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The official magazine of the Canadian
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FOCUS: CHILDREN'S MENTAL HEALTH

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20 Vitamins for Mental Health: The Roles for the Family, School and Community in Fostering Resilience

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24 Enhancing Successful Learning by Understanding How the Brain Works

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32 Mental Health Promotion in Schools: Using CHAT to Build Resilient Students

Each and every day students from across the country are asked to attend school and learn collaboratively the skills they'll need to reach their life's goals. While academics is the primary focus, the CHAT team argues that it's also an excellent venue to promote mental health.



38 The FAIS Light: Those Who Like it Like it a Lot

The Annapolis Valley Regional School Board is trying something different. Instead of hiring only master's level school psychologists, they have diversified in their hiring practices by employing a Consultant of Psychology Services who is a PhD in Clinical Child Psychology; a PhD in Counselling Psychology; a Masters in Community Psychology; and three School Psychologists. Here Cindy Giffen and Robin McGee will explain why this approach is working.

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58 Buyer's Guide

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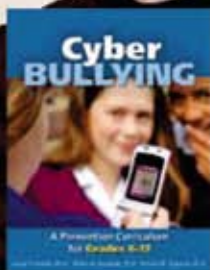
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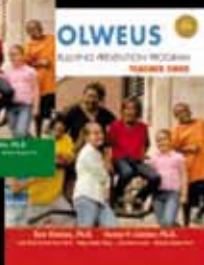
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Throughout 2008/2009 CASA has focused much needed attention on the theme of building strong connections between early child development (ECD) and Canadian schools.

Our premier edition of *Leaders & Learners* debuted at our 2009 Annual Conference in Calgary, and was devoted to this theme. The Conference featured world leaders in the fields of ECD and education who articulated a vision for forging new links between school and early child development professionals.

Our collective commitment is to find the best possible strategies to help every child in our schools and communities thrive. In this edition you will find wonderful current examples of programs and projects that are having significant positive impact on children in all parts of our country.

One of the outcomes of this year-long theme was the launch of a Pan-Canadian Senior Educators' Network that will serve in an advisory role to the Council for Early Child Development, which is led by Dr. Clyde Hertzman. This collection of individuals have one commonality—they truly understand the importance of high quality experiences in the early years as a means to assist parents with the vital task of setting their children on successful pathways to learning and life. By crafting new connections between ECD and schools, the research shows that we can reduce some special education assessments and mitigate some mental health issues for our youngest and most vulnerable children.

I am delighted to let you know that CASA has selected children's mental health as its

focus for 2009/10. The evidence through monthly interaction with CASA leaders in every district in Canada is that children's mental health has rapidly emerged as one of the most pressing concerns for school staff and parents.

This issue of *Leaders & Learners* features contributions from professionals from across the country on the latest research and ideas on the state of children's mental health. I know that you will find rich and compelling content in each article. Our collective commitment is to find the best possible strategies to help every child in our schools and communities thrive. In this edition you will find wonderful current examples of programs and projects that are having significant positive impact on children in all parts of our country.

Next year's Annual Conference in July 2010 will be held in Quebec City and will exclusively examine how schools, parents and communities are addressing, supporting and improving children's mental health in all parts of Canada.

Please consider being part of this vitally important Conference. This fall we will be calling for presentation proposals from school systems in all parts of the country and I do hope that you will encourage staff who are doing exemplary work in this area to offer to be presenters at the conference. As always, we will have several well recognized speakers keynoting the conference but the authentic interaction between participants and front-line presenters has been a huge reason for the significant success of the last several CASA Conferences.

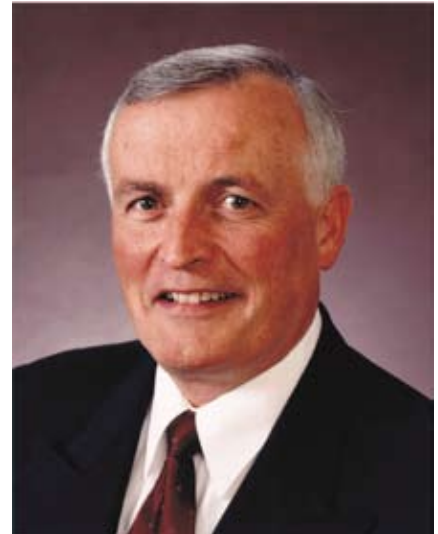
I look forward to your continued support of CASA in its efforts to bring emerging educational issues into focus.

Sincerely,

Jim Grieve

CASA/ACAS President

Director of Education – Peel District School Board





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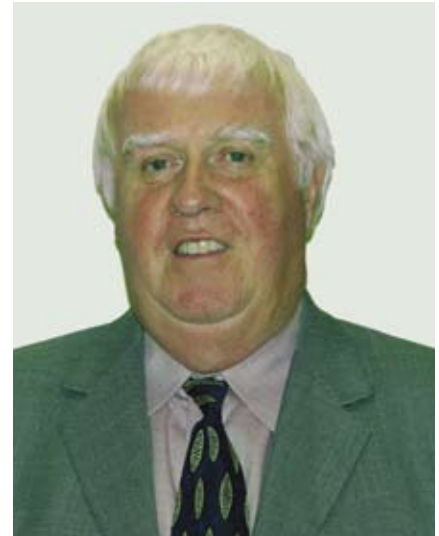
Learning research today presents a comprehensive look at student achievement and educators are now more aware of factors that inhibit or enable student learning. So much of this evidence indicates relationships to the broad definition of mental health and the need for timely interventions to improve chances of student success.

Our modern education system provides for the needs of the whole child. We focus on academic needs, on physical needs, on citizenship, on the arts and on cultural enhancement. However, more and more, our fast-paced and demanding society has highlighted the need to recognize and provide help for the mental health needs of children. This area is one where we have made limited initiatives in past years. We have avoided full commitment here by leaving these problems to the parents and to the health care system. Many educators have summarized their position by stating that mental health issues cannot be handled in the schools since resources are scarce or non-existent.

Learning research today presents a comprehensive look at student achievement and educators are now more aware of factors that inhibit or enable student learning. So much of this evidence indicates relationships to the broad definition of mental health and the need for timely interventions to improve chances of student success.

The growing wisdom today is that schools must take a leading role in working with the mental health concerns of students. Alleviation of such problems must be considered a part of educating. A cooperative initiative involving schools, health services and parents is expected as we move into the twenty-first century.

The Canadian Association of School Administrators is pleased to bring focus to the need to recognize provisions for student mental health as part of educating children in Canadian schools.



Frank Kelly
Executive Director, CASA

Thank you!

On behalf of CASA/ACAS we would like to thank the sponsors of our Annual Conference, being held at the Blackfoot Inn in Calgary, AB, July 9 to 12, 2009. A big THANKS goes to:

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Mental Health Issues in Children: A “Hidden” Epidemic?

By Dr. Jean M. Clinton, MD FRCP(C)

In Canada, the evidence suggests that between 14 to 20 percent of children age 4 to 18 suffer from a significant mental illness. That means approximately 1.2 million children and young people have significant difficulty getting through their day, going to school, enjoying friends and developing skills and talents. The most common issues are anxiety (6.5 percent), conduct problems (3.3 percent), attention deficit (3.3 percent), depressive disorders (2.1 percent) and substance use (0.8 percent). Many of these young people have more than one disorder that causes significant distress and impaired function, often sustained through to adulthood.² Only one in five children in need of treatment receive it. Very recent research suggests that children who are bullied are more likely to develop psychotic disorders.³ The World Health Organization estimates that by 2020, neuropsychiatric disorders in childhood will swell by 50 percent compared with other health-related problems.

Does this constitute an epidemic? Unfortunately no. By definition, an epidemic is a classification of a disease that requires new cases in a given population, during a given period, at a rate that substantially exceeds what is “expected” based on recent experience. The numbers are not new. They have not changed since 1984 when Dr. Dan Offord conducted the Ontario Child Health Study.⁴ The true epidemic is the apathy towards this crisis and the lack of political will to make a difference.

As a child psychiatrist travelling around the country, I am constantly asked, “is anyone else seeing an *increased* number of children with problems such as anxiety, depression, anger, or kids disengaged in school?” Teachers and parents are expressing increased concerns that children at an earlier age are showing signs of difficulties regulating their emotions, behaviour and attention.


There have been interesting studies that clearly demonstrate these changes. Dr. Elena Bordova of Mid-Continent Research for Education and Learning repeated a study that was first done in the late 1940s, in which psychological researchers asked children ages three, five and seven to do a number of exercises, one of which included standing perfectly still without moving. The three year olds couldn’t stand still at all, the five year olds could do it for about three minutes, and the seven year olds could stand pretty much as long as the researchers asked.

In 2001, researchers repeated this experiment. “Today’s five year olds were acting at the level of three year olds 60 years ago, and today’s seven year olds were barely approaching the level of a five year old 60 years ago,” Bodrova explains.⁵ “The results were very sad.”

In another recent study kindergarten teachers rated over half of their children as lacking effective self regulatory skills.⁶ Self-regulation—the ability to delay gratification, focus attention, and switch tasks, and control emotion—is ranked as the most important characteristic necessary for school readiness. Science suggests that early self-regulation skills have a stronger association with school readiness than IQ (Blair, 2002) or entry-level reading or math skills (Normandeau & Guay, 1998) and is closely associated with academic achievement (Espy, et al. 2005; Blair, 2002).⁷ Is it possible that this lack of self regulation skills is somehow correlated with the perceived increase in disorders such as ADHD?

Dr. Russell Barkley, a pioneer and well respected leader in the study of ADHD, certainly believes so. His theory is that ADHD is fundamentally a disorder with a deficit in self-control (also referred to as self regulation) and that problems with attention are a secondary characteristic of the disorder. Areas affected include:

- **Working Memory** which refers to the ability to recall past events and



“If mental illness were an infectious disease, it would constitute an epidemic in Canada. The number of people affected is overwhelming (...).”

- Phil Upshall, President,
Canadian Alliance on
Mental Illness and
Mental Health¹

manipulate them in one's mind so as to be able to make predictions about the future.

- **Internalization of Speech** which refers to the ability to use internally generated speech to guide one's behaviour and actions.
- **Sense of Time** which refers to the ability to keep track of the passage of time and to change/alter one's behaviour in relation to time.
- **Goal Directed Behaviour** which refers to the ability to establish a goal in one's mind and use the internal image of that goal to shape, guide, and direct one's actions.⁸

Neuroscience research is pointing to the critical importance of the early years in the development of these skills.⁹ The experiences of children before they arrive at school, as well as in the crucially important first years within the formal education system, are literally sculpting the brains of children.

Dr. Adele Diamond is a professor of developmental cognitive neuroscience at the University of British Columbia and has been studying executive function development and self regulation as a means of preventing school failure. In a recent article, she suggests that early childhood educational programs that effectively link emotional and motivational arousal with activities designed to exercise and promote executive functions can be effective in enhancing self-

The World Health Organization estimates that by 2020, neuropsychiatric disorders in childhood will swell by 50 percent compared with other health-related problems.

regulation, school readiness and school success.¹⁰ A growing number of voices are pointing to sociological changes taking place since the introduction of television, elaborate toys and video games. This, paired with an increased concern for children's safety, busy schedules and loss of recess, leads to fewer opportunities for imaginative play. Researchers say

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changing the way children play has changed their emotional and cognitive development.

Adele Diamond and psychologist Deborah Leong have good news: the best kind of play costs nothing and really only has one main requirement—imagination. They say when children learn to rely on themselves for playtime—improvising props, making up games and stories—they’re actually developing critical cognitive skills, including executive function. Essentially, executive function is the ability to regulate one’s own behaviour, which is a key skill for controlling emotions, resisting impulses and exerting self control and discipline. The links become clear for education as:

“In order for children to imagine, they have to think and not do something,

which helps to build self-regulation. While thinking, children develop the use of private self-regulating speech. ... complex imaginative play such as planning and enacting scenarios, for a fair amount of time, where children create and use their own symbolic props in cultural context is an important mediator of private speech and the unfolding of cognition and emotional control.”

It seems reasonable to assume that creative play should also increase the self-regulation of children with ADHD. Although we do not have the epidemiological evidence of an epidemic, certainly the perception and worries are clear: more children with earlier onset difficulties are in the schools and teachers are often at a loss as to what to do.

This article suggests that one of the key points of intervention is in the early years, and that the kindergarten teacher plays a major role in helping young children develop the skills they need for success. It requires refocusing on the groundwork skills of facilitated play and perhaps, in some jurisdictions, a more balanced play-based curriculum. Parents must also be invited into this dialogue about the importance of play for the healthy emotional and social development of all children. ○

Dr. Jean M. Clinton, MD FRCP(C) is Associate Clinical Professor Psychiatry and Behavioural Neuroscience at McMaster University’s Offord Centre for Child Studies.

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Vitamins for Mental Health: The Roles for the Family, School and Community in Fostering Resilience

By Jack Kamrad, Ph.D.

“Mental health” refers to social, emotional and behavioural well-being and is considered an integral part of healthy development. Just as with physical health, no one goes through life without some mental health problems. This is as true in childhood as it is in adulthood. Many such problems are a normal part of life. For the most part, we learn and grow from them. In childhood, however, adult awareness, sensitivity and guidance often are very important to enable children to learn and grow from such problems.

-The ABC's of Mental Health

Most articles on mental health focus on the problems associated with various psychiatric disorders, their course of development and recommended treatments. However, if we are to have a comprehensive mental health strategy in Canada, we must also focus on prevention, that is, how to promote healthy well-being. To do so we must develop and continue to promote effective, evidence-based youth support networks, both external and internal.

External supports set positive expectations, provide youth with confidence-building opportunities while setting reasonable boundaries or limits on their behaviour. Internal supports serve to nurture positive values and identities, as well as social competence skills. In other words, prevention of mental health problems focuses on the development of positive attributes, or what Lerner, Fisher and Weinberg (2000) call the five “C’s”:

1. Competence in academic, social and vocational areas;
2. Confidence or a positive sense of identity;
3. Connection or healthy relations to community, family and peers;

4. Character or positive values, integrity, moral commitment; and
5. Caring and compassion.

Growing up, most of us are influenced by family, friends, school, work and community. To promote well-being, we need to understand how these elements can affect youth. Roth and Brooks-Gunn (2000) reviewed this work and offered the following model for understanding their influences.

The family

In the family, TLC usually refers to “Tender Loving Care,” but in this model TLC refers to **t**ime, **l**imit setting and **c**on-nectedness. Fostering good mental health

takes time. Many problems can be overcome when caring family members, especially parents, reserve time for children and allow for spontaneity, communication and listening.

While we know infants and toddlers need and thrive on parental attention, school-age children and adolescents still benefit from parental contact and affection. Adolescents who have regular, mutually-enjoyable contact with their parents are much less involved in high-risk behaviour and are more successful academically. At the same time, parents need to know how to set and enforce reasonable limits for their children. Healthy families notice problems, model effective coping and have corrective mechanisms for aberrant behaviour, even if it means stepping outside the family structure to get help. While remaining connected, healthy families also encourage independence and growth through new experiences.

For the adolescent, a feeling of closeness with his/her parent(s), serves as a protective factor against suicidal concern, violence, substance use and sexual behaviour.

Peer group

In many ways, growing up means leaving the family for another social network of support. As children age, the peer group often has a more powerful influence than the family (see Neufeld & Maté, 2004). Despite the possible risks, friendship is important for healthy development. Adolescents with poor parental relationships, poor social skills, or those who are alienated from conventional groups often form friendships with other antisocial youth in order to achieve a sense of belonging, often believing that they share common attitudes and behaviour.

Nevertheless, friendship can also promote social perspective-taking, moral development, coping strategies and increased self-esteem. Positive peer relationships foster resistance to negative influences. Many successful prevention programs teach youth how to resist peer pressure. As children grow older, friendships increasingly become based on similarity of interests. Programs can often bring youth with shared interests together, allowing for more positive relationships to develop. Finally, friendships provide youth with models of different attitudes and behaviours (and their consequences), and the danger of associating with deviant youth.

In summary, as important as creating a safe, nurturing family connection, it is also important to encourage friendship with

a variety of peers. If children feel safe in forming friendships, they quickly learn to discriminate between positive- and negative-influencing relationships. Peer relationships provide models, both good and bad for individuals to emulate or avoid.

School

Given the amount of time children spend at school, it is not surprising that school is an important influence on healthy well-being. The school environment, for example, exerts a subtle, but powerful influence. Consider, for example, all the biological, psychological, and emotional changes occurring during puberty. At the same time, we expect most young adolescents to adjust to the middle school experience of increased school size, more teachers and departments, not to mention more competitive standards of achievement. Just when students need caring, supportive adults, they often find a less personal, more restrictive and more competitive environment.

The behaviour modeled by school staff sets the tone for the school. How schools deal with serious infractions (e.g., possessing alcohol, weapons) as well as more minor infractions (e.g., profanity, disruptive behaviour) affects the sense of safety felt by students. When youth feel unsafe or victimized at school due to the behaviours of other students, they are more likely to suffer socially, emotionally and academically.

As in families, youth who feel a sense of connection or commitment to their school, teachers, or support staff are less likely to engage in violent behaviour, attempt suicide, use drugs or alcohol or become sexually active. School involvement, commitment, or attachment to staff is considered a protective factor against risky behaviour.

Finally, school success, interest and persistence are key protective factors when evaluating mental health. As noted paediatrician, Dr. Mel Levine commented, "every child needs to be a foremost expert at something," whether it be dinosaurs or galactic particles, expertise fosters self-esteem and prevents the so-called "Matthew Effect" (see sidebar). Dr. Robert Brooks uses the metaphor of an "island of competence." The island may be lost in a "sea of inadequacy" but by focusing on competence and reinforcing inherent strengths, we gradually change our focus from problems to solutions.

Community

Most of us live in a neighbourhood, defined variously by geography, transportation lines, or school boundaries. Community space, with adequate access to activities, such as libraries, parks and centres, also defines a neighbourhood for its residents, including youth. Lack of facilities or access to facilities contributes to a sense of social isolation and boredom, and increases the likelihood that youth will engage in risky behaviour.

A neighbourhood is not just a collection of residential, commercial, institutional and recreational facilities. It is also a loose organization of diverse people who live there. The way people interact in a neighbourhood also influences a person's sense of well-being. Cooperation and collaboration on neighbourhood problems facilitates pride and self-efficacy. Isolation and bureaucratic decision-making contribute to a sense of despair.

Resilience

Despite all the obstacles, most youth emerge from adolescence into young adulthood without lasting problems (Roth & Brooks-Gunn, 2000). They somehow learn to navigate around the obstacles, challenges and set-backs. Whether by intent or through experience, youth develop resilience.

As the complexity of modern society increases, the number of youth facing adversity and the number of adversities they face appear to be increasing (Goldstein & Brooks, 2005). No child is immune from pressure in our current, fast-paced stress-filled environment. Even youth who do not face significant adversity or trauma, and are not burdened by intense stress or anxiety, experience the pressures around them and the expectations placed upon them. At any time, one in five youth are experiencing clinical or sub-clinical problems affecting mental health. In other words, more youth are at risk for developing mental health problems.

Resilience is usually defined as the ability to recover after exposure to stress. Youth can overcome stress, and in some circumstances

What is the Matthew Effect?

To paraphrase a famous biblical story, the rich get richer while the poor get poorer. In other words, lack of success at school causes discouragement, leading to less effort and loss of self-esteem, which causes further failure, which causes further discouragement.

actually use adversity as a springboard to growth and success. Resilience develops from positive social relationships, positive attitudes and emotions, the ability to control one's own behaviour, and feelings of competence. Successful development of resilience includes the promotion of positive, as well as prevention of negative actions, feelings, and thoughts.

How schools can foster resiliency

There are a number of ways for schools to foster resilience (c.f. Smith Harvey, 2007):

- Provide a caring, supportive learning environment. Feeling cared for and safe builds students' resiliency.
- Promote positive social connections between staff members and students, students and their peers, and home and school.
- Foster positive attitudes. Help students believe that they can succeed if they try. Provide situations in which students are able to succeed. Frame failure as a learning opportunity. Teach them to re-evaluate and adjust strategies that might not be working.

- Nurture positive emotions. Demonstrate and give students the chance to practice positive emotions, such as optimism, respect, forgiveness and empathy. Train staff members to reinforce emotional intelligence, praise students for successes, and avoid judgemental or harsh criticism for failure.
- Foster academic self-determination and feelings of competence. Provide consistent clear expectations. Help student develop a menu of homework and study strategies. Encourage students to attend school regularly and complete homework as well as to develop talents in activities they enjoy. Teach them to set realistic goals and obtain necessary resources.
- Encourage volunteerism. Social competence and resilience are fostered by helping others at home, in school and in the community. Create and promote a variety of opportunities for students to contribute to the well-being of others both on and off campus.
- Teach peace-building skills. Learning how to be appropriately assertive without being aggressive fosters resilience. Teach conflict-resolution and peer

mediation skills, strategies for standing up to bullies, and violence-prevention strategies.

- Ensure healthy habits. Good physical health prepares the body and mind to be more resilient and contributes to school success.

Over and over again, the scientific literature finds that children who overcome obstacles and go on to lead successful lives—be the obstacles socioeconomic, cultural, psychological, or physical—have at least one empathetic, perhaps charismatic adult who featured prominently in their lives. In these cases, the child identifies with an adult and draws on the adult's strength in order to face the obstacles of growing up. Surprising or not, the adult often turns out to be an educator. Indeed, there are many educators who believe they are not just guiding youth through a curriculum, but guiding youth through the challenges of life.

In conclusion, most articles on children's mental health lament the lack of qualified, capable resources to meet students' needs. No doubt, this remains true. Nevertheless, there are resources that can be brought that foster resilience and reduce the need for intensive intervention. ○

Jack Kamrad, Ph.D. is the Chief Psychologist for the Peel District School Board.

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Enhancing Successful Learning by Understanding How the Brain Works

By Professor Dr. Stan Kutcher

A healthy functioning brain is the foundation for all successful learning, social, civic and economic development. The school environment is an important component of healthy brain development and there is no health without brain health. Just as schools are locations in which physical health can be encouraged and improved, so are they locations in which brain health can be encouraged and improved. Additionally, the way in which young persons' brains develop plays a large part in understanding what kinds of learning may be most easily accessed at different times in development and an understanding of how a young person's brain functions may help us better create brain healthy environments and educational approaches that can enhance learning outcomes.

The human brain is the most complex entity in the universe. It has more connections than there are stars in the Milky Way. It is the organ of adaptation and of civilization. What we are, what we think and what we do, as individuals and as human species, is the outcome of how our brains work. That in turn is influenced by a variety of other factors including our genetic endowment, the way our brains naturally develop over time, and the impact of the environment on the way our brains develop and on how they work.

The process of brain development begins at conception and its genetic blueprint is immediately influenced by the environment of the mother. Various stressors such as alcohol, poor nutrition, smoking, etc., can have a negative impact on brain development before birth and thus negatively impact on the optimal outcomes of the child—even before they are born!

Schools can play an important role in educating young people about the importance of good maternal care during pregnancy and can implement nutritional programs and pro-social development activities in locations where there are challenges to good physical and emotional health in the environment.

The early years are characterized by very rapid brain development and the need for good nutrition, safety and security during this period is most appropriately provided by the family unit. Schools can play an important role by educating “parents to be” on the importance of good care (physical and emotional) of infants and young children, and in some circumstances, can provide additional supports to young parents as a community resource center.

Childhood years are characterized by rapid advance in complex social learning and in cognitive development. Schools can assist in this process by providing pro-social environments in the school setting in addition to traditional educational instruction. This can be accomplished in a number of ways, including but not limited to teacher modeling of appropriate behaviour; school behavioural codes that promote good interpersonal and group behaviours and discourage inappropriate individual and group behaviours; and a variety of programs and activities that teach children pro-social skills.

As well, these years are an ideal time to provide additional educational opportunities that relate well to critical points in brain development—such as learning new languages and enhancing spacial and motor skills. This is also an excellent time to begin to introduce fundamental concepts of brain health as part of the school curriculum. A new curriculum recently developed and currently being used in Nova Scotia, called Healthy Minds: Healthy Bodies (resource can be provided by author), is a good example of how this could be addressed in an appropriate neurodevelopmental manner.

A number of disorders of brain function appear during this time. These include but are not limited to attention problems; social interaction problems; aggression; and learning difficulties. In some cases these are severe enough to be diagnosed as mental disorders and may require professional intervention to optimize learning. Schools can help address these needs by creating enabling accommodating environments that meet the needs of young people with these disabilities. Schools

can also address these issues by providing education for teachers on how to understand and recognize these problems and by providing evidence based specific learning strategies to assist in improving outcomes. Teacher training institutions can address this need by providing courses in child neurodevelopment and mental health.

The adolescent years (puberty to about age 25) are characterized by another major period of brain development. New brain connections are developed, old connections are pruned, and complex systems that guide emotional integration, motivation, craving-

induced behaviours and the capacity for good executive functioning (impulse control; problem solving; empathic/cognitive integration; etc.) come on line.

These neurodevelopmental changes continue to be guided by both genetically determined neurodevelopment and by environmental influences. As this development occurs a number of challenges are presented to the school setting. Some of these include the following: how to structure the school environment to improve learning potential; how to best motivate for learning; how to present materials to enhance uptake



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and retention; and how to address brain dysfunction or brain disorder to best support the students with those disabilities.

Some specific brain development features give us clues as to how to enhance adolescent learning. Motivational pathways in youth do not respond to the same reward paradigm as in adults—so frequent small rewards are preferred to larger delayed rewards. Novelty seeking behaviour increases and intensifies so that self-directed use of available technologies (particularly those that promote rapid shifts of focus) are more likely to engage youth than methods that require

long periods of sustained attention in a non-changing environment. Risk taking evaluation is usually good but may be trumped by the wish to experience the “rush” of uncertainty—so strategies that enable the activation of frontal cognitive assessments in advance of action should be employed.

Due to the great demand for sleep that is a prerequisite for brain growth and development and the neurodevelopmentally-based phase shift in the sleep wake cycle that occurs during this time, modification of traditional early morning school start times are indicated. Memory for detail is enhanced

by repetition broken up by short periods of alternative focus and materials presented in this way may enhance learning uptake. And fundamental to academic success is perseverance and hard work—these can be modeled by educators and built into the culture of the school environment.

These years are also characterized by the onset of the severe and persistent mental disorders, such as major depression; schizophrenia; bipolar disorder; panic disorder; social phobia; and others. Schools can provide curriculum on brain health and brain disorder to help decrease the stigma associated with these conditions and to help students identify these problems early when interventions can make the greatest positive impact. Teachers should be well versed in knowledge about and understanding of these issues and training institutions and ongoing continuing educational programs should be in place to enable teachers to acquire the knowledge and competencies needed. The recently developed Secondary School Mental Health Curriculum and its accompanying teacher training module (resource can be provided by author) is a good example of this application. Schools could provide linkages to appropriate health care services and can become community resource centers that provide information on a variety of health related matters—including brain health and mental disorders.

In summary, neurodevelopment is directed by a genetic blueprint and modified by the environment. Schools are uniquely placed in a situation in which they can shape the developing brain by applying brain-healthy environments. Additionally, neurodevelopmental factors can be better understood and this better understanding could result in the creation and application of various educational strategies that can be applied in such a manner as to enhance learning outcomes. ○

Dr. Kutcher is an internationally-renowned expert in the area of adolescent mental health and a national and international leader in mental health research, advocacy, training, policy and health services innovation. Dr. Kutcher uses his considerable expertise to advance the work of the Sun Life Financial Chair in Adolescent Mental Health, building awareness and knowledge about mental health in young people through the development of program that addresses adolescent mental health promotion, education and research, locally, nationally and internationally.

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Mental Health Promotion in Schools:

Using CHAT to Build Resilient Students

Schools are an excellent venue for mental health promotion. The process of bringing an evidence-based program to life within a school district is, however, complex. The implementation of the Choosing Healthy Actions and Thoughts (CHAT) program within the Hamilton-Wentworth District School Board demonstrates that it is possible to implement a high-quality mental health promotion program in schools, if certain conditions are met (e.g., support of school administrators, alignment with curriculum expectations, educator/mental health professional co-facilitation model). The evaluation component of this project has been essential in informing the nature and delivery of the program over time. A randomized trial that has been conducted within the board, in partnership with researchers at McMaster University/Offord Centre for Child Studies and Harvard University, will contribute to the emerging literature related to the value of universal depression prevention programming in schools.

By Kathy Short, Charles Cunningham, Michelle Bates, Anne Chaffee, Lesley Cunningham and Tracy Weaver

Schools provide an excellent forum for supporting the mental health of Canada's children and youth (Kirby & Keon, 2006; National Research Council & Institute of Medicine, 2009). Every day, students throughout the country are invited into a community, with peers and caring adults, to learn collaboratively and to acquire the skills that they need to reach their life's goals. While academic skill development is the primary focus in schools, there is also opportunity to promote mental health within this social learning environment. Given the link with academic performance, attention to social-emotional development can reap benefits for the achievement agenda.

While a number of models for understanding mental health interventions exist, most frameworks include:

- Universal;
- Targeted; and
- Clinical components (Offord et al., 1998).

Universal

Mental health promotion can be introduced at a school or class-wide level. This programming is focused on heightening understanding about mental health issues and building skills that support student social-emotional development. Universal programs avoid the use of stigmatizing mental health labels and focus on normalizing related symptoms like anxiety or sadness. Universal mental health promotion efforts can be occasional and situational, such as



when a teacher models positive coping strategies in daily classroom situations or facilitates a dialogue about a pertinent mental health issue. Universal interventions can also be more structured, as with the introduction of a school-wide bullying prevention program, playground peer mediation, or class-wide pro-social skills instruction. Note that teachers prefer school-wide approaches in the area of bullying prevention (Cunningham et al., in press).

Targeted

For about 80 percent of children and youth, mental health promotion efforts at school and naturally occurring family and community supports, will be sufficient to bolster them for life's challenges. Approximately one in five children, however, will experience a mental health problem that requires a deeper level of intervention. There is a role for schools in supporting students at-risk for developing social-emotional problems. Targeted interventions can be delivered by district mental health professionals, and through collaboration with community mental health agencies as necessary. Several evidence-based targeted interventions can be applied to the school setting. Many school districts provide programs for children who are at-risk for more serious problems because of anxiety, behavioural issues, or special concerns.

Clinical

For a small percentage of children and youth, a more intensive level of treatment is required. These children benefit from comprehensive assessment and intervention from a mental health professional. The clinical interventions required for these children can occur at school in specially staffed programs, in clinics or collaboratively across settings.

Educators are not expected to be mental health clinicians but they do have a role to play in facilitating mental health promotion and student resiliency. There are, however, a number of challenges in delivering mental health support to students. For example:

- Educators receive relatively little training about mental health issues in their formal pre-service education. Those with specialist skills often receive additional coursework that touches on these issues, but a working knowledge of the common kinds of mental health problems observed in schools is inconsistent.

- While some school districts offer staff development programming in this area, it is not available systematically, so mental health literacy amongst educators is low.
- There are competing demands on teacher time. Much is expected of teachers. Although many educators would like to assist students with their mental health needs, they feel stretched to meet other academic expectations.
- While there are an increasing number of empirically-supported interventions available in schools, it is difficult for educators to discern proven from untested programs. Principals and teachers receive an abundance of information from publishers and have little training to help them determine which of these are most likely to work within their setting.
- Even programs that have been tested empirically may not have been studied under real-world school district conditions. It is often these conditions that make or break the success of a social-emotional learning program.

Universal mental health promotion: The CHAT story

In 1999, mental health professionals within the Hamilton-Wentworth District School Board (HWDSB) identified student depression as a serious concern at the middle and secondary school level, and called for assistance in preventing and responding to this area of student need. The HWDSB began to investigate research-based interventions related to child depression, and over a period of about ten years, selected, adapted, implemented and tested a universal mental health promotion program aimed at helping students cope with stress and manage their mood. This program ultimately became known as CHAT (Choosing Healthy Actions and Thoughts).

Selecting an evidence-based intervention

In 1999 the HWDSB selected a proven, manualized cognitive-behavioural intervention (PASCET) as the foundation for the development of its universal depression prevention program. Cognitive-behavioural programs focus on changing the way that children think and behave, and provide them with skills for coping with stressful situations. There is good evidence to support

the use of cognitive-behavioural interventions for children with anxiety and depression (Clarke et al., 1995, Weisz, McCarty, & Valeri, 2006).

PASCET (Primary and Secondary Control Enhancement Training) was originally designed for children with mood problems who come to clinic settings for assistance (Weisz et al., 1997). It was selected for use by the HWDSB, because the program is evidence-based, theoretically-driven, and easily adapted to the school setting (e.g., user-friendly program materials). The PASCET program was, in fact, later revised (renamed Act and Adapt) and is currently being delivered in a targeted manner with students at-risk for depression in schools and clinics in Boston (Weisz et al., in press). There are two main components of the Act and Adapt program:

1. Helping children to ACT to solve problems that are within their control (through strategies like problem-solving and help-seeking).
2. Helping children to ADAPT in response to uncontrollable stressors (through strategies like "finding the silver lining").

Evidence-Based. The PASCET program yields positive outcomes for mild to moderately depressed children treated in clinical settings (Weisz et al., 1997). As such, it provides a good foundation upon which to base a school-based adaptation.

Theoretically-Driven. This program is founded on the Skills and Thoughts Depression Model which suggests that certain children and youth may be pre-disposed to depressed moods, genetically and/or environmentally, and may exhibit associated skills deficits (e.g., difficulty joining conversations with peers). Over time, these weaker skills, and the reactions of others' to them, can lead to unhelpful habits of thought (e.g., "no one likes me"). These ways of thinking tend to exacerbate skill problems (e.g., avoidance of social situations), which may, over time, lead to a sad mood. Under conditions of stress (e.g., transition to secondary school, family move, poor grade), this heightened vulnerability can lead to a depressive episode. The cycle continues as children spiral more deeply into depression. Programs like Act and Adapt are designed to break the Skills and Thoughts depression cycle.

Easily adapted. Act and Adapt is a program that is divided into a number of

sessions that could be easily adapted to a classroom block of time. Further, it contains a detailed program manual, with explicit instructions for facilitators to follow and a range of student-friendly activities, a high-quality DVD, relaxation tapes and a student workbook.

Adapting the intervention to the school setting

In 1999, the HWDSB entered into collaboration with researchers at UCLA to develop a school-based version of the PASCET program. A team was assembled to coordinate the implementation and evaluation of the program within HWDSB. This team wrestled with a number of core issues as it worked to shape the program. Key decision points are listed below:

Delivery method. The PASCET program was originally designed for children with clinical levels of mood difficulty. The team needed to determine whether the program would be delivered—to students with clinical depression by trained mental health professionals, to students at-risk for depression in a targeted manner, or to all students in a mental health promotion format. It was decided that the program would be delivered class-wide because:

- All students can benefit from learning coping skills;
- A universal approach can assist with reducing stigma associated with mental health problems; and
- The classroom setting allows for peer modeling of good coping behaviour.

Facilitation. The original PASCET program was delivered by trained mental health professionals and their senior level graduate students at UCLA. While HWDSB is fortunate to have both social work and psychological services departments with staff members capable of delivering this type of program, the CHAT Team decided that to enhance ownership, generalization, and sustainability of the program, it would be co-facilitated by a mental health professional **and** the grade seven teachers in CHAT schools.

Target grade. The transition to secondary school can be a stressful time for young adolescents. For children with a mental health problem, this transition poses particular risks. It was decided that the program would be offered in middle school, in an attempt to bolster students with skills that they could use during the transition to secondary school. The CHAT Team reviewed Health and Physical Education

and Choices into Action curriculum and decided that the program had the best fit with grade seven expectations.

Session frequency and duration. Although weekly sessions are the norm in clinical settings, the CHAT Team needed to balance this pace with the busy school environment. The team consulted with teachers, who ultimately agreed that weekly lessons would be optimal. In addition, PASCET sessions were originally 90 minutes, which would not be feasible within the elementary school context (45 or 50 minute classes). The CHAT Team worked with researchers at UCLA to modify the manual so that sessions could be covered in 45 minute weekly lessons. To deliver the content with fidelity, the final version of CHAT requires 20 lessons (typically delivered November through April in weekly periods).

Program alignment. Educators have a comprehensive middle school curriculum to cover each year. The CHAT Team recognized that to engage teachers in the initiative, the program could not be perceived as an “add-on”. To this end, a Health and Physical Education Consultant joined the CHAT Team to align the program to Ontario Curriculum grade seven expectations (in Health and Physical Education, Choices into Action, Drama, and Literacy). At the beginning of each lesson in the manual, the curriculum expectations are listed for teachers.

Canadian content. The PASCET program was developed and tested in the United States. The CHAT Team worked closely with Dr. Weisz and his colleagues to ensure that the content of the manual, workbook and DVD series used language and concepts that would be familiar to a Canadian student audience. Feedback from facilitators, teachers, parents, and students was shared with Dr. Weisz at each stage of program implementation so that the content could be revised to retain a universal tone.

Management of high-risk students. Although CHAT is delivered universally, because of the high prevalence of depression, the CHAT Team was aware that most classrooms would have one or two students that were struggling with clinical levels of depression. Having a mental health professional as a co-facilitator offered a strong layer of safety, as these individuals could monitor student reactions to the program and could provide additional support to students in need. A high-risk protocol was also put into place during evaluation phases of the program. Specifically, parents and students were informed, at the

time of consent, that if a student scored above a certain threshold on the Children’s Depression Inventory the parent/guardian would be contacted and information about community supports that could be provided. The school social worker could also provide additional 1:1 support for these students, with parent permission.

Measurement. Social-emotional programming is not benign. There are examples in the literature of proven and promising interventions, but there are also some untested and even harmful programs. The CHAT Team felt strongly that this program should be the subject of rigorous evaluation at all stages of implementation. The Evidence-Based Education and Services Team (E-BEST), the research service within HWDSB, led the evaluation component of the program.

Creating organizational readiness for mental health promotion

In 1999, when CHAT was first introduced as a concept to HWDSB senior administration, there was only an emerging appreciation for the role of data and evidence in education. Moreover, mental health promotion was not seen to be the primary domain of schools. Over the past ten years, the CHAT team, supported by E-BEST, has worked to demonstrate the value of evidence-based practice, and the iterative process of program development.



A critical aspect of this evolution has been to involve stakeholders at all phases of the project development, and to provide regular updates to senior officials. In addition, CHAT has become a vehicle for dialogue related to children's mental health in schools and has afforded opportunities for highlighting the potential for mental health promotion.

Program evaluation as a central part of CHAT implementation

Universal depression prevention programming in schools is new. Emerging literature in this area suggests mixed results. Some studies have demonstrated positive effects (Pospel, Horn, Groen, & Hautzinger, 2004), but others have not (Spence, 2005). The research literature is still evolving. Although the CHAT program improves upon many of these latter programs, by offering more sessions that are co-facilitated by a mental health professional, we do not know if this lab-tested program works in the real world. Pilot work related to CHAT has been encouraging, with significant improvements noted in student coping skills. It is important though to continue to evaluate the CHAT program. The research team completed an evaluation at every step in the development of this program.

Pilot Testing, Phase One

- 1. Participants:** CHAT was first piloted in three HWDSB grade seven classrooms. Sixty four students participated in the evaluation of the program.
- 2. Procedures:** CHAT was delivered in grade seven classrooms, over ten weekly lessons, by the classroom teacher and a school-based mental health professional. The PASCET program manual was used. There were no accompanying video materials.
- 3. Measures:** In phase one, students completed the Children's Depression Inventory and the Social Skills Rating System before and after participating in the program, and offered their perspectives about the value of the program on satisfaction measures. Parents completed the SSRS and a measure of program satisfaction.
- 4. Findings:** Repeated measures ANOVA showed a significant improvement in negative mood ($p < .05$) and self-reported assertion ($p < .01$) over time. Students reported that they liked role-play components and disliked homework. Parents indicated that they thought that the program was valuable and that the focus on coping skills was appropriate for this age group.

Data suggests CHAT has merit, and was acceptable to students and parents. Student and parent ideas for improvement were used to develop the next version of the program, which included more opportunities for practice and more lessons.

Pilot Testing, Phase Two

- 1. Participants:** CHAT was expanded to ten HWDSB grade seven classrooms (184 students).
- 2. Procedures:** An Ontario version of the Act and Adapt manual was created. The program was expanded to 15 weekly lessons and included a UCLA-produced video series. An enhanced training session was introduced.
- 3. Measures:** In addition to measures of depressed mood (CES-DC), several measures of student coping were administered (e.g., Primary Control Scale for Children). Note that a small study was conducted to test the reliability of these measures.
- 4. Findings:** There was a significant positive change in all measures of student coping ($p < .01$). Self-reported mood did not improve significantly for the full sample, but those in the clinical range at pre-test showed marked gains ($p < .01$). Students provided strong ratings of the program's videos and reported greatest satisfaction with the ACT portion of the program. There were school differences in outcome.

The ADAPT portion of the program was enhanced to include more student activities, the high-risk protocol was adjusted.

Pilot Testing, Phase Three

- 1. Participants:** CHAT was extended to six higher-needs inner-city classrooms to explore its utility with students at risk (105 students). Three urban classrooms that did not receive CHAT were used as a comparison.
- 2. Procedures:** The 15-week, video-version, CHAT program was delivered.
- 3. Measures:** In addition to measures of depressed mood and coping, we invited students to meet with us to talk about how they respond to stressful situations. We also asked teachers to track the number of times that they referenced CHAT skills outside of the lesson time, to get an idea of how the program might be generalizing to daily classroom circumstances. Teachers were also asked to complete a checklist after each session to describe

how closely they were able to follow the manual.

- 4. Findings:** Results suggested that students in higher-needs environments benefited from CHAT to the same degree as those in prior trials.

There is enough positive data to warrant a randomized trial.

Randomized Controlled Trial

With support from the Provincial Centre of Excellence in Child and Youth Mental Health at CHEO, the HWDSB joined with McMaster University to conduct a randomized trial of the CHAT program, beginning in 2006. Over two years, 70 grade seven classrooms were randomized into either CHAT (35 classrooms) or Usual Class (35 classrooms) conditions. The 664 students in the trial who received the intervention were followed at 6 and 12 months and 530 comparison class students participated in the same measurement points. Students completed on-line surveys related to mood, anxiety, coping and hope. Parents rated their child's mood and completed a questionnaire about their child's medical history. Student attendance and grades were also tracked throughout the trial.

In addition to pre-, post- and follow-up measurement, the trial included fidelity checks and benchmark surveys to ensure that the program was implemented as planned. Fidelity checks revealed a significant difference between CHAT and Usual Class conditions suggesting that they were indeed distinct and that facilitators were delivering the program content as intended. Benchmark survey data was used to assess the degree to which the components of each session were covered, whether or not aspects of sessions were modified, and a rating of student receptivity / engagement during each session. This information will be used to inform the next iteration of the CHAT program. The results for the randomized trial will be available in Fall 2009.

Dr. Ian Manion from the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO says, "CHAT epitomizes where we want to go in school-based mental health. Through meaningful and effective partnerships between academics, educators and service providers, students can maximize their educational potential by having their mental health needs met. We could all benefit from developing our CHAT skills."

Implementation of mental health promotion programs in schools

It is one thing to read about a program in a brochure or research article, and quite another to implement it with grade seven students! The CHAT Team “stacked the deck” for successful implementation by starting slowly and engaging trustees, parents, teachers, and students in pilot phases. Learnings from initial attempts to deliver the program were built into future versions of the program manual.

In addition, a training and support program was offered to facilitation teams. The 6 to 8 hour training program involved

lecture, orientation to program materials, demonstration of sessions and role-play components. Every team (teacher and mental health professional) planned and role-played the delivery of one session during the training program. Ongoing support and coaching was provided centrally to assist school teams. This included opportunities for clinical consultation.

Positive implementation was also facilitated through the approval and financial support of senior administration. Funds were made available for printing of program and evaluation materials through the

Student Services budget during pilot phases of the project.

Finally, the collaboration with Dr. Weisz and colleagues, and with McMaster University, has been instrumental in guiding the thoughtful implementation of this mental health program in schools. The perspective of academic researchers has been critical to decision-making about CHAT delivery protocols.


A listing of enablers and barriers to introducing a universal depression prevention program like CHAT in schools follows below.

Enablers


- Evidence-based intervention, with engaging features for students and teachers (e.g., teacher manual, DVD).
- A dedicated, multidisciplinary, HWDSB team.
- Support and encouragement from UCLA / Judge Baker Children’s Center.
- Support from senior management within the school district.
- Seed funding from the school district during pilot phases of the project.
- Attention to the need for close communication with schools and other stakeholders.
- Alignment to the Ontario Curriculum so as to ensure teacher comfort with the program material.
- Co-facilitation model that included mental health and teaching professionals.
- E-BEST platform for promoting research use and the uptake of evidence-based practices in HWDSB.
- Funding for the randomized trial from the Provincial Centre of Excellence for Child and Youth Mental Health.
- Collaboration with local university researchers during the randomized trial.
- Opportunity to share information with school officials about mental health and links to student engagement and achievement.

Barriers

- Development, implementation, and evaluation of an evidence-based program is not a typical district activity.
- There was no road map for implementation of evidence-based practice in schools when the journey began.
- The mobilization and development / readiness work took several years.
- Insufficient funding at the outset of the project resulted in a slower than desired rate of progress.



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Next Steps

To determine the degree to which CHAT skills bolster students as they experience the transition to secondary school, in spring 2009, a CHAT Cohort Tracking Study is taking place, whereby students who participated in the program in grade seven in 2006-2007 are invited to join a follow-up study now that they are in grade nine. Participants will complete the same survey measures, and report card grades, attendance and EQAO results will be compiled.

Future enhancements to the program are also anticipated, such as the use of booster sessions and the development of a parent/guardian companion program. A secondary school version of CHAT is also being contemplated.

The CHAT Team is also excited to report that the program is being introduced and evaluated in Sweden. Researchers have translated all of the program materials into Swedish, have piloted these within one school, and are presently preparing to implement CHAT in the Robertsfors school area in September 2009.

Summary

CHAT is an example of a universal mental health promotion program that has been successfully implemented within a Canadian school district over the course of ten years. The following five steps were used to translate and embed this evidence-based mental health program into a school setting:

1. Selecting an Evidence-Based Intervention;
2. Adapting the Intervention to the School Setting;
3. Creating Organizational Readiness for Mental Health Promotion;
4. Evaluating CHAT; and
5. Implementing CHAT in schools.

A number of decision-points, enablers, and barriers have been identified that will be relevant to others contemplating the introduction of universal programming in schools.

While pilot testing suggests that CHAT holds promise in helping students to build skills that will enhance their resiliency, the evaluative component of this project is critical. The program has evolved in response to feedback and findings, and the CHAT Team anticipates that the randomized trial will yield powerful information to guide next steps. ○

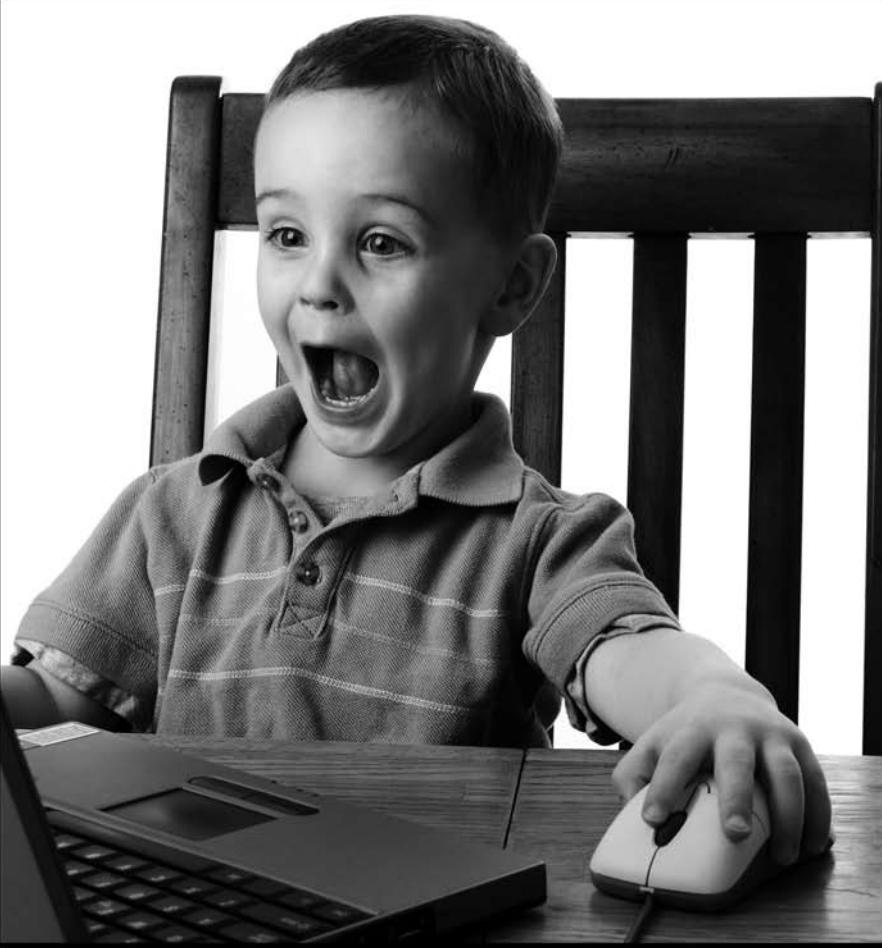
Kathy Short, Michelle Bates, Anne Chaffee, Lesley Cunningham and Tracy Weaver are from the Hamilton-Wentworth District School Board and Charles Cunningham is from McMaster University and the Offord Centre for Child Studies. Dr. Cunningham's participation was supported by the Jack Laidlaw Chair in Patient-Centred Health Care, Faculty of Health Sciences, Michael G. DeGroot School of Medicine, McMaster University.

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The Annapolis Valley Regional School Board (AVRSB) is a rural board of approximately 15,000 students over a 250 km geographical range with 42 schools. Our vision statement is “Working Together for Students”. The following discussion outlines the many ways in which the AVRSB works together to support students with behaviours of concern. Often, these children and youth have significant mental health issues. Consequently, we have adopted a comprehensive model of Positive Effective Behaviour Support (PEBS; Sugai, Horner, Dunlap, Hieneman, Lewis, et al., 2000) to

assist these students, their families and their schools. This model arises from the structural framework of program planning grounded in an outcomes-based public school program (Nova Scotia Department of Education Special Education Policy, 2008). In this paper, we detail our framework, including a range of supports from the classroom strategies through to individualized programs.

Increasingly, health and education have encouraged and increased use of a “best practice” collaborative approach to intervention. Within the PEBS framework, we recognize the need for interagency multi-system collaboration, based on best practice, systematic data collection and evaluation.

Within the PEBS framework, a multi-level continuum of support emphasizes a

three-tiered approach. “Green zone” (Tier 1) refers to school-wide interventions; “Yellow zone” (Tier 2) refers to individual or small group interventions; and “Red zone” (Tier 3) refers to highly individualized interventions. Research suggests that in any given school, it is considered that approximately 80 percent of students respond to systematic school-wide interventions, 15 percent respond to specialized attention, and 5 percent respond to extremely individualized systems. A key premise of PEBS is that the adults and the systems surrounding students must change if behaviour is to change. A second key premise of PEBS is that behaviour and instruction are inseparable.

The AVRSB has developed a Behaviour Intervention Team. It is comprised of a

The FAIS Light:

Those Who Like it Like it a Lot



Nova Scotia’s Annapolis Valley Regional School Board takes on the challenge of behaviour support

team of consultants with expertise in behaviour for both typical and atypical students. Consultants guide schools in managing students with a variety of mental health and behavioural issues (autism, for example). The team meets monthly to coordinate service responses to schools.

OVERVIEW OF PEBS

Green Zone

All schools in the AVRSB have been trained in the PEBS framework. To truly establish teams at each school, we required our schools to send at least four staff to three days of provincial PEBS training. Our regional consultants have helped schools foster consistent and clear behaviour expectations, as well as employ appropriate classroom and administrative management of behaviour problems. The key component of Green Zone interventions is instruction; students are specifically taught expectations for behaviour across a variety of school settings (hallways, assemblies, etc.). Students are purposefully reinforced for compliance. In addition, the school-wide behavioural interventions are supported by academically differentiated programming. Behaviours often stem from by academic frustration. In tandem with clear behavioural expectations, differentiation of instruction by the classroom teacher helps many students stay “green”.

Yellow Zone

The FAIS-Light: The AVRSB has adopted a unique approach to the practice of school psychology in its provision of services to students. Instead of hiring only master’s level school psychologists, we have diversified in our hiring practices. We have a Consultant of Psychology Services, who is a PhD in Clinical Child Psychology. In addition, we have a PhD in Counselling Psychology, a Masters in Community Psychology, and three School Psychologists. To ensure quality and accountability, all AVRSB psychologists are registered with the Nova Scotia Board of Examiners in Psychology. Because our psychology team has a breadth of experience in both schools and mental health clinics, it is well-suited to address the needs of students with behaviours of concern. Psychologists have proven critical to the identification of and programming for students in the Yellow and Red Zone.

A longstanding challenge in behavioural intervention in schools is the process by which behaviour plans are written and implemented. Many teachers have had limited exposure to appropriate programming for students with behaviours of concern. Concepts such as setting events, reinforcement and time-out are often unfamiliar to teachers. When added to the demands of busy classrooms, behaviour planning is “too much” for many staff. The AVRSB sought to streamline and simplify the behaviour planning process.

The Functional Assessment Intervention System (FAIS; Stoiber, 2004) provides a clear and sturdy framework for behaviour planning. The core principle of Yellow and Red Zone PEBS is that it is critical to understand the function of a behaviour. “If behaviour is predictable, it is preventable” is a motto of PEBS. The FAIS provides a document that is sufficiently structured so that it breaks down a complex team discussion regarding behaviour into manageable units. The FAIS encourages school staff to identify a student’s problem behaviour, potential triggers and possible functions for the behaviour. It leads a team to develop a plan that addresses environmental, teaching and altered response strategies. The FAIS also encourages school staff to develop benchmark rubrics regarding student’s behavioural progress, and to track relevant data.

The FAIS is vastly simpler than many other approaches to functional behaviour assessment. However, it can still be cumbersome and time-consuming for teachers, particularly those who are planning for students with more modest behaviour problems. We at the AVRSB developed a streamlined version of the FAIS, which we call the “FAIS-Light”. In essence, the FAIS light has four main sections: 1) description of the primary concern; 2) a checklist for identification of setting and trigger events; 3) a checklist for identification of the functions of behaviour; and 4) a brief analyses of student strengths and competencies. Teams complete a chart that specifies an action plan that addresses each of three approaches to behaviour change. Environmental strategies (for example optimizing student seating) address possible triggers or setting events.

Teaching strategies are plans to teach students an alternative behaviour that has the same function as the misbehaviour (for example teaching the work-refusing child an appropriate way to ask for a break). Altered response strategies are changes in how the adults respond to the student, to alter the “pay-offs” of the misbehaviour (for example using positive contingent attention favour attention-seeking students). The FAIS-Light shapes the discussion of a program planning team, including plan review and revision.

To implement the use of the FAIS-Light throughout the AVRSB, we developed a five-year implementation plan. In our first year, we inserviced all resource teachers and guidance counsellors for three days. The first day covered the basic principles of behaviour. The second day familiarized them with the FAIS-Light form and process. On the third day they were taught the basics of data tracking and common strategies for behaviour intervention (for example, what is an appropriate time-out). School program planning teams were urged to involve AVRSB psychology when developing FAIS-Light plans over the next few years. If a school requested educational assistant support to manage student behaviour, we required them to submit the FAIS-Light plan as part of their application. In our second year, we freed psychology personnel to guide teams through the FAIS-Light process for individual student plans. By the end of that year, “the FAIS-Light” was a word in common parlance throughout the AVRSB.

We are in the middle of our third year using the FAIS-Light. Already, improvements in behaviour planning are evident. Schools have become familiar with the idea of addressing the underlying functions of behaviour. Current quantitative and qualitative data suggests that the frequency and intensity of behaviours have been reduced, school teams are more efficient in behaviour planning, and suspensions have been reduced. School administrators report having more time for instructional support. Provincial data tracking sheets for all schools will be implemented in 2009-2010.

Check and Connect: As part of our ongoing support of students with behaviours of concern, the AVRSB has adopted

the Check and Connect Model (2008). This program is meant to target youth who have “disengaged” from school. Through the acquisition of a specific grant, a teacher was hired to work with a small number of students (4 to 5) at high risk for dropping out in one large high school. The teacher serves as a liaison between the home, the school and the student, as well as outside agencies. The key focus is on developing a relationship with the student, so he or she can be “connected” to school.

The teacher had a variety of roles—greeting students each day, ensuring their readiness for class, problem-solving with them and their families, and mediating with classroom teachers and school administrators. Quantitative data obtained from our year-one pilot indicated that this program is extremely effective in increasing indices of student engagement such as attendance, achievement and reduction in suspensions.

Red Zone

Crisis Plans: Sometimes, despite our best proactive planning efforts, some students escalate through predictable sequences to physical violence. As a supplement to our FAIS planning, we developed a protocol for addressing a student’s potential for physical violence. Our “Crisis Plan” template helps guide program planning teams for episodes of student escalation. In accordance with the PEBS model

and the Nonviolent Crisis Intervention (Crisis Prevention Institute, 2009), as well as the “5 point scale” (Burton & Curtis, 2003), we ask teams to identify the “first signs” of increasing agitation in a potentially violent student. Early stages may involve redirection strategies, whereas later stages may require the response of NVCI-trained teams. Use of our “Crisis Plan” document has helped orient program planning teams to the need for coordinated responses to student violence. By having the “Crisis Plan” as a separate document from the FAIS-Light, we address the anxiety of staff who might feel that proactive behaviour plans are insufficient for students who may become violent.

Day Services for Youth (DSFY): Increasingly, health and education have encouraged and increased use of a “best practice” collaborative approach to intervention. Within the PEBS framework, we recognize the need for interagency multi-system collaboration, based on systematic data collection and evaluation.

DSFY is a short term (12 week) voluntary intensive intervention service for youth 12 to 15. It is designed to avoid lengthy school suspensions or family breakdown, which may result in agency care for a youth. Students in DSFY have often exhausted resources and services at their home school, and often require more intervention that outpatient mental health clinics can provide. DSFY is the result

of a partnership agreement between the AVRSB, Annapolis Valley Health Child and Youth Mental Health (AVH), the Nova Scotia Department of Community Services, and Nova Scotia Department of Justice.

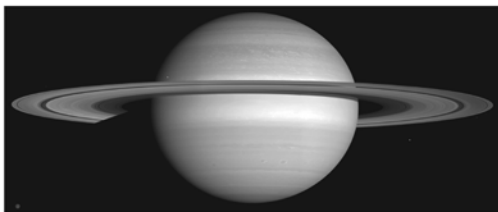
The AVRSB has three DSFY sites, situated geographically in the east, west and centre of the region. DSFY is coordinated by our PEBS consultant, who works as liaison among the three sites. Each site has a teacher, an educational assistant, mental health workers, and community support workers. Staff work in a small classroom setting (6 to 8) students. The program focuses on the following: individual and group counselling, literacy and math skills, social skills, health and stress management, vocational exploration, and adventure-based programming.

We have collected three years of data on the effectiveness of DSFY. Pre and post intervention data indicate that 90 percent of DSFY students are significantly helped by the program. Evaluation tools include tracking the number of office referrals, internal and external suspensions and academic achievement. Self and parent report measures of mental health symptoms (for example, depression) and behaviour are also collected. This data suggests that DSFY programming has prevented dropout in approximately 75 youth in only three years.

CONCLUSION

In summary, the AVRSB has undertaken to support the mental health and behavioural needs of its students by a variety of innovative and exciting initiatives. In particular, we have aimed at the faithful implementation of the PEBS framework. We have strengthened program planning teams by introducing helpful structures and consulting support. We have developed in-school systems to reach disengaged youth. We have developed collaborative partnerships with outside agencies to provide intensive programs for teens in the “Red Zone”. We have been diligent with data collection to evaluate our initiatives. Throughout all our efforts, we have worked together for students. ○

Cindy Giffen has been the Coordinator of Student Services in the AVRSB for the past 12 years. Experienced as a teacher and



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school administrator, she also teaches in the faculty of Education at Acadia University, Wolfville, Nova Scotia. Dr. Robin McGee, Registered Psychologist, is a clinical child psychologist. Experienced as a mental health professional working with children and youth for the past 22 years, she has been the Consultant of Psychology Services for the AVRSB for the past 4 years.

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A black and white photograph showing the shadows of two people standing on a light-colored wall. The shadows are cast from the left, and the figures appear to be in a dynamic, expressive pose, possibly dancing or gesturing. The lighting is dramatic, creating deep, dark shadows against the lighter wall.

The Class:

A Community High School Initiative Supporting Students With Mental Health Issues

By Darryl Weir and
Sandra Mann

Debilitating mental health disorders are significantly affecting an increasing number of adolescents. The medical system has treatment programs for youth experiencing severe effects from mental illness, but integration back into a school system is often a barrier for students who are in the process of recovering and developing life long coping strategies for dealing with their mental illness. The Calgary Board of Education has developed several different models for supporting students with these mental health challenges within community schools. Students who are involved in these

programs have been highly successful reintegrating into their educational and social communities.

One of the associated results of the rapid expansion of population in Calgary has been the increasing number of adolescents in the city diagnosed with mental health disorders. During the 10 month 2007/2008 school year, 75 adolescents were admitted to Inpatient Mental Health Services through the Young Adult Program (YAP) at the Foothills Hospital in Calgary. In the first 5 months of this current 2008/2009 school year, 67 adolescents have been admitted to YAP.

Therapeutic services for these young adults at YAP are provided by a multi-disciplinary team and often include concurrent group, individual and family therapy. An educational program through the Calgary Board of Education (CBE) is also provided to students during their stay at YAP. Following involvement in this intensive therapeutic setting many students are able to return to their community school with some follow up therapeutic supports. However, an increasing number of students need continued targeted assistance to be able to function in the community. Some may be referred to the Adolescent Day Treatment Program (ADTP) which provides a similar therapeutic and educational approach to students in an outpatient setting for a period of up to three months.

While there are some adolescents who are able to return to their community school following their medical treatment programs, there are many who still need a supported educational and therapeutic environment before they can be fully integrated into a regular academic program. The Calgary Board of Education has tried to address this gap in services through the creation of an educational program with mental health supports, located in community high schools, called "The Class".

About The Class

The Class has been in operation for 12 years and has been extremely successful in assisting students in integrating into community high school settings, into work experience programs, the work force and for some, into post secondary educational settings. Currently there are 5 Class programs which support up to 12

"I think that this program has been very helpful and successful in terms of getting people integrated and more sociable in the real world. It has helped me get a better understanding of my school work and to be able to be in a normal school. The supports are great because it gives me an option to talk to people so that I don't feel like I am alone."

students each, in 3 high schools. Students have traditionally been placed in the program if they have been diagnosed with an internalizing mental health diagnosis such as generalized anxiety, bipolar disorder, depression, schizophrenia, etc. and have a treatment plan with a community based therapist and/or psychiatrist. In this way students attending The Class are supported with a wraparound service plan.

The Class is staffed with a teacher and a behaviour support worker. Integral and necessary components of the program are the attached mental health supports. CBE has contracts with mental health therapists (MH Therapists) from Alberta Health Services and Family School Liaison Workers (FSL) from Hull Child and Family Services for each class. Student Health Partnership provides Occupational Therapy on a referral basis to the students in the program. In addition a community psychiatrist consults monthly with the staff of each setting. The emphasis of this class is to provide an educational program with mental health supports that addresses student engagement in the school setting.

The success of the program

The effectiveness of the program can most clearly be illustrated by relating the

stories of the students who have attended The Class. Sonya, for example, has just graduated from The Class and from high school and is presently attending a post secondary educational program in Calgary. One of the writers first met Sonya when she was attending ADTP, following a stay at YAP. Sonya was a very shy, awkward young girl who had experienced an acute depressive episode. During her inpatient stay at YAP her mother was diagnosed with a life threatening illness and Sonya's brother stepped in to support her transition back to the community. Sonya joined The Class in a very tentative manner. She was extremely reluctant to leave The Class classroom and venture out in the hallways of the large high school. The teacher in the program provided modified coursework within the classroom and the behaviour support worker (BSW) got to know Sonya's passions and fears. It turned out that Sonya had a lovely voice and enjoyed singing. Accompanied by the BSW, Sonya began attending and enjoying music classes within the high school. Even though school was becoming a more positive and rewarding environment for Sonya, she still struggled to attend on a regular basis. To support her becoming a more regular participant in school life, the FSL became involved with Sonya and her

family. It turned out that Sonya's mother had returned home and was recuperating from her illness. The FSL worked with Sonya and her mother to meet her goals of becoming more independent and increasing her self esteem. A plan was made that Sonya could phone home every day from school to check in with her mother. The FSL also arranged a volunteer work experience opportunity in a nursing home so she received high school credits for her work. Sonya loved helping others and began to attend school more

regularly. Leaving the classroom to join the inclusive courses was still difficult for her. The MH therapist collaborated with the community therapist to try to understand her reluctance to leave the safe environment of the Class classroom and develop a school-based treatment plan. Sonya was encouraged to track her anxiety during the day and from this, she determined that her anxiety was highest before she came to school and lower when she was involved in school activities. She then learned that she would be

able to manage her anxiety once she could be involved in the learning process. The MH therapist also helped her examine her perceived losses; of her healthy self and of her healthy mother and rewrite a new narrative of a stronger Sonya who was able to face and overcome her anxiety and depression. This school-centred therapy made a huge difference for Sonya as she became more confident in her abilities and began to explore participating in the regular high school program. Sonya began to soar, got a paying job at the nursing home and graduated from high school with her full course complement within the typical three year stay.

Sonya's story demonstrates how the supports in the program can make a critical difference in the lives of the students. Once students are enrolled in The Class they are eligible to stay connected to the program as much or as little as needed as they become healthier and ready to be more fully included into the typical program of studies. Occasionally, students require an additional semester of high school to complete their program or to graduate.

As the need for The Class program has been expanding, so has the understanding that there are limited community and private mental health resources and many parents who are not capable of accessing these supports. To meet the dire needs of these students and their families in this situation, the CBE created a new therapeutically enhanced Class program and is planning to add an additional one in that school this coming fall. To assist these families to access outside community services, the CBE has contracted additional therapeutic supports to be available for the students in this particular class. This has made a tremendous difference for the students enrolled in this program and has been an equalizing factor in providing support for all the students in The Class.

Program feedback

Pam Bannack, a first year teacher who has this year just started the newest Class Program wrote, "The Class program has created an incredible learning opportunity for myself and has taught me more than I could have ever imagined in my teaching career. This program has provided students with very complex learning

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difficulties a place to come and work on their high school diplomas at a pace that suits their learning needs. Each student is provided with flexibility and opportunity to integrate into the regular setting when they are comfortable and when there is maximum opportunity for success. Because of the complexity of each individual student, we make decisions to include them in as many activities that will teach them life, social and coping skills. It is truly a balance of all areas of wellness and as a new teacher, I have been forced to step away from curriculum and focus on where the student is at in terms of their learning as well as their personal development. We form all of our decisions with support from our specialists, consulting psychiatrist, mental health therapists, family school liaisons, behaviour support workers, teachers, parents and students. Consistent communication is key to ensure the success of our students in this program.”

Graham Wills, the BSW of this new program commented, “by creating a calm and comforting atmosphere, devoid of the traditional demands that can often hinder student performance, the students in The Class program are able to work from their strengths and overcome the multitude of challenges that they face in order to experience success in school, often for

the first time in their lives. Barriers to learning are identified and removed so that students can reach their maximum potential. The Class fosters connections between students with similar challenges creating an opportunity for these students to feel as though they finally belong.”

A student in the Class program stated, “I think that this program has been very helpful and successful in terms of getting people integrated and more sociable in the real world. It has helped me get a better understanding of my school work and to be able to be in a normal school. The supports are great because it gives me an option to talk to people so that I don’t feel like I am alone.”

A parent of a student in the program commented, “if it was not for this program, I am not sure how my son would be dealing with his daily challenges. I am very happy that my son’s option classes are with the general population of the school as the students are integrated into ‘normal’ classroom scenarios. I have been able to meet these option teachers and they have been so positive. They are aware of my son’s challenges and are able to contact the homeroom teacher at anytime for support. A lot of communication is evident between all classes, teachers, principals and the school officials not in the building. This program would not

work without everyone working together in constant communication. We have had such a positive experience and I am very grateful my son is able to attend a high school where he is learning the social skills, many take for granted.”

Another guardian commented, “if it was not for this program, my grandson (who has been diagnosed with Adjustment Disorder) would have been dismissed from high school long ago. From the beginning of this school year he has been given full attention from the staff. They have not punished him for his erratic behaviour but have gone to great lengths to make him feel comfortable and included. Each of the staff has worked hard with him to gain his trust and develop an individual program plan that will hopefully see him earn sufficient credits to be able to move into the next level or grade. We are seeing some positive changes in his behaviour and he is showing more willingness to participate in his curriculum and, although he still needs to be coaxed along, he has completed more assignments this year than in any time in the past.”

The key to the success of The Class programs has been to have the right teaching, behavioural and mental health resources to support the students and their families in learning to cope and manage mental illness through the context and challenge of a high school setting. In creating these programs, students experience pride in both accomplishing their goals and the societal expectations of typical adolescents.

David, a student who had been at home for years with extreme social phobia graduated from the program last year and is now attending a city community college. He wrote in one of his regular emails to the staff, “thank you for helping me get here and being part of the evolution that is David. Remember when I used to be shy and not confident. © Here’s hoping another David will grace your doorstep....miracles happen, right?” ○

Darryl Weir and Sandra Mann are both specialists with the Calgary Board of Education who have been involved in developing programs and supports for students with mental health and Autism Spectrum Disorders.

Possibilities: Together Creating A Better Way

By Maria Sanchez-Keane
and Tamara Nugent

“Without leaps of imagination, or dreaming, we lose the excitement of possibilities. Dreaming after all, is a form of planning.”
- Gloria Steinem



Valley District School Board, and community agencies have gathered monthly to re-imagine how we work together. It has been an incredible opportunity to learn, grow, stretch, listen, be challenged and commit to creating better ways to serve our children and families.

Fashioning our preferred future: what have we learned along the way?

- Invite key stakeholders to the table: A year ago there were 5 representatives at the table, today we have a partnership table 35 strong and have another group of 230 who attended the *Possibilities Conference*; many, keen on becoming more involved.
- Hire a neutral facilitator and project manager: The fact that the ministries realized that it takes time and resources to collaborate has greatly enhanced our ability to move forward.
- Use change management principles: Many of us risk experiencing change fatigue. Across both sectors there have been many changes in the past few years. This initiative is about doing things differently. It has been important to use a change management lens in moving our work ahead. Our process is outlined below.

Create a powerful vision: This was one of the first tasks that we tended to. We asked ourselves: if we are going to commit to this work, what is it that we hope we will do? What will be different? What will it look like? What is our dream?

Develop a strong guiding coalition: This is on-going work. Tangible commitment is expressed in action. Being at meetings, following through on actions, engaging in the work. All partners must commit to both monthly meetings and monthly sub-committee meetings.

Teachers in many schools work with students in their classrooms who are struggling with mental health challenges, challenges which education alone cannot address.

Parents, overwhelmed by the complexity of service, are too exhausted to keep trying to find the “right service” for their child.

Across the region, community mental health workers are frustrated by a system in which many families come in-and-out of service like a rotating door.

When 230 participants attended the *Possibilities Conference* in January 2009, they all agreed on one thing, there has to be a better way! Educators from both the London District Catholic School Board (LDCSB) and Thames Valley District School Board

(TVDSB) as well as representatives from many of the children and youth mental health organizations in London/Middlesex, Elgin and Oxford and parent advocates gathered to talk, to dream possibilities and to begin to create shared meaning about how to serve children and youth impacted by mental health challenges and their families.

In February 2008, the Ministry of Education and Ministry of Children and Youth Services created the *Student Support Leadership Initiative*. The provincial goals for this initiative are:

- Improved understanding of each cluster members’ services;
- Improved joint decision-making processes; and
- Improved access to existing services and supports for students and families.

We form Cluster #7 and since April 2008, representatives from the London District Catholic School Board, Thames

Share the vision, generate interest and champions: It was clear from the beginning that we need the voice of many to confirm our vision and to provide direction for our work. This was the purpose of the *Possibilities Working Conference*. This collective group determined top eight priorities for our work:

- School/community hub;
- Information and communication on services and resources;
- Protocols and streamlined access;
- Single point of coordinated access;
- Child Advocate Coordinator;
- Equity of services for county;
- Common language; and
- Cross ministry/systems issues.

Seek to understand: Our partnership table brings together experienced individuals with a wide variety of backgrounds, experiences and perspectives. We are learning to listen to differing views. At times, we have left frustrated and challenged but we commit to continuing to come back and continue to work toward understanding.

Develop guiding principles: As a way of building trust and understanding the context of our work, we have collectively developed our guiding principles which name the way we will work with one another.

Be flexible in our game plan: While we created a work plan and submitted to the ministry, there have been opportunities and changes within the initiative which have impacted our work such as city/county planning tables, new research and ripe opportunities. All of these inform and influence our planning. We have found the need and importance of not being rigid and ensuring we remain nimble enough to jump at opportunities presented.

Realize it gets hardest when ideas move to action: The hard work is not the visioning, the ideas sharing and generating. The difficult part is moving to action. The temptation to step back to research and move back to a safe place where we do not have to commit to change is a reality. Resistance is greatest before action. Change experts and our experience tells us this; we endeavour to move past it.

Generate quick wins! Those involved need to see movement forward and results. Loss of interest and momentum can occur if all the planning is for the long term. Knowing this, we have planned a follow-up to the January conference. In April 2009, we



An attendee packet from the Possibilities Conference.

hosted a cross-sectoral professional development workshop on Resiliency. This day served to build trust and further understanding (through a service fair), and continued to build common language and frameworks to work better together. A parent session was also hosted during the evening.

Change policy, protocols, processes to reflect our collective decisions: We know this will be part of the work which lies ahead for us. While only just beginning to touch on it, we hope this work will include creating simplified protocols and processes so that families are not overwhelmed by our systems.

Set people up for success: We are mindful that those who will take the first steps will need our support as well as appropriate and timely training to ensure that the new way of delivering our services to families occurs effectively.

Evaluation: What tangible changes will children/youth impacted by mental health challenges and their families experience because of our work? What difference will our efforts make? These critical questions must be a part of our efforts.

To allow for these dynamics to animate our work is to join in the dance. Collaboration takes time, energy, commitment and opportunities to build relationships and trust. Our focus for the next while includes:

- Increasing awareness of current services in schools and the community through an Information Technology platform.

- Education opportunities for front-line staff in schools and community agencies.
- Developing common language (we are exploring the Resiliency Framework as the common language framework).
- Building on our strengths and cross-ministry initiatives which are working.
- Sketching out a community/school as hub model for a rural setting.
- Agreeing on protocols of how we can best work together.

Likely the most important lesson learned to date is the importance of perseverance! We have no reason to be discouraged about our capacity to make a difference and every reason to hope. We've learned that the process is like a dance; two steps forward, one step backwards, a sideways step, a twirl, a dip, a twist! We learn as we go.

“To dance is to be outside yourself. Larger, more beautiful, more powerful.”
- Agnes deMille

Possibilities dance as we create a better way! ○

Maria Sanchez-Keane, M.Div., MBA, Management Consultant, has over 15 years experience working in the non-profit sector and extensive experience facilitating community collaborations. Tamara Nugent, B.A., B.Ed. M.Ed., Superintendent London District Catholic School Board, is a member of the Student Support Leadership Initiative leadership team and a champion of success for all students.

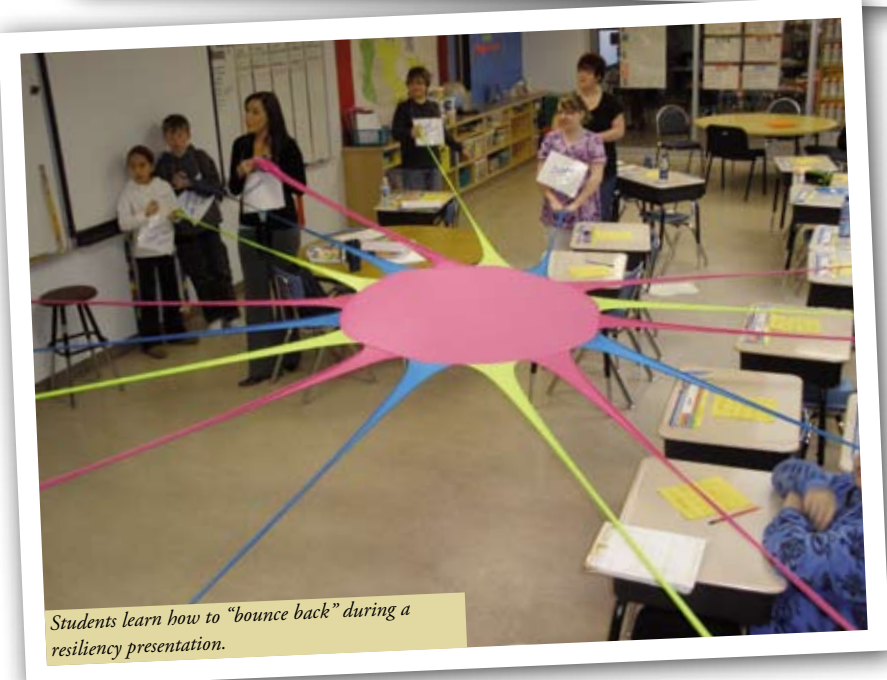
Promoting Optimal Mental Health for Children and Youth in Rural Schools

By Daelynn Takasaki and Jodi McKay

Mental health issues in children and youth are common. Research shows that at least half of all lifetime cases of mental illness begins by age 14. Research also identifies that at least 1.2 million Canadian children and youth live with mental health problems such as depression, anxiety, attention deficit disorders, substance abuse and other mental health disorders. These issues are prevalent among urban centers, but are equally present in rural areas. However, the rural areas are faced with additional barriers to providing effective mental health services.

Horizon School Division #67 provides services for a number of rural communities in southern Alberta. Horizon is a division that focuses on empowering children and youth to excel. However, this focus is not without its challenges. These challenges include geographical barriers, cultural differences, economic factors and high turnover rates of professionals. What works in providing services for children's mental health in urban centers, does not necessarily work for rural communities. Rural services must be tailored to the specific strengths and needs of each community. Therefore, it is imperative to approach mental health services in a rural context with a more flexible delivery model.

It is not uncommon in rural communities for the school to be viewed as the one stable support in the community—the hub to all other services. Therefore, mental health capacity building at a school



level in a rural division is necessary. To best support children's mental health needs within Horizon School Division the Family School Liaison Program has been implemented.

In ensuring the division provides the necessary supports to all the communities within their boundaries, each situation is approached as a team dedicated to the well-being of children and youth. Some of the key players that assist in connecting with kids and families to promote and support optimal mental health in the rural communities of Horizon School Division include a Registered Psychologist/Clinical Team Leader (CTL), Family School Liaison Counsellors (FSLC), Child and Youth Care Workers (CYCW), a Mennonite Liaison worker, a First Nations, Métis and Inuit Liaison worker (FNMI), and the Family Connections program. All of these individuals together with school administrators and teachers bring unique skills, qualities and programs on a daily basis to ensure that youth and families are empowered to strive to reach their potential.

When a student is first identified by school staff as needing support, it is often the Family School Liaison Program that is alerted. This program is faced with children and youth experiencing a number of issues with regards to mental well-being. Some of these issues include anxiety, depression, grief/loss, self-esteem and bullying. The goal in meeting with students is to build rapport and provide a safe space to explore their issues. The program recognizes that every individual is unique and should be treated in a culturally sensitive manner with respect, dignity and compassion. Once this connection occurs, the ultimate goal is to work with the students and families to determine what supports best meet their needs. At this time, a referral may be made to an outside agency. If the family is unable to access outside supports or agencies as a result of limited services in a rural setting, the division will call upon their multi-disciplinary team and continue to provide support and advocate for the family to determine the best avenue to meet their needs.

The program also has regular case consultation meetings with external agencies such as Mental Health and Children

It is not uncommon in rural communities for the school to be viewed as the one stable support in the community—the hub to all other services. Therefore, mental health capacity building at a school level in a rural division is necessary.

Services to ensure best practices are maintained. Along with one-on-one counseling support, the Family School Liaison Program also provides a number of other services to build capacity within our rural communities including classroom presentations, groups, parent information nights and monthly newsletters that address issues such as resiliency, anxiety, self-esteem and parenting after divorce.

The Family School Liaison program encourages staff to attend professional development opportunities to continue to be aware of important factors that may negatively impact children and youth's mental health such as environmental factors (i.e. attachment styles) and organic factors such as Fetal Alcohol Spectrum Disorder. These opportunities also allow staff to identify strategies and successful approaches in addressing these issues. Certification in Suicide Prevention and Intervention and Threat Assessment is important and is often a way to identify at-risk students, which then allows for early intervention and prevention strategies to be put in place.

Being part of a rural school division in Southern Alberta, considerations must always be taken into account in regards to the unique populations that are served. Not only is service provided to the general population that attends the schools, but also to a number of Low German Mennonite, Hutteritarian Bretheren and First Nation individuals and families within the division. Therefore, there is a strong need to be culturally competent to ensure best services are being provided to all individuals.

The Low German Mennonite population can be transient in nature with many making annual extended trips to Mexico from Canada, which can bring about many challenges for the children and families. As a result of making the transition from Mexico to Canada and trying to adapt to their new environment in Canada, there is increased stress and worry. The Mennonite Liaison worker continuously works with these families and is exploring new and creative ways to connect these populations with services within the school division. Assistance to the families is provided in many ways, such as home visits, translating, setting up appointments, enrolling children in school and connecting them with services in their communities. These services are also offered to our First Nations, Metis and Inuit populations by the FNMI Worker.

Not only does the Family School Liaison Program team focus on at-risk kids, but they are also constantly exploring ways to promote mental health and wellness and develop preventative supports which focus on building on the strengths of children, youth and their families. Horizon school Division is fortunate to have the Family Connections program that aims to increase knowledge and awareness to create healthy environments for the mental and physical well-being of children, youth and families. This program has been described as “the cement, so students and families don't fall through the cracks any more”.

The Family Connections Program began in Horizon School Division in

September 2007. It is one of 32 pilot projects in a province-wide Mental Health Capacity Building in Schools initiative. The initiative is led by Alberta Health Services-Mental Health Board in partnership with Alberta Education, health regions and other community partners and agencies, with funding from Alberta Health and Wellness.

This project has implemented several programs that tie into supporting optimal mental health for children, youth and families. For example, anxiety is an ever-present issue among children. Anxiety significantly interferes with a child's ability to handle a wide variety of everyday activities, including interpersonal relationships, social competence, peer relations and school adjustment. The FRIENDS for Life program which is being piloted province-wide this year in grade four and five classrooms across Alberta have been implemented which helps children cope with feelings of fear, worry, and depression by building resilience, self-esteem and teaching cognitive and emotional skills in a simple, well-structured format.

Another successful program being


implemented is The Resiliency Postcard Campaign in partnership with the local AHS-Addictions and Mental Health (AADAC) office. This program provides students with an opportunity to honour a positive adult role model who has made a difference in their lives. During this process, students develop self-esteem, create meaningful attachments and build upon their own resiliency skills.

Even though the Horizon School Division is faced with challenges such as sparsity, distance and unique cultures, a program that is truly unique has been created and ensures that each community and individual has the opportunity to make positive connections. Part of making these connections and aligning with the divisions beliefs of a team approach is the positive working relationships and multidisciplinary team that have been created with various community agencies. These agencies include Southwest Child and Family Services, Alberta Health Services-Mental Health and Addictions (AADAC), Taber Police Service and RCMP, Taber Mental Health, Family Connections Support Services (FCSS Barons-Eureka-

Warner), and the Mennonite Central Committee (MCC) of Canada.

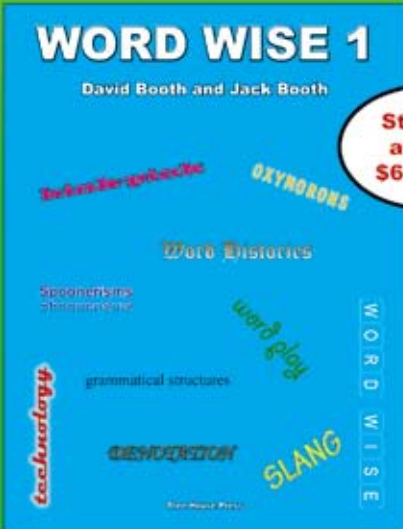
Children and youth are our link to the future, so attending to their mental health needs is a vital investment and should be accorded a high priority. The Horizon School Division is very proud of the programs and supports in place and continually explores new and exciting ways to approach children's mental health with a more flexible model. The multidisciplinary team approach in providing mental health services to children, youth and their families within the school setting has created a positive and trusted program that continues to strive to provide supports and programs to allow optimal mental health in rural school divisions. ○

Daelynn Takasaki is a Registered Psychologist and is currently the Clinical Team Leader with Horizon School Division. She has also worked in Private Practice with a focus on children and youth. Jodi McKay is currently the program coordinator of the Family Connections Mental Health Capacity Building project. She has been both a teacher and principal for the past 16 years in Alberta and Saskatchewan.

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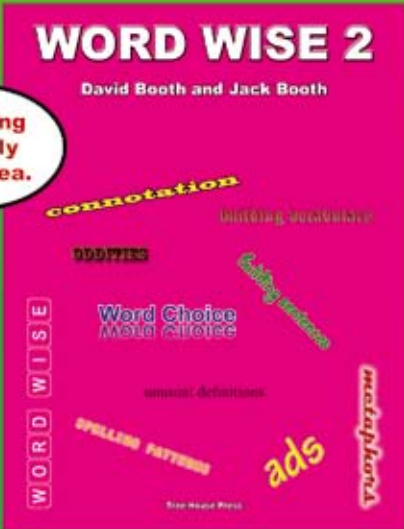
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Taking STEPPS to Create a Classroom for Students Challenged by Mental Health Issues

By Maria Pistotnik and Brenda Willis

Children who face obstacles to learning deserve not only to have the support needed to mount these obstacles, but an environment which eases transition as they begin to meet with success. The Supportive Transitions for Emotional, Physical, Psychological and Spiritual well-being program (STEPPS) at St. Elizabeth School within the Edmonton Catholic School District was developed to facilitate the transition of students who face challenges in their emotional development after being discharged from a mental health treatment program.

STEPPS provides students who have been diagnosed with severe mental illness that impacts their academic and social progress at school with a highly structured and supportive environment. The small class setting with a low teacher-student ratio and staff trained in therapeutic techniques provides students with a learning environment in which they can learn about their mental, physical and spiritual health. As a preventative mental-health classroom, a joint venture between Capital Health and Edmonton Catholic Schools, students and their families also have access to the services of a mental health classroom nurse.

Through the combination of these services and the establishment of a safe environment where limits are clearly set, students are given an opportunity to manage their behaviours and to understand the feelings or thoughts underlying their behaviours. Students then develop a language which enables them to discuss their difficulties and develop alternative strategies that will enable them to resume academic progress. Ultimately, the goal of the program is to help students develop the coping skills they require to make

a positive impact toward their mental, physical and spiritual health.

To enhance the learning environment, classroom furnishing and computers were purchased with a grant from the Alberta Hospital Edmonton and Community Mental Health

Foundation. The room has been painted a calming shade of green, a reflection area is enhanced with comfortable seating, religious murals assist students with connecting to their spiritual side and areas to support student sensory issues have also been developed.



The reading area.



The rest and reflect space.

The counselling area.



“The room is Zen-like,” says Gavin, the first student enrolled in the program. “It’s way cooler than any other classroom.” A year and three months after starting in the program, Gavin has developed the resilience needed to be successful in a traditional classroom with grade-level peers. Through monitoring of medications, daily counselling sessions and through providing academic supports, Gavin has increased his capacity to cope with his emotional regulation and is now ready to transition to his community junior high school.

“The ultimate goal of the STEPPS Program is to help students develop the skills they require so they can return to their community school successfully,” shares Allan Mahoney, the classroom teacher. “Gavin is proof that the program works. When he was first discharged neither he nor his family were ready to return to their community school. Only a year later, the additional supports in STEPPS has allowed him to build the confidence he lacked and now he is fully integrated and completely engaged in his learning.”

Justice is another student who has benefited from the programming provided through the STEPPS program. As a grade two student, Justice continually struggled with his emotional regulation in a traditional classroom. His behaviour was perplexing to teaching staff and his peers were reluctant to play with him. In partnership with the school, his family sought the help of Alberta Health Services and he was referred to tertiary care. Because he presented with such complex patterns in behaviour,

the STEPPS team opted to see if they could offer preventative service so he could remain enrolled in a school close to home.

Five months later, Justice continues to struggle with regulating his behaviours but he now understands he does so because he has Tourette’s syndrome. He also understands that he needs to talk when he is frustrated and that choices like going for a drink

STEPPS provides students who have been diagnosed with severe mental illness that impacts their academic and social progress at school with a highly structured and supportive environment. The small class setting with a low teacher-student ratio and staff trained in therapeutic techniques provides students with a learning environment in which they can learn about their mental, physical and spiritual health.

of water, sitting on his move-and-sit cushion or squeezing his stress ball are all tools he can use to help him through the difficult times. Justice has not yet developed the capacity to cope with the academic and social

demands of a traditional class, but he should be ready to transition to his community school within the next several months.

“We believe that the most graphic descriptor is ‘belonging,’” says Anne Marie Duvoid, Principal of St. Elizabeth School. “When children feel like they belong—in their class, school and community—they can enhance their self-esteem and be in a state of readiness for learning. Justice belongs to the Edmonton Catholic Schools community. As such, we needed to help him learn about himself and the source of his frustration. We kept him in our community as he journeyed through this rather than sending him to a treatment centre away from his family and friends.”

Once the student has transitioned to his or her community school, transition supports continue with STEPPS through staff and teacher conferencing and through visual and/or verbal contact by the student with program staff. The intent is to have a seamless transition for the student where strategies implemented in STEPPS can be paralleled to ensure the highest degree of success for the student.

“Since programming in STEPPS fosters a student sense of belonging, we want to guarantee the student feels a part of the STEPPS family even after they have transitioned out of the program,” indicates Cindy Frederickson, the Special Needs Teacher Assistant for the program.

As is true of all new programs, there are areas which need to be addressed and improved. However, the experience of establishing the STEPPS program has been extremely rewarding, despite the many challenges. The most rewarding aspect is being able to see the progress students have made and helping them move on successfully in their educational journey. As such, the Edmonton Catholic School District has taken giant STEPPS toward equipping students diagnosed with a severe emotional disorder or severe mental illness with the tools they need to help them be successful in the community and learning environment. ○

Maria Pistotnik M.Ed is a Special Education Consultant with the Department of Learning Support Services in Edmonton Catholic Schools. Brenda Willis Ed.D. is the Assistant Superintendent, Learning Support Services.



TDSB names new Director of Education

Award-winning educator Dr. Christopher Spence was confirmed by Trustees as the Toronto District School Board's next Director of Education at a special board meeting in February 2009. He leaves behind a successful legacy at the Hamilton Wentworth District School Board, where he has served as Director of Education since 2004.

"In our search for the next Director, we considered candidates from Canada the US and abroad, and we're extremely pleased that we have succeeded in securing such an outstanding educator as Dr. Spence," said Board Chair John Campbell. "The search committee views Chris Spence as the ideal person to take our Board forward in the years to come and this has been wholeheartedly endorsed by the Board of Trustees. He has the right combination of ability, experience, vitality and passion to move this organization forward. He has clearly demonstrated that he understands what it will take to help every student learn."

Conference dates for 2010!

OCSOA Annual Conference - Westin Hotel at Toronto Airport - April 21 to 23

OPSOA Annual Conference - Hilton Toronto - April 21 to 23

Council of Ontario Directors of Education - Intercontinental Bloor Street, Toronto - January 20 to 22

New Director of Education to head up Hamilton-Wentworth Catholic Schools

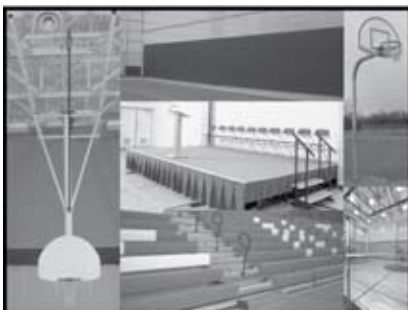
Trustees of the Hamilton-Wentworth Catholic District School Board announced the selection of a new Director of Education to succeed Marcel Castura, who is retiring at the end of this school year. Patricia Amos, a Superintendent of Education whose career with the Board spans more than three decades, will assume the position of Director of Education effective July 15, 2009. Over the past 30 years, Amos has held a variety of roles including Elementary Teacher, Elementary Vice-Principal, Elementary Principal, and since 1998, Superintendent of Education with responsibility for

an extensive academic portfolio and the Bishop Ryan family of schools. As Superintendent, she has served on a number of provincial committees addressing curriculum issues and learning supports. "We are extremely pleased with the appointment," said Chairperson Patrick J. Daly. "Throughout her many years of service, Amos has displayed a commitment to excellence and given witness to the mission of Catholic education. Her experience, outstanding leadership and vision will serve our Catholic school system well into the next decade."

Lakehead District School Board announces new Director of Education

Following a Special Board Meeting on the evening of Tuesday, May 5, the Lakehead District School Board announced the appointment of Cathi Siemieniuk as Director of Education for Lakehead Public Schools. Siemieniuk will assume her new role following the completion of the contract of current and retiring Director of Education Terry Ellwood this summer.

"The Board is extremely pleased with the appointment of Cathi Siemieniuk as Director of Education for Lakehead Public Schools," says Deborah Massaro, Chair of the Lakehead District School Board. "We are confident that with her abilities and experience, Cathi will continue to move Lakehead Public Schools in the direction that best serves our students and our school communities."



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New Director for Greater Essex

Warren Kennedy has been appointed Director of Education for the Greater Essex County District School Board (GECDSB). He was previously a Superintendent of Education with the Lambton-Kent District School Board responsible for Human Resources and supervision of all Secondary Schools. He joined the GECDSB on March 23rd.

The Greater Essex County District School Board is the largest public sector employer in Essex County, with more than 4 thousand employees and a budget of approximately \$330 million.

"I am looking forward to the opportunity," says Kennedy. "The Greater Essex County District School Board is a leader in education in Ontario, so I'm very excited about returning to Windsor to join this group of dedicated and expert staff. With the support of parents and community partners, we will continue to provide the best academic experiences for students in safe learning environments."

Mary Jean Gallagher stepped down as Director of GECDSB to accept a new position as head of the province's Literacy and Numeracy Secretariat. In making the announcement, Gallagher described her new position with the Ontario Ministry of Education in Toronto as a natural progression in a 35-year career as an educator which has seen her go from classroom teacher with influence over 25 to 30 students, to principal with responsibility for a whole school, to her current position at the head of an entire board.

McGuinty Government receives report on school board governance

School boards should have a clearly defined responsibility for student achievement in Ontario. That is just one of a series of recommendations made in a new report received and released by the province in early 2009.

In November 2008, the minister asked the Governance Review Committee to consult broadly with the education sector and report on how the governance system could be modernized. Over six months, the committee met with representatives of 70 school boards, including 137 trustees, 54 directors of education and 71 parent group representatives. It received 148 written responses.

Some recommendations from the committee include:

- Clarifying the roles of individual trustees, board chairs and directors of education; and
- Good governance practices, including establishing audit committees and adopting a provincial Code of Conduct for trustees.

The government will review the report and consider appropriate action on the recommendations.

Sylvia Terpstra retiring as Director of Education of the Kawartha Pine Ridge District School Board

Sylvia Terpstra joined the Kawartha Pine Ridge District School Board in November 2000 following an extensive career with the York Region District School Board. Holding Bachelor degrees in mathematics and education as well as a Masters degree in business administration, she held a number of key Superintendent positions in her five years as a supervisory officer before her appointment as Director of Education in December 2004. Trustees recently accepted a letter of retirement from Terpstra, who will be retiring at the end of her current contract, effective September, 2009.

“It has been my great privilege to serve as Director of Education of the Kawartha Pine Ridge District School Board, a board that is known for placing the best interests of its students at the forefront of its decision making. It has also been a sincere pleasure to lead and work alongside all of our staff who are so dedicated to nurturing student success. It is truly heart warming to acknowledge the focused work that so many people are engaged in to strengthen education on all levels in such new and innovative ways. I consider myself fortunate to have been able to combine efforts with KPR staff—some of the most passionate, insightful and thoughtful people that I have ever had the pleasure of meeting.” Education Centre staff has created a blog (kprblog.kprschoools.ca) to post comments or best wishes.

Anne Hathaway’s Helen Brockman Honoured as one of Canada’s Outstanding Principals

Helen Brockman, Principal at Anne Hathaway Public School in Stratford, was named one of Canada’s Outstanding Principals by the Learning Partnership. Upon receiving the news, Brockman was elated. “I am honoured to have been included in this year’s group of Canada’s Outstanding Principals. I would like to thank those who nominated me, The Learning Partnership and the Canadian Association of Principals for this honour. I am really excited about the opportunity

to join colleagues from across Canada in February for some extraordinary sessions of leadership training at the Joseph P. Rotman School of Management at the University which comes with this recognition.”

The Learning Partnership is a national not-for-profit organization dedicated to bringing together business, education, government, labour, policy makers and the community to develop partnerships that strengthen public education.

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Avon Maitland's Geoff Williams Named 2008 Canadian School Administrator of the Year

Retired Director of Education Geoff Williams has been named Canada's top School Administrator by the Canadian and American Associations of School Administrators. Williams was awarded the prestigious honour at the annual conference of CASA. The Award is jointly sponsored by XEROX CANADA LTD. and the Canadian Association of School Administrators.

The School Administrator of the Year Award honours CASA members who have exhibited exemplary leadership ability and who have enhanced school administration. The recipient is expected to have brought honour to themselves, their colleagues, and their profession; given exemplary service to their provincial or national professional

association; made significant contributions to the field of education through their service, writings or other activities; and who therefore serves as a role model and teacher to others. As a result of the honour Williams also receives a life membership in CASA.

Williams has been an active member of a number of Provincial and National organizations whose purpose is to continuously work to improve the education of youth. He has worked with organizations such as CODE, the Council of Ontario Director's of Education, CASA, the Canadian Association of School Administrators, OPSOA, the Ontario Public Supervisory Officials' Association, and OPSBA, the Ontario Public School

Boards' Association. After 5 years as Director of Education for the Avon Maitland District School Board Williams has announced his retirement in the spring effective September 30, 2008.

Williams and his wife Felicity live in the city of Stratford. They are the parents of two boys, both graduates of Stratford Central Secondary School.

The Canadian Association of School Administrators (CASA) is the voice for senior education leaders to influence the direction of national issues that impact on education. The organization is a federation of provincial or territorial affiliates whose members are professional education leaders.



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Board appoints new Superintendent of Education for the Avon Maitland District School Board

The Avon Maitland District School Board has announced the appointment of Jodie Baker as its new Superintendent of Education. Baker moves from her position as System Principal of Program to fill the vacancy on the Board’s senior staff created by the departure of Jim Sheppard. Baker has been with Avon Maitland and its predecessor Perth County Board of Education for 18 years. Director of Education Chuck Reid said after making the announcement, “the appointment of Jodie Baker as our new Superintendent of Education continues to illustrate the leadership capacity in our system. She will be a strong addition to our senior team and a tremendous asset to the students we serve in Huron and Perth.” Baker’s appointment as Superintendent of Education is effective August 1, 2009.

Lester B. Pearson School Board to save over one million dollars per year with new project

The Lester B. Pearson School Board (LBPSB) is embarking on a very ambitious Eco Energy Project in 27 of its buildings. The savings expected with this project are to be over \$1 million.

“We’ve worked with Johnson Controls in the past and we’re very excited about this new project,” says Robert Mills, Director General of the Lester B. Pearson School Board. “We’re developing a pedagogical component with Johnson Controls, which enables us to bring to students the benefits of addressing environmental concerns.”

The school board already makes a considerable contribution for the environment with their previous Eco Energy Project. When this new initiative is added to their previous contributions, their carbon footprint will decrease by a considerable amount. The measures LBPSB has taken and will be taking will decrease the emission of greenhouse gas by 5,500 tons of CO2, which is the equivalent to removing 2,300 cars from the road every year.

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Health Minister announces \$3.9 million in childhood disability research

The Honourable Leona Aglukkaq, Canada's Minister of Health, recently announced an investment of \$3.9 million in childhood disability research. The funding was awarded through Bright Futures for Kids with Disabilities, a partnership between the Canadian Institutes of Health Research (CIHR) and Bloorview

Children's Hospital Foundation (BCHF).

"This research will help us create a country where children with disabilities have the same opportunities as their peers to lead full, meaningful lives," said Minister Aglukkaq.

Unique aspects of the Bright Futures projects include developing innovative

research tools that are disability-friendly and give voice to children who don't speak; funding of post-doctoral students; and interdisciplinary teams that go beyond traditional health-care disciplines to include geographers, engineers and artists.

More information can be found at www.gov.on.ca.

Calgary principal wins national award

The Calgary Board of Education is proud to announce that Sandra Rhodes has won Canada's Outstanding Principal Award. Rhodes is the principal of Sir William Van Horne High School. She is the only recipient from Alberta to be recognized by the Learning Partnership for her amazing work and dedication to the students of Sir William Van Horne. She joins thirty other nationally-recognized winners.

Sandra Rhodes believes that schools can be structured for success or rigged for failure. They can be goal oriented or aimless. They can subvert healthy values or they can proclaim them. They can embrace the community or they can condemn it. It is with these beliefs as her guide that Sandra established the context for engaging staff, parents and community.

TCDSB Congratulates Winners of Victor Angelosante Award

The Toronto Catholic District School Board recently congratulated Phil Petrucelli from St. Raphael Catholic School, Gino Ruffo from Sacred Heart Catholic School and Josie Vinci from St. Helen Catholic School. The three teachers are being recognized this year as winners of the Victor Angelosante Award.

The Victor Angelosante Award is presented annually to a Toronto Catholic District School Board employee who, through significant involvement with athletics and the Toronto Catholic Schools Athletic Association (TCSAA), has made an outstanding contribution toward the overall development and education of young people. The award winner is one who personifies those qualities Victor Angelosante demonstrated in abundance and one who embodies and inculcates by example the highest traditions of a Catholic educator and a dedicated sports person.

Thorburn principal named one of Canada's Outstanding Principals

The Chignecto-Central Regional School Board congratulates Lily DeYoung, Principal of Thorburn Consolidated School (TCS), for being recognized as one of Canada's Outstanding Principals.

Lily DeYoung has been named as one of Canada's Outstanding Principals for 2009 by The Learning Partnership, a Canadian not-for-profit organization that has championed public education since 1993.

"Lily DeYoung is a deserving recipient of this award and we are proud to be able to celebrate this award with her. Being named one of Canada's Outstanding Principals is a recognition of exemplary school leadership by those who know what school leaders do," said Dr. Hurley, CCRSB Superintendent of Schools/CEO.

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