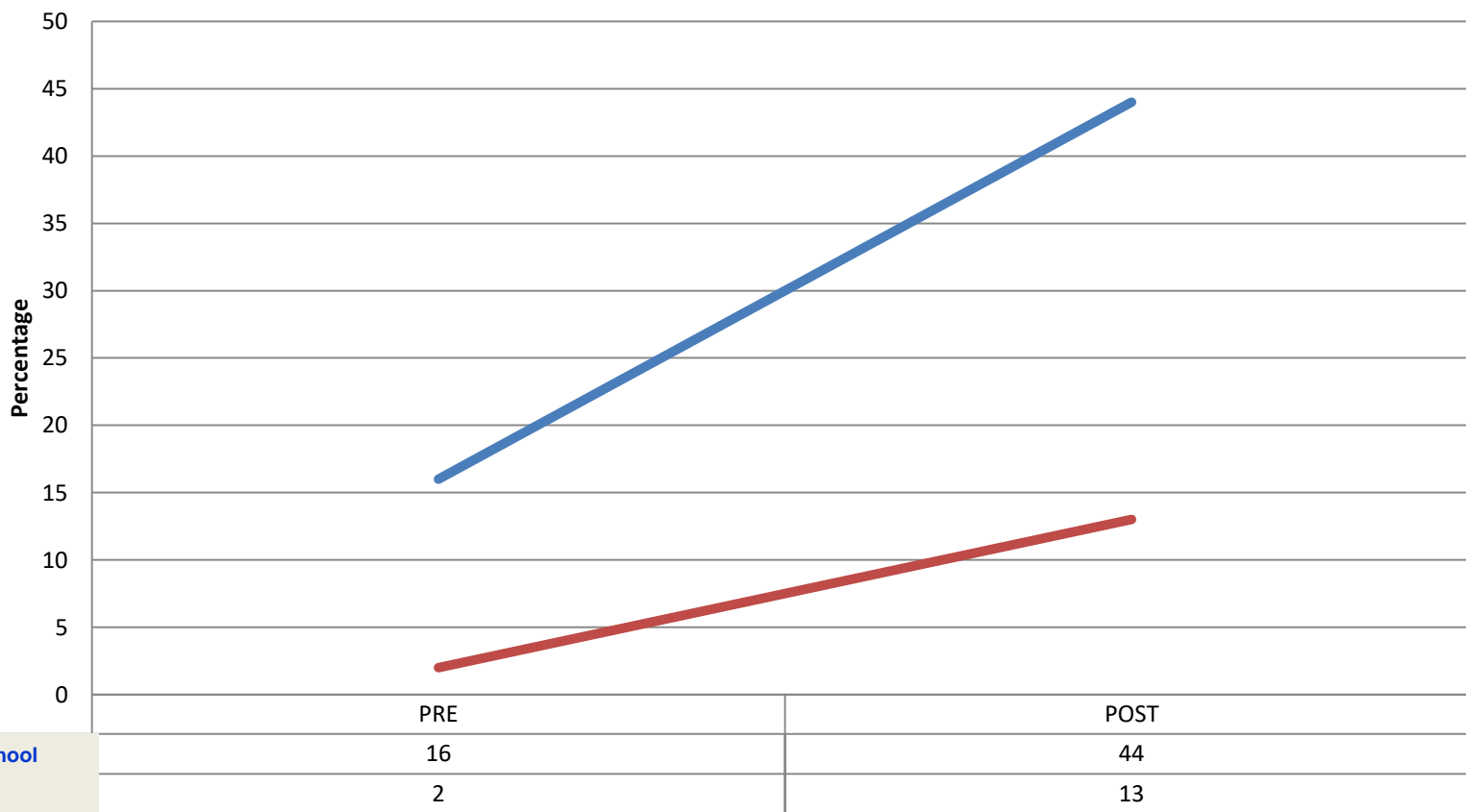
**Pre and post were both sig by chi-square (pre p= 0.008, post p=0.000018)

Question 2: Do you currently have access to training and informational workshops that can help you with early identification of mental health problems?

Percent who said YES

	PRE	POST
Intervention school	21% (12/56)	81% (44/54)
Control School	12% (6/51)	23% (12/53)

**No sig diff between pre groups (p=0.182), sig diff between post groups (p=1.1092E-9)

Question 3: Team meetings between classroom teachers and service providers take place…

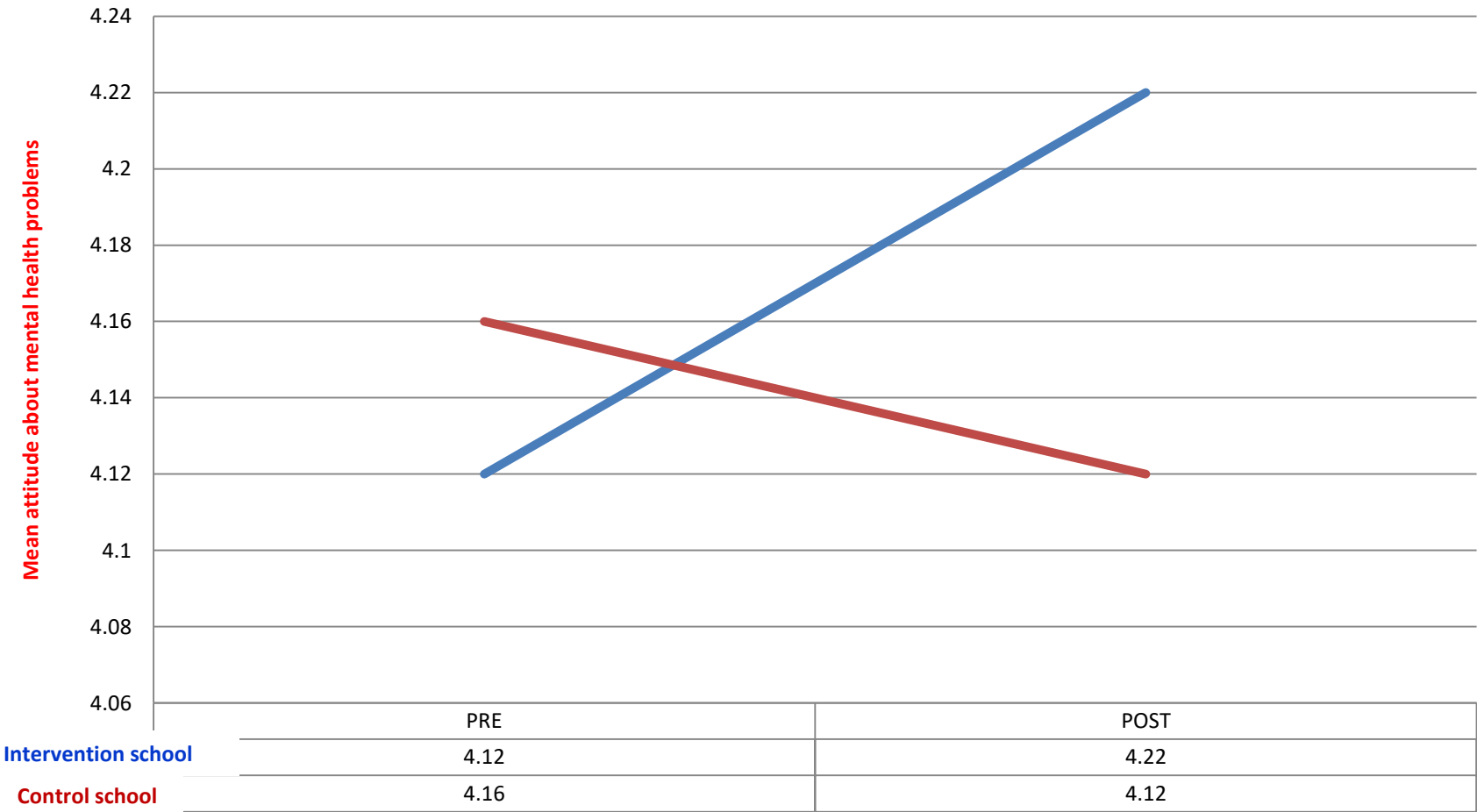**Percent who said YES**

	PRE	POST
Intervention school	56% (31/56)	81% (44/54)
Control School	43% (22/51)	47% (25/53)

**no sig diff in pre (p=0.207, sig diff between post (p=0.000339)

Question 4- Attitude Mean Scores: What is your opinion about the following mental health problems?

	PRE	POST
Intervention school	4.12	4.22
Control school	4.16	4.12

*Scale 1-5 with 5 reflecting more positive attitude

**Pre, post and univariate analyses not significant

Question 5- Self Efficacy Mean Score: How confident are you about your ability to manage/identify each of the following MH issues in your classroom?

Mean self-confidence in ability to identify/manage mental health problems

	PRE	Post
Intervention school	1.05	1.23
Control school	0.91	0.91
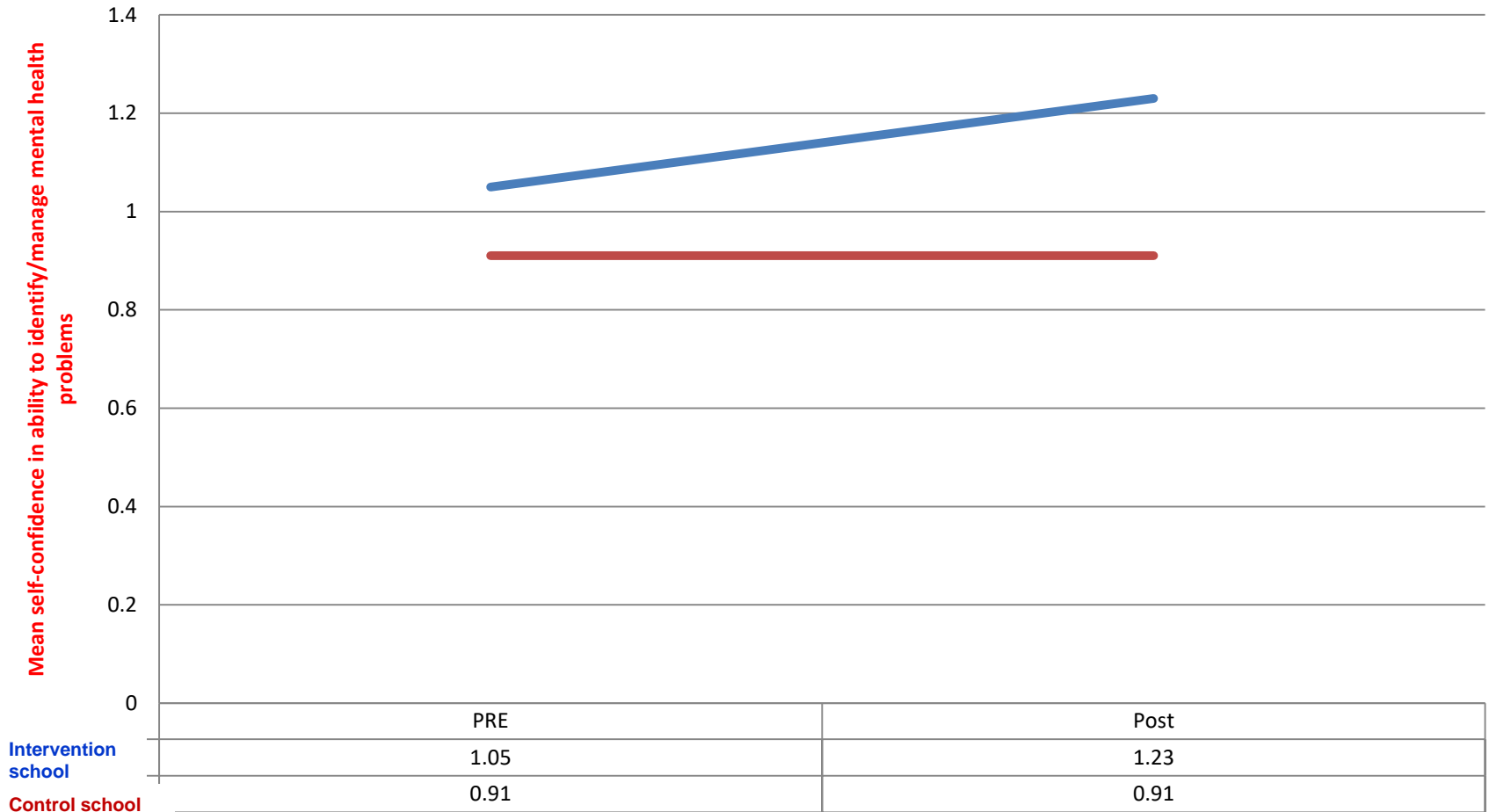
*Scale 0-2, not at all confident to very confident

**Pre not sig diff, post sig diff p=0.001, univariate analysis pending

Question 6- Knowledge Score of mental health conditions (Percent Correct): Please circle either true or false to each of the following statements

	PRE	POST
Intervention school	65.8	75.6
Control school	67.8	65.6
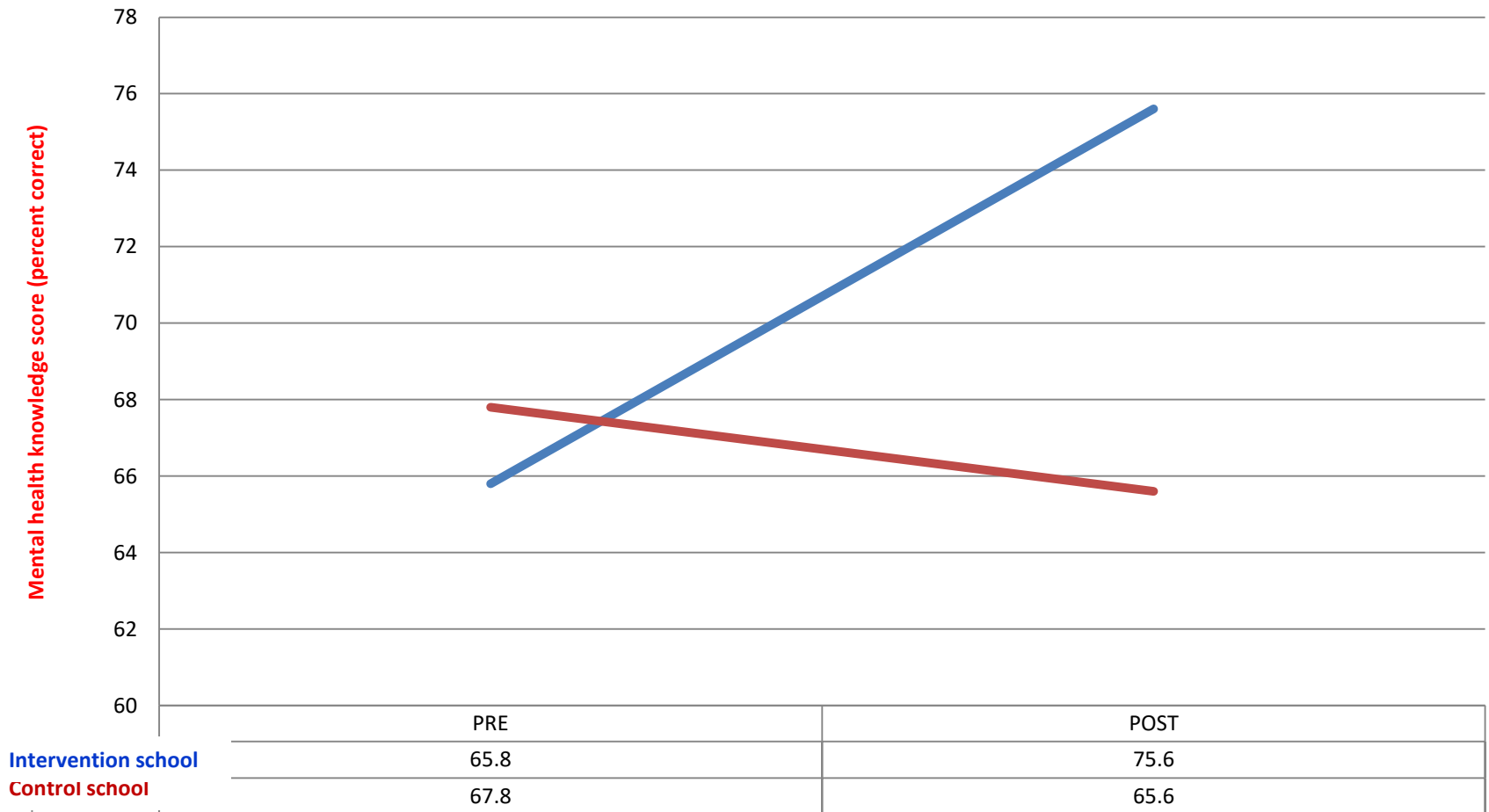
**pre not sig diff, post sig diff (p=0.000005), univariate analysis of post controlling for pre sig (p<0.001)

TIPS FOR SCREENING & MONITORING STUDENTS & EVALUATING INTERVENTION TRACKS

1) Have teachers complete a Symptoms and Diagnosis checklist (S&D) to assess students' social, emotional and behavioral problems.

2) Have teachers complete quarterly Student Assessment Surveys (SAS) to measure individual student classroom compliance and behavior.

3) Students with low SAS scores receive weekly report cards to monitor their progress.

4) Collect and review guidance logs of unscheduled visits, suspensions, and crises.

5) Systematically collect monthly attendance reports from administration.

6) Participate in Child Study Team meetings.

7) Maintain communication with parents regarding school performance, health/mental health issues and successes.

Program Evaluation Tools T2U measures (9-29).docx

1) Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)
   - A brief behavioral screening questionnaire validated for assessing mental health difficulties in children ages 3-16.
   - It should be completed by the classroom teachers of program participants, and requires approximately five minutes to complete.

2) Student Assessment Survey (SAS; E. Montanez)
   - A pre-post 16-item teachers survey that measures individual students' classroom compliance, social and behavioral performance in class and cafeteria.

3) School Likeness & Avoidance Scale (Ladd & Price, 1987)
   - A pre-post 14 item student survey that measures connectivity to school

4) Incident reports: Counselors Unscheduled Visits Log (E. Montanez)

5) Student, Parent, Staff Program Perception Surveys (E. Montanez)

6) Mental Health Literacy Survey (adapted from Walter & Lim)

7) Academic Achievement and Attendance
   - Collect **standardized test scores** and student **attendance** history reports from prior academic year and current year

Simple Strategies for Effective Program Implementation

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OUR CORE PRINCIPLES FOR IMPLEMENTATION & SHIFTING SCHOOL'S CULTURE (aligned with System of Care)

- **School viewed as a "community"**

- Goals are based on individ. school's resources and needs

- **School-based decision making** with prog. staff at each school

- **Prevention-focused strategies & strength based practices**

- Critical role of parents and school staff

- **Critical role of community partners**

- Culturally and linguistically competent delivery of service

- **Describe, Demonstrate, Practice & Feedback**

BUILD KEY PARTNERSHIPS WITHIN THE COMMUNITY AND SCHOOL

It's vital you begin by identifying key players in your school and community. Building your support system at an early stage, ensures program organization & sustainability.

IDENTIFY YOUR KEY PARTNERS WITHIN THE COMMUNITY

- ✓ School Principals & Administrators
- ✓ Members of Medical/Higher Education Institution
- ✓ Community Leaders
- ✓ PTA Members (Parents Association)

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You Are Not Solo, You Are Part of a Team

✓ Work Collaboratively with School Counselors, teachers, administrators;

✓ Collaboration is NOT the same as instructing

✓ Work with your school's Parent Coordinator (PC) and/or Parent-Teacher Association (PTA);

✓ Secure your lines of communication and decision making when developing or implementing activities or events;

✓ Keep an Open Door Policy.

✓ Be a Part of the School Community

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DESIGNATE SCHOOL-APPOINTED PERSONNEL:

These individuals will act as your partners within the school community, who will assist you with program planning and implementation.

✓ **CHAMPION FOR STUDENT SUPPORT**

> Coordinates grade-wide events such as psycho-education assemblies, wellness events, health fairs, (i.e. a school administrator).

✓ **CHAMPION FOR STAFF MEMBERS**

> Engages & enrolls school staff in wellness events, is usually an individual with strong interpersonal and organizational skills.

✓ **CHAMPION FOR PARENT SUPPORT**

> Engages & enroll parents/caregivers in program events and workshops and has strong interpersonal skills. Individual is often a school appointed parent coordinator or an active member of the Parent-Teacher Association (PTA).

✓ **HEALTHY LIFESTYLES LEADER**

> Assists in running activities/intervention tracks during and/or after school. He/she is often a physical education instructor/health educator.

✓ **NON-SALARY SUPPORT STAFF**

> Public Health/Mental Health Interns, Community Volunteers & PTA members

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Plan for Success

- Secure buy-in, approval, and strategically schedule your event

- Be Mindful of participants' Literacy, Language, Culture;

- Invest Time in Promoting Your Events;

- Have Materials Ready day(s) prior, it decreases stress;

- Assign Responsibilities/Tasks to staff/volunteers prior to event;

- Secure Adequate Staff to Student Ratio

- Make it interactive and allot time for Q&A

- Inform Custodial Staff of events and extend your gratitude

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Capitalizing on Feedback and Assessments

✓ Debrief After Your Events:

   – Once event is completed, take a few minutes to debrief with your staff.

   – You are more likely to remember important details right after the event.

   – Praise staff for their role in planning and executing the event/activity.

✓ Document Your Events:

   – Take photos/videos of events for funders, promotional materials, blogs, etc.

   – Have sign-in sheets and include consent for photos/videotaping.

✓ Collect and Review Workshop/Events Evaluation Forms:

   – If the audience took the time to fill them out take the time to review them.

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SIMPLE PRACTICES FOR EFFECTIVE

LEADERSHIP

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Interpersonal Qualities are Essential for Partnerships:

- Impressions: 7 % words, 38% tone, **55%** nonverbal communication;

- **Partnerships and Promotions: 85% Interpersonal skills, 15% job skills;**

- Create a 30 second mission statement;

- **Never underestimate the power of a short conversation;**

- Learn from mistakes as well as successes: Power praise self/team;

- **Don't be victim of your own perception and clarify misunderstandings;**

- Silence, denial or avoidance can imply approval of unwanted situations.

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General Concepts That We Miss When We Are in Auto Pilot

- Don't work On Auto Pilot: **Stop, Think, Reflect**

- Remember Names

- When you receive a business card send an email within 48hrs

- Keep log of your contacts

- Gossip spreads & your reputation is too important, clean up misunderstanding

- **"Yes" Syndrome**: Better to under-promise then to over promise and not deliver

- Don't underestimate members of your community. Their skills will *surprise* you!

- **Describe, Demonstrate, Practice & Feedback**

- Presentations should have visuals, interaction and Q &A: Sometimes we have to adapt presentation to fit the need of the audience not our agenda.

- No matter how busy **Acknowledge** those who gave you a hand in any project

Thank you for participating in todays training!

We can all make a difference!

I've learned that people , will forget what you said, will forget what you did, but will never forget how you made them feel.

Maya Angelou

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