Mid-America (HHS Region 7)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

# Addressing the Current "Mental Health Crisis" within an MTSS Framework and Behavioral Lens

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UNMC MUNROE-MEYER INSTITUTE
SAMHSA Substance Abuse and Mental Health Services Administration

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Since we are federally funded, we will have you complete a brief survey at the end of the session. Please complete the survey, as we value your feedback.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered/ trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

MHTTC

Mental Health Technology Transfer Center Network

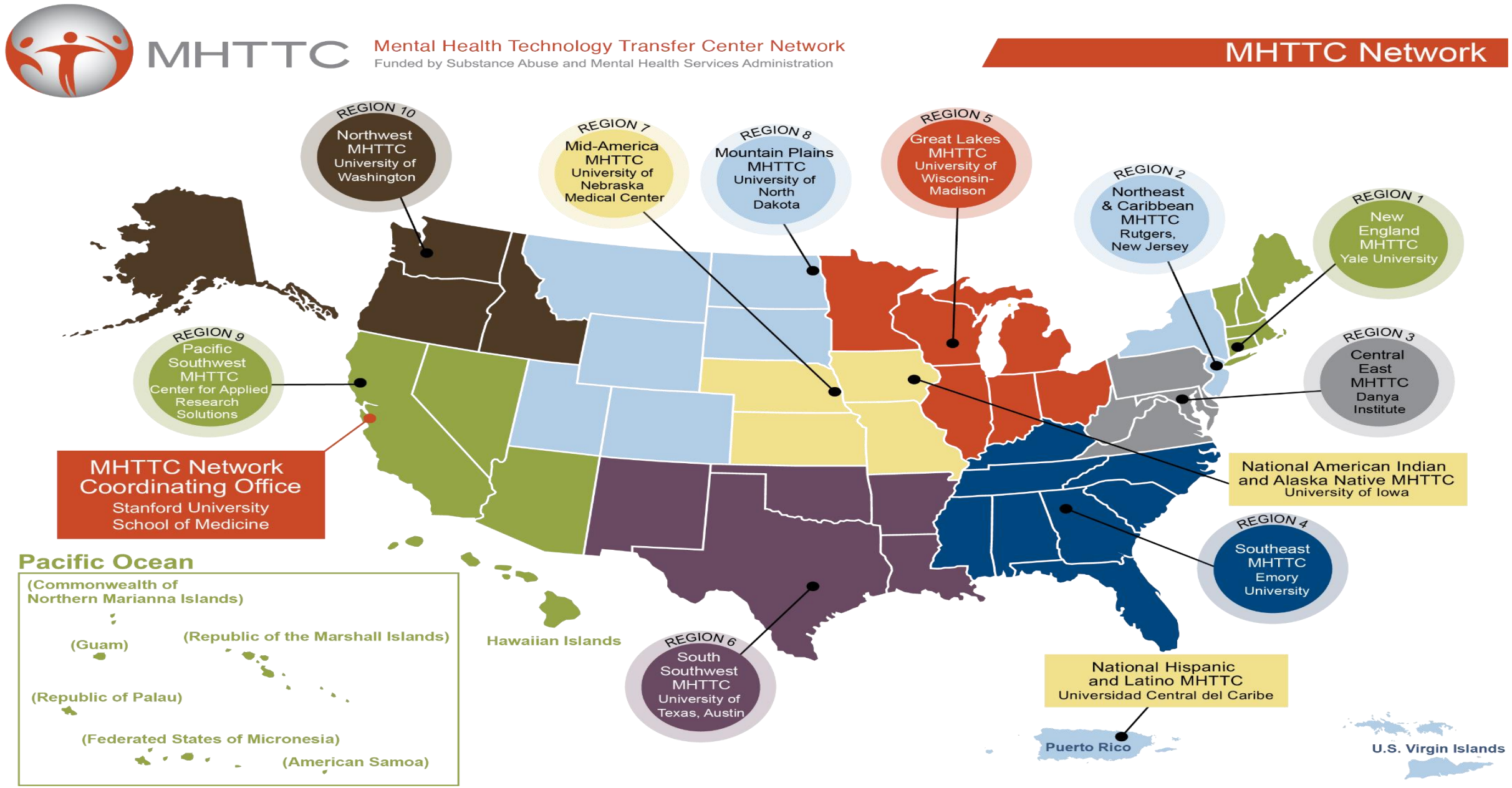
Funded by Substance Abuse and Mental Health Services Administration

## The MHTTC Network accelerates the adoption and implementation of mental health related evidence-based practices across the nation

- Develops and disseminates resources
- Provides free local and regional training and technical assistance
- Heightens the awareness, knowledge, and skills of the mental health workforce

## 10 Regional Centers and a Network Coordinating Office

# Connect with Your MHTTC at www.mhttcnetwork.org



# Mid-America MHTTC
# Project Director: Dr. Brandy Clarke

SAMHSA grant awarded to Dr. Joseph Evans at Munroe-Meyer Institute out of the University of Nebraska Medical Center (Grant #: H79SM081769)

Continuum of training and technical assistance in evidence-based practice and mental health services across MO, IA, NE, and KS.

# Specialized Training and Technical Assistance

Integrating behavioral health in primary care.

School mental health.

Community treatment approaches for severe mental illness.

Behavioral health workforce development.

# Who We Are

**Mid-America MHTTC SMH Team**
Munroe Meyer Institute
University of Nebraska Medical Center

**Presenters**

Hannah West, PhD, LP, BCBA

Jessica Christensen, MEd

# Agenda

- MHTTC Background
- Current Trends in Youth Mental Health
- What is Mental Health?
- Interventions
- Consultation
- Resources & Opportunities

# Current Trends in Youth Mental Health

# Most commonly diagnosed mental disorders in children

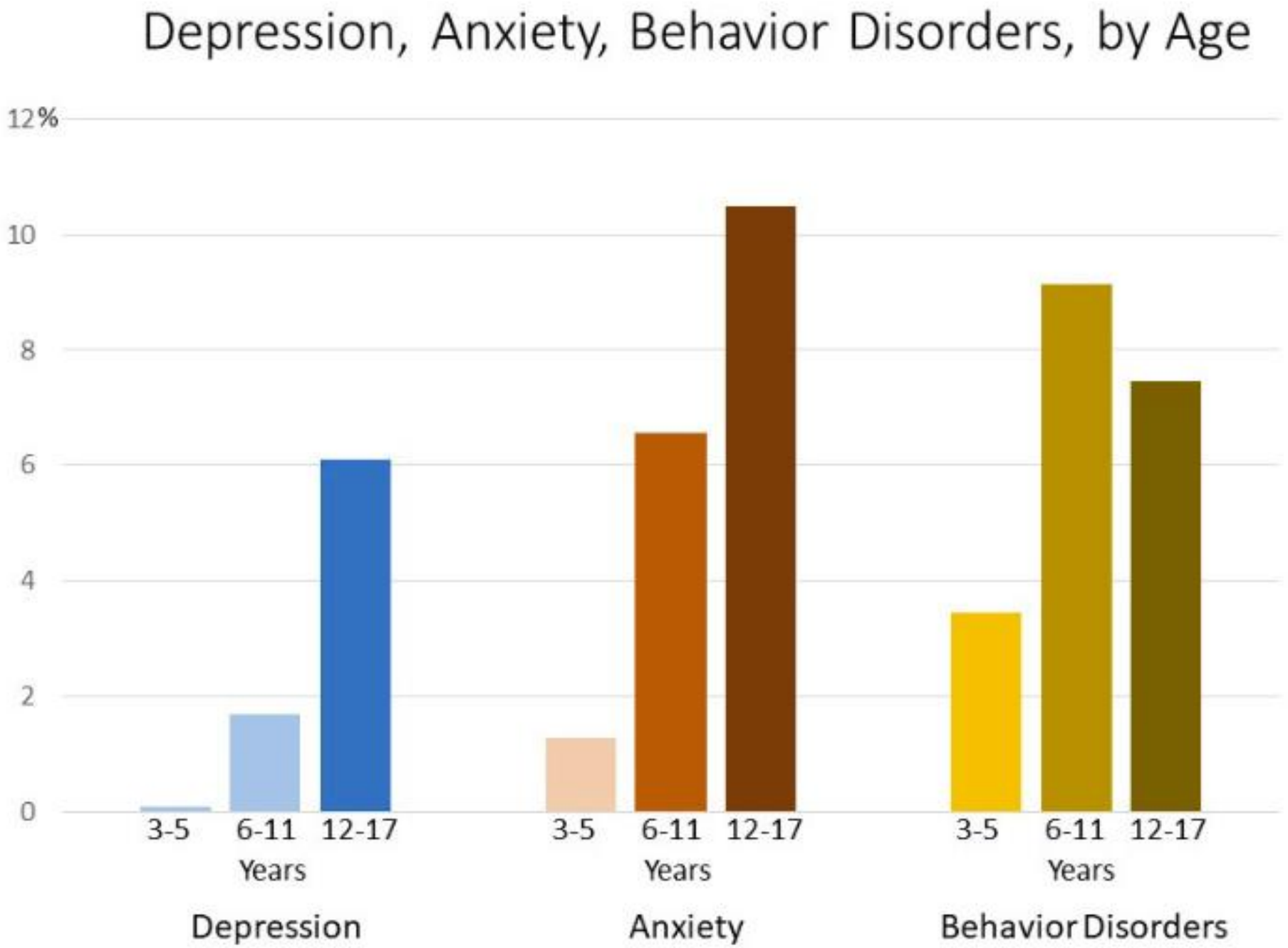
ADHD 9.8% (approximately 6.0 million)

Anxiety 9.4% (approximately 5.8 million)

Behavior problems 8.9% (approximately 5.5 million)

Depression 4.4% (approximately 2.7 million)

CDC, 2022

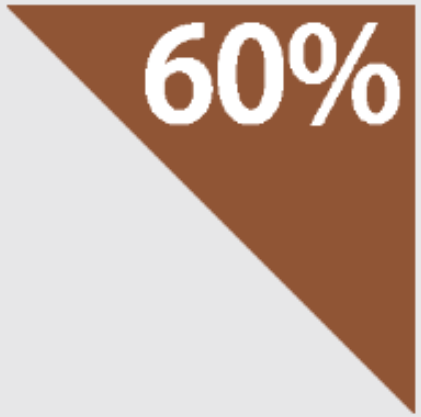

Depression, Anxiety, Behavior Disorders, by Age
12%
10
8
6
4
2
0
3-5
6-11
12-17
Years
Depression
Anxiety
Behavior Disorders

CDC, 2022

# Depression in Youth

of youth report suffering from at least one major depressive episode in the past year.

More than 2.7 million youth are experiencing severe major depression.




of youth with major depression do not receive mental health treatment.

National Center for Health Statistics, 2022

# What does Mental Health look like?

# Anxiety, Worry, and Stress

# Symptoms of Anxiety - Elementary (Ages 5-8)

- Off task, distracted, and/or fidgety
- Actively escaping or avoiding various stimuli, situations, and people
- Somatic complaints such as stomach pain or headaches
- Irritable and exhibit a lower frustration tolerance
- May describe sleep difficulties
- Interventions should focus on skills-based strategies to alleviate stress and worry

# Symptoms of Anxiety - Middle (Ages 9-12)

- See all Elementary considerations
- More aware of their thoughts and how thoughts impact behavior
- Insight into intrusive and anxiety-provoking thoughts
- Interventions should expand beyond skills-based strategies and include learning about how thoughts, feelings, and behaviors are linked
- Interventions should include identifying positive and negatives of identifying thoughts and impact on behavior

# Symptoms of Anxiety - Teen (Ages 13-18)

- See all Elementary and Middle considerations
- Engage in conversations and problem-solving around the positive and negative impacts of their intrusive thoughts
- Engage in perspective taking around the impact of stress and worry on others and themselves
- Identify the differing levels of stress and worry, and understand how “typical” stressors are normal and needed, while more intense levels can be harmful to their overall well-being
- Motivational interviewing strategies can be used to help students address ambivalence related to engaging in strategies to alleviate stress and worry

# Executive Functioning Challenges

# Developmental level Considerations: Elementary (K-Grade 2)

- Run errands with 2-3 step directions
- Simple chores (e.g., make bed) with reminders
- Tidy bedroom or playroom
- Bring papers to and from school
- Complete homework assignments (20 min max)
- Inhibit behaviors: follow safety rules, no swearing, raise hand, hands to self

# Developmental level Considerations: Elementary (Grades 3-5)

- More intensive chores (e.g., rake leaves, 15-30 min)
- Bring books, papers, assignments to and from school
- Complete homework assignments (max 1 hour)
- Plan simple school projects (e.g., book report)
- Keep track of changing daily schedule (e.g., different practices after school)
- Inhibit behaviors: behave without adult supervision, follow rules

# Developmental level Considerations: Middle (Grades 6-8)

- Chores around home (daily and occasional, 60-90 min)
- Use system to organize school work (e.g., Google Classroom)
- Follow complex schedule with changing teachers
- Plan and carry out long-term projects
- Plan time spent on various activities (time estimates)
- Inhibit rule breaking in the absence of visible authority

# Developmental level Considerations: Teen (Grade 9-12)

- Manage schoolwork effectively on a day-to-day basis (e.g., homework, studying, long-term projects)
- Establish and refine a long-term goal and make plans for meeting that goal; pursuing appropriate means to attain goals (e.g., courses, vocation training)
- Using leisure time to obtain employment, pursuing recreational activities
- Inhibit reckless and dangerous behaviors (e.g., substance use, stealing, vandalism)

# What Can Schools Do?

# School Mental Health Matters

**3/4** Of youth who receive mental health services, **70-80%** access these services in schools.

Positive school climate integrated with social emotional learning **improves school safety** and decreases bullying.

Students who participate in social emotional learning programs **improve academic performance by 11 percentile points.**

Youth are **6x more likely** to complete mental health treatments in schools than in other community settings.

**6x**

- Only .718 percent of students are identified with emotional disturbance for an individualized education program (IEP). IEPs, with sufficient resources for schools and teachers, are critical for ensuring that youth with disabilities can receive the individualized services, supports, and accommodations to succeed in a school setting.

National Center for Health Statistics, 2022

# What is Comprehensive School Mental Health?

# Comprehensive School Mental Health Systems

- Provide a **full array of supports and services** that promote positive school climate, social emotional learning, mental health, and well-being, while reducing the prevalence and severity of mental illness
- **Built on a strong foundation of district and school professionals**, including administrators and educators, specialized instructional support personnel (e.g., school psychologists, school social workers, school counselors, school nurses, other school health professionals) in **strategic partnership** with **students, families, and community health and mental health partners**
- Assess and address the **social and environmental factors** that impact health and mental health

# Core Features

## Educators and Student Instructional Support Personnel

- Adequate staffing and support
- Trained to address student mental health in schools

## Collaboration and Teaming

- Youth and families
- Community health/mental health and other partners

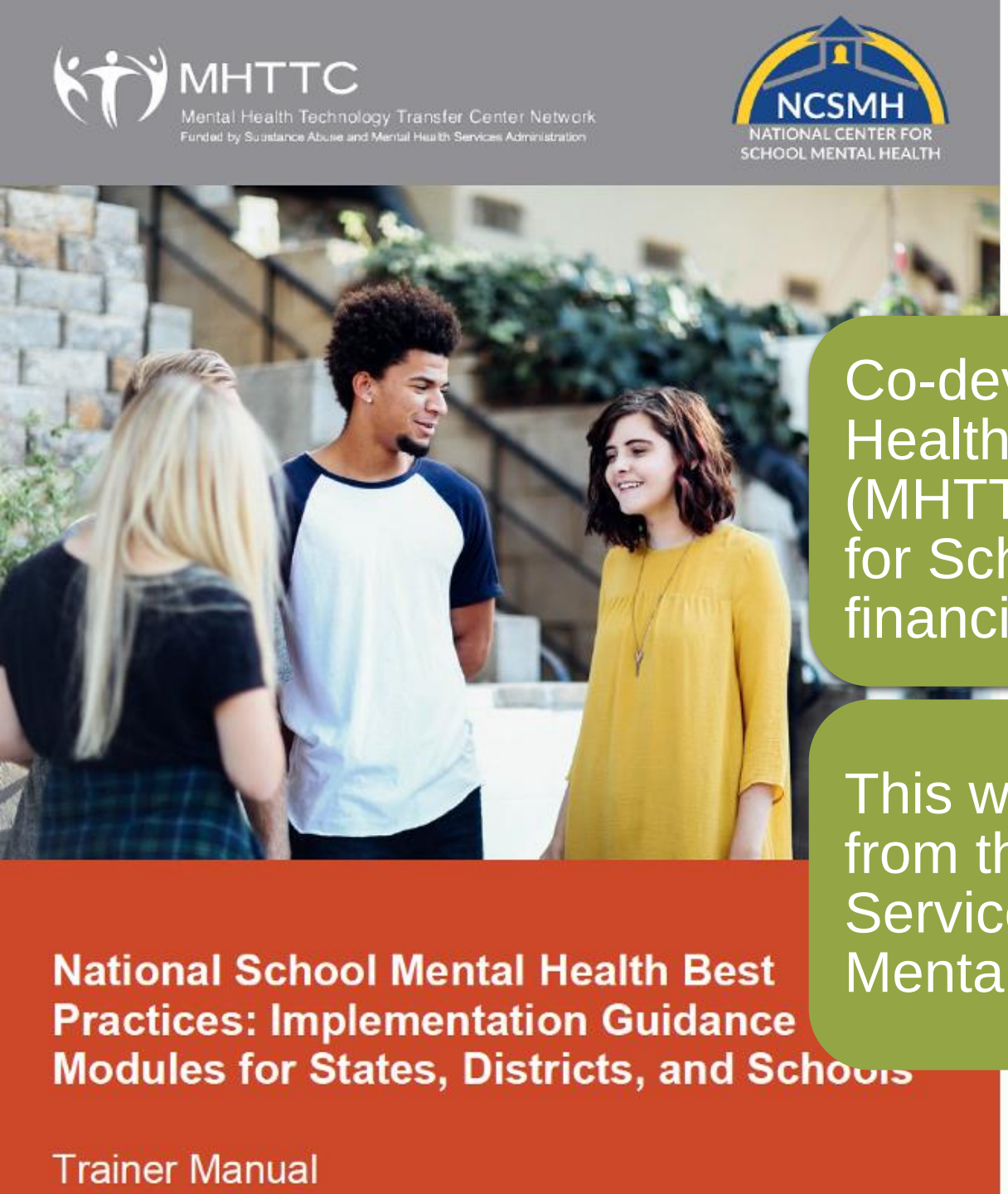
## Multitiered System of Supports

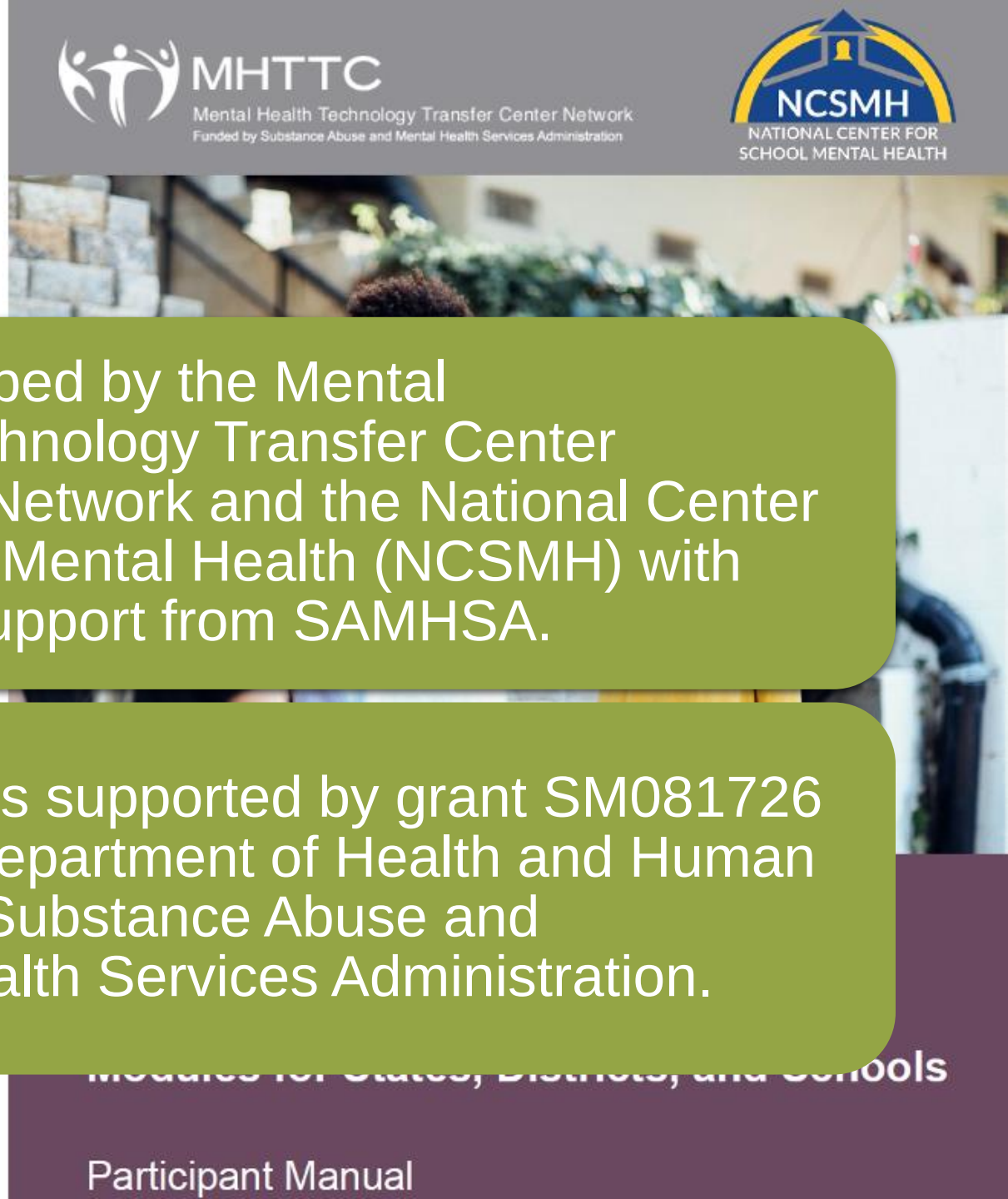
- Mental health promotion support (Tier 1)
- Early intervention and treatment services and supports (Tiers 2-3)

## Evidence-Informed Services and Supports

## Cultural Responsiveness and Equity

## Data-Driven Decision-Making

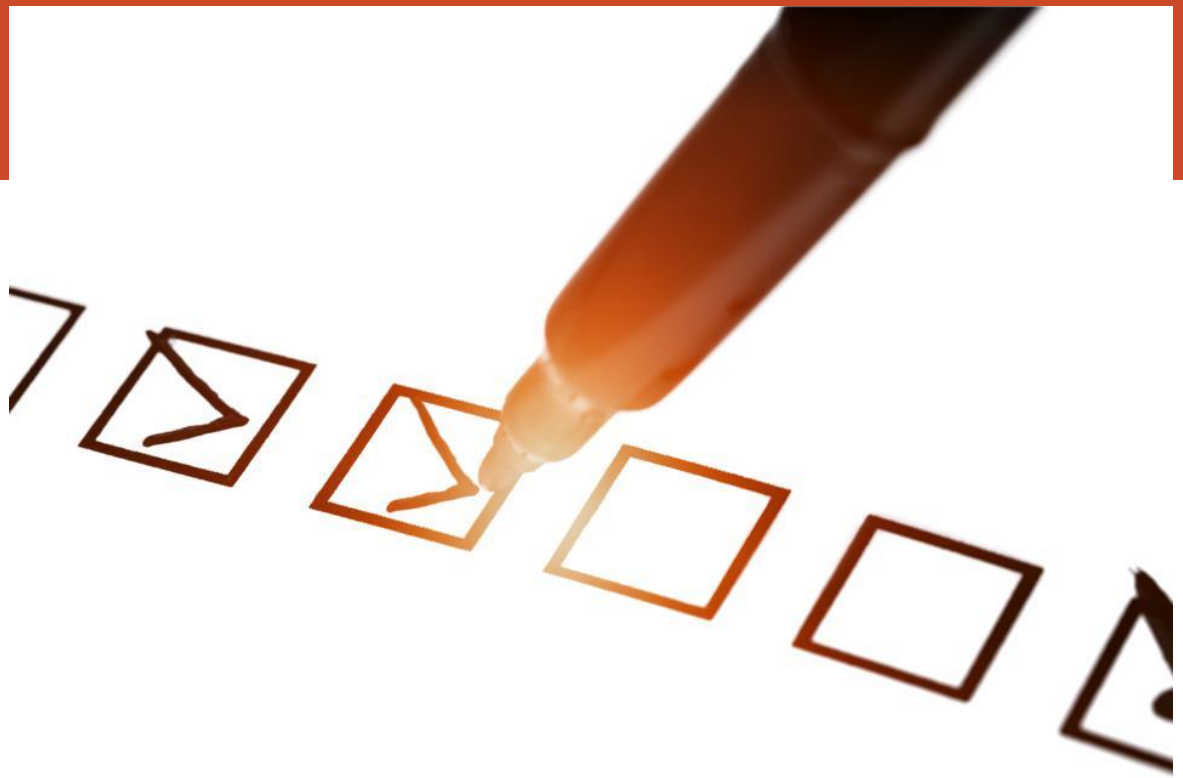



Co-developed by the Mental Health Technology Transfer Center (MHTTC) Network and the National Center for School Mental Health (NCSMH) with financial support from SAMHSA.

This work is supported by grant SM081726 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

# What School-Based Clinicians Need to Know



# I get a referral for a child with challenging behaviors. What approach do I use?

- Acceptance and Commitment Therapy
- Applied Behavior Analysis
- Art Therapy
- Bibliotherapy
- Biofeedback
- Cognitive Behavioral Therapy
- Strength-based Therapy
- Solution-focused Therapy
- Relational Therapy
- Play Therapy
- Positive Psychology
- Motivational Interviewing
- Trauma-focused CBT
- ...and so many more

# BEHAVIOR

It's what we do.

# How will you know it works?

Self-report

Report of others (teachers, parents, etc.)

Data sources (school attendance, referrals)

_____

THE BEHAVIOR CHANGES

# Why do people behave?

Modeling

Accident

Instinct

Condition

# Why do people continue behaving?

It works

# A Behavior's Function = It's Purpose

Behavior is communication.

Behavior is learned.

Behavior errors can be corrected.

Behavior serves a purpose.

# Functions of Behavior

## Obtain/Get

- Attention
  - Peer
  - Adult
- Item or task
- Sensory Stimulation

## Avoid/Escape

- Attention
  - Peer
  - Adult
- Item or task
- Sensory Stimulation

# Heuristics to Live By

- Every parent is a good parent
- Every parent is doing the best they can
- Every teacher is a good teacher
- Every teacher is doing the best they can
- Every child is a good child who is doing the best they can
- Every child has the right to be successful
- We change behavior by teaching, practicing, and reinforcing

# Trauma Informed Strategies for Supporting Children = Setting up for Success

- Positive and safe environments
- Set clear and consistent expectations and routines
- Choice
- Model self-calming strategies and appropriate behaviors
- Build relationships with clear boundaries
- Psychoeducation for parents and caregivers in understanding and recognizing trauma and its impact
- Teach social emotional skills and coping mechanisms

# It all comes down to three concepts

1. Teach and reinforce appropriate behaviors
2. Planned ignoring of inappropriate behaviors
   - Ignore the annoying
3. Clear expectations and consistent consequences

# Interventions

Targeted interventions for students with serious concerns impacting functioning

## Tier 3

## Tier 2

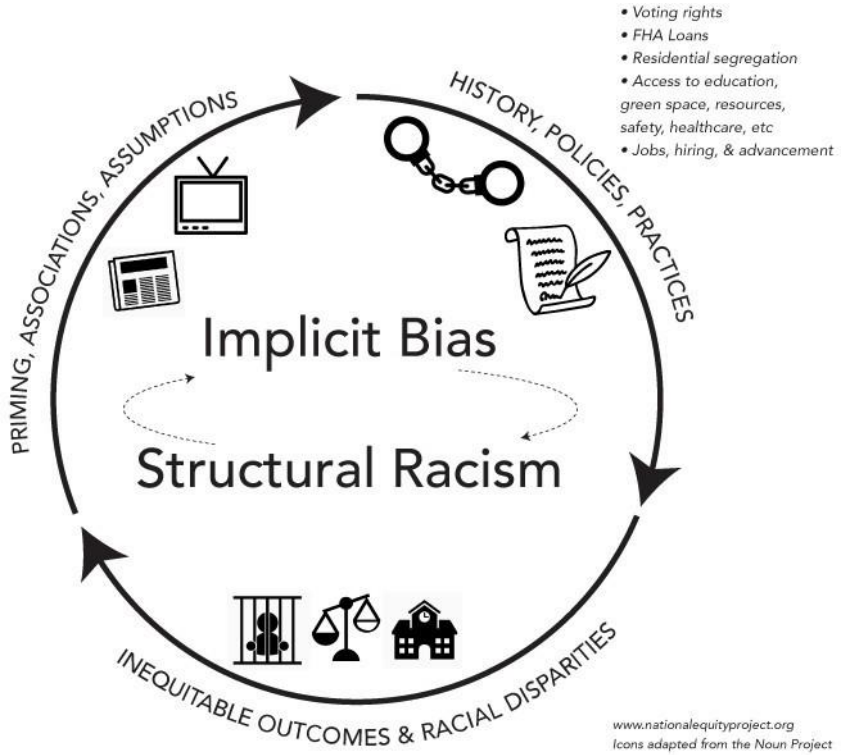
Supports & early intervention for students identified as at-risk for mental health concerns

## Tier 1

Promotion of positive social, emotional, and behavioral skills and overall wellness for all students

Professional development and support for a healthy school workforce

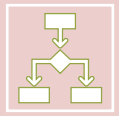
Family-School-Community partnerships



# General Steps

# Approaching the Difficulty

**Make a plan** to address the stressor or anxiety-provoking stimuli



Identify what “needs” to happen or **desired end result**

Break plan into **small, clear steps**

Build exposure hierarchy as needed, depending on nature of symptoms

**Plan for reinforcement** once stressor or stimuli is addressed

Work to make reinforcement functionally equivalent

# Consider Environment

| 1 | 2 | 3 | 4 |
| --- | --- | --- | --- |
| Have clear expectations | Focus on positive behavior<br>• e.g., focus on behavior that they should engage in rather than behavior they should not engage in | Understand if there is a choice in how expectations are met<br>• e.g., completing assignment in another room | If it is peer related, address concern with peer |

# Prepare and Plan for the Intervention

01

**Review data**

- Health room visits
- Visits to school counseling office
- Data from screening tools
- Other data?

02

**Identify the target behavior** and behaviors of concern **and function** of behavior

03

Refer to **resource map** for evidence-informed supports for the behaviors of concern

# Identify the **Intervention or Strategy**

What strategies or interventions align with the identified purpose?

## Escape

- Consider using escape as a reinforcer contingent on a brief engagement in the learning environment or academic task

## Attention

- Consider providing positive social attention for brief periods of engagement in the learning environment and enhancing the teacher-student relationship

## Access

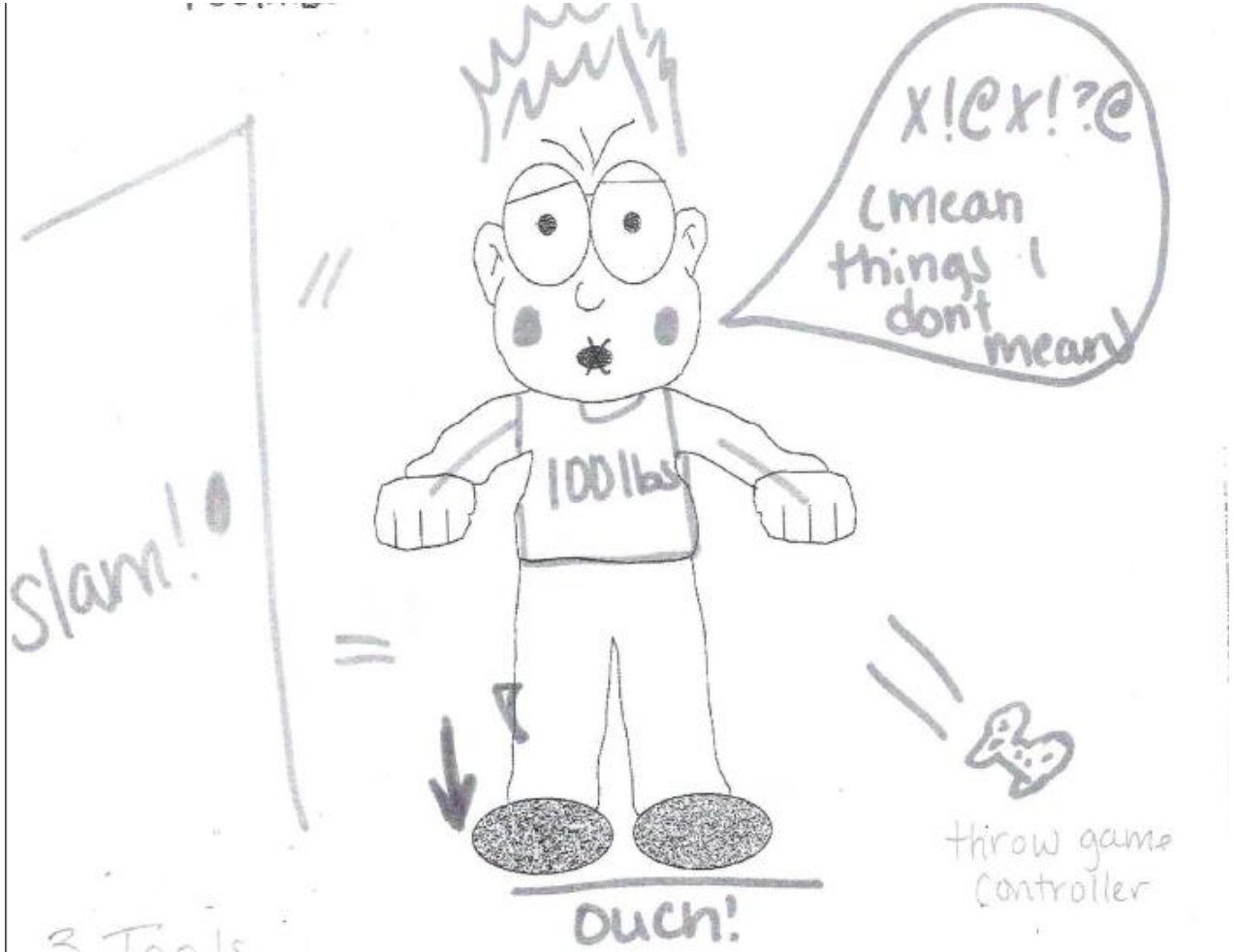
- Consider providing access to enjoyable activities or tangible items for brief engagement in the learning environment

# Intervention Strategies

# Coping Skills: Psychoeducation

First, teaching emotion identification and body signs

- Flipping your lid
- Emotion wheel
- Body identification




3 Tools
1. crush rocks
2. blow up balloon
3. 3 deep breathes (before talking)

From Bruce F. Chorpita (2007). Copyright by The Guilford Press.





Cheeks get hot
harder to breathe
yell mean things
tense

# Coping Skills: Tools for "toolbelt"

**All Ages:**

- Box breathing
- Bubble breathing
- Balloon breathing
- Progressive muscle relaxation
  - Vary script depending on age
- Identifying colors of the rainbow
- Mindful list making
- Mindful music listening
- Guided Imagery
- Virtual Calming Room
- Books
  - Vary based on age and developmental level
  - Ex: Pause Power

**Teens:**

- Leaves on a stream

**Applications:**

- Elementary: Breathe Kids; Breathe, Think, Do by Sesame Street
- Middle/High: My Life; MindShift; Calm

# Implement strategies to promote EF Skills

- All ages:
  - Establish Routines
  - Utilize Previewing/Agenda Setting
  - Break tasks into smaller, shorter directions
  - Initially, provide high rates of monitoring and praise, gradually fade
  - Verbal & Visual Presentation of tasks
  - Checklists
- Middle and teen:
  - Independent use of planner/agenda
- Apps:
  - Google Classroom, To-Do, Remind, Screen Time

# Potential Therapeutic Techniques

## Exposure and Response Prevention

- Best when the function of behavior is escape
- Anxiety-driven behaviors

## Cognitive Behavioral Therapy

- Disrupting the thought, feeling, action cycle

## Acceptance and Commitment Therapy

- Non-judgmentally accepting thoughts and feelings
- Not letting feelings control you

## Psychoeducation

- Does the student have any diagnoses? What do they know about them?
- Explain diagnoses and learning differences

## Motivational Interviewing

- Especially useful when student is not "bought-in"

# Motivational Interviewing Example Matrix

| | |
|---|---|
| What are the benefits of things staying the same? | What are the challenges of things staying the same? |
| If you were to try the plan, what might be some benefits? | If you were to try the plan, what might be some challenges? |

# Differential Reinforcement Interventions

| | |
|---|---|
| Differential Reinforcement of Alternative Behavior | • Recognizing the Appropriate |
| Differential Reinforcement of Incompatible Behavior | • Recognizing the Incompatible |
| Differential Reinforcement of Other Behavior | • Recognizing Anything Else |
| Differential Reinforcement of Low Rates of Responding | • Recognizing Fewer Instances |

# Pro Tip

During any differential reinforcement intervention, expect the problem behavior to get worse before it gets better because you are ignoring behaviors that were reinforced in the past.

It will take the child a few days to adjust to this change!

# Noncontingent Reinforcement (NCR)

- NCR is a behavioral intervention designed to decrease inappropriate behavior and increase appropriate behavior by providing the child with free access to reinforcement
- Different than DRO because:
    - The application of reinforcement is not contingent on the behaviors the child engages in
    - Application of reinforcement at a fixed-time interval
        - Provide child with adult attention every 5 minutes regardless if the student “deserves” it or not
        - "Filling their bucket"
- Best for kids who lack access to positive reinforcement

# Behavioral Contract

## Purpose?

- to teach more appropriate replacement behaviors

## How?

- by utilizing negotiation between adults and children by creating the contingencies surrounding the appropriate and inappropriate behaviors

## Sample

- Behavior Contract for School Attendance

# Check-In/Check-Out (CICO)

Designed to increase academic engagement and decrease inappropriate behavior

Best suited for students who are motivated by adult attention

Key components of the intervention:

- Starting the day with a positive interaction
- Daily behavioral feedback
- Home/School communication
- Reinforcement for following school-wide or specific behavioral expectations
- When the student does not meet expectations, the CICO mentor offers ways to improve and does not shame student

# Class Pass/Breaks are Better

## Example of a Class Pass

FRONT

CLASS PASS

# ____

Name: _____

Time: _____

Where to?: _____

Initial: _____

Reward for a saved pass:

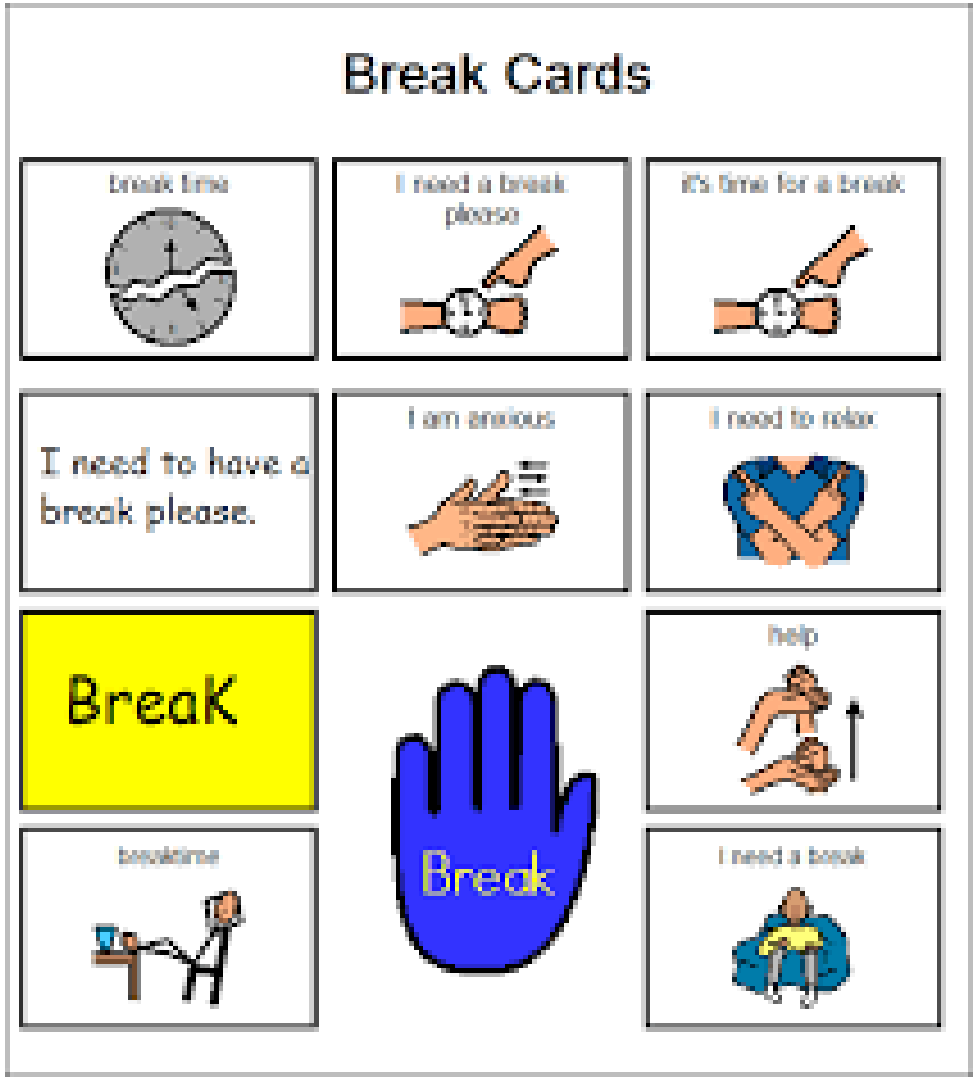
_____

BACK

Guidelines for Class Pass:

If you use the pass…
1. Choose a time when you need to step out of the class.
2. Fill out one of your passes.
3. Show pass to teacher.
4. Walk to _____.
5. Have adult where you walked initial pass on your way back to class.
6. Enter class quietly.
7. Join classroom activity.

If you save the pass…
Earn a reward!!!!!!!



# Self-Monitoring

Focus on increasing appropriate behaviors by allowing the student to measure and evaluate themself

# Consultation

# When there is resistance (from teacher or child)...

| Encouraging Change | | | | |
|---|---|---|---|---|
| Open-Ended Questions | Affirmations | Reflections | Summaries | Advising/ Informing |
| • Encourages elaboration<br>• Help build relationship | • Communicate acceptance/admiration of their actions, intent, values<br>• Can be verbal or nonverbal (e.g., nodding) | • Demonstrate your understand of the other person's values and dilemmas | • Paraphrasing of several ideas that were shared | • Providing feedback<br>• Should be used very sparingly |

# Getting their perspective – An MI Approach

| Getting to Know Their Perspective | | |
|---|---|---|
| Classroom/home atmosphere | Management practices | Ideal classroom/home |
| • How would you describe the culture of your classroom/home?<br>• What is it like for the child to be there? | • What strategies do you use to manage behavior?<br>• What strategies work best for you? What strategies have you found not to work? | • What would your ideal classroom/home look like?<br>• What do you want children to learn from being in your classroom/home? |

# Resources & Opportunities

Classroom WISE
Well-Being Information and Strategies for Educators

About Classroom WISE | About the Developers
Video Library | Resource Collection
Contact Us

Launch Course

Catch a sneak peek of Classroom WISE by clicking on the video above!

# Introducing Classroom WISE

## Well-Being Information and Strategies for Educators

Classroom WISE is a FREE 3-part training package that assists K-12 educators in supporting the mental health of students in the classroom. Developed by the Mental Health Technology Transfer Center (MHTTC) Network in partnership with the National Center for School Mental Health, this package offers evidence-based strategies and skills to engage and support students with mental health concerns in the classroom.

# Adult Resilience Curriculum

Mid-America MHTTC Professional Well-Being Website

Video Modules & Slide Decks

Trainer Manual

Activity Handouts

Resource Lists

Burnout Busters Podcast

30 Day Mental Health Challenge

# Request Technical Assistance

## TA Request Application

Please complete this form to request technical assistance (TA) from the Mid-America MHTTC. TA is for organizations ready to work directly with an MHTTC trainer to receive in depth guidance to implement change within the organization. All TA requests are subject to MHTTC availability.

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# Questions?

Feel free to reach out to **midamerica@mhttcnetwork.org** if you have additional questions or comments, or if you would like more information about training and technical assistance.

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