STRATEGIES FOR SHIFTING SCHOOL MENTAL HEALTH PRACTICE TO A TIERED SYSTEM OF PROMOTION, PREVENTION AND INTENSIVE INTERVENTIONS AT THE NATIONAL, STATE AND LOCAL LEVELS

~LEARNING THE LANGUAGE~

Sandy Schefkind, MS, OTR/L, Pediatric Coordinator, AOTA
Susan Bazyk, PhD, OTR/L, Professor, Cleveland State University
Claudette Fette, PhD, OTR/L, Texas Women’s University

17th Annual Conference on Advancing School Mental Health
October 24, 2012
Objectives

- Describe a tiered public health approach to school mental health at the universal, targeted, and intensive levels.
- Identify national, state and local strategies for implementing a tiered approach to SMH
- Describe strategies for engaging school personnel in knowledge translation & implementation
Learning the Language

- Positive mental health
- School mental health (SMH)
- Types of services
  - Promotion
  - Prevention
  - Intensive Individualized Intervention
- Tiered approach to SMH
  - Tier 1: Universal
  - Tier 2: Targeted
  - Tier 3: Individualized
- Knowledge Translation (KT) and Implementation
- Communities of Practice (CoP)
- Occupational Therapy
Let’s begin with ‘mental health’

What it isn’t?

MENTAL HEALTH is not the absence of MENTAL ILLNESS
What IS ‘mental health’?

“Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.”

http://www.surgeongeneral.gov/library/mentalhealth/home.html
Being mentally healthy is a **positive state of functioning**

- **Feeling good emotionally** – happy, content, positive about life, etc.
  - Observe children’s affect; note significant changes

- **Doing well functionally** – academically, socially, physically
  - Tune into children’s schoolwork, friendships, interaction during lunch & recess

- **Coping with challenges**
  - Observe how does the child copes with a poor test grade, losing a game, not making the team, being teased, etc.
Mental health is a dynamic state of functioning

Influenced by:

- Genetic predisposition (family history of depression, anxiety, etc.)
- Disability (high incidence of co-morbidity)
- Situational stressors & life events
  - LOSS (death in the family; parental deployment; divorce)
  - POVERTY
  - BULLYING & friendship issues
  - OBESITY
  - DEVELOPMENTAL FACTORS
School Mental Health


- promotes collaboration between all school staff, families, & students - mental health providers, educators, related service providers, families, and school administrators in order to meet the mental health needs of all students.
Types of Services

- **Promotion** — learning how to become mentally healthy
  - competence enhancement
  - Mental health literacy
  - skill building & strength-based approaches

- **Prevention**: reduction of risks
  - Tuning into at-risk groups – ‘loners’, children who are obese, live in poverty, those with disabilities

- **Intensive, Individualized** — Systems of Care
  - Wrap-around; Behavioral intervention Plans, etc.
Public Health Approach to SMH – shift from individually focused to school-wide; from deficit driven to strength-based; emphasis on early intervention & prevention

- Tier 3 ➔ Intensive
  - Provision of intensive, systemic support for individual students (e.g., wraparound services)

- Tier 2 ➔ Targeted
  - Provision of services to specific groups of students who are at risk for additional difficulties

- Tier 1 ➔ Universal
  - Schoolwide prevention and health promotion programs
Tier 1 Universal Strategies

- Geared toward the entire population – those with and without disabilities & mental health challenges; broad, school-wide efforts to promote positive behavior and mental health
- SEL – Social & Emotional Learning embedded in school activities (www.casel.org)
- PBS – Positive Behavioral Interventions & Supports (www.pbis.org)
- Mental Health Literacy – Teach students how to develop & maintain positive mental health
- Strength-based approaches
- Positive school climate
- Create sensory friendly environments – OT!
Mental Health Awareness Day 2012

- www.samhsa.gov
- Posters focusing on positive mental health and taking care of MH developed by high school students
- Bookmarks
- Activity and handwriting sheets

Cleveland OT Change Leaders
Purpose →
build awareness in schools
National Children’s Mental Health Day

be kind to your mind!

May 9, 2012

Connect
at home, at school, in your community.

Be active
go for a walk, play a game, dance.

Keep learning
try something new, challenge yourself, fix something.

Give
smile, volunteer, thank someone.

Take notice
be curious, be aware, savour the moment.

Rest and stay healthy
Tier 2 Targeted Strategies

- Geared toward students at-risk of behavioral and mental health problems (disabilities, overweight/obesity, poverty, trauma/abuse, etc.)
- **Problem**: Generally not identified as having a mental health challenge → need to be vigilant
- **Bully prevention** and friendship development
- Participation in enjoyable extra-curricular activities
- **Accommodations** – modified homework, extra academic and/or emotional support; 504 Plan
- **Small group interventions**
- **Tier 1 interventions**
Services are individualized to meet the specific needs of the child/youth

- **Systems of Care (SoC)**
  - Emphasizes a comprehensive, integrated continuum of MH & related services & supports – need to COLLABORATE with all MH providers
  - Community-based, family-driven, youth guided, and culturally competent

- **Youth Empowerment**
  - Opportunities for youth to be decision-making partners in their own care
  - Youth Move – youth with lived experience in various systems including mental health, juvenile justice, education, and child welfare

- **Re-claiming Mental Health**
  - Sense of happiness despite chronic illness or disability; development and participation in enjoyable interests
How are schools applying a tiered approach to SMH?

• Who’s on board?
  ◦ Administrators? Teachers? Related service providers? Support personnel? Mental health providers?
Knowledge

• The value of knowledge is only realized when it is **applied**
• Knowledge becomes valued when it leads to **change**
Problem: Knowledge to Practice Gap

- **Time**: Estimated that it takes more than 17 years to translate evidence to practice (Balas & Boren, 2000)
- **Amount**: Only 14% of new knowledge is believed to enter daily practice (Westfall, Mold & Fagan, 2007)
Knowledge Translation & Implementation

- A complex set of activities (face-to-face interaction, reading, reflection, etc.)
- Involving a dynamic, iterative, and collaborative process
- Between diverse stakeholders: researchers, decision-makers and practitioners
- Resulting in mutual learning, synthesis of knowledge, problem-solving, planning and application of new learning based on quality research and the specific context → practice change

Canadian Institutes of Health Research (CIHR)  [www.cihr.ca](http://www.cihr.ca)
How does this occur?

- **Active collaboration and partnerships** with all relevant stakeholders (Community of Practice – CoP)
- **Some face-to-face interaction** allowing for communication of tacit knowledge
- **Strategizing at multiple levels** – practitioners, organization, national, state and local
- **Time** for reading, reflection, dialogue
Knowledge translation … bottom line

- Need to create systematic opportunities for meaningful, focused interaction or exchange between people that share a desire to improve a common practice

Read → Reflect → Dialogue → Implement Change

(Lowe et al., 2007)
Communities of Practice

- "Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.” (Etienne Wenger)
- Share resources regarding school mental health
- Goal: Improve practice
Examples...national, state, & local
Value to the Full Community

DISCIPLINE?

ISSUE?
Brokering to Promote Best Practice

Researchers ↔ Practitioners
National ↔ State Affiliates
State ↔ State models
National ↔ Local translation
Theorists ↔ Practitioners
Stakeholder ↔ Stakeholder
Action Step 1: Community Building

Establishing Communities of Practice:

Who cares about this issue and why?
What work is underway separately?
What shared work could unite us?
How can we deepen our connections?
Community Organizing

1. Recognize the issue-citizen driven
2. Gain entry into the community
3. Organize people
4. Assess the community
5. Determine priorities and goals
6. Arrive at a solution
7. Implement the plan
8. Evaluate the outcomes
9. Maintain the outcomes in the community
10. Looping back

Minkler 1997
Outreach to Partners

- **IDEA Partnership**
  Transitions, Autism, School Mental Health Communities
  Activity Leader role

- **Contributing to existing networks & activities**
  AUCD, OCALI, NASDSE

- **Building relationships**
  NCCSHS, CDC, SAMHSA
The Partnership Approach to Community Building

CoPs: the IDEA Partnership Way

- New kinds of leadership
  Translate complex challenges into ways that individuals can contribute
- Focus on the work and the relationship
  Recognize individual pursuits and shared goals
- Leading by convening
- Coalescing around issues
- Doing work together
- Ensuring relevant participation
- Infrastructure for the CoP

Shared Concerns
What will bring people together?
The right mix of stakeholders
Who must be involved to ensure changes in practice?
Internal Reach to Members

- Developing workgroups
- COOL Membership
- University Partners
- Existing networks and groups
AOTA Members: We want you to join a Community of Practice

Autism Workgroup

Accomplishments Include:
• FAQ: What is OT’s Role in Supporting Persons With an ASD?
• Pediatric Virtual Chat discussing the new FAQ
• Tip Sheet for Caregivers: Living with an Autism Spectrum Disorder – The Preschool Child
• AOTA Resources: Challenges and Opportunities for Children and Youth with an ASD
• Virtual Chat led by Students with an ASD

Living Life to its Fullest
OCCUPATIONAL THERAPY
School Mental Health Workgroup

Accomplishments Include:
• Tip Sheet: Building Play Skills for Healthy Children and Families
• Pediatric Virtual Chats on Bullying Prevention and Promoting Play
• FAQ on School Mental Health
• Leadership at Advancing School Mental Health Conference co-sponsored by IDEA Partnership
• Children’s Mental Health Awareness Day Promotion
• Online School Mental Health Toolkit in development

Pediatric Occupational Therapists convene by teleconferencing to conduct shared work on key focus areas. Goal is to promote best practices. Questions? Contact Sandy Schefkind at sschefkind@aota.org

Obesity Prevention Workgroup

Accomplishments Include:
• Edited new Obesity Prevention Information Sheet for School Mental Health toolkit
• Virtual chat on childhood obesity
• AOTA Conference Presentation

Early Childhood Workgroup

Accomplishments Include:
• FAQ: What is the Role of Occupational Therapy in Early Intervention?
• Contributed to Practice Advisory on Early Intervention
• Pediatric Virtual Chat on the Practice Advisory
• Supported work related to CDC’s Learn the Signs Act Early Campaign
• FAQ for practitioners on dialoguing with families with cultural sensitivity in development

Response to Intervention (Rti) Workgroup

Accomplishments Include:
• OT Practice Article on Rti
• Consumer Brochure on Rti for practitioners to distribute
• Pediatric Virtual Chat on Rti
• Practice Advisory on Rti

Transition Workgroup

Accomplishments Include:
• FAQ on Transitions
• Fact Sheet on Transitions
• New Transition Checklist
• Two virtual chats on early childhood and high school transitions
• OT Practice article
• Transition powerpoint in development

See the AOTA page of the IDEA Partnership web site www.sharedwork.org Stars indicate workgroup members from around the country
Workgroup Guidelines

- Active participation in calls, activities
- Attendance criteria
- Establish enduring network
- Shared work
- Crosswalk
School Mental Health Workgroup

- AOTA CE Product
- School Mental Health Toolkit
- Fact sheet
- FAQ
- Virtual Chats on Bullying
- Participation in SMH Conference
- Populating Shared work site
Action Step 2: Knowledge Translation

Developing Resources geared to multiple stakeholders:

- Practitioners: FAQs and CE Products
- Consumers: Tip Sheets, Checklists
- Other Professionals: Fact Sheets
Knowledge Translation

Encouraging Participation of multiple stakeholders
  • Action Based
  • Transparent
  • Accessible
  • Youth and Family Voices

Examples: Virtual Chats, Checklists, Conference Panels
Action Step 3: Collaboration

- Sensory Regulation
- Transportation
- Children’s Mental Health Awareness
- Inclusion
- UDL
- Bullying
- Recess Promotion
- Early Identification
- Childhood Obesity
- Self Determination
- Cradle to College and Career
- Lifeskills
Collaboration

- Personnel Shortages
- PBIS
- Workforce Preparation
- Strength based Approaches
- Autism
- Depression
- Learning the Language
- Systems of Care
- Common Core Standards
- Family Engagement
- Youth Investment
- SISP
Summary: Adding Value

- Advocacy - elevator speeches
- Utilizing Full Scope of Practice
- Relate to school, system, school-wide
- Measuring outcomes
- Creating messages for multiple audiences
Building Capacity

- Providing toolkits
- Greater leadership of members
- Strengthening the base
- Ongoing communication and exchange
Taking one step forward

- Translate
- Build
- Expand
- Partner
- Share
- Network
- Team
- Collaborate
- Volunteer
- Lead
- Contribute
- Advocate
- Articulate
- Promote
- Recruit
- Dialogue
- Disseminate
Achievable Action Steps

- **Promote Dialogue**
  - Dialogue Guides, Virtual Chats, Workgroups

- **Provide Technical Assistance**
  - AOTA Autism Microsite, SMH Toolkit and CE
  - IDEA Partnership Collections

- **Collect success stories**
  - Models for others-how community building helps
State Level Strategies
Susan Bazyk, Professor, Occupational Therapy, Cleveland State University

- 2011-2012: Laying the Foundation
- Invited 13 OTs representing a variety of schools to join me in a CoP to explore applying a public health approach to mental health in their practice
  - **Develop a knowledge-base** regarding OT’s role in applying a public health approach to mental health
  - **Reflect** on how OTs can embed our knowledge of MH in school practice
  - **Envision** how to realistically address the mental health needs of students in everyday practice
OT Change Leaders of Cleveland

- **Rebecca Mohler**, MOT, OTR/L – Sendero Therapy
- **Karen Thompson-Repas**, OTR/L – Sendero Therapy
- **Teri LaGuardia**, MOT, OTR/L – Westlake Schools/Northcoast Therapy
- **Lezlie Fahl-Kinder**, OTR/L – Willoughby-Eastlake City School District
- **David Weiss**, OTR/L – Positive Education Programs (PEP)
- **Paula Mechaud**, MEd, OTR/L – Cuyahoga County Board of DD
- **Robin Kirschenbaum**, OTD, OTR/L – Cleveland Municipal School District
- **Lisa O’Halloran**, MS, OTR/L – Cleveland Municipal School District
- **Eileen Dixon**, MS, OTR/L – Cleveland Municipal School District
- **Fran Horvath**, OTR/L – Constellation Schools
- **Carol Conway**, MS, OTR/L – Hudson Schools
- **Louise Dimirjian**, MS, OTR/L – Constellation Schools, Northcoast Therapy
Knowledge Translation → How?

- Used a combination of learning strategies:
  - Face-to-face meetings (3 over 6 months)
  - Reading and discussion via Blackboard online platform
  - Skype conference calls

- **Response?**
  - Therapists felt energized, validated, motivated
  - Welcomed the collaboration
  - Began to envision meaningful change
EVENTUALLY AGREED THAT ...

ADDRESSING THE MH NEEDS OF STUDENTS IS ...

NOT DOING MORE ➔

BUT DOING DIFFERENTLY

...NAMELY, EMBEDDED STRATEGIES
Knowledge of play/leisure, social participation, eating, sensory processing, and mental health can be used to enhance student participation throughout the school day.

How could our services be fully utilized throughout the school day?
Dreaming and Scheming

- During a face-to-face session, began to envision how practice might change with necessary resources
- Ideas used to write a grant for funding from the Ohio Department of Education, Office of Exceptional Children
- Grant submitted February 2012
- Funded in May 2012
Every Moment Counts: Promoting Mental Health Throughout the Day

Classroom
Cafeteria
Hallway
Recess
Afterschool Activities
Physical Education
Four goals:

1) **Least Restrictive Environment** (LRE) – Integration of students with disabilities with non-disabled peers during academic and non-academic activities

2) **Integration of mental health strategies into the school ecology** using naturalistic resources;

3) **Building the capacity of occupational therapists** in the development and implementation of interdisciplinary programs (lunch, recess, after-school) focusing on mental health promotion, prevention and intervention for students with and without disabilities and/or mental health challenges; and

4) **Dissemination throughout the state** using a variety of strategies
Our Teams

- Embedded Classroom
- Cafeteria
- Recess
- After-school
- Positive behavior
- Hudson integrated
- Online

Activities for 2012-13
- Strategic Plan
- Literature search
- Development of Tools – PPT, Information sheets, newsletters, manuals, group protocol, etc.
- Pilot projects – Spring 2013
Central Ohio OT CoP

- ~18 OTs
- Initiated August 2012
- Replicating the professional development model used in Cleveland
- Goal: Create change leaders in Central Ohio to assist with implementation and dissemination
- Plan: Create change leaders in major cities throughout Ohio over the next 3 years
Local Translation

Claudette Fette, PhD, OTR/L

Texas Women’s University
Learning the Language:

Occupation

Law, Cooper, Strong, Stewart, Rigby, Letts, 1996
So What? Local examples

- Tip sheets for OTs working in schools
  - Depression
  - Grief and Loss
  - Obesity
  - Promoting Strengths
  - Recess Promotion
- School based practice
Recess Promotion

- Frames issue
- Specific suggestions for each tier
- Evidence and resources
- Practice based example
Promoting Strengths

- Frames strength-based practice
- Review based on research
- Specific suggestions
- Resources
- Practice based example
Summary: Closing the Loop

Feedback exchange
Stakeholder leadership
Moving toward Best Practice
Discussion:

- How can partnerships be established or deepened to promote best practices?
- Who is not at the table in your community work?
- How can the full community contribute to mental health prevention, promotion and intervention strategies?
- What are the common messages or topic areas?
- What presented concepts translate to your work?
- What shared work can we conduct?
- What is a next step?
An Invitation

- Shared work site www.sharedwork.org
- AOTA website www.aota.org
- AOTA Virtual Chats www.talkshoe.com/tc/73733
- AOTA Autism Microsite
  http://www.aota.org/Practitioners-Section/Children-and-Youth/Browse/Autism.aspx
### What is SharedWork

SharedWork.org is both a communication tool and a collaborative workspace. It brings organizations, agencies, groups, and individuals together to communicate what is important to them, to learn together, to do work together, and to collaborate in addressing complex educational problems. Working in community enables these groups to seek out new approaches to persistent issues and to gain support from each other in implementing these approaches. Read more... 

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### Events

#### September 21

8th Community Building Forum  
National Community of Practice on School Behavioral Health is meeting  
[Read More >](#)

#### September 22

16th Annual Conference on Advancing School Mental Health starts  
[Read More >](#)

#### September 22

Youth Day hosted by the Youth Practice Group  
[Read More >](#)
Contact Information

• Sandy Schefkind
  sschefkind@aota.org   www.aota.org

• Susan Bazyk
  s.bazyk@csuohio.edu

• Claudette Fette
  cfette@gmail.com