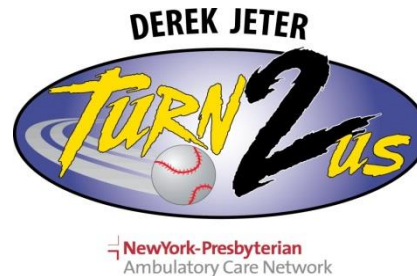


Center for School Mental Health
20th Annual Conference on Advancing School Mental Health
New Orleans, November 5th-7th 2015



How to Develop and Implement Interventions that Promote Mental Health Literacy and Foster Academic and Social Achievement In Urban Elementary Schools



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

- In June of 2001, Turn 2 Us (T2U) was created as a collaborative effort between Public School 128M of Washington Heights, New York-Presbyterian Hospital, Community Pediatrics at CUMC, and Derek Jeter's Turn 2 Foundation and in 2007 it was expanded to PS4M.
- In 2010 and 2015 we successfully graduated PS128 and PS4 to a second tier program.
- Through our Healthy Lifestyles Sports program, an additional 345 students from 9 neighboring schools are provided smaller scale services.
- We are expanding services to provide intensive training to school personnel in all 9 schools in order to enhance mental health literacy.
- Since 2001, T2U has directly served over 6,000 students, staff, parents.

TURN 2 US MISSION

Our mission is to promote:

- 1) mental health and academic success in children at risk for a mental health disorder;
- 2) empower the entire school community (students, parents and school staff) to engage in healthy lifestyle practices that promote well-being; and
- 3) enhance the mental health literacy of school personnel and caretakers so they are better equipped to ensure our youth progress emotionally, socially and academically .

(T2U program evaluation data was published this year in the NASW's April's Children & Schools Journal)

OBJECTIVES:

- Cultivate a school-wide culture of embracing healthy lifestyle behaviors that lead to mental and physical well-being, through in-class and assembly format psycho-education services for the entire school community;
- Identify and provide intervention services to targeted students at-risk for developing mental health issues;
- Provide school personnel and caregivers with group and individual psycho-education to increase their mental health literacy so that they can 1) better support at-risk students and 2) decrease stigma associated with mental health.

DEMOGRAPHICS OF SCHOOLS CURRENTLY SERVED

School Characteristics	Elementary Public Schools
Location	Northern Manhattan, NYC
Average Range of Student Population	570 – 650
Average Range of Students' Ethnicity	80-93% Latino 5-15% Black 2% Other
Economic Level	90-95% receive free lunch
Washington Heights has the highest % of English Language Learners (ELL)	46%-48%

- Washington Heights school district has one of the highest percentages of new immigrant students in Elementary and Middle School;
- Rated as one of the communities with the highest numbers of children with serious emotional disturbance (Citizen's Committee for Children of NYC)

Common School-Age Disorders We See in Our Students:

The following disorders are typically characterized by prolonged symptoms lasting >6 months:

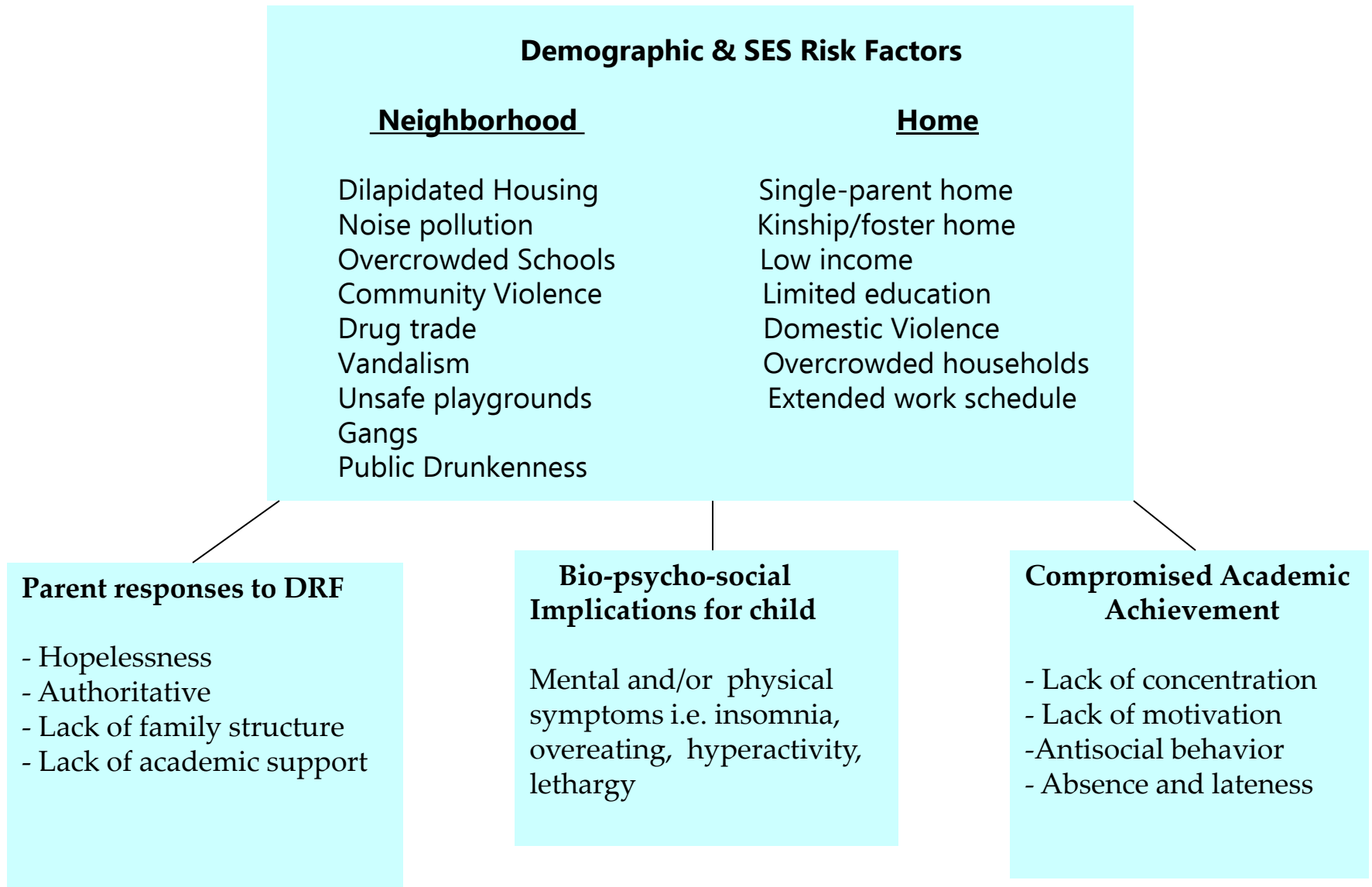
- **Hyperactivity**
- **Conduct**
- **Oppositional Defiant**
- **Generalized Anxiety**
- **Separation Anxiety**
- **Posttraumatic Stress**
- **Selective Mutism**
- **Dysthymia**

Adjustment Disorders are typically precipitated by an event, symptoms persist for < 6 months and there is notable impairment in school/social functioning

Adjustment Disorders with...

- **Depressed Mood**
- **Anxiety**
- **Mixed Anxiety & Depressed Mood & Disturbance of Conduct**
- **Mixed Disturbance of Emotions & Conduct**

Consequences of Recurring Stressors Due to Cumulative Risk Factors



Montanez, E. 2002



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

To mitigate chronic issues in urban communities that impact health, mental health, academic & social performance such as:

- **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.,
- **Prevalent Common School Age Disorders:**
ADHD, Depression, Anxiety, Conduct Disorder, PTSD
- **Prevalent Emotional & Behavioral Issues Presented by Students**

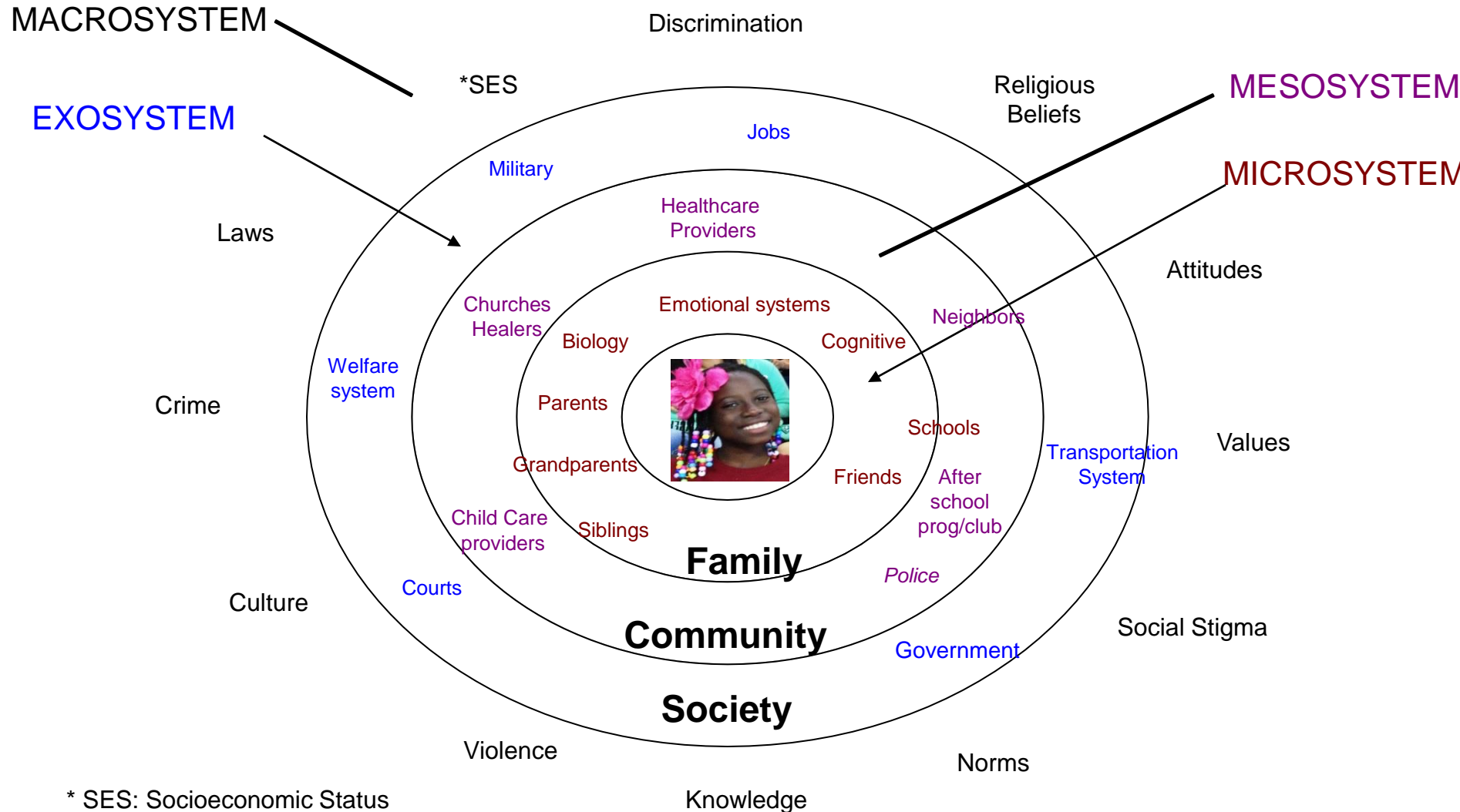
***Theoretical Approaches and
Practices interwoven in our
Program***

THEORETICAL APPROACHES & PRACTICES

- 1) Ecological Systems Theory:** Bronfenbrenner, U. (1979)
- 2) Systems of Care Approach:** Stroul & Friedman (1996)
- 3) Psychoeducation Practices:** Authier, J. (1977)
- 4) Preventive Practices:** Gordon, R.S. (1983)
- 5) Trauma-Informed Practice:** Bruce, P. (2004)
- 6) Social Learning Practice:** Elias, M. J. (2004)
- 7) Positive Behavioral Interventions:** Sugai & Horner, (1994, 1999)

strength vs. deficit

*** ECOLOGICAL SYSTEMS PERSPECTIVE ***



* SES: Socioeconomic Status



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Bronfenbrenner's Ecological Systems Theory:

The interaction of structures within and between layers is key to this theory.

- **The microsystem** –family, school, neighborhood, or childcare environments.
- **The mesosystem** –the connection between the child's teacher and his parents, between his church and his neighborhood, etc.
- **The exosystem** –a child can feel the positive or negative force involved with this larger system, i.e. a parent's workplace schedules or community-based family resources.
- **The macrosystem**- this layer is comprised of cultural values, customs, and laws
- **The chronosystem**- Elements within this system can be either external, such as the timing of a parent's death, or internal, such as the physiological changes that occur as a child ages.

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.

Psychoeducation Practice:

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

Through ongoing staff development and parent workshops we:

- 1) promote positive reinforcement & foster pro-social behavior in youth;
- 2) enhance adults' mental health literacy;
- 3) encourage healthy lifestyle practices that can boost well-being;
- 4) provide in-class consultations and grade meetings with teachers.

Preventive Practice:

Emphasize sharing information and/or teaching skills and practices that contribute to individuals' health and well-being. These practices aim to help people avoid situations and/or behaviors that can be detrimental to their well-being.

T2U engages in this practice by delivering pro-social and wellness initiatives to the entire school community through

- a) in-class mindfulness exercises (ICME);
- b) assemblies on anti-bullying, conflict resolution and healthy lifestyle practices that can boost academic performance and well-being;
- c) providing crisis intervention and referrals.

Trauma-Informed Practice:

Seeks to create a school environment where students and staff feel safe and empowered. Generally, trauma-informed practice is organized around the principles of safety, trustworthiness, collaboration, empowerment, and a strengths-based approach.

As a trauma-informed SBMH-PP program T2U provides on-site training to ensure that all school personnel have the opportunity to heighten their understanding of:

- a) what is trauma;
- b) the different situations that can cause trauma in children;
- c) the prevalence of traumatic occurrences in their school community;
- d) the impact of trauma on a child's school performance, well-being and brain development; and
- e) how school personnel's body language and/or non-verbal communication can be perceived as a threat by a traumatized child.

Social Emotional Practice (SEL)

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

T2U provides targeted students at-risk for developing M.H. disorders:

- Extracurricular activities (intervention tracks) after school in a structured and safe setting (schools) so they can learn how to identify and manage their feelings, positively interact with others, and effectively solve problems;
- A twelve-week mentorship program (during recess) to foster pro-social behavior, goal-setting and goal-attainment;
- The intervention tracks and SEL practice helps students develop sympathy and empathy for others, and maintain positive relationships.

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)

POSITIVE BEHAVIORAL INTERVENTIONS & SUPPORTS MODEL (PBIS)

Similar to the PBIS model, emphasis is placed on a universal approach to mental health promotion for all students, caregivers and staff.

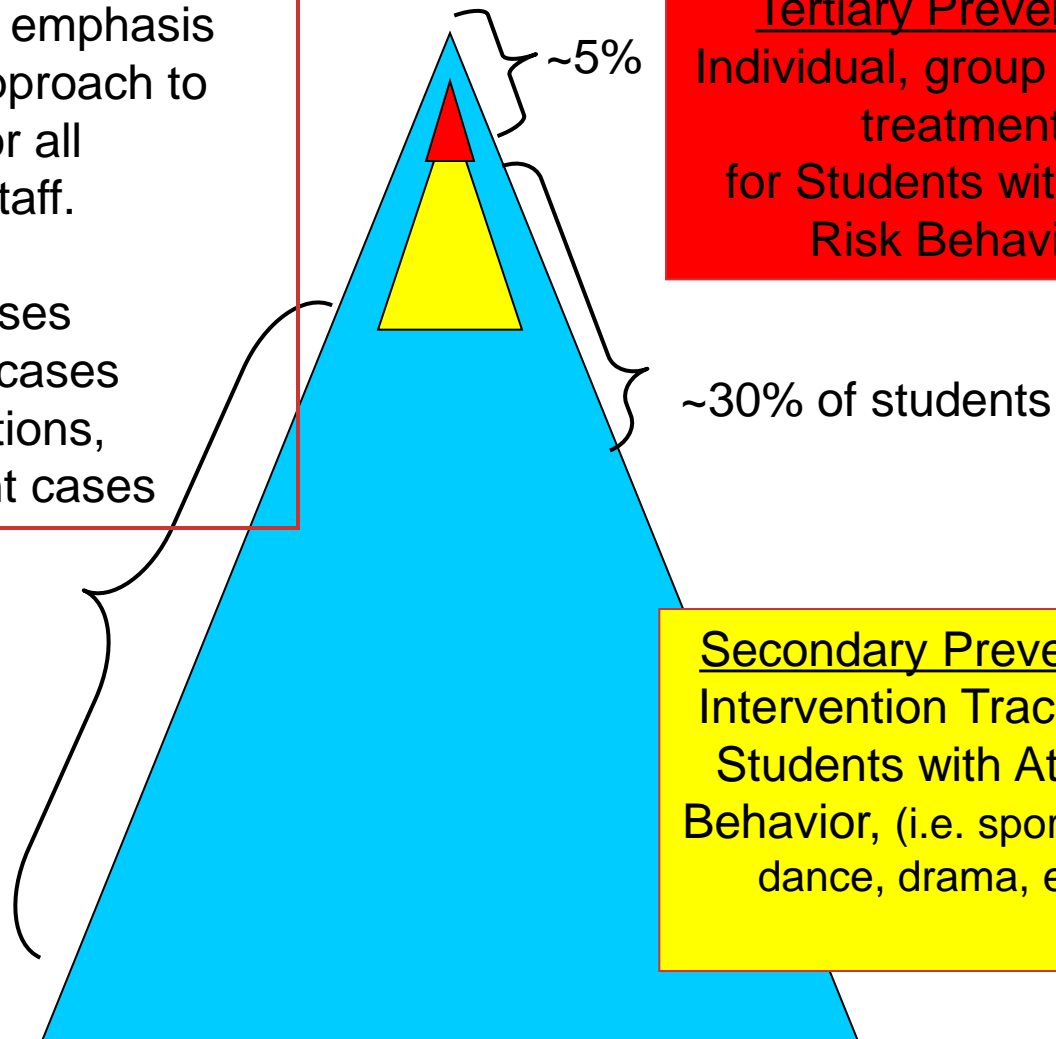
Universal- Reduce new cases

Targeted- Reduce current cases

Tertiary- Reduce complications, intensity, severity of current cases

~100% of Students

Primary Health & Mental Health Promotion for all Students, Staff, & Parents

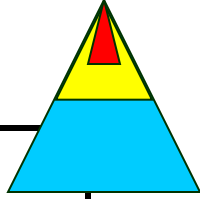


Tertiary Prevention:
Individual, group & family treatment for Students with High-Risk Behavior,

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



DELIVERY OF INTEGRATED SERVICES



School Community (Turn 2 Us & Com Partners)	At-Risk Students (Turn 2 Us)	High Risk Students (Peds Psych-NYP)
School Assemblies: <i>(Anti bullying, Conflict Resolution, Enhancing Test Taking Strategies, Psych First Aid for unexpected loss, disasters, etc.)</i>	After school: Therapeutic Visual Arts: Drama & Art programs (CARING At Columbia)	Elementary school-based clinic: Comprehensive evaluation
In-Class Mindfulness Program: <i>(In-class yoga, tai-chi, breathing tech to build self-efficacy, positive thinking & coping skills)</i>	After-School: Co-ed Baseball League Girls & Boys Basketball League (includes 8 elementary schools)	Individual , group and family treatment
School Staff & Parent Seminars: <i>(Empowerment through Theater program aims to enhance the art of communication)</i>	Third grade Mind & Body Camp Summer Sleep Away Camp	Psychopharmacology
Teachers & Parent <i>Psycho-education</i> Workshops: <i>(Aimed to de-stigmatize mental health related issues & increase mental health literacy)</i>	In-School weekly mentorship curriculum (for all Turn 2 students)	School staff consultation
Wellness Initiatives for Family & Staff: <i>(Father-Child Night Events, Parent Walkathons, Staff Olympics, etc.)</i>	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 Consultations, Crisis intervention & referrals on behalf of students	Program Evaluation Project



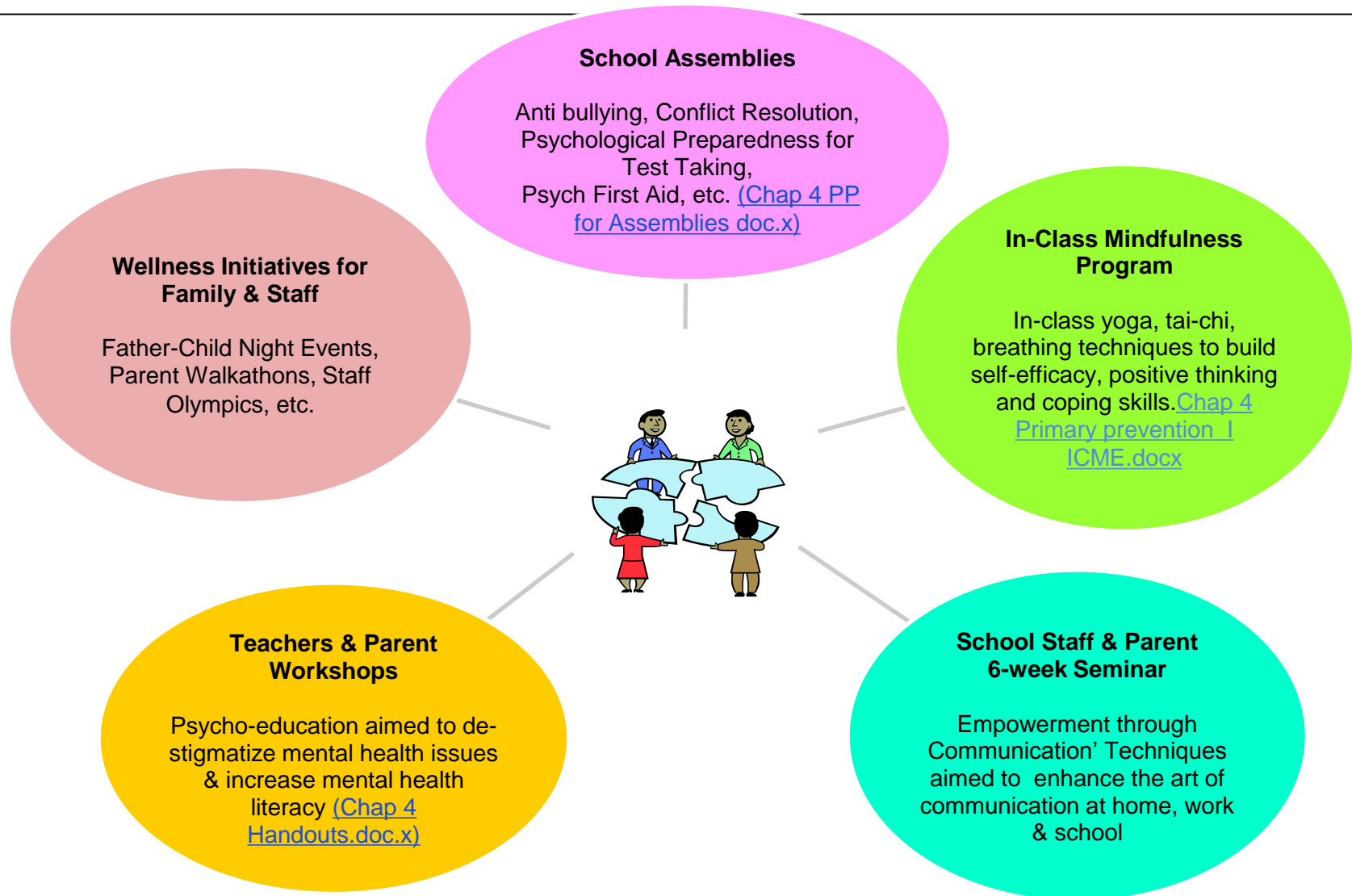
Mental Health Preventive Tools are combined with regularly scheduled teacher and parent follow-up assessments

Outcomes	Parent & Child Empowerment Through Theatre	Therapeutic Visual Arts: painting sculpting drawing	Co-Ed Dance & Movement	Sports: Boys & Girls Baseball, Basketball	In-Class Meditation Exercises: Yoga, Tai-chi, Deep Breathing	Special Ed. Psycho-Education Program
Positive Self talk Listening skills Social skills	✓	✓	✓	✓	✓	✓
Self- control Self-efficacy Self-confidence	✓	✓	✓	✓	✓	✓
Self -worth Self -esteem Self-perception Locus of control	✓	✓	✓	✓	✓	✓
Nutrition Awareness Breathing Skills Knowledge of Brain function	✓	✓	✓	✓	✓	✓
Fine & Gross Motor Skills		✓	✓	✓	✓	✓

Primary Intervention for all Students, Parents & Teachers

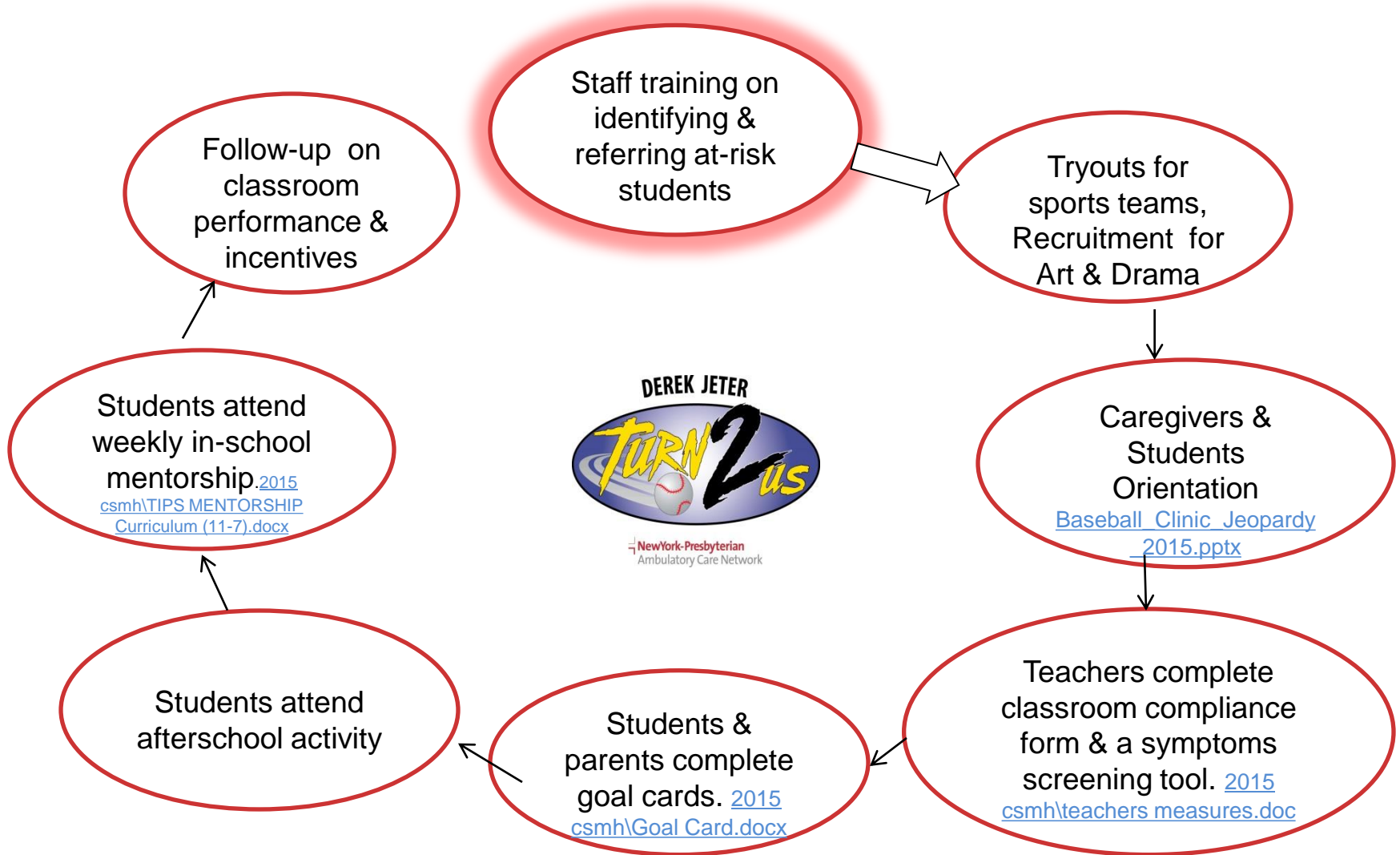
Promoting Mental Health Literacy & Well-being

[WP 20151026 005.mp4](#)
[WP 20151030 007.mp4](#)



Secondary Intervention for targeted At-Risk Students

[2015 csmh\prog policy,procedure, reg forms.docx](#)



DELIVERY OF SECONDARY INTERVENTION SERVICES

- **IDENTIFYING AT-RISK STUDENTS**
- **REFERRAL PROCESS**
- **MONITORING & TRACKING**

Identifying and Referring Students with a range of emotional issues

1. **Provide staff development and training on identifying students with symptoms of school aged disorders**
2. **Student referrals are obtained from:**
 - a) Teacher, administrator and guardians;
 - b) Monthly guidance tracking logs;
 - c) Child Study Team which meets bi-weekly to discuss children's needs and dispositions;
 - d) Children identified as high-risk for emotional disorders are typically referred to on-site mental health services i.e., New York Presbyterian School Based Mental Health as well as off-site agencies.

Monitoring, Tracking & Data Collection

[Program measures.doc](#)

STUDENTS

- Biweekly child study team meetings, tracking & progress logs;
- Teachers complete quarterly student assessment surveys (SAS) to track academic/social performance;
- Students with low scores on SAS receive weekly report cards;
- Teachers complete a pre-post screening form for M.H. symptoms- (Strength & Difficulties Questionnaire)
- Guidance Team logs unscheduled visits, suspensions and crisis;
- Tracking & follow-up of health indicators (i.e., asthma, BMI, unscheduled nurses visits)

Monitoring, Tracking & Data Collection

(cont, pt 2)

Staff & Parents

- Attendance sheets
- Feedback questionnaires
- Classroom observation & Support
- Reflection sheets completed upon implementation of techniques & strategies
- On-going consultation with staff/parents regarding school, health/mental health issues

Incorporating Culturally Relevant Practices in the Promotion of Mental Health



Art as a means to Cultural Integration

Cultural Sharing



Problem Solving



Self-Identity



Self-Expression

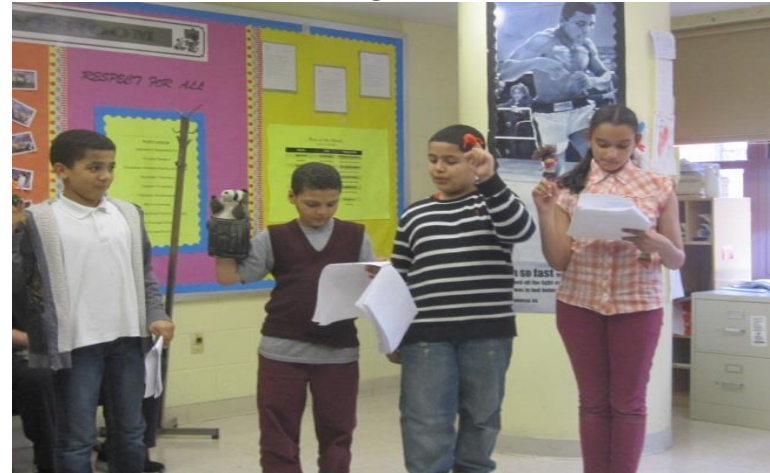


Drama Program

Social Skills Building



Problem-Solving



Self-Confidence



Empowerment



Building Interpersonal Skills through Sports

Creating a Sense of Community



Building Respect for Rules



Discipline & Leadership



Developing Friendships & Acceptance of Others



Fostering Aspirations



Building Team Work, Responsibility & Self-Esteem



Holistic View to Sports

EXERCISE & NUTRITION



MENTORSHIP



CRITICAL THINKING



MINDFULNESS EXERCISES



SPORTSMANSHIP



Promoting Family Involvement: Sports, Arts & Wellness



Celebrating our Community

Teachers



Parents



Mentors



Students



School Based Programs can Foster Optimal Academic & Social Performance

In 2008 received IRB approval from Columbia Univ. & NYC DOE to conduct program evaluation

Participant Outcomes	Measures used	Outcome Achieved
Improved Attendance	School Records	Yes
Increased State Exam Scores	School Records	Yes
Improved Class Performance	Student Assessment Survey (SAS)	Yes
Improved Social Performance	Student Assessment Survey (SAS) Strength & Difficulties Questionnaire	Yes
Decreased Suspension Rate	Guidance Counselor logs	Yes
Program Retention Rate	Turn 2 Us internal records	Yes
Student, Parent & Staff Satisfaction	Participant Perception Survey	Yes
Improved School Likeness	School Likeness Scale	Yes

Program Evaluation Strategies



Program Evaluation Tools [Program measures.doc](#)

1) Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)

- A brief behavioral screening questionnaire validated for assessing mental health difficulties in children ages 3-16.
- Completed by classroom teachers, requires approx. five minutes to complete.

2) Student Assessment Survey (SAS; Montanez)

- A 16-item teachers survey that measures individual students' classroom compliance, social and behavioral performance in class and cafeteria.
- Completed by teachers as a pre-post intervention tool.

3) Academic Achievement and Attendance

- Assess students' academic achievement and attendance by collecting standardized test scores and student attendance history reports from prior academic year and current year.

4) School Likeness Scale (amended with permission of original author) to assess students sense of connection to school post participation in program.

5) Student, Staff & Parent Perception Surveys (PS; Montanez)- can help you assess if population being served perceives program's objectives are being met and if modifications to service delivery needs to take place to ensure objectives are met.

TIPS FOR MONITORING STUDENT PROGRESS AND EVALUATING PROGRAM

- 1) Have teachers complete a pre-post Symptoms and Diagnosis checklist 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) Collaborate with the teacher and caregivers of students with low scores on SAS so a weekly report card is issued which teachers complete and parent signs daily to monitor student progress in classroom compliance;
- 4) Collect and review guidance logs of unscheduled visits, suspensions, crises;
- 5) Participate in the schools' Child Study Team meetings (meetings with school administrator, guidance counselors, special education staff, and on-site mental health support staff) to build capacity in addressing students needs;
- 6) Provide ongoing consultation with parents of program participants regarding school health/mental health issues.

PROGRAM EVALUATION DATA OUTCOMES

TRACKING CLASSROOM COMPLIANCE,
ATTENDANCE AND STANDARDIZED EXAM
SCORES

YEAR OF STUDY: 2008-09

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

Total N for students	161 ^a
Grades	3 rd =11 (7%) 4 th =47 (29%) 5 th =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

Measures

Construct	Measure/Source	Time-frame	Reliability
Academic Performance:			
Standardized Test Scores (ELA, Math)	District & School	2007-08 2008-09	
Attendance (Absences, Lateness)	School	2007-08 2008-09	
Social & Behavioral Performance:			
Emotional/ Behavioral Symptoms Checklist	Strengths and Difficulties Questionnaire (Teacher) ¹	Baseline	.75 -.88
Classroom Behavior	Student Assessment Survey (Teacher) ²	Baseline, Mid 1, Mid 2, Post, Follow-up 1, Follow-up 2	0.86
Unscheduled Guidance Visits	Guidance Counselor Logs	2003-08	
Perceptions of Program	Student, Teacher & Parent Perception Surveys (Child, Teacher & Parent) ³	Post	Student=0.62 Parent=0.92 Teacher=0-92

1. Goodman, 2002

2. Dr. Evelyn Montanez, 2005

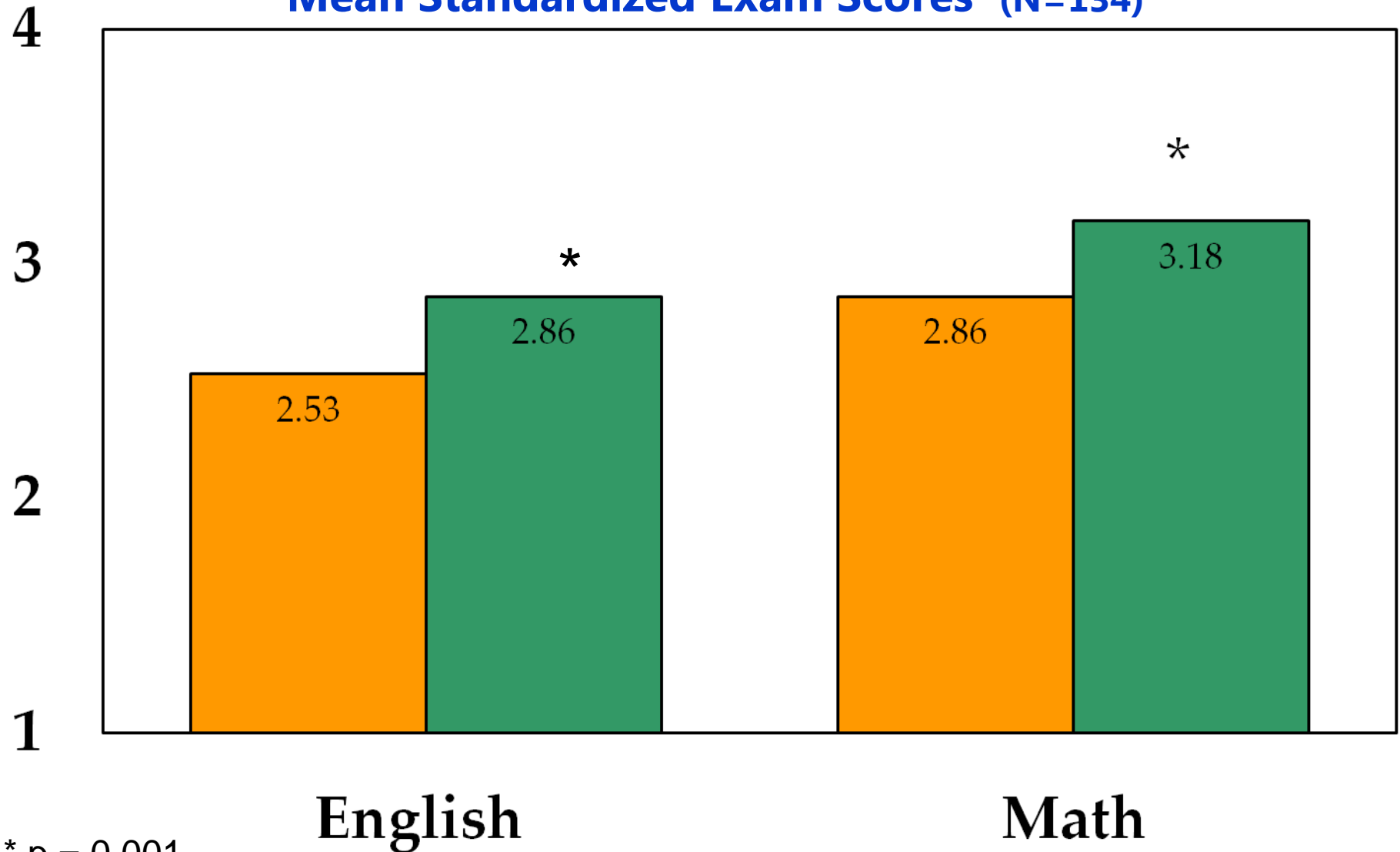
3. Dr. Evelyn Montanez, 2008



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



Pre Turn2Us, '07-'08

Post Turn2Us, '08-'09



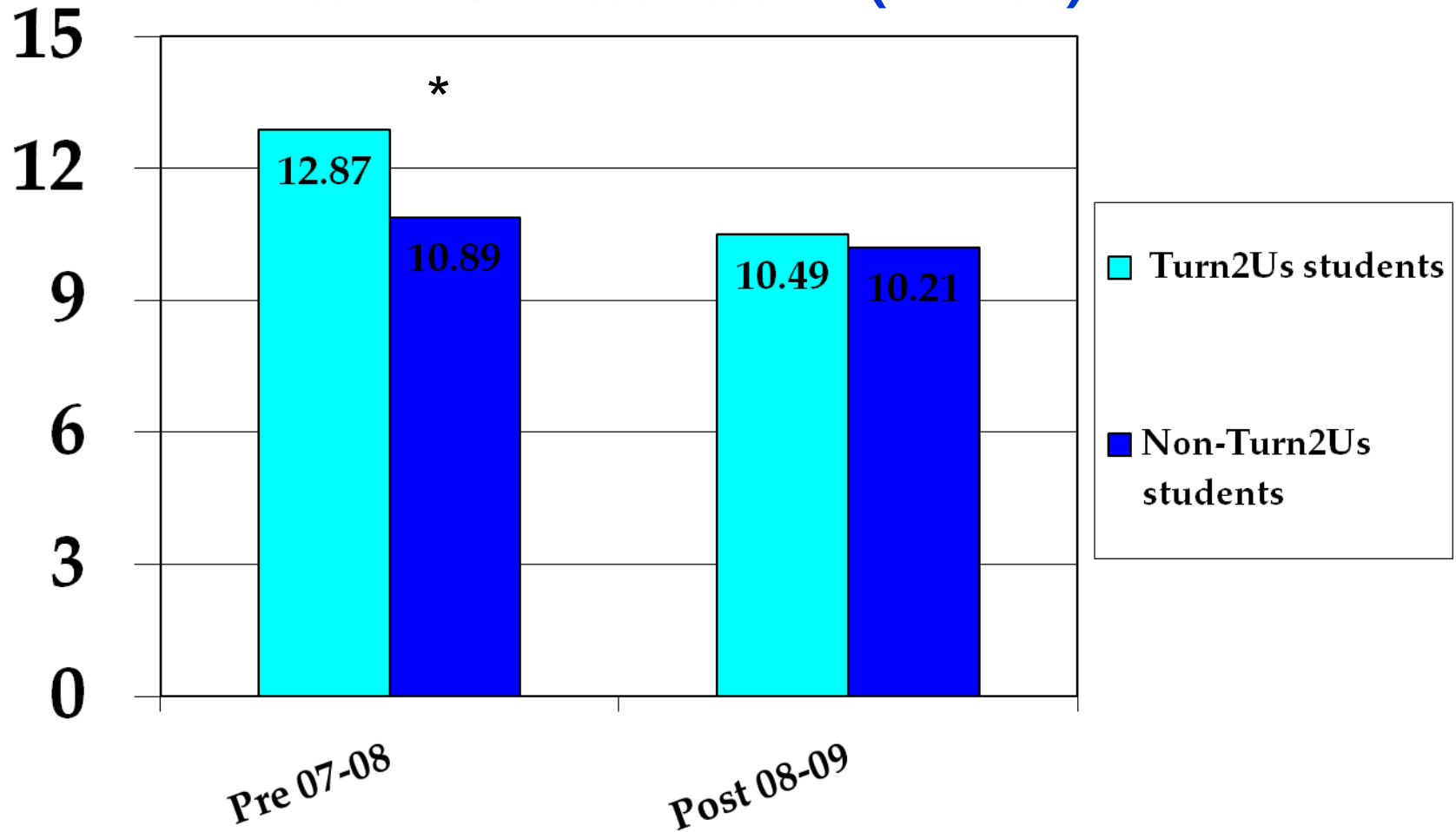
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Academic Performance

Mean # of Absences (N=156)



* p=0.002



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Social Performance

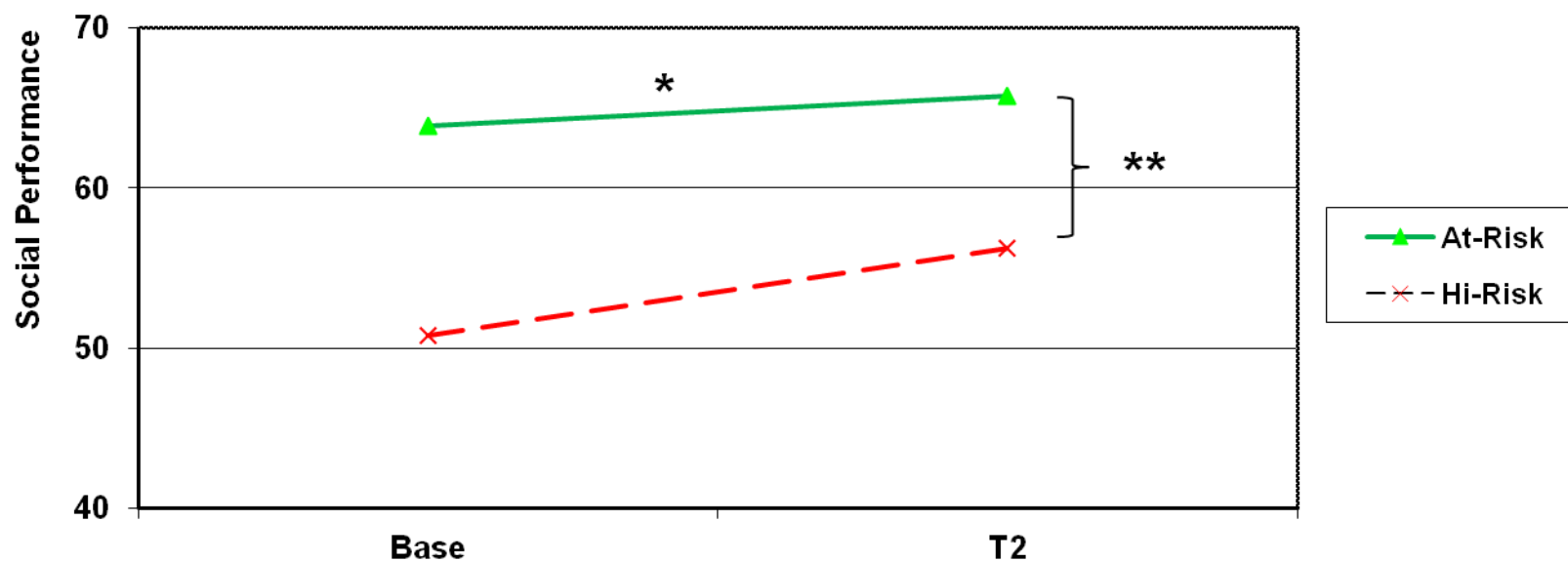
Strengths & Difficulties Questionnaire (N=161)

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

Social Performance

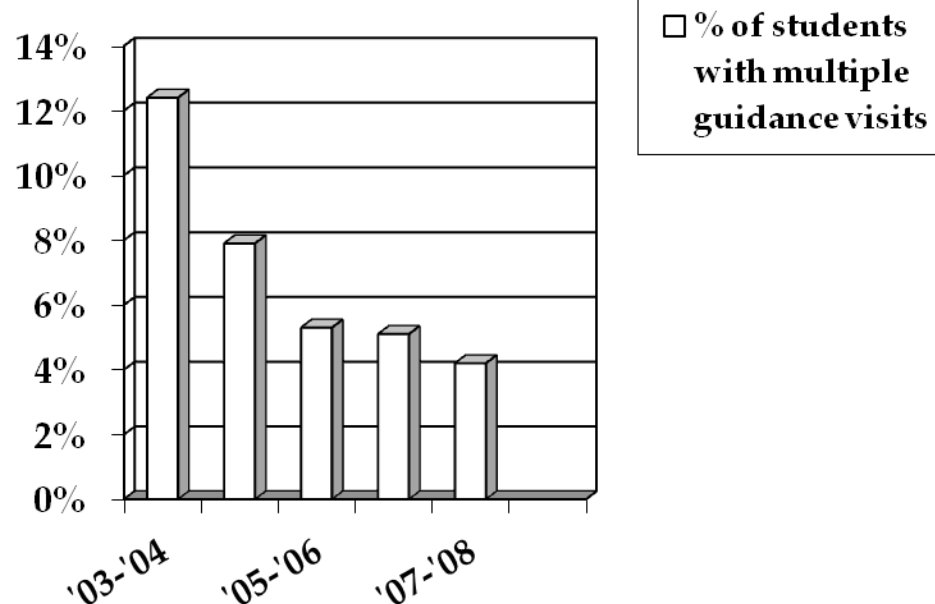
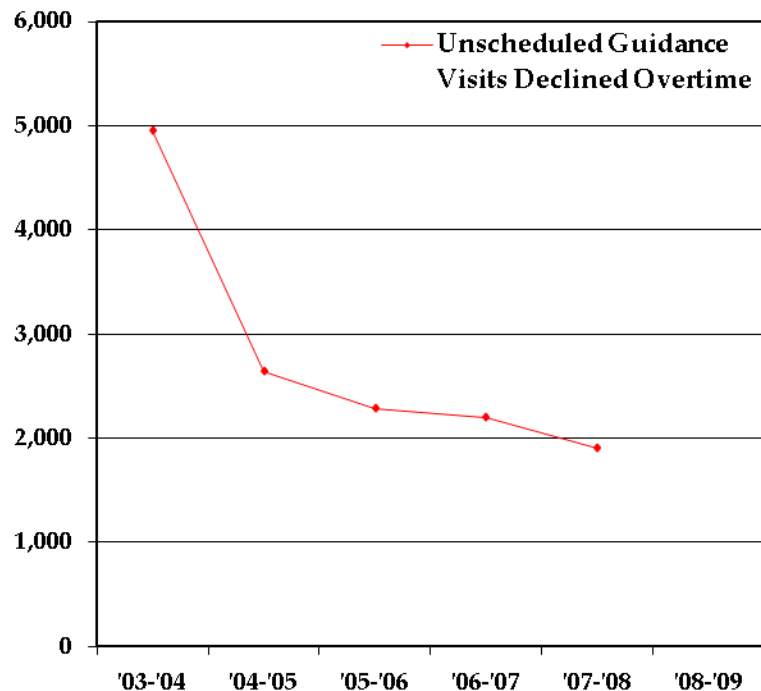
Student Assessment Survey (Teacher)

N=161



* $p < 0.001$, ** $p < 0.01$

Guidance counselor visits



PROGRAM EVALUATION DATA OUTCOMES

TRACKING INTERNALIZING & EXTERNALIZING SYMPTOMS

YEAR OF STUDY: 2011-12

2012-13

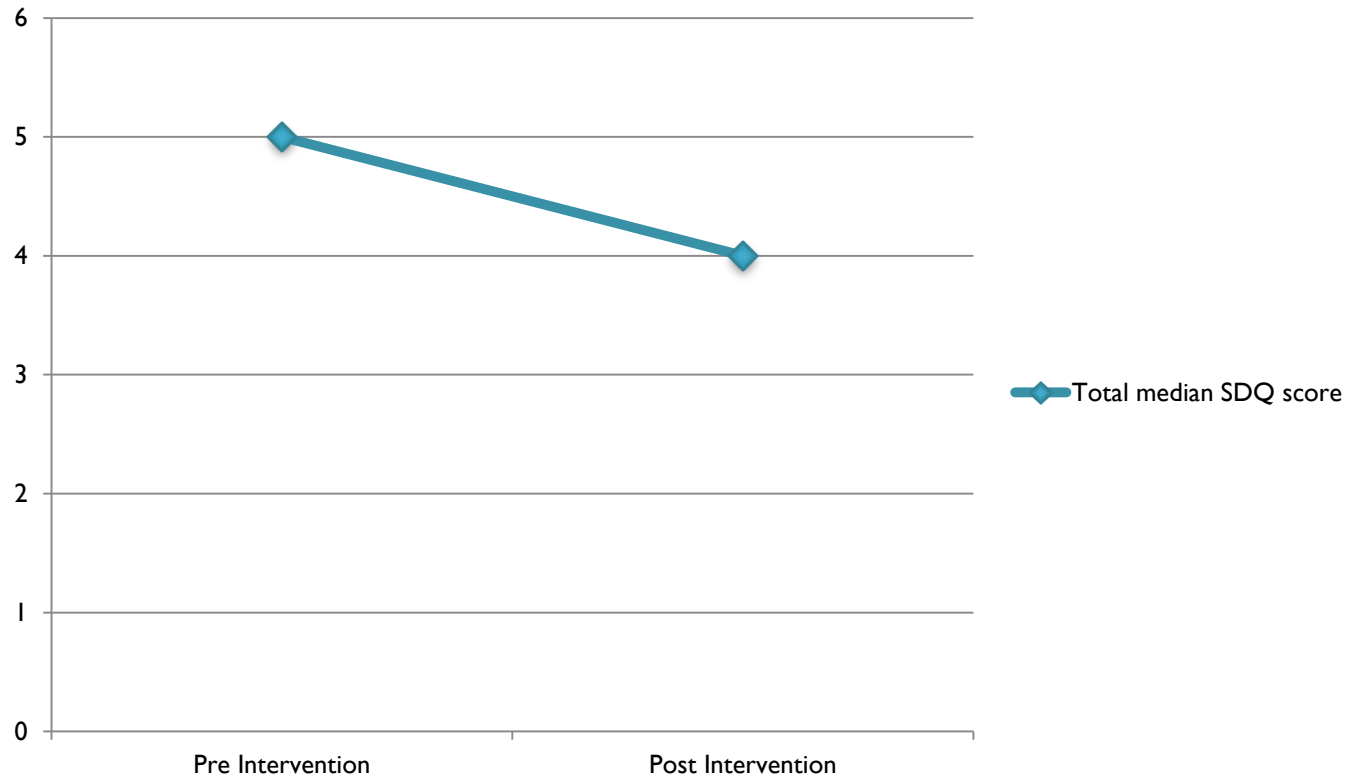
2013-14

Baseline Characteristics

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



Total SDQ scores improved post intervention*



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

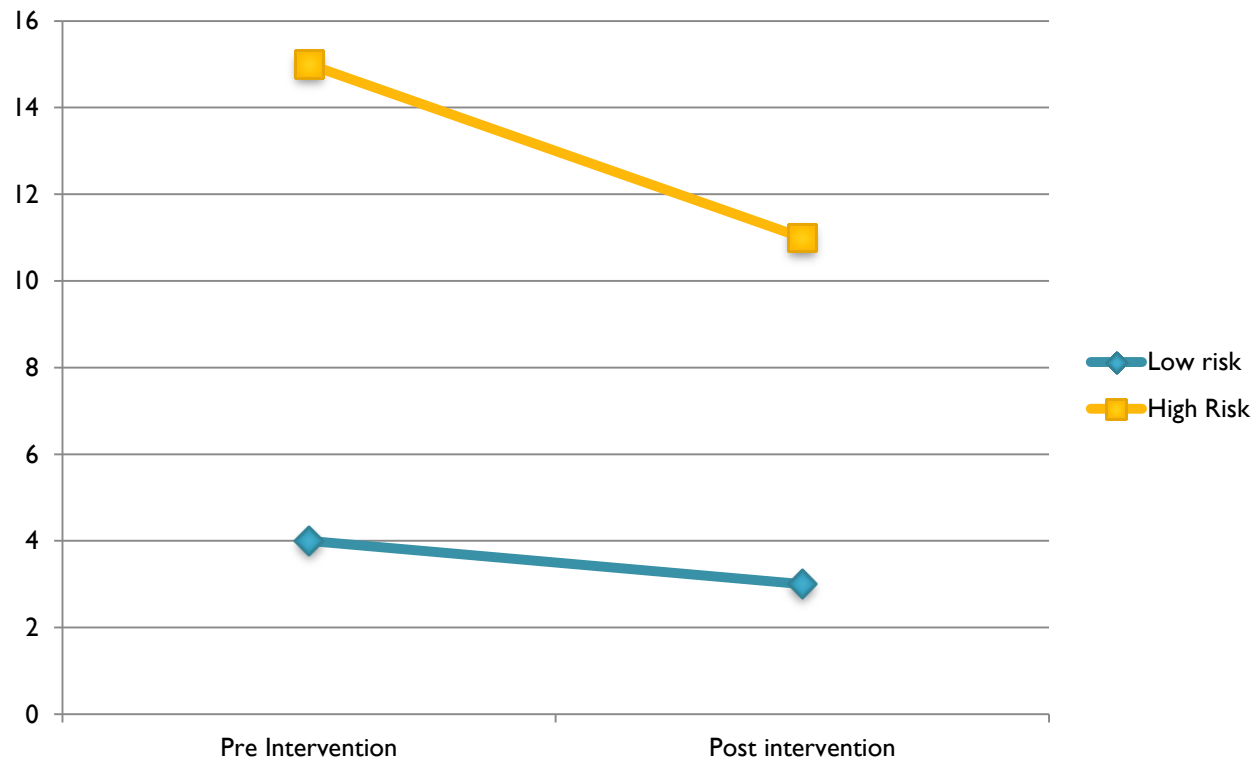


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High risk students showed greater improvement in SDQ scores*



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



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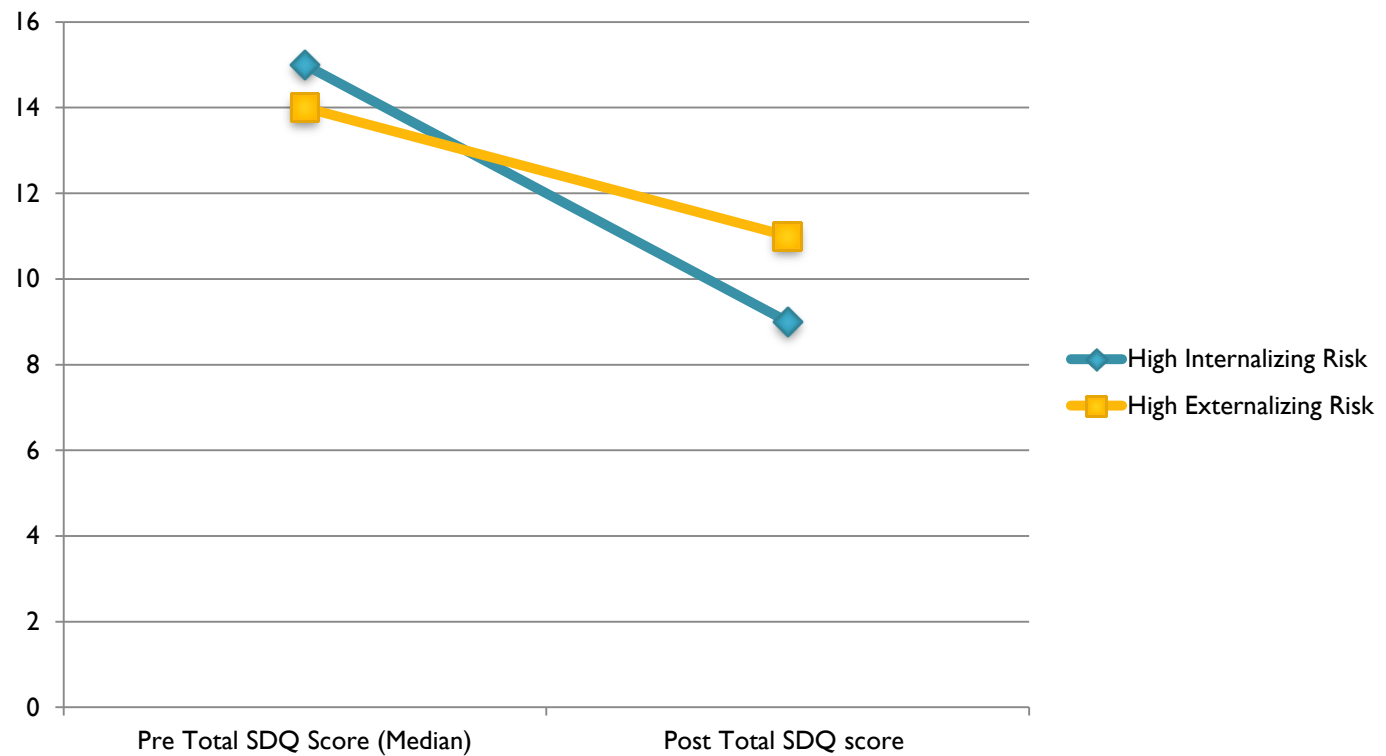


Regression Analysis

- 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 ($B = -.641, p < 0.00$)



Students with high internalizing behaviors improved post-intervention*



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



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Simple Strategies for Effective Program Development & Implementation



Our core principles for implementing school based mental health promotion:

- **View the school as a “community”** and yourself as member of the community;
- Establish goals by incorporating **school-based decision making** and taking into account each schools’ individual resources and needs;
- **Incorporate prevention-focused strategies & strength based practices;**
- Acknowledge and take into account the critical role of parents, school staff and community partners;
- Deliver culturally and linguistically competent delivery of service
- **Describe, Demonstrate, Practice & Gather Feedback**

PRATICAL STEPS YOU CAN TAKE TO:

- Build and sustain key partnerships within your school and community;
- Integrate as a member of the school's team and not just as a community based organization;
- Capitalize on feedback and assessments;
- Plan for success;
- Strengthen your leadership skills.

Thank you for participating in today's training!

Remember we can all make a difference!

Maya Angelou once said:

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