

State Technical Assistance Webinar



Children's Safety Network

at Education Development Center

Please introduce yourself in the chat with
your name, state, and injury topic you
work on



May 19, 2022

1:00 – 2:00 PM ET

State Technical Assistance Webinar

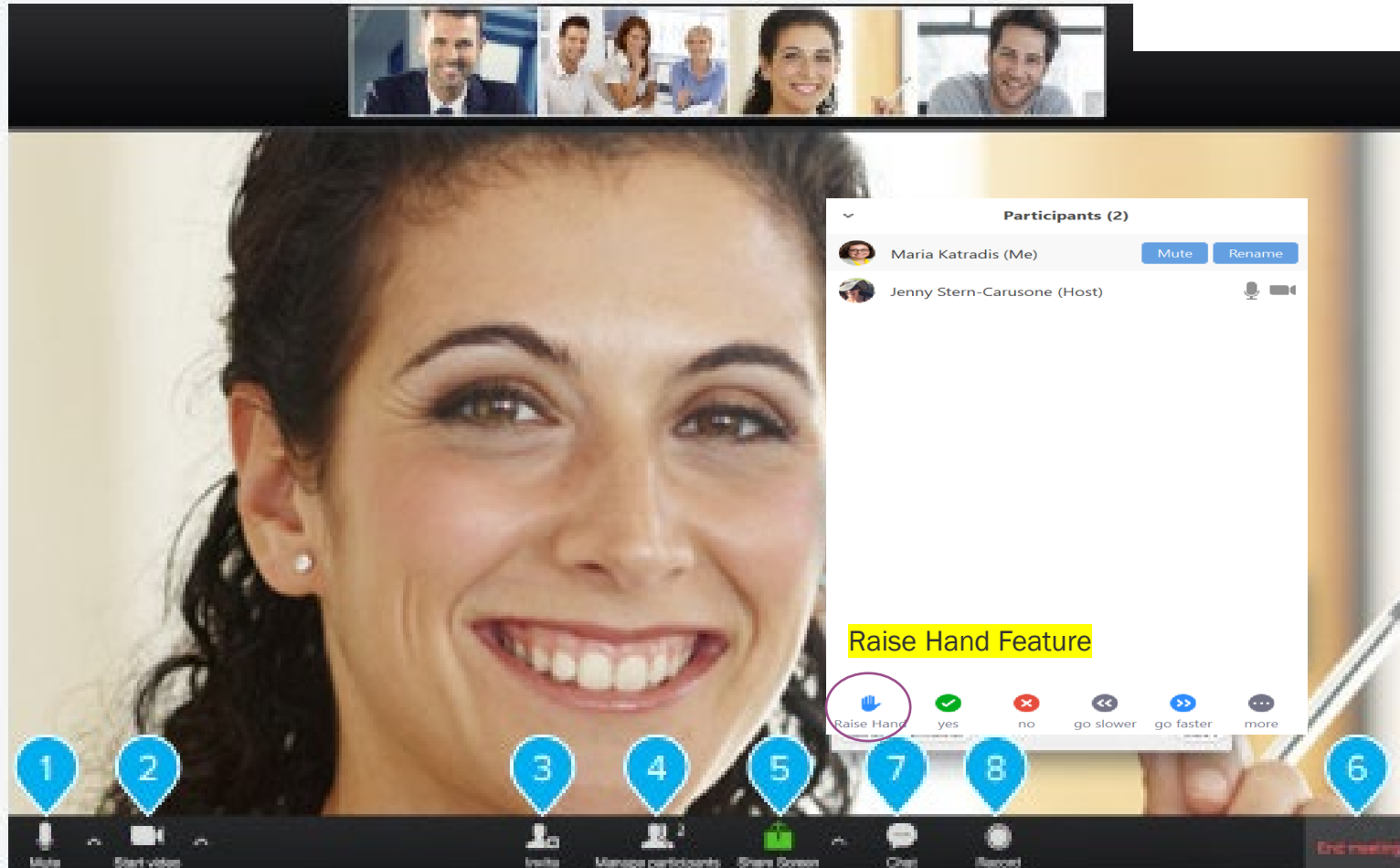


Funding Sponsor

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement (U49MC28422) for \$5,000,000 with 0 percent financed with non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

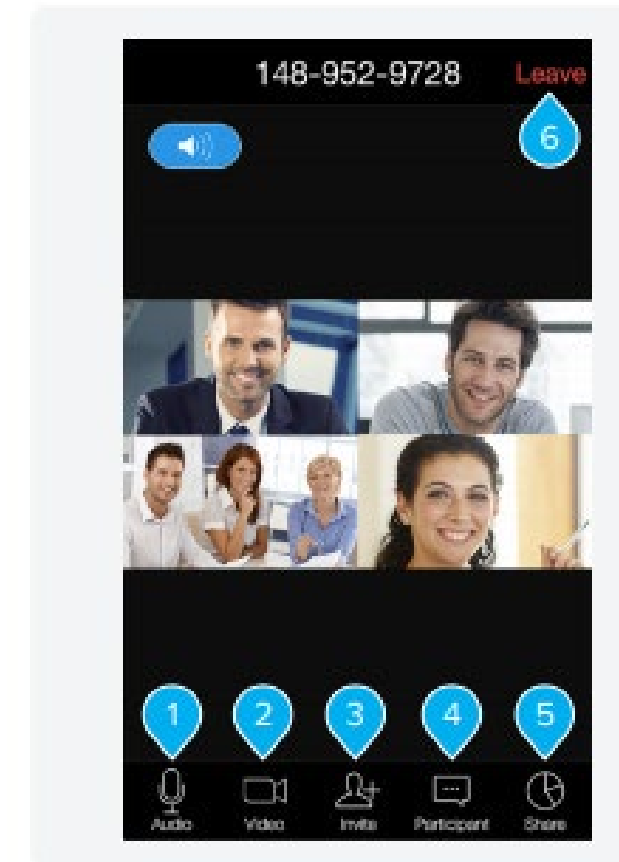
Ring Central Controls

Computer



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2. Start/Stop and set up video
4. View Participants/Access Hand Raise feature
6. Leave current meeting
7. Chat with an individual or the entire group ('everybody')

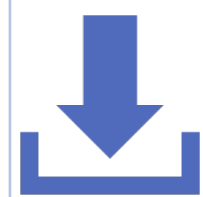
Smartphone and tablet



Technical Tips



Join by phone or computer audio. Click on microphone (bottom left) for settings



Access resources from links in the chat



Mute yourself when you're not talking



This session is being recorded



Use the chat to ask questions at any time

Unpacking the Behavioral and Mental Health Implications of the COVID-19 Pandemic on Children and Adolescents

Maria Katradis, Ph.D.
Children's Safety Network



Presenters



Dr. Evelyn Berger-Jenkins, MD, MPH

Associate Professor of Child & Adolescent
Health
Columbia University Medical Center



Amanda Winn, MSW

Director of Training and Technical Assistance
Center for Community-Engaged Medicine
Tufts Medicine



Shai Fuxman, Ed.D.

Senior Research Scientist
Education Development Center



Mental and Behavioral Health Implications of COVID-19

0-19 year olds

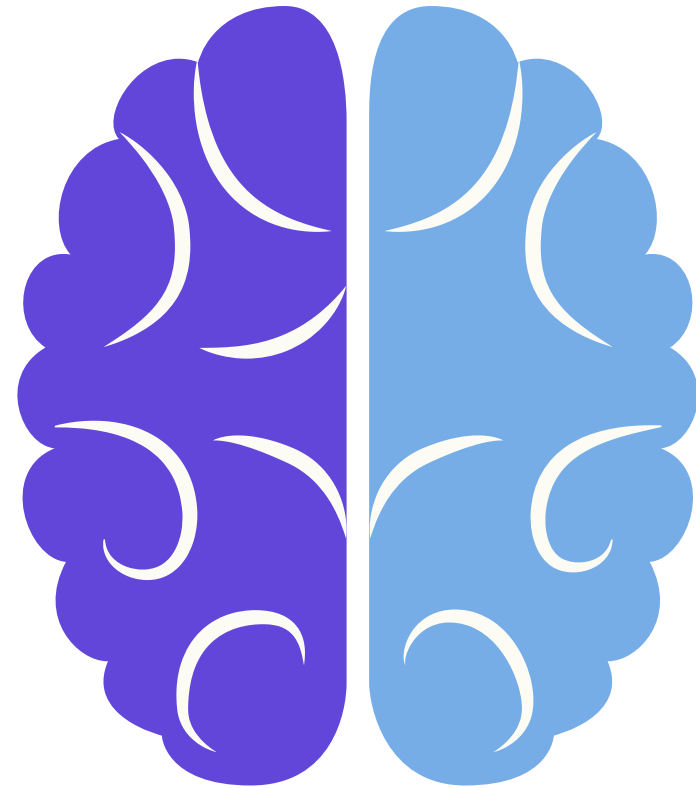
Evelyn Berger-Jenkins, MD
Associate Professor of Pediatrics
AAP Committee on Psychosocial Aspects
of Child & Family Health (CO-PSCHF)

State Technical Assistance Webinar
Children's Safety Network
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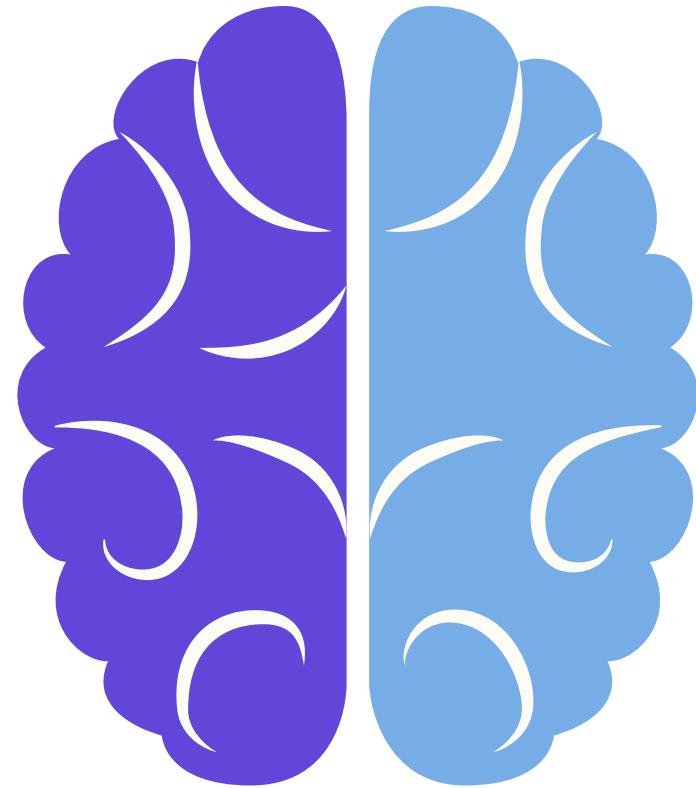
Outline

- What is mental and behavioral health?
- How is it unique in childhood?
- State of childhood mental and behavioral health prior to pandemic
- What happened during the pandemic?
- Where do we go from here?

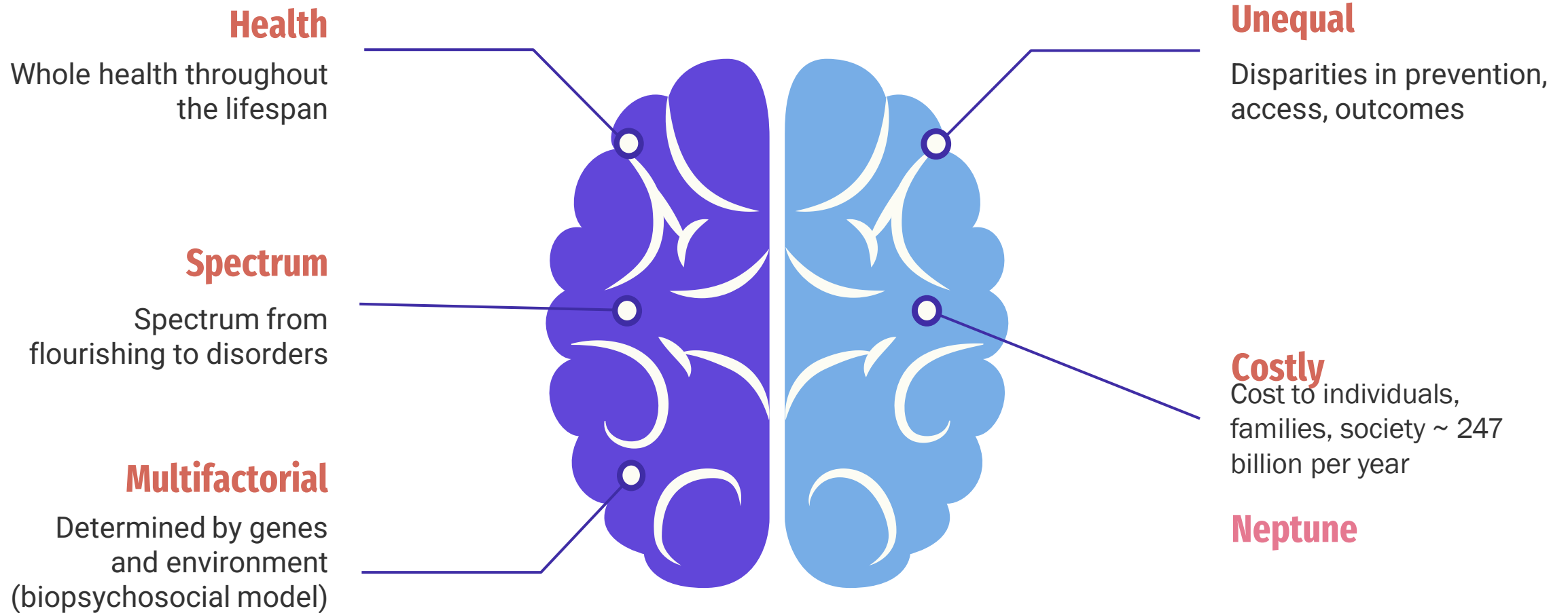


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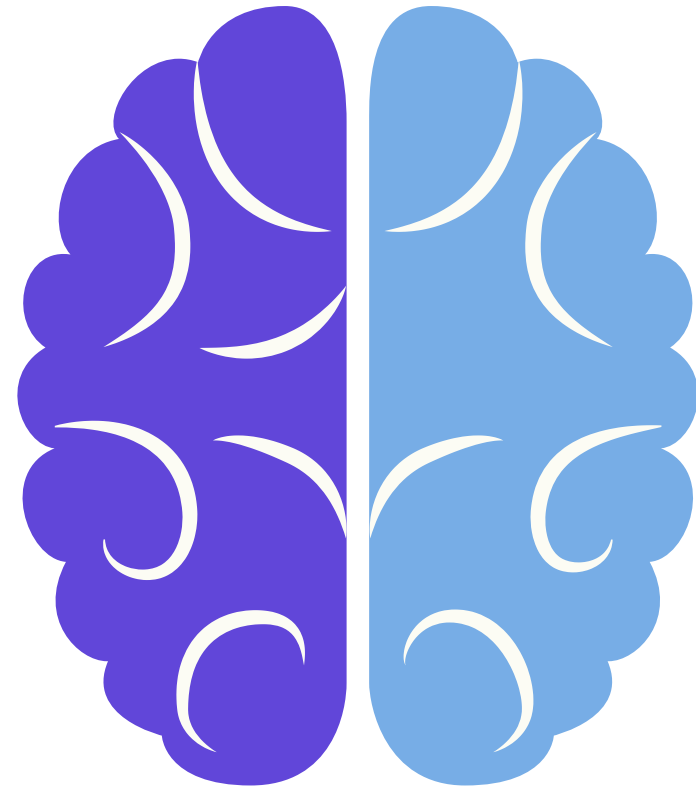


What is mental and behavioral health?

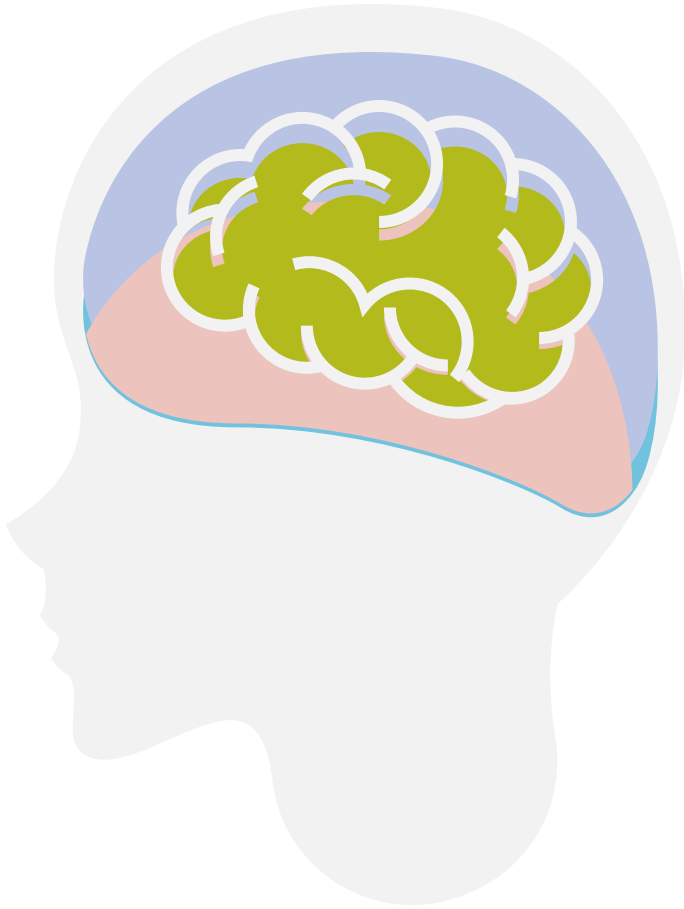


Outline

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Mental and behavioral health in children



Developmental ages and stages



Plasticity & resilience



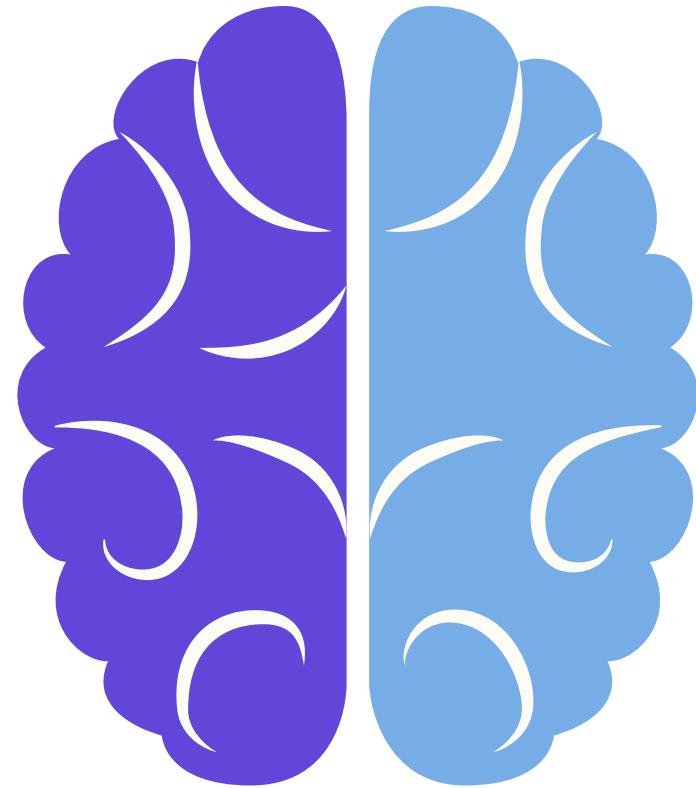
Especially vulnerable



Lack of data & research

Outline

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Childhood mental and behavioral health pre-pandemic



Increasing prevalence of major disorders

ADHD & anxiety most prevalent - 10% of 3-17 year olds
Depression affects 20% of adolescents (12-17 years)

Widening gaps

31% of white children receive mental health services
compared to 13% of children from diverse racial & ethnic
backgrounds

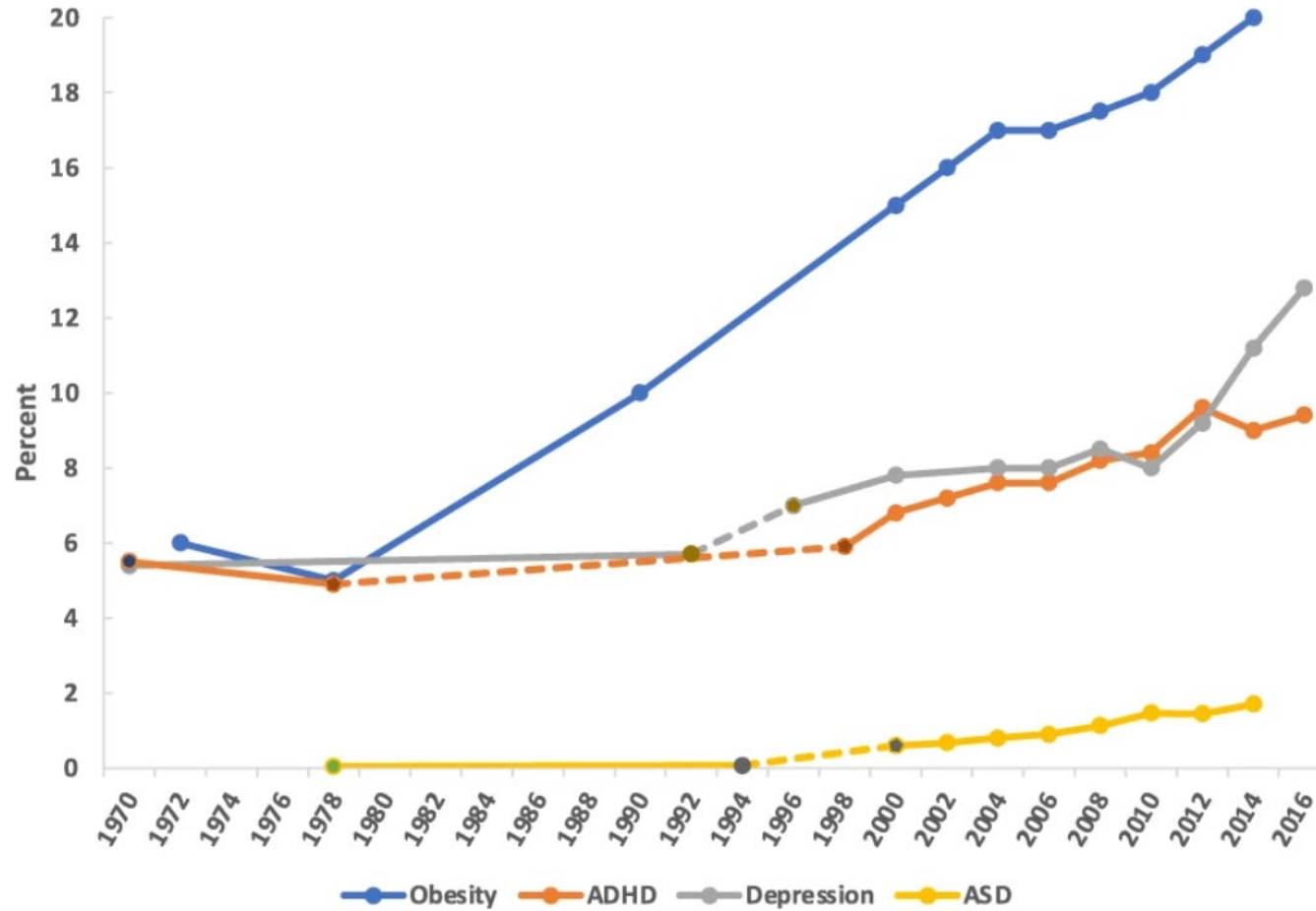
Mental health service shortages

9.75 child psychiatrists per 100,000 children compared to 47
needed (122 pediatricians)

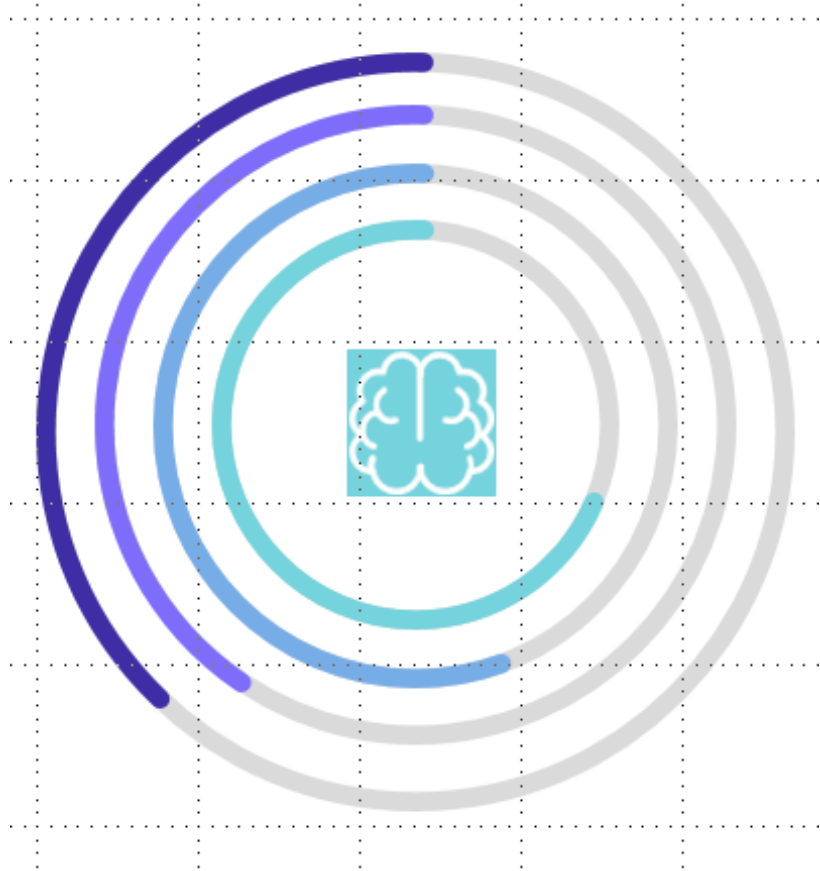
Siloed systems

Separation between public health and mental health
agencies
Inconsistent measures

Increasing rates prior to pandemic



Childhood mental and behavioral health pre-pandemic



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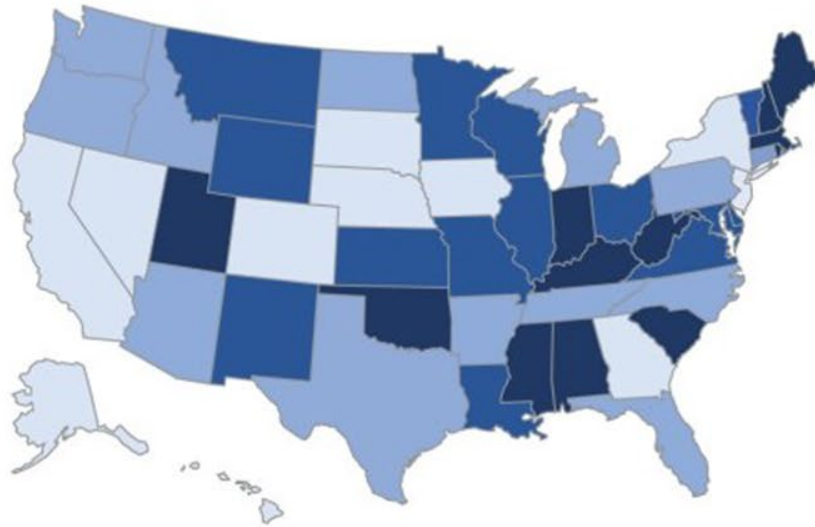
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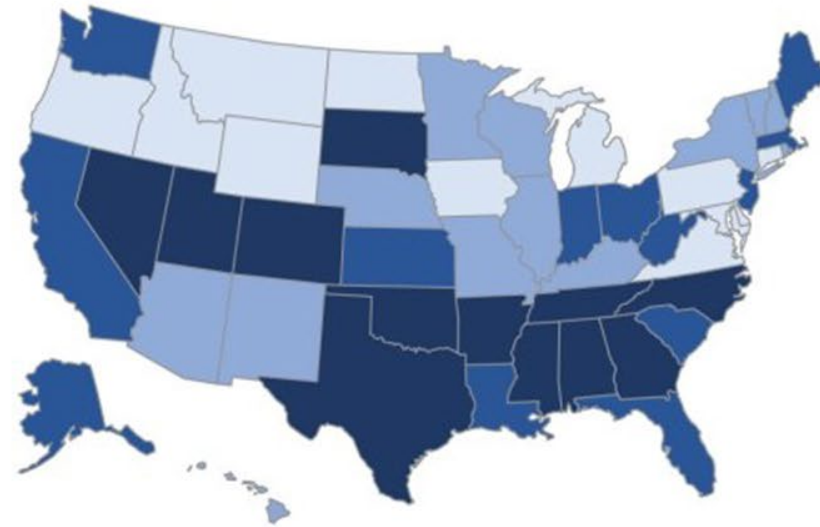
Unmet mental health needs

A Prevalence of mental health disorders in children



Prevalence quartiles, %
7.6-15.2 15.3-17.7 17.8-19.9 20.0-27.2

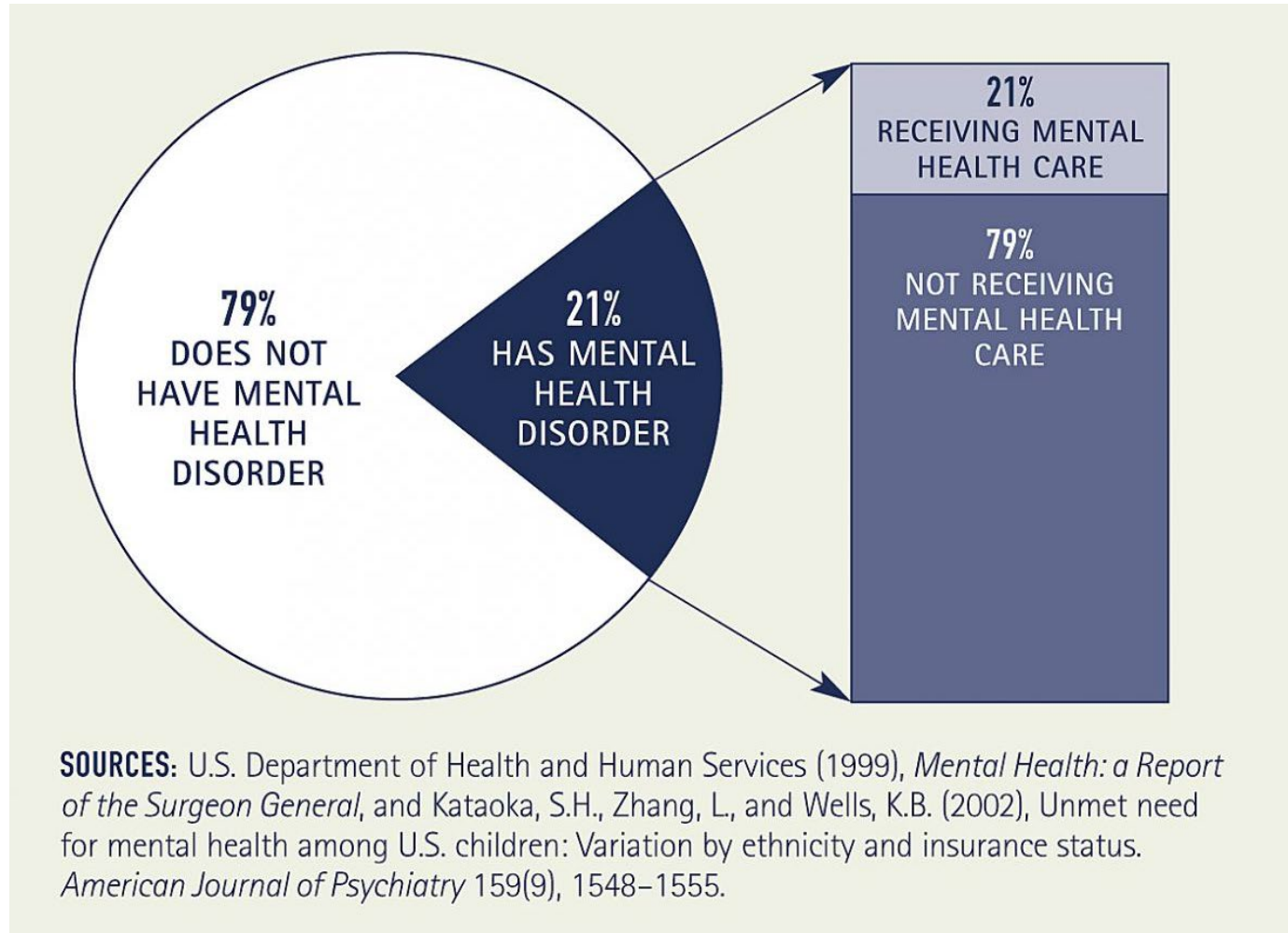
B Prevalence of not receiving care in children with mental health disorders



Prevalence quartiles, %
29.5-41.3 41.4-46.6 46.7-53.1 53.2-72.2

Image courtesy of JAMA Network®
© 2019 American Medical Association

Unmet mental health needs



Childhood mental and behavioral health pre-pandemic



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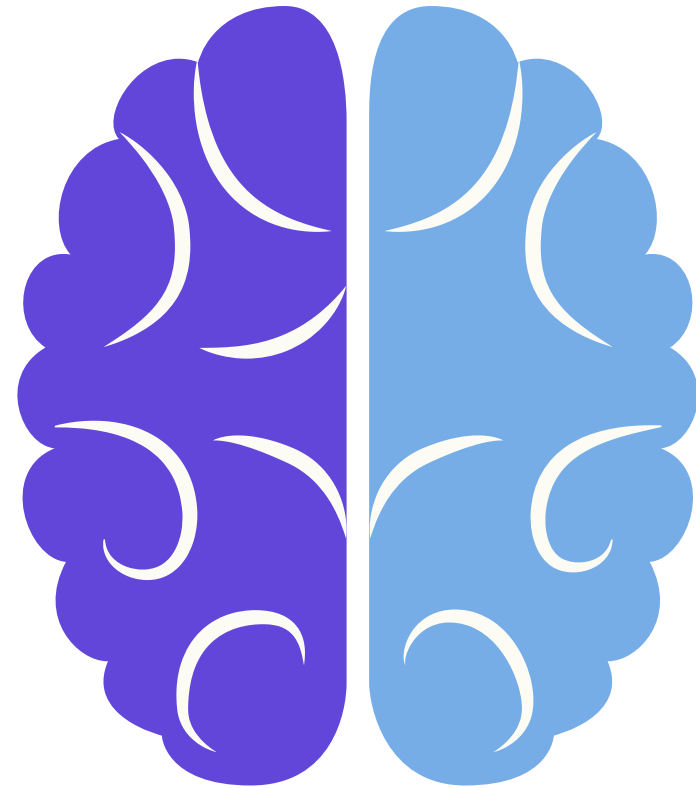
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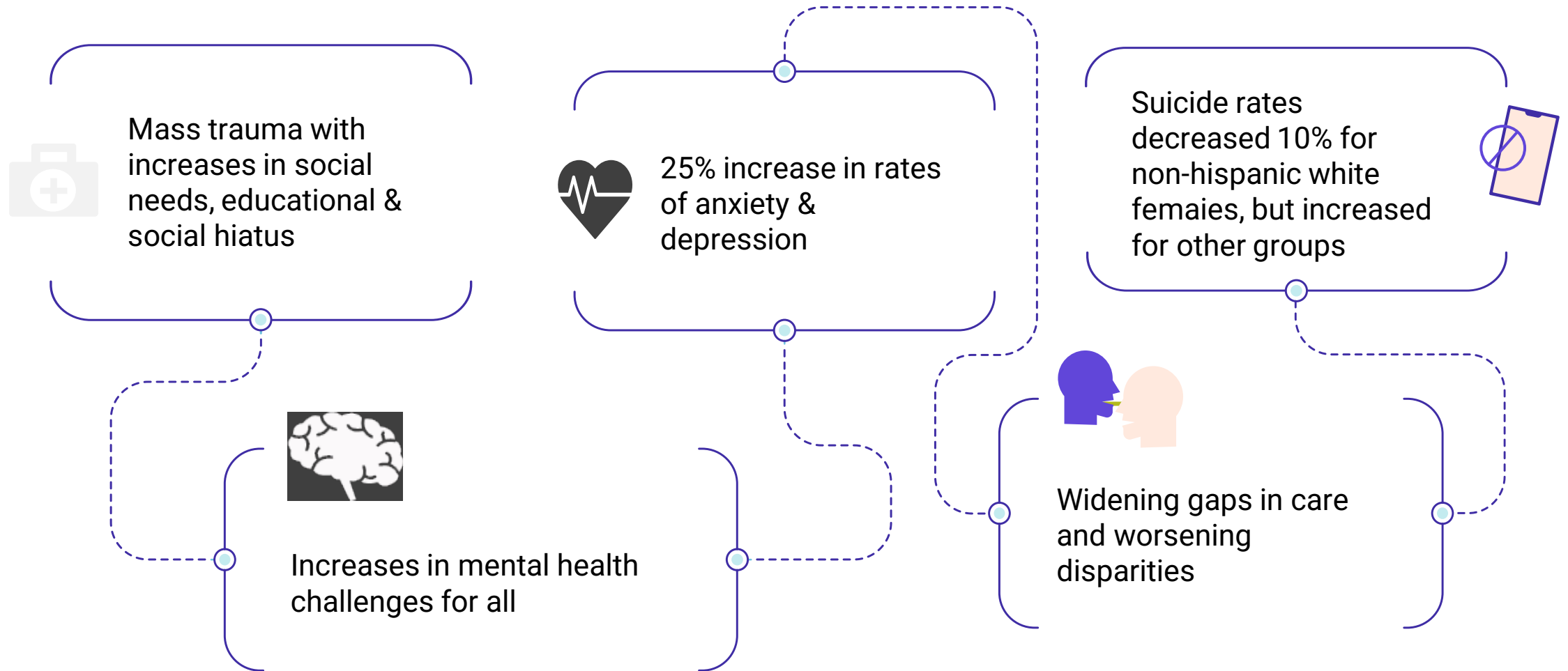
Separation between public health and mental health
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Inconsistent measures

Outline

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- **What happened during the pandemic?**
- Where do we go from here?



Mental health **during** the pandemic

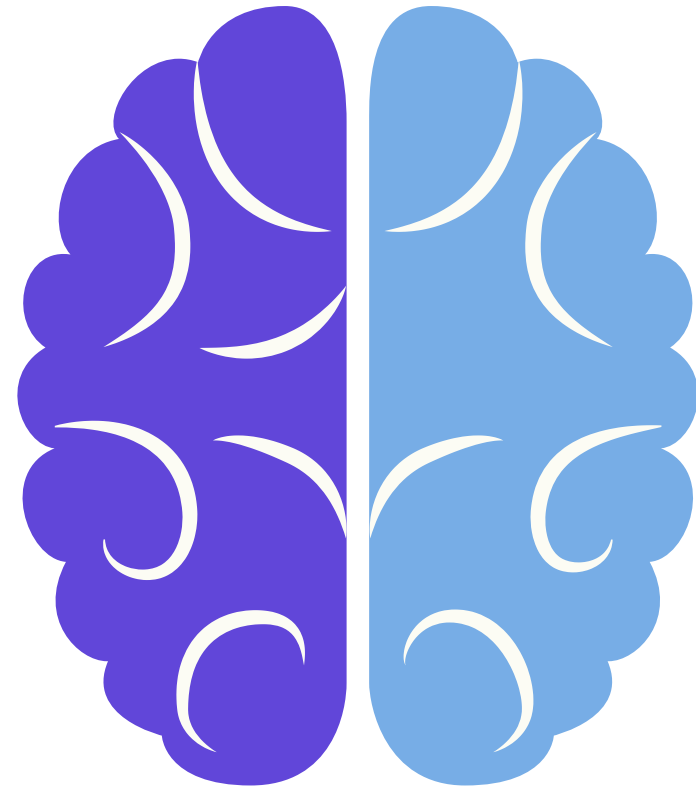


Implications for children

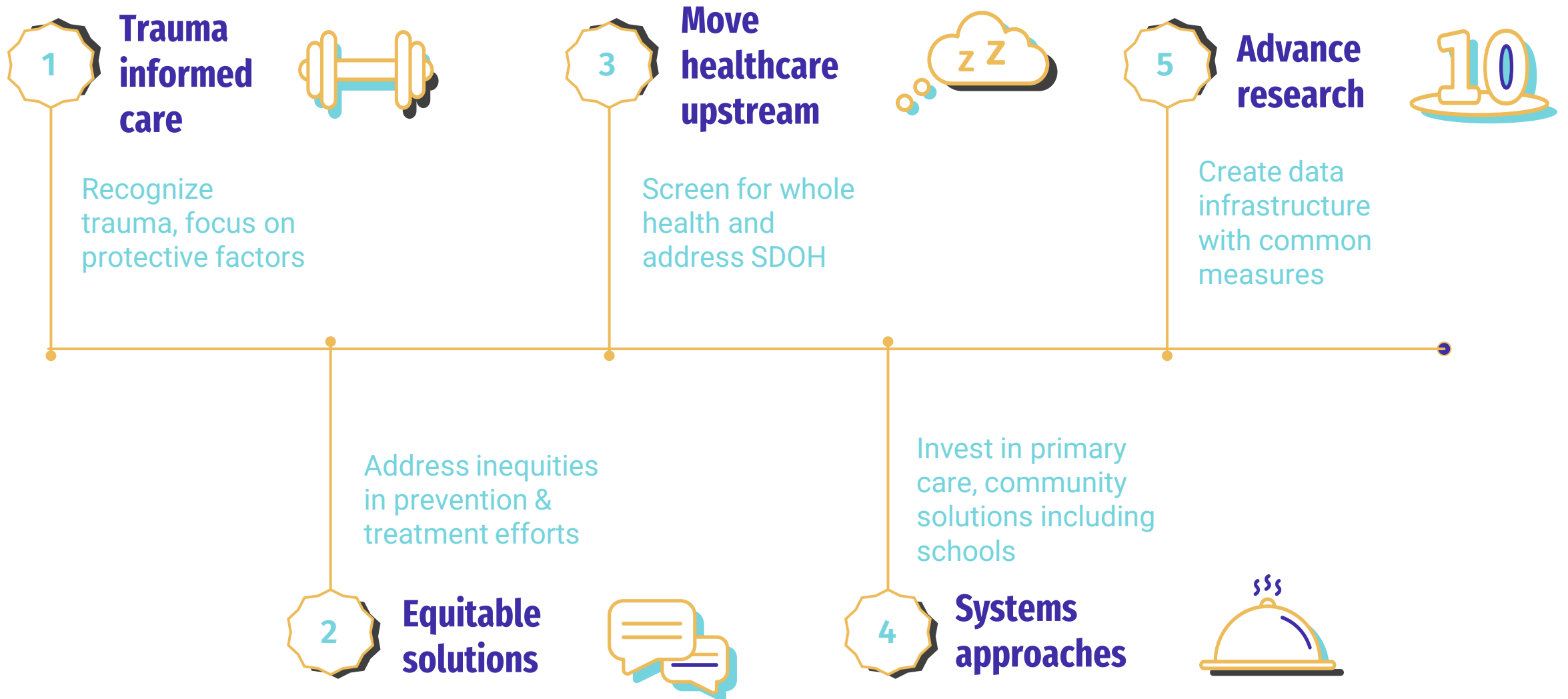
Infant	Preschool	Preteen	Teen
Strain on attachment	Loss of sense of autonomy & control	Lack of control & self-esteem	Increased social isolation
Postpartum depression rose threefold (10 to 30%)	Increases in hyperactivity in younger children	More anxiety and less independence	Increased depression. 31% increase in ED visits in 2020

Outline

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Where do we go from here?



Summary

- Mental health is whole health, and includes flourishing to disorders
- Etiology of mental health challenges is multifactorial, and must include a bio-psycho-social frame
- Multiple challenges present prior to the pandemic including disparities, increasing prevalence of mental health challenges and poor access worsened during the pandemic
- Opportunities for improvement include focus on equity, prevention efforts, decreased stigma, increased use of systems of care

Resources

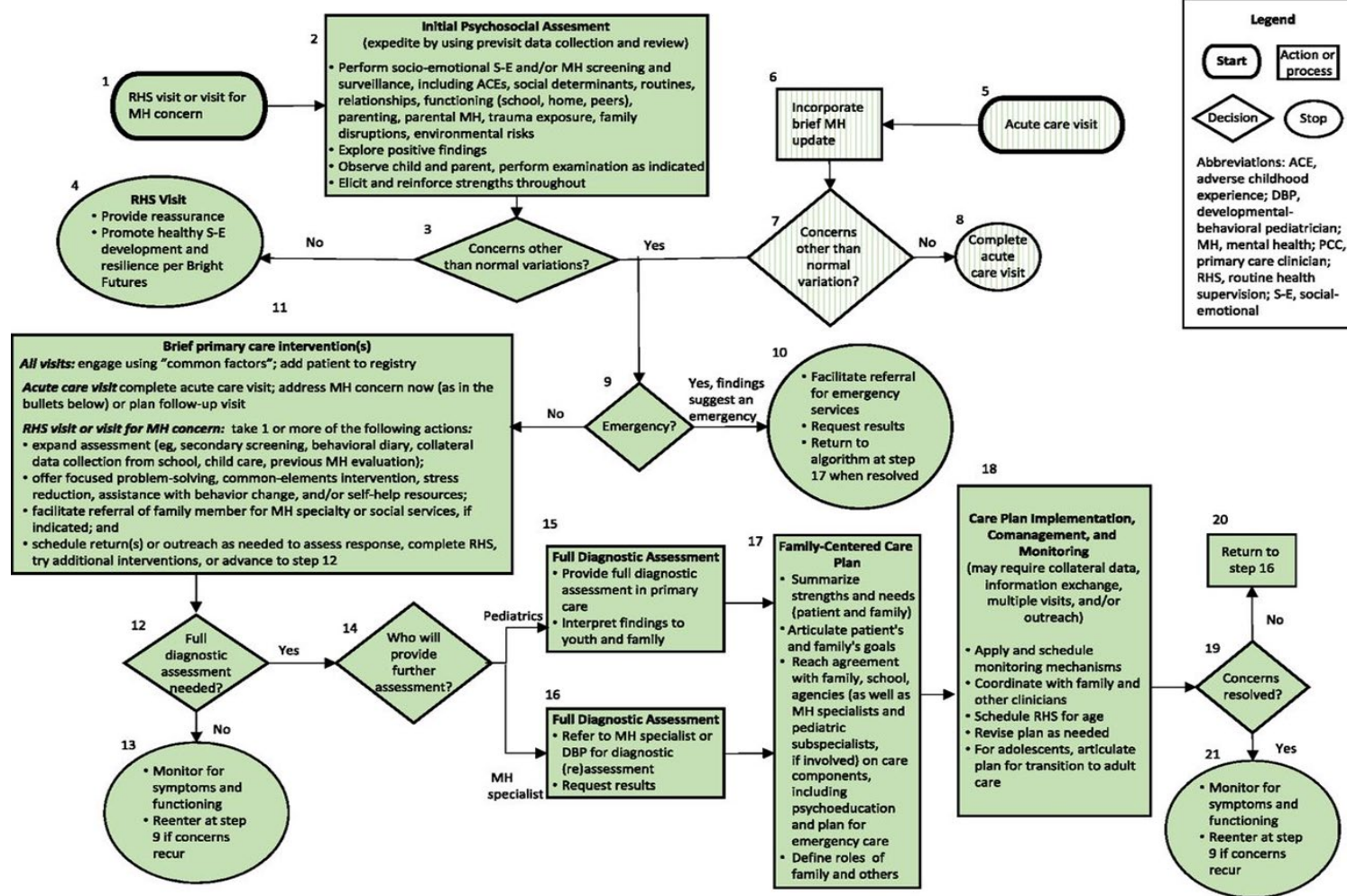
- [AAP:](#)
 - [Achieving the Pediatric Mental Health Competencies | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)
 - Brief interventions Maryland Chapter <https://www.mdaap.org/bi-ped-project/>
 - Brief interventions Ohio Chapter <https://ohioaap.org/resources-for-providers/>
 - Bright Futures Mental Health Toolkit. www.brightfutures.org
 - Residency Curriculum: <https://www.aap.org/en/patient-care/mental-health-initiatives/residency-curriculum-mental-health-education-resources/>
 - Screening Center, STAR (Screening Technical Assistance Resource) Center. AAP. aap.org/screening
- AACAP: https://www.aacap.org/aacap/Resources_for_Primary_Care/Home.aspx
- APA: <https://www.apa.org/act/resources>
- CDC's "Learn the Signs. Act Early." Program: <https://www.cdc.gov/ncbddd/actearly/index.html>
- Child and Adolescent Psychiatry Access Programs: <https://www.nncpap.org/>,
<https://mchb.hrsa.gov/training/pgm-pmhca.asp>
- Toolkits:
 - ADHD <https://publications.aap.org/toolkits/pages/ADHD-Toolkit>
 - Depression-GLADPC <https://www.thereachinstitute.org/wp-content/uploads/2021/08/glad-pc-toolkit-2018.pdf>
 - Mental Health (AAP) <https://publications.aap.org/toolkits/pages/mental-health-toolkit>

References

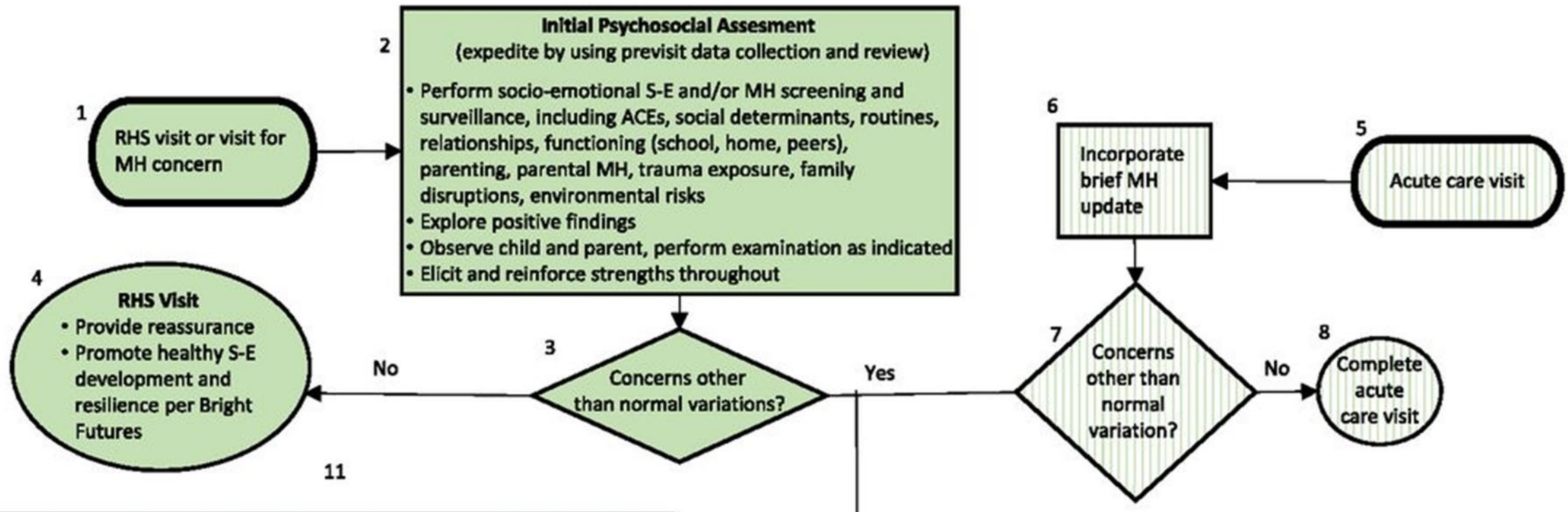
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- 8. Monaco, A.P. An epigenetic, transgenerational model of increased mental health disorders in children, adolescents and young adults. *Eur J Hum Genet* **29**, 387–395 (2021). <https://doi.org/10.1038/s41431-020-00726-4>
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Supplemental slides

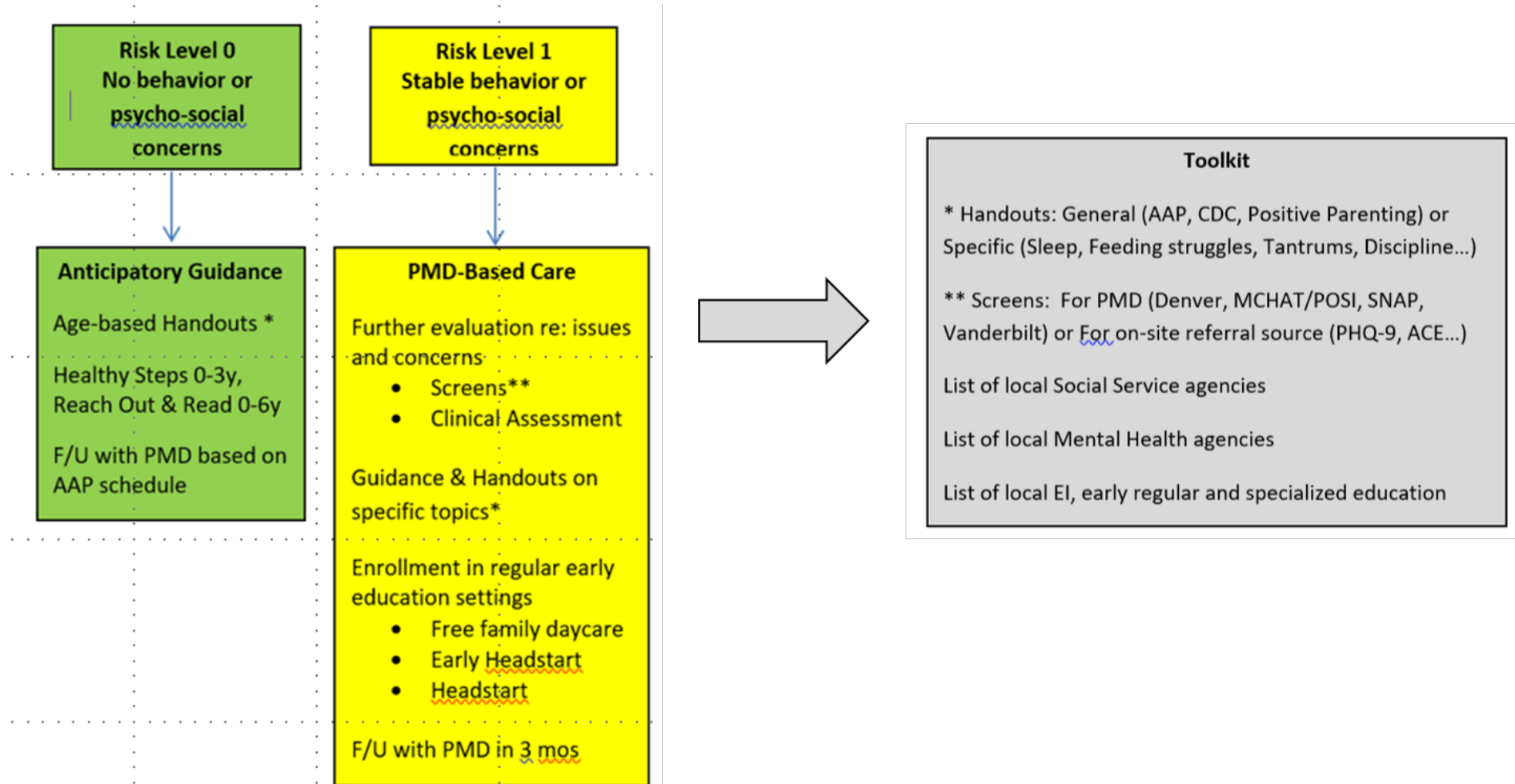
Competencies Algorithm



Tier 0-1



Tier 0-1




Resources- AAP

AAP.org > Advocacy & Policy > AAP Health Initiatives > Early Childhood Screening

STAR CENTER | Screening Technical Assistance & Resource Center

★ CHILD DEVELOPMENT ★ MATERNAL DEPRESSION ★ SOCIAL DETERMINANTS OF HEALTH ★



Practice Resources

Find tools to help you implement a screening process into your workflow.

Early childhood screening is an essential component of health supervision and provides a foundation for monitoring and supporting healthy physical, cognitive, and psychosocial development. The Screening in Practices Initiative offers information and resources, including screening recommendations, practice tools, and individualized assistance, to help pediatric health care providers implement effective screening, referral, and follow-up for developmental milestones, maternal depression, and social determinants of health. For resources related to vision, hearing, and other early childhood screenings, visit our [Related AAP Initiatives](#) page.

SCREENING TIME Tuning In to the Needs of Families

"Screening Time: Tuning In to the Needs of Families" is a scenario-based online training that will guide you in creating a screening workflow that fits your office. Relevant to your entire team (physicians, nurses, front office, and more), this course provides opportunities to practice talking to families about screening results through

Sign up for our newsletter!

Register your email address to get updates on screening tools, receive helpful tips, and hear about how practices across the country are successfully implementing screening programs. Please email us at: screening@AAP.org if you are interested in being part of our newsletter.

For Practices



Getting Started

Use these resources to help you and your practice get started implementing the screening process into your workflow.



Educational Opportunities

Learn about webinars, online courses, and other resources to improve your education around early childhood screening.



Screening Process Resources

Need help developing or enhancing your screening process? Use these resources to make improvements.



Communicating with Families

View a brief video on how to conduct a motivational interview.



Office Workflow

Find resources to integrate screening into your clinical setting from the front office to follow-up.



Billing and Coding Resources

Billing can be confusing. Make it easier by using the most up-to-date information.



Team Based Care

Improve the quality of care in your clinical setting by making sure your whole team is on the same page.



Staff Wellness and Self-Care

You can't provide the best care to your patients when you are not feeling your best. Make sure everyone in your clinical setting is taking care of themselves.

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/For-Practices.aspx>

Resources- ABP

SIMULATIONS

These interactive simulations enable you to practice having effective, family-centered conversations that address screening results and plan for referral and follow-up. Users will receive CME or MOC Part 2 credit for simulations ONLY by completing them within the course structure and entering the code generated. In these simulations, you will play the role of a pediatrician, but the techniques practiced can be used throughout the screening process by various members of health care teams that may discuss screening with families.

Please Note: Simulations will not work in Internet Explorer. Mobile users will need to download an app to view the simulations. [Click here for more technical requirements and information about the simulations.](#)

Maternal Depression



At Leo's 2-month well-child visit, discuss the maternal depression screening results with his parents, Gina and Mike.

Child Development



At Leo's 24-month well-child visit, discuss the expressive language delay identified in Leo's child development screen.

Social Determinants of Health



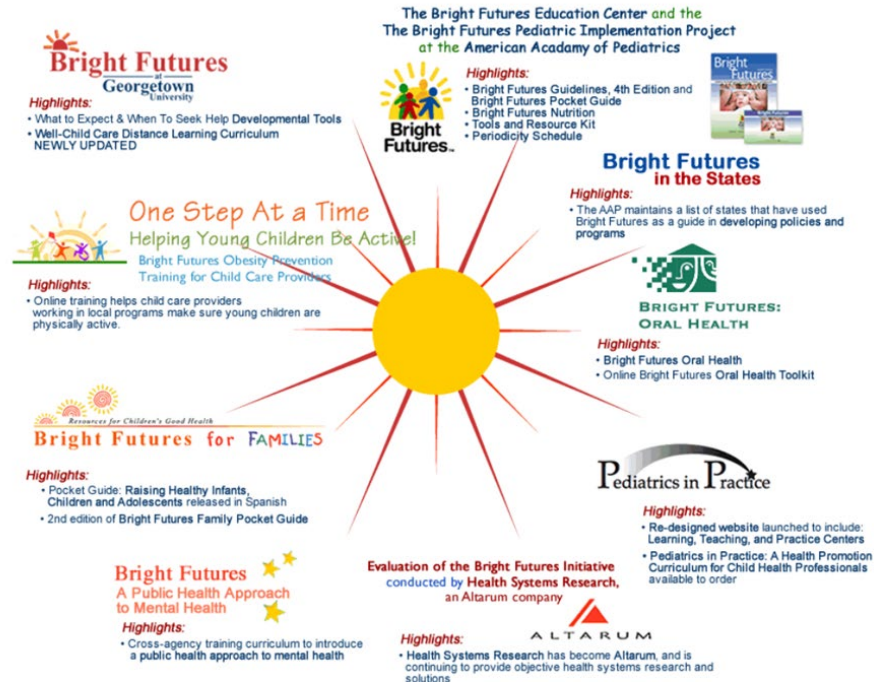
At Leo's 36-month well-child visit, discuss food security concerns identified in the social determinants of health screen.

Resources- Bright Futures

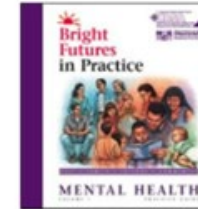
BRIGHT FUTURES

Bright Futures is a national health promotion initiative dedicated to the principle that every child deserves to be healthy and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community as partners in health practice.

Launched by HRSA's Maternal and Child Health Bureau in 1990, the Bright Futures initiative is focused at the American Academy of Pediatrics and a collaborative of other federally- and State-funded Bright Futures projects (click below for select projects).



Bright Futures in Practice: Mental Health—Volume I, Practice Guide



Adobe PDF files  for Bright Futures in Practice: Mental Health—Volume I, Practice Guide

Click below on the link in the section of the book that you wish to download.

You may also download [Bright Futures in Practice: Mental Health—Volume II, Tool Kit](#) as PDF files.

For help using PDF files, see [Adobe® Reader®](#).

Table of Contents

Introductory Materials 336KB

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Introduction
How This Guide Is Organized
Mental Health in Primary Care Practice
Acknowledgments
Contributors
What Is Bright Futures?
Bright Futures Children's Health Charter

Resources- CDC

Your Baby at 2 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- ☐ Begins to smile at people
- ☐ Can briefly calm himself
(may bring hands to mouth and suck on hand)
- ☐ Tries to look at parent

Language/Communication

- ☐ Coos, makes gurgling sounds
- ☐ Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- ☐ Pays attention to faces
- ☐ Begins to follow things with eyes and recognize people at a distance
- ☐ Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

Act Early by Talking to Your Child's Doctor if Your Child:

- ☐ Doesn't respond to loud sounds
- ☐ Doesn't watch things as they move
- ☐ Doesn't smile at people
- ☐ Doesn't bring hands to mouth
- ☐ Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO (1-800-232-4636).

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and

Resources- Local Guides

Child & Family Psycho-Social Resources for Pediatric Primary Care

TABLE OF CONTENTS

1. Child Behavior/Development

- ❖ **Low Risk:** Parenting Handouts & Educational Resources (+videos)
- ❖ **High Risk:** Referral Sites & Contacts

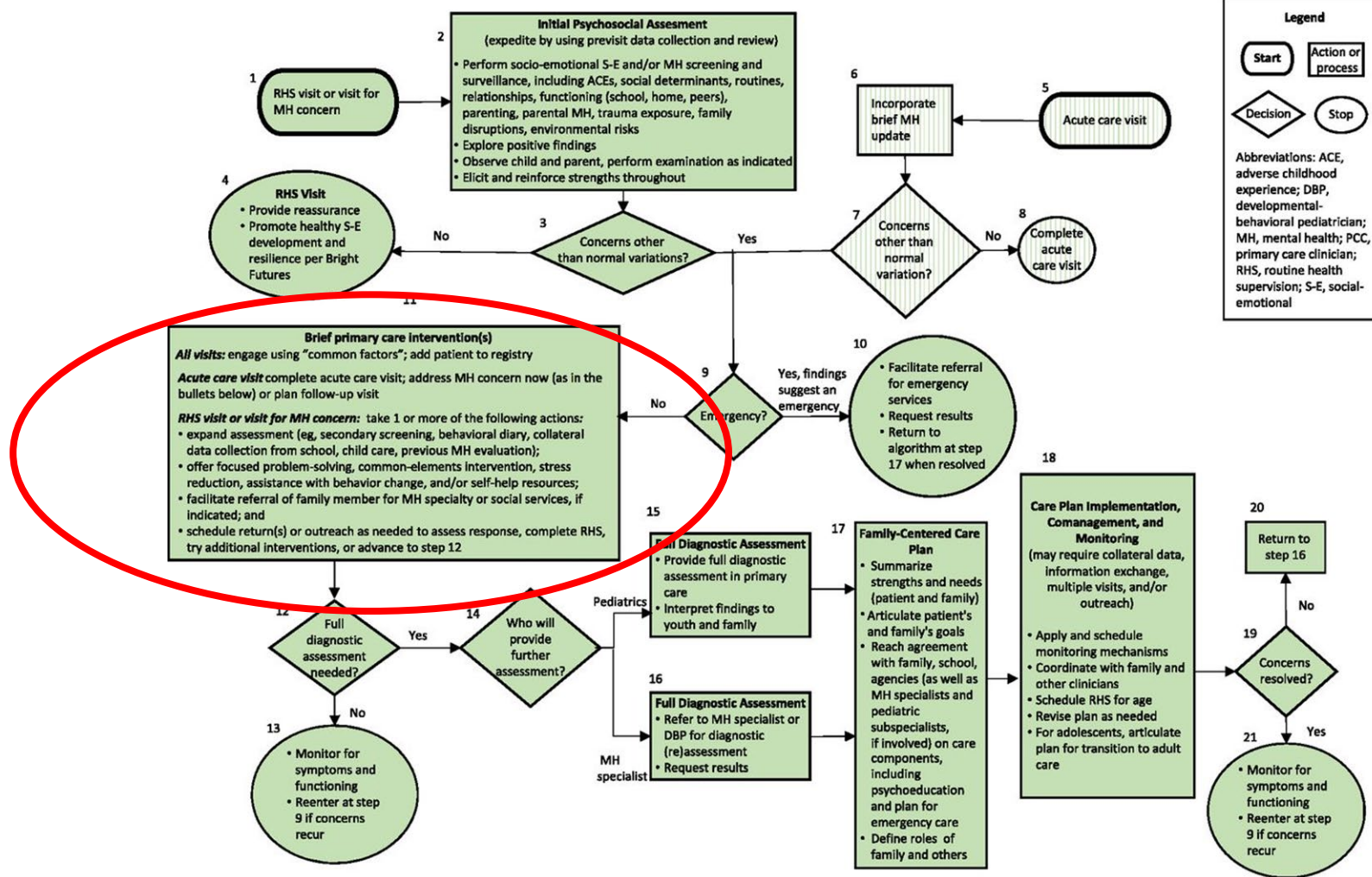
2. Maternal Stress/Depression

- ❖ **Low Risk:** Handouts & Educational Resources
- ❖ **High Risk:** Referral Sites & Contacts
 - [Search by general, city-wide resource](#) (e.g., Post-Partum Support International)
 - [Search by resources nearest each ACN site](#) (e.g., El Nido, NMPP, DWDC, etc.)

3. Trauma

- ❖ **Domestic Violence:**
Handouts & Educational Resources

Tier 2



Tier 2- Brief Interventions

Brief primary care intervention(s)

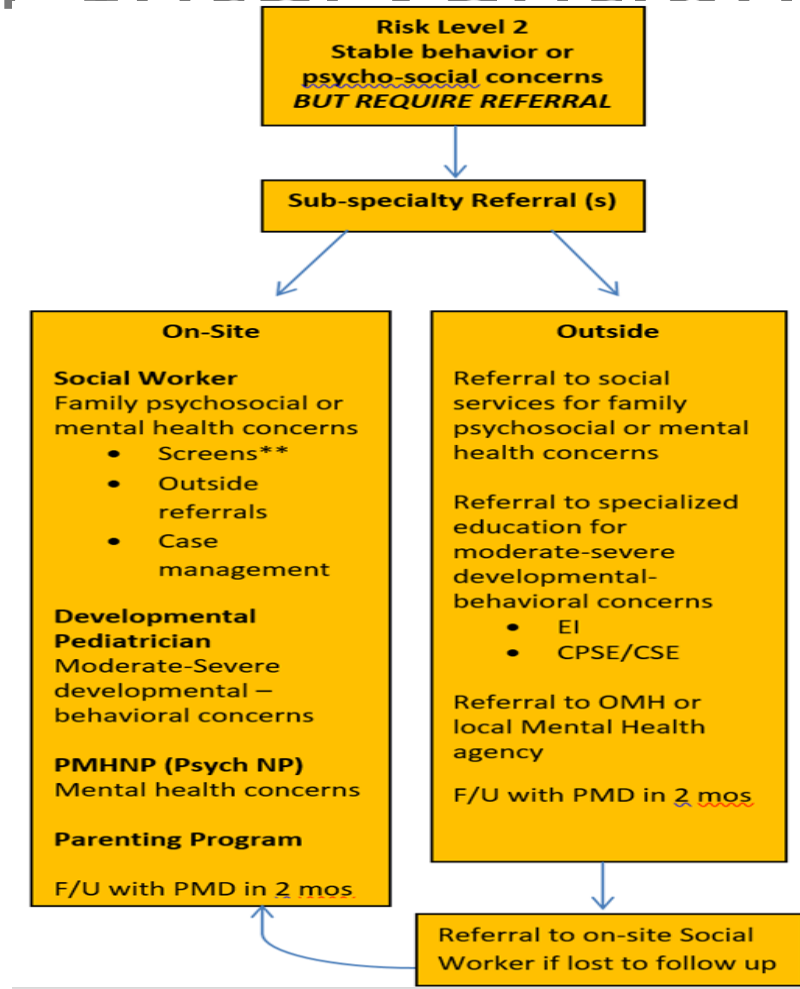
All visits: engage using “common factors”; add patient to registry

Acute care visit complete acute care visit; address MH concern now (as in the bullets below) or plan follow-up visit

RHS visit or visit for MH concern: take 1 or more of the following actions:

- expand assessment (eg, secondary screening, behavioral diary, collateral data collection from school, child care, previous MH evaluation);
- offer focused problem-solving, common-elements intervention, stress reduction, assistance with behavior change, and/or self-help resources;
- facilitate referral of family member for MH specialty or social services, if indicated; and
- schedule return(s) or outreach as needed to assess response, complete RHS, try additional interventions, or advance to step 12

Tier 2- Brief Interventions



Common Factors

H	Hope: for improvement, identify strengths
E	Empathy: listen attentively
L ²	Language: use family's language, check understanding Loyalty: express support and commitment
P ³	Permission: ask permission to explore sensitive subjects, offer advice Partnership: identify and overcome barriers Plan: establish plan or at least a first step family can do

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Resources- AAP

Residency Curriculum: Mental Health Education Resources

[Home](#) / [Patient Care](#) / [Mental Health Initiatives](#) / Residency Curriculum: Mental Health Education Resources



To support continuity clinic preceptors in training residents to address mental health issues in their patients, the AAP Mental Health Leadership Work Group (MHLWG) has developed a set of teaching materials on brief interventions and managing mild to moderate anxiety. The MHLWG hopes this is just the beginning of a larger set of materials that will help address other common mental health issues in the primary care setting.

Preceptors are welcome to tailor the materials and presentations accordingly. While the information in the presentations is comprehensive, preceptors can select what to highlight if time is limited.

[Module 1 - Brief Intervention](#)

Utilize evidence-based approaches to engage patients and families in managing mental health concerns

[Module 2 - Anxiety](#)

Recognize and provide initial management for children and youth with mild to moderate anxiety in the primary care setting

[Acknowledgements](#) | [Implementation of the Curriculum](#)

Resources – AAP

Common Behavior Problems

- THE ANGRY CHILD
- DISCIPLINE BRIEF INTERVENTIONS
- BEHAVIOR MODIFICATION
- TIME OUT VIDEOS
- SLEEP AND BEDTIME PROBLEMS BRIEF INTERVENTIONS
- THE CRYING INFANT BRIEF INTERVENTIONS
- CHILDHOOD HABIT DISORDERS BRIEF INTERVENTIONS

Development

- EARLY IDENTIFICATION OF AUTISM VIDEO
- PPOD: A PARENTING APP FOR TRACKING DEVELOPMENT

Family Problems

- FAMILY COMMUNICATION PROBLEMS BRIEF INTERVENTIONS

ADHD

- ADHD BRIEF INTERVENTIONS (NON-PHARMACOLOGIC)
- EXAMPLE OF 504 LETTER

Depression

- DEPRESSION BRIEF INTERVENTIONS
- CESDC
- CDS TEEN
- PHQ9
- 6KADS

Common Behavior Problems

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- BEHAVIOR MODIFICATION
- TIME OUT VIDEOS
- SLEEP AND BEDTIME PROBLEMS BRIEF INTERVENTIONS
- THE CRYING INFANT BRIEF INTERVENTIONS
- CHILDHOOD HABIT DISORDERS BRIEF INTERVENTIONS

Brief Intervention Example

- Behavior Modification

Example 1 – Behavior: 4 y/o fighting with peers at preschool and with 2 y/o sibling at home

- ◆ **Step 1:** Target behavior is to play cooperatively with peers and sibling (keeping hand and feet to self)
- ◆ **Step 2:** Frequency of behavior – 2-3 times a day
- ◆ **Step 3:** Charting – will use a sticker chart
- ◆ **Step 4:** Interval for observing and recording –
 - AM at school (9-12)
 - PM at school (12-3)
 - PM at home (3 on)
- ◆ **Step 5 and 6:** Reinforcers and interval for reinforcement: the immediate reinforcer is one sticker for each interval free of fighting; if the child receives 2 out of 3 possible stickers per day, the child receives a tangible reward of an edible treat at the end of the day.

Tommy's sticker chart

Keep hands/feet to myself	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9 – 12 AM	X	X		X	X	X	X
12 – 3 PM		X	X			X	
3 PM - bedtime	X	X			X		X

Treat

Treat

Treat

Treat

Treat

Treat

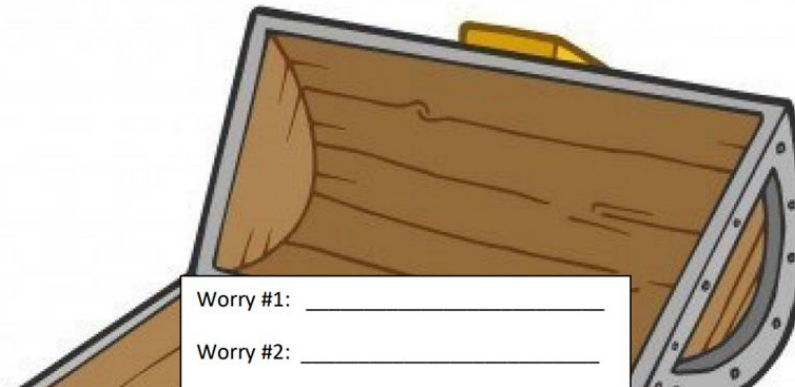
(Tommy gets a treat for earning 2 out of 3 stickers each day)

Brief Intervention Example

Worry Box

Steps to assist you (your child) with getting rid of worries.

1. Use a shoe box, a jar, envelope, Tupperware container, purchase a special box or make a box. Some children find it helpful to decorate it and make it into their own.
2. Keep a pad of paper, pencil and a box near your bed.
3. At bedtime, talk about your worry with someone you love.
4. Write down your worries.
5. Put them in your box where they can't bother you.
6. Keep your worry box in a safe place outside your room. (some children have found it helpful to throw the worries out in the trash).

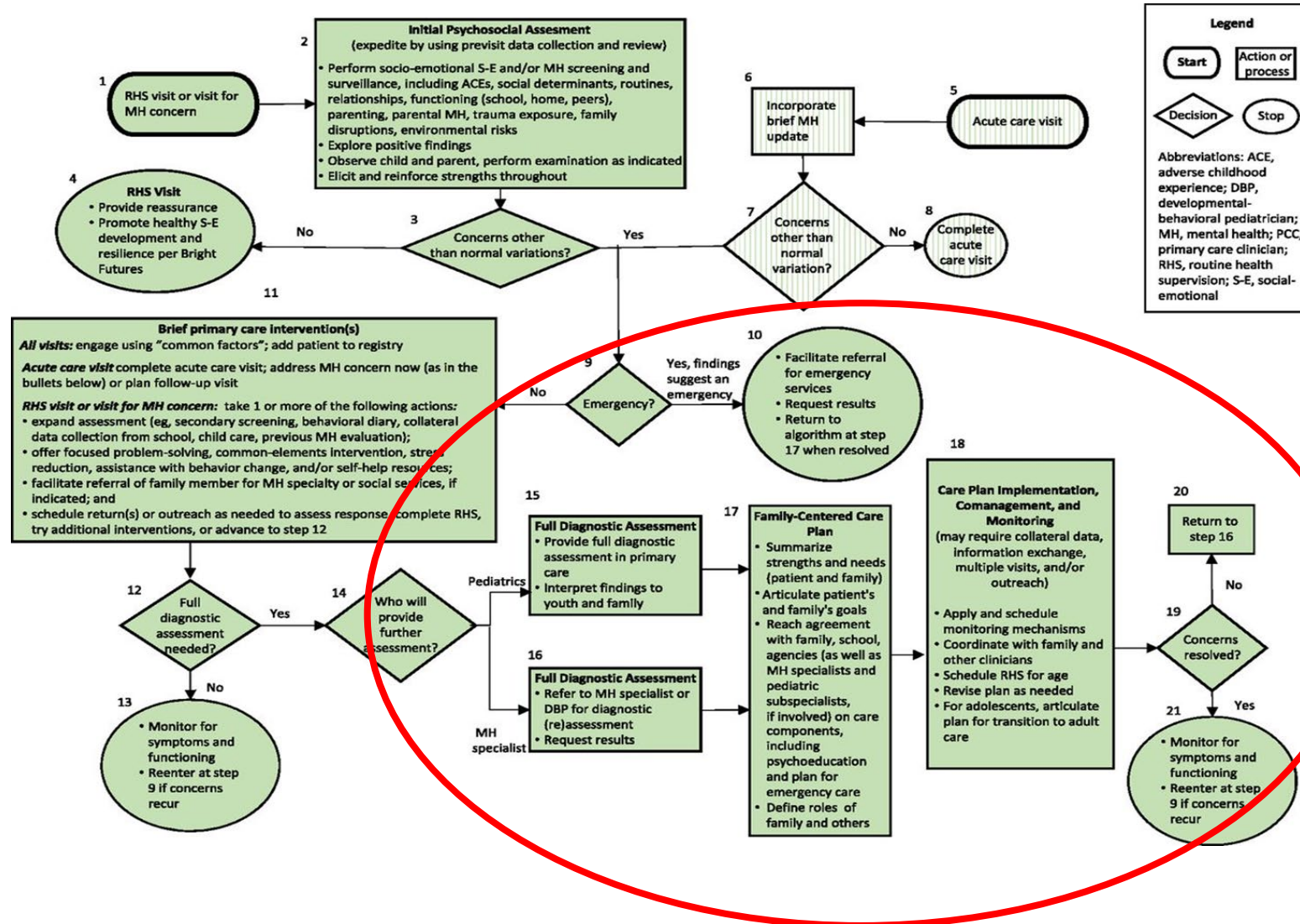


<https://ohioaap.org/resources-for-providers/>

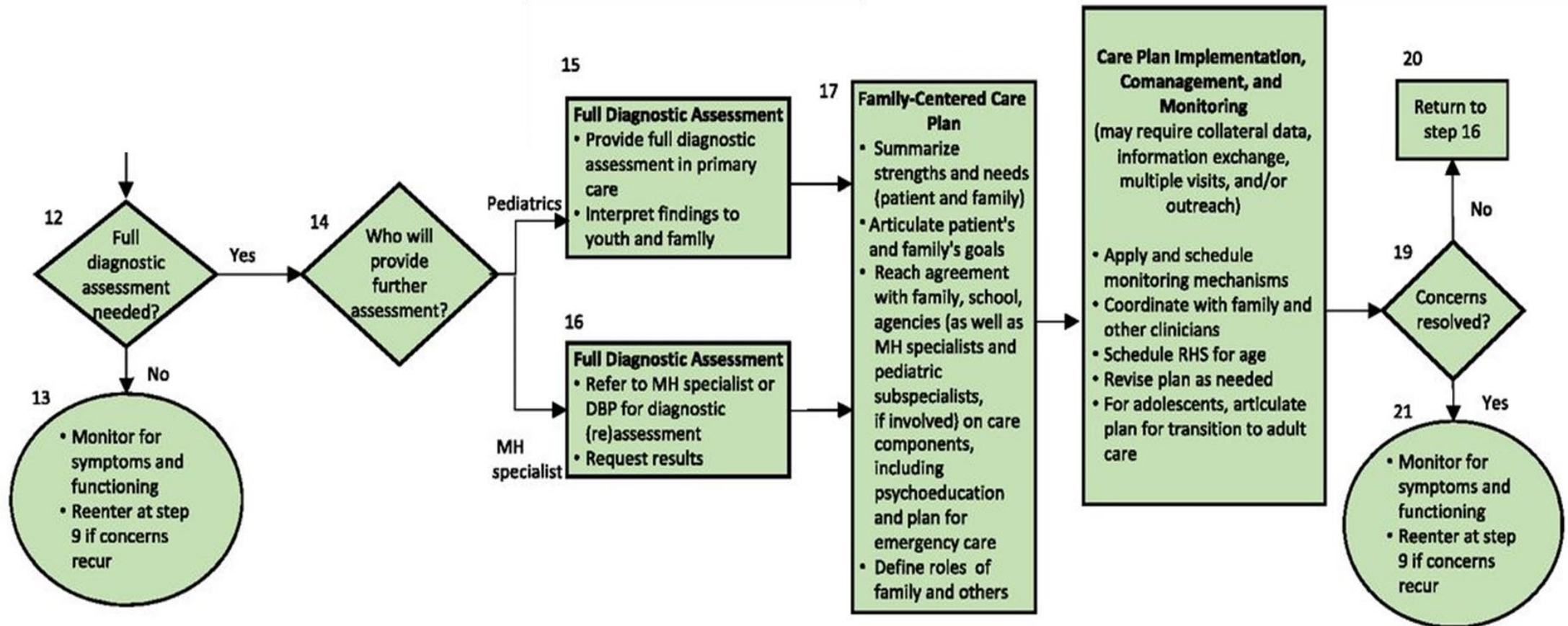
Screening and Interventions

	DEPRESSION	ANXIETY	ADHD/ADD
Guide	GLAD-PC	N/A	ADHD
Assessments	PHQ-9A, Suicide	SCARED	Vanderbilt
Management Tools	<ul style="list-style-type: none"> • Psychotherapy <ul style="list-style-type: none"> Destigmatize Psychoed Agency Self-care Medications 	<ul style="list-style-type: none"> • Psychotherapy <ul style="list-style-type: none"> Cognitive (ex. Understand biological response to fear/anxiety. and challenge fear-inducing thoughts) Distraction and/or relaxation (ex. Bubbles / deep breathing, progressive muscle relaxation) Give child control (ex. Fixed choices, Super powers) Medications 	<ul style="list-style-type: none"> • Psychotherapy <ul style="list-style-type: none"> Rewards Parent management Medications

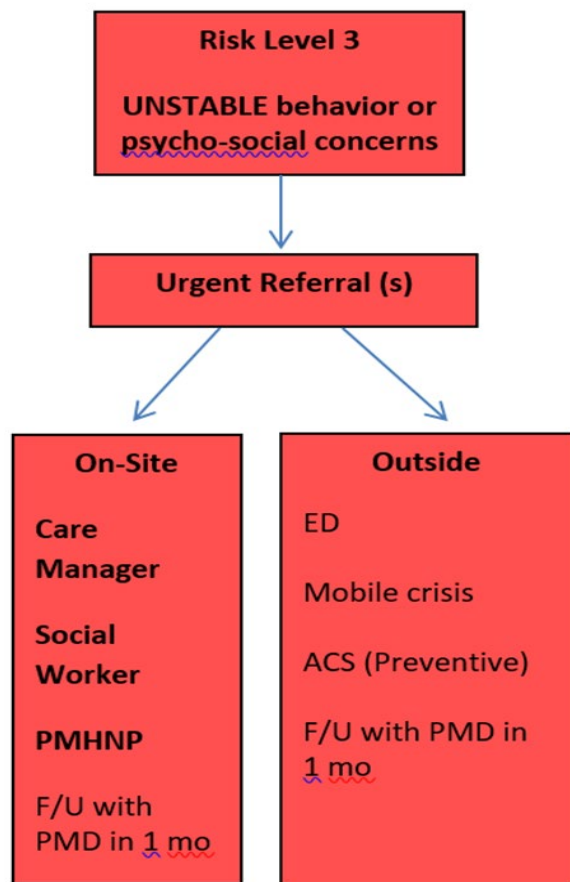
Tier 3



Tier 3- Full Diagnostic Evaluation



Tier 3



Conversation with CUIMC AMB Rangel Peds BH Escalation (Contact); [Redacted]

[Redacted] 2 19y M
Evelyn Berger-Jenkins, MD

[Redacted]

Hi all, this patient has reached out reporting that he is depressed. Spoken to the patient but he refused to discuss this issue with me. He has denied SI though. He only wants to speak to him on phone. I have convinced him that [Redacted] may reach out to him on phone (to manage his expectation in case Dr Berger can't contact him asap).

Dec 15, 3:58 PM

Thank you. I have a 4pm TH patient, and then I will call him.

Dec 15, 4:00 PM

Thanks Dr Berger!

Correction: he only wants to speak to Dr Berger on phone

Dec 15, 4:02 PM

[Redacted]

Hello. I spoke to Raymund, and I'm going to see him tomorrow at 12noon. Val, I see Tasha is out. Can someone add him under my name even though I don't have a template ?

Dec 15, 5:06 PM

Thx - Dr. Berger, let us know if follow up is needed

Dec 15, 6:04 PM

[Redacted]

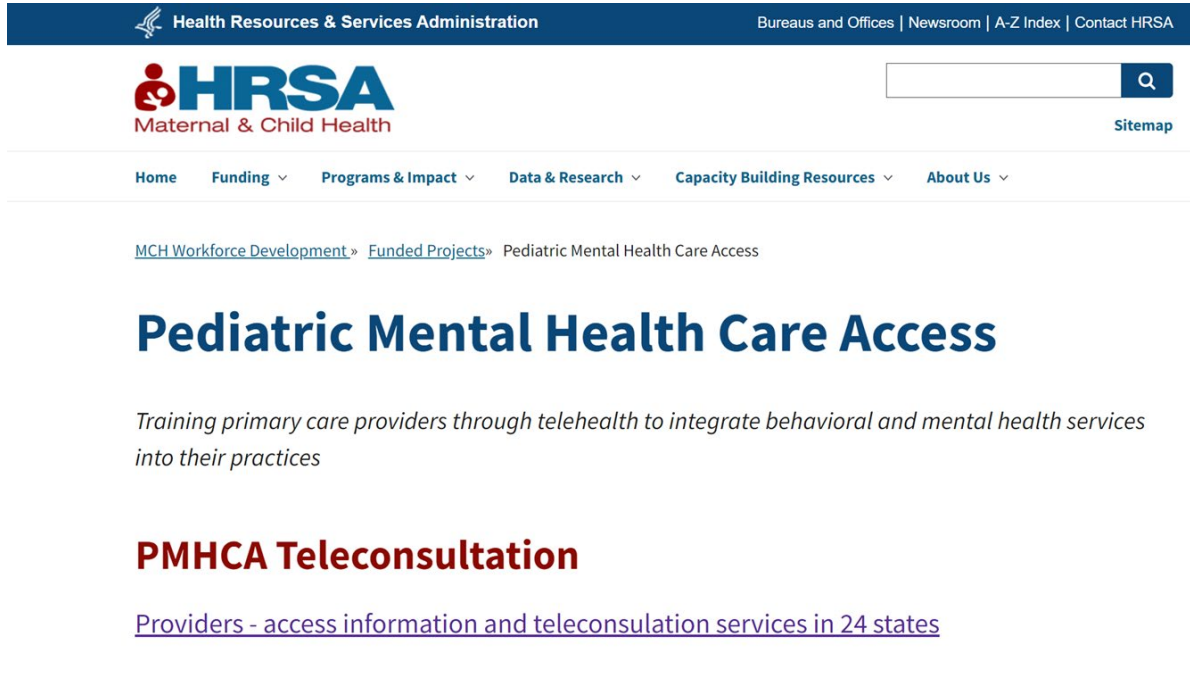
Enter a message

Send

Tier 3- Co-Management

	DEPRESSION	ANXIETY	ADHD/ADD
Guide	GLAD-PC	N/A	ADHD
Assessments	PHQ-9A, Suicide	SCARED	Vanderbilt
Management Tools	<ul style="list-style-type: none"> • Psychotherapy <ul style="list-style-type: none"> Destigmatize Psychoed Agency Self-care Medications 	<ul style="list-style-type: none"> • Psychotherapy <ul style="list-style-type: none"> Cognitive (ex. Understand biological response to fear/anxiety. and challenge fear-inducing thoughts) Distraction and/or relaxation (ex. Bubbles / deep breathing, progressive muscle relaxation) Give child control (ex. Fixed choices, Super powers) Medications 	<ul style="list-style-type: none"> • Psychotherapy <ul style="list-style-type: none"> Rewards Parent management Medications

Resources



The screenshot shows the HRSA Maternal & Child Health website. The header includes the HRSA logo and navigation links. The main content area features the title "Pediatric Mental Health Care Access" and a description of the program. A link to "PMHCA Teleconsultation" is also visible.

Health Resources & Services Administration | Bureaus and Offices | Newsroom | A-Z Index | Contact HRSA

HRSA
Maternal & Child Health

Home | Funding | Programs & Impact | Data & Research | Capacity Building Resources | About Us

[MCH Workforce Development](#) » [Funded Projects](#) » Pediatric Mental Health Care Access

Pediatric Mental Health Care Access

Training primary care providers through telehealth to integrate behavioral and mental health services into their practices

PMHCA Teleconsultation

[Providers - access information and teleconsultation services in 24 states](#)

- National network child psychiatry access programs
 - 38 states
- HRSA / OMH access projects
 - Massachusetts
 - New York
 - + 23 states

Resources

20

IMPORTANT COVID-19 INFORMATION
View up to date information and resources on COVID-19 from Project TEACH. [Click here for more information.](#)

ProjectTEACH

TRAINING AND EDUCATION FOR THE ADVANCEMENT OF CHILDREN'S HEALTH

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ABOUT ▾SERVICES ▾TRAINING ▾MATERNAL MENTAL HEALTHRESOURCES ▾RATING SCALES

Better Health.
Brighter Future.



REQUEST A SERVICE

Use the form below to request a telephone consultation, link or referral, and on-site core training

Type of Service Request *

Please select one ▾

First Name *

First Name *

Last Name *

Last Name *

Email *

Email *

Profession *

Please select one ▾

Practice/Organization *

Practice/Organization *

Practice Address *

Practice Address *

City *

City *

State *

State *

Zip Code *

Zip Code *

County *

Please select one ▾

Phone *

Phone *

How did you hear about Project TEACH *

Please select one ▾

We will respond to online requests within two business days Monday - Friday. If you want a more immediate response call 1-855-227-7272.

Submit

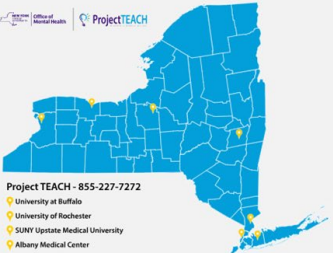
GENERAL INFORMATION

716-878-2454

info@projectteachny.org

Hours: 9:00 AM to 5:00 PM

HUB SITES



Project TEACH - 855-227-7272

- University at Buffalo
- SUNY Upstate Medical University
- Albany Medical Center
- Albert Einstein College of Medicine
- Columbia University Medical Center / NY State Psychiatric Institute
- Zucker Hillside Hospital, Northwell Health

CSN
CH



Spreading HOPE



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Elliot Hinkle, Unicorn Solutions





Introduction to HOPE





HOPE

HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES

Why HOPE Exists

Positive experiences help children grow into more resilient, healthier adults. HOPE aims to better understand and support these key experiences.



Risk assessment focus on the negative

Screening tools, many of which codify implicit bias, create a **presumption of deficit**

HOPE shifts the narrative: people are defined by their strengths as well as their challenges.

HOPE creates a **presumption of strength**



Acknowledgment: A legacy of positivity

Science of the Positive - the Positive Exists

Strengthening Families – Protective Factors

Essentials for Childhood - Safe Stable Nurturing Relationships

Johns Hopkins – Flourishing -not just surviving

NICWA - Positive Indian Parenting

SEARCH Institute – 40 community assets

Bright Futures – Identifying strengths

Faith traditions bring communities together to support families



2015 population study in
Wisconsin

Part of the BRFSS

Asked about ACEs

Asked about Positive
Childhood experiences

Correlated with mental
health

Developing the Positive Childhood Experiences (PCEs) score





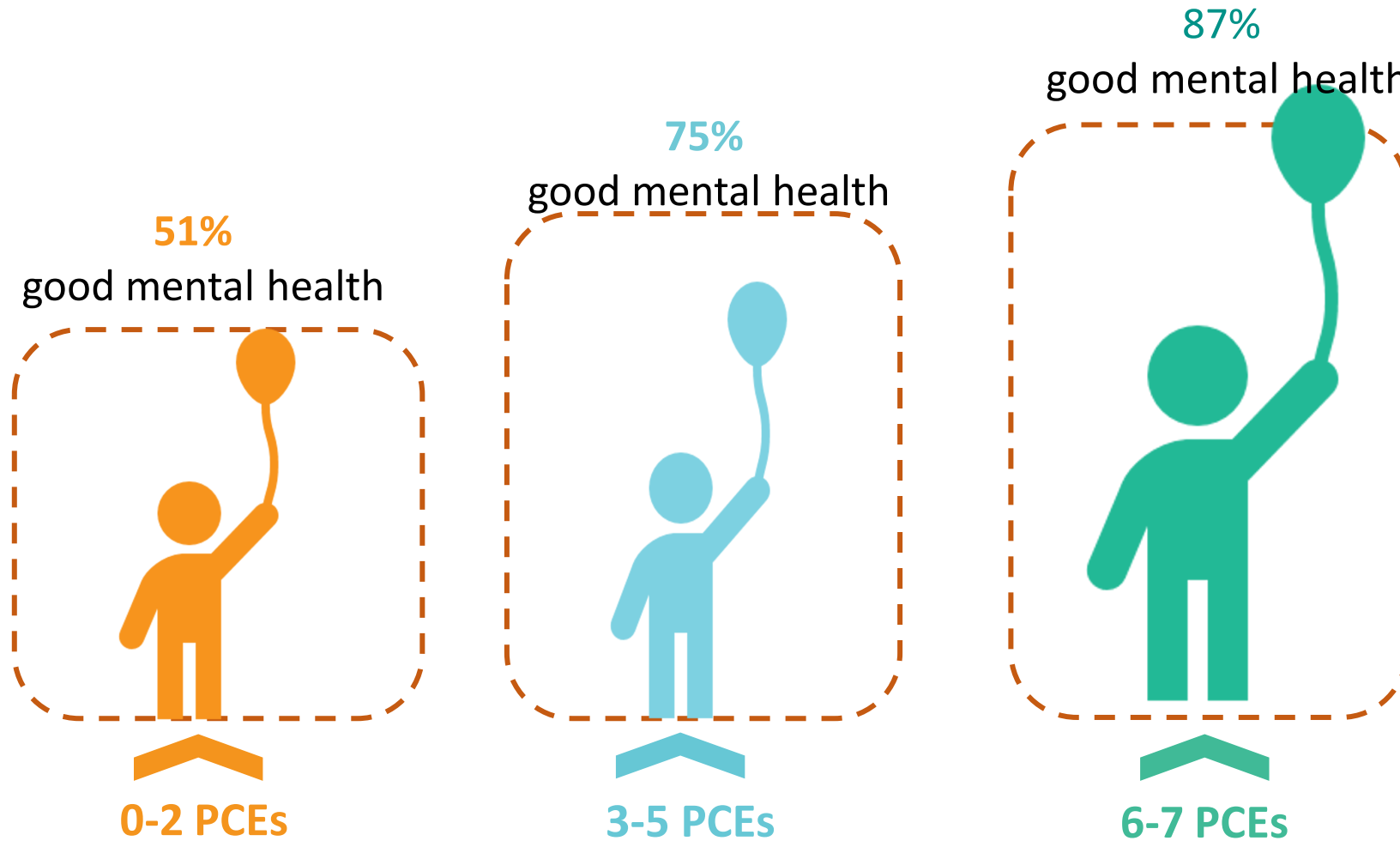
Positive Childhood Experiences scale questions

As a child, how often did you . . .



1. Feel able to talk to your family about feelings
2. Feel your family stood by you during difficult times
3. Enjoy participating in community traditions
4. Feel a sense of belonging in high school
5. Feel supported by friends
6. Have at least two non-parent adults who took genuine interest in you
7. Feel safe and protected by an adult in your home

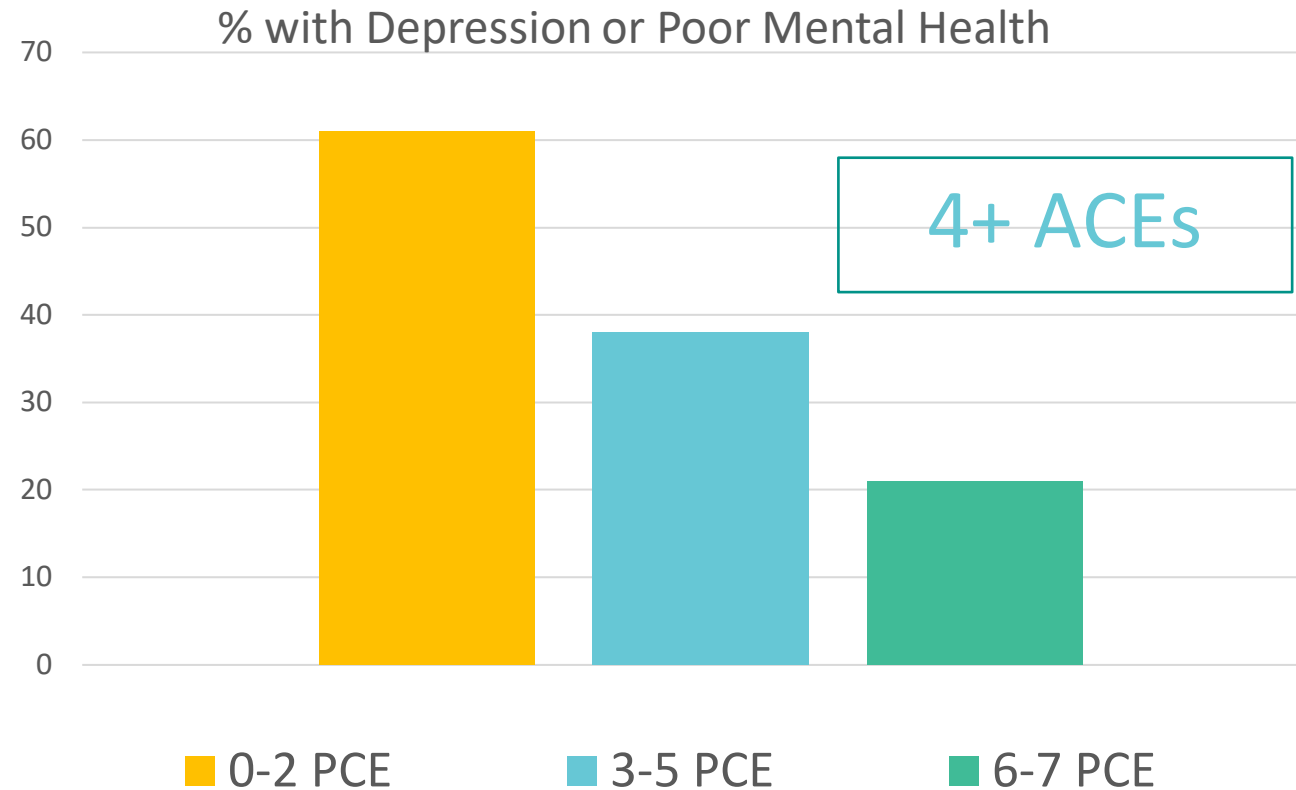
Positive Childhood Experiences (PCEs) Protect Adult Mental Health



Good mental health – those not reporting depression or poor mental health



Positive Childhood Experiences Mitigate the Effects of ACEs





RELATIONSHIPS

Relationships with other children and with other adults through interpersonal activities.



ENVIRONMENT

Safe, equitable, stable environments for living, playing, learning at home and in school.



ENGAGEMENT

Social and civic engagement to develop a sense of belonging and connectedness.



EMOTIONAL
GROWTH

Emotional growth through playing and interacting with peers for self-awareness and self-regulation.

The Four Building Blocks of HOPE

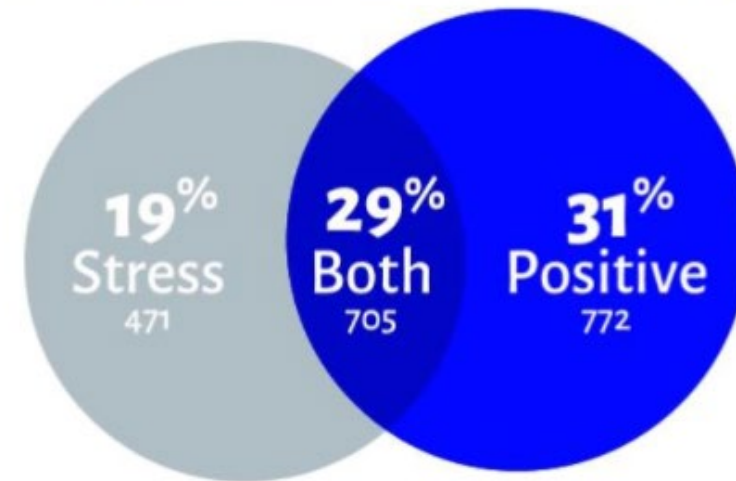




National Survey: Families Grew Closer During the Pandemic

- Families were less time-stressed
- Economic stress was reduced by government aids
- Parents spent more time with children
- Family and community networks provided support

Parents Who Reported That Educating Their Children at Home Has Been Stressful Only, Positive Only, or Both



Neither positive nor stressful: 527 (21%)

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®





Questions?

HOPE HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES

as an Anti-Racist Framework in Action



The Four Building Blocks of HOPE—supportive relationships, safe, equitable, and stable environments, social and civic engagement, and emotional growth—can be incorporated into decision making at every level and in every sector to ensure that all children, including children of color, have what they need to thrive.



Access to the Four Building Blocks is often disrupted by systemic racism, historical trauma, and adverse childhood experiences. HOPE-informed agencies can partner with their communities, and together identify existing resources to promote HOPE and identify unmet needs. Working together, HOPE and our partners seek to ensure that every family and child can have those key experiences that promote resiliency.



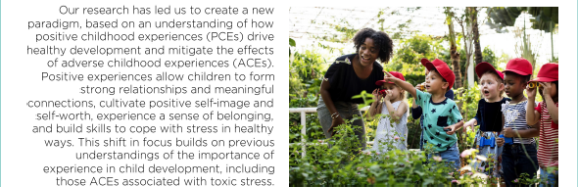
Racism is harmful to all of us. Anti-racist frameworks intentionally upend racist policies and practice in an effort to combat White supremacy. As author and anti-racist activist Ibram X. Kendi describes it, a racist policy is “any measure that produces or sustains racial inequality.” This work requires tacit acknowledgment that systems, institutions, policies, practices and norms privilege White people, even when they do not explicitly mention race. While bias operates at the individual level, providers, practitioners, and educators are also operating within systems built on racist foundations. In this resource, we will be focusing specifically on systemic racism and unconscious bias.

This resource walks the reader through the process of thinking about policy and

Offering HOPE to Combat ACEs and Early Trauma

HOPE HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES

HOPE - Healthy Outcomes from Positive Experiences - is a new way of seeing and talking about experiences that support children's growth and development into healthy, resilient adults.



Our Mission We aim to inspire a HOPE-informed movement that fundamentally transforms how we advance health and well-being for our children, families, and communities.



The Four Building Blocks

Through our work we have identified four building blocks that promote positive experiences that help children grow into healthy, resilient adults. We know that PCES in these four areas can buffer against long term health outcomes associated with adverse childhood experiences, and we want to help increase access to these opportunities for all children and families.

<https://positiveexperience.org/resources/>

HOPE HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES

10 Ways for Families to Promote Positive Childhood Experiences



Many of us are concerned about increased stress for our children and families, especially during COVID-19. We aren't powerless, though, and the unique circumstances of our current environment actually allow for new ways to engage and connect with our children. Using HOPE (Healthy Outcomes from Positive Experiences) as a guide, here are 10 suggestions to promote Positive Childhood Experiences now:

1. Think about social connection and physical distance, not social distance. The new way of the world ironically allows for increased connections with friends and loved ones far away. Take advantage of the extra time at home by having virtual story-time with Grandma, trivia night with cousins, or Zoom holiday dinners.
2. Talk with your children. Like us, children may be fearful or simply missing their routines. Connect with them. Ask them about their concerns. Their answers will guide you on how to talk with them. Reassure them that life will return to some semblance of normal at some point.
3. Reach out for support when you need it! Model for your child that everyone needs help sometimes, and it's ok to ask for it when you need it.
4. Reach out to support. Reach out to your friends or relatives, encourage your children to touch base with their friends, and check in on how they're feeling. Increase opportunities for your child to practice empathy and listening skills.

HOPE HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES

HOPE - Healthy Outcomes from Positive Experiences - is a new way of seeing and talking about experiences that support children's growth and development into healthy, resilient adults.

Our research has led us to create a new paradigm, based on an understanding of how positive childhood experiences (PCEs) drive healthy development and mitigate the effects of adverse childhood experiences (ACEs). Positive experiences allow children to form strong relationships and meaningful connections, cultivate positive self-image and self-worth, experience a sense of belonging, and build skills to cope with stress in healthy ways. This shift in focus builds on previous understandings of the importance of experience in child development, including those ACEs associated with toxic stress.



HOPE HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES

Positive Experiences are Key!

We have identified four building blocks that you can use to promote positive experiences for your child to help them build resilience!



The 4 Building Blocks of HOPE



Nurturing, supportive relationships are critical for children to develop into healthy, resilient adults.

- Play and connect with your child(ren) regularly! Be silly, move your bodies, read a book. The options are endless!
- Help your child make connections with other adults in your life - aunts, uncles, coaches, pastors. It takes a village, and the larger the village, the more opportunities your child has for connection and support.



Children thrive when they have safe, stable, equitable environments to live, learn, and play.

- Check your house for safety issues, like access to guns, medications, alcohol, and drugs. Create a plan to address any identified risks.
- Talk with your child(ren) about school. Do they feel safe there? Are they being treated well by their peers? If not, connect with their teacher and



Evaluation Link: <https://forms.gle/uU7uGePDzb5vawod6>



E M A I L : HOPE@tuftsmedicalcenter.org W E B S I T E : positiveexperience.org

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Join us in the HOPE transformation

LEARN

Visit our website
Download our material
Watch our videos
Complete our online modules

SHARE

Tell your colleagues
Encourage your agency to sign up
for a workshop about
implementing HOPE

ACT

Sign up for a Train the Facilitator
Use the Anti-racism Toolkit to
increase access to the 4 Building
Blocks in your community
Revise your intake and assessment
forms to be HOPE-informed





Spreading

HOPE



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EDC

Education
Development
Center

SUPPORTING YOUTH MENTAL HEALTH THROUGH SCHOOL- BASED APPROACHES

SHAI FUXMAN, ED.D.



Why Focus on SEL and Mental Health Now?

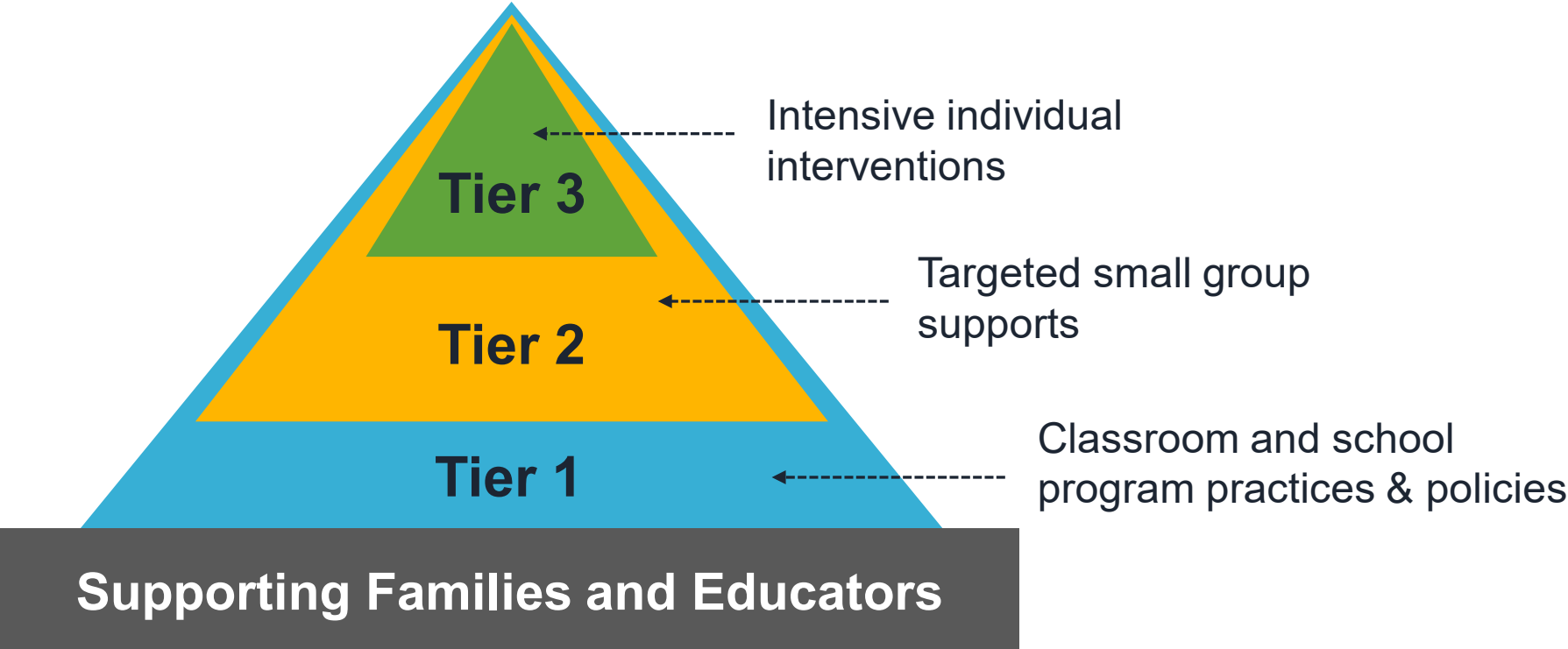
- Prior to the pandemic mental health prevalence was increasing among US high school students
- Pandemic has added a significant layer of stress, fear, and possible trauma among students, parents, and educators
- As more schools are measuring mental health and related behaviors we are getting a better sense of severity and inequities in mental health
- Districts are receiving funding from federal and state sources to implement mental health supports

Prevalence

- According to new CDC data, more than 37% of high school students reported poor mental health during COVID;
- 44% reported feeling persistently sad or hopeless during the past year—compared to 36.7 in 2019, and 26.1% in 2009
- 55% reported experiencing emotional abuse by a parent or other adult at home
- LGBTQ vs. Heterosexual, girls vs. boys, and Hispanic vs. White and Black had higher rates of sadness/hopelessness and attempted suicide.

Source: <https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html>

THE MULTI-TIERED SYSTEM OF SUPPORT APPROACH



Leadership

Data-Driven
Decision-Making

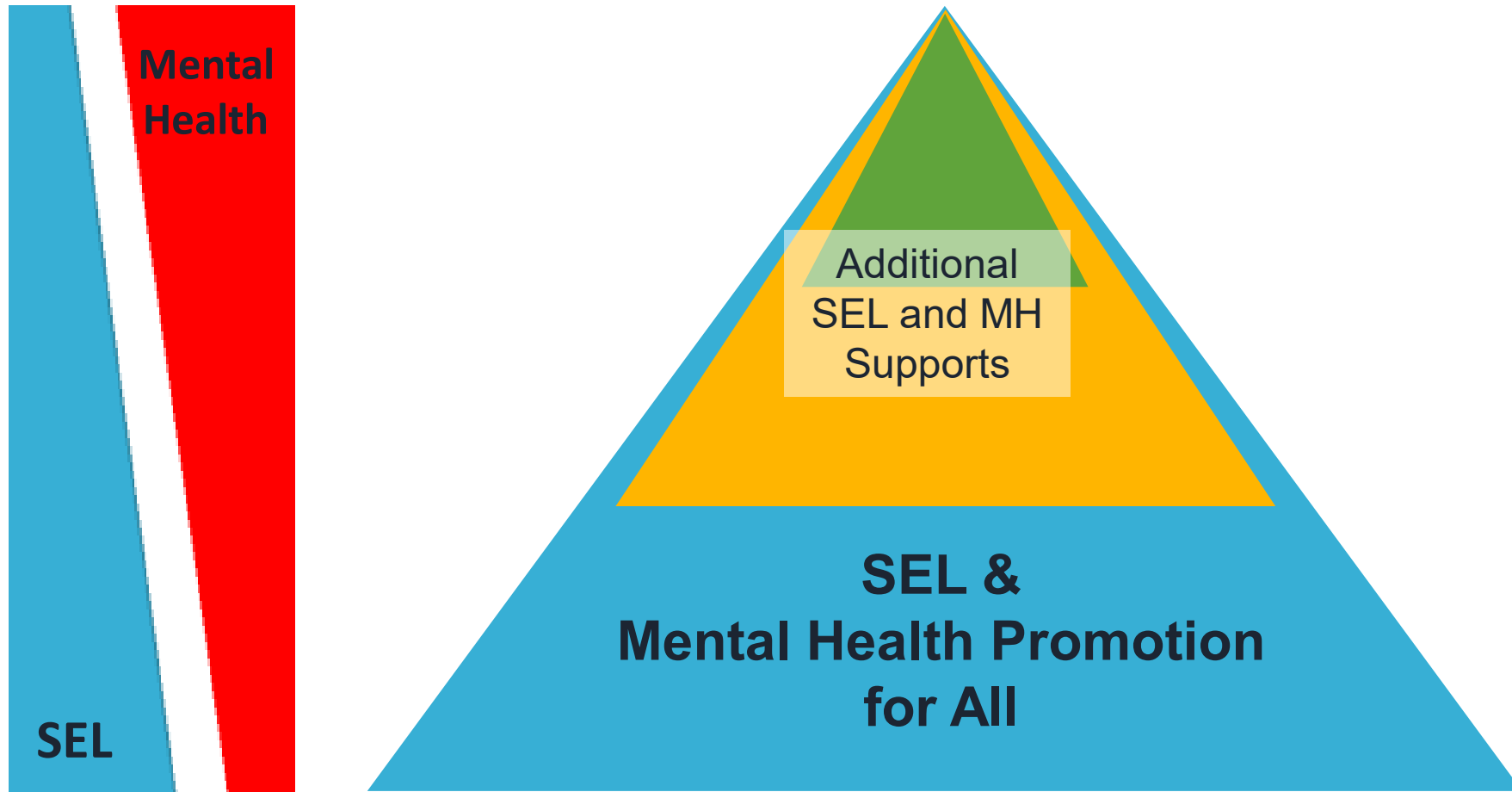
Effective
Implementation

Focus on Equity

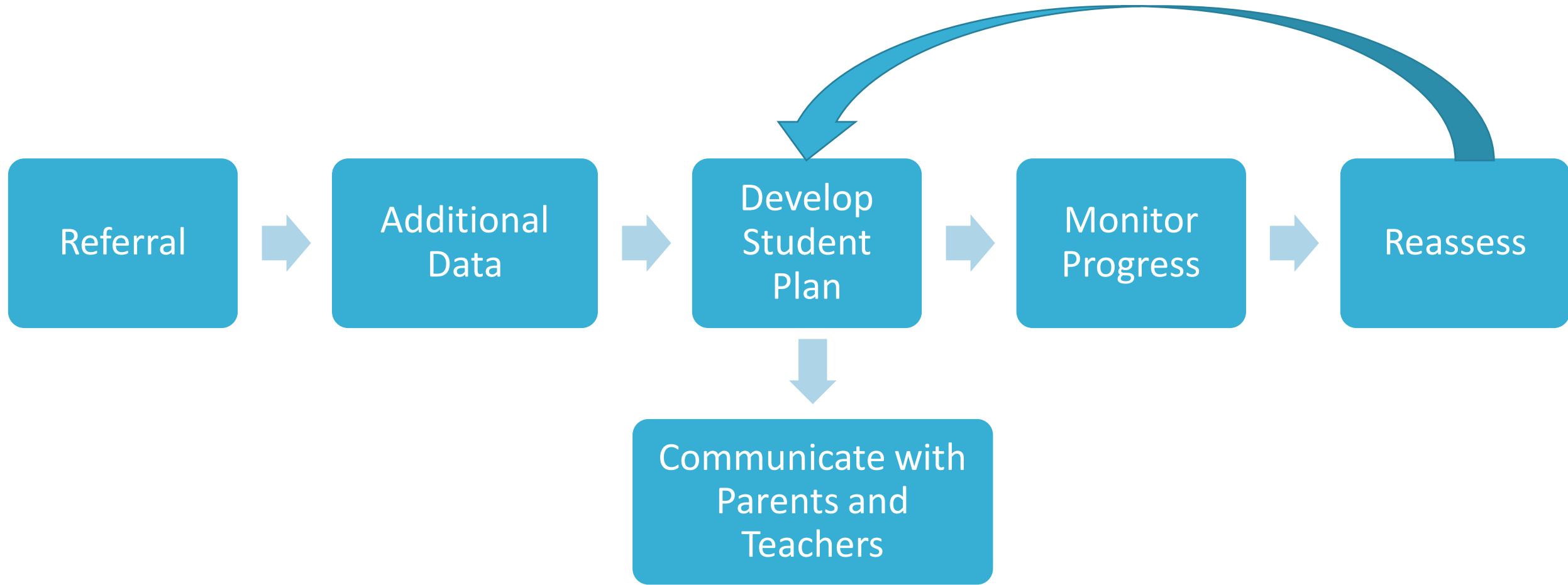
Communication &
Coordination

Drivers of Effectiveness

INCORPORATING SEL AND MENTAL HEALTH



STUDENT SUPPORT TEAM PROCESS



TIER 1

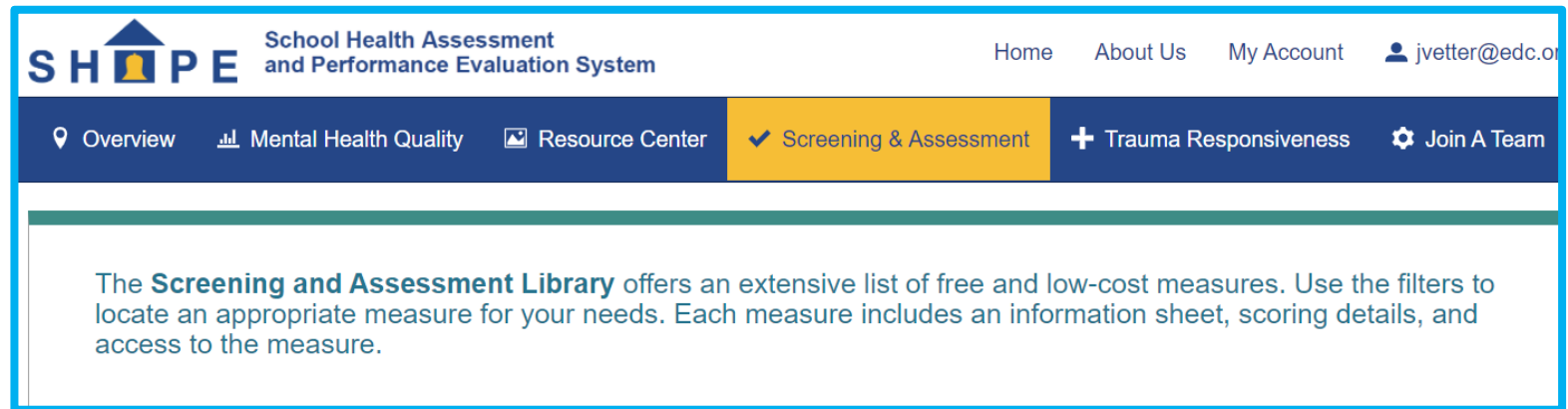
SEL programs and practices should be:

- Intentional
- Systemic
- Implemented consistently and well
- Vertically and horizontally aligned



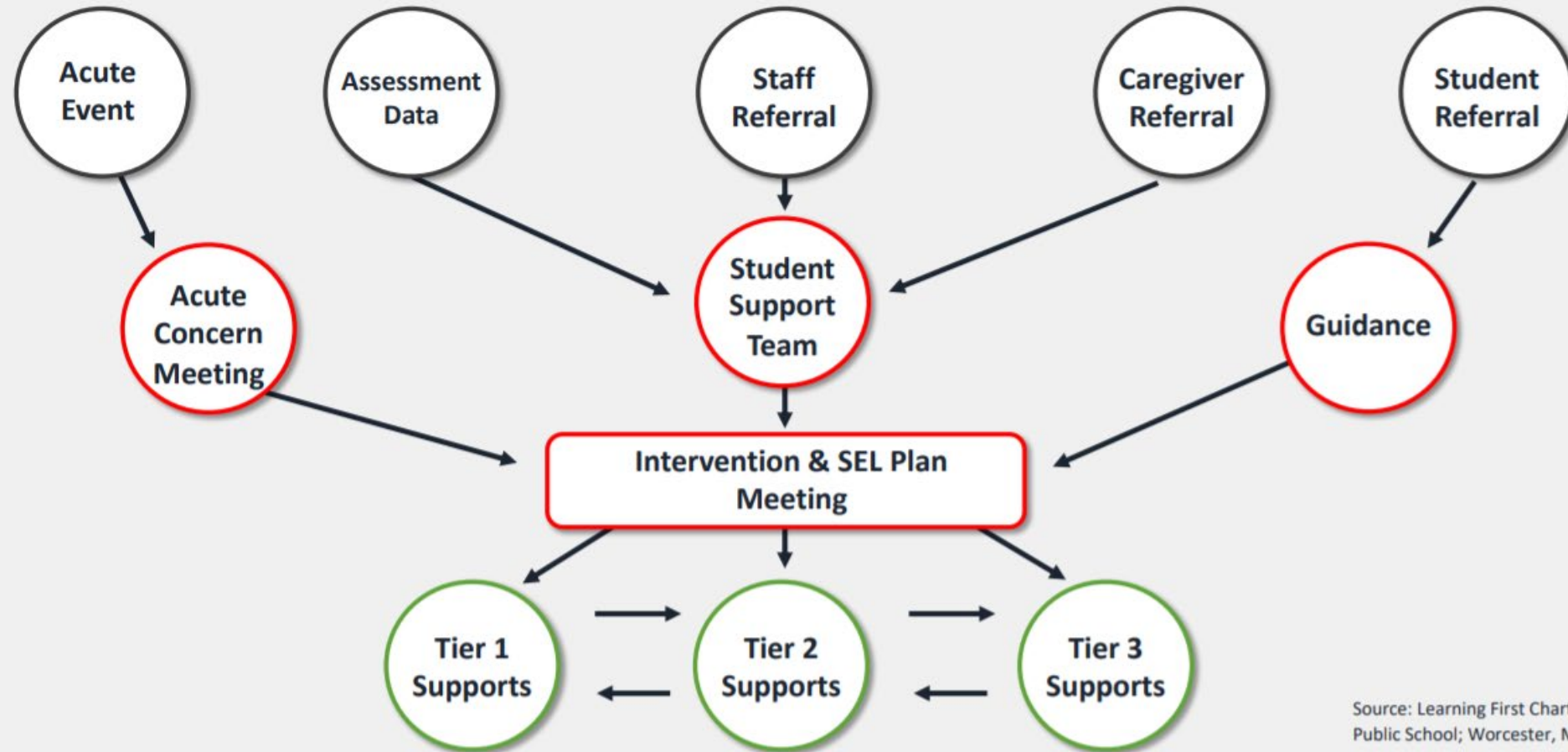
IDENTIFYING MENTAL HEALTH NEEDS

- All adults should know red flags and where to refer students
- Use mental health screeners to identify students who need additional support
- Make sure you are prepared to refer/support students who are identified
- Build collaboration with community-based mental health providers to increase capacity



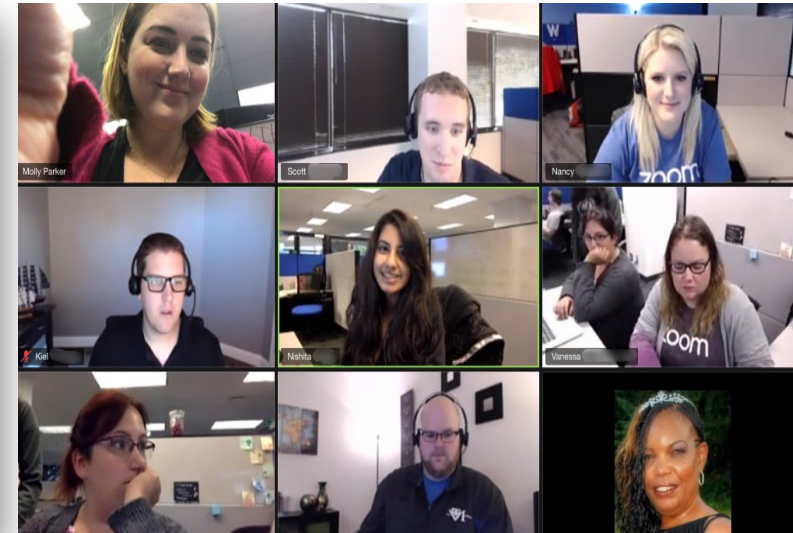
IDENTIFYING MENTAL HEALTH NEEDS

Example Diagram:



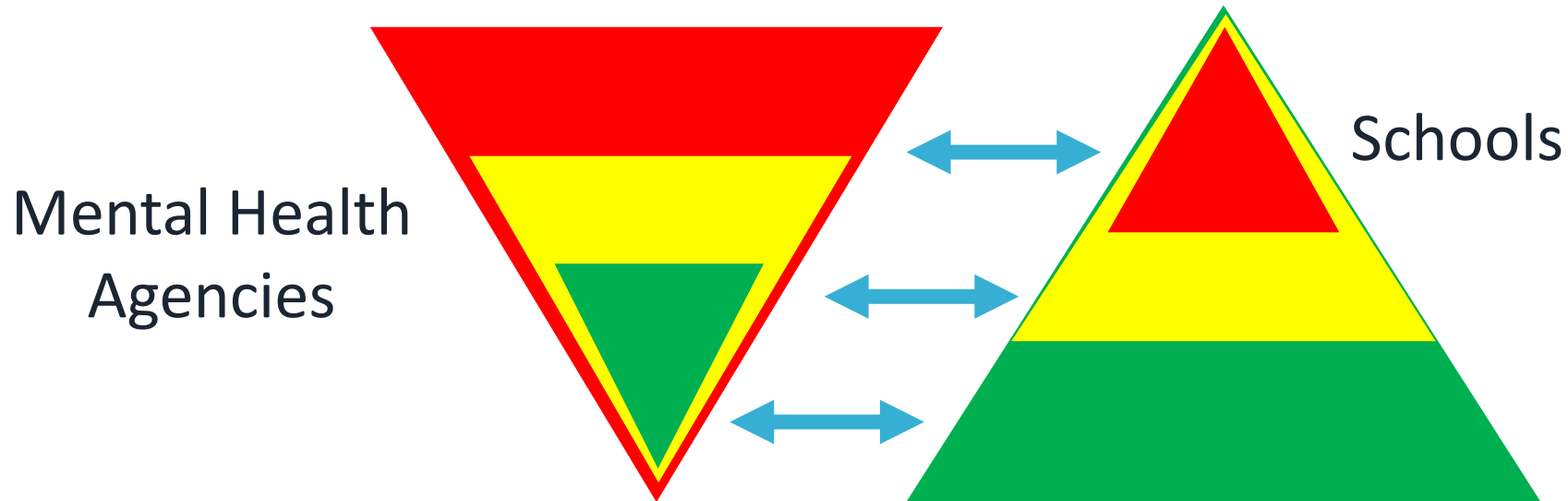
TIER 2: SMALL GROUP SUPPORT

- Additional time to practice tier 1 activities for select students in small groups
- Group-based mental health support (e.g., art therapy groups) Mentoring
- Small group social skills
- Family engagement



TIER 3: INDIVIDUALIZED INTERVENTIONS

- Provided to students with elevated mental health needs, including those diagnosed with mental health disorders
- Should include mental health screening to identify specific mental health challenges
- Often requires partnership with mental health agencies



Adapted from Hoover, S. L. (2019). Advancing Comprehensive. Baltimore: National Center for School Mental Health. Retrieved from www.schoolmentalhealth.org/AdvancingCSMHS

SCHOOL < > MENTAL HEALTH PARTNERSHIPS

- Establish referral process
- In-school mental health services provided by outside agencies
- ...or through Telehealth
- Participation of district representatives in community-based coalitions
- Ongoing professional development and coaching to school-based mental health staff



Thank you!

Please fill out our evaluation: [STAW May 2022](#)



Children's Safety Network

at Education Development Center

Visit our website:

www.ChildrensSafetyNetwork.org