BUILDING RESILIENCY
A PEDIATRIC MENTAL HEALTH SUMMIT

#BuildingResiliency19

MIKE DEWINE
GOVERNOR OF OHIO
A Systematic Approach to Prevention in Schools

Pediatric Mental Health Summit
September 26th, 2019
Glenn Thomas, PhD
Behavioral Health Services
Why Prevention?

- Evidence is clear that prevention works
- Cost-effective
- Decreases need for other services
- Gains to be made from universal prevention
- Social determinants of health
School-Based Prevention

Best Practice Prevention Programs
- Ohio/Georgetown Model of Pre-school Classroom Consultation
  - PAX Good Behavior Game
    - Signs of Suicide
    - PAX Tools
    - Triple P

Also:
- Early Childhood Master Trainers
- OPPEP – Ohio Preschool Expulsion Prevention Partnership Hotline
Some Considerations

• Evidence-based
• Funding & financial impact
• Sustainability
• Workforce expansion and development
• Fidelity & flexibility
PAX

- Set of research-based and trauma-informed strategies teachers use to teach self-regulation in context of collaboration with others
- Not a curriculum
- Outcomes:
  - Improved academic outcomes
  - Long-term outcomes
- Blends seamlessly with PBIS
- Sustainability
Future Directions

• Continued growth in Columbus City Schools and Canal Winchester Schools
• Expansion into Southeast Ohio with $2 million investment from Nationwide Insurance Pediatric Innovation fund
• Currently implementing in 11 districts across 6 counties
• Examine outcomes, including impact on Partners for Kids (ACO)
ECMH Prevention

• Statewide Ohio Preschool Expulsion Prevention Partnership Hotline
• ECMH Classroom Consultation expanded to 25 Centers in central Ohio counties
• 2 Master Trainers for 16 county region providing free trainings on early childhood development, social and emotional learning, ECMH and required training for Ohio ECMH professional credential
• Triple P (Positive Parenting Program) & Triple P Partnerships
  — Free parenting support in 13 Central Ohio counties & Triple P learning collaborative
ECMH Classroom Consultation

**Programmatic Level**
- Focus on communication, professional development and school policies and procedures to support social-emotional development and facilitate a positive school climate

**Classroom Level**
- Focus on enhancing social-emotional development via teacher knowledge, curriculum, discipline, classroom environment, activities/transitions and teacher stress

**Family/Child Level**
- Focus on factors that contribute to a child’s success and supporting teacher engagement with caregiver
Center for Suicide Prevention and Research

• Collaboration between NCH Behavioral Health and the Research Institute
• Implementation of suicide prevention programs in central/Southeastern Ohio schools at no cost
• Consultation on policy, prevention & postvention
• Support hospital best practices in suicide care
• Work with journalists on safe suicide reporting
Signs of Suicide (SOS)

- Only universal school-based suicide prevention program with evidence of a reduction in self-reported suicide attempts
- 3 separate RCTs have shown a reduction in self-reported suicide attempts by 40%-64%
- Staff demonstrate increased awareness and confidence
- Students display greater knowledge of symptoms of depression, warning signs of suicide, & how to respond
NCH SOS Implementation

• To date: 18 counties, 134 schools, 1,677 classrooms

- 36,189 Students
- 9,285 Triage Assessments
- 1,206 Risk Assessments
- 209 Crisis Referrals
- 1,754 Non-Crisis Treatment Referrals
Lessons Learned

• Large urban school districts experience challenges
• Increasing resources can also increase demands on school administrators
• “Competing” interventions in community
• Assess for readiness
• Engagement at all levels
• Local champions
• Clear role definition
• Commitment to sustainability
Questions & Comments

PAX Good Behavior Game
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The Center for Suicide Prevention & Research
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Building Resiliency Through Trauma Informed Schools

Social Emotional Learning Services
Jacqueline Renegado, OTR/L
Social Emotional Learning Specialist
Pediatric Mental Health Resiliency Summit
September 26, 2019
What are your hopes and dreams for your children or the children in your community?
Creating Trauma Informed/SEL Integrated Schools
The Brain

Neocortex
- Abstract thought
- Concrete Thought
- Affiliation
- "Attachment"
- Sexual Behavior
- Emotional Reactivity
- Motor Regulation
- "Arousal"
- Appetite/Satiety
- Sleep
- Blood Pressure
- Heart Rate
- Body Temperature
Trauma & Brain Development

Typical Development
- Cognition
- Social/Emotional
- Regulation
- Survival

Developmental Trauma
- Cognition
- Social/Emotional
- Regulation
- Survival

Adapted from Holt & Jordan, Ohio Dept. of Education
Tier 1 Practices

Creating Safe, Supportive Environments
Building Relationships
Adult SEL
SEL Instruction
Supportive Discipline
Student Voice
Family and Community Partnerships
System Wide Understanding of TI/SEL practices
Instead of –

“What’s wrong with you?”

Think –

“What happened to you?”
& “How can I help you?”
Thank You!

Jacqueline.Renegado@mcesc.org
The PAX Good Behavior Game is a set of research based strategies the teacher uses to *teach self-regulation* in a culturally sensitive manner.

This self-regulation creates:

- More Nurturing Classroom Environments
- Increased academic performance
- Improved long-term outcomes

-Dennis D. Embry, Ph.D., president/senior scientist, PAXIS Institute, Tucson, AZ: Co-investigator, Johns Hopkins Center for Prevention; Scientific Advisor, Children’s Mental Health Network

What is PAX?
The cost of Mental Disorders is increasing $1 billion per year.
The US had 75 million children and teens 2009

45.6 million kids had one psychotropic med in 2009

60.8%

Wall Street Journal, 12-28-2010
Demonstrating real **promise** of protection from generational pediatric epidemics

Salk Vaccine proven to express polio antibodies.

2009 IOM Report confirms prevention of Mental, Emotional & Behavioral Disorders.

One school based highly proven, scalable strategies cited:

**Good Behavior Game**
3-Month Impact of PAX in Eight US School Districts on Disturbing, Disruptive, and Inattentive Behaviors Per 15 minutes

Improvements on Standard Measures of Academic Progress in Six Districts in High Poverty Schools in Ohio

Source: Weis, Osborne, & Dean, 2015

The statistical difference favoring PAX GBG is highly significant (greater than 1 chance in 1,000).
Reduced Risk Probability for Psychiatric Disorders

Improved environment and fewer problematic behaviors reduces risk of mental, emotional, behavioral disorders

One-Semester Benefits of Province-Wide Mental-Health Benefits of PAX GBG v. Control

- Moderate Problems Students Moving to Low Risk
- High Problem Students Moving to Moderate Risk
- High Problem Students Moving to Low Risk

Improved Mental-Health =
- Fewer conduct problems
- Fewer emotional problems
- Less hyperactivity
- Fewer peer problems
- Better prosocial skills

These are the predicted benefits. 148,657 Ohio 1st graders benefit when they are 19-21 years old…

- 12,904 Fewer young people will need any form of special education services
- 8,349 More boys will likely graduate from high school
- 10,019 More boys will likely attend college
- 13,314 More girls will likely graduate from high school
- 10,404 More girls will likely attend college
- 1,457 Fewer young people will be convicted of major violent crimes
- 14,422 Fewer young people will develop serious drug addictions
- 9,867 Fewer young people will become regular smokers
- 5,313 Fewer young people will develop serious alcohol addictions
- 7,275 Fewer young women will contemplate suicide
- 9,867 Fewer young men will attempt suicide

And, how much money will these changes save Ohio families and citizens?
How much money with this save for the children, families, schools, communities, businesses and the state?

No, there are 51 peer reviewed published and longitudinal studies—better than any psychotropic drug for children or any other classroom strategy.