Our Kids & Teachers Need Help!!
Implementing Resources to Support Student Mental Health

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ARKANSAS

- 41st in Suicide and Access to MH Services
- 40th for Youth Prevalence of Mental Illness
- 46th for Disconnected Youth
- 48th overall in America’s Health Ranking

- 50th for Identifying and Addressing Emotional Disturbance among students
THE ARKANSAS MODEL

ALL SCHOOLS have ACCESS

Contract with MH Provider (90%)

School-Employed (10%)

Licensure (LCSW, LPC, School Psychologist)

BEST PRACTICES

• Contracts

• 70%/30% Model

• 1FTE Therapist : 500 Students

• Caseload Size
The Arkansas Department of Education (ADE) office of School Health Services provides guidance and technical assistance for the development of best practice school-based mental health programs within Arkansas public school districts. The ADE encourages schools to implement the following best practice principles to ensure quality school-based mental health services for students:

- An emphasis on early identification
- Full integration with the community and its resources
- Placing students and their families at the center of service decisions
- Providing services that are culturally competent
- A focus on promoting school attendance and academic success
- Services and supports validated by research and evidence-based practices
- The use of technology, including telecommunications

Source: ADE School Based Mental Health Certification Manual (DOCX)
ARKANSAS AWARE

- Advancing Wellness And Resiliency in Education
- USDHHS: Substance Abuse and Mental Health Services Administration
- Five Years, $1.8 Million Annually
- 65% LEA Activity / 35%SEA Activity
- Texarkana, Marvell, OUR Educational Cooperative

GOAL: Increase awareness of mental health in schools.
GOAL: Increase access to Mental Health services for children.

Mental Health First Aid, Trauma Informed Practices (ACEs), Direct Services, Behavior Services, Support
Arkansas AWARE is a project funded through the Substance Abuse and Mental Health Services Administration RFA-SM-18-006 AWARE (Advancing Wellness And Resiliency in Education) State Education Agency Grant to support districts in their efforts in providing mental health care awareness and trauma informed practices.

**Project Goals**

**GOAL 1:** To increase coordinated referrals, mental health services and programs, and follow-up for children.

**GOAL 2:** Increase outreach and engagement among youth, families, schools, and communities in an effort to increase awareness, mental health identification, and implementation of services and programs.

**GOAL 3:** Develop the infrastructure that will sustain mental health among youth and maintain mental and behavioral health services when federal funding ends.
ADVERSE CHILDHOOD EXPERIENCES
CURIOSITY LEADS TO DISCOVERY

- Dr. Vincent Felitti – 1985 – Kaiser obesity clinic
- 53 year old woman – diabetes – new weight management program – lost 100 lbs
- Kept it off for 2 years – within 6 months gained it all back
- Dr. Felitti wanted to know why? What went wrong?
  - Asked numerous questions like birth weight, weight at Kindergarten, weight entering high school
  - Slipped and asked, “How much did you weigh when you first became sexually active?”
    • (Instead of how old were you when you first became sexually active.)
  - She answered 40 pounds. She was 4 years old when her father began to sexually abuse her.
  - Dr. Felitti found a similar story replicated in other patients who had “failed” to keep the weight off.

He began to wonder if regaining weight wasn’t the “problem” but part of an old “solution.”
THE ACE STUDY

Kaiser Permanente
Dr. Vincent Felitti and Dr. Robert Anda from the CDC 1995-1997 with paper published in 1998
17,000 members of the HMO were surveyed
Predominately middle class, Caucasian, Southern CA

75% white, 11% Hispanic, 5% Black, 7% Asian/Pacific Islander, 2% Other
39% college grad+, 36% some college, 18% HS grad, 7% not HS grad

3 categories of adverse experience:

**Childhood Abuse**
emotional, physical, sexual abuse

**Neglect**
physical & emotional neglect

**Household Challenges**
substance abuse, mental illness, violence, parental separation/divorce, prison

https://kpjfilms.co/resilience/
THE ACE STUDY

Nadine Burke-Harris
Pediatrician
Surgeon General of California

https://centerforyouthwellness.org/

[Image of the book cover: "the deepest well"]
[Image of the author: Nadine Burke Harris, M.D., speaking]
A parent's ACE score doesn't have to be passed onto the child, but it most often does without some form of intervention.

- Jeannette Pal-Espinosa, President
The National Crittenton Foundation
KEY FINDINGS

- 36% = 0 ACE
- 26% = 1 ACE
- 16% = 2 ACEs
- 9.5% = 3 ACEs
- 12.5% = 4 or more ACEs

Almost 2/3 (67%) of study participants reported at least one ACE, and more than one in five reported 3 or more ACEs.

#1 ACEs are incredibly common

#2 The more ACEs, the higher risk for chronic disease as an adult.

A 20 year difference in life expectancy between those with high ACEs and those with less exposure to adversity as children.

Significantly increased risk of heart disease, stroke, cancer, diabetes, COPD, Alzheimer's, and suicide for those with 4+ ACEs.
• Dr. Burke Harris conducted her own chart review of her patients to determine if her population had similar ACE scores to the study.

• Her patients had a mean age of 8 years old - so they were not yet done accumulating their ACEs.

• Bayview Clinic had similar findings.
  – 67% had at least one ACE
  – 12% had 4+ ACEs

• If they had an ACE score of 4+ they had double the chance of being overweight.

• Those with an ACE score of zero had a 3% chance of having behavior and learning problems but if they had 4+ ACEs their chances were 51.8%. 
Washington State began looking at ACEs in the classroom years ago. They quickly saw the relationship between ACEs and difficulty in the classroom.

When ACEs rise, academics fall

A study of 2,100 elementary schoolchildren in Spokane makes clear the relationship between Adverse Childhood Experiences and problems in school.

PERCENT OF STUDENTS WITH ACADEMIC/BEHAVIOR PROBLEMS

Source: Washington State University Area Health Project

MARK NOWLIN / THE SEATTLE TIMES
Dr. Burke-Harris screens for some additional factors including:
- bullying
- community violence
- death of parent or guardian
- discrimination
- separation from a caregiver to foster care or migration

These factors are screened for separate from the original 10, however they were chosen because her clinic observed that these experiences also lead to a toxic stress response.
# Trauma Informed Classrooms

<table>
<thead>
<tr>
<th>Common/Traditional View</th>
<th>Trauma-Informed View</th>
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</thead>
<tbody>
<tr>
<td>Students choose behavior and need consequences</td>
<td>Students want to do well but lack the skills or have learned bad behavior patterns</td>
</tr>
<tr>
<td>Characterizes student behavior negatively (i.e. manipulative)</td>
<td>Characterizes student behavior constructively (i.e. needs calming strategies)</td>
</tr>
<tr>
<td>Uses labels to describe students (“EBD”)</td>
<td>Reframes behavior to identify strengths</td>
</tr>
<tr>
<td>Authoritarian</td>
<td>Collaborative</td>
</tr>
<tr>
<td>Minimizes coping strategies</td>
<td>Behavior is communication and serves a function</td>
</tr>
<tr>
<td>Academics focused</td>
<td>Whole-student focused</td>
</tr>
<tr>
<td>Student should already know the expectations</td>
<td>Teaches and re-teaches expectations using differentiation</td>
</tr>
<tr>
<td>Creates systems that make students work for support</td>
<td>All students receive support regardless of their needs</td>
</tr>
<tr>
<td>Staff-centered environment</td>
<td>Student-centered environment</td>
</tr>
<tr>
<td>Uses jargon with parents and non-educators</td>
<td>Uses language so that all can understand</td>
</tr>
</tbody>
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BE CURIOUS

• What’s their story? The early story… the first 1000 days of life story…?
• Do they have connections? Meaningful & safe relationships?
• Is there chaos and trauma in their home or their history?
• Where are the developmental gaps?
• Are we expecting more from their brain than it is capable or wired to give right now?
• What are their skills, interests, gifts, passions, strengths?
• Does the thing you think is a problem, serve as a solution for this person?
• Can you offer grace? Grace defined as undeserved kindness.
BE A BUFFER

No Dude Perfect, but thank you!
HOW TO TAKE ACTION
AWARE ADVANCEMENT
MINI GRANTS
Mental Health First Aid
CHECK OUT OUR PODCAST!

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