MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The Mental Health Technology Transfer Center (MHTTC) Network: Addressing School Violence and Student Mental Health

Presented by Jessica Gonzalez, Jessica Christensen, Erika Franta, Kelcey Schmitz, Kira Mauseth, and David Brown

SAMHSA

Substance Abuse and Mental Health Services Administration

Presenter Disclosure

2023 Annual Conference on Advancing School Mental Health

There are no relationships to disclose.

Disclaimer

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At the time of this presentation, Dr. Miriam E. Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services (DHHS) and the Administrator of SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of DHHS or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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

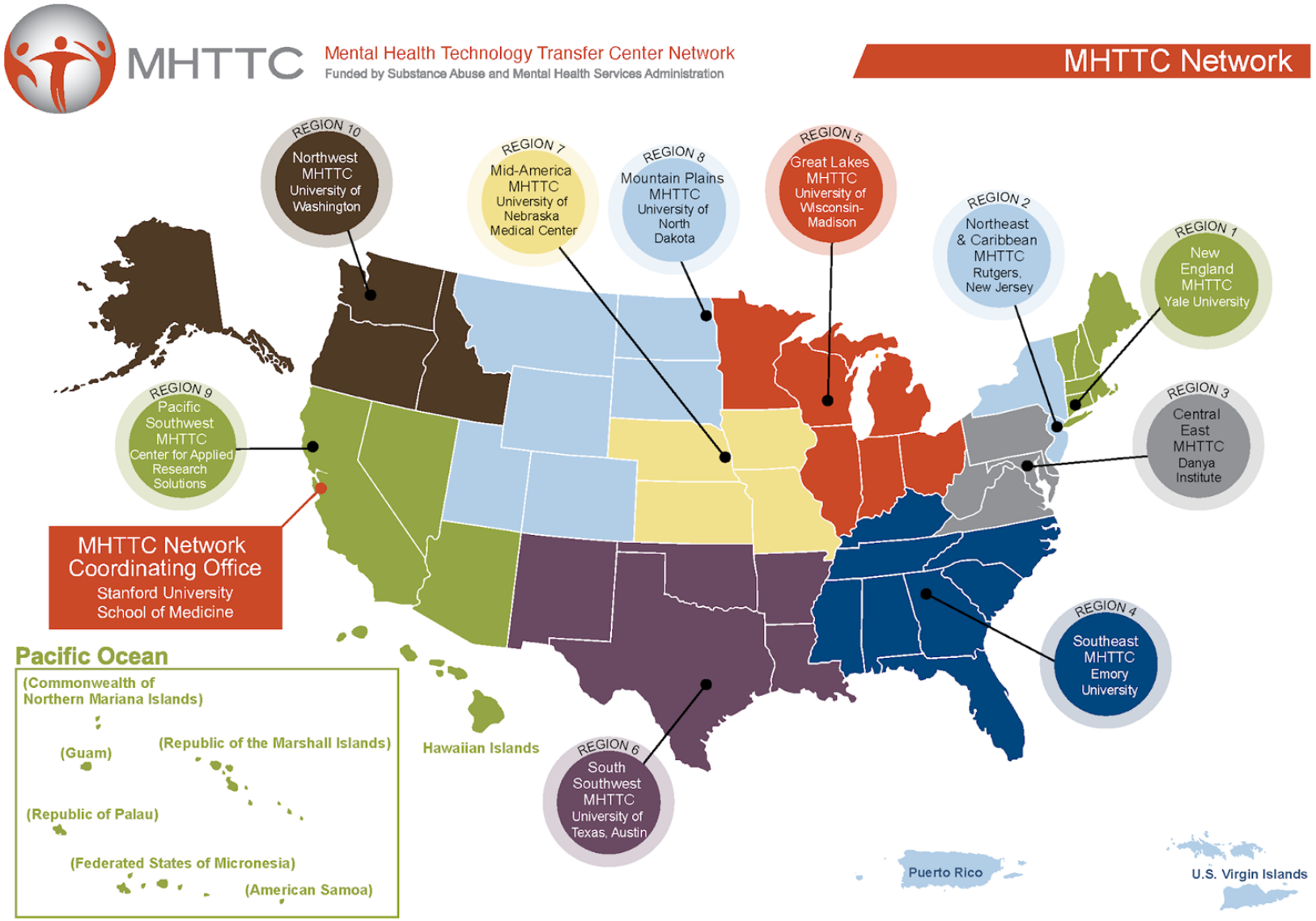
- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, 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

Agenda

- Overview of the MHTTC Network and School Mental Health Initiative
- MHTTC training and technical assistance that aims to address school violence and student mental health from the Northwest, Mid-America and Central East MHTTCs

Connect with Your MHTTC at www.mhttcnetwork.org



How We Provide Training and TA

- We develop yearly workplans through needs assessments, advisory boards, and input from key stakeholders including state mental health commissioners and SAMHSA Regional Directors

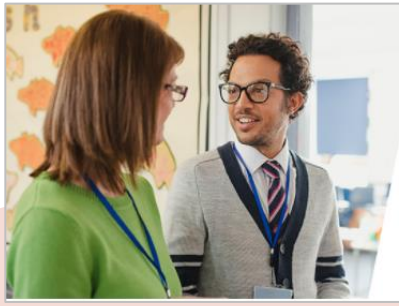
MHTTC School Mental Health Initiative

Bringing awareness, disseminating information, and providing technical assistance and training on the implementation of mental health services in schools and school systems

Supporting the Mental Health Needs of Students Attending Tribal Colleges

Publication Date: November 6, 2021

Developed By: Mid-America MHTTC

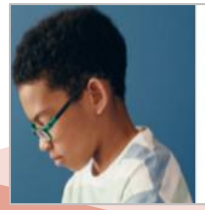


Well-Being Wednesdays

Taking Care of Teachers Who Take Care of Kids

Webinar series archive available now!

BURNOUT BUSTERS



Supporting the Mental Health of Autistic Students

Publication Date: August 9, 2022

Developed By: Southeast MHTTC

Social Influencers of Health and Suicide in Black Youth

12:00pm - March 1, 2023 | Timezone: US/Eastern

Collaborating TTC: Central East MHTTC

Registration Deadline: March 1, 2023

REGISTER

Need more information?
Contact us at webinars@danyainstitute.org

Helping Families Navigate Therapy

Publication Date: January 26, 2021

Developed By: New England MHTTC

Supporting Student Mental Health: Resources to Prepare Educators

Collaborating TTC: Global MHTTC
Publication Date: January 14, 2020

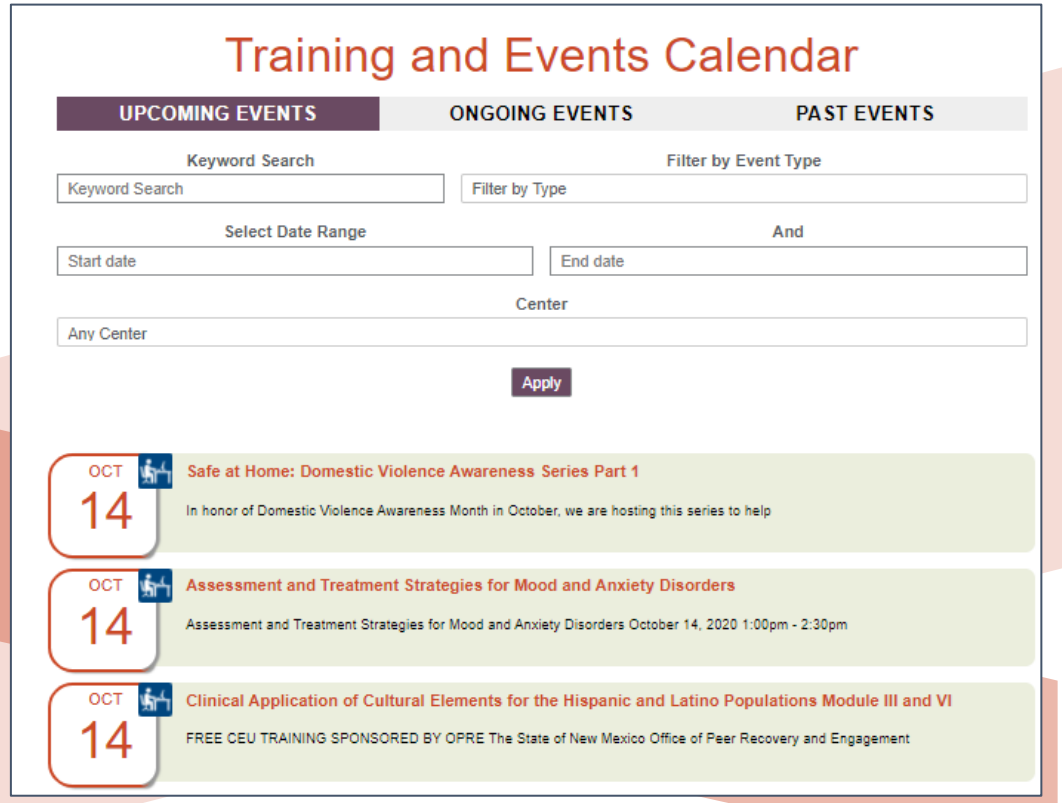
Talking with Children About War and Other Humanitarian Crises

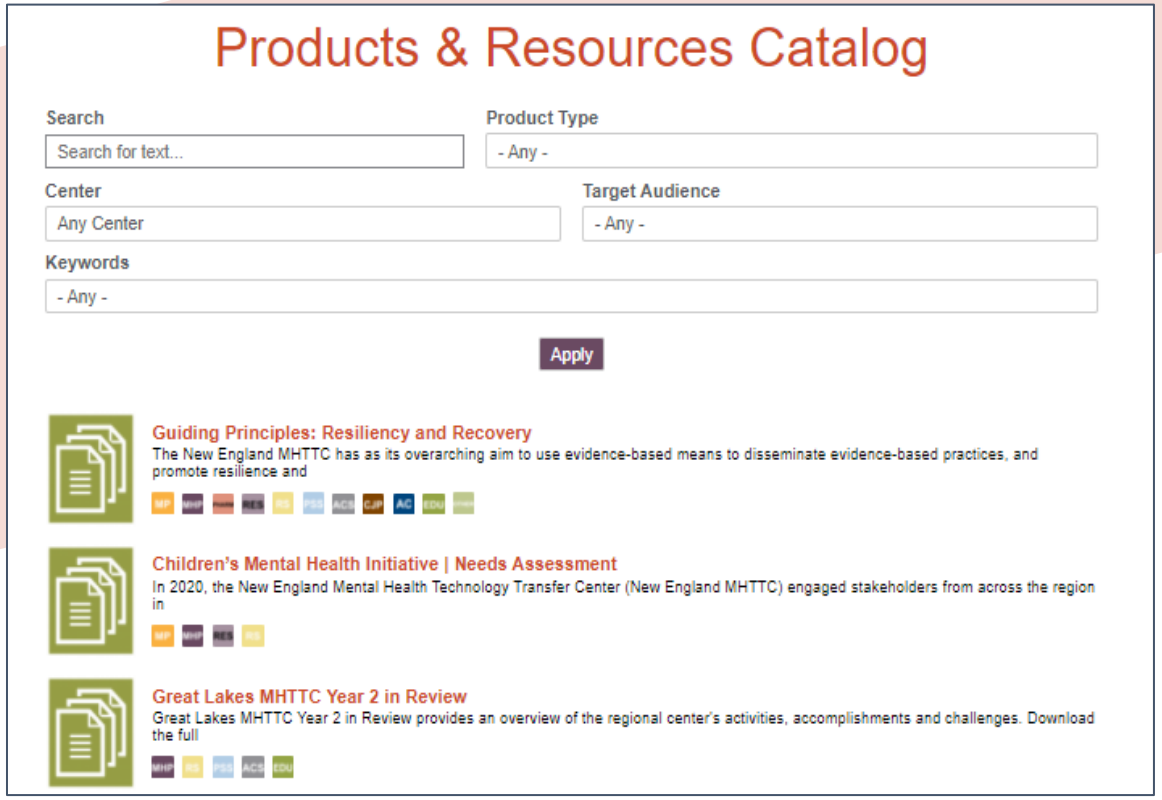
Publication Date: November 28, 2023

Developed By: Pacific Southwest MHTTC

Access our School Mental Health Resources

Visit our Training and Events Calendar and Products and Resources Catalog on our MHTTC website

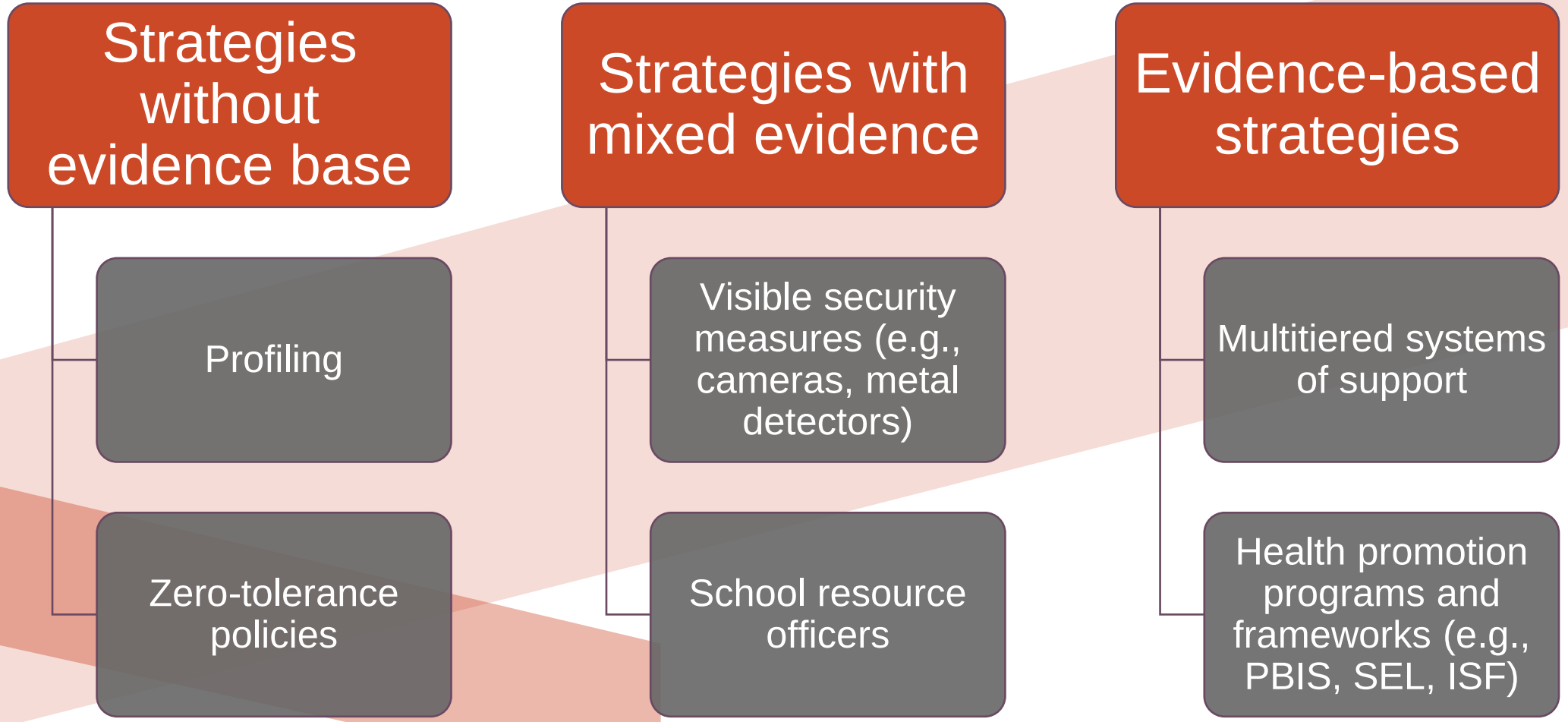




School Violence

- Students are exposed to various forms of school violence
  - Bullying
  - Physical fights
  - Threats
  - Gun violence
- School violence negatively impacts student mental health

Strategies to Address School Violence



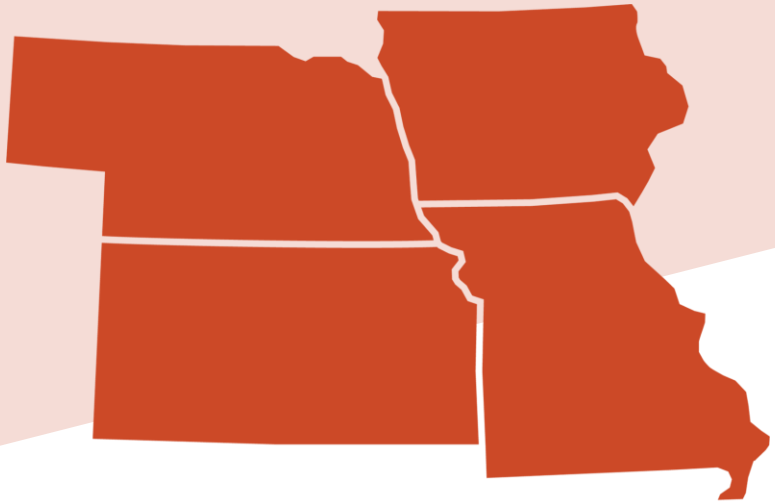
Expecting the Unexpected: Crisis Planning in Mid-America Schools

Jessica Christensen, M.Ed

Erika Franta, PhD

Mid America MHTTC

December 6, 2023



REGION 7
Mid-America MHTTC
University of Nebraska Medical Center

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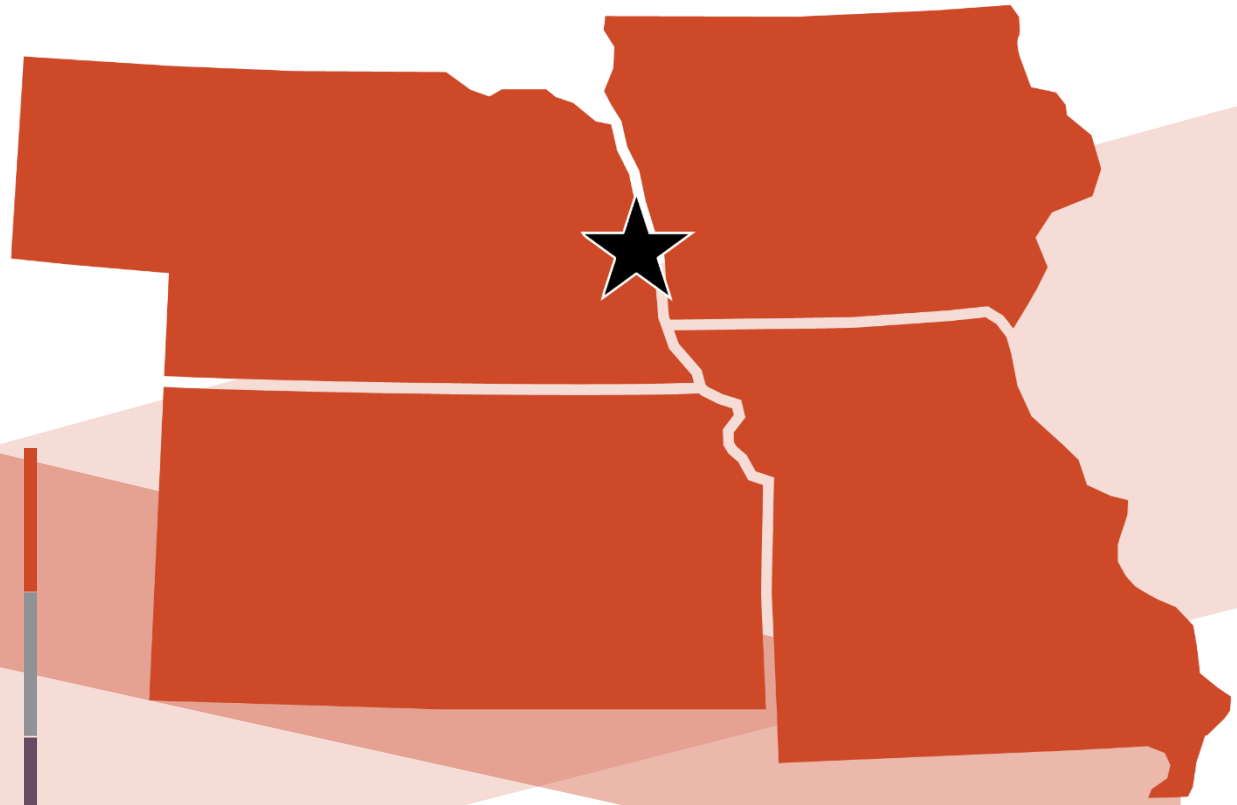
Who We Are
Mid-America MHTTC
Project Director: Dr. Brandy Clarke



SAMHSA grant awarded to the 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 NE, IA, KS, MO

Areas of Focus

Integrating behavioral health in primary care.

School mental health.

Community treatment approaches for severe mental illness.

Behavioral health workforce development.

Comprehensive Crisis Planning in Mid- America

- Prevention approach to addressing school violence and other crises
- Training and TA has focused on…
  - **Best practices in comprehensive school mental health systems**
  - **Integration of comprehensive school crisis plans**
  - **Enhancing school culture through robust Tier 1 practices**

Educator Mental Health Literacy: Classroom WISE Introductory Webinar and Classroom WISE Learning Community

In partnership with the National Center for School Mental health, we hosted a learning community focused on introducing leadership teams to the Classroom WISE content, planning for implementation and roll-out, and supporting implementation for teams that have already started.

2021-2022
Classroom WISE Learning Community

19 attendees

October 2021
Classroom WISE Introductory Webinar

23 attendees

Educator Well-Being

The Adult Resilience Curriculum (ARC) for Educators helps educators and their organizations navigate difficult times and overcome barriers to well-being that persist even in non-pandemic years. Through self-paced learning or institutional efforts, ARC provides the structure that is often missing from meaningful well-being programming.

Adult Resilience Curriculum (ARC) Training of Trainers
Cohort 1 (Fall/Winter 2021)

5 teams
Iowa, Georgia, Kansas and Missouri

Adult Resilience Curriculum (ARC) Training of Trainers
Cohort 2 (Winter/Spring 2022)

5 teams
Missouri, Nebraska, Utah

Universal Adult Resilience Curriculim (ARC) Trainings

15 trainings

Crisis Response

Crises come in many different forms and affect children and adolescents differently. For many students, crises can alter routines, stoke a sense of loss of control, force families into financial disarray, dismantle opportunities for social connection, and cause grief.

2021 - 2022
Crisis Planning Learning Community

26 attendees

2021 - 2022
Other crisis response presentations and trainings

82 attendees

"There are only two types of schools – those who have faced a crisis event and those who are about to face one."

- Ronald D. Stephens, 1994

Statistics

212 school psychologists reported facing a combined total of 542 influential crisis within their schools (Adamson & Peacock, 2007)

Approximately 20-40% of children exposed to a crisis event present with some symptoms of PTSD (Allwood, Bell-Dolan, & Husain, 2002)

Between 2009 and 2017, rates of depression among teens have increased 47-60% and rates of suicide have more than doubled in some cases (Twenge et al., 2019)

The Role of the School

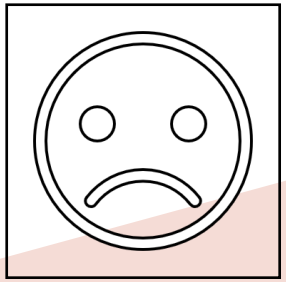
Children and adolescents spend a large percentage of their time in schools

Schools must be prepared and ready to respond to any number of crisis situations, ***including but not limited*** to:

- Expected and unexpected deaths of students and staff
- Violence
- Bullying
- Financial stresses
- Environmental disasters
- Terrorism threats
- Health concerns

(Brock et al., 2016; Gainney, 2010; Gray & Lewis, 2015)

What is a crisis?



Extremely negative

Uncontrollable

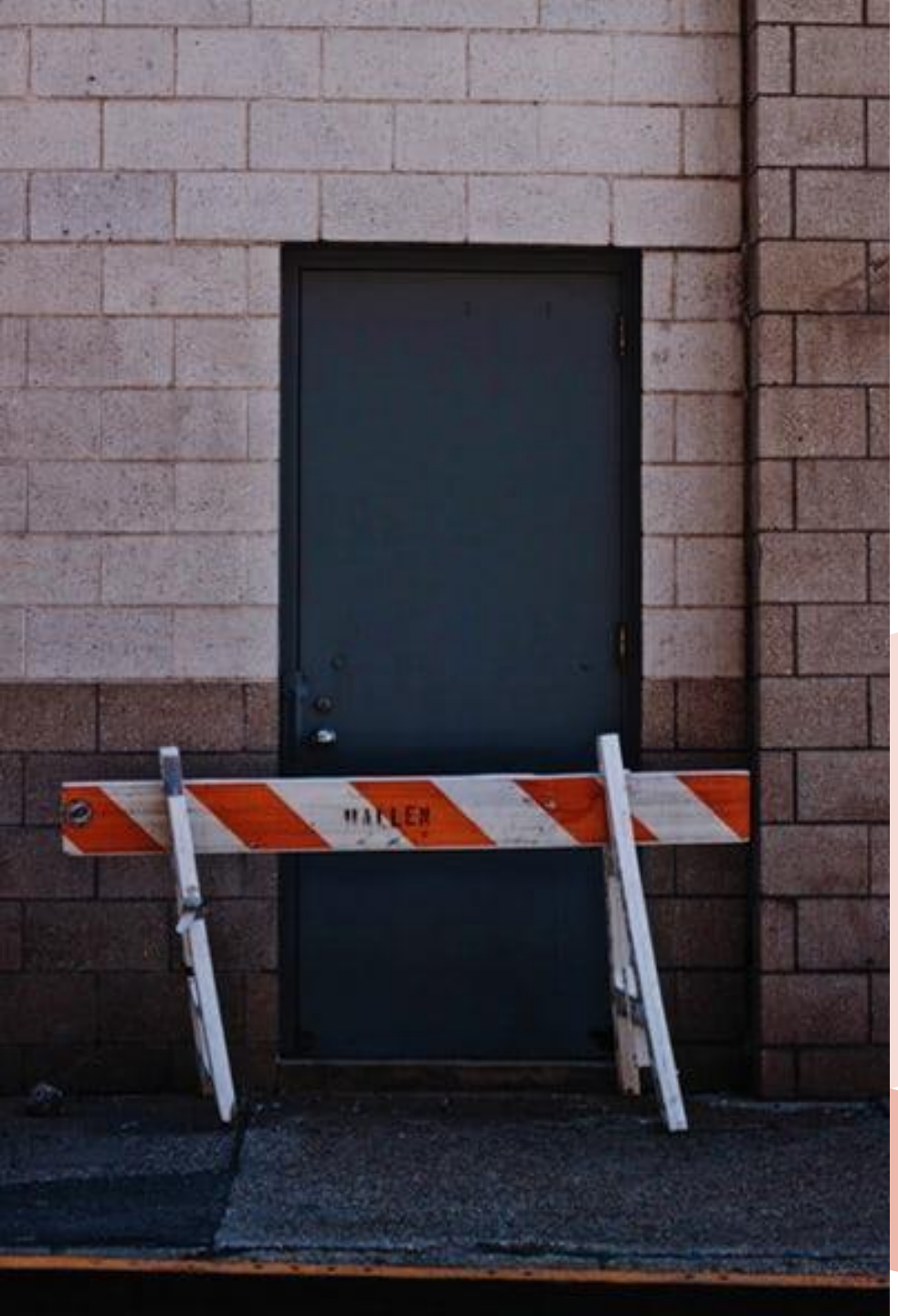
Unpredictable

The Problem

Reactive Environment

versus

Preventative Environment



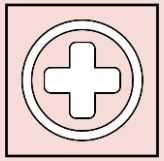
Barriers

- Misguided priorities
- Territorial conflicts
- Lack of training
- Lack of resources
- Siloed systems
- Inadequate planning

Best Practices in School Crisis Response

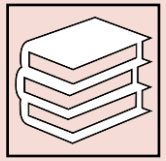
Readiness

Response



Recovery

Review (Evaluate)



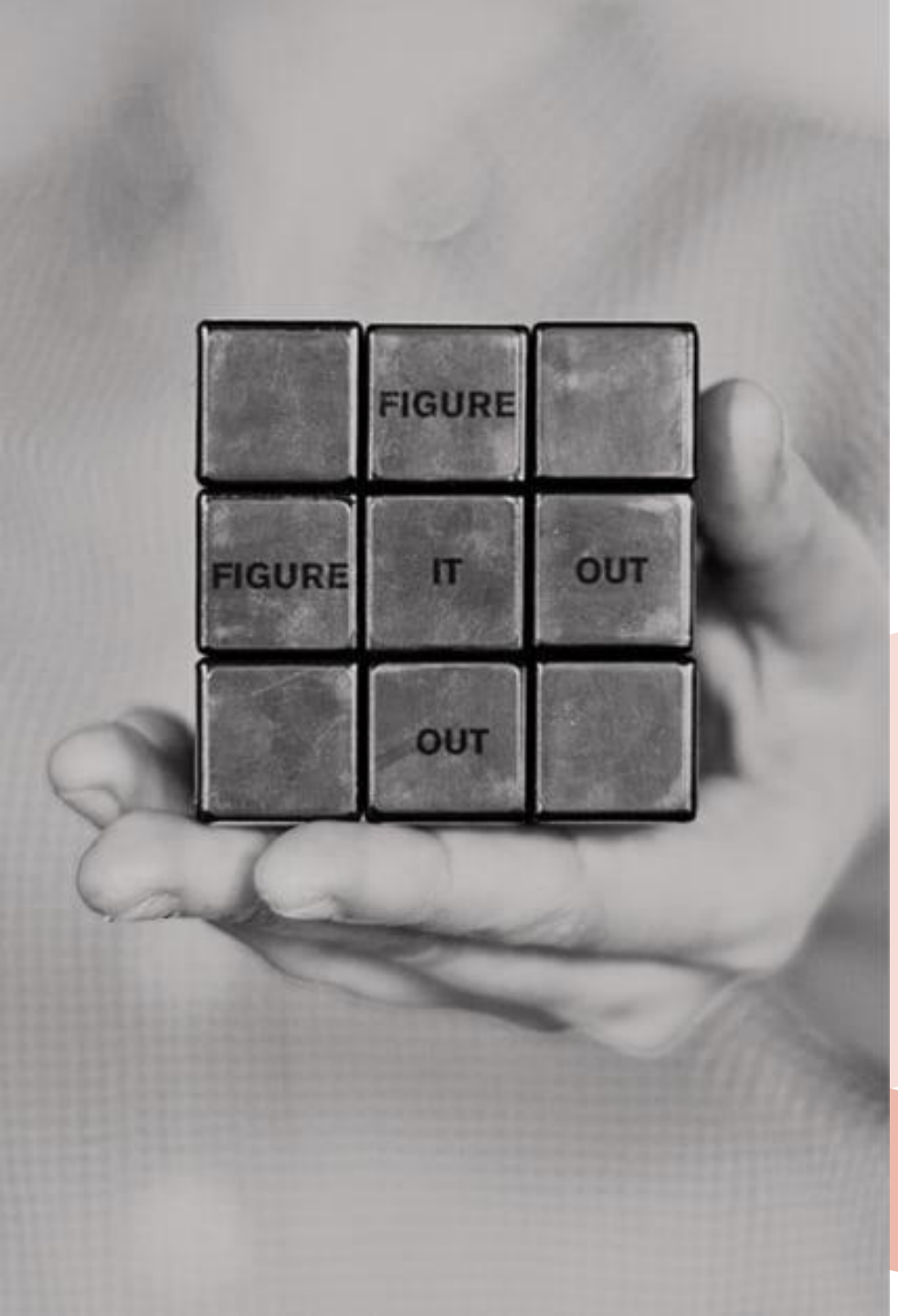
Resources

So what do we do with these best practices?

Comprehensive school crisis response planning

What is a crisis plan?

- Living document
- Multifaceted
- Data driven
- Disseminated
- Practiced



Problem

- Research investigating the content of school crisis plans reveal many plans are **inadequate** in their coverage and implementation.
- Limited guidance is available.

Components of a Crisis Plan

Prevention

Intervention

Postvention

**and they map onto the 5 Rs of best practice

Prevention (**Readiness**) Components

School mental health procedures

Multitiered academic and social-emotional screening & interventions

School security policies

Multihazard/vulnerability assessments

School disciplinary procedures

Employment screening procedures

Additional Prevention/**Readiness** Components

01

Develop a team

02

Meet regularly

03

Evaluate what you have

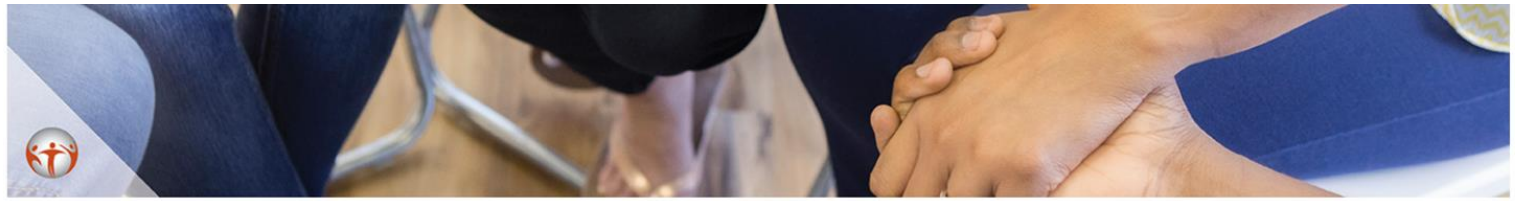
04

Set goals

05

Progress monitor

Resources



Expect the Unexpected: Preparing for Crises in Schools

This series has concluded. Access the webinar recordings using the links below.

Expect the Unexpected: Preparing for Crises in Schools is a webinar series geared toward education professionals, administrators, and stakeholders who are working together to create a school climate that aims to prevent crisis events. However, we know that not all crises can be prevented. How does your school respond to crisis events and encourage student and educator resilience?

Every Monday in June 2021, our trainers will delve into an area of crisis response, including creating comprehensive crisis plans, suicide prevention and intervention, and reintegration strategies. The first webinar in this series covers what a crisis event is, why it is important for educators to focus on crisis prevention, intervention, and response despite barriers, and how they can do so using the Five R's for best practice.

School representatives who are interested in additional support in developing their crisis planning and response are encouraged to join our Learning Community for the 2021-2022 school year. Information regarding this opportunity is coming soon.

Training and Technical Assistance

Mid-America MHTTC Technical Assistance

What is Technical Assistance?

The technical assistance (TA) provided by the Mid-America MHTTC is free assistance and consulting provided by our team of trainers. TA is for organizations ready to work directly with an MHTTC trainer or trainers to receive in-depth guidance to implement evidence based practices or make quality improvements in mental health programming within the organization. Due to staffing, timing, and funding, all TA requests are subject to MHTTC availability. Requests will be reviewed by our team of trainers. If we are unable to accommodate your request, efforts will be made to connect you to other supports. Complete this form if you are interested in applying for TA from our team of trainers.

Technical assistance is offered in four content areas:

1. Integrated primary care
2. School mental health
3. Serious mental illness
4. Telehealth

Resources:
School Crisis Planning and Response

- After a School Tragedy: Readiness, Response, Recovery, & Resources
- NEA's School Crisis Guide
- Adult Resilience Curriculum (ARC) for Educators
- National Association of School Psychologists (NASP) - School Climate,Safety, and Crisis
- Comprehensive Crisis Plan Checklist
- School Crisis Assessment and Logistical Evaluation (SCALE)
- June Crisis Webinar Series

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SCAN ME

Contact Us:

Email: midamerica@mhttcnetwork.org
Phone: 402-552-7697

https://mhttcnetwork.org/centers/mid-america-mhttc/home

TEXT: **MIDAMERICAMHTTC** to **22828** to get started
*Message and data rates may apply

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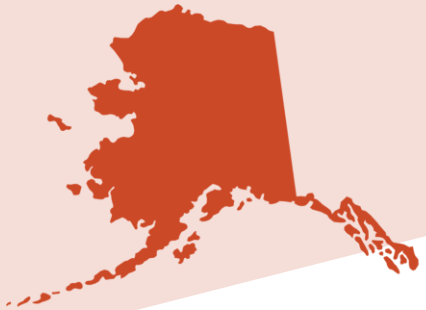
Q&A

Enhancing MTSS to Create Effective Systems of Crisis Planning, Response and Recovery

Kira Mauseth, PhD & Kelcey Schmitz, MSEd
Seattle University & Northwest MHTTC
University of Washington SMART Center
December 6, 2023



REGION 10
Northwest MHTTC
University of Washington

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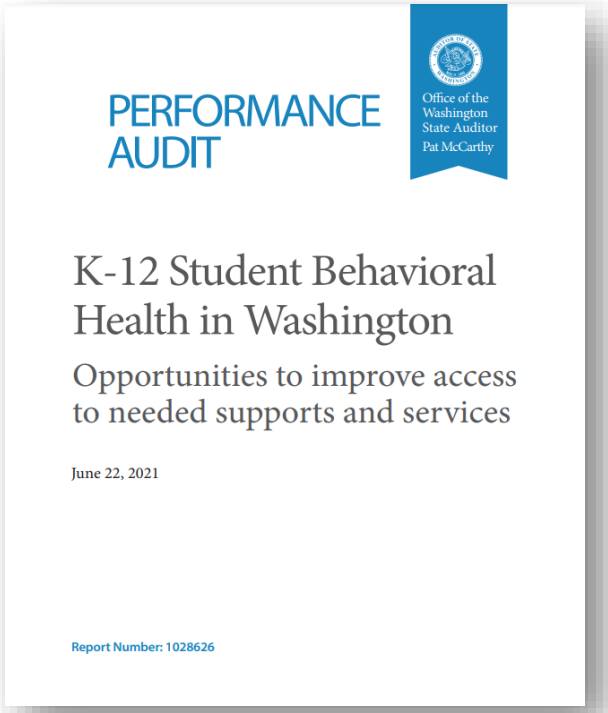
Background

- Washington State Department of Health's Behavioral Health Strike Team, Pandemic Crisis Response and Recovery & Northwest MHTTC Collaboration
- Consideration of critical incident response and recovery-related behavioral health embedded within MTSS
- Training and TA to support an Interconnected Systems Framework approach informed by critical incident response and recovery & disaster cascade
- Northwest Interconnected Systems Framework Demonstration Sites

State Performance Audit:
K-12 Student Behavioral Health in Washington

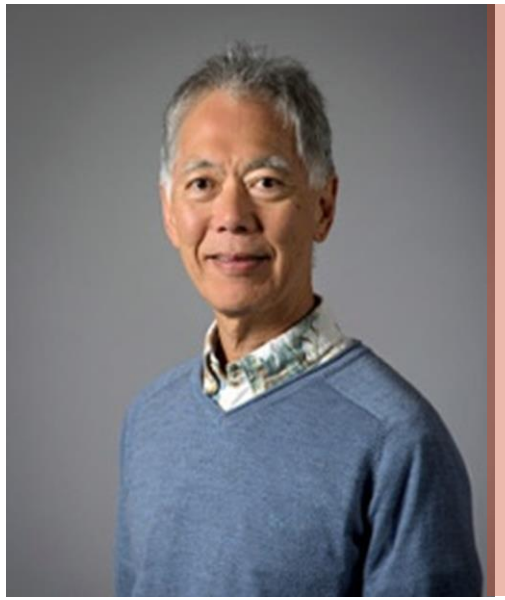


"Washington's decentralized approach has relied on school districts to develop behavioral health plans without oversight."

- ➔ Most schools have not implemented the full continuum of supports
- ➔ Few schools systematically screen all students
- ➔ Lack of statewide oversight/guidance

Read the Washington K12 Student Behavioral Health Audit for more information

MTSS is widely used. How can MTSS be enhanced/expanded to create effective systems of critical incident prevention, planning, response, and recovery?



"MTSS is something to help organize the adults and their implementation of best practices within classrooms and schools. MTSS is not about organizing kids as much as it is about organizing what we do for and **WITH** kids and their families."

-Dr. George Sugai, Professor Emeritus, University of Connecticut

Expanding/Enhancing MTSS Features

- **Effective teams** that **include** **youth, family and community mental health providers (expand opportunity and access for members who historically have been excluded)**
- **Data-based decision making** that include school data beyond ODRs **and community data**
- **Formal processes** for the selection & implementation of ***evidence-based practices (EBP)*** across tiers with team decision making **and customized to fit culture/context/strengths/needs of community**
- **Early access** through use of comprehensive and equitable approach to screening, which **includes** **uncovering strengths, story & internalizing and externalizing needs**
- Rigorous progress-monitoring for both **fidelity & effectiveness** of all interventions **regardless of who delivers**
- Ongoing **coaching at both the systems & practices** level for **both school and community employed professionals (e.g., continuously examining the "health" of the system and the strengths and needs of the caregivers and helpers in the system)**
- **Alignment and Integration through** **embedding critical incident response and recovery for mental/behavioral health into existing MTSS framework**

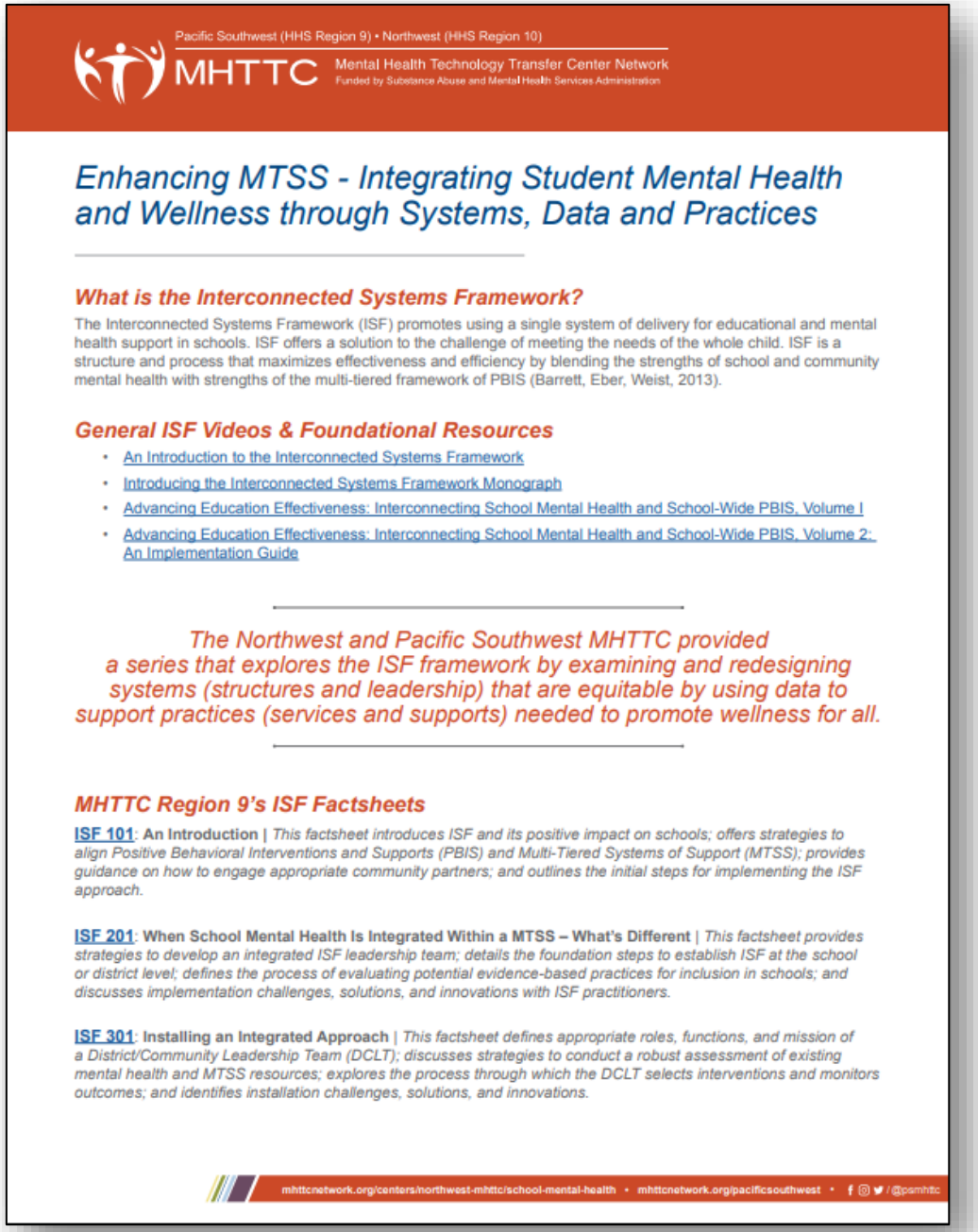
Enhancing MTSS - Integrating Student Mental Health and Wellness through Systems, Data, & Practices:

Interconnected Systems Framework (ISF) Series Resource Guide

- Foundational Material
- Fact Sheets
- Recorded Learning Sessions
- Assessment Tools
- Key Readings
- Practice Guides
- Implementation Examples

All in ONE document for easy access to the information you and your team need!

https://bit.ly/ISFSeriesResource21



Pacific Southwest (HHS Region 9) • Northwest (HHS Region 10)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Enhancing MTSS - Integrating Student Mental Health and Wellness through Systems, Data and Practices

What is the Interconnected Systems Framework?

The Interconnected Systems Framework (ISF) promotes using a single system of delivery for educational and mental health support in schools. ISF offers a solution to the challenge of meeting the needs of the whole child. ISF is a structure and process that maximizes effectiveness and efficiency by blending the strengths of school and community mental health with strengths of the multi-tiered framework of PBIS (Barrett, Eber, Weist, 2013).

General ISF Videos & Foundational Resources

- An Introduction to the Interconnected Systems Framework
- Introducing the Interconnected Systems Framework Monograph
- Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume I
- Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide

The Northwest and Pacific Southwest MHTTC provided a series that explores the ISF framework by examining and redesigning systems (structures and leadership) that are equitable by using data to support practices (services and supports) needed to promote wellness for all.

MHTTC Region 9's ISF Factsheets

ISF 101: **An Introduction** | *This factsheet introduces ISF and its positive impact on schools; offers strategies to align Positive Behavioral Interventions and Supports (PBIS) and Multi-Tiered Systems of Support (MTSS); provides guidance on how to engage appropriate community partners; and outlines the initial steps for implementing the ISF approach.*

ISF 201: **When School Mental Health Is Integrated Within a MTSS – What's Different** | *This factsheet provides strategies to develop an integrated ISF leadership team; details the foundation steps to establish ISF at the school or district level; defines the process of evaluating potential evidence-based practices for inclusion in schools; and discusses implementation challenges, solutions, and innovations with ISF practitioners.*

ISF 301: **Installing an Integrated Approach** | *This factsheet defines appropriate roles, functions, and mission of a District/Community Leadership Team (DCLT); discusses strategies to conduct a robust assessment of existing mental health and MTSS resources; explores the process through which the DCLT selects interventions and monitors outcomes; and identifies installation challenges, solutions, and innovations.*

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SAMHSA “Phases of Disaster”

Phases of Disaster & Large-Scale Crisis

Impact Phase

- 0-48 hours post-event. Focus is on safety, communication, assessment of ongoing threat.

Rescue Phase

- 0-1 week post – event. Primary goal is to adjust. Psychological issues: resiliency vs. exhaustion and orientation around what has happened.

Honeymoon Phase

- 1- 4 weeks post-event. Community leaders are promising support, bonding and support is high, Sense of relief for survivors, Unrealistic expectations of recovery and denial of the impact.

Disillusionment Phase

- 1 month to 9 months post-event (usually about 6-9 months post impact) Limits of disaster assistance become more clear; reality of the extent and impact of the disaster become evident.

Reconstruction & Recovery

- 3 months to ongoing; Community on the way to healing, May continue for years; survivors begin to realize they will need to solve the rebuilding issues themselves, May develop sense of empowerment.

Factors that influence the reconstruction / recovery pathway

OR may result in the experience of a “disaster cascade” depending on the nature of the secondary impact

- Social marginalization
- Discrimination
- Economic status
- Access to resources and healthcare
- ACES (Adverse Childhood experiences)
- Previous experiences in disasters or critical incidents
- Sociopolitical climate
- Additional waves of infection / illness / restrictions that result

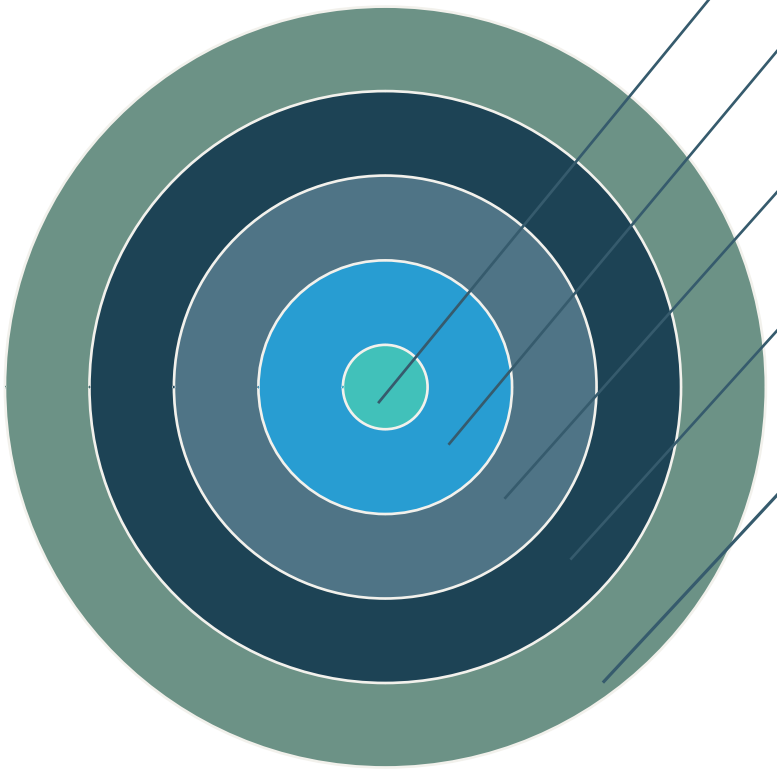
Disaster Cascades:

Defined as more than one large-scale impact that occurs during the recovery window (18-24 months) from the original impact.

- Tax already depleted mental, emotional and physical resources
- Re-start the disaster recovery cycle, but at a lower baseline
- Extend the recovery cycle
- Increase acuity of symptoms

Population Exposure Model

Those closest to the “epicenter” of the disaster or incident in terms of immediate and severe impact are most likely to be affected psychologically.



A) loss or serious injury of friends/family

B) Exposed to the incident and disaster scene but not injured

C) Knows persons who are bereaved, live in area where homes are destroyed, first responders, medical examiner's staff, professionals immediately involved.

D) behavioral health and crime victim assistance, clergy and chaplains, hospital personnel, govt officials, media

E) Groups that identify with the victim / survivor group, businesses with financial impact, community at large, distant communities exposed via media

Adapted from : U.S. Dept of Heatlh and Human Services. (2004). Mental Health Response to Mass Violence and Terrorism: A Training Manual. DHHS Pub. No. SMA 3959 Rockville, MD; Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. p. 11.

Trauma, Stress and Resilience

- All trauma is stressful, but all stress isn’t necessarily traumatic
    - (ducks and birds)
    - Stress can build up over time
- The ability to function effectively CAN be compromised by either one.
    - Emotionally, Cognitively, Behaviorally, Physically, Socially, Spiritually
- Long term moderate to severe stress affects the brain in ways similarly to traumatic events
    - Large-scale disasters as well as smaller-scale critical incidents
- Resilience can be developed intentionally, or can come about as a result of adverse experiences

I
Identify internal strengths and external resources
D
Develop insight, awareness (and self-regulation)
E
Engage in resilience building
A
Active coping techniques to reduce symptoms
L
Listening and other healthy communication tactics
Roadmap for better behavioral health: IDEAL process
How do we get there?

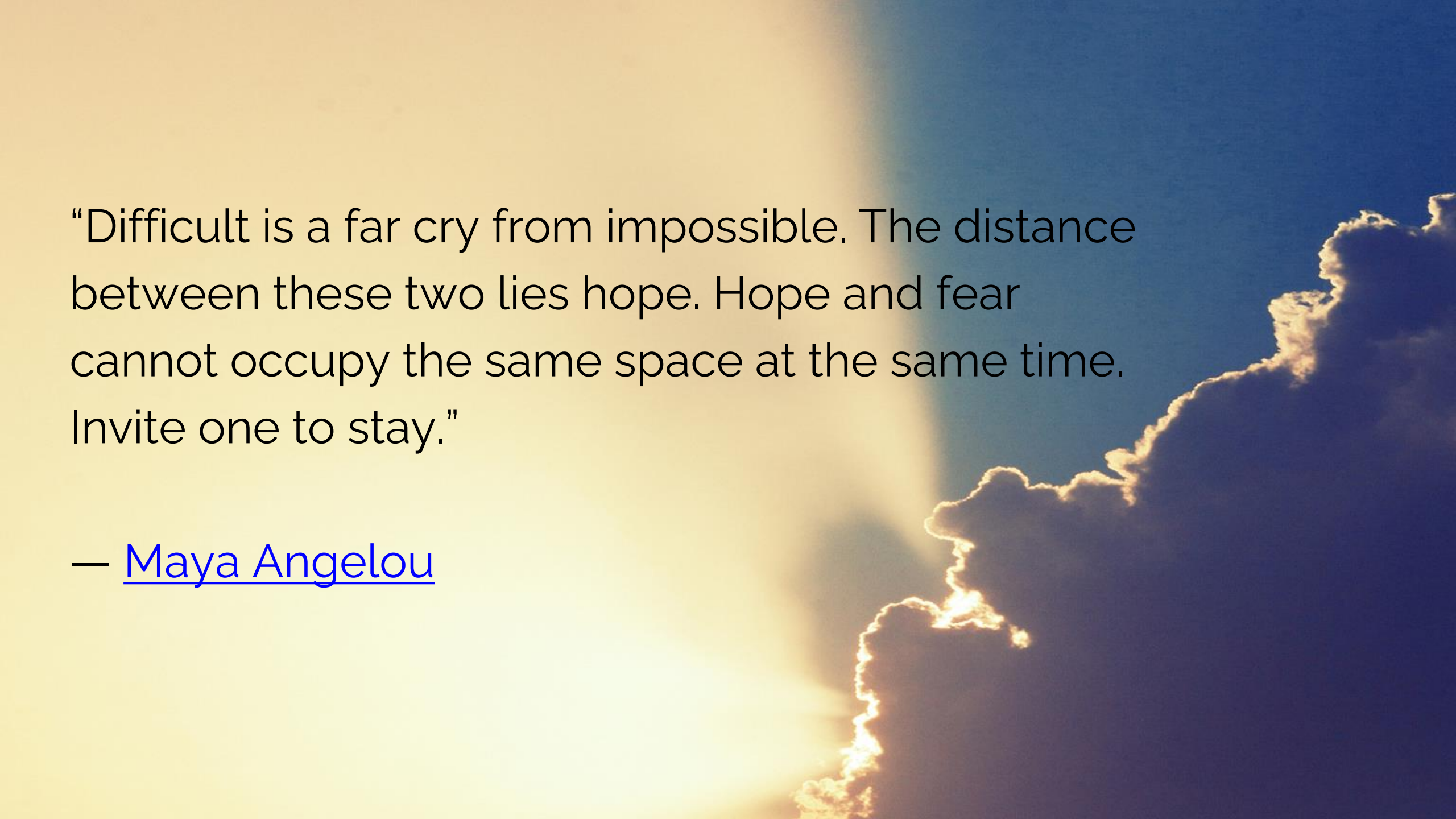
ENGAGE in : Resilience Development

Purpose
What motivates you? What is important to you? What are you striving for, or what helps you move forward?

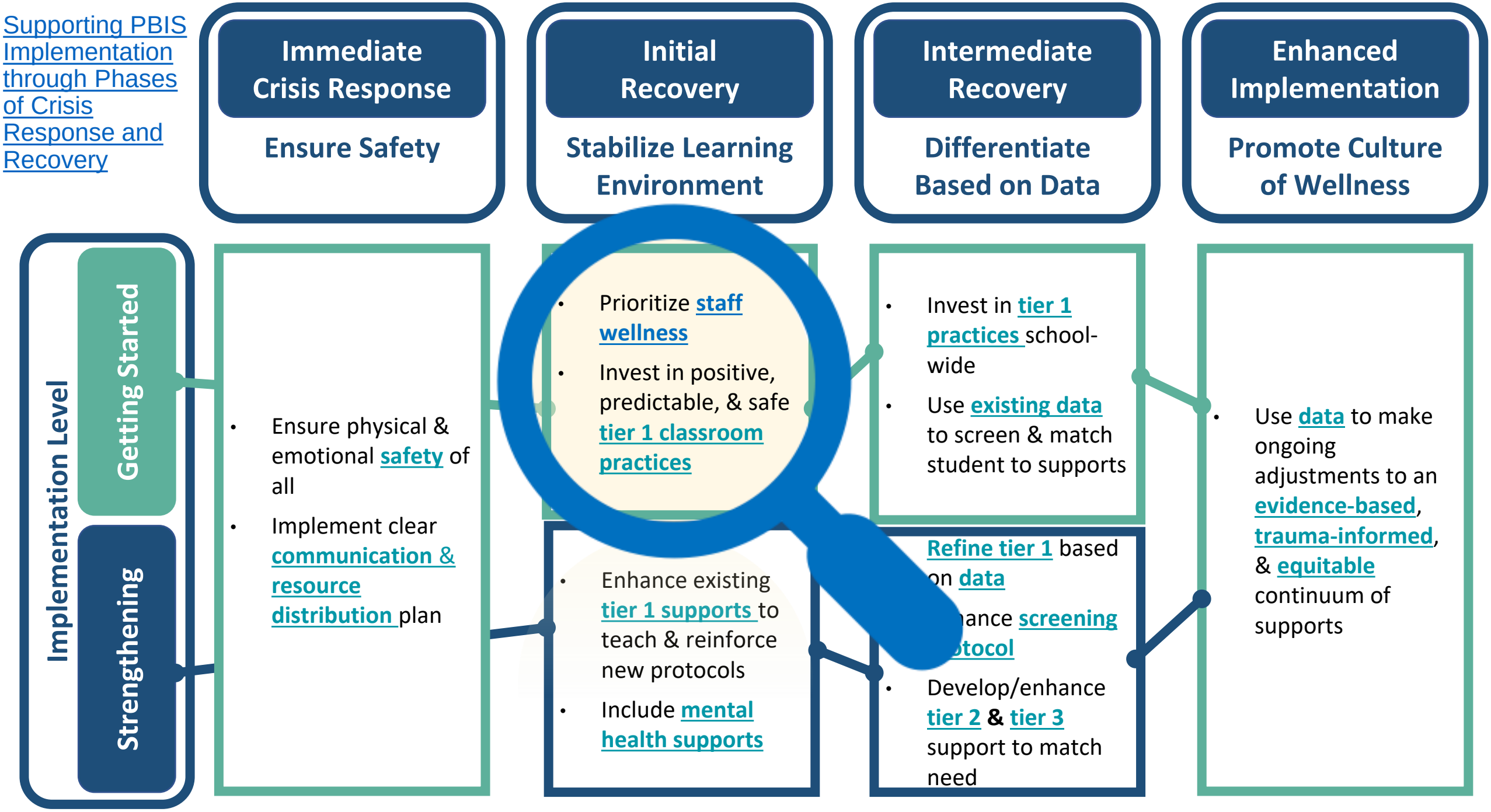
Adaptability
How can you make adjustments that are needed, to time, space, fun, expectations, etc? How can you respond with curiosity?

Hope
What are the realistic, new opportunities that you may have?

Connection
To whom or what are you connected? How can you develop the quality of your connections?


“Difficult is a far cry from impossible. The distance between these two lies hope. Hope and fear cannot occupy the same space at the same time. Invite one to stay.”
— Maya Angelou

Supporting PBIS Implementation through Phases of Crisis Response and Recovery



What are School and District Staff Saying?

District Student Services Director

- “We have had several crises this year, community fire disaster, loss of a staff member, and now loss of a student. We have been building a comprehensive school mental health system within MTSS over the last several years. Our established Wellness Team allowed us to provide crucial support but also facilitated a rapid, holistic response to crises, a resource we wouldn't typically have. We have an trained integrated team of school employed and university clinician interns that supports students, staff and families too, across the continuum, creating a sense of stability and care amid these unplanned challenges.”

Tawni Barlow, Director of Student Services, Medical Lake School District

Medical Lake School District

Superintendent

- “We would not be able to support our students, staff, and families without the work of our Wellness Team. In times of crisis, this team moves seamlessly into action providing not only counseling services but social services, communication protocols, and leadership. As I also shared with our entire district staff, "In difficult times, it is the light within that shines most brilliantly." Our Wellness Team is certainly a brilliant light within the Medical Lake School District.”

Dr. Kimberly Headrick, Superintendent, Medical Lake School District

Medical Lake
School District

Middle School Counselor

“For our most recent crisis, the unexpected death of a student, our wellness team was incredibly helpful. Tawni, the director of our Wellness Team, coordinated services so that we always had trained professionals helping triage with our students who needed someone to support them. We were able to have groups, individual counseling, and the school counselors were able to have eyes on students who needed support, because we didn't have to sit in our offices and coordinate help. We watched students cope and feel supported, which resulted in appropriate processing and building stamina to be back at school.”

Rachel Roll, School Counselor, Medical Lake Middle School

Medical Lake
School District

High School Assistant Principal

“We have been incredibly fortunate to have the Wellness Center which provides mental health support, not only for our students but for our families and staff. Each year our mental health needs have increased and the complexity of issues we see can be overwhelming. Our entire community has dealt with multiple crises this year, and I honestly don't know what we would have done as a school system without their support.”

Lyra McGirk, Assistant Principal, Medical Lake High School

Medical Lake
School District

Key Messages

School and district communities **find it difficult to identify critical impactful actions** when considering effectively supporting students, educators, and families during and after a crisis.

- **Invest in a single system** of prevention and early identification & intervention
- School Mental Health and MTSS informed by critical incident prevention, response, and recovery behavioral health can serve as a **road map for states, regions districts and schools to plan, respond, and recover**
- Resist the temptation to create new, separate, or parallel systems - **strengthen what you have and build on current investments**

Resources

- Supporting Schools During and After Crisis: A Guide to Supporting States, Districts, Schools, Educators, and Students through MTSS
- Supporting PBIS Implementation through Phases of Crisis Response and Recovery
- Preventing and Responding to Violent Behavior in Schools
- School Violence Prevention
- Averting Targeted School Violence | U.S. Secret Service
- Disaster Behavioral Health: Response and Recovery Considerations
- Supporting our Communities through the Uvalde Tragedy
- National Center for School Crisis and Bereavement
- School Crisis Response and Renewal Project
- School Mental Health Crisis Leadership Lessons
- Readiness and Emergency Management for Schools (REMS Center)

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Q&A

Self and Collective Efficacy: Deaths of Despair

School/Community Violence and Suicide

David Brown, BA
Central East MHTTC
Danya Institute
December 6, 2023

TELL ME WHICH ***YOU*** IS HERE….

We have become addicted to the cure, rather than curing the addition.

Despair

Merriam Webster online defines ***despair*** as the
“utter loss of hope,”
or to
“to lose all hope or confidence.”

Deaths of Despair

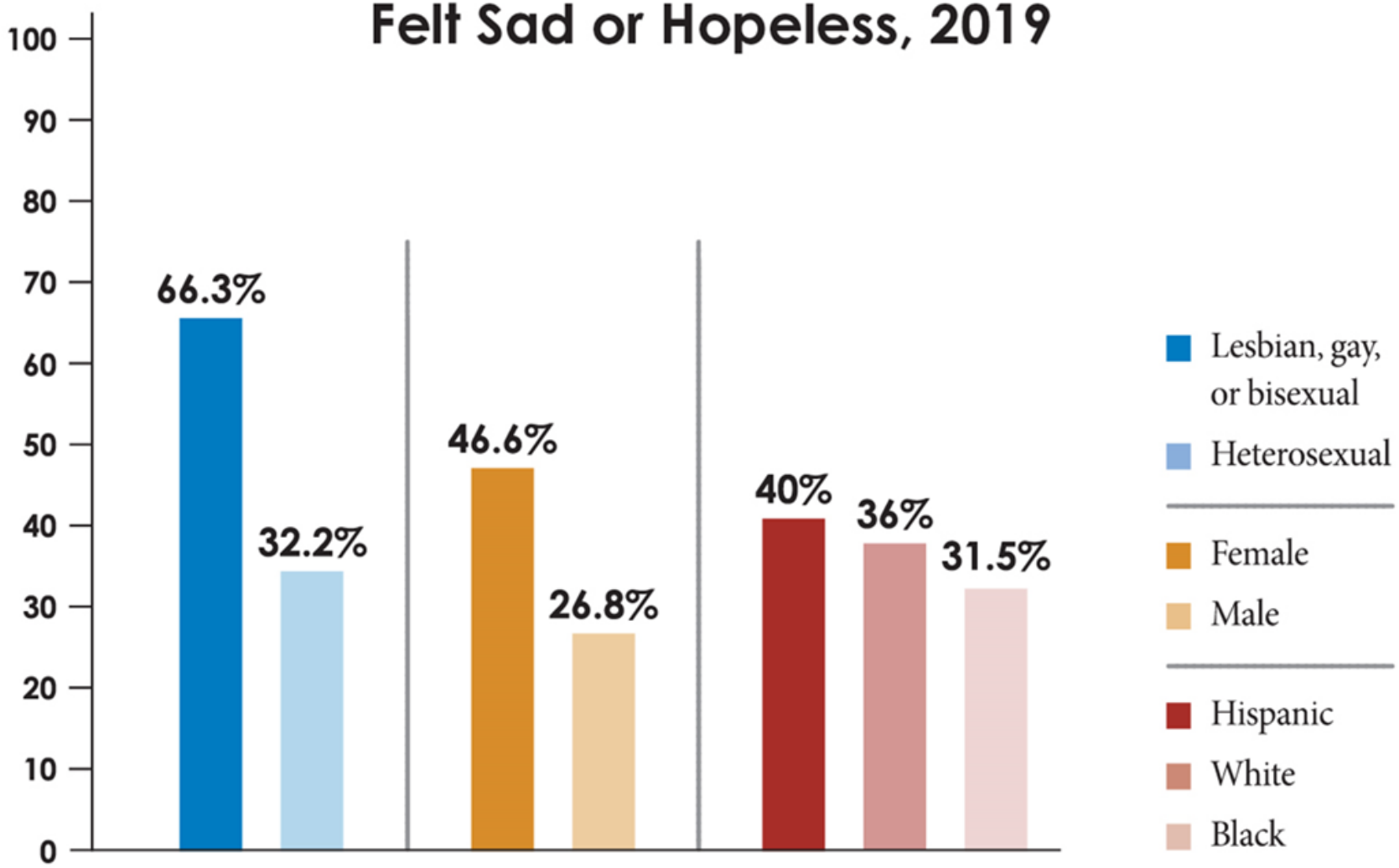
"Deaths of despair" is a term used to describe a specific category of deaths that result from a combination of factors including economic distress, social isolation, and mental health issues. These deaths typically involve suicides, drug overdoses, and alcohol-related fatalities, and they are often associated with a sense of hopelessness and despair. The concept of deaths of despair highlights the interplay of societal and individual factors, such as economic hardship, substance abuse, and a lack of access to healthcare and support, which can lead to increased mortality rates in affected populations. This term has gained prominence in discussions surrounding public health and social well-being, particularly in the context of understanding and addressing the root causes of these tragic and preventable deaths.

Community violence is defined as violence between unrelated persons who might or might not know each other, generally outside the home

Collective Efficacy

In the sociology of crime, the term collective efficacy refers to the ability of members of a community to shape the behavior of individuals and groups in the community.

U.S. High School Students Who Persistently Felt Sad or Hopeless, 2019



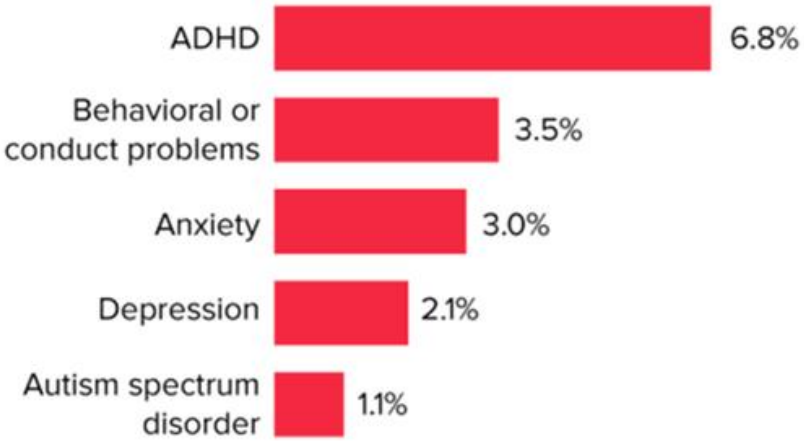
Kids at risk

Suicide is the second leading cause of death among young people, aged 10 to 24

1 in 5, or 15 million, American children and young adults up to age 25 struggle with a mental illness or learning disorder

And **2/3** or 10 million are undiagnosed or untreated

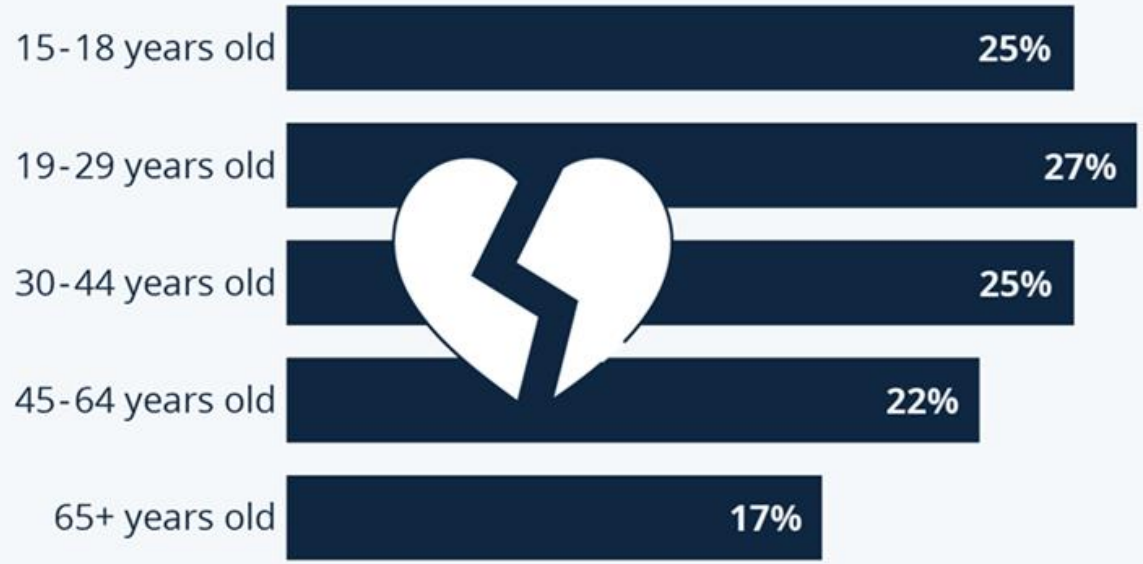
Children ages 3-17 diagnosed with:



Source: Centers for Disease Control and Prevention

One in Four Young People in the World Feels Lonely

Share of respondents who feel fairly or very lonely, by age range



Around 145,000 respondents (15+ y/o) in 142 countries/territories surveyed Jun. 2022 - Feb. 2023

Sources: Gallup, Meta

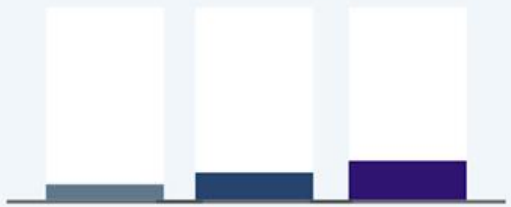
statista

30 YEARS NIHCM DATA INSIGHTS

Violence and Mental Health Issues Increase Among High Schoolers

Sexual Violence

Have ever been forced to have sex:



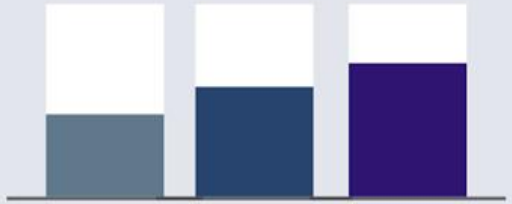
8% of total students

14% of female students

20% of LGBQ+ students

Mental Health

Experienced persistent feelings of sadness or hopelessness over the past year:



42% of total students

57% of female students

69% of LGBQ+ students

10% of high school students attempted suicide in the past year

Note: The survey did not ask whether a person was transgender.

Source: Centers for Disease Control and Prevention's *Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021.*

Gun violence is a leading cause of premature death in the United States

Guns have become the leading cause of death for children in America, surpassing motor vehicle accidents.

Americans kill each other with firearms 25x as often as other high-income countries.

There have been 248 mass shootings within the first 159 days of 2022.

Gun violence may cause mental health issues for both survivors and the public.

1 in 5 U.S. high school students witness violence in their community

Witnessing community violence increases students' risk for:

- Gun carrying
- Substance use
- Suicidal thoughts and behaviors

Prevent exposure to violence:

- Create safer communities
- Address factors driving disparities such as poverty and lack of educational access
- Strengthen feelings of connectedness at school

CDC

*Data from a 2021 nationally representative survey of U.S. high school students

bit.ly/su7201a3

APRIL 28, 2023

MMWR

Negative Thoughts

Self and Community

Behavior

- *BEHAVIOR IS A FORM OF COMMUNICATION*

  BEHAVIOR IS NOT THE PROBLEM . . .

  IT IS A SYMPTOM

Emotional Safety is more important than physical safety.

Emotional Safety leads to physical safety

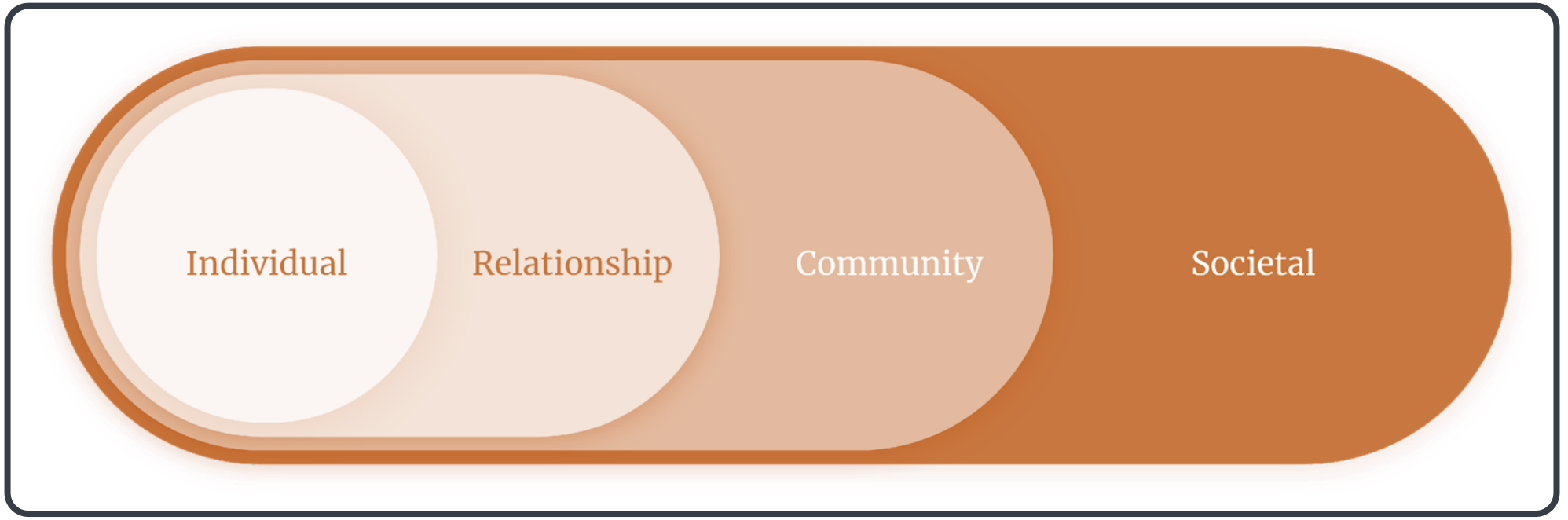
Syndemic

A syndemic refers to the interaction of two or more concurrent health conditions or epidemics that exacerbate each other within a specific population or geographic area. It goes beyond the concept of a simple co-occurrence of diseases and recognizes the synergistic effects and complex interactions between these conditions.

Syndemic

COLLECTIVE EFFICACY

POVERTY



Bio-social-ecological model

Kolb's Experiential Learning Cycle

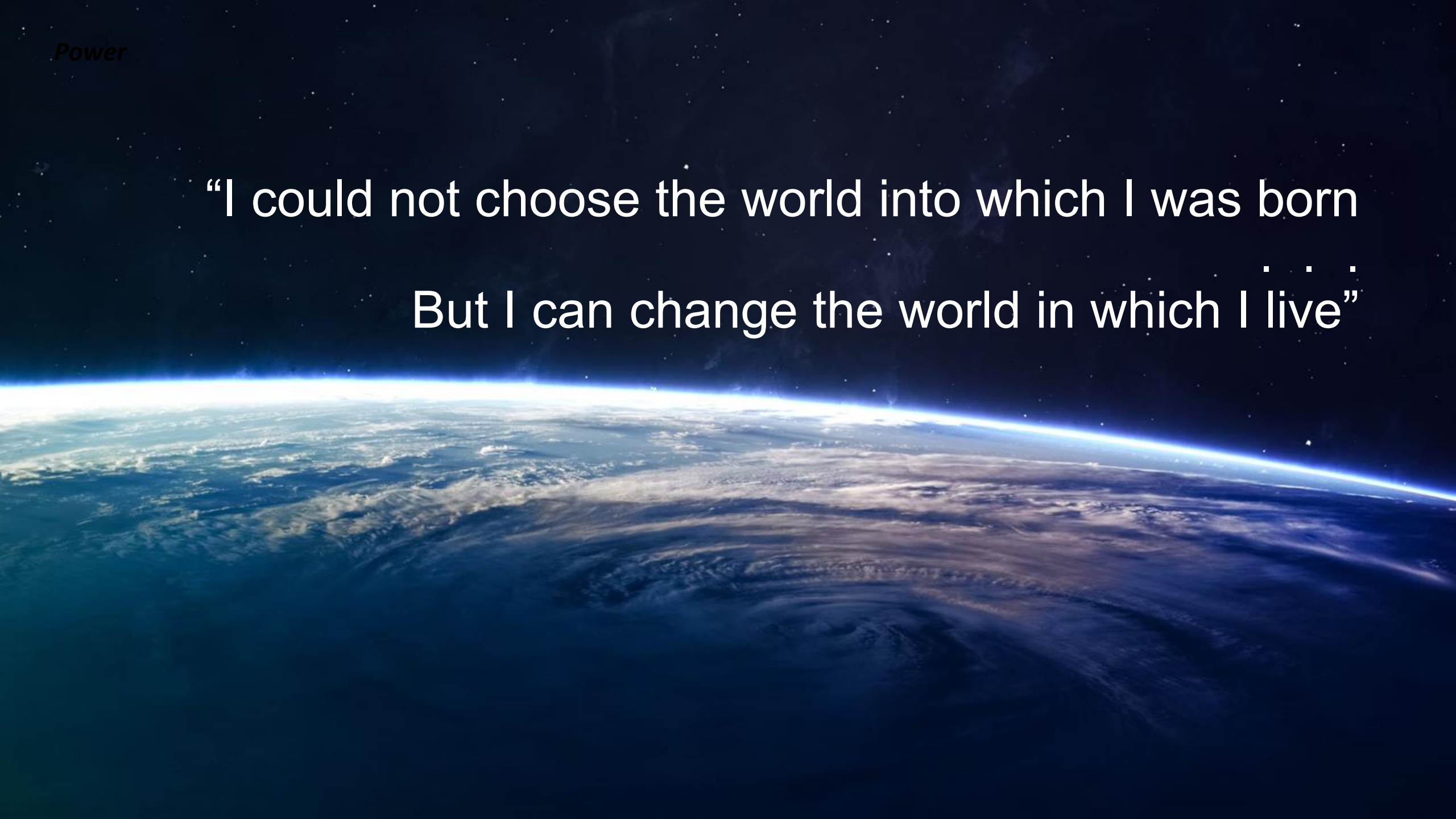
David Kolb's foundational theory focuses on the importance of the experiential learning cycle as he defined it: **Act, Reflect, Conceptualize, Apply.**

This theory recognizes that an experience itself is not sufficient to produce learning. Rather, the experience works with the student's knowledge base, other course materials, discussions, and reflections to support authentic learning.

Although Kolb's model starts with **Act**, some courses and programs begin with **Conceptualize** in order to allow students to gather and work with classroom knowledge before they undergo the experiential learning opportunity.

MIRRORS

I am

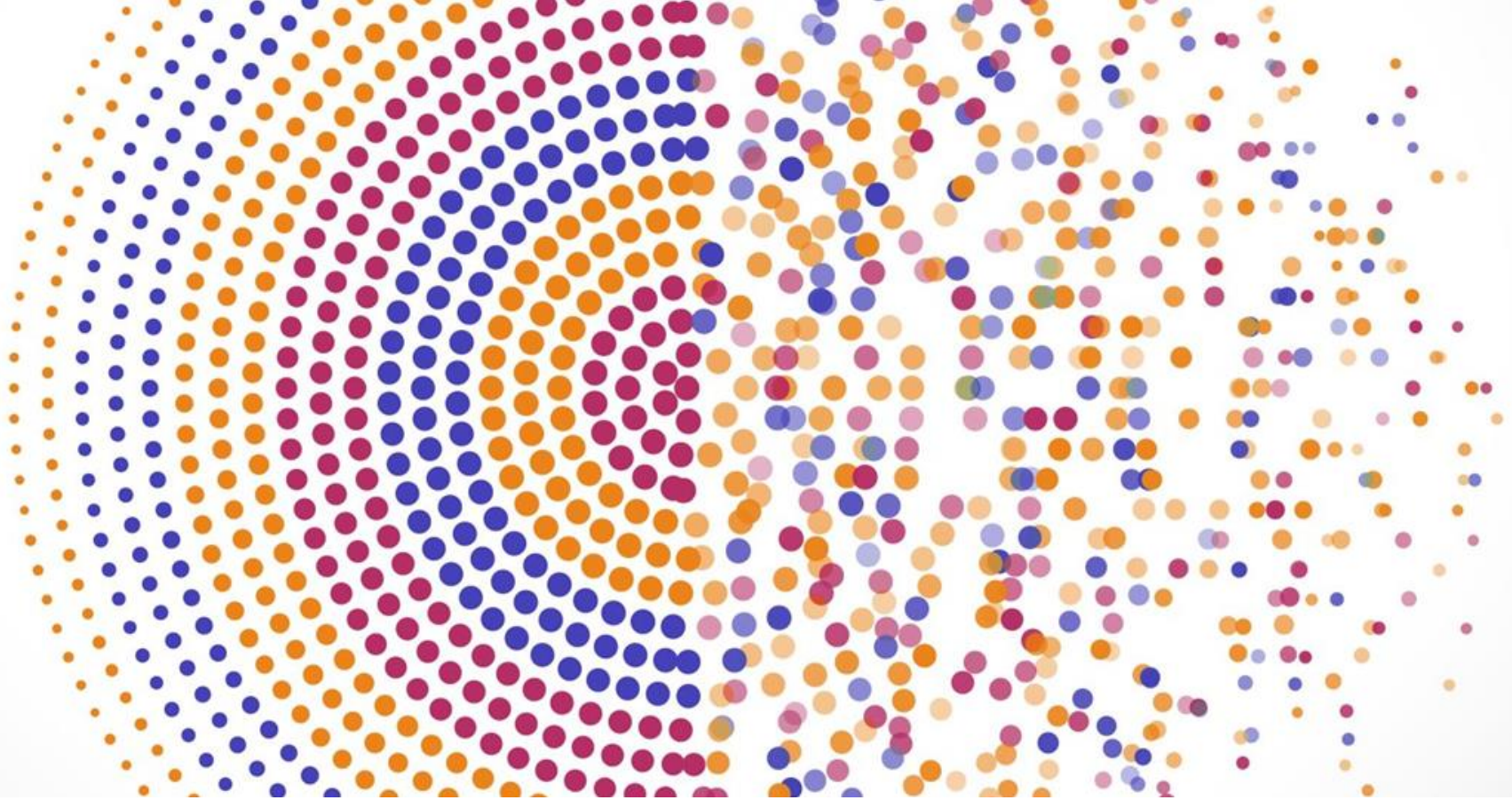


“I could not choose the world into which I was born

. . .

But I can change the world in which I live”

- **Purpose:**
  Studies show that those with a purpose live longer, sleep better and have a more robust immune system, lower stress levels and better cognitive function.



Because we are!

I learn to see myself through others’ eyes.

"The power of community to create health is far greater than any physician, clinic, or hospital."

Mark Hyman

Q & A

Discussion

Given the content shared today, what might you take back to your state/district/school/organization to enhance student mental health supports and school violence prevention and response efforts?

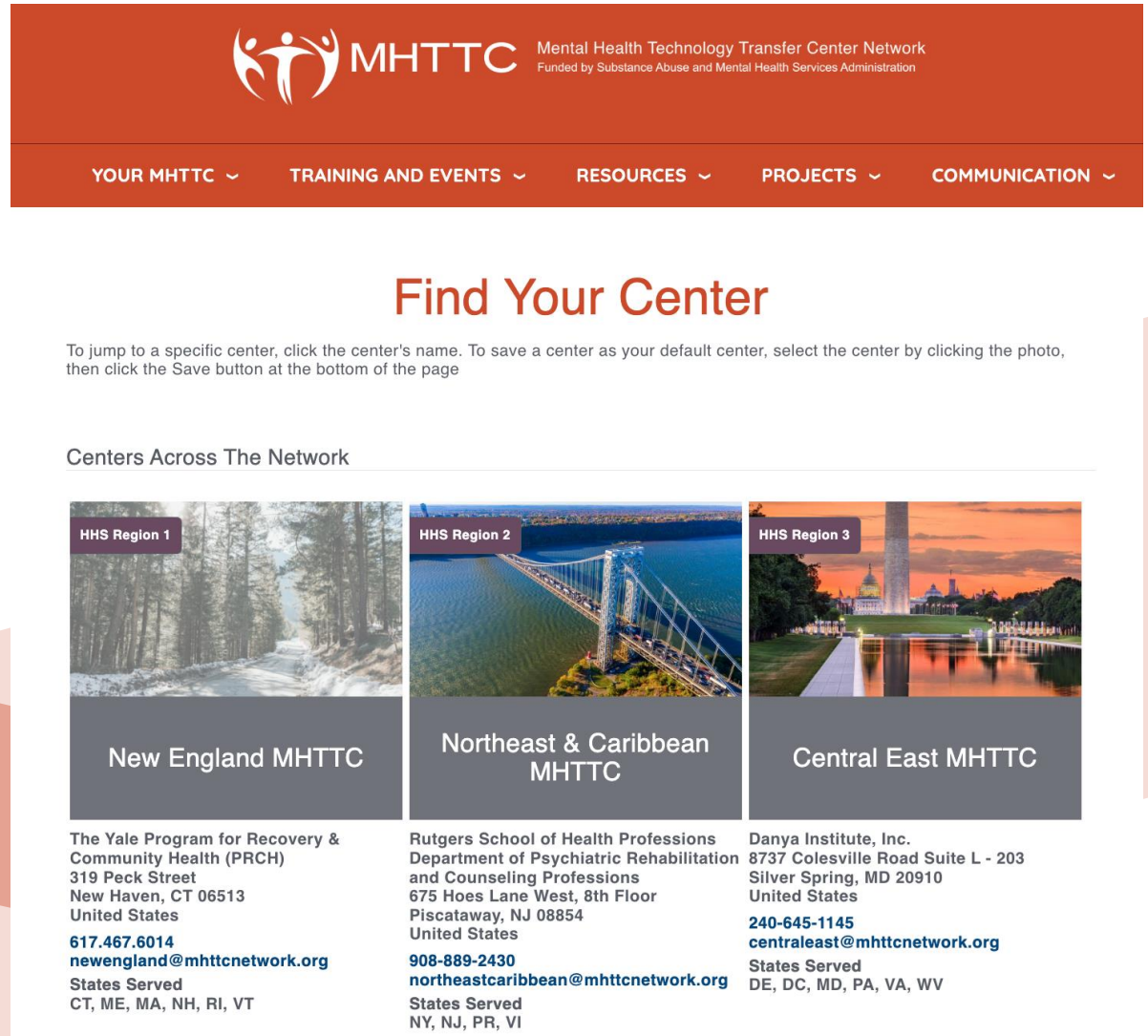
MHTTC School Violence Resources of Interest

Access this resource collection here

MHTTC School Violence Resources of Interest

Access this resource here

Stay in touch with us!



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