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Mental Health Literacy for Adolescents with Special Needs: A Pilot Occupational Therapy Curriculum in a Middle School

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**Mental Health Literacy for Adolescents with Special Needs:
A Pilot Occupational Therapy Curriculum in a Middle School**

Elizabeth Gray

A doctoral project submitted in partial fulfillment of the requirements for
The Doctor of Occupational Therapy,
St. Catherine University, St. Paul Minnesota

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Abstract

In school communities, addressing student mental health and establishing safe, supportive relationships have become part of our everyday work. National statistics currently report one in five children in the United States struggles with a mental disorder (One in Five Minds, 2020). Students are presenting with increasingly complex psychiatric, behavioral, and trauma experiences that impact their ability to access education and navigate the tasks of adolescence-with life-long health results. This doctoral project has explored youth mental health prevention and promotion interventions for the occupational therapy practitioner and contributing factors such as youth marginalization, social inequity, and youth health literacy deficits.

Throughout my career, I have worked in diverse settings, serving in different roles. Each experience has taught me skills and built upon core professional values to shape my practice. I have worked collaboratively with patients, parents, and peers to create programs that expanded the role of occupational therapy in a given community and have been privileged to work with individuals who have experienced significant loss or trauma. Their stories have inspired me to develop professional competencies to create safe, supportive environments that teach skills and allow healing. Through facilitating successful occupation and engagement in community, I have helped individuals define and create their next chapter of meaningful living.

My three knowledge translation projects apply the occupational therapy lens to maximize effectiveness and student engagement in implementation of mental health promotion programs in a school serving adolescents with special needs. The project aims are to improve mental health literacy of adolescent students with special needs by offering a pilot

curriculum within the science class of a special education setting, to increase awareness of occupational therapy contributions to a school-based mental health program for adolescents with special needs through a professional presentation at an interdisciplinary national conference, and to introduce entry-level occupational therapy graduate students to the process and outcomes of a pilot mental health literacy curriculum for adolescents in a special education setting through completion of an educational module.

The projects, themselves, and their outcomes have been significantly impacted by societal changes of the COVID-19 pandemic. The mental health literacy pilot, begun in a middle school classroom, was converted and successfully delivered through virtual learning. Despite changes, both students and staff consistently reported positive increases in knowledge of mental health with effective strategies for coping in everyday life. The interdisciplinary conference proposal is currently stalled as we await the conversion of the conference to a virtual format. The presentation for occupational therapy graduate students was successfully developed for virtual delivery. The questions and dialogue with the students were insightful and hopeful about the future of occupational therapy in addressing mental health needs in school-based practice.

In reflection, I can identify two aspects of achievement in these doctoral projects. In the first, my clinical expertise has been honed into an innovative, successful intervention approach for youth-supported by science and implemented with creativity and flexibility. The second is the understanding that completion of an advanced practice degree comes with a responsibility to share one's narrative, from both a scholarly and a clinical perspective, to guide and

encourage others in their practice. If the work resonates, they carry it forward in multiple directions similar to a pebble that creates ripples in a pond.

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Chapter 1. Introduction and Background

“Young people face increasingly complex social, cultural and economic environments with growing challenges, including increases in forced displacement, migration, unstable families, rising levels of mental health problems and violence. Inequities, including those linked to poverty and gender, shape all aspects of adolescent health and well-being.”

(World Health Organization, 2018, para.2)

In my community, student mental health and establishing safe, supportive relationships have become part of our everyday work in the schools. National statistics currently report one in five children in the United States struggles with a mental disorder (One in Five Minds, 2020). Students are presenting with increasingly complex psychiatric, behavioral, and traumatic experiences that impact their ability to access education and navigate the tasks of adolescence. Adolescents who experience unrecognized and untreated mental illness may be at increased risk to not complete high school, not be involved in employment or college, engage in criminal activities, and have mental health emergencies such as suicide and self-injury (Mental Health Association in New York State [MHANY], 2017). The anecdotal stories told by students in my school setting consistently include a mention of traumatic experiences, mental illness and inadequate support from caring, responsible adults. Clinical observation of this growing student need is reinforced through dialogue with professional colleagues on school teams, first responders/school resource officers, and area educators who hear similar stories. This doctoral project has explored contributing factors such as youth marginalization, social inequity, youth health literacy deficits, and trauma. The practice area of youth mental health in schools is an emerging field representing an opportunity for the profession of occupational therapy.

Background

My interest in children and youth can be traced back to my graduate work in occupational therapy. My Level II fieldwork experiences in mental health, physical disabilities, and pediatrics provided three lessons that have been woven into the fabric of my career- 1.) “out of the box” program development, 2.) the value of a person’s narrative, and 3.) the power of providing opportunity for marginalized youth to engage in meaningful activity.

My mental health fieldwork was in a psychiatric unit in a New York City hospital. In the summer of 1984, the hospital workers’ union went on strike. Employees and patients had to cross a tense and loud picket line to enter the buildings. Outpatient clinics were curtailed, and individuals with chronic mental illness would not approach the hospital to receive services. Fragile patients who were being maintained in the community did not have access to medications, psychiatric support, and the social interactions of the outpatient clinic that they relied on daily. Inpatient psychiatric admissions were rising, and the staff was concerned. I was living and working at a college a few blocks from the hospital. With the support of the psychiatric staff, I arranged a partnership between the college and the hospital that allowed psychiatric community meetings to be held in college buildings. The psychiatric staff from the hospital distributed medications, made coffee and snacks, provided supplies for activities of daily living, and assessed and supported patients. We were able to create a makeshift community that sustained many patients that summer. This is where I learned my first lesson about “out of the box” program development.

My second fieldwork placement was in a rehabilitation hospital in New York on the neurology unit. My caseload included young adults who had sustained spinal cord injuries,

traumatic brain injuries and neurological conditions like Guillain-Barré syndrome. As a twenty-four-year-old, I listened and related to their stories during therapy. I was moved by the impact of this event in their lives and their struggles with motivation, grief, resiliency, and their questions about their futures. I listened, reflected, and began to see their stories from the viewpoint of not “what is wrong with you?” but “what happened to you?” In this experience, I learned my second lesson about the significance of understanding an individual’s narrative.

My third fieldwork placement was at a special education school in New York. This school served children and adolescents with significant physical and cognitive disabilities. At the school, occupational therapy addressed standard interventions like positioning, movement, and self-feeding. Twice per week, however, we loaded up the vans and traveled to a therapeutic horseback riding program. At the entrance to the farm, the students became more focused and demonstrated more reactive affect and social interaction. As they rode, they were more playful and physically and emotionally engaged than what I had observed in the occupational therapy gym or in the classrooms. The outdoor environment and the presence and movement of the horse engaged the whole child. In this experience, I learned my third lesson about the power of creating contextual opportunities for children and youth to participate in meaningful activities.

Throughout my career, I have worked in diverse settings-hospitals, outpatient programs, academia, residential schools, public schools- and have served in different roles-therapist, teacher, supervisor, and administrator. Each of these settings and roles have taught me specific new skills and, interestingly, allowed me to build on my three original lessons. Those lessons have evolved into core professional values that shape my practice. I have worked

collaboratively with peers, parents, and patients to create novel programs that seem standard practice now, but, at that time, were innovative and expanded the role of occupational therapy in that community. I have had the opportunity to work with individuals who have experienced significant loss or trauma. Their stories have inspired me to develop my professional competence in trauma and resilience and to create innovative program environments that teach skills and allow healing. Through facilitating successful occupation and engagement in their community, I have helped individuals define and create their next chapter of meaningful living.

In 2013, I started working as the sole occupational therapy professional in a Board of Cooperative Education Services, or BOCES, special education program. BOCES was created in New York State to serve the educational programmatic gaps identified in counties. Students who attend BOCES have not been successful in the general education environment of their home school districts and are seeking more intensive, specialized educational programming. The special education school where I work is a more restrictive setting that provides clinical expertise, smaller class size, and more specialized supports throughout the school. BOCES' goal is to provide appropriate, matched, local educational resources for these students while maintaining them in their homes, with their families.

Over the past six years, I have persistently identified gaps in opportunities for our students to participate meaningfully in our school community. Occupational therapy practice in this school-based setting has grown to a four-person department that utilizes evidence-based, whole child interventions and programs. At the universal school community level, the occupational therapy professionals facilitate contextually relevant student-led programs like

Breakfast Club, Coffee Café, Student Council sponsored events such as dances, No Name Calling Week, and an annual Prom. In classrooms, we provide education and activities that teach our school's social-emotional learning (SEL) program. We also reinforce SEL teaching with individual students to improve self-regulation and maintain academic and social engagement throughout their school day. We weave the occupational therapy lens of activity adaptation, environmental modification, and meaningful participation to facilitate successful school engagement for our students.

With positive relationships as a foundation, student connections to others and their community improve- impacting academic performance, prosocial behavior, and physical and psychological health. In a school setting, occupational therapy has the opportunity to address mental health promotion through educating about mental health issues, teaching effective regulation and coping skills, and providing opportunities for real-time practice of skills in the context of school occupation to create safe, successful engagement in student and peer roles. Occupational therapy contributes to student connections in school by promoting successful engagement in performance areas and in environmental adaptations that support function and mental health.

Review of Evidence

Prevalence of Youth Mental Health Disorders

The World Health Organization defines mental health as "...a state of well-being in which an individual realizes [their] own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to [their] community" (World Health Organization [WHO], 2014, para.1). Mental health has been identified as a

leading international health concern. According to the WHO, mental and substance abuse disorders are the leading cause of disability globally (WHO, 2014) with diagnoses such as depression and anxiety costing the world more than one trillion dollars per year (WHO, 2016).

Awareness of mental health disorders in children and adolescents has become part of a global dialogue regarding school violence, impact of adverse childhood experiences (ACES) on health, and trauma-informed care practices in school environments. The WHO (2014) published guidelines on mental health promotive and preventive interventions for adolescents that estimated that 20% of children and adolescents experience mental disorders, with half of those beginning before the age of 14. While the first signs and symptoms of mental health problems can begin in adolescence (MHANY, 2017), many youth can go untreated (United States Department of Health & Human Services, 2018).

Youth Mental Health Prevention and Promotion

To address youth mental health needs, experts support the development of a continuum of mental health programs with multiple points for intervention in a school-based setting, including the student, the classroom, the school, and the community (Miles, Espiritu, Horen, Sebian, and Waetzig, 2010). Organizations addressing school violence and school mental health endorse an interdisciplinary approach, including practices and interventions from educators, justice, social services, and mental health professionals (Collaborative for Academic, Social, and Emotional Learning (CASEL), 2018) A three-tiered public health model has been applied to mental health promotion, prevention, and intervention in schools (Bazyk & Arbesman, 2013). Within this model, the primary or universal level is delivered to all students

and is focused on mental health promotion addressing both behavioral and mental health problems (University of Nebraska, 2020).

Within the universal school community, there are specific populations of students who have been identified with initial signs or symptoms of difficulty and need a secondary level of intervention (University of Nebraska, 2020). These at-risk, marginalized students often are excluded from social, economic, and/or educational opportunities due to numerous types of factors beyond their control (Auerswald, Piatt, & Mirzazadeh, & Unicef, 2017). Conditions for increased mental health disorders in these populations include physical disabilities, ADHD, LD, DCD, obesity, grieving loss, poverty, and trauma (Bazyk & Arbesman, 2013). Auerswald et al., (2017) classify risk factors as social (economic inequality, violence, stigma, racism), family (neglect and abuse), or individual (disability, ethnicity).

Interventions at this secondary level are focused on prevention of mental health disorders. Youth with socially devalued characteristics such as race/minority, sexual orientation, obesity, or disability are at greater risk of victimization (Rose & Monda-Amaya, 2012). Over time, mental and behavioral health problems can occur including low self-esteem, depression, anxiety, conduct problems such as delinquent and aggressive behavior, physical illness, and suicidal ideation and behavior (Hall, 2017; National Academies of Science, Engineering, and Medicine, 2016). Students with special needs, possessing individualized academic, social, and functional challenges that impact successful school engagement, can be members of this at-risk, marginalized group.

Components and Models for Effective Youth Mental Health Programs

Trauma and Trauma-Informed Care (TIC). “Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social emotional, or spiritual well-being” (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, para.2).

The study of post-traumatic stress disorder, the work of Bessel van der Kolk (2005) on developmental trauma disorder, and the publication of the Adverse Childhood Experiences Study (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, & Marks, 1998) have significantly changed our understanding of the prevalence of trauma. The Trauma-Informed Care-Occupational Therapy (TIC-OT) Model estimated that 60-90% of individuals served by occupational therapy practitioners are trauma survivors (Derigo, Russell-Thomas, & Berg, 2018). Trauma-informed care (TIC) is an organizational approach in which all professionals understand trauma and its triggers and seek to develop services and programs that are supportive and avoid re-traumatization (National Center for Trauma-Informed Care, 2018). TIC defines principles for interventions and behavior for both the caregivers and the organization or system. In the school setting, trauma-informed care consists of three critical elements: creating a safe environment, building relationships and connectedness, and supporting and teaching emotional regulation (SAMHSA, 2014).

Adverse Childhood Experiences (ACES). Developmental trauma is both the individual experience and the effects of cumulative trauma in children and adolescents within the context of significant disruptions in protective caregiving (Gregorowski & Seedat, 2013). As a child

experiences trauma in the forms of abuse, neglect, parental incarceration, or poverty, they may develop patterns of maladaptive behaviors. According to van der Kolk (2005), children who have experienced trauma will exhibit repeated dysregulation in response to traumatic cues, persistently altered attributions and expectancies, and functional impairment. These behaviors and deficits are believed to impact the self-regulation of emotion and behavior, attention, and executive function-affecting successful engagement in educational performance and roles such as student or friend (Whiting, 2018). Children who have impaired intellectual capacity, poor executive function, distractibility, and difficulty coping with the academic demands of a classroom consequently may have overall lower academic performance (Whiting, 2018) that may persist into adolescence.

The Adverse Childhood Experiences (ACE) study identified adverse childhood experiences and examined relationships with long-term health outcomes (Felitti et al., 1998). "The ACE Study showed that adverse childhood experiences are vastly more common than recognized and that they have a powerful relation to adult health a half-century later" (van der Kolk, 2005, p. 3). Youth who experience untreated mental illness or the stress of trauma may have barriers to positive mental health that impact academic success like high school graduation, vocational readiness or employability, and mental health disorders (MHANY, 2017).

Social-Emotional Learning (SEL). SEL is "the process through which children, youth and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships and make responsible decisions" (CASEL, 2018, para. 1). Research studies have shown that SEL programs, delivered at the universal,

school-wide level, can be effective in promoting positive skill development and developing protective factors for middle and high school students (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Caprara, Kanacri, Zuffiano, Gerbino, & Pastorelli, 2015; Coehlo & Sousa, 2017; Taylor, Oberle, Durlak, & Weissberg, 2017). Additionally, skill development delivered through social-emotional learning (SEL) programs may increase positive social behavior, decrease conduct problems, and improve academic performance for adolescents (Durlak et al., 2011; Taylor et al., 2017). The literature supports use of SEL programs to increase prosocial behavior and decrease negative factors like social isolation, anxiety, and verbal aggression in middle and high school students (Caprara et al., 2015; Coehlo & Sousa, 2017).

Health Literacy and Mental Health Literacy. Two elements of social-emotional programming are health literacy and mental health literacy education. Health literacy education develops competencies that enable children and youth to understand themselves and others and teaches them the skills for sound health decision making (Broder et al., 2017). Mental health literacy is the skills to acquire and maintain good mental health, understand and recognize mental disorders, decrease stigma around mental illness, and improve help-seeking behaviors from appropriate resources (Kutcher, Wei, McLuckie, & Hines, 2014). Mental health literacy develops knowledge and beliefs about mental health in general as well as recognizing, managing, and seeking resources for mental health disorders (Bazyk & Arbesman, 2013).

As discussed by Nutbeam (2008), health literacy is a student asset developed through education, teaching skills in self-management and the ability to navigate the health care system. In a systematic review of health literacy in childhood and youth, Broder et al., (2017) described the value of health literacy for the empowerment of children and young people to

become more engaged with their health and more informed and reflective for future health choices. As adolescents become increasingly responsible for their health, they acquire skills that influence their health and well-being for their lifetimes and construct their young adult views on health matters. The research literature is recommending increased development of youth health literacy curricula with corresponding improvement in the competencies of the professionals who address the health literacy of children and youth (Broder et al., 2017; Manganello, 2008). Improved youth mental health knowledge and decreased stigma are two essential components to facilitate help-seeking behaviors and early identification of mental disorders (Kutcher, Wei, Costa, Gusmão, Skokauskas, & Sourander et al., 2016). Policymakers, mental health professionals, and educators are recognizing schools as a central community venue to address student mental health (McLuckie, Kutcher, Wei, & Weaver, 2014). The role of schools is not only to promote positive mental health but additionally to address mental health prevention through curricula such as mental health literacy education (Kutcher et al., 2016). Interventions that have been embedded in already existing whole-school approaches and are delivered by internal providers improve sustainability and staff mental health literacy (Kutcher et al., 2016). Embedding mental health curriculum within an existing school curriculum is more likely to reach all students, normalize mental health as part of everyday activities, and impact teacher literacy about youth mental health (McLuckie et al., 2014).

Mental Health Literacy Curriculum. One example of an evidence-based mental health literacy curriculum designed for adolescents is the *Mental Health & High School Curriculum Guide. Understanding Mental Health and Mental Illness*. This Guide was developed through a collaboration between the Canadian Mental Health Association and Dr. Stan Kutcher,

Psychiatry, Dalhousie University, and explores the concepts of stigma, understanding mental health and mental illness, how to seek help and support, and the importance of positive mental health (Teenmentalhealth, 2017). The curriculum is currently being used throughout Canada and in the state of Washington, USA. Research assessing implementation of the Guide supports its use in schools to reduce stigmatizing attitudes about mental illness and increase student knowledge of mental health (Kutcher, Wei, & Morgan, 2015; McLuckie et al., 2014).

Additionally, implementation of the curriculum in classrooms has had a positive impact on teacher knowledge and attitudes toward mental health (McLuckie et al., 2014).

Occupational Therapy Opportunities Within the Public Health Model Applied to Schools

Schools have often adopted a public health lens for mental health education, social-emotional learning, positive school climate and culture, and school/community partnerships (New York State Education Department, 2018). Across disciplines, a three- tiered public health approach for schools has been used to promote initiatives that “emphasize improving the social, physical, and economic environments that determine the mental health of individuals” (Bazyk, 2013, p. 198).

Tertiary level interventions address individual student needs for those who have identified mental health issues. The focus is on rehabilitation and minimizing the impact of mental health or behavioral issues on school functioning (University of Nebraska, 2020). In addition to treatment, the role of the occupational therapy practitioner at this level may include interdisciplinary collaboration for the development of functional behavior assessments or modifications to routines and environments throughout school contexts to facilitate functioning and success in the student role (Bazyk, 2013). The occupational therapy

professional may collaborate with the interdisciplinary team to create safe, accepting, accessible school environments that provide sensory supports and the just-right challenge in tasks and demands (Bazyk & Arbesman, 2013). From a sensory-based foundation, the occupational therapy professional may teach and reinforce the use of social-emotional skills and regulation strategies for successful participation in diverse school environments.

Secondary level interventions address mental health prevention through the provision of targeted mental health interventions (University of Nebraska, 2020). Students who are at-risk for developing mental health challenges or who are experiencing interfering behaviors receive this instruction. Occupational therapy interventions at this level may consist of individual and small group work designed “to enhance skill development in various occupations and to improve interpersonal and intrapersonal learning” (Bazyk, 2013, p. 202). Examples include a social skills group or a mindfulness group which, within a trauma-informed paradigm, may focus on developing student self-regulation skills, communication skills, and providing opportunities for positive relationship skill practice in the everyday school context.

Primary or universal interventions for all students promote competence and provide resources at the school-wide level (Barry & Jenkins, 2007). Frameworks such as positive behavior intervention and supports (PBIS) facilitate positive school environments at the universal level through explicit teaching of behavioral expectations, acknowledgment of appropriate behaviors, and development and consistent implementation of procedures for addressing problem behaviors (Bazyk & Arbesman, 2013). Youth mental health promotion seeks to create healthy school environments, offers experiences for engagement for all students in the school, and teaches skills to all students as part of the curriculum (Bazyk, 2013).

Context and Relevance. Best practice for instruction at the universal level includes the concepts of context and developmental relevance. Context means that a student's mental health needs would emerge from an assessment of that child's functioning and abilities while participating in generalized, natural school environments rather than from an official diagnosis (Atkins, Hoagwood, Kutash, & Seldman, 2010). Developmental relevance defines the environment, expected occupations, and interventions provided as appropriate for a given student population in a specific developmental phase. Mental health promotion in schools can enhance an adolescent student's ability to succeed in foundational skills in preparation for the next stage of development as a young adult (Bazyk & Arbesman, 2013).

Social-Emotional Learning. SEL programs in schools provide an avenue for occupational therapy practitioners in supporting the mental health of their students. The occupational therapy professional may become involved in SEL program implementation and by embedding SEL strategies into occupational therapy services (Bazyk & Arbesman, 2013). Occupational therapy interventions at this level may include implementing whole school, social-emotional learning programs into classrooms and other school environments, and collaborating with youth and professional teams to promote mental health literacy and awareness (Bazyk & Arbesman, 2013). Examples of these occupational therapy interventions may include facilitating a bullying awareness week in the cafeteria during recess, working with members of the student council to plan a holiday school dance, or co-teaching a social-emotional learning program such as the Zones of Regulation in classroom groups.

Mental Health Literacy. Professionals in occupational therapy are in a unique position to address the mental health literacy educational gap in schools through collaborating with

other educators to develop and provide mental health literacy programming. In their role in schools, the occupational therapy practitioner supports the occupations of the student, which includes education, social interactions, and play (Whiting, 2018). Occupational therapy mental health literacy interventions may increase a student's knowledge of mental illness and mental health strategies, teach skills and embed practice for self-regulation and healthy relationships thereby supporting maximized success in school roles and everyday participation.

Significance and Innovation

Despite growing clinical evidence, increased awareness, and the development of national programs, current youth mental health promotion and prevention efforts can remain segmented in a community with educators, mental health professionals, youth programs, and law enforcement, each addressing the problem separately. While mental health challenges and disorders in the adolescent population are common, access to help and support can be hampered by youth's lack of knowledge, stigma, and discrimination (National Council for Behavioral Health, 2016). For students with special needs, current mental promotion and prevention efforts are not adapted to improve access and competence in mental health literacy.

The structure and safety of a school community can be a unifying, accessible resource for struggling or marginalized youth and school mental health initiatives create multiple opportunities for the occupational therapy professional in the school community. An occupational therapy professional's role in public school that serves youth with special needs is to support the occupations of the students, which includes their education, social interactions, and play (Whiting, 2018). Occupational therapy leaders and scholars are advocating for

intervention in schools at multi-tiered levels (Bazyk, 2013). With occupational therapy's central concepts of promotion (e.g., development of competencies) and prevention (e.g., reduction of risks), there are opportunities to address positive mental health universally in the school community (Bazyk, 2010).

Promoting the value of occupational therapy in addressing mental health in schools, AOTA has published materials such as the Occupational Therapy Guidelines for Mental Health Promotion, Prevention and Intervention for Children and Youth (Bazyk & Arbesman, 2013) and the School Mental Health Toolkit (AOTA, 2020). These documents identify leadership opportunities and programmatic innovations for the school-based occupational therapy professional in effectively addressing the mental health promotion and prevention needs of their students. The individualized social, learning, and functional challenges of students with special needs, however, presents additional challenges and opportunities for the school-based occupational therapy practitioner. These knowledge translation projects will apply the occupational therapy lens to maximize effectiveness and student engagement in implementation of mental health promotion programs in a school serving adolescents with special needs. The innovation of these knowledge translation projects includes the adaptation of an existing evidence-based mental health literacy curriculum for adolescents and the interdisciplinary collaboration intrinsic to embedding the pilot into the science curriculum for a middle school classroom with students diagnosed with autism.

Knowledge Translation Project Aims

1. Improve mental health literacy of adolescent students with special needs by offering a pilot curriculum within the science curriculum of a special education setting.

2. Increase awareness of occupational therapy contributions to a school-based mental health program for adolescents with special needs through a professional presentation at an interdisciplinary national conference.
3. Introduce entry-level occupational therapy graduate students to the process and outcomes of a pilot mental health literacy curriculum for adolescents in a special education setting through an educational module.

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Chapter 2. A Pilot Mental Health Literacy Curriculum for Adolescents with Special Needs: A Knowledge Translation Project for a Special Education Middle School

Project Aim for Knowledge Translation

This knowledge translation project aimed to improve mental health literacy of adolescent students with special needs by offering a pilot curriculum within the science curriculum of a special education setting. Adaptation of an existing evidence-based mental health literacy program for adolescents addressed the mental health learning, social, and self-regulation needs for student success in school tasks and environment.

Description

Awareness of mental health disorders in children and adolescents has become part of a global dialogue regarding school violence, impact of adverse childhood experiences (ACES) on health, and trauma-informed care practices in school environments. The WHO (2014) published guidelines delineating the increased prevalence and early onset of mental health disorders in adolescence. While the first signs and symptoms of mental health problems can begin in adolescence (MHANY, 2017), many youth do not have access to supportive programs and services (United States Department of Health & Human Services, 2018).

The American Occupational Therapy Association (AOTA) has published materials, such as *Occupational Therapy Guidelines for Mental Health Promotion, Prevention and Intervention for Children and Youth* (Bazyk & Arbesman, 2013) and the *School Mental Health Toolkit* (AOTA, 2020) to promote the contributions of occupational therapy in addressing mental health in schools. These AOTA resources identify leadership opportunities and programmatic innovations for the school-based occupational therapy professional to effectively address the

mental health promotion and prevention needs of their students. Students with special needs, possessing individualized academic, social, and functional challenges for successful school engagement, are members of an at-risk group for marginalization. These students may have limited access to evidence-based mental health prevention and promotion programs in schools. Occupational therapy practitioners have an opportunity to collaborate with interdisciplinary team members such as teachers, classroom staff, or counselors, to develop or adapt evidence-based mental health curricula.

This knowledge translation project applied the occupational therapy lens to increase access to and engagement in a mental health literacy pilot program designed for middle school adolescents with special needs. The foundation of this knowledge translation project was an evidence-based mental health literacy curriculum for adolescents. Adaptation of materials in one educational module enabled the occupational therapy practitioner and the interdisciplinary team to embed the pilot into the existing science curriculum in a middle school classroom with students diagnosed with autism.

Approach

Description of Audience and Venue

This program was designed as a six-session pilot for nine middle school (grades 7-8) students in a special education school. The students in the classroom had primary diagnoses of autism spectrum disorder with secondary diagnoses of anxiety disorder, cerebral palsy, and oppositional defiant disorder. All of the students had a history of trauma. The classroom was taught by a special education teacher who was supported by a teaching assistant and two one-to-one aides. The clinical team included an occupational therapy professional, a social worker,

a speech pathologist, and the positive intervention team staff. Following extensive interdisciplinary dialogue, the adapted mental health literacy pilot was designed for inclusion in the class' existing science curriculum and was offered universally to all students in the classroom. As a weekly addition to the science class, the embedded curriculum reinforced and applied student knowledge of anatomy and body systems to positive mental health. This design promoted positive mental health as a normalized part of everyday activities, improved teacher knowledge about youth mental health, and supported staff mental health literacy.

The occupational therapy professional implemented the pilot curriculum in classroom and virtual formats with the support of the classroom teacher and teaching staff present. Because of the COVID-19 pandemic and resulting quarantine, a subset of the entire curriculum was implemented prior to May 1, 2020.

Learning Objectives of Audience

In this six-session module, the students learned basic brain anatomy and the function of different parts of the brain. Additionally, the students learned about the role the brain plays in controlling thoughts, feelings, and behaviors. The students learned the definition of mental health and learned the differentiation of mental health, mental distress, and mental illness.

The students learned the brain's and body's response to stress and the impact of positive and negative stress responses on successful daily functioning and well-being. The students learned and practiced two different techniques for stress reduction. The students learned the components of a positive stress response plan for positive mental and physical health.

Evidence of Approach Used

Implementation of the pilot required regular communication with school building administration outlining the project, content, and format for final approval. Meetings with building administration began in November, 2019 for initial consultation with the school principal and the district superintendent. In January, 2020, the project was given final approval following an email containing a written summary of the project and an in person “elevator speech” to the building principal and district superintendent. Additionally, a letter was sent home to families to communicate an overview of the content within the science curriculum and to obtain parental/caregiver permission for student participation (see Appendix A.4).

The Mental Health & High School Curriculum Guide. Understanding Mental Health and Mental Illness was utilized as the foundation for this project (Teenmentalhealth, 2017). The curriculum was chosen because research assessing implementation of the guide supports its use in schools to address reduction in stigmatizing attitudes about mental illness and increasing student knowledge of mental health (Kutcher, Wei, & Morgan, 2015; McLuckie, et al., 2014). Additionally, implementation of the curriculum in classrooms has had a positive impact on teacher knowledge and attitudes toward mental health (McLuckie, et al., 2014). An additional resource for this project included review of the American Occupational Therapy Association’s publication *Occupational Therapy Practice Guidelines for Mental Health Promotion, Prevention and Intervention for Children and Youth* (Bazyk and Arbesman, 2013). Concepts of developmentally appropriate language and content, differentiation of instruction, and development of Tier 1 strategies and supports for students with autism spectrum disorders was

reviewed and incorporated into the materials developed (Bleiweiss, Hough & Cohen, 2013)(Appendix A.6).

The pilot was developed to be delivered within the class's science curriculum for six, 42-minute weekly lessons. Topics were chosen from Module 6, *The Importance of Positive Mental Health* within the *Mental Health & High School Curriculum Guide* (Teenmentalhealth, 2017). Materials from the curriculum were adapted by the occupational therapy practitioner for use in the pilot health literacy curriculum developed for special education students. The topics included basic brain anatomy and brain functions, the role of the brain in our thoughts, feelings, behavior, and every day functioning, definitions and differentiation of mental health, mental distress, and mental illness, the brain's and body's response to stress, the impact of positive and negative stress responses on successful daily functioning and well-being, two different stress reduction techniques, and the components of a positive stress response plan for positive mental and physical health. The last session for the pilot was a review of content learned and a structured, interactive group decision-making activity designed to identify the topic for the group project designed to educate the whole school community about mental health literacy. This final project provided an opportunity for students to practice learned skills in the context of a meaningful contribution to their school community (see Appendix A.1). A binder was created that included resources, the original curriculum materials, and six sections containing a lesson plan and any handouts created for each session (see Appendices A.2 & A.3).

Because of the COVID-19 pandemic and quarantine, schools in New York State were closed on March 13, 2020. With additional communication with administration for approval and further collaboration with classroom teaching staff, the design of the Positive Mental

Health pilot curriculum was modified, re-scheduled, and delivered in a virtual format using Google Classroom and Zoom platforms. Continuing in the science Google classroom within Ulster BOCES' North Star Virtual Academy, the pilot was delivered two times per week for thirty minutes each. The session content was converted to slide presentations that were posted in the science Google classroom and delivered virtually through Zoom meetings with students and teaching staff. The content for each session was modified to fit into a shortened time period. A warm-up was added as a check-in opportunity for students and staff that included the topic of resilience and discussion of the skills that we were using to cope each day in our new virtual school environments. Additionally, the structured breathing technique (initially introduced in the classroom) was used for guided practice in each session to further develop breathing and mindfulness skills for student and staff use. Two sessions were completed in the school environment as planned. Five sessions were delivered virtually for completion of the first three topics of the pilot.

Evaluation Method

The pilot was evaluated using contemporaneous feedback from students, staff, and reflections of the occupational therapy professional as each session occurred. This feedback was documented in the "Reflection/Notes" section on the individual session plan and was utilized to plan the following session. Additionally, an evaluation tool was developed for students and staff using a pre-printed survey that contained a three-item rating (*a lot, a little, not at all*) for five statements. Respondents were asked to write in the date of the session, indicate if they were staff or student by circling correct answer, and respond to five statements by circling one of the three choices mentioned above. The statements reflected individual

assessment of coping tools and their usefulness during the day, understanding of session topic, understanding of how thoughts and feeling impact daily functioning, and effectiveness of the handouts and activities presented. There was an opportunity for respondents to write comments if they wanted (see Appendix A.5).

Because of the COVID-19 pandemic and quarantine, schools in New York State were closed on March 13, 2020. With additional communication with administration and collaboration with classroom teaching staff, the design of the Positive Mental Health pilot was modified and delivered in a virtual format using the Google Classroom and Zoom platforms. Continuing in the science Google classroom within Ulster BOCES' North Star Virtual Academy, the evaluation was converted to a survey using the SurveyMonkey application. There were minimal changes to the content of the survey. It remained a six-question survey with three responses (*a lot, a little, not at all*). Any questions that contained a phrase describing the context of "school" was modified to include school and home environments. The link to each session's survey was posted as a slide in the corresponding slide presentation and was posted in the science Google classroom.

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Appendix A.1 Summary of Positive Mental Health Literacy Curriculum

1. Overview, Brain

- a. Lesson Objectives. Students will:
 - i. Understand the topics in the 6-week module
 - ii. Identify 2 stress reduction tools
 - iii. Learn basic anatomy and functions of the human brain
 - iv. Understand how the brain affects our ability to do everyday activities
- b. Primary Learning Activities
 - i. Stress reduction: Box Breathing
 - ii. Functions of the brain: Brain Game

2. Mental Health and Mental Illness

- a. Lesson Objectives. Students will:
 - i. Demonstrate application of brain parts and function by participating verbally in the warm up
 - ii. Actively practice box breathing stress reduction tool
 - iii. Identify one example of when our brain is working, not working well at school
 - iv. Understand 3 components of mental health definition
 - v. Demonstrate understanding of different mental health states by identifying one school/functional situation and personal feeling for each state
- b. Primary Learning Activities
 - i. Stress reduction: Box Breathing
 - ii. Mental health and mental illness definitions

3. Introduction to the Stress Response

- a. Lesson Objectives. Students will:
 - i. Demonstrate understanding of different mental health states by ability to give one example of thoughts experienced and accurate identification of the mental health state (using the pyramid)
 - ii. Actively practice box breathing stress reduction tool
 - iii. Participate in learning stress response and completion of graphic organizer summarizing video
 - iv. Demonstrate understanding by ability to identify one take away from video
 - v. Learn about how we can perceive stress positively or negatively and its effect on our bodies and everyday functioning
- b. Primary Learning Activities
 - i. Stress reduction: Box Breathing
 - ii. Stress learning activities: video, handouts, graphic organizer

4. The Stress Response: Positive and Negative

- a. Lesson Objectives. Students will:
 - i. Demonstrate understanding of stress response in body and brain
 - ii. Demonstrate understanding of positive and negative responses to stress by participating in creation of posters and accurate sorting of coping with stress cards
 - iii. Actively learn and practice Focus on Your Hands muscle relaxation technique
 - iv. Demonstrate understanding of resilience and growth mind set by ability to identify one personal belief
 - v. Demonstrate understanding of dependency and fixed mind set by ability to identify one personal belief
 - vi. Learn about how we can perceive stress positively or negatively and its effect on our bodies & everyday functioning
- b. Primary Learning Activities
 - i. Stress reduction: Focus on Your Hands
 - ii. Stress learning activities: stress cards, posters, mindset graphic, handouts

5. A Stress Response Plan for Positive Mental Health

- a. Lesson Objectives. Students will:
 - i. Demonstrate understanding of concepts of resilience, dependency, growth/fixed mind set but productive participation in warm up
 - ii. Actively participate in practice of Focus on Your Hands muscle relaxation technique
 - iii. Demonstrate understanding of the positive mental health plan and its components through completion of small group worksheet
- b. Primary Learning Activities
 - i. Stress reduction: Focus on Your Hands
 - ii. Stress learning activities: handouts, school event cards

6. Summary and Planning: What have we learned?

- a. Lesson Objectives. Students will:
 - i. Demonstrate understanding of positive mental plan by ability to identify one concept used in past week
 - ii. Actively participate in practice of Focus on Your Hands muscle relaxation technique
 - iii. Complete choice making worksheet
 - iv. Engage actively in decision-making about final topic based on personal results from worksheet and consensus/compromise.
- b. Primary Learning Activities
 - i. Stress reduction: Focus on Your Hands
 - ii. Stress learning activities: handouts

Appendix A.2. Positive Mental Health Lesson Plans

1. **Overview, Brain**
2. **Mental Health and Mental Illness**
3. **Introduction to the Stress Response**
4. **The Stress Response: Positive and Negative**
5. **A Stress Response Plan for Positive Mental Health**
6. **Summary and Planning: What have we learned?**

Daily Lesson Plan Template

Instructor:

Lesson Title:

Subject:

Grade:

Date:

Period:

Lesson Objectives:
Student will

Materials/Equipment Needed:

Differentiated Instruction:

Lesson Sequence

Activity:
Warmup/Introduction

Lesson

Wrap Up

Assessment:

Reflection/Notes:

Daily Lesson Plan

Instructor: Beth Gray, MSOTR/L

Lesson Title: Session One: Overview, Brain

Subject: Health Literacy

Grade: 7-8

Period: 7th, 12:35-1:15 pm

Date: 2/24/2020

Lesson Objectives: Student will

Student will understand the topics in the 6 week module

Student will identify the 2 stress reduction tools

Students will learn basic anatomy and functions of the human brain

Students will understand how the brain affects our ability to do everyday activities

Materials/Equipment Needed:

Box Breathing Visual

Brain Game Handout & Addition

Differentiated Instruction:

Preprinted labels for brain parts & function reduces handwriting, uses cutting & pasting

Evaluation has students/staff circle responses, separate area for writing

Lesson Sequence

Activity: Course Overview, brain introduction

Warmup/Introduction:

Brainstorm as group examples of physical health and mental health; compare & share importance of both

Share 6 topics, plan for module & ask for feedback

Lesson:

Review structure & purpose of sections of each session

Hand out box breathing visual

Teach box breathing as stress reduction tool

Brain: parts & function of the brain

Brain game- labeling parts of brain

Brain game-labeling functions of the brain

What parts of brain are we using when we get off the bus in the morning? Break down that task & correlate with brain functions

Discuss how parts of brain work together-when it is working well/not working

Assessment: Pre-teach each of the phrases in the evaluation & how to complete; have all complete evaluations

Reflection/Notes How to/Steps/Running Narrative

The Importance of Positive Mental Health

Teacher Content

<p>Week 1: Introduction: Overview, brain</p>	<p>Overview of 6 weeks</p> <ul style="list-style-type: none"> ● Topics ● Structure of each group ● Introduce 2 stress reduction techniques ● Importance of feedback through student & teacher evaluations ● Anatomy and Functions of the brain
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I. Learning Objectives:

- ✓ Student will learn the topics of the 6-week module
- ✓ Student will identify the 2 stress reduction tools
- ✓ Students will learn basic anatomy and functions of the human brain

II. Content:

Weekly Topics:

- Week 1: Orientation and The Brain
- Week 2: Understanding Mental Health and Mental Illness
- Week 3: Overview of the Stress Response
- Week 4: Coping with the Stress Response
- Week 5: Stress Response Plan- Solving the Problem
- Week 6: Positive Mental Health, Planning for School Project

Structure of Each Session:

- 10 minutes: Learn and practice stress reduction tool
- 20 minutes: Weekly topic, content
- 10 minutes: Wrap Up & Evaluations

Stress Reduction Tool: Box BreathingFunctions of the Brain: Handout, Brain Labeling activity

Your Brain:

- Everything that a person does, feels, thinks or experiences involves the brain
 - Review the parts of the brain vocabulary: frontal lobe, parietal lobe, temporal lobe, occipital lobe, cerebellum, brain stem
 - Do the brain labeling activity
 - Review the functions of the brain: thinking or cognition, perception or sensing, emotions or feeling, behavior, physical, signaling (responding to the environment)
 - Complete the brain labeling activity by adding functions
 - The parts of the brain work together as a network
 - When a brain is not working: one part may not be working well, one part is working in the wrong way, network connections are not working
 - What does it look like when the brain is not working well?
 - Symptoms-what a person feels e.g. sadness, difficulty sleeping, difficulty paying attention
 - Behaviors-what others see e.g. hyperactivity, withdrawal
 - Symptoms and behaviors change someone's ability to function-do what they need to do
 - Discuss examples that we see in the classroom
- III. Evaluations-Review content of each question; hand out for completion by staff and students

Daily Lesson Plan

Lesson Title: Session Two:
Mental Health and Mental Illness

Grade: 7-8

Period: 7th, 12:35-1:15 pm

Date: 3/2/2020

Instructor: Beth Gray, MSOTR/L

Subject: Health Literacy

Lesson Objectives: Student will

- Demonstrate application of brain parts & function by participating verbally in the warmup
- Actively practice box breathing stress reduction tool
- Identify one example of when our brain is working, not working well at school
- Understand 3 components of mental health definition
- Demonstrate understanding of different mental health states by identifying one school/functional situation and personal feeling for each state

Materials/Equipment Needed:

- Box Breathing Visual
- Mental Health Definition handout
- “Language Matters” Pyramid handout
- You Tube

Lesson Sequence

Activity: Mental Health & continuum of mental health states

Warmup/Introduction:

- Hand out completed brain parts & functions worksheet from week one; quick summary
- Scenario: Getting off the bus in the morning & entering school. Ask students: What are we doing? What are the brain functions? What parts of brain are we using?

Lesson:

- Review topic for today
- Hand out box breathing visual
- Practice box breathing as stress reduction tool (4-5 cycles). Ask students: Did anyone use the box breathing over the week? How was it?
- Discuss how parts of brain work together-when it is working well/not working
- Ask students: Share one time today that their brain was working to get things done, one time when it was not working
- Hand out and read definition of mental health-highlight 3 pieces, examples
- Watch Kutcher’s 3 minute You tube video “Distinguishing Mental Illness from Everyday Stress”. Ask students about reactions to video.



Differentiated Instruction:

Use of completed brain handouts as review for warm up

Mental Health definition modified into 3 sections, enlarged font, simplified, color

Use of 3 minute video; use of media & different auditory, visual input

Adaptation/simplification of pyramid

Evaluation has students/staff circle responses, separate area for writing

Lesson Sequence Continued

Hand out adapted "Language Matters" pyramid & review each section of pyramid; have students write their own words in each section of the pyramid

Collect worksheets & place into individualized project folders

Assessment: Ask students: Any questions from last week about the evaluation form? Have all complete evaluations

Reflection/Notes: How to/Running Narrative

The Importance of Positive Mental Health

Week 2: Mental Health & Mental Illness	<ul style="list-style-type: none"> ● What are mental disorders? warmup ● Language of mental health states ● Definition of mental health, mental distress, mental health problems, mental disorder/illness ● How mental health states affect us in school
---	--

I. Learning Objectives:

- ✓ Demonstrate application of brain parts & function by participating verbally in the warmup
- ✓ Actively practice box breathing stress reduction tool
- ✓ Identify one example of when our brain is working, not working well at school
- ✓ Understand 3 components of mental health definition
- ✓ Demonstrate understanding of different mental health states by identifying one school/functional situation and personal feeling for each state

II. Content:

Stress Reduction Tools Practice: Box Breathing

Topic learning

What are mental disorders

- Review brain anatomy and functions from last session (worksheets)
- The parts of the brain work together as a network
- When a brain is not working: one part may not be working well, one part is working in the wrong way, network connections are not working
- What does it look like when the brain is not working well?
 - Symptoms-what a person feels (e.g. sadness, difficulty sleeping, difficulty paying attention)
 - Behaviors-what others see (e.g. hyperactivity, withdrawal)
 - Symptoms and behaviors change someone's ability to do what they need to do

Definition of mental health:

- ✓ healthy brain gives us mental health

- ✓ having the capacity to be able to successfully adapt to the positive and negative challenges of life
- ✓ brain uses all of its functions (sensing, cognition, feelings) to cope with challenges
- ✓ negative emotions are a part of good mental health-crying, anger
- ✓ negative behavior is not a part of good mental health-yelling

Video: https://www.youtube.com/watch?v=UKDLafCIG_Y

Language of mental health states: pyramid handout from adapted teenmentalhealth.org (pg. 18)

Mental distress: inner state of anxiety that a person has when something in the environment is demanding a response to a challenge; stress signal or stress response

<p>Feelings/Thoughts:</p> <p>Upset</p> <p>Annoyed</p> <p>Sad</p> <p>Pessimistic “I cant do it”</p> <p>I’m not good at anything</p> <p>I’m stupid</p> <p>Elicit more examples from students</p>	<p>Sources of stress:</p> <p>Upcoming test</p> <p>paper that is due</p> <p>asking someone to go to the dance</p> <p>sports team tryout</p> <p>Elicit more examples from students</p>
--	--

Adaptation/resilience building: experience everyday stress, figure out how to deal with the problem or stress in positive way, figure out what works and doesn’t work, stress goes away but the skill is learned and can be used again (normal part of growing up)

Reach out to friends, family

Positive thoughts: I can ask a friend to help, I can talk to a teacher about this, This is hard but I can do my best

Positive feelings: feeling energized, focused, motivated

Mental health problems: Happen when a person experiences a much larger stress than usual (e.g. death of a loved one, moving, having a serious illness)

Larger stress response that changes behavior and feelings and ability to function

Need extra support to get through-counseling, supportive adult

Mental health disorder/illness: person’s genetic makeup and environment, is a medical condition that is diagnosed and treated by a medical professional; changes in brain function

<p>Feelings/Thoughts:</p> <p>Depression</p>	<p>Physical:</p> <p>Fatigue</p>	<p>Behavior:</p>
---	---------------------------------	------------------

Panic attacks Delusions, thought disorders Hopelessness, suicidal thoughts	Agitation	Refusing to go to school or work Not taking care of self Appetite and Sleep Disturbance
--	-----------	---

Have students identify and write their own examples in the pyramid (if they are able to)

III. Evaluations & Collect papers into individual folders

Daily Lesson Plan

Instructor: Beth Gray, MSOTR/L

Lesson Title: Session Three:

Subject: Health Literacy

Introduction to The Stress Response

Grade: 7-8

Period: 7th, 12:35-1:15 pm

Lesson Objectives: Student will

Demonstrate understanding of different mental health states by ability to give one example of thoughts experienced and accurate identification of the mental state (using the pyramid)

Actively practice box breathing stress reduction tool

Participate in learning stress response & completion of graphic organizer summarizing video

Demonstrate understanding by ability to identify one take away from video

Learn about how we can perceive stress positively or negatively and its effect on our bodies & everyday functioning

Materials/Equipment Needed:

Box Breathing Visual
 Handouts: Physical Indicators of Stress & Hidden Effects of Stress
 Graphic organizer for video
 Prepared and precut talking points
 Glue sticks & pens/pencils
 Video: Kelly McGonigal TED Talk, *How to make stress your friend*
 Positive/Negative Response to stress handout

Lesson Sequence

Activity: The Stress Response

Warmup/Introduction:

Hand out folders & ask students to locate the pyramid handout from previous session; briefly review the four levels of mental states

Watch the Stan Kutcher video again

Ask students to talk about one example of their thoughts in a school situation and identify the corresponding mental state

Lesson:

Review topic for today

Hand out box breathing visual

Practice box breathing as stress reduction tool (4-5 cycles). Ask students: Did anyone use the box breathing over the week? How was it?

Ask students: When I say "stress", what do you think of? Start to differentiate positive and negative aspects of responses.

Hand out physical indicators of stress sheet; talk about the Flight of Fight response.

Hand out Flight of Flight Hidden Effects. Review key concepts



Differentiated Instruction:

Use of review of previously covered topic as warm up for each session.

Use of previously reviewed pyramids as visual support.

Use of previously viewed video as reminder

Visual representations of stress (what it looks like) & effects of stress in body with key concepts identified.

Graphic organizer to help viewing of video, periodic stops with summaries, improve attention (for 15 minutes)

Differentiated modalities (verbal, visual/video, pictures) for different learning needs

Prepared and precut talking points to add to graphic organizer, decreases need for writing & gives correct statement

Take away is personal message from each student

Evaluation has students/staff circle responses, separate area for

Lesson Sequence Continued

Hand out graphic organizers, precut responses, and glue. Watch Kelly McGonigal Ted Talk, *How to Make Stress Your Friend* at

<https://www.youtube.com/watch?v=RcGVTAoXEU&t=1s>

Use identified stopping points (on teacher worksheet). Ask students to find the correct summary of that portion of the video & glue it onto the graphic organizer

After video, ask students to sit quietly & write their take away on the bottom of the worksheet

Ask students to share their take away if comfortable

Hand out positive/negative stress response sheet as preview for next session

Assessment: Ask students: Any questions from last week about the evaluation form? Have all complete evaluations

Reflection/Notes: How to/Running Narrative

Daily Lesson Plan

Instructor: Beth Gray, MSOTR/L

Lesson Title: Session Four:

Subject: Health Literacy

The Stress Response: Positive & Negative

Grade: 7-8

Period: 7th, 12:35-1:15 pm

Lesson Objectives: Student will

Demonstrate understanding of stress response in body and brain

Demonstrate understanding of positive and negative responses to stress by participating in creation of posters and accurate sorting of coping with stress cards

Actively learn and practice Focus on Your Hands muscle relaxation technique

Demonstrate understanding of resilience and growth mind set by ability to identify one personal belief

Demonstrate understanding of dependency and fixed mind set by ability to identify one personal belief

Materials/Equipment Needed:

Focus on Your Hands muscle relaxation visual

Handouts: Positive & negative Response to Stress Graphic, Growth & Fixed Mindset Graphic

Prepared and precut coping with stress cards

Glue sticks

Prepared resilience/dependency posters

Lesson Sequence

Activity: Positive and Negative Response to Stress

Warmup/Introduction:

Hand out folders & ask students to locate the stress response handout from previous session; briefly review the two responses to stress; focus on resilience and dependency

Ask students to brainstorm what they think resilience means; generate list; repeat with dependency

Lesson:

Review topic for today

Hand out muscle relaxation visual

Teach new technique using visual.

Return to the Stress worksheet. Talk through the positive and negative sides of the stress response. (Use Teacher Version of the handout as guide)

Hand out precut coping with stress cards (4 or 5 to each student)

Have prepared resilience and dependency posters. Have students one by one read a card and place it on the correct poster. Continue until all cards are on a poster.



Differentiated Instruction:

Use of review of previously covered topic as warm up for each session.
 Use of previously reviewed stress response worksheet as visual support.

Differentiated modalities (verbal, written, pictures) for different learning needs

Prepared and precut response to stress cards. Creation of posters that can stay in classroom.

Take away is personal mindset belief message from each student

Evaluation has students/staff circle responses, separate area for optional writing

Lesson Sequence Continued

Hand out growth and fixed mindset worksheets. Review both sides & correlate to resilience & dependency

Have students write their own growth and fixed mindset beliefs (either from list or original)

Collect worksheets & place into individualized project folders

Assessment: Ask students: Any questions from last week about the evaluation form? Have all complete evaluations

Reflection/Notes: How to/Running Narrative

Daily Lesson Plan

Instructor: Beth Gray, MSOTR/L

Lesson Title: Session Five:

Subject: Health Literacy

A Stress Response Plan for Positive Mental Health

Grade: 7-8

Period: 7th, 12:35-1:15 pm

Lesson Objectives: Student will

Demonstrate understanding of concepts of resilience, dependency, growth/fixed mind set but productive participation in warm up

Actively participate in practice of Focus on Your Hands muscle relaxation technique

Demonstrate understanding of the positive mental health plan and its components through completion of small group worksheet

Materials/Equipment Needed:

Muscle relaxation visual

Handouts: Positive & negative Response to Stress, Growth & Fixed Mindset, Positive mental health plan teaching, positive mental health plan blank

Prepared school event cards for small group

Student/Teacher evaluations

Lesson Sequence

Activity: A Stress Response Plan for Positive Mental Health

Warmup/Introduction:

Hand out folders & ask students to locate the positive & negative response to stress handout & growth and fixed mindset handout from previous session; briefly review the two responses to stress; focus on resilience and dependency

Ask students to identify one school situation where they experienced the stress response & identify if they responded with resilience or dependency; remind students about growth mindset-not perfect, practicing new skills; how can we re-frame those dependency responses?

Lesson:

Review topic for today

Hand out muscle relaxation visual & practice technique using visual

Hand out the positive mental health plan teaching worksheet. Talk through the steps in the plan; elicit responses & ideas from students for each section.



Differentiated Instruction:

Use of review of previously covered topic as warm up for each session.
 Use of previously reviewed handouts as visual support.

Differentiated modalities (verbal, written, pictures) with simplified instructions for different learning needs

Take away is positive mental health plan developed by each student group

Evaluation has students/staff circle responses, separate area for optional writing

Lesson Sequence Continued

Have students divide into pairs. Hand out positive mental health plan blank worksheet. Have each group choose a school event card.

Have student groups write their event in the top (“something happens”) section of the blank plan

Have student groups work through that scenario and complete the plan

Have student groups return to the large group and share their work. Elicit feedback from peers.

Have small groups identify self-assessment based on feedback from peers and record it in section at bottom pf sheet

Collect worksheets & place into individualized project folders

Remind students that next session is planning session for school community project

Assessment: Ask students: Any questions from last week about the evaluation form? Have all complete evaluations

Reflection/Notes: How to/Running Narrative

Daily Lesson Plan

Instructor: Beth Gray, MSOTR/L

Lesson Title: Session Six:

Subject: Health Literacy

Summary & Planning: What have we learned?

Grade: 7-8

Period: 7th, 12:35-1:15 pm

Lesson Objectives: Student will

Demonstrate understanding of positive mental health plan by ability to identify one concept used in past week

Actively participate in practice of muscle relaxation technique

Complete choice making worksheet

Engage actively in decision-making about final topic based on personal results from worksheet and consensus/compromise.

Materials/Equipment Needed:

Muscle relaxation visual

Handouts: Positive mental health what did we learn? Consensus & compromise

Student/Teacher evaluations

Lesson Sequence

Activity: Summary & Planning: What have we learned? What will we teach others?

Warmup/Introduction:

Hand out folders & ask students to locate the positive mental health plan worksheet. Briefly review the different sections of the plan.

Ask students if they are able to identify a time in the last week where they used one part of the plan. What worked? What would you do differently next time?

Lesson:

Review topic for today

Hand out muscle relaxation visual & practice technique using visual

Hand out the positive mental health what did we learn worksheets. Review directions for step one. Talk through each of the topics and provide visual of corresponding worksheet.

Proceed to step two. Read directions and have students complete.

Proceed to step three. Read directions and have students complete.

Have students share their two topics. Tally



Differentiated Instruction:

Use of review of previously covered topic as warm up for each session.
Use of previously reviewed handouts as visual support.

Differentiated modalities (verbal, written, pictures) with simplified instructions for different learning needs

Evaluation has students/staff circle responses, separate area for optional writing

Lesson Sequence Continued

If there is not obvious agreement, discuss concept of consensus & compromise.
Provide visual.

Ask students: Is there a way to move toward consensus to pick a topic for final project?
Facilitate the decision-making process toward final choice.

Collect worksheets & place into individualized project folders

Assessment: Ask students: Any questions from last week about the evaluation form? Have all complete evaluations

Reflection/Notes: How to/Running Narrative

Appendix A.3. Learning Activity Materials

Session One: Use a visual representation of square(or box) breathing as a teaching tool. Create a worksheet that students use weekly that includes visual cues and written instructions for the breathing technique.

Session One:

Brain Game Addition: Functions of the Brain

Vision &
perception

Sensation, language,
perception, body
awareness

Posture, balance,
& coordination

Hearing, memory,
Language

Movement
Problem-solving
Concentration
Thinking
Behavior, Mood
Personality

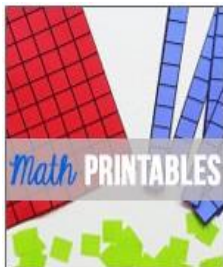
Consciousness, breathing, heart rate

Sample Activities Used (Session One)



[Member Area](#) | [BLOG](#) | [Facebook](#) | [Pinterest](#) | [Google+](#)

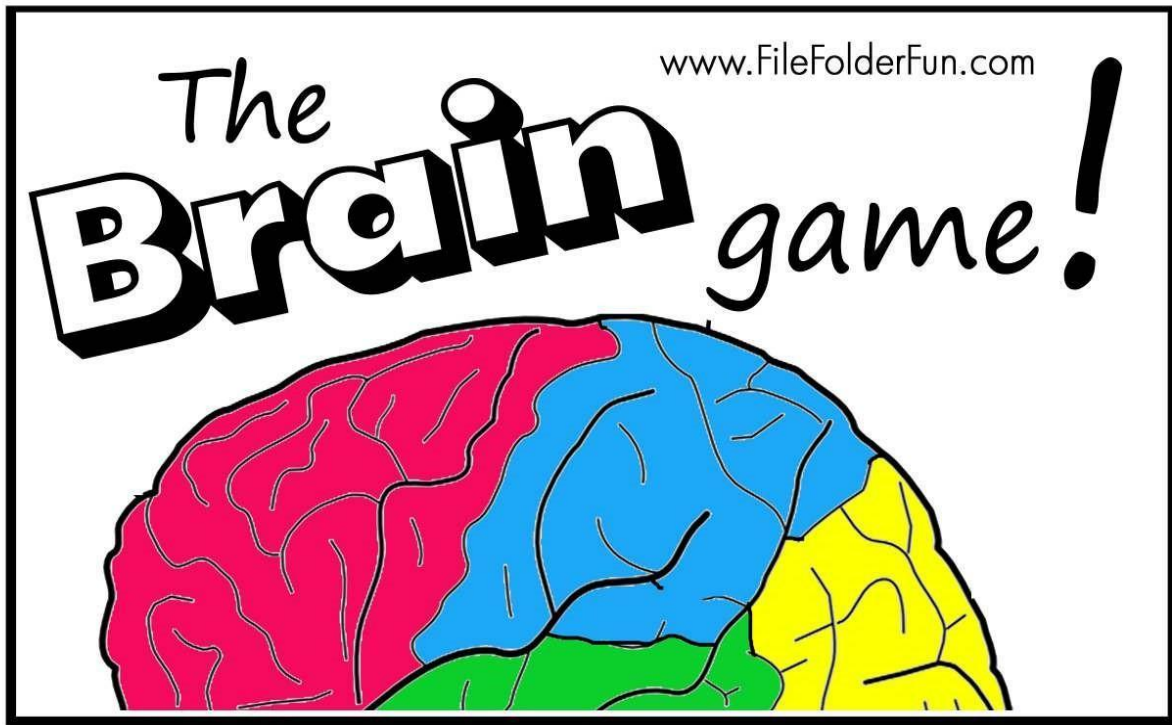
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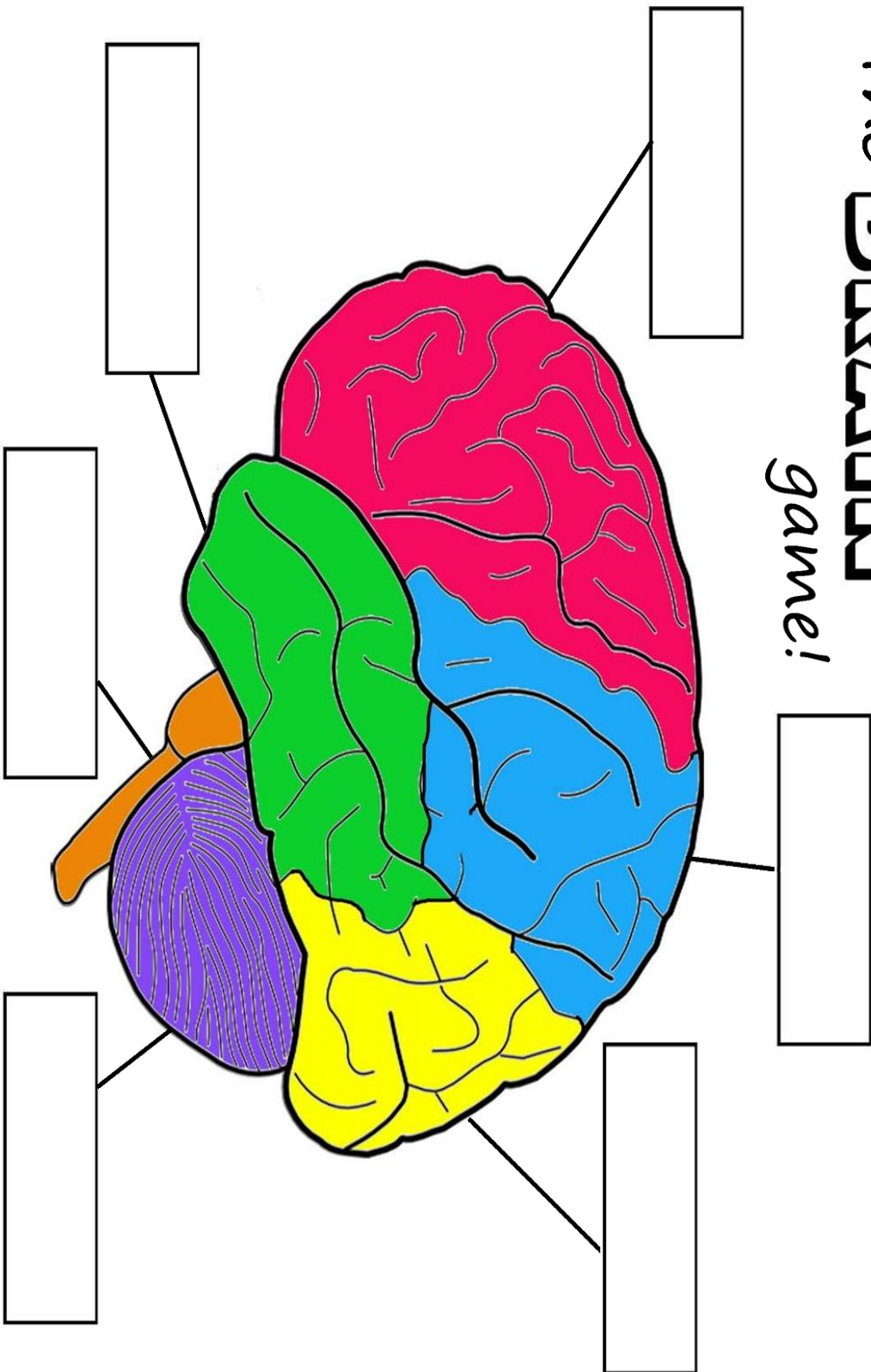


Images (c) Jupiter co.

Instructions: Mount brain to file folder, cut out labels for playing pieces.
Play: Correctly label the different parts of the brain.
Complete the worksheet to "Show you know" and turn it in.

The Brain Game

The BRAIN game!



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frontal lobe	temporal lobe
parietal lobe	occipital lobe
brain stem	cerebellum

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Images (c) Jupiter Co.

Teacher Answer Key:

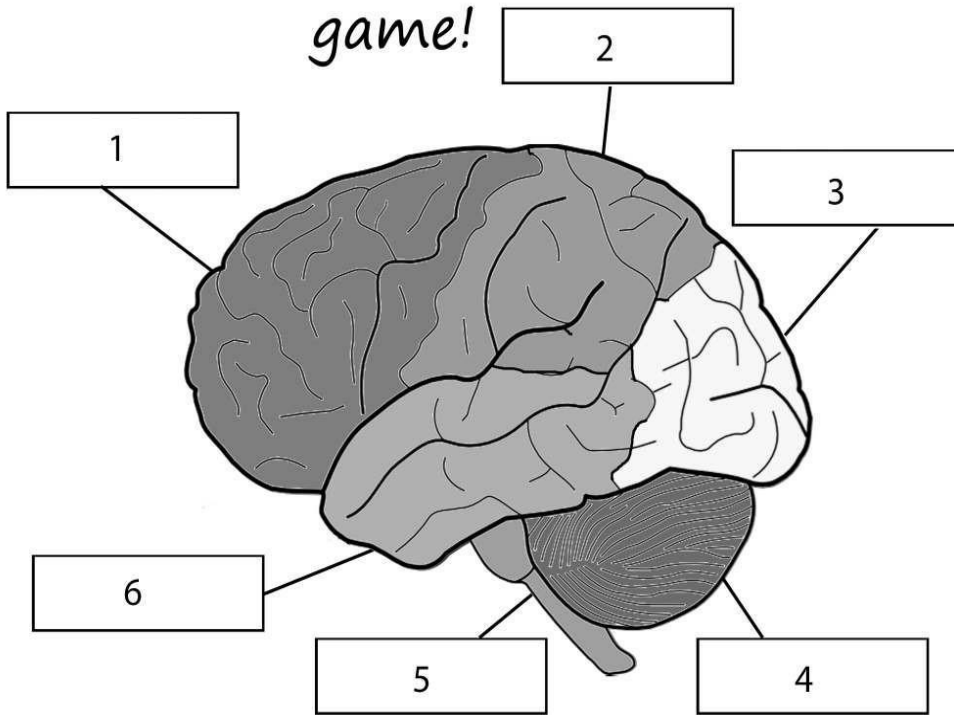
1. frontal lobe
2. parietal lobe
3. occipital lobe
4. cerebellum
5. brainstem
6. temporal lobe.

Show you know:

Name: _____
Date: _____

The **BRAIN**

game!



1. _____

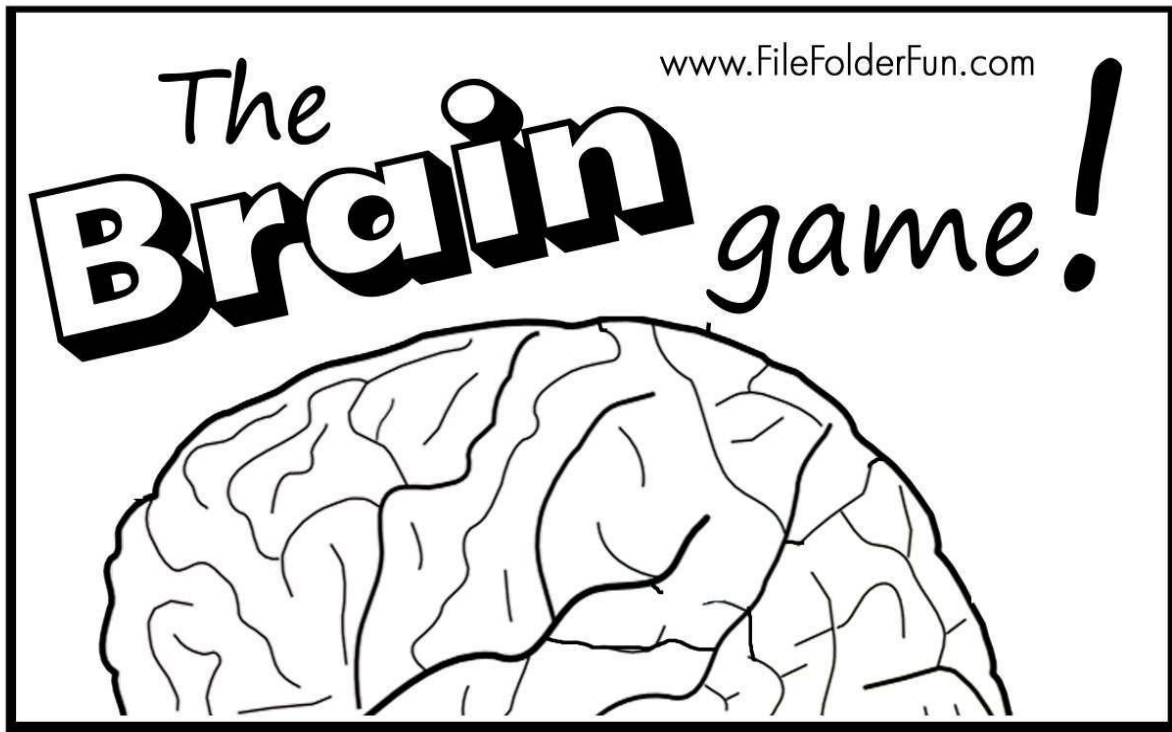
6. _____

2. _____

3. _____

4. _____

5. _____



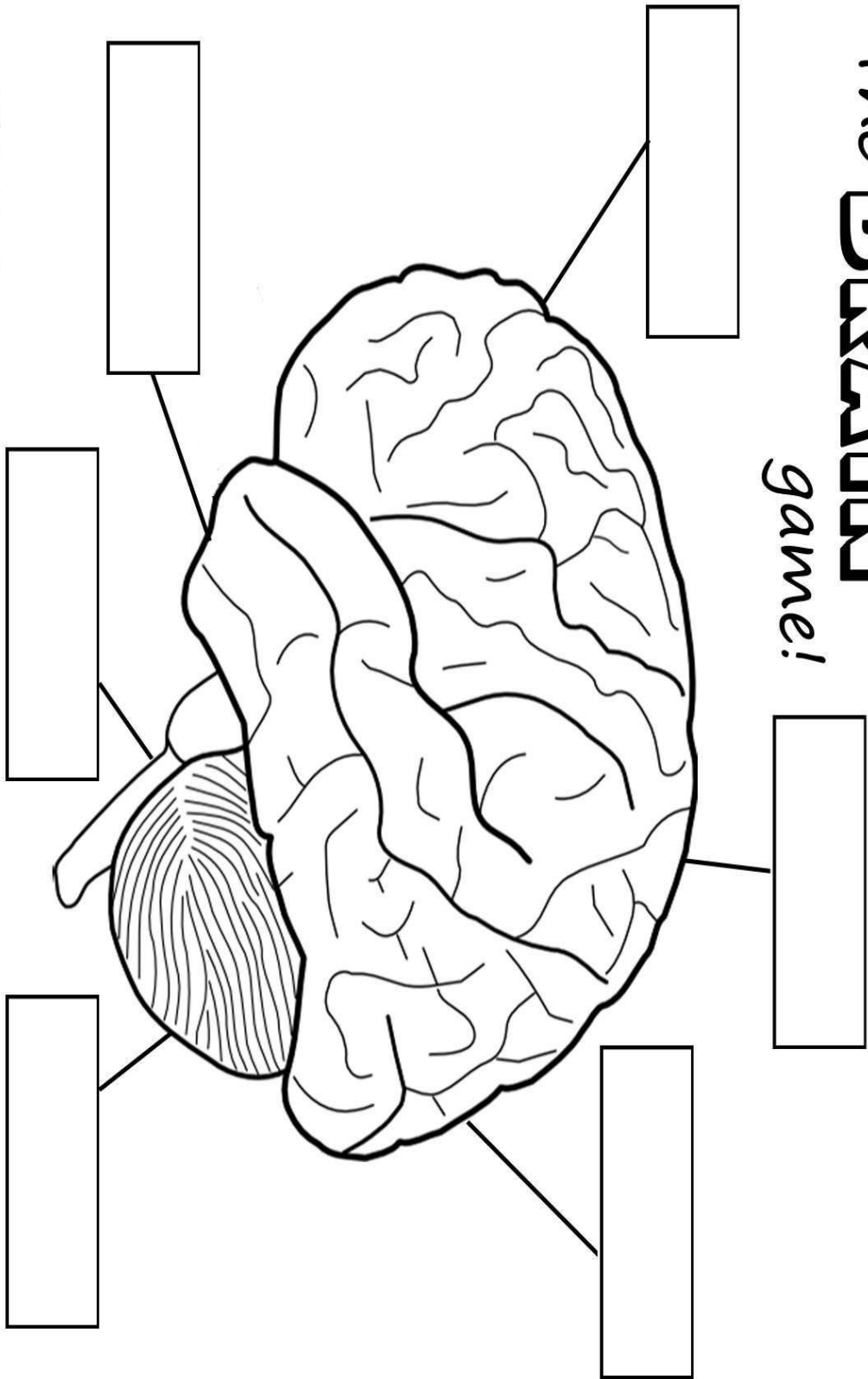
Images (c) Jupiter co.

Instructions: Mount brain to file folder, cut out labels for playing pieces.

Play: Correctly label the different parts of the brain. Complete the worksheet to "Show you know" and turn it in.

The Brain Game

The BRAIN game!



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Images (c) Elker Creative Commons

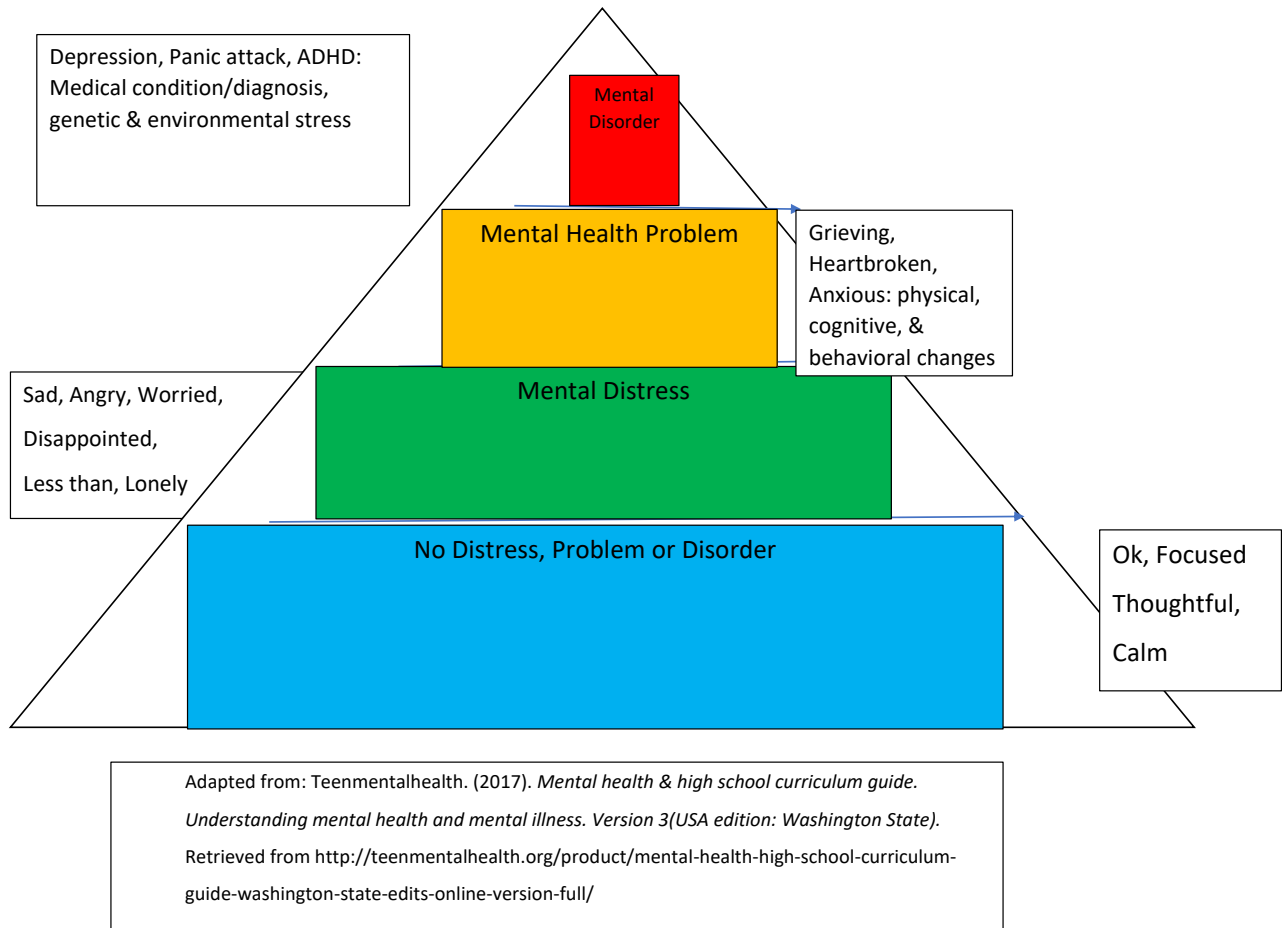
Learning Materials Developed (Session Two)

“Mental Health is a state of

- successful performance of mental function
- resulting in productive activities, fulfilling relationships with people
- and the ability to change and cope with adversity.”

Surgeon General USA,
1999

Learning Materials Developed (Session Two)



Learning Materials Developed (Session Three)

Use a visual representation of body in fight or flight mode that includes physiological responses to stress. Summarize key concepts in worksheet format that may present difficulty in understanding for students. For example, use key concepts section below to introduce and pre-teach vocabulary such as glucose, cortisol, nutrients, adrenaline, oxytocin.

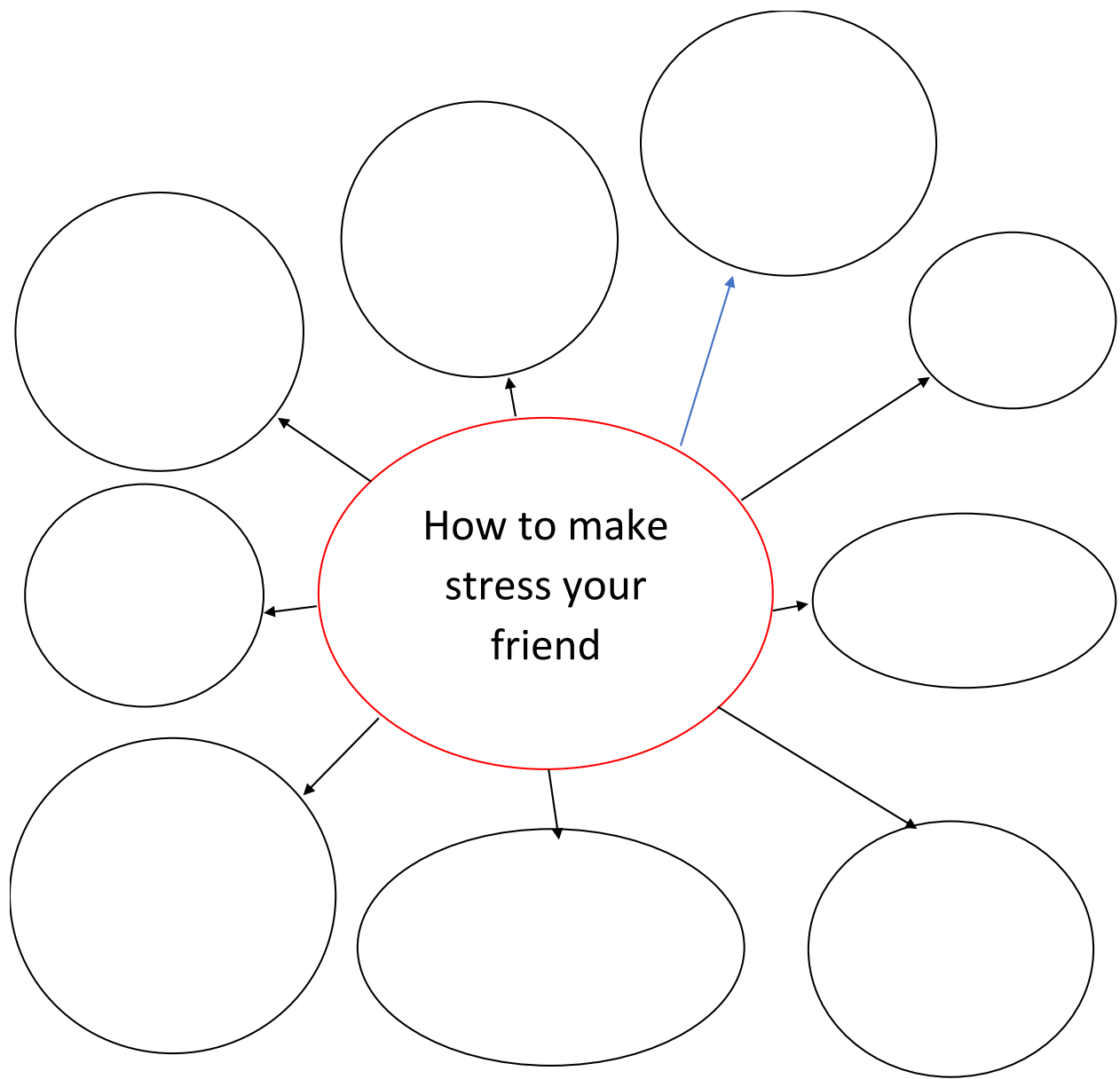
Example

Key concepts:

- ✓ Brain Activates
- ✓ Liver releases glucose
- ✓ Blood (with oxygen & nutrients) flows toward muscles
- ✓ Blood flows away from organs
- ✓ Cortisol increases blood pressure & decreases blood sugar, immune system
- ✓ Adrenaline increases strength
- ✓ Oxytocin heals, brings support

Learning Materials Developed (Session Three): Use a simple, visual representation of the human body with examples of what the body's response to stress looks like. Examples include dilated pupils, sweating, clenched fists.

Graphic Organizer Developed to Accompany McGonigal video



MY TAKE AWAY MESSAGE IS ...

Pre-Printed Responses for Graphic Organizer

Science says “the *belief* that stress is bad can cause health problems”

Body’s response to stress:
sweating, heart pounding,
breathing faster

Heart pounding,
blood vessels get smaller,
bad for health

Stress makes you
social, want to reach
out to others

Oxytocin heals your heart
from physical damage of
stress

If I change my mind
about stress, I can
change how my body
responds to it

Stress response means
your body is energized &
ready to meet the challenge

Change your mind, see
stress with joy & courage,
opens blood vessels

Oxytocin motivates
you to connect &
seek out support

Teacher Tool: Stopping Points for Video/Graphic Organizer

Science says “the <u>belief</u> that stress is bad can cause health problems”	stop video at 2:58
If I change my mind about stress, I can change how my body responds to it	stop video at 3:22
Body’s response to stress: sweating, heart pounding, breathing faster	stop video at 5:11
Stress response means your body is energized & ready to meet the challenge	stop video at 5:56
Heart pounding, blood vessels get smaller, bad for health	stop video at 6:13
Change your mind, see stress with joy & courage, opens blood vessels	stop video at 6:53
Stress makes you social, reach out to others	stop video at 9:14
Oxytocin motivates you to seek out support Oxytocin heals your heart from physical damage of stress	stop video at 10:10

Learning Materials Used (Session Four): Use graphic representation of growth mindset and fixed mindset that includes simple statements as examples of the two mindsets. Growth mindset statements may include “I can learn anything I want to. When I am frustrated, I persevere. When I fail, I learn.” Fixed mindset statements may include “I’m either good at it or not. When I am frustrated, I give up. When I fail, I’m no good.” Addition to the worksheet should include two lines with sentence starters that ask students to identify one of their growth mindset beliefs and one of their own fixed mindset beliefs.

Create a worksheet to teach mindfulness strategy of hand muscle relaxation. Include visual representation and written directions for the steps in the practice. Example,

- First, find a comfortable sitting or lying down position.

- Take a few deep mindful breaths to help you relax.

- Then, hold your hands tightly for about 10 seconds, squeezing tightly, and release them slowly. (10 seconds)

- Now, focus on how your hands feel; practice square breathing; stay focused for as long as you can.

- Repeat 3 times

- End with a few deep mindful breaths and continue with your day.

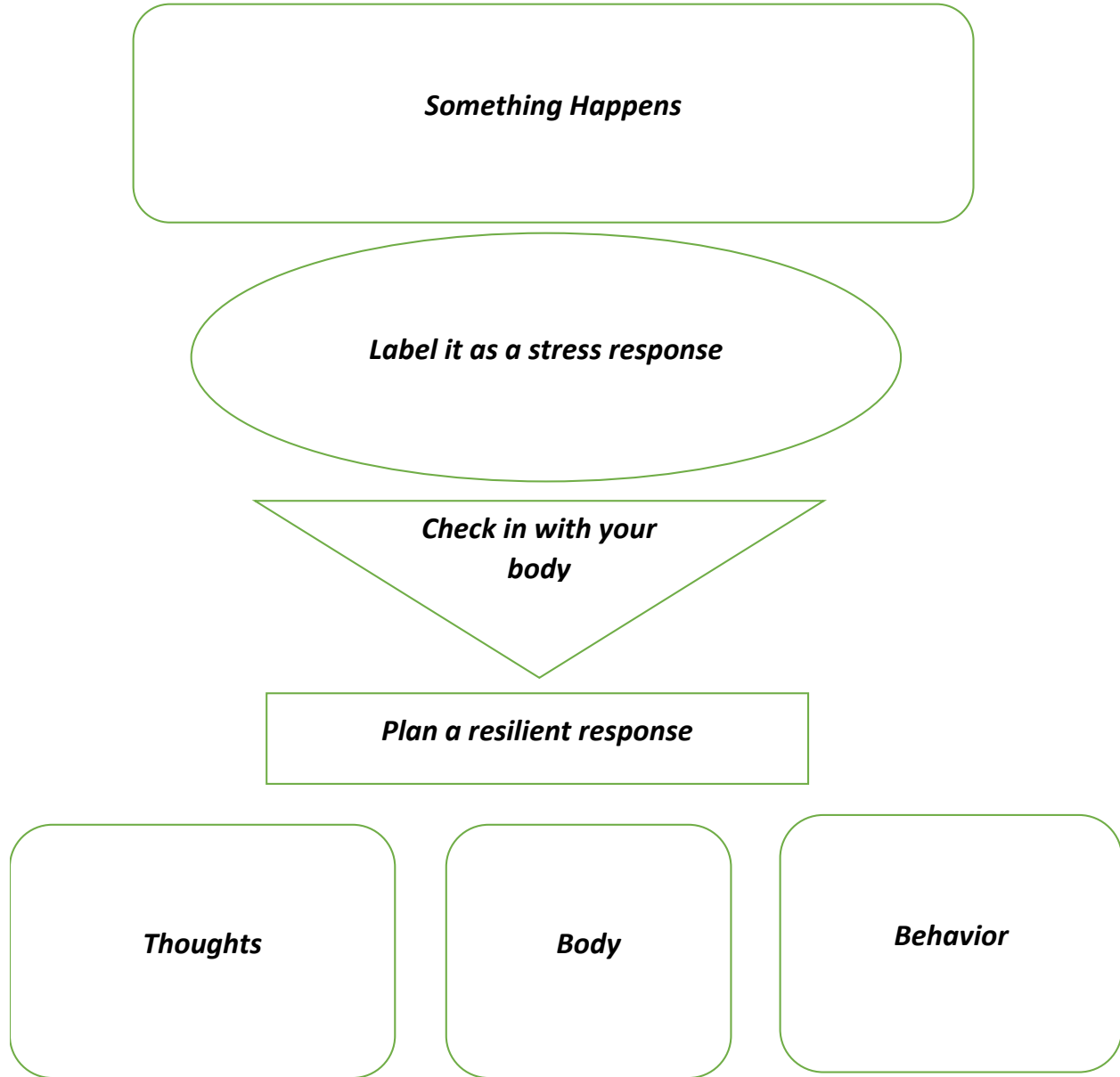
If you find yourself becoming anxious or tense during the day, give yourself a mindful break and repeat this strategy.

Adapted from <https://educationsvoice.wordpress.com/2018/11/19/mindfulfocuschallenge-day-2-the-hand-exercise/>

Learning Materials Developed (Session Five)

Positive Mental Health:

Plan to deal with stress in a healthy way



This worksheet was adapted from Teenmentalhealth. (2017). *Mental health & high school curriculum guide. Understanding mental health and mental illness. Version 3(USA edition: Washington State)*. Retrieved from <http://teenmentalhealth.org/product/mental-health-high-school-curriculum-guide-washington-state-edits-online-version-full/>

Positive Mental Health:

Plan to deal with stress in a healthy way

Something Happens

Stop & think. Label the event.

What was happening or what were you thinking about just before you felt stress response?

Label it as a stress response

NOT “anxiety” “stressed out” “depression”

***Check in with your
body***

Plan a resilient response

Thoughts

How can I think of this positively?

What growth mind set words can I use?

Body

How can I calm my body?

What techniques can I use?

Behavior

What can I do?
Who can I talk to?

Learning Materials Developed (Session Six)

Group Decision-making Worksheet



Positive Mental Health: What Did We Learn?

1. Put check next to topics that you liked

Parts of brain

Fight or Flight Response

Functions of brain

Hidden Effects of Stress

How different parts of brain work throughout your day

Box Breathing

How to make stress your friend

Focus on Your Hands muscle relaxation

Positive/negative response to stress

Real definition of mental health

Growth mindset/fixed mindset

Pyramid with different types of mental illness mental health

Resilience vs Dependency

Positive Mental Health Plan

Is there something that needs to be added?

2. Circle 5 topics that you think were most interesting

3. From those five that you circled, choose two topics that you think would be helpful for the whole school community to know. Write them on the lines below.
-
-

Appendix A.4. Letter to Parents

February 15, 2020

Greetings,

My name is Beth Gray and I am the Occupational Therapist who works with your children in Mrs. Appollonia's class. Since 2018, I have been working on my doctoral degree in Occupational Therapy with a focus on youth mental health prevention and promotion. One portion of my doctoral project is the development and delivery of a 6-week health literacy program that I am implementing with the class within Mrs. Appollonia's science curriculum.

The title of this group project is *The Importance of Positive Mental Health*. It will focus on learning about the brain and how our thoughts influence behavior. Students will also learn about the stress response in our bodies. They will also learn stress reduction tools and when to use them every day to improve mental and physical health and school engagement.

The program will be delivered in class for 6 weeks, 1 period per week. Each session will include the following activities.

Students will:

- Learn and practice stress reduction techniques
- Learn about our brains, our bodies, and how they work together in mental and physical health
- Complete student and teacher evaluations of the activity

The final activity will have students plan and create a presentation to teach the school community about positive mental health and what they have learned.

Mrs. Appollonia and I have reviewed the content and the 6-week plan. We are planning on beginning the group work on Monday, February 24, 2020.

Participation of your child in this activity is voluntary. If you don't want your child to participate or if have any questions about this program, please contact me before February 24th. I can be reached by email at bgray@ulsterboces.org or by telephone at (845)849-5466.

Thank you for your support of this project.

Elizabeth Gray, MS,OTR/L

Appendix A.5. Student Teacher Feedback



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The Importance of Positive Mental Health

Date:

Please circle your responses.

I am a student teacher

I learned and practiced a tool to calm and center myself.

A lot A little Not at all

I think I could try this tool during my day.

A lot A little Not at all

I understand the topic that was presented today.

A lot A little Not at all

I understand how my thoughts and feelings affect me at school every day.

A lot A little Not at all

The handouts and activities helped me understand the topic.

A lot A little Not at all

Feedback? Questions? Thoughts?

Write them here 

Appendix A.6. Examples of Adaptation Strategies Used

Examples of Tier 1 Strategies and Supports	School Classroom Example	Virtual Classroom Example
<p>Sensory & Self-Regulation Supports</p> <p>“Arousing and calming activities are balanced across the period” (Bleiweiss, Hough & Cohen, 2013, p. 99)</p> <p>“Strategies are used to develop self-regulation” (Bleiweiss, Hough & Cohen, 2013, p. 99)</p>	<p>Each session was structured in same format: warmup, regulation strategy practice, learning activity, closure & evaluation</p> <p>Relaxation and breathing strategies practiced each session</p>	<p>Each session was structured in same format: greeting, regulation strategy practice, learning activity, closure & evaluation</p> <p>Breathing, mindfulness & resilience strategies practiced each session</p> <p>Microphones muted by staff during teaching to decrease stimulation & increase self-control</p>
<p>Behavioral Supports</p> <p>“Visual aids and concrete examples are utilized to supplement verbal directions” (Bleiweiss, Hough & Cohen, 2013, p. 100)</p> <p>“Upcoming activities and transitions are previewed” (Bleiweiss, Hough & Cohen, 2013, p. 100)</p> <p>“Opportunities are provided for students to make choices” (Bleiweiss, Hough & Cohen, 2013, p. 100)</p>	<p>Written instructions prepared on all worksheets</p> <p>Consistent format used with daily topics reviewed verbally at beginning of each session</p> <p>Manipulatives & activities developed incorporated student choice of types of materials and choices for writing, cutting</p>	<p>Slide prepared with written instructions for each task</p> <p>Consistent format used with daily topics reviewed as slide at beginning of each session</p> <p>Plan for next session discussed with students and staff during closure</p>
<p>Social Supports</p> <p>“Experience-sharing language is used (e.g., labeling the moment, teamwork)” (Bleiweiss, Hough & Cohen, 2013, p. 102)</p>	<p>Individual and group reflections on daily topic were incorporated into closure activity</p>	<p>Content of discussion was explicitly modified to include definitions and discussions of resilience, narrative, compassion, forgiveness</p>

Academic/Curriculum Supports

<p>“Lessons are well-planned, all materials related to the lesson are ready and easily accessible” (Bleiweiss, Hough & Cohen, 2013, p. 103)</p>	<p>Binder created with weekly teaching and learning materials. Individual student folders used to organize materials needed for session and completed work</p>	<p>Short slide presentations created for each session; same visuals and format</p>
<p>“Directions for independent work are clear and concise. Steps of task are limited and reflect student language processing and cognitive skills” (Bleiweiss, Hough & Cohen, 2013, p. 103)</p>	<p>Written instructions prepared on all worksheets</p>	<p>Slide prepared with written instructions for each task</p>
<p>“Expectations for what students should do when they are finished with independent work are clear” (Bleiweiss, Hough & Cohen, 2013, p. 103)</p>	<p>Individual student folders used to organize all materials needed for session and completed work</p>	
<p>“Complex tasks are broken down to clarify steps and sequences” (Bleiweiss, Hough & Cohen, 2013, p. 104)</p>	<p>The concept or topic from one curriculum module was split into multiple sessions</p>	<p>The concept or topic from one curriculum module was split into multiple shorter sessions</p>
<p>“Manipulatives are used to clarify concepts and increase active engagement” (Bleiweiss, Hough & Cohen, 2013, p. 104)</p>	<p>Activities were created or adapted as worksheets that incorporated cutting, gluing, writing, coloring, assembly</p>	
<p>“Presentation of academic tasks is modified to incorporate student interests, strengths, or learning styles” (Bleiweiss, Hough & Cohen, 2013, p. 104)</p>	<p>Diverse modalities & mixed media were used to teach content including videos, visual representations, written definitions</p>	<p>Diverse modalities & mixed media were used to teach content including videos, visual representations, written definitions, polling</p>
<p>“Supports for asking for help are used” (Bleiweiss, Hough & Cohen, 2013, p. 104)</p>	<p>Staff and students seated for activities around large group table; raising hand for help was actively acknowledged & reinforced</p>	<p>Students used “raise hand” feature in Zoom platform. Chat feature in Zoom platform was available for individual student access to teacher or staff as needed</p>

<p>“Graphic organizers are used for organizing, planning, and reflecting” (Bleiweiss, Hough & Cohen, 2013, p. 104)</p> <p>“New, challenging material and/or content is previewed prior to instruction” (Bleiweiss, Hough & Cohen, 2013, p. 104)</p> <p>“Whole-class response strategies are used in lessons” (Bleiweiss, Hough & Cohen, 2013, p. 104)</p>	<p>Graphic organizers with pre-printed responses/concepts were developed to support video viewing</p> <p>New vocabulary and content was presented visually. Definitions were reviewed prior to teaching (e.g., stress response in body worksheet)</p> <p>Closure activity and written evaluation provided opportunities for all students and staff to respond to material presented</p>	<p>Graphic organizers were inserted into slide presentation with pre-printed responses</p> <p>New vocabulary and content was presented visually on slides. Definitions were reviewed prior to teaching</p> <p>Mics were unmuted for class discussion of content. Closure activity and written evaluation provided opportunities for all students and staff to respond to material presented</p>
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Chapter 3. Promoting Mental Health Literacy in Special Education: A Knowledge Translation

Project Proposed for an Interdisciplinary National Conference

Project Aim for Knowledge Translation

The aim of this knowledge translation project is to increase awareness of occupational therapy contributions to a school-based mental health program for adolescents with special needs through a professional presentation at an interdisciplinary national conference.

Description

This knowledge translation project is a proposal to present to interdisciplinary practitioners at a national conference. The presentation focuses on school mental health practice with students with special needs, interdisciplinary collaboration opportunities, and the contribution of the occupational therapy professional. Content disseminates evidence-based theoretical foundations of mental health literacy, social emotional learning, and trauma-informed care. The presentation describes interdisciplinary team collaboration and the unique role of occupational therapy. As a case study illustration, the session presents a mental health literacy pilot adapted from an evidence-based curriculum completed with middle school students in a special education school setting.

This knowledge translation project, in the form of short course with a slide presentation, focuses on youth mental health prevention and promotion school-based programming for students with special needs (see Appendices B.1 & B.2). The content examines a scholarly review of evidence that identifies the components of quality social-emotional learning implementation including concepts of mental health literacy and trauma-informed care. The session describes everyday academic, social, and functional challenges for adolescents with

special needs and will share adaptations of an evidence-based mental health literacy curriculum to improve student access and competence in positive mental health. This presentation highlights the process of the interdisciplinary collaboration between teaching and clinical staff in developing and delivering mental health literacy education integrated into the classroom environment. Effective collaboration, built upon positive working relationships among team members, ensures accurate and holistic identification of student need and support for program implementation. Additionally, team collaboration and active participation ensures sustainability and mental health literacy skills for all program participants (Kutcher et al., 2016). Content shares resources and tools developed through the implementation of the six-session mental health literacy pilot curriculum.

Awareness of mental health disorders in children and adolescents has become part of a global dialogue directing practices in school environments. Adolescents with special needs present complex psychological, behavioral challenges and unique learning needs that may impact their access to and their ability to productively engage in mental health promotion programming. The development of evidence-based, embedded positive mental health interventions for students with special needs requires the adaptation of existing evidence-based curricula.

Approach

Description of Audience and Venue

This presentation proposal was submitted for inclusion in the 2020 Social & Emotional Learning Exchange which was to be held October 14-16, 2020. This national conference is hosted by the Collaborative for Academic, Social, and Emotional Learning (CASEL) and is

focused on facilitating collaboration across disciplines. It supports presentation of diverse views, disseminating experiences that are grounded in science and serve to educate change agents to create equitable, effective SEL programming. Last year's conference convened with 2000 participants from 48 states and 30 countries.

Because of the COVID-19 pandemic and quarantine, public gatherings such as professional conferences are being cancelled. CASEL is currently in the process of reviewing presentation proposals for inclusion in a virtual conference for Fall 2020.

Learning Objectives of Audience

Upon completion of this presentation, participants will have

1. improved awareness of the global prevalence of mental health challenges for today's youth; the long-term impact on health, academic outcomes, functioning, overall well-being; and the significance of SEL, mental health literacy, and trauma-informed care in addressing youth mental health prevention and promotion
2. increased knowledge of strategies developed to address the clinical and educational challenge of identifying EBP curricula and adapting the content to improve student access and competence for the individualized contexts and learning needs of marginalized populations
3. increased knowledge of the interdisciplinary collaboration process used including the "how to" tools and strategies developed through implementation of mental health literacy pilot delivered within a middle school science curriculum in a special education setting

Evidence of Approach Used

The completed call for submission outlines the presentation (see Appendix B.3). Additionally, the *Mental Health & High School Curriculum Guide. Understanding Mental Health and Mental Illness* was used as the foundation for the pilot project (Teenmentalhealth, 2017). Educational pedagogy was reviewed including concepts of developmentally appropriate language and content, differentiation of instruction, and development of visual supports for middle school students with diverse learning styles and needs. The case illustration included presents a pilot program that was delivered within the middle school classroom's science curriculum.

Evaluation Method

This knowledge translation project will be evaluated through the Collaborative for Academic, Social, and Emotional Learning peer review process for acceptance of the presentation proposal. Notification of acceptance for the conference in Chicago was expected April 3, 2020. This presentation was not accepted for inclusion in the virtual conference but this author was encouraged to re-submit the proposal for the Fall, 2021 conference.

The actual presentation will be evaluated through participant completion of a written evaluation (see Appendix B.4). Participants will be asked to evaluate ten aspects of the presentation that include speaker skills, content of presentation, quality of visuals and materials, and assessment of presentation's achievement of learning outcomes. The evaluation is organized using a five-point Likert scale (e.g., strongly agree, agree, neither agree nor disagree, disagree, disagree) and provides opportunity for written comments or suggestions.

If the presentation proposal is accepted for the virtual conference, the evaluation will be administered as an online survey using a link to the SurveyMonkey application.

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from <http://teenmentalhealth.org/product/mental-health-high-school-curriculum-guide-washington-state-edits-online-version-full/>

Appendix B.1. Slide Presentation

Promoting mental health in special education:
Adaptation of an evidence-based mental health literacy curriculum

Elizabeth Gray, MS,OTR/L



Why are we here?

Safe Schools/Healthy Students/ShowMe How
https://youtu.be/_KXSDmnyGo

Goals for Today

- Defining the challenges
- Understanding the best ideas
- Responding in the real world of our students


Different training
Shared values

- Prevention & Promotion
- Proactive Supports
- Inclusion, Equity
- Improved life outcomes



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Defining our challenges



Taken from <https://www.examinations.org/>

- Youth mental health challenges as barriers to participation
- Marginalization of students with special needs
- Social-emotional learning and trauma


“Young people face increasingly complex social, cultural and economic environments with growing challenges, including increases in forced displacement, migration, unstable families, rising levels of mental health problems and violence. Inequities, including those linked to poverty and gender, shape all aspects of adolescent health and well-being.” (WHO, 2018)



"Children bicycle home from school" by International Livestock Research Institute is licensed under CC BY-NC-SA 2.0.

Youth with Special Needs

- ✓ Conditions for increased mental health disorders in these populations include physical disabilities, ADHD, LD, DCD, obesity, grieving loss, poverty, and trauma (Bazyk & Arbesman, 2013)
- ✓ Auerswald et al., (2017) describe the risk factors as social, family, or individual (disability, ethnicity)
- ✓ Youth with socially devalued characteristics such as race/minority, sexual orientation, obesity, or disability are at greater risk of victimization (Rose & Monda-Amaya, 2012).




"Children in Need 2013 - all campuses" by Crawley College is licensed under CC BY-NC-ND 2.0

Trauma:

(Substance Abuse and Mental Health Services Administration 2014)

- ❖ Events
- ❖ Experience
- ❖ Effects




Taken from <http://foreveranattainment.blogspot.com/>

Developmental Trauma:

(van der Kolk, B.A., 2005)

- Repeated dysregulation in response to traumatic cues
- Persistently altered attributions and expectancies
- Functional impairment

Foundations for an Evidence-Based Pilot Program for Special Education Students



Taken from <https://www.scienceinternational.org/blog/>


Social Emotional Learning

- ✓ Universal SEL programs are effective in promoting positive skill development and developing protective factors for middle and high school students (Ansari, M., Hoagwood, K., Kutcher, P., & Spindler, E., 2010; Casella, G. V., Leung-Kubacki, B. P., Zuffanti, A., Germino, M., & Pastorelli, C., 2015; Coelho & Sousa, 2015; Cook, et al., 2015; Durlak, J. A., Weissberg, R. P., Dymally, A. B., Taylor, R. D., & Schillingrigter, K. B., 2011; Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P., 2017)
- ✓ Effective SEL programs should:
 - Contain SAFE elements: sequenced, active, focused, and explicit

(CASEL, 2015; Coelho & Sousa, 2015; Durlak et al., 2011; Sancassiani, F., Pintus, E., Holte, A., Paulus, P., Moro, M.F., Cossu, G., Angermeyer, M.C., Carta, M.G., & Lindert, J., 2015; Taylor et al., 2017)

Delivered in pre-packaged delivery format that is more explicit (Coelho & Sousa, 2017)

Ensure program fidelity through teacher and staff implementation, support for the programming (Caprara et al., 2015; Cook et al., 2015; Sancassiani et al., 2015; Weissberg, R. P., 2019)



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Health Literacy

- Defined as a student asset developed through education and skill development (Nutbeam, 2008)
- Includes self-management and the ability to navigate the health care system
- Serves as an important value for the empowerment of children and young people to become more engaged with their health and more informed and reflective for future health choices (Broder, et al., 2017)

Mental Health Literacy

(Kutcher, S., Wahl, Y., McLuckie, A., & Hines, H., 2014)


- Acquiring skills to acquire and maintain good mental health
- Understanding and recognizing mental disorders
- Decreasing stigma around mental illness
- Improving help-seeking behaviors from appropriate resources



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Mental Health Literacy

- Develop curricula for youth & improve the competencies of professionals addressing youth health literacy deficits (Broder et al., 2017; Manganello, 2008).
- Improve youth mental health knowledge and decrease stigma (Kutcher et al., 2016).
- Recognize schools as a central community venue to address student mental health & expand school role in promotion and prevention (McLuckie, et al., 2014; Kutcher, et al., 2016)
- Embed interventions, use whole-school approach, delivered by internal providers for sustainability & staff mental health literacy (Kutcher et al., 2016)



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A Pilot Study of a Mental Health Literacy Curriculum in a Special Education School




"DISCOVER" by Strelka Institute photo is licensed under CC-BY 2.0.

Student Profiles from Ulster Center for Innovative Teaching & Learning



"Boy and Girl Enjoy Lunch" by Old Shoe Woman is licensed under CC BY-NC-ND 2.0


Interdisciplinary Team Collaboration



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- Indigenous, agents of change (Atkins, et al., 2010)
- Teaching and reinforcing skills in context, whole-school (Durlak, et al., 2011)
- Collaboration = shared knowledge, shared language

Occupational Therapy Contributions to Team Collaboration

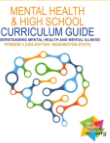


Role of school based occupational therapist: (AOTA, 2016)

- Support the student to learn through skill building & practice toward functional independence in roles of student, friend, worker
- Support the teacher to teach through environmental modification, activity adaptation, individualized student needs

Taken from www.aota.org

Evidence-Based Curriculum



The Guide address mental health literacy by

- understanding the value of good mental health
- Understanding mental disorders and their treatment
- Decreasing stigma
- Enhancing help-seeking efficacy

Teenmentalhealth. (2017). Mental health & high school curriculum guide. Understanding mental health and mental illness. Version 3 (USA edition: Washington State).

Positive Mental Health Pilot

- Six sessions embedded into science curriculum, one period per week
- Topics:
 - basic brain anatomy & functions
 - understanding the continuum of mental health, mental distress, and mental illness
 - the body's stress response
 - positive and negative stress responses
 - how to develop a plan for positive mental and physical health
- Group project: Whole-school health literacy

Adaptations for special needs

- Simplifying content
- Pre-teaching vocabulary
- Use of same structure for every session
- Use of visual supports
- Mixed media (video, reading, hands-on)
- Contrasting colors, visual stimulation
- Prewritten responses
- Use of graphic organizer

Tool Developed

Daily Lesson Plan

Lesson Sequence

Activity:

Warmup/Introduction:

Lesson:

- Practice coping technique
- New learning: video, worksheets, hands-on activities

Wrap Up + Evaluations:

Session One: Brain Parts & Function

- Review structure & purpose of sections of each session
- Teach square breathing as stress reduction tool
- Brain game- labeling parts of brain
- Brain game-labeling functions of the brain
- Discuss how parts of brain work together-when it is working well/not working
- Evaluation form teaching & completion

Session Two: The Mental Health Continuum

Define mental health
 Watch Kiehl's 3 minute YouTube video
 "Distinguishing Mental Illness from Everyday Stress"
 Review adapted "Language Matters" pyramid

Adapted from Teemorephairth (2017), Mental Health & High school curriculum guide: understanding mental health and mental illness, Version 2016-2018, Westling on Slide

Session Three Your Body's Response to Stress

Differentiate positive and negative aspects of stress responses

Teach physical indicators of stress sheet; talk about the Flight of Fight response

Teach Hidden Effects of Stress in the Body. Review key concepts

Watch Kelly McGonigal Ted Talk, *How to Make Stress Your Friend*

Session Four Positive & Negative Stress Responses

Discuss the positive and negative sides of the stress response. Hands on activity sorting positive/resiliency responses vs. negative/dependency responses

Teach growth and fixed mindset worksheets. Review both sides & correlate to resilience & dependency

Have students write their own growth and fixed mindset beliefs (either from list or original)

Session Five A Stress Response Plan for Positive Mental Health

Review the positive mental health plan teaching worksheet. Talk through the steps in the plan; elicit responses & ideas from students for each section.

Small group work: Positive mental health plan blank worksheet & school stressor event card. Pairs complete worksheet for that school stressor.

Groups share & discuss

Adapted from Thompson et al. (2017), *Mental Health & High School Curriculum*.
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Session Six Group Decision-making and Planning

Identifying what was learned

Assigning values to topics learned

Group sharing of top values

Group decision-making about topic/focus for group project

YOUR VOICE MATTERS.

The Importance of Positive Mental Health

Date: _____

Please circle your responses.

I am a student	teacher	A lot	A little	Not at all
I learned and practiced a tool to calm and center myself.		A lot	A little	Not at all
I think I could try this tool during my day.		A lot	A little	Not at all
I understand the topic that was presented today.		A lot	A little	Not at all
I understand how my thoughts and feelings affect me at school every day.		A lot	A little	Not at all
The handouts and activities helped me understand the topic.		A lot	A little	Not at all

Feedback? Questions? Thoughts?
Write them here _____

Program Assessment: Student & Teacher Evaluation

Plan

- Coping Skills Practice: Square Breathing, Muscle Relaxation
- Understanding the Stress Response in Your Body
- How to Make Stress Your Friend
- Positive and Negative Stress
- Plan for Positive Stress Response

North Star Virtual Academy

- Coping Skills: Mindfulness, Meditation
- View the Stress Response as Helpful
- Change the Narrative
- Practice Self-Compassion
- Cultivate Forgiveness
- Plan to use Coping Strategies Every Day (Home)

Reflection by Sharon Szilberg


What Kind of Mindset Do You Have?

Today's topic: Changing the narrative about self & others

OUTCOMES

- Observed benefits to virtual instruction: quieter learning environment, access to familiar supports, less social distractions
- Pre-existing teamwork & collaboration supported adaptation. Example: new roles in the Zoom classroom
- Real life application of learning happened. Supported by increase in positive responses to survey questions about understanding the topic & using the strategy
- Increased self-report of use of breathing & mindfulness, changing narrative. Supported by increase in positive responses on feedback form
- Observed shift in attitudes from teachers/students to "we are all in this together"

"Boy and Girl Enjoy Lunch" by Old Stone Women is licensed under CC BY-NC-ND 2.0



[Taken from https://www.karbrach.com/reflections/](https://www.karbrach.com/reflections/)

Lessons learned: Life happens. Relationships and connections matter. Youth yearn for growth and health. Learning is life-long. Kindness matters. The human spirit is resilient.

Thank you for your time & attention.

Please complete the presentation evaluation before leaving.

Contact: Elizabeth Gray, MS, OTR/L
elgray@ulsterboes.org

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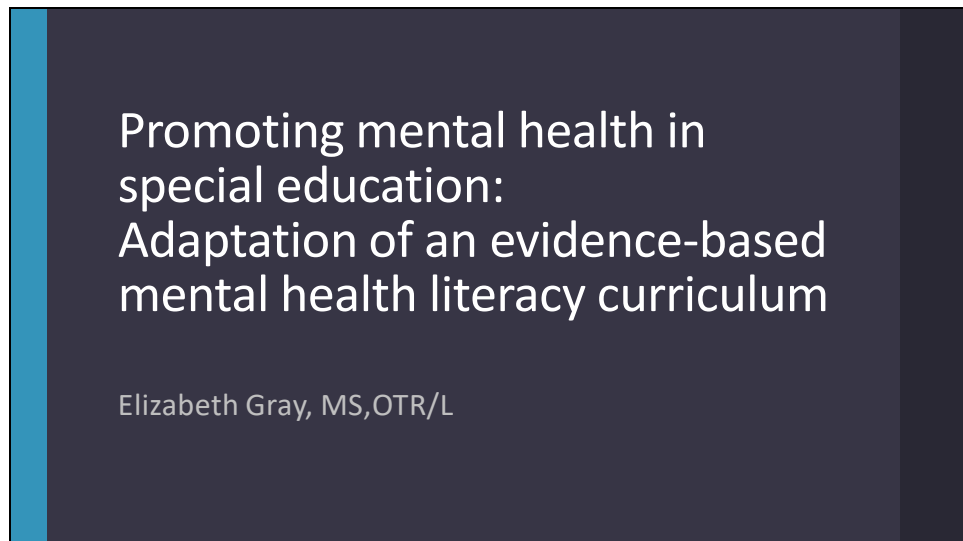
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Appendix B.2. Slide Presentation with Narration

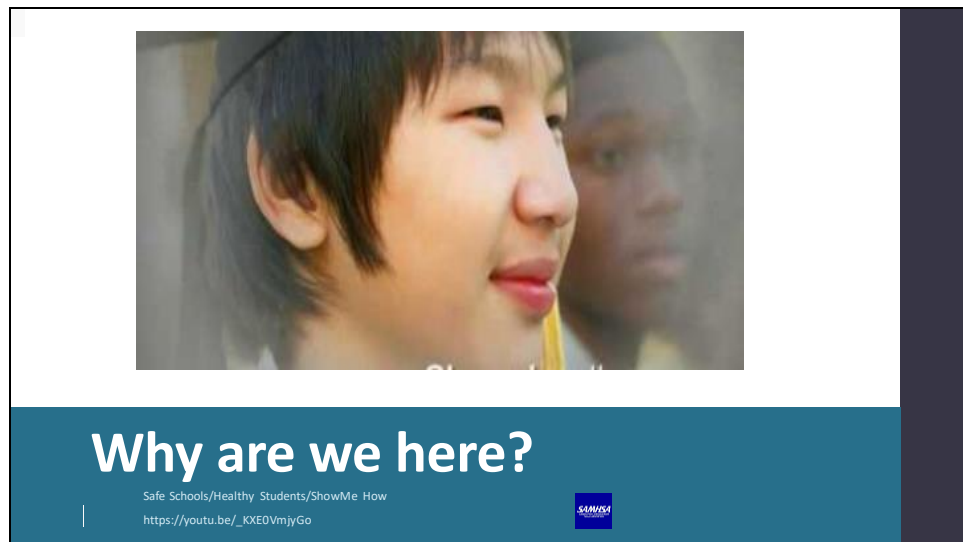
Slide 1

**Narration:**

Introduction

- Introduce self and role as an occupational therapist in a school working with students with special needs
- Describe BOCES function in New York State -develops programming to address needs of component school districts, more restrictive environment, more supports for students who had not been successful in their home districts
- Occupational Therapy Professional-work has focused on creating school-wide opportunities for students to develop competence and have normalizing experiences-Talent Show, Student Council, Prom, Coffee Café, Breakfast Club
- Doctoral work focused on the evidence-base for social-emotional learning programming and pilot implementation of mental health literacy curriculum, adapted for students with special needs

Slide 2

**Narration:**

One area of work that I do in my community includes presentations to first responders (Sheriff's deputies, school resource officers, firefighters)

Goals:

- ✓ to increase awareness of youth mental health and how that relates to what they are seeing in first response situations
- ✓ Share key concepts of SEL & trauma; identify what is their role
- ✓ Tools, strategies for success in the field
- ✓ Talk through scenarios-problem solve

I use this video to show how we all are connected when we share values of safety and health for our children

Slide 3

Goals for Today

- Defining the challenges
- Understanding the best ideas
- Responding in the real world of our students

Narration:


By the end of this presentation today, I would like us to walk away with

- Shared understanding of the challenges to positive mental health that our youth face
- Improved understanding of the best ideas (based on science) that we can use to address the challenges
- To have some “AHA” moments, ideas that you can take back to your real worlds of the work that we do with youth

Slide 4

Different training
Shared values

Prevention & Promotion
Proactive Supports
Inclusion, Equity
Improved life outcomes



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Narration:

I often speak to groups of people who have different training than I have.


I think it is really important to acknowledge our differences and then spend some time talking about what we share. Shared values that we bring to our work with children and youth

Review four values on the slide.

Anyone have another we should add? (direct responses to chat)

Slide 5

Defining our challenges



Taken from <https://www.namimarin.org/>

- Youth mental health challenges as barriers to participation
- Marginalization of students with special needs
- Social-emotional learning and trauma

Narration:

- Discuss global prevalence of youth mental health issues, growing understanding of adolescents and young adults as a marginalized population
- One population within marginalized youth is youth with special needs; challenge is addressing the complex learning, social, and behavioral challenges for youth with special needs through SEL
- Prevalence of trauma, growth of trauma informed care & understanding the presence of trauma in youth

Slide 6

“Young people face increasingly *complex social, cultural and economic environments* with growing challenges, including increases in *forced displacement, migration, unstable families, rising levels of mental health problems and violence*. *Inequities*, including those linked to poverty and gender, shape all aspects of adolescent health and well-being.” (WHO, 2018)



"Children bicycle home from school" by International Livestock Research Institute is licensed under CC BY-NC-SA 2.0.

Narration:

Early on in my doctoral work, I came across this quote that has shaped much of my thinking and work.

Read quote, emphasizing the separate issues.

Contextual pressures: social, cultural, economic

Stressors: displacement, family dysfunction, mental health, violence

Marginalization: poverty/socioeconomic status, race, gender and gender identity, developmental disability


Inequities: adolescents and young adult faced with increasing responsibility for their own health with decreased access, skills, literacy

Barriers to participation that impact lifelong outcomes- education, health (Auerswald, Piatt, & Mirzazadeh, & Unicef, 2017).

Slide 7

Youth with Special Needs

- ✓ Conditions for increased mental health disorders in these populations include physical disabilities, ADHD, LD, DCD, obesity, grieving loss, poverty, and trauma (Bazyk & Arbesman, 2013)
- ✓ Auerswald et al., (2017) describe the risk factors as social, family, or individual (disability, ethnicity)
- ✓ Youth with socially devalued characteristics such as race/minority, sexual orientation, obesity, or disability are at greater risk of victimization (Rose & Monda-Amaya, 2012).



"Children in Need 2013 - all campuses" by Crawley College is licensed under CC BY-NC-ND 2.0

Narration:

Unique challenges for students with special needs include deficits in

- cognitive skills (impacting academics, executive function-decision-making, organizational skills)
- social interactions (impacting peer and teacher interactions)
- sensory processing deficits (impacting ability to tolerate diverse school environments)
- functional skills (navigating cafeteria, recess)

We are seeing in BOCES-increasingly complex needs


- ASD with comorbid anxiety disorder
- Sense of self as academic failure
- Social rejection or bullying

How do we address the mental health needs and skill building needs of this population?

Slide 8

Trauma: (Substance Abuse and Mental Health Services Administration 2014)

- ❖ Events
- ❖ Experience
- ❖ Effects



Taken from <http://fostercareattachment.blogspot.com/>

Developmental Trauma: (van der Kolk, B.A., 2005)

- Repeated dysregulation in response to traumatic cues
- Persistently altered attributions and expectancies
- Functional impairment

Narration:

Share definition, emphasizing the 3 E's

“Trauma results from **an event, series of events**, or set of circumstances that is **experienced** by an individual as physically or emotionally **harmful or threatening** and that has lasting adverse **effects** on the individual's functioning and physical, social emotional, or spiritual well-being” (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, para.2).

Developmental Trauma: the experience and effects of cumulative and developmentally adverse traumas in children and adolescents within the context of significant disruptions of protective caregiving (Gregorowski, C. & Seedat, S., 2013)

According to van der Kolk (2005):


- Repeated dysregulation in response to traumatic cues
- Persistently altered attributions and expectancies
- Functional impairment

Discuss each of these behaviors in context of a child with special needs in the classroom.

Examples of what we see and how that impacts child's ability to remain engaged as student, friend, playmate.

Slide 9

Foundations for an Evidence-Based Pilot Program for Special Education Students



Taken from <https://www.srainternational.org/blogs/>

Narration:


The significant challenges to youth mental health and life outcomes require evidence-based problem solving.

The next few slides are going to summarize what I learned about SEL and Mental Health literacy in my doctoral journey.

Effectiveness in addressing the access and skill needs for improved mental health outcomes for youth with special needs.

Slide 10

Social Emotional Learning



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- ✓ **Universal SEL programs are effective in promoting positive skill development and developing protective factors for middle and high school students** (Atkins, M., Hoagwood, K., Kutash, K., & Seidman, E., 2010; Caprara, G. V., Luengo Kanacri, B. P., Zuffianò, A., Gerbino, M., & Pastorelli, C., 2015; Coehlo & Sousa, 2015; Cook et al., 2015; Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B., 2011; Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P., 2017)
- ✓ **Effective SEL programs should:**
 - Contain SAFE elements: sequenced, active, focused, and explicit

(CASEL, 2015; Coehlo & Sousa, 2015; Durlak et al., 2011; Sancassiani, F., Pintus, E., Holte, A., Paulus, P., Moro, M.F., Cossu, G., Angermeyer, M.C., Carta, M.G., & Lindert, J., 2015; Taylor et al., 2017)
 - Delivered in pre-packaged delivery format that is more explicit

(Coehlo & Sousa, 2017)
 - Ensure program fidelity through teacher and staff implementation, support for the programming

(Caprara et al., 2015; Cook et al., 2015; Sancassiani et al., 2015; Weissberg, R. P., 2019)

Narration:


As I prepared for my doctoral projects, I wondered if SEL programs were effective and if so, what are the factors that should be included in an effective SEL program. Early meta-analysis stated that universal SEL programs are effective in promoting positive skill development and developing protective factors for middle and high school students.

- ✓ Instruction at classroom level
- ✓ Utilization of school resources as “agents of change” (Atkins et al., 2010)
- ✓ Approaching instruction as whole school, universal (Durlak et al., 2011)
- ✓ Integration of MTSS and SEL model to enhance outcomes (Cook et al., 2015)
- ✓ Improvement in protective factors (Caprara et al., 2015; Coehlo et al., 2015)
- ✓ Improvement in academic performance (Caprara et al., 2015; Taylor et al., 2017)

More recently meta-analyses identified additional components

- Contain SAFE elements: sequenced, active, focused, and explicit (CASEL, 2015; Coehlo & Sousa, 2015; Durlak et al, 2011; Sancassiani et al., 2015; Taylor et al, 2017)
- Be delivered in pre-packaged delivery format that is more explicit (Coehlo & Sousa, 2017)
- Ensure program fidelity through teacher and staff implementation, support for programming (Caprara et al., 2015; Cook et al., 2015; Sancassiani et al., 2015; Weissberg, 2019)

Slide 11

<h3>Health Literacy</h3> <ul style="list-style-type: none"> ▪ Defined as a student asset developed through education and skill development (Nutbeam, 2008) ▪ Includes self-management and the ability to navigate the health care system ▪ Serves as an important value for the empowerment of children and young people to become more engaged with their health and more informed and reflective for future health choices (Broder, et al., 2017) 	<h3>Mental Health Literacy</h3> <p>(Kutcher, S., Wei, Y. McLuckie, A., & Hines, H., 2014)</p> <ul style="list-style-type: none"> ▪ Acquiring skills to acquire and maintain good mental health ▪ Understanding and recognizing mental disorders ▪ Decreasing stigma around mental illness ▪ Improving help-seeking behaviors from appropriate resources 
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"Issy" by Suzba is licensed under [CC BY-NC-SA 2.0](https://creativecommons.org/licenses/by-nc-sa/2.0/)

Narration:

I thought it would be helpful to review foundational concepts in health literacy and mental health literacy. Briefly cover main points for both columns.

Health literacy


- ✓ Asset that can be taught and learned
- ✓ Self-management and navigating health care
- ✓ Youth empowerment, impacts future health

Mental health literacy

- ✓ Skills for positive mental health
- ✓ Understanding and recognizing mental disorders
- ✓ Addressing stigma
- ✓ Appropriate help-seeking behavior

Slide 12

Mental Health Literacy



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- Develop curricula for youth & improve the competencies of professionals addressing youth health literacy deficits (Broder et al., 2017; Manganello, 2008).
- Improve youth mental health knowledge and decrease stigma (Kutcher et al., 2016).
- Recognize schools as a central community venue to address student mental health & expand school role in promotion and prevention (Mcluckie, et al., 2014; Kutcher, et al., 2016)
- Embed interventions, use whole-school approach, delivered by internal providers for sustainability & staff mental health literacy (Kutcher et al., 2016)

Narration:

My literature review summary identifies the following best practice components for mental health literacy programming.

Summarize each bullet point on slide.

Curricula

Improved professional competency

Address mental health knowledge

Address stigma

Recognize schools & expand role in mental health

Embed interventions: whole school, internal providers, staff mental health literacy

Slide 13

A Pilot Study of a Mental Health Literacy Curriculum in a Special Education School



"DSC09476" by Strelka Institute photo is licensed under [CC BY 2.0](https://creativecommons.org/licenses/by/2.0/).

Narration:

Now we are aware of what science and the literature says about what we should do and how we should do it. What does that look like in the real world? In the schools where we work? How do we take what we know and create meaningful interventions?

Slide 14

Student Profiles from Ulster Center for Innovative Teaching & Learning



"Boy and Girl Enjoy Lunch" by Old Shoe Woman is licensed under CC BY-NC-ND 2.0

Narration:


Alex is a bright, friendly, funny, expressive, and empathetic twelve-year-old. He walks with an uneven gait, his speech can be slurred at times, and he has jerky, uncoordinated hand and arm movements. He has diagnoses of hydrocephalus, dysgenesis of corpus callosum, cerebral palsy, autism, and mood disorder NOS. His behavior history from his previous school included frequent absences, faltering grades, eloping from class, crying and yelling, refusing to listen to instruction or safety, head banging, and aggressing toward students and staff.

Breanna is Alex's classmate. They had been in elementary school together and were reunited when they both transferred to BOCES. Bella is a compassionate, insightful, generous and hardworking thirteen-year-old. Her history includes significant aggression toward teaching staff, screaming and hitting classmates. Her diagnoses include autism spectrum disorder, ADHD and mood disorder. She reports victimization and bullying by students in her other school.

These two middle school students with special needs had not been successful in their previous educational setting-feelings of academic failure, social isolation, exposure to violence (bullying). Where do we start to address mental health promotion?

Slide 15

Interdisciplinary Team Collaboration



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- Indigenous, agents of change (Atkins, et al., 2010)
- Teaching and reinforcing skills in context, whole-school (Durlak, et al., 2011)
- Collaboration = shared knowledge, shared language

Narration:


The first component identified in best practice is the work of the interdisciplinary team.

- ✓ Indigenous members of the whole school community. Staff as “agents of change” (Atkins, et al., 2010)
- ✓ Teaching and reinforcing skills in the context of everyday activities and diverse school environments (Durlak, et al., 2011)
- ✓ Team collaboration ensures shared knowledge, shared language, and development of personal mental health

The clinical team includes an occupational therapy professional, a social worker, a speech pathologist, and the positive intervention team staff. The occupational therapy professional presented the pilot group as a push into the classroom with the support of the classroom teacher and teaching staff present. Also, content and progress were shared in team meetings with social worker to support carryover & practice of learned skills in individual counseling sessions.

Slide 16

Occupational Therapy Contributions to Team Collaboration



American
Occupational Therapy
Association

Taken from www.aota.org

Role of school based occupational therapist: (AOTA, 2016)

Support the student to learn through skill building & practice toward functional independence in roles of student, friend, worker

Support the teacher to teach through environmental modification, activity adaptation, individualized student needs

Narration:**American Occupational Therapy Association**

American Occupational Therapy Association. (2017). AOTA Vision 2025. Retrieved from <https://www.aota.org/AboutAOTA/vision-2025.aspx>

Vision 2025: “As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.”

Discuss

- ✓ Inclusive
- ✓ Health & wellbeing
- ✓ Outreach to all individuals, populations, communities
- ✓ Facilitate participation in everyday living

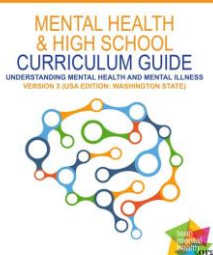
Role of school based occupational therapy professional (AOTA, 2016):

help the teacher to teach: environmental modification, activity adaptation, student needs

help the student to learn: skill building & practice toward functional independence in roles of student, friend, worker

Slide 17

Evidence-Based Curriculum



MENTAL HEALTH
& HIGH SCHOOL
CURRICULUM GUIDE
UNDERSTANDING MENTAL HEALTH AND MENTAL ILLNESS
VERSION 3 (USA EDITION: WASHINGTON STATE)

The Guide address mental health literacy by

- understanding the value of good mental health
- Understanding mental disorders and their treatment
- Decreasing stigma
- Enhancing help-seeking efficacy

Teenmentalhealth. (2017). *Mental health & high school curriculum guide. Understanding mental health and mental illness. Version 3(USA edition: Washington State).*

Narration:

This guide (Teenmentalhealth, 2017) was developed through a collaboration between the Canadian Mental Health Association and Dr. Stan Kutcher, Psychiatry, Dalhousie University Manual that explores the concepts of stigma, understanding mental health and mental illness, how to seek help and support, and the importance of positive mental health.

The curriculum is currently being used throughout Canada and in the state of Washington, USA. Research assessing implementation of the Guide supports its use in schools:

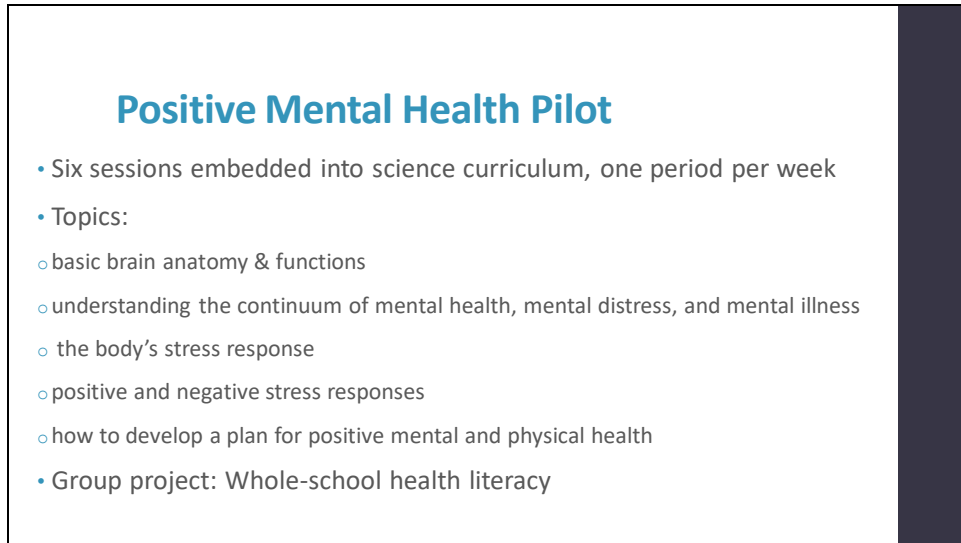
-address reduction in stigmatizing attitudes about mental illness & increase student knowledge of mental health (Kutcher, Wei, & Morgan, 2015; McLuckie, et al., 2014)

-a positive impact on teacher knowledge and attitudes toward mental health (McLuckie, et al., 2014)

Well-established and successful program but would need some adaptation for success for students with special needs.

Took one of the six modules in the curriculum and adapted pieces of content for middle school population

Slide 18



Positive Mental Health Pilot

- Six sessions embedded into science curriculum, one period per week
- Topics:
 - basic brain anatomy & functions
 - understanding the continuum of mental health, mental distress, and mental illness
 - the body's stress response
 - positive and negative stress responses
 - how to develop a plan for positive mental and physical health
- Group project: Whole-school health literacy

Narration:

This program was designed to be delivered as a six-session pilot to nine middle school (grades 7-8) students in a special education school. (Alex and Breanna's classroom.) The students in the classroom have primary diagnoses of autism spectrum disorder with secondary diagnoses of anxiety disorder, cerebral palsy, and oppositional defiant disorder. All of the students have a history of trauma.

The classroom is taught by a special education teacher who is supported by a teaching assistant and two one-to-one aides.

It is important to note that all students are functioning at or slightly below grade level & are expecting to take the HS NYS Regents exams.

Topics:

basic brain anatomy and brain functions

the role of the brain in our thoughts, feelings, behavior, and everyday functioning

definitions and differentiation of mental health, mental distress, and mental illness

the brain's and body's response to stress

the impact of positive and negative stress responses on successful daily functioning and well-being

two different stress reduction techniques

the components of a positive stress response plan for positive mental and physical health

The last session for the pilot was a review of content learned and a structure, interactive group decision-making activity designed to identify the topic for the group project designed to educate the whole school community about mental health literacy. This final project would present an opportunity for students to practice learned skills in the context of a meaningful contribution to their school community.

Slide 19

Adaptations for special needs

- Simplifying content
- Pre-teaching vocabulary
- Use of same structure for every session
- Use of visual supports
- Mixed media (video, reading, hands-on)
- Contrasting colors, visual stimulation
- Prewritten responses
- Use of graphic organizer

Narration:

Discuss the occupational therapy lens. How I looked at the curriculum and what needed to change to improve students' abilities to access the material.

Review each type of adaptation on slide, give examples from project

Slide 20

The slide is titled "Tool Developed" in large blue font. It contains a "Daily Lesson Plan" section with the following items:

- Daily Lesson Plan
- Lesson Sequence
- Activity:
- Warmup/Introduction:
- Lesson:
 - Practice coping technique
 - New learning: video, worksheets, hands-on activities
- Wrap Up + Evaluations:

Narration:

Many tools were developed to provide consistent structure within each session.

This is an example of one part of the lesson plan that was used for each session.

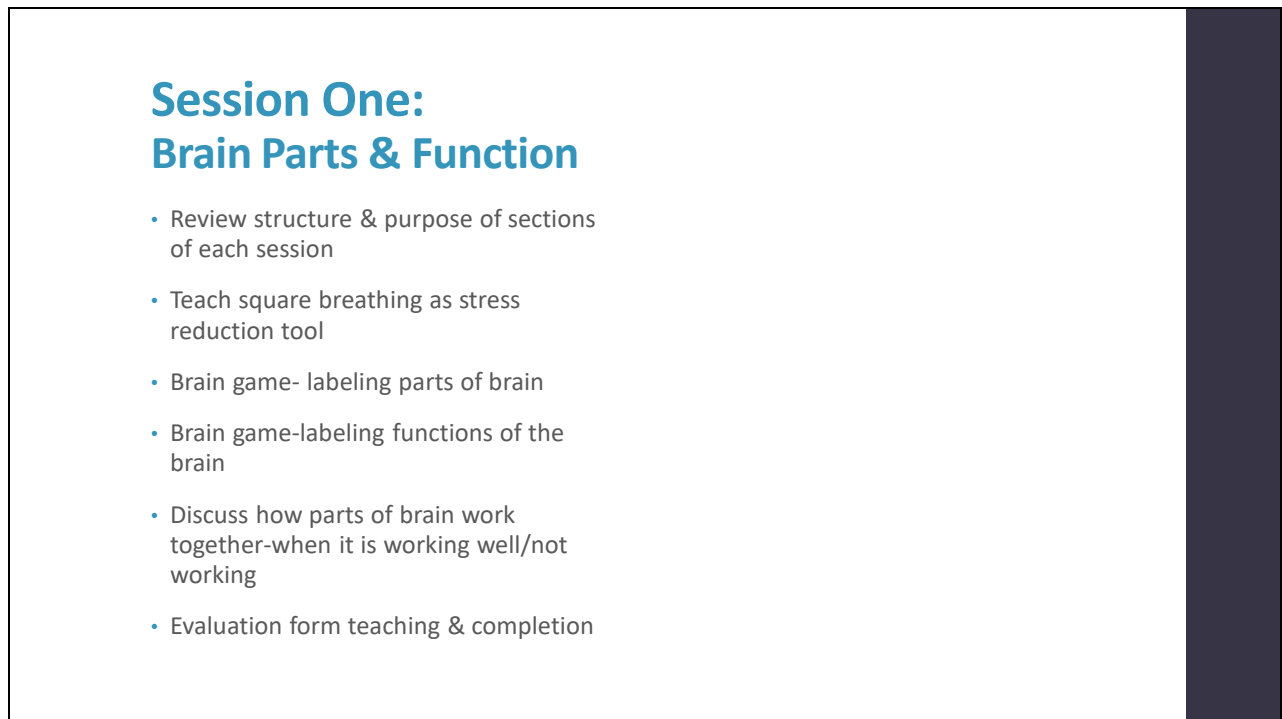
Review components of lesson sequence.

Other pieces of that tool include student objectives, materials and equipment, differentiated instruction, assessment, and reflection/notes.

I created a binder that included all resources and session by session content: lesson plan, materials

In the next slides, I am going to share topics for each session and discuss materials developed to support the teaching in each session.

Slide 21



Session One: Brain Parts & Function

- Review structure & purpose of sections of each session
- Teach square breathing as stress reduction tool
- Brain game- labeling parts of brain
- Brain game-labeling functions of the brain
- Discuss how parts of brain work together-when it is working well/not working
- Evaluation form teaching & completion

Narration:

Review & discuss the lesson plan on left side of slide

One part of every session was teaching and practice of a stress reduction/coping technique.

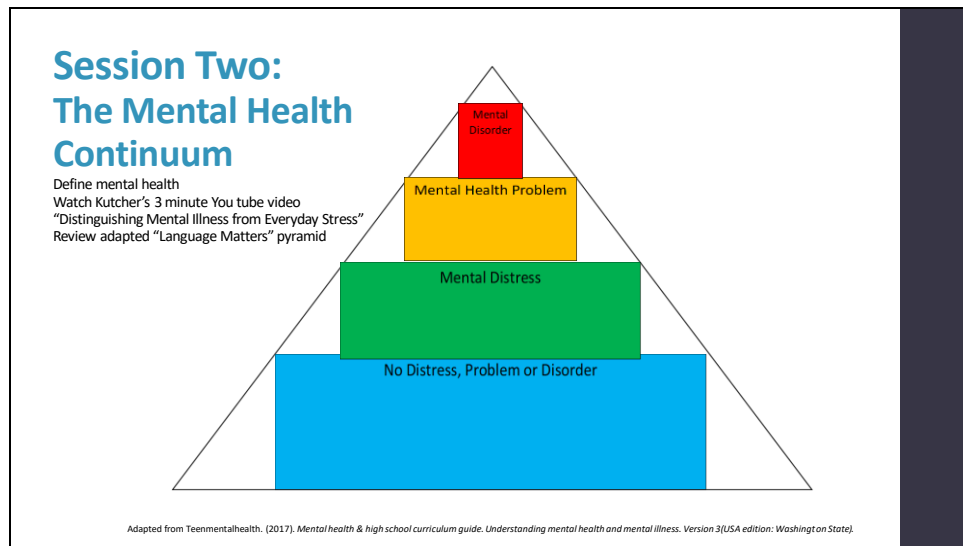
I used a visual support used for the teaching and practice of square breathing.

Each student had a folder to curate handouts and work completed in each session.

After practice, the group discussed its use and success/challenges in the context of school day

Important part of this teaching was concrete application of how brain works for success in our school tasks (e.g., morning arrival).

Slide 22

**Narration:**

This is an example of an adapted tool from the curriculum.

The topic was understanding and differentiating mental states-educating about “normal” stress vs. mental illness.

Started with a definition of mental health

Content was taught by you tube video followed by discussion and examples of thoughts and behaviors for each level of the pyramid.

The pyramid was simplified and content for each section of the pyramid was typed and added separately by each student in a sorting task-placing different words about emotional states or stressors into the different sections of the pyramid. The concept of differentiated mental health fits fits very well into “the size of the problem” work that we do with students.

Share “depressed” vs. “disappointed” about basketball team tryouts example.

Slide 23

Session Three

Your Body's Response to Stress

Differentiate positive and negative aspects of stress responses

Teach physical indicators of stress sheet; talk about the Flight of Fight response

Teach Hidden Effects of Stress in the Body. Review key concepts

Watch Kelly McGonigal Ted Talk, *How to Make Stress Your Friend*

Narration:

Session three focused on the fight or flight stress response.

Handouts included brain's response, body's response.

Preteaching of key concepts was included on this worksheet.

Content was further developed by Ted Talk "How to Make Stress Your Friend" by Kelly McGonigal. Viewing of the video was structured through use of a graphic organizer, preprinted main points, and stopping the video for each student to find the correct point and glue it in graphic organizer.

Slide 24

Session Four

Positive & Negative Stress Responses

Discuss the positive and negative sides of the stress response. Hands on activity sorting positive/resiliency responses vs. negative/dependency responses

Teach growth and fixed mindset worksheets. Review both sides & correlate to resilience & dependency

Have students write their own growth and fixed mindset beliefs (either from list or original)

Narration:

In session four, we added a focus on your hands muscle relaxation/mindfulness activity as 2nd coping technique. Again, a visual support with written instructions for the technique was used. The content of session four was teaching positive and negative stress responses, growth/fixed mindset. Students were asked to identify their own growth and fixed mindset responses to stress.

Slide 25

Session Five A Stress Response Plan for Positive Mental Health

Review the positive mental health plan teaching worksheet. Talk through the steps in the plan; elicit responses & ideas from students for each section.

Small group work: Positive mental health plan blank worksheet & school stressor event card. Pairs complete worksheet for that school stressor.

Groups share & discuss

Positive Mental Health:

Something Happens

Label it as a stress response

Check in with your body

*Plan a resilient response
Thoughts, Body, Behavior*

Self Assess:

Adapted from TeenMentalHealth. (2017). *Mental health & high school curriculum guide/ Understanding mental health and mental illness. Version 3 (USA edition: Washington State)*

Narration:

Session Five taught how to think through a positive mental health plan. Incorporating much of the teaching of the previous four sessions:

- labeling mental states correctly
- understanding the stress response in your thoughts and body
- how to plan a resilient response: what will I think? What can I do with my body? What behavioral changes do I have to make? And then self-assess- how did I do?
- Pair students. Based on school stressor event card they are given, work together to complete a positive response plan.
- Share with whole class as comfortable.

Slide 26

Session Six Group Decision- making and Planning

Identifying what was learned

Assigning values to topics
learned

Group sharing of top values

Group decision-making about
topic/focus for group project

Narration:


Session six was a structured group problem-solving activity.

Using a prepared worksheet, first, reviewing everything that they had learned, prioritizing topics, and choosing one to present in a whole school group project (e.g., video, bulletin board, lunch table activity).

Discuss previous successes with student council activities and this project as an opportunity for middle school students.

This is one portion of a visual support prepared to teach, assist students in understanding concept of compromise for group decision making.

Slide 27



YOUR VOICE MATTERS.

This Photo by Unknown Author is licensed under CC BY-SA-NC

The Importance of Positive Mental Health

Date: _____
 Please circle your responses.

I am a	student	teacher			
I learned and practiced a tool to calm and center myself.			A lot	A little	Not at all
I think I could try this tool during my day.			A lot	A little	Not at all
I understand the topic that was presented today.			A lot	A little	Not at all
I understand how my thoughts and feelings affect me at school every day.			A lot	A little	Not at all
The handouts and activities helped me understand the topic.			A lot	A little	Not at all

Feedback? Questions? Thoughts?
 Write them here

Program Assessment: Student & Teacher Evaluation


Narration:

Assessment of each session was achieved through self-reflection & documentation on the lesson plan-what went well, what needs to change, what needs to be reinforced or reviewed next session?

Also, completion of the evaluation sheet by students and teaching staff present.

Note adaptations in worksheet.

Slide 28



Taken from <https://www.govloop.com/community/blog/know-resilience-low/>

Plan

- Coping Skills Practice: Square Breathing, Muscle Relaxation
- Understanding the Stress Response in Your Body
- How to Make Stress Your Friend
- Positive and Negative Stress
- Plan for Positive Stress Response

North Star Virtual Academy

- Coping Skills: Mindfulness, Meditation
- View the Stress Response as Helpful
- Change the Narrative
- Practice Self-Compassion
- Cultivate Forgiveness
- Plan to use Coping Strategies Every Day (Home)

Narration:

On March 13, 2020, responding to the COVID-19 pandemic, New York State schools closed.

Ulster BOCES developed the North Star Virtual Academy as the framework for virtual learning

Platforms: Zoom, Google Classroom

Positive Mental Health pilot continued in this new world

Discuss changes to the format

- ✓ 2 x 30 minute sessions per week, Zoom delivery
- ✓ Science Google Classroom
- ✓ Short slide presentations
- ✓ Evaluation was adapted to a survey delivered through SurveyMonkey
- ✓ Completed 5 virtual sessions to complete Session 3 content; stopped data collection for the project
- ✓ PMH continued

Change in content. Review right side of slide.

Slide 29

<https://www.mindful.org/mindfulness-teacher-sharon-salzburg-believes-about-the-power-of-kindness/>

Five science-backed strategies to build resilience
By Kira Newman Published by the Greater Good Science Center at UC Berkeley

1. Change the narrative
2. Face your fears
3. Practice self-compassion
4. Meditate
5. Cultivate forgiveness

Reflection by Sharon Salzberg

See yourself in the center of a circle surrounded by those who have been kind to you. Perhaps they live now or have existed in the past.

With yourself in the center, you are receiving their love and attention.

Repeat these words of loving kindness to yourself:

- May I be safe
- May I be happy
- May I live with ease

<https://www.mindful.org/sharon-salzburg-reveals-why-our-internal-connectedness-is-our-greatest-strength/>

Today's topic:
Changing the narrative about self & others

- SQUARE BREATHING (MODIFIED)
- SELF-COMPASSION REFLECTION
- GROWTH VS. FIXED MINDSET

What Kind of Mindset Do You Have?

Growth Mindset

I can learn anything I want to. When I'm challenged, I persevere. When I fail, I learn. It's not my fault. If you succeed, I'm inspired. My effort and attitude determine everything.

My growth mindset belief:

Fixed Mindset

I'm either good at it, or I'm not. When I'm challenged, I give up. I don't like to be challenged. When I fail, it's my fault. If you succeed, I feel threatened. My abilities determine everything.


My fixed mindset belief:

Narration:

Here is an example of 4/7 slides in one North Star Virtual Academy session. Talk through each slide and what types of activities and discussion accompanied each slide.

Slide 30

OUTCOMES



"Boy and Girl Enjoy Lunch" by Old Shoe Woman is licensed under CC BY-NC-ND 2.0

- Observed benefits to virtual instruction: quieter learning environment, access to familiar supports, less social distractions
- Pre-existing teamwork & collaboration supported adaptation. Example: new roles in the Zoom classroom
- Real life application of learning happened. Supported by increase in positive responses to survey questions about understanding the topic & using the strategy
- Increased self-report of use of breathing & mindfulness, changing narrative. Supported by increase in positive responses on feedback form
- Observed shift in attitudes from teachers/students to “we are all in this together”

Narration:

Review the outcomes identified.

Let’s go back to Alex and Breanna. I want to share observations of their changes...


Breanna was often seen at her family’s dining room table with her cat on her lap. Quietly attentive.

Alex, who had attendance problems in regular school, was a rock star and leader in the virtual classroom.

Students in the Zoom meetings were muted by the cohost, and they were instructed to raise their virtual “hands” with a question or comment. These classroom management strategies were helpful to Breanna’s impulsive and socially distractible behaviors. She improved significantly in her ability to wait and to remember her questions and comments until un-muted by cohost. She also improved in her attitude toward faculty as supportive and caring adults. She participated in weekly virtual lunch Zoom meetings organized by another student.

Alex began to attend school readily and complete assigned work in the Google classrooms. He reported daily practices of breathing and meditation in coping with stressors at home. He significantly improved in his ability to identify his thoughts about resilience rather than focusing on his physical deficits.

Slide 31



Taken from <https://www.tarabrach.com/reflections/>

Lessons learned: Life happens. Relationships and connections matter. Youth yearn for growth and health. Learning is life-long. Kindness matters. The human spirit is resilient.

Narration:

When I started this project, I thought the biggest hurdle was going to be getting it done. And now I see that this project was put here, in this time, to support these students and all of the staff. Life happens.

We have built upon the relationships that we developed. Maintaining connection is critical to humans.

These students who are viewed (and treated) as different and “less than” talk openly and candidly with staff about resilience, stigma, disability. They are so brave.

We are all experiencing this new world together-learning together, failing together, succeeding together.

Social-emotional learning and positive mental health in real life.

Slide 32

Thank you for your time
& attention.

Please complete the presentation evaluation before leaving.

Contact: Elizabeth Gray, MS, OTR/L

bgray@ulsterboces.org

Slide 33

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Slide 34

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Appendix B.3. Call for Submissions for 2020 Social & Emotional Learning Exchange**Call for Submissions****2020 Social & Emotional Learning Exchange**

October 14-16, 2020

Renaissance Schaumburg Convention Center Hotel - Schaumburg, IL

- Introduction
 - Presenter Information
 - Co-Presenters
 - Submission Details
 - Presenter Bio
 - Review & Finalize
-

Review Submission

Primary Presenter: Elizabeth Gray MSOTR/L
Occupational Therapist
Ulster BOCES
1270 State Route 213
Kingston, NY 12401
(845) 849-5466
eagrays28@stkate.edu

Affiliation: District-based Staff or Leader

My Preferred Pronouns: She / Her

I submitted to present at the 2019 SEL Exchange: No

I have presented this material/session in other venues: No

Presentation Title: Promoting mental health in special education: Adaptation of an evidence-based mental health literacy curriculum

What are you submitting: 90-minute Breakout Session

Primary Focus Area: Practice

Description: Examine scholarly review of evidence identifying quality SEL implementation addressing youth mental health prevention and promotion and describe successful curriculum adaptations to address everyday functional challenges for students with special needs Highlight interdisciplinary collaboration of teaching and clinical staff to deliver mental health

literacy education integrated into the classroom environment

Share resources and tools developed through a mental health literacy pilot completed with students in a special education school setting.

Select submission type to complete entry: 90-Minute Breakout Session

Secondary Focus Area: Practice

There is a youth who is the lead presenter/facilitator of this submission, or who is co-presenting/co-facilitating: No

Developmental Stage: Middle (6-8)

Applicability: Small Group

Classroom

School

Session Alignment: Session presents scholarly review of quality SEL for improved inter/intrapersonal and academic outcomes. Best practice components in mental health literacy, public health model application, trauma are discussed.

Adolescents with special needs present complex psychological, behavioral challenges and unique learning needs. Increasing access and skills promoting mental health requires adaptation of existing EBP curricula.

Highlighting interdisciplinary collaboration, session presents implementation, including resources and tools, of successful pilot for marginalized students.

Participant Outcomes: Upon completion of this presentation, individuals will possess

- Improved awareness of the global prevalence of mental health challenges for today's youth; the long-term impact on health, academic outcomes, functioning, overall well-being; and the significance of SEL, mental health literacy, and trauma-informed care in addressing youth mental health prevention and promotion
- Increased knowledge of strategies developed to address the clinical and educational challenge of identifying EBP curricula and adapting the content to improve student access and competence for the individualized contexts and learning needs of marginalized populations
- Increased knowledge of the interdisciplinary collaboration process used including the "how to" tools and strategies developed through implementation of mental health literacy pilot delivered within a middle school science curriculum in a special education setting

Primary Session Topic: Integrating SEL and Academics

Secondary Session Topic: Equity (racial/gender/linguistic/LGBTQI)

Motivating/Engaging disenfranchised learners

Which social and emotional competencies are addressed in your presentation: 5 CASEL Competencies

Detail Your Session Overview: Content: This presentation includes scholarly review of curriculum components that support effective SEL implementation in school settings, mental health literacy, and trauma-informed care. Marginalization and specific academic, social, and functional challenges for youth with special needs will be discussed.

An overview of the EBP Mental Health & High School Curriculum Guide developed by teenmentalhealth.org will be provided. A 6-week mental health literacy pilot for middle school students in a special education classroom, adaptations of the Guide content and support materials developed. Weekly lesson plan content addressing the five CASEL competencies will be highlighted. Some examples include connections between feelings, thoughts, and behaviors, understanding the stress response, learning/practicing coping behaviors, dialogue about stigma and mental disorders, communication and teamwork skills used for the final project disseminating learning to school community. The educational and clinical interdisciplinary collaboration process used for this pilot's successful implementation will be discussed.

Processing: Primary presentation will be slide presentation with video and picture insertion followed by content and resource summary handout

Timing: Session will begin with student narratives. Scholarly content, pilot materials will be connected to student stories. Program successes and student improvements will be illustrated. Unique contributions of the diverse team will be highlighted.

Research or Evidence Base: Discussion of SEL program effectiveness is influenced by the 2011 and 2017 literature reviews of Durlak, Dymnicki, Oberle, Schellinger, Taylor & Weissberg. The effectiveness of mental health literacy programs includes the work of Kutcher, Mcluckie, Wei, & Weaver in 2014 and 2016. Mental health prevention and promotion and the needs of students in special education informed by the work of Bazyk and Arbesman. [Teenmentalhealth.org](http://TeenMentalHealth.org). (2017). Mental health and high school curriculum guide. Understanding mental health and mental illness. Version 3(USA edition: Washington state). Retrieved from <https://teenmentalhealth.org/wp-content/uploads/2018/01/Washington-FINAL-Guide-2017-Online-Cover-and-Interior.pdf>

Impact / Evidence: Evidence of student growth
Evidence of teacher growth

Content Level: General (for attendees of all experience levels)

If not accepted as a breakout session, I am interested in being a poster presenter: Yes

You will receive an email confirming receipt of your submission. Included in the email will be a personalized link to return to this submission to make changes or corrections to your personal information.

If you wish to save the details of this submission, please print this page to PDF for your records.

The Call for Submissions portal will close on **Friday, February 28, 2020, at 11:59pm Central Time**. CASEL will review and prioritize the first 1,000 submissions. Any additional submissions

will be reviewed on an as-needed basis. Given this, we encourage you to submit your proposal as early as possible. Please look on the *2020 SEL Exchange* website for periodic updates on the number of submissions received to date.

You will be notified of the status of your submission by **Friday, April 3, 2020**.

Appendix B.4. Presentation Evaluation

Presentation Evaluation

Speaker: Elizabeth Gray, MS, OTR/L

Date:

Title: Promoting mental health in special education: Adaptation of an evidence-based mental health literacy curriculum

Please take a few moments to provide feedback on this presentation by placing a check in the corresponding box. Written comments or suggestions are welcome.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Comments/ Suggestions
Speaker introduced self and engaged the attention of the audience						
Content of presentation was presented clearly and was easy to follow						
Visual aids were appropriate, integrated & supported content						
Stories of student narratives engaged interest and connected audience with material						
Material presented provided appropriate balance of scholarly and practical information						
Material presented provided new learning about youth mental health promotion						
Material presented increased awareness of the mental health challenges of students with special needs						
Material presented provided tools, strategies, and lessons learned for adaptation of mental health educational information						
Speaker was knowledgeable and communicated enthusiasm for material						

Thank you for participating!

Chapter 4. Promoting Youth Mental Health Literacy in Special Education Schools: A Knowledge Translation Project for an Occupational Therapy Curriculum

Project Aim for Knowledge Translation

The aim of this knowledge translation project was to introduce entry-level occupational therapy graduate students to the process and outcomes of a pilot mental health literacy curriculum for adolescents in a special education setting through an educational module.

Description

This knowledge translation project, in the form of an online lecture accompanied by a slide presentation, focused on youth mental health prevention and promotion in school-based occupational therapy practice (see Appendices C.1. & C.2.). The goal of this knowledge translation project was to educate occupational therapy students by articulating the contribution of the school-based occupational therapy professional in mental health promotion and prevention and to provide one illustration of a universal intervention adapted from an evidence-based mental health literacy curriculum delivered to improve student access and competence in positive mental health.

Content included a literature review of the prevalence of mental health disorders in youth with discussion of contextual barriers to participation and review of trauma/trauma-informed care, social-emotional learning, and a multi-tiered approach to intervention. Best practice recommendations for the contribution of the occupational therapy practitioner at each level of intervention was explored. As an illustration of a universal occupational therapy prevention program, the presentation described a mental health literacy pilot program adapted

by an occupational therapy professional for middle school students in a special education school setting.

Approach

Description of Audience and Venue

This presentation was delivered to three classes of students enrolled in an entry-level master's occupational therapy academic program at St. Catherine University. Because of the unusual circumstances and life changes resulting from the COVID-19 pandemic and quarantine, national college instruction was adapted and delivered in an online format. This presentation was completed through St. Catherine's Collaborate platform and included a live lecture with accompanying slide presentation.

Learning Objectives of Audience

Upon completion of this presentation, students will

- Comprehend the global context of mental health challenges for today's youth as participation barriers to health, academics, employment outcomes and overall well-being
- Apply principles of social-emotional learning, trauma-informed care, and public health tiers to the AOTA Practice Framework (AOTA, 2017) as part of an innovative, evidence-based mental health literacy curriculum for youth in a special education setting
- Identify and adapt an existing evidence-based mental health literacy curriculum to enhance safety, wellness, knowledge, and skills for youth in a special education setting
- Describe a collaborative mental health literacy curriculum adapted for students with special education needs that establishes an emerging role for occupational therapy practitioners

ACOTE Standards (AOTA, 2018)

B.3.2 Apply, analyze, and evaluate the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors.

B.4.3. Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.

B.4.20. Demonstrate, evaluate, and plan the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intra-professional colleagues.

Evidence of Approach Used

This knowledge translation project was completed with guidance and communication from the course instructor. Content was adapted from Knowledge Translation Project 2 to address the learning needs of occupational therapy students. Additionally, content was adapted for the online format of delivery. Educational pedagogy was reviewed including concepts of developmentally appropriate language and content, differentiation of instruction, and development of visual supports for college students with diverse learning styles and needs.

Evaluation Method

This knowledge translation project was evaluated through participant completion of an online evaluation of the presentation through SurveyMonkey (see Appendix C.3 for original written evaluation). Participants were asked to evaluate eight aspects of the presentation that

include speaker skills, content of presentation, quality of visuals and materials, and assessment of presentation's achievement of learning outcomes. The evaluation was organized using a five-point Likert scale (e.g., strongly agree, agree, neither agree nor disagree, disagree, strongly disagree) and provided opportunity for written comments or suggestions. The survey was discussed as part of the presentation and the link was posted on a slide. Additionally, the link was posted on Collaborate for students in Course News by the instructor.

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Appendix C.1. Slide Presentation

**Promoting Mental Health in Schools:
Opportunity for the Occupational
Therapy Practitioner**

Elizabeth Gray, MS, OTR/L
Spring, 2020

Learning Objectives


Upon completion of the presentation, students will

- Comprehend the *global context* of mental health challenges for today's youth as *participation barriers* to health, academics, employment outcomes and overall well-being
- Apply principles of *social-emotional learning*, *trauma-informed care*, and *public health tiers* to the AOTA Practice Framework as part of an innovative, evidence-based mental health literacy curriculum for youth in a special education setting
- Identify and *adapt* an existing *evidence-based mental health literacy curriculum* to enhance safety, wellness, knowledge, and skills for youth in a special education setting
- Describe a *collaborative* mental health literacy curriculum adapted for students with special education needs that establishes an *emerging role* for occupational therapy practitioners

**Contexts that Challenge
Child & Youth Mental Health**

(Auerwald, Platt, & Mirzazadeh, & Uebel, 2017)


- Societal changes
- Violence
- Trauma
- Marginalization



"Children bicycle home from school" by International Livestock Research Institute is licensed under CC BY-NC-SA 2.0.

Why are we here?

Taken from <https://ins.org/INS> (2017)




https://www.youtube.com/watch?time_continue=1&v=n_EWPIL9Tto&feature=emb_logo

Mental Health

*"a state of wellbeing in which the individual **realizes [their]own abilities**, can **cope with** the normal **stresses** of life, can **work** productively and fruitfully, and is able to make a **contribution** to [their] community"*

(World Health Organization, 2014, para.1)

- ✓ One in Five prevalence (*One in Five Minds*, 2020)
- ✓ Changes life outcomes: school, employment, physical illness, mental health disorders (Mental Health Association of New York, 2017)
- ✓ Leading international health concern (World Health Organization, 2014)



"Longwood High School, Kenya" by teachmeanings is licensed under CC BY-NC-SA 2.0.

School mental health

(Bazyk & Arbesman, 2013)

- Views mental health services as a continuum from promotion to prevention to intervention
- Incorporates a public health, multi-tiered model
- Fosters positive mental health through social-emotional learning
- Adopts a trauma informed approach

Three Tiers of Intervention

Taken from <http://www.ccsd.edu/programs/education/ti/images/ti pyramid roman.png>

Social-Emotional Learning

Taken from Collaborative for Academic Social Emotional Learning (CASEL)

Universal SEL programs are effective in promoting positive skill development and developing protective factors for middle and high school students.

- ✓ Instruction at classroom level, provide opportunities for school and community participation
- ✓ Utilization of school resources as “agents of change” (Atkins, Hoagwood, Kutaj, & Seidman, 2010)
- ✓ Approaching instruction as whole school, universal (Durlak, Weissberg, Dymnicki, Taylor, and Schellinger, 2011)
- ✓ Integration of MTSS and SEL model to enhance outcomes (Cook, Fry, Slemrod, Lyon, Renshaw, & Zhang, 2015)
- ✓ Improvement in protective factors (Caprara, Kanacri, Zuffiano, Gerbino, & Pastorelli, 2015; Coehlo et al, 2015)
- ✓ Improvement in academic performance (Caprara et al., 2015; Taylor et al., 2017)

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, 2014, p. 11)

Three key elements (SAMHSA, 2014)

1. realizing the prevalence of trauma
2. recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce
3. responding by putting this knowledge into practice

Trauma Informed Care

Wisconsin School Mental Health Framework

Providing Opportunities, Engagement & Learning

<https://www.wisconsin.gov/files/mhs/12017/2016-2018-updated/wshf-2016-2018-updated-report-public-1111-report-wisconsin-mental-health.pdf>

Universal

Bark & Arsenman, 2013

- Participate, inform school policies, practices
- Consult to change the school environments: safety, supports, sensory strategies
- Collaborate on instructional practices, engagement: use of occupation, choices, just right challenge
- Participate in treatment teams to collaborate on classroom management
- Advocate for student voice
- Facilitate student programs on Mental Health Awareness, literacy (e.g. bullying awareness, prevention)
- Teach & reinforce social emotional skills practice in context (e.g. cafeteria, hallway, recess)-friendship skills, sharing, kindness, serving others, safety
- Embed activities into classrooms
- Support and reinforce staff mental health

Targeted

Boyd & Ahman, 2013

- Implement small groups for skill development-self regulation, mindfulness, play
- Provide opportunities for engagement in occupation-expression, creativity, tell your story
- Modify or adapt tasks or environments for individual needs-sensory, social, cognitive
- Develop sense of competence-cooking, baking, prevocational tasks
- Teach and facilitate Peer leadership skills
- Support student participation in classroom or community meetings
- Provided project-based learning opportunities: Breakfast Club, Coffee Café
- Consult with teachers
- Advocate for student narrative through staff education about disability

Intensive

Boyd & Ahman, 2013

- Provide individual development of skills, competence, resilience
- Support re-entry: incorporating supports into daily routine
- Create modifications to schedule, visual supports as needed (e.g., break card)
- Educate about mental health and mental illness
- Teach and consult with classroom on cognitive supports-organization skills, strategies, use of technology
- Participate actively in the coordinated system of care

Mental Health Literacy Pilot: Positive Mental Health

School Context

- NYS BOCES
- Middle school: 7th & 8th grade students
- Students with special education needs: primary diagnoses of autism
- Interdisciplinary treatment team
- Embedded, "bundled" groups

Pilot Structure

- Adapted evidence based curriculum: Teenmentalhealth. (2017). *Mental health & high school curriculum guide. Understanding mental health and mental illness. Version 3*(USA edition: Washington State).
- Six sessions embedded in the classroom science curriculum
- Topics: basic brain anatomy, understanding mental health continuum, the body's stress response, positive and negative stress responses, plan for positive mental and physical health
- Group project: Whole school health literacy education on specific topic

Lessons Learned for Implementation

- Importance of clarifying one's "elevator speech"
- Value of team-building and relationships that support success in interdisciplinary planning
- Skill of communicating clearly and at the level of understanding for essential parent approval
- Appreciation for occupational therapy's role in universal intervention as emerging practice
- Plan for allocating time to adapt curriculum content for student use

Daily Lesson Plan		Instruction:
Lesson Title:	Grade:	
Subject:	Period:	
Date:		
Lesson Objectives:	Activities:	Lesson Objective:
Materials/Equipment Needed:	Lesson:	
Differentiated Instruction:	When Do:	
Assessments:		
Supports/Notes:		

Session One

- Review structure & purpose of sections of each session
- Teach square breathing as stress reduction tool
- Brain game- labeling parts of brain
- Brain game-labeling functions of the brain
- Discuss how parts of brain work together-when it is working well/not working
- Evaluation form teaching & completion

Square Breathing
Start at the bottom right of the square, and follow the arrows around the whole square to complete one deep breath.

Session Two

Adapted from TeenMentorHealth (2017). Mental Health & High School Curriculum guide: Understanding mental health and mental illness. Version 2.0 (4th edition). Washington State.

Lessons Re-Learned

- Unexpected things happen. COVID-19 school closure March 13, 2020.
- Value of the creativity and problem-solving that is occupational therapy
- Importance of one's "elevator speech"
- Value of team-building and relationships for success in interdisciplinary planning
- Respect for the enduring truths of occupational therapy. Focus on the narrative
- Plan for allotting time to adapt for virtual delivery of content

Original

- Coping Skills Practice: Square Breathing, Muscle Relaxation
- Understanding the Stress Response in Your Body
- How to Make Stress Your Friend
- Positive and Negative Stress
- Plan for Positive Stress Response

Virtual

- Coping Skills: Mindfulness, Meditation
- View the Stress Response as Helpful
- Change the Narrative
- Practice Self-Compassion
- Cultivate Forgiveness
- Plan to use Coping Strategies Every Day (Home)

Taken from <https://www.gettop.com/community/blog/know-resilience-how/>

Session Five

Positive Mental Health:

Adapted from TeenMentorHealth (2017). Mental Health & High School Curriculum guide: Understanding mental health and mental illness. Version 2.0 (4th edition). Washington state.

Progress to date

- Within Google Classroom, we have completed 3 virtual sessions.
- Students appear comfortable and are interactive virtually.
- Student and Teacher feedback continues to improve.
- ✓ I learned and practiced a tool to calm and center myself
- ✓ I think I could try this tool during my day
- ✓ I understand the topic that was presented today
- ✓ I understand how my thoughts and feelings affect me every day
- ✓ The handouts and activities helped me understand the topic

Reflections & Questions

Taken from <https://www.gettop.com/blog/resilience/>

Evaluation

An important part of this process is your feedback for me. Please take a few moments to go to this site and complete the eight question survey.

<https://www.surveymonkey.com/r/NTRVGSN>

Thank you! Beth

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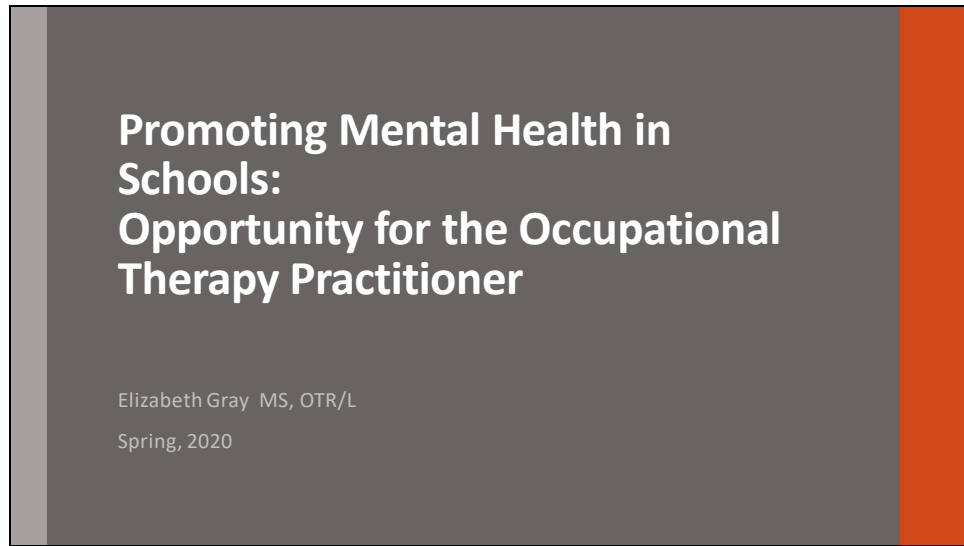
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Appendix C.2. Slide Presentation with Narration

Slide 1



Slide 2

Learning Objectives

Upon completion of the presentation, students will

- Comprehend the *global context* of mental health challenges for today's youth as *participation barriers* to health, academics, employment outcomes and overall well-being
- Apply principles of *social-emotional learning*, *trauma-informed care*, and *public health tiers* to the AOTA Practice Framework as part of an innovative, evidence-based mental health literacy curriculum for youth in a special education setting
- Identify and *adapt* an existing *evidence-based mental health literacy* curriculum to enhance safety, wellness, knowledge, and skills for youth in a special education setting
- Describe a *collaborative* mental health literacy curriculum adapted for students with special education needs that establishes an *emerging role* for occupational therapy practitioners

Narration:

In simple terms, I am going to share the work that I have been doing for the past two years.

First, I want to cover some background, more foundational ideas that you may or may not be familiar with.


Then, I am going to share one of my doctoral projects as an illustration of occupational therapy mental health prevention and promotion programming in school-based practice.

Slide 3

Contexts that Challenge Child & Youth Mental Health

(Auerswald, Piatt, & Mirzazadeh, & Unicef, 2017).

- Societal changes
- Violence
- Trauma
- Marginalization



"Children bicycle home from school" by International Livestock Research Institute is licensed under CC BY-NC-SA 2.0

Narration:

I would like to share this quote with you from the World Health Organization (2018)

“Young people face increasingly complex social, cultural and economic environments with growing challenges, including increases in forced displacement, migration, unstable families, rising levels of mental health problems and violence. Inequities, including those linked to poverty and gender, shape all aspects of adolescent health and well-being” (para.2).

This quote was my “AHA moment.”

I started to think more about inequities and how students in the program that I worked were considered “special” and (but not said out loud) “less than.”

I found this work done at the University of California, Berkley by Auerswald, Piatt and Mirzazadeh.

They identified adolescents as “at-risk, marginalized” who are often excluded from social, economic, and/or educational opportunities due to ...factors beyond their control” (Auerswald, Piatt, & Mirzazadeh, & Unicef, 2017).

I know you have covered these concepts in other coursework but I want to brainstorm what each of these factors mean to this group.

Let’s go through each of these factors and clarify our understanding of them.

I will say the phrase and you can put in a word or phrase in the chat.

Societal changes: forced displacement, migration, unstable families, economic pressures (poverty), quarantine/social distancing

Violence: societal violence in schools, increased incidence of bullying, exposure to violent behavior

Trauma & trauma informed care: pandemic, abuse, neglect, parental incarceration or parental deportation or parental mental illness (disruption in primary caregiver connection)

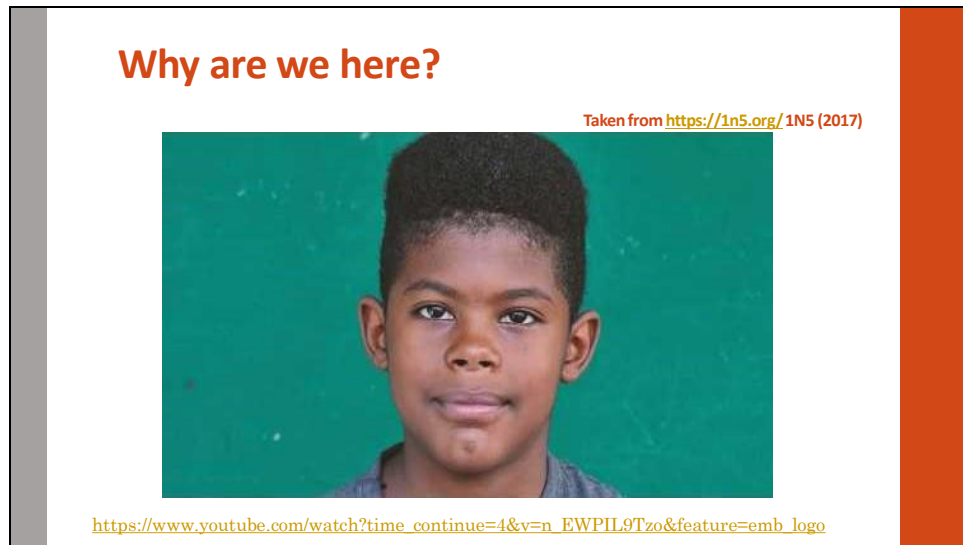
Marginalization: significant disparities in health and wellbeing, access to resources or support, marginalized by homelessness, being pushed out of school, sexual minority status, racism, poverty, immigration, disability, presence of mental illness

Question to students: Let's think about marginalization. In reality, who are these students in our schools? What do they look like? Weird kids, loners, autism spectrum, aggressive acting out, druggies or pot heads

Conditions for increased mental health disorders in these populations include physical disabilities, ADHD, LD, DCD, obesity, grieving loss, poverty, and trauma (Bazyk & Arbesman, 2013).

People see the behavior. As mental health professionals, we understand what is underneath.

Slide 4

**Narration:**

This is a mental health awareness video created and promoted by the 1N5 organization.

Stop the stigma. Start the conversation.

As you are watching, jot down statistics & messages that you think are important in the chat


Highlight chat notes in next slide

Slide 5

Mental Health

“a state of wellbeing in which the individual **realizes [their]own abilities**, can **cope with** the normal **stresses** of life, can **work** productively and fruitfully, and is able to make a **contribution** to [their] community”
(World Health Organization, 2014, para.1)

- ✓ One in Five prevalence (One in Five Minds, 2020)
- ✓ Changes life outcomes: school, employment, physical illness, mental health disorders (Mental Health Association of New York, 2017)
- ✓ Leading international health concern (World Health Organization, 2014)



“Longonot High School, Kenya” by teachandlearn is licensed under [CC BY-NC-SA 2.0](#)

Narration:

There are many definitions of mental health. I like this one from the WHO.

I'd like you to think about how these phrases speak to occupational therapy-realize ability, coping, productive work, make a contribution, community

Prevalence words:

1/5

Life outcomes

global concern

Slide 6

School mental health

(Bazyk & Arbesman, 2013)

- Views mental health services as a continuum from promotion to prevention to intervention
- Incorporates a public health, multi-tiered model
- Fosters positive mental health through social-emotional learning
- Adopts a trauma informed approach

Narration:

In the AOTA publication of *Occupational therapy practice guidelines for mental health promotion, prevention, and intervention for children and youth* by Bazyk & Arbesman (2013) school mental health is discussed as a framework that incorporates many different approaches

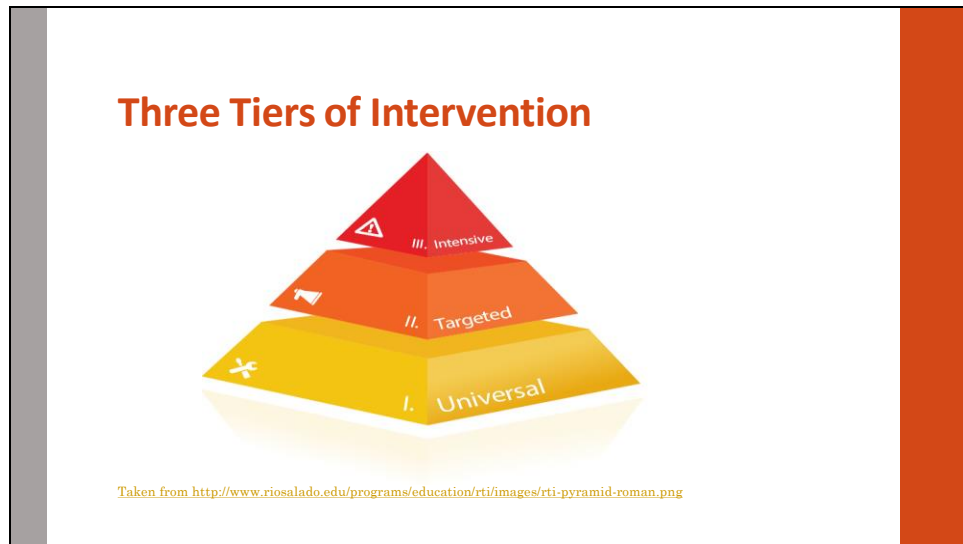
-continuum

-multi-tiered

-positive mental health, learning

-trauma

Slide 7

**Narration:**

Quick overview of this model. Summarized from Bazyk & Arbesman (2013).

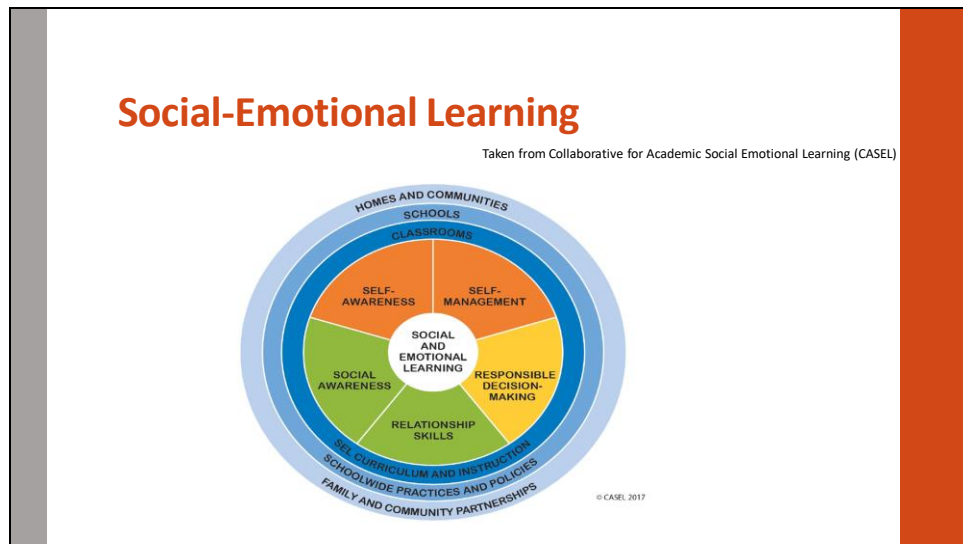
The public health model has been applied to education and schools.

In this model, “universal” refers to school-wide interventions that all students receive- embedded in classrooms but are also acknowledged and reinforced throughout all school environments. Focus is on the development of skills for healthy relationships (promotion). If any of you have worked in schools, this 3-tiered model is also used in Positive Behavior Interventions and Supports (PBIS) programs. The literature states that 80% of a school population will respond to universal whole school interventions (University of Nebraska, 2020). The second tier is called “targeted” and focuses on prevention for students who have been identified at-risk or are demonstrating initial signs or symptoms. These students benefit from more individualized intervention and small group skill development. Estimated that 15% student population need and will respond to Tier 2 interventions (University of Nebraska, 2020).

The third tier is intensive intervention and focuses on rehabilitation/re-integration into school after an absence, minimizing risk for reoccurrence of mental health issues. Most intensive and generally delivered in 1:1 setting (5 %) (University of Nebraska, 2020).

When we think about OT in school-based practice, “traditionally” the case load is composed of students in Tier 2 & 3. Students with identified needs, diagnosis, IEP.

Slide 8

**Narration:**

One example of a universal, whole school mental health promotion program is social-emotional learning.

The Collaborative for Social and Emotional Learning (CASEL) is the center of research and programming for this intervention. It is interdisciplinary and science-based. Promotes SEL use in classroom, school wide, and in families and the and community.

CASEL during COVID-19: focusing on importance of SEL to maintain wellness, connections; advocating view of family as primary SEL educators; free weekly webinars

Social and emotional learning is the process by which individuals learn and use the five core competencies: self-management, responsible decision-making, relationship skills, social awareness, self-awareness (CASEL, 2017).

As we look at the skill areas (inner circle) and the context (outer circles), again let's think about the interface with OT.

Comments in chat?

Slide 9

Universal SEL programs are effective in promoting positive skill development and developing protective factors for middle and high school students.

- ✓ Instruction at classroom level, provide opportunities for school and community participation
- ✓ Utilization of school resources as “agents of change” (Atkins, Hoagwood, Kutasj, & Seidman, 2010)
- ✓ Approaching instruction as whole school, universal (Durlak, Weissberg, Dymnicki, Taylor, and Schellinger, 2011)
- ✓ Integration of MTSS and SEL model to enhance outcomes (Cook, Frye, Slemrod, Lyon, Renshaw, & Zhang, 2015)
- ✓ Improvement in protective factors (Caprara, Kanacri, Zuffiano, Gerbino, & Pastorelli, 2015; Coehlo et al, 2015)
- ✓ Improvement in academic performance (Caprara et al., 2015; Taylor et al., 2017)

Narration:

Background, perspective

- SEL started being implemented in schools in late 1990’s, early 2000 (CASEL, 2017).
- First review of SEL effectiveness 2011 in meta-analysis by Durlak, Weissberg, Dymnicki, Taylor, and Schellinger, 2011.

This is a summary of findings from an evidence-based paper that I submitted last year.

Summary statement in red.

Best practice findings in black. Review.

These ideas supported the value of occupational therapy interventions and the motivation for the mental health literacy pilot.

- ✓ Primary instruction in classroom, practice in whole school settings
- ✓ School resources as “agents of change”
- ✓ Universal instruction = access for all (addresses marginalization)
- ✓ Protective factors = coping, communication skills, self-regulation, relationships
- ✓ Demonstrated improvement in school engagement, connectedness and learning

Slide 10

“Individual trauma results from an *event*, series of events, or set of circumstances that is experienced by an *individual* as physically or emotionally harmful or life threatening and that has *lasting adverse effects* on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, 2014, p. 11)

Three key elements (SAMHSA, 2014)

Trauma Informed Care

1. realizing the prevalence of trauma
2. recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce
3. responding by putting this knowledge into practice

Narration:

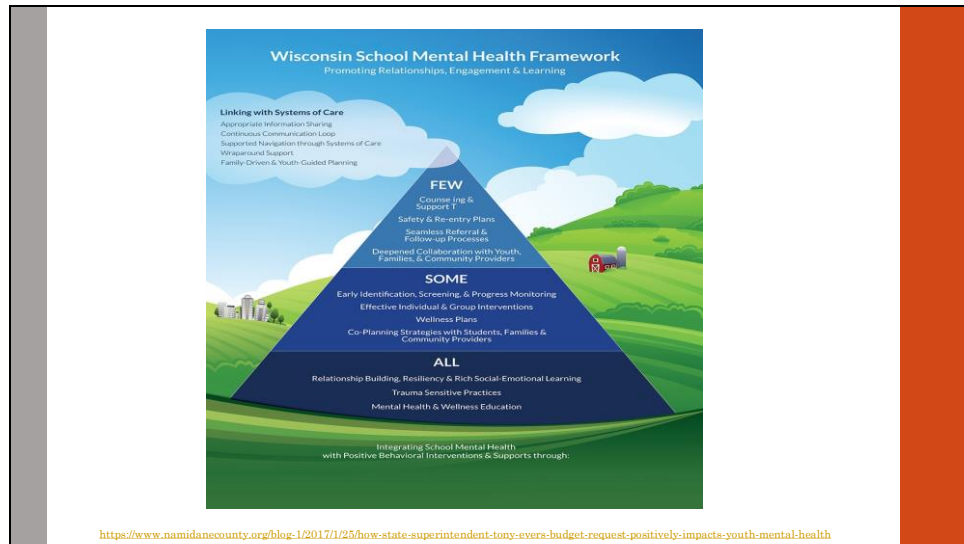
We cannot discuss school mental health without talking about trauma and trauma informed care. We have talked about challenges to children and youth earlier in presentation. One of those challenges is trauma.

Quick review: Trauma has three elements: (SAMHSA, 2014)

1. Event: acute or prolonged
2. Experience: individualized, threat
3. Effects: lasting, residual

Trauma Informed care (SAMHSA, 2014): individual as a practitioner or systemic, organizational
 Bessel van der Kolk (The Body Keeps the Score) is an excellent resource. One of his earlier publications is in the reference section. He refers to trauma in childhood as “developmental trauma.” The implication for school-based practice is that trauma has an impact on the child’s ability to engagement meaningfully and productively in their education-learning, social, play, communication, relationships with adults.

Slide 11



Narration:

This is one example of a school mental health framework. We are going to talk about the 3 levels and role of occupational therapy at each level.

Slide 12

Universal Bazyk & Arbesman, 2013

- Participate, inform school policies, practices
- Consult to change the school environments: safety, supports, sensory strategies
- Collaborate on instructional practices, engagement: use of occupation, choices, just right challenge
- Participate in treatment teams to collaborate on classroom management
- Advocate for student voice
- Facilitate student programs on Mental Health Awareness, literacy (e.g. bullying awareness, prevention)
- Teach & reinforce social emotional skills practice in context (e.g. cafeteria, hallway, recess)-friendship skills, sharing, kindness, serving others, safety
- Embed activities into classrooms
- Support and reinforce staff mental health

Narration:

Bazyk, S., & Arbesman, M. (2013). *Occupational therapy practice guidelines for mental health promotion, prevention, and intervention for children and youth*. Bethesda, MD: AOTA Press.

My examples

- ✓ Volunteer for school committees (e.g., PBIS, safety committee, bullying prevention, restorative justice)
- ✓ In smaller school communities or teams, be the expert on environment-provide materials, trial it, data collection (package)
- ✓ Push in services inform instructional practices (e.g., OT centers during ELA)
- ✓ Explicit teaching in cafeteria during lunch (Bazyk-Every Moment Counts-Comfortable Cafeteria program)
- ✓ No Name Calling Week activities
- ✓ Breakfast Club, Friendship Carnival
- ✓ Student Council-bake sales, dances, corn hole tournament, PROM
- ✓ Staff mental health-be kind and supportive, willingness to be staff voice, Coffee Cafe

Slide 13

Targeted Bazyk & Arbesman, 2013

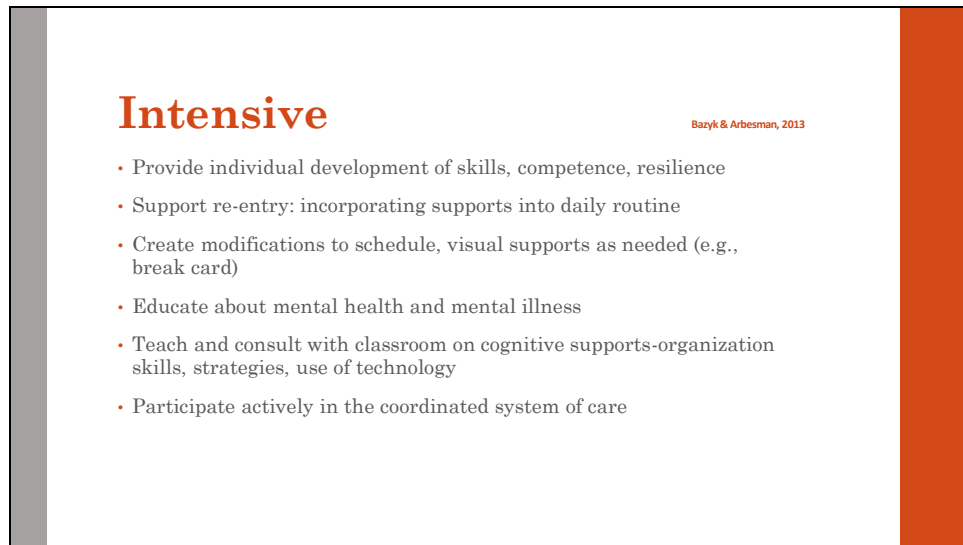
- Implement small groups for skill development-self regulation, mindfulness, play
- Provide opportunities for engagement in occupation-expression, creativity, tell your story
- Modify or adapt tasks or environments for individual needs-sensory, social, cognitive
- Develop sense of competence-cooking, baking, prevocational tasks
- Teach and facilitate Peer leadership skills
- Support student participation in classroom or community meetings
- Provided project-based learning opportunities: Breakfast Club, Coffee Café
- Consult with teachers
- Advocate for student narrative through staff education about disability

Narration:

My examples:

- ✓ Zones of Regulation
- ✓ KAWA, COPM
- ✓ Monthly occupation choices: making decorations for dance, baking for bake sale
- ✓ PAES Lab/Independent Living Skills Lab
- ✓ Role in staff education: dysgenesis of corpus callosum, diabetes, developmental trauma, post-concussive syndrome

Slide 14



Intensive Bazyk & Arbesman, 2013

- Provide individual development of skills, competence, resilience
- Support re-entry: incorporating supports into daily routine
- Create modifications to schedule, visual supports as needed (e.g., break card)
- Educate about mental health and mental illness
- Teach and consult with classroom on cognitive supports-organization skills, strategies, use of technology
- Participate actively in the coordinated system of care

Narration:

My examples:

- ✓ Individual support-talking about choices, resilience, growth mind set
- ✓ Balance of work and rest, taking a break, reaching out to caring adults
- ✓ Supports & organizational skills
- ✓ Education-mental illness, medication
- ✓ Focus on success in occupation of being a student, friend

Slide 15

Mental Health Literacy Pilot: Positive Mental Health

<u>School Context</u>	<u>Pilot Structure</u>
<ul style="list-style-type: none"> • NYS BOCES • Middle school: 7th & 8th grade students • Students with special education needs: primary diagnoses of autism • Interdisciplinary treatment team • Embedded, “bundled” groups 	<ul style="list-style-type: none"> • Adapted evidence based curriculum: Teenmentalhealth. (2017). <i>Mental health & high school curriculum guide. Understanding mental health and mental illness. Version 3(USA edition: Washington State).</i> • Six sessions embedded in the classroom science curriculum • Topics: basic brain anatomy, understanding mental health continuum, the body’s stress response, positive and negative stress responses, plan for positive mental and physical health • Group project: Whole school health literacy education on specific topic

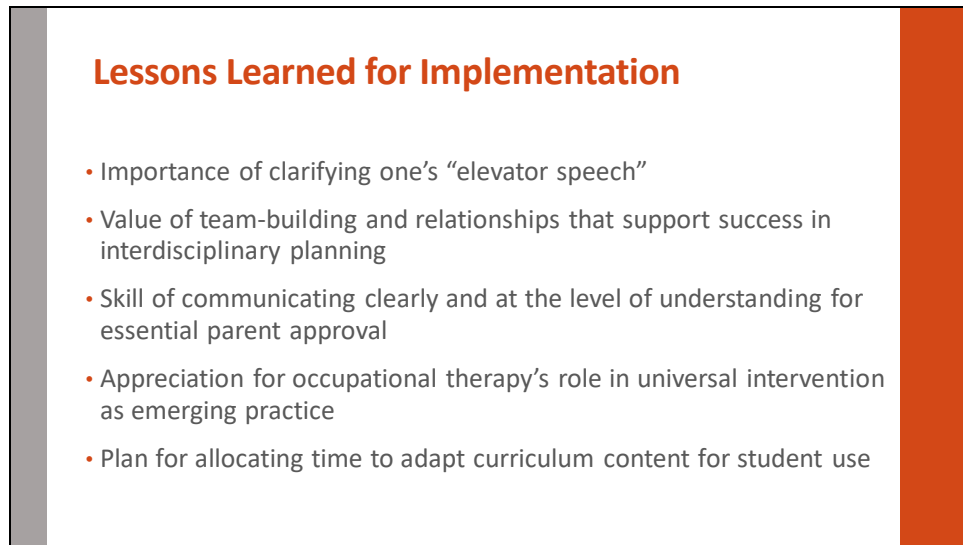
Narration:

Discuss school context

- BOCES setting: serve component school districts, more restrictive setting, “identified” students
- Specifics of the classroom: Regents level students, academically functioning at grade level (8:1:2)
- Specifics of students: All have IEP, secondary diagnoses of ADHD, Cerebral palsy, anxiety disorder, trauma
- Treatment team: teacher and teaching assistants (and 1:1 aides), social worker, speech-language pathologist, physical therapist; behavioral intervention team,
- Explain unique opportunity of embedded groups

Review the structure of the pilot

Slide 16



Lessons Learned for Implementation

- Importance of clarifying one's "elevator speech"
- Value of team-building and relationships that support success in interdisciplinary planning
- Skill of communicating clearly and at the level of understanding for essential parent approval
- Appreciation for occupational therapy's role in universal intervention as emerging practice
- Plan for allocating time to adapt curriculum content for student use

Narration:

In reflection, here are some of my lessons learned (before I could even begin the pilot)

- The elevator speech is key: multiple, consistent written and verbal communications with administration for approval
- Interdisciplinary relationships are important for team support & buy-in
- Parent approval is necessary: multiple drafts, simple, letter offering refusal
- We get it as OT's. Innovative role in school-based practice.
- Adaptations: simplifying content, use of visuals, hands on materials, modifying after each session

Slide 17

<u>Daily Lesson Plan</u>	
Lesson Title:	Instructor:
Subject:	Grade:
Date:	Period:
<u>Lesson Objectives:</u> Student will	<u>Lesson Sequence</u>
	Activities: Warmup/Introduction
	Lesson
	Wrap Up
<u>Materials/Equipment Needed:</u>	
<u>Differentiated Instruction:</u>	<u>Assessment:</u>
<u>Reflection/Notes:</u>	

Narration:

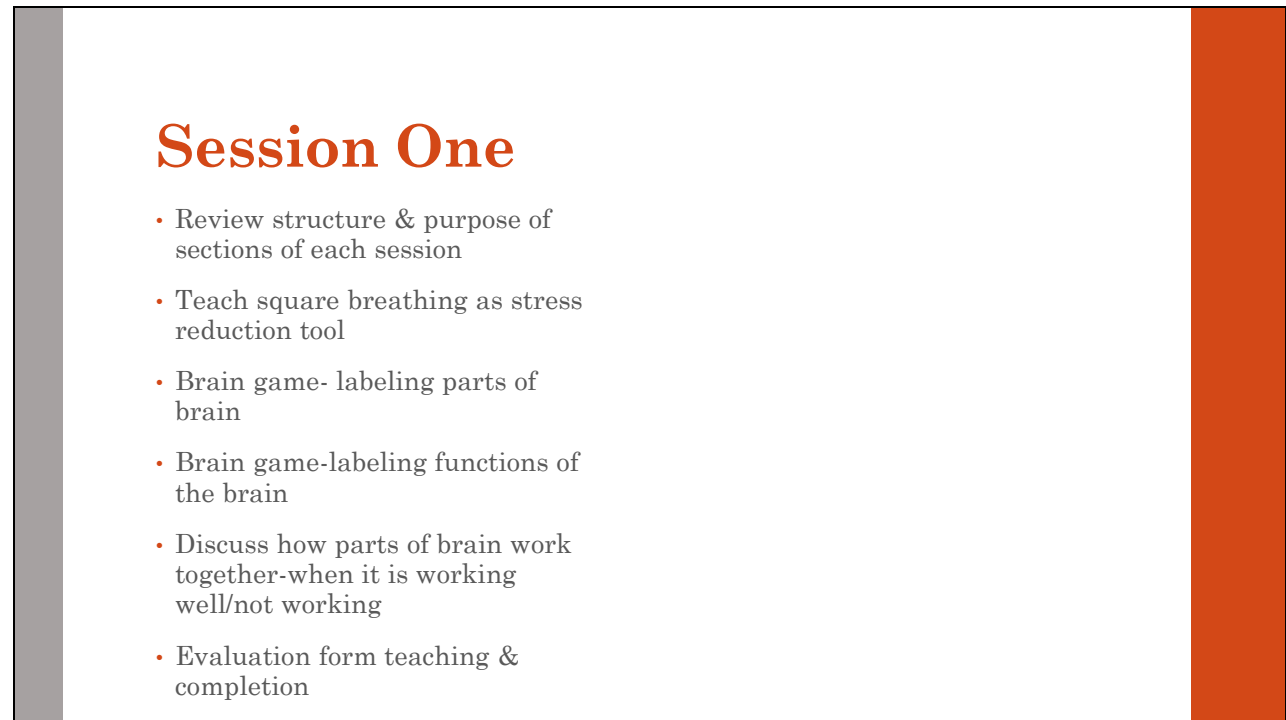
Many tools were developed to provide consistent structure within each session. This is an example of one part of the lesson plan that was used for each session.

Review components of lesson sequence.

Other pieces of that tool include student objectives, materials and equipment, differentiated instruction, assessment, and reflection/notes.

In the next slides, I am going to share topics for each session and discuss materials developed to support the teaching in each session.

Slide 18



Session One

- Review structure & purpose of sections of each session
- Teach square breathing as stress reduction tool
- Brain game- labeling parts of brain
- Brain game-labeling functions of the brain
- Discuss how parts of brain work together-when it is working well/not working
- Evaluation form teaching & completion

Narration:

One part of every session was teaching and practice of a stress reduction/coping technique.

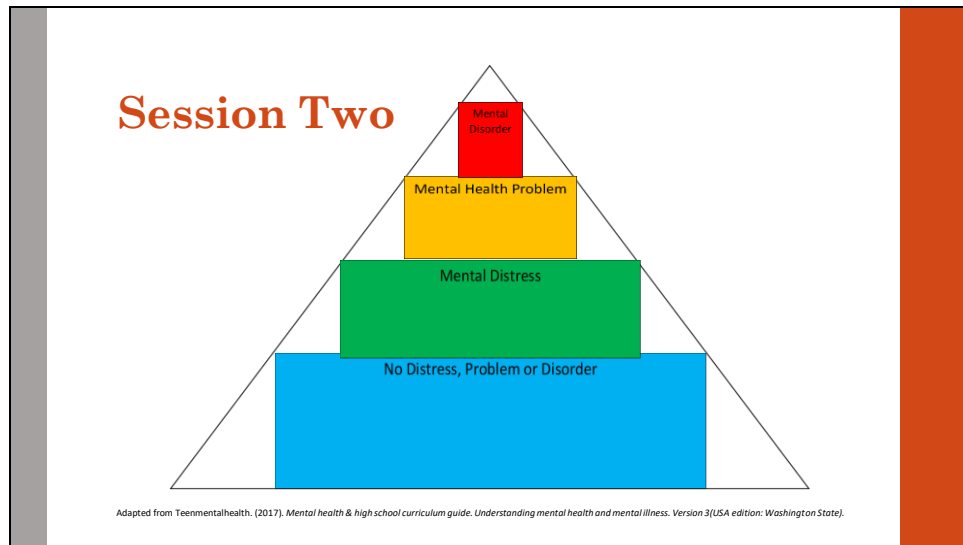
A visual support was created and used for the teaching and practice of square or box breathing.

This technique was used as a part of each session and would always be followed by discussion of its use and success/challenges in the context of school day, every day functioning.

Other teaching in session one included basic brain anatomy and functions of the brain (hands on, labeling task)

Adaptations: typed labels, typed functions (cut & paste), pre-teaching and adaptation of evaluation form

Slide 19

**Narration:**

Session Two:

Warmup: Scenario of arrival, getting off the bus in the morning. What are you doing and thinking? What parts of your brain are you using? What happens when the parts of your brain are not working well together?

Coping Skill: Practice square breathing

Content: This is an example of an adapted tool from the curriculum. The topic was understanding and differentiating mental states-educating about “normal” stress vs. mental illness. Content was taught by you tube video followed by discussion and completion of the pyramid worksheet.

Adaptations:

- Created folders for student work
- The pyramid was simplified and content for each section of the pyramid was typed and added separately by each student.
- You tube video for differentiated learning

Slide 20

Lessons Re-Learned

- Unexpected things happen. COVID-19 school closure March 13, 2020.
- Value of the creativity and problem-solving that is occupational therapy
- Importance of one's "elevator speech"
- Value of team-building and relationships for success in interdisciplinary planning
- Respect for the enduring truths of occupational therapy. Focus on the narrative
- Plan for allotting time to adapt for virtual delivery of content

Narration:

- Two weeks of school closure while administration developed a virtual academy
- Renegotiation of pilot use with administration
- Team relationships have supported, encouraged, and made space for the continuation of the pilot
- How has the students' narratives changed? What are my students' (and staffs') needs now? How does this material fit into this new reality?
- Session materials were developed. Now had to be adapted to fit into shorter sessions. Shift the focus. New plan for evaluation/data collection (SurveyMonkey)

Slide 21



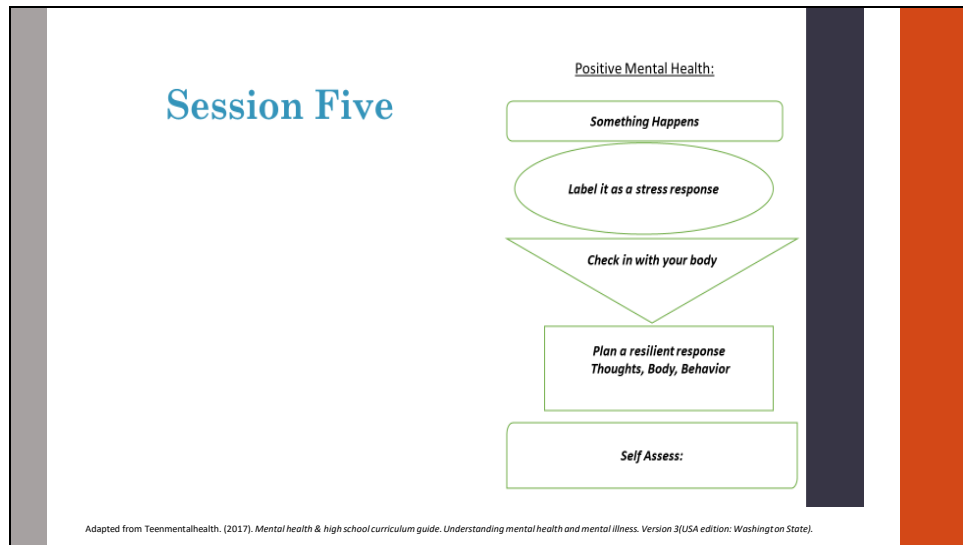
Taken from <https://www.govloop.com/community/blog/know-resilience-low/>

<u>Original</u>	<u>Virtual</u>
<ul style="list-style-type: none">• Coping Skills Practice: Square Breathing, Muscle Relaxation• Understanding the Stress Response in Your Body• How to Make Stress Your Friend• Positive and Negative Stress• Plan for Positive Stress Response	<ul style="list-style-type: none">• Coping Skills: Mindfulness, Meditation• View the Stress Response as Helpful• Change the Narrative• Practice Self-Compassion• Cultivate Forgiveness• Plan to use Coping Strategies Every Day (Home)

Narration:

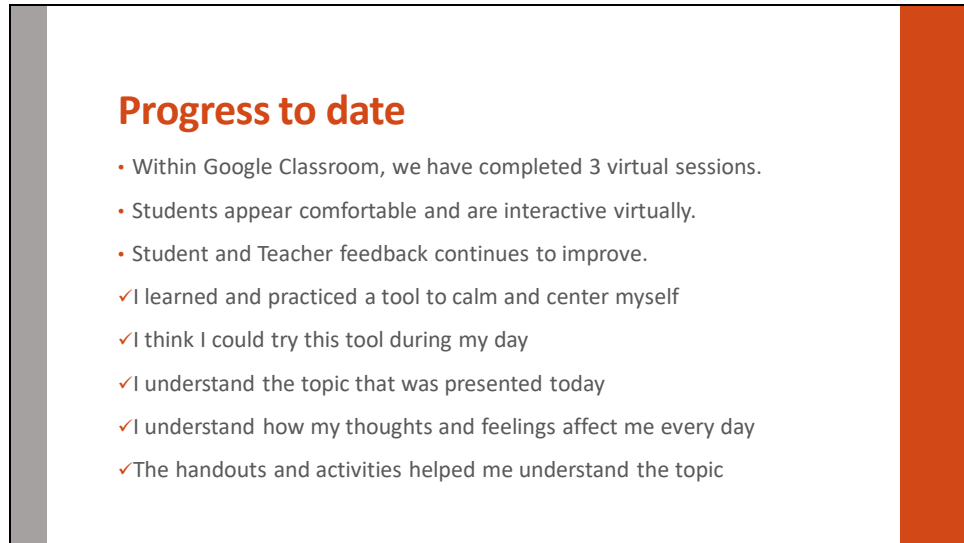
Based upon team assessment of student responses to virtual learning, the content of each session was modified to address student need. Topics and coping strategies such as mindfulness and meditation, cognitive re-framing (e.g., positive stress response and change the narrative), and practicing self-compassion were added. Staff explicitly discussed their own personal responses to virtual learning and specific time was incorporated into each session to allow for sharing, discussion, and problem-solving.

Slide 22

**Narration:**

I wanted to share the visual support created for making a plan for positive response to stress. We have not gotten to this point in the pilot yet but what I think is interesting is that the plan and the teaching is universal. The challenge is working with students to apply the plan in a different context.

Slide 23

The slide features a white background with a thin black border. On the left side, there is a vertical gray bar, and on the right side, there is a vertical orange bar. The title "Progress to date" is written in a bold, orange font. Below the title is a bulleted list of seven items, each starting with a red dot or checkmark.

Progress to date

- Within Google Classroom, we have completed 3 virtual sessions.
- Students appear comfortable and are interactive virtually.
- Student and Teacher feedback continues to improve.
- ✓ I learned and practiced a tool to calm and center myself
- ✓ I think I could try this tool during my day
- ✓ I understand the topic that was presented today
- ✓ I understand how my thoughts and feelings affect me every day
- ✓ The handouts and activities helped me understand the topic

Narration:

Review slide contents.

Slide 24

Reflections & Questions



Taken from <https://av-at.com/birch-natural/>

Slide 25

Evaluation

An important part of this process is your feedback for me. Please take a few moments to go to this site and complete the eight question survey.

<https://www.surveymonkey.com/r/NTRVGSN>

Thank you! Beth

Slide 26

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Slide 27

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Slide 28

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Appendix C.3. Presentation Evaluation

Presentation Evaluation

Speaker: Elizabeth Gray MS, OTR/L

Date:

Title: Promoting mental health in schools: Opportunity for the occupational therapy practitioner

Please take a few moments to provide feedback on this presentation by placing a check in the corresponding box. Written comments or suggestions are welcome.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Comments/Suggestions
Speaker introduced self and engaged the attention of the audience						
Content of presentation was presented clearly and was easy to follow						
Visual aids were appropriate, integrated & supported content						
Professional experiences & programs developed engaged interest and connected audience with material						
Material presented provided appropriate balance of scholarly and practical information						
Material presented provided new learning about youth mental health promotion in schools						
Speaker was knowledgeable and enthusiastic about material						
Discussion of mental health literacy pilot illustrated "how to" create opportunity						

Thank you for participating!

Chapter 5. Evaluation Outcomes and Analysis

Evaluation Outcomes

Knowledge Translation Project One

Knowledge Users

The knowledge users for this project were the students and teaching staff participating in this pilot program. The students were 7th and 8th grade students in an 8:1:1 BOCES special education middle school classroom. All students had a primary diagnosis of autism spectrum disorder and have secondary diagnoses of Cerebral Palsy, Anxiety Disorder, Oppositional Defiant Disorder, Dyslexia, Attention Deficit Hyperactivity Disorder, and Depressive Disorder. The professional staff included one special education teacher, one teaching assistant, and two one-to-one aides. Additionally, as there was a group project directed toward whole school education at the culmination of this pilot, all members of the school community were also knowledge users. The educational administration in the school may also use the outcomes and evaluation of the pilot for future mental health program development.

Main Messages

Mental health promotion, prevention, and intervention is a global concern for children and adolescents as mental health challenges are a barrier to participation and positive life outcomes. Students with special needs are considered an at-risk population and benefit from adaptations to existing social emotional learning (SEL) curricula to improve access and skill development for positive mental health. As an intervention embedded in the classroom, the intervention can also improve the mental health literacy of teaching staff.

Knowledge Translation Goals

One goal for this knowledge translation project was to generate awareness of mental health promotion, prevention, and intervention for children and youth and highlight the individualized learning, social, and functional needs that impact the mental health of students in special education. A second goal was to apply and adapt evidenced-based interventions to teach mental health literacy skills to students with special needs. By embedding the pilot into the classroom, a third goal was to facilitate interdisciplinary consistency in understanding and addressing positive student mental health.

Knowledge Translation Strategies

The first knowledge translation strategy of the author as knowledge broker included the use of the *Mental Health & High School Curriculum Guide. Understanding Mental Health and Mental Illness* as the foundation for this project (Teenmentalhealth, 2017). The curriculum was chosen because research on the guide supports its use in schools to address reduction in stigmatizing attitudes about mental illness and increasing student knowledge of mental health (Kutcher, Wei, & Morgan, 2015; McLuckie et al., 2014). Additionally, implementation of the curriculum in classrooms has had a positive impact on teacher knowledge and attitudes toward mental health (McLuckie et al., 2014). Review of the American Occupational Therapy Association's publication, *Occupational Therapy Practice Guidelines for Mental Health Promotion, Prevention and Intervention for Children and Youth* (Baszyk & Arbesman, 2013) was completed to ensure curriculum adaptations and interventions were supported by the occupational therapy literature. Educational pedagogy was reviewed, including concepts of developmentally appropriate language and content, differentiation of instruction, and

development of visual supports for middle school students with diverse learning styles and needs (Bleiweiss, Hough, & Cohen, 2013).

A second knowledge translation strategy was the development of student and staff educational materials for the pilot program. The pilot was designed to be delivered as a push into the classroom within the class's science curriculum for six, 42-minute lessons. Modalities used included lecture, video, hands-on manipulatives and worksheets, practice in mindfulness and positive coping, group discussion, and identification of individual take-away messages. All materials were designed to meet the individualized learning needs of the students. All interactive activities were structured and modified to support participation and access to the material based on the social interaction and communication needs of the students. A binder was created that included resources, the original curriculum materials, and six sections containing a lesson plan and any handouts created for that session. All materials were curated each session in individual student folders.

Because of the COVID-19 pandemic and quarantine, schools in New York State were closed on March 13, 2020. The design of the Positive Mental Health pilot was modified and delivered in a virtual format using Google Classroom and Zoom platforms. Continuing in the science Google classroom within Ulster BOCES' North Star Virtual Academy, the pilot was delivered two times per week for thirty minutes each. The session content was converted to slide presentations that were posted in the science Google classroom and delivered virtually through Zoom meetings with students and teaching staff. The content for each session was modified to fit into a shortened time period. Content was also modified to meet the mental health needs of the students and staff during quarantine and teaching and learning from home.

Topics added included mindfulness practice, cognitive re-framing (e.g., self-compassion, changing the narrative) and focusing on the positive response to stress. Two sessions were completed in the school environment as planned. Five sessions were delivered virtually for completion of the first three topics of the pilot.

A third knowledge translation strategy was the author as partner and collaborator with stakeholders. The pilot was developed through collaboration and planning meetings conducted by the interdisciplinary team that included the occupational therapy professional, the classroom teacher and teaching staff, a social worker, a speech pathologist, and the positive intervention team staff. Topics discussed included interdisciplinary assessment of student mental health needs, identification of where the pilot would best fit in the existing classroom curriculum, and the roles for staff participation. Implementation of the pilot required extensive communication with school building administration outlining the project, content, and format for final approval. Additionally, a letter was sent home to families to communicate an overview of the content within the science curriculum and to obtain parental/caregiver permission for student participation.

Because of the COVID-19 pandemic and quarantine, additional communication with administration was necessary for approval and collaboration with classroom teaching staff to continue the Positive Mental Health pilot virtually using Google Classroom and Zoom platforms within Ulster BOCES' North Star Virtual Academy. Based on existing positive relationships and knowledge of individualized mental health needs, check-in discussion of stressors and coping strategies for both students and staff were added, catalyzing conversations about resilience

skills. Feedback from the interdisciplinary team was provided during weekly team Zoom meetings. This feedback guided subsequent session development in the new format.

Knowledge Translation Evaluation

The pilot was evaluated using contemporaneous feedback from students, staff, and reflections of the occupational therapy professional as each session occurred. This feedback was documented in the “Reflection/Notes” section on that session’s learning plan and was utilized to plan the following session. Additionally, a formal evaluation tool was developed for students and staff using a written handout with a three-item rating (a lot, a little, not at all) for five statements. Evaluation items reflected individual assessment of coping tools and their usefulness during the day, understanding of session topic, understanding of how thoughts and feeling impact daily functioning, and effectiveness of the handouts and activities presented. There was an opportunity for respondents to write comments.

When the Positive Mental Health pilot was modified and delivered in a virtual format, the student and teacher feedback form was converted to a survey using the SurveyMonkey application. There were minimal changes to the content of the survey. It remained a six-question survey with three responses (a lot, a little, not at all). Any questions that contained a phrase describing the context of “school” was modified to include school and home environments. The link to each session’s survey was posted as a slide in each session’s slide presentation to students and staff and was posted in the science Google classroom. Contemporaneous feedback about the progress of the pilot was also received from the interdisciplinary team during weekly team Zoom meetings.

The results of the student and teacher feedback are summarized in Tables 1 and 2 (see Appendix D.1). Overall, both students and staff reported positive responses to the pilot. The existence of positive relationships between the occupational therapy practitioner, students, and staff facilitated the initial transition into the group. Students were happy that they could support the occupational therapy practitioner in this project as reflected in their encouraging comments throughout. Once the pilot progressed in content, the responses from students and staff began to shift to reflect positive experiences with learned practices, activities, and mental health topics. Students reported new learning in skills for calming and coping. Staff commented on the relevance of the mental health topics for the student population and commented on the relevance of videos and visuals presented. Students reported some difficulty understanding topics presented but use of a functional application to everyday feelings and behaviors improved comprehension. As the pilot has continued, student enthusiasm remains high as they are actively participating in planning next sessions by bringing up relevant topics for discussion and requesting additional information on a specific topic.

The results were additionally impacted by the change in delivery. Positive effects were no difference in the ability of the students to complete the written evaluation vs. online survey (100 % completion, 7/7 evaluations), the written evaluation form was easily converted to an online survey with fidelity of content, both evaluation formats were easy to complete after initial instruction, and participants were willing to provide written feedback for 50% all evaluations. Another effect was a more positive response to the use of short slide presentations used to organize and communicate information virtually. Negative effects included that response rate was variable in the online delivery format due to spotty attendance

early in NSVA. The link to the survey required an extra step to students and staff after the session, which could be ignored or forgotten. Additionally, for students with more functional impairments and less technology independence, the external link to the survey was a barrier to access.

A third evaluation tool planned was the final group project. The last session for the pilot was a review of content learned and a structured, interactive group decision-making activity designed to identify the topic for the group project which would educate the whole school community about mental health literacy. This final project provided an opportunity for students to assess what they had learned, prioritize learned material for a project, and to practice learned skills in the context of a meaningful contribution to their school community.

Due to the continuing COVID-19 pandemic and quarantine, schools in New York State were closed for the remainder of the school year on May 1, 2020. The pilot will continue to be delivered virtually through June 2020. The final project will likely be modified for delivery to the school community in a virtual format.

Knowledge Translation Project Two

Knowledge Users

The knowledge users for this project are educational and mental health professionals working in mental health promotion and prevention programs for children and youth.

Main Messages

The prevalence and increased awareness of mental health challenges for today's youth presents a challenge to interdisciplinary teams of educators and mental health professionals in school-based practice. At-risk or marginalized student populations have individualized contexts

and learning needs that impact access to and competence in positive mental health.

Interdisciplinary collaboration and adaptation of existing social emotional learning curricula facilitate successful implementation of a mental health literacy pilot delivered within a middle school science curriculum in a special education setting.

Knowledge Translation Goals

The first goal of this knowledge translation project is to increase awareness of contemporary challenges to positive mental health for adolescents with a focus on students with special needs. A second goal is to share a review of evidence and best practice elements of youth mental health prevention and promotion programming. The third goal of this project is to illustrate interdisciplinary collaboration through presentation of a mental health literacy pilot adapted from an evidence-based curriculum and successfully delivered to middle school students in a special education school setting.

Knowledge Translation Strategies

This knowledge translation project generates awareness of both mental health challenges facing contemporary youth and additionally highlights the individualized social, learning, and functional needs of students with special needs. The WHO (2014) published guidelines on mental health promotive and preventive interventions for adolescents that estimated that 20% of children and adolescents experience mental or problems and half begin before the age of 14. Adolescents with special needs present complex psychological, behavioral challenges and unique learning needs. Increasing these students' access to and development of skills to promote positive mental health requires adaptation of existing evidence-based curricula. Evidence supports embedded interventions that are already existing

in the whole-school approach, delivered by internal providers for sustainability and staff mental health literacy (Kutcher et al., 2016). As an occupational therapy professional, the presenter offers expertise in the needs of students who receive special education services and insight into individualized mental health challenges and obstacles to access for this population.

This knowledge translation project is offered in the form of a proposal to present at a national conference hosted by CASEL, focusing on facilitating collaboration across disciplines. Knowledge translation strategies to generate interest and share knowledge includes multi-sensory learning in the forms of video, research evidence that supports best practice, and real-life student narratives illustrating the mental health challenges faced. To inform decision-making and program development, the slide presentation also offers session by session overview of the content adapted for the pilot program delivered to students and staff.

This knowledge translation project, through a case study illustration, seeks to influence practice through presentation of a mental health literacy pilot adapted from an evidence-based curriculum completed with middle school students in a special education school setting. The presentation discusses the *Mental Health & High School Curriculum Guide. Understanding Mental Health and Mental Illness* which was utilized as the foundation for the pilot project (Teenmentalhealth, 2017). The presentation shares research that assessed implementation of the guide, supporting its use in schools to address reduction in stigmatizing attitudes about mental illness and increasing student knowledge of mental health (Kutcher, Wei, & Morgan, 2015; McLuckie et al., 2014). Interdisciplinary collaboration is supported by research stating that embedding the curriculum in classrooms had a positive impact on teacher knowledge and attitudes toward mental health (McLuckie et al., 2014).

Knowledge Translation Evaluation

This knowledge translation project will be evaluated through the CASEL interdisciplinary peer review process for acceptance of the presentation proposal. Currently, due to the COVID-19 pandemic and quarantine, CASEL is converting the conference to a virtual format and reviewing conference proposals for that event. Notification of proposal acceptance is expected by the end of May 2020.

Stakeholder feedback will be assessed through participant completion of a written evaluation at the conclusion of the presentation. Participants will be asked to evaluate ten aspects of the presentation that include speaker skills, content of presentation, quality of visuals and materials, and assessment of presentation's achievement of learning outcomes. The evaluation is organized using a five-point Likert scale (e.g., excellent, very good, good, fair, poor) and provides opportunity for written comments or suggestions. If accepted for the virtual conference, the written evaluation will be converted to a survey and will be delivered through SurveyMonkey.

Knowledge Translation Project Three

Knowledge Users

This presentation was delivered to three classes of students enrolled in an entry-level master's occupational therapy academic program at St. Catherine University. The academic administration in the occupational therapy program may use the presentation for future program development.

Main Messages

The increased awareness and prevalence of mental health challenges for today's youth presents a challenge to occupational therapy practitioners in school-based practice. Academic programs preparing these professionals are charged with providing theoretical foundations as well as practical skills for entry level practice. This project will link clinical practice to the classroom through review of best practice and application of evidence-based interventions to the three-tiered intervention model for occupational therapy practice in school mental health prevention and promotion. The presentation of a mental health literacy pilot implemented with middle school students in a special education school setting shares strategies and tools that support innovative occupational therapy mental health promotion programming in school-based practice.

Knowledge Translation Goals

Upon completion of this knowledge translation project, individuals will have improved awareness of the mental health challenges for today's youth as barriers to participation and the long-term impact on health, academic outcomes, functioning, and overall well-being.

Participants will understand the concepts of social-emotional learning, trauma-informed care, and multi-tiered models in addressing youth mental health prevention and promotion and will have increased knowledge of occupational therapy interventions addressing these issues.

Participants will have increased awareness of tools and strategies developed through implementation of a mental health literacy pilot, adapted and delivered by an occupational therapy professional, for students in a middle school science curriculum in a special education setting.

Knowledge Translation Strategies

The first knowledge translation strategy of the author as knowledge broker is the presentation of best practice literature on mental health awareness, social-emotional learning, and trauma (Atkins, Hoagwood, Kutasj, & Seidman, 2010; Caprara, Kanacri, Zuffiano, Gerbino, & Pastorelli, 2015; Coehlo et al, 2015; Cook, Frye, Slemrod, Lyon, Renshaw, & Zhang, 2015; Durlak, Weissberg, Dymnicki, Taylor, and Schellinger, 2011; MHANY, 2017; One in Five Minds, 2020; SAMHSA, 2014; Taylor et al., 2017; WHO, 2014). This review establishes shared understanding of foundational beliefs that influence practice.

A second knowledge translation strategy of the author as knowledge broker and educator included the utilization of the *Mental Health & High School Curriculum Guide. Understanding Mental Health and Mental Illness* for the foundation for this project (Teenmentalhealth, 2017). The curriculum was chosen because research assessing implementation of the guide supports its use in schools to address reduction in stigmatizing attitudes about mental illness and increasing student knowledge of mental health (Kutcher, Wei, & Morgan, 2015; McLuckie et al., 2014). Additionally, implementation of the curriculum in classrooms has had a positive impact on teacher knowledge and attitudes toward mental health (McLuckie et al., 2014). Review of the American Occupational Therapy Association's publication, *Occupational Therapy Practice Guidelines for Mental Health Promotion, Prevention and Intervention for Children and Youth*, was completed to ensure curriculum adaptations and interventions were supported by the occupational therapy literature. Educational pedagogy was reviewed including concepts of developmentally appropriate language and content and differentiation of presented material for individualized learning needs. Opportunities for interaction (e.g., brainstorming) facilitated the application of previously learned theories and

frameworks to the school-based practice setting. Sharing of pilot materials and discussion of lessons learned provided concrete examples of professional skills and strategies needed to engage in innovation in the school-based setting.

Knowledge Translation Evaluation

The presentation was evaluated using adaptation of a formal evaluation tool that was developed for face to face classroom teaching. Participants were asked to evaluate eight aspects of the presentation that included speaker skills, content of presentation, quality of visuals and materials, and assessment of presentation's achievement of learning outcomes. Responses were presented as a five-point scale (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree). The evaluation information was modified to be delivered via the SurveyMonkey platform at the conclusion of the presentation.

The results of the survey are summarized in Table 3 (see Appendix D.2). Responses can be characterized as primarily strongly agree or agree with zero responses of disagree or strongly disagree for all items on the survey. The strengths of the project as identified by respondents were the speaker's engagement, knowledge and enthusiasm for the material, the balance of scholarly and practical information, and new learning that occurred about school mental health. Less positive responses reflected the connection between visual supports and content and the lack of strength of "how to" instruction in program implementation.

Evaluation Analysis

Comprehensiveness

All Knowledge Translation Projects

The three knowledge translation projects were comprehensive in their active engagement of stakeholders, communication with stakeholders of varied positions in the delivery process, and the ability of the projects to reach differing types of audiences. The messages of empowerment were received positively. The impact of the projects was limited by the newness of the innovation and by societal changes (e.g. the national pandemic) that were changing the trajectory of the projects as they occurred while simultaneously re-defining what youth mental health prevention and promotion will be in the next one to two years.

Knowledge Translation Project One

The strengths of the first knowledge translation project included the presence of the following comprehensiveness elements: project partners were involved in the development and implementation of the pilot, engagement as evidenced by the active participation of students and staff in sessions, partner roles including teacher and staff support, parental support, administrative support, and student enthusiasm for the pilot, most knowledge users were actively engaged in the pilot, main messages were addressed in each session and knowledge translation goals were met, strategies were clearly identified and evidence-based, the knowledge translation plan evaluation used contemporaneous self-assessment, stakeholder assessment, and the project required easily accessible resources.

The weaknesses of the knowledge translation project include that expertise was represented only by the occupational therapy professional, the inability to have administrative (e.g., building principal) participation in the pilot as planned, lack of discussion of budget, and incomplete discussion of methods and procedures.

The assessment of the comprehensiveness of the knowledge translation project was completed through analysis of two sessions of written evaluations, five sessions of online survey results, and therapist observations and reflection of group process. Comprehensiveness was supported by continued active participation and support of all students and teachers despite change in delivery. The team flexibly took on new roles to support student success in the Zoom meetings. For example, the teacher and teaching assistant were cohosts of the meeting- observing students, managing behavior through muting/unmuting, and supervising the chat throughout the class. Additionally, staff and students reported use of the tools and concepts taught throughout the virtual school week. This self-report was supported by consistently increasing numbers of positive responses to the evaluation/survey questions related to practice with the tool for calming, understanding of topic presented, and understanding of thoughts and feelings throughout the school day.

Knowledge Translation Project Two

The strengths of the second knowledge translation project are the level of expertise of the project developer and the national notability of the sponsoring organization as a project partner, the breadth of the knowledge users (e.g., the interdisciplinary conference attendees), main messages and knowledge translation goals were addressed in the presentation, and strategies identified were effective and evidence-based.

This knowledge translation project could be improved by increasing the project partners through inclusion of an interdisciplinary team of co-presenters, increasing the involvement of knowledge users by the inclusion of video/written testimonials or co-presenting with the

students and teaching staff involved in the pilot, and increasing engagement of the conference attendees (possibly through participation in Menti voting app) during the presentation.

Knowledge Translation Project Three

The strengths of this knowledge translation project included the presence of the following comprehensiveness elements: project partners were involved in the development and implementation of the presentation, engagement as evidenced by the active participation of students during the presentation, partner roles including academic faculty and guest lecturer, expertise of the academic faculty and expertise of the guest lecturer in content and teaching experience, main messages were addressed and knowledge translation goals were met, strategies were clearly identified and evidence-based, the knowledge translation plan evaluation used contemporaneous self-assessment and stakeholder assessment.

Comprehensiveness of this knowledge translation project was evaluated through analysis of the completed participant surveys, informal feedback from participants during the presentation, and presenter reflection on quality of questions and discussion during the dialogue portion of the class. Comprehensiveness was supported by a 76% (37/49) survey response rate with a 100% completion rate for the survey. Additionally, students and faculty stakeholders were actively involved in the presentation through the chat, through active, insightful discussion during the question period, and through written faculty acknowledgement following the presentation. These strengths were supported by survey results of 100% strongly agree/agree responses to factors such as ability of the speaker to engage the audience, content presented offered a balance between scholarly and practice material, new learning about

school mental health occurred, and speaker was knowledgeable and enthusiastic about material.

Alignment

All Knowledge Translation Projects

All three knowledge translation projects reflected alignment with the main messages of articulating and creating opportunities for students with special needs for equality of access to and experience in positive mental health skills. The three projects utilized evidence-based scholarly information as the foundation from which practical interventions emerged. The messages of health and ability rather than illness and deficits remained consistent throughout all three projects. The positive responses from students and staff, while small in number, represent the potential for this type of opportunity for occupational therapy practitioners.

Knowledge Translation Project One

The first knowledge translation project for students with special needs was designed to improve access to and skill development in mental health literacy by applying research and utilizing and adapting evidenced-based interventions. The knowledge translation strategies included use of an evidence-based curriculum (Kutcher, Wei, & Morgan, 2015; McLuckie, et al., 2014; Teenmentalhealth, 2017) with materials adapted to address the learning, social, and communication needs of the students. The indicators of recorded contemporaneous notes, completion of structured evaluation following each session, and effectiveness of the final group project provide evidence of knowledge translation goals attainment.

This knowledge translation project for improved mental health literacy of teaching staff facilitates interdisciplinary consistency in understanding and addressing positive student mental

health. The knowledge translation strategies include adaptation of an evidence-based curriculum, development of individualized materials, and interdisciplinary collaboration are supported by the evidence (McLuckie et al., 2014). The results of the evaluations completed by staff present in each session will provide evidence of knowledge translation goals attainment.

The active participation and the positive response in survey questions from teachers/teaching staff supports the use of classroom staff as internal agents of change. The teachers provided written support for topic lessons and messages, reported positive experiences within the sessions, and discussed their own improved mental health through participation in this pilot. This informal feedback was supported by consistently positive responses in corresponding evaluation/survey items. Teachers participated actively in sessions, verbally supporting student insights and sharing their own stories, strengthening the message of school community despite virtual learning.

The use of an evidence-based, manualized curriculum supported adaptation of materials for student access and success. The development of session lesson plans and creation of adapted materials curated into an organized binder supports fidelity of replication and facilitated conversion of the material to slide presentations for virtual delivery. This is supported by increasingly consistent positive responses to the survey questions about participant understanding of the topic presented and that the visuals helped understanding of the topic.

Knowledge Translation Project Two

One main message of this knowledge translation project for interdisciplinary educators and mental health professionals is improved awareness of mental health challenges for youth,

especially students with special needs. The knowledge translation strategies include presentation at an interdisciplinary conference, discussion of the prevalence of youth mental health issues (WHO, 2014) and the needs of marginalized student populations (Kutcher et al., 2016). The indicators are the CASEL interdisciplinary peer review process for acceptance of the presentation proposal and stakeholder feedback assessment of the presentation at the conclusion of the presentation. These indicators will provide evidence of knowledge translation goals attainment.

A second main message for interdisciplinary educators and mental health professionals is the challenge of access to and competence in positive mental health for marginalized populations. The knowledge translation strategies include review of best-practice evidence for mental health prevention and promotion interventions and adaptation of an evidence-based curriculum embedded into a classroom curriculum (Kutcher, Wei, & Morgan, 2015; McLuckie et al., 2014; Teenmentalhealth, 2017). The following indicators of the CASEL interdisciplinary peer review process for acceptance of the presentation proposal and stakeholder feedback assessment of the presentation at the conclusion of the presentation will provide evidence of knowledge translation goals attainment.

The third main message for interdisciplinary educators and mental health professionals is improved understanding of the collaboration and implementation of a mental health literacy pilot delivered within a middle school science curriculum in a special education setting. The knowledge translation strategies include use of an evidence-based curriculum (Kutcher, Wei, & Morgan, 2015; McLuckie et al., 2014; Teenmentalhealth, 2017) with materials adapted to address the learning, social, and communication needs of the students. The following

indicators of the CASEL interdisciplinary peer review process for acceptance of the presentation proposal and stakeholder feedback assessment of the presentation at the conclusion of the presentation will provide evidence of knowledge translation goals attainment.

Knowledge Translation Project Three

This knowledge translation project for occupational therapy students improves awareness of the mental health challenges for today's youth as barriers to participation and positive life outcomes and increases understanding of social-emotional learning and trauma to support best practice for youth mental health prevention and promotion. The knowledge translation strategies include use of contemporary literature (Atkins, Hoagwood, Kutasj, & Seidman, 2010; Caprara, Kanacri, Zuffiano, Gerbino, & Pastorelli, 2015; Coehlo et al, 2015; Cook, Frye, Slemrod, Lyon, Renshaw, & Zhang, 2015; Durlak, Weissberg, Dymnicki, Taylor, and Schellinger, 2011; MHANY, 2017; One in Five Minds, 2020; SAMHSA, 2014; Taylor et al., 2017; WHO, 2014).

Alignment with knowledge translation goals was assessed through analysis of the completed participant surveys, informal feedback from participants during the presentation, and presenter reflection on quality of questions and discussion during the dialogue portion of the class. The quality of chat participation and the content of questions demonstrated understanding of the material presented. For example, students were able to accurately identify societal stressors, trauma, and types of marginalization that impact youth's ability to access education or health care. Students also presented questions about multi-tiered occupational therapy intervention that reflected integration of the material presented. These observations were supported by survey responses of 100% strongly agree/agree to the

questions regarding new learning about school mental health and experience and programs presented connected audience with material

This knowledge translation project for occupational therapy students improves awareness of tools and strategies that can be applied to innovative occupational therapy programming in school-based practice. The knowledge translation strategies used include use of an evidence-based curriculum (Kutcher, Wei, & Morgan, 2015; McLuckie, et al., 2014; Teenmentalhealth, 2017) with materials adapted to address the learning, social and communication needs of students with special needs involved in the pilot. Other knowledge translation strategies include discussion and sharing of adapted, individualized materials developed and discussion of logistics and interdisciplinary collaboration (lessons learned) for successful pilot implementation.

Alignment with these knowledge translation goals was evaluated through analysis of the completed participant surveys, informal feedback from participants during the presentation, and presenter reflection on quality of questions and discussion during the dialogue portion of the class. Good alignment was observed as students asked insightful questions about lessons learned and what professional skills are needed to innovate in school-based practice. Students also asked good questions about the future of occupational therapy in school mental health as our society navigates COVID-19. These observations were supported by 100% positive responses (strongly agree/agree) to questions regarding new learning about youth mental health promotion in schools and discussion of the mental health literacy pilot provided strategies to create opportunity.

Feasibility**All Knowledge Translation Projects**

The feasibility of all three knowledge translation projects is good. While the methods and venues presented a stretch for the occupational therapy practitioner, she has the clinical and organizational skills to implement these projects with fidelity and success. The projects impact three layers of mental health prevention and promotion stakeholders-students and school staff directly, occupational therapy students who will soon be practitioners identifying their own practice opportunities, and interdisciplinary team mates who will return home and will engage their students and staff from a different perspective. The stakeholders have responded positively to the messages of these projects and the projects, themselves, were practical and achievable-interestingly flexible and resilient during COVID-19 stressors.

Knowledge Translation Project One

The feasibility of this knowledge translation project is good. The occupational therapy professional has the clinical expertise and experience to effectively adapt and deliver the pilot. Additionally, there are positive, collaborative relationships within the interdisciplinary team. There are sufficient resources, and the timeline is realistic. The impact for participating students and staff is expected to be positive in improving positive mental health strategies for use in everyday functioning.

The conversion to virtual delivery of the Positive Mental Health pilot produced some surprising effects. The students were very comfortable in the Zoom meetings. They could mute themselves, turn off their cameras, and communicate through typing in the chat feature. For students with autism spectrum disorders, these strategies decrease stimulation and the

demand for social interaction. Teacher control of the microphones easily quiets the learning environment. The students reported feeling more comfortable in their homes with access to family pets and sensory supports not in the view of others. The use of technology is a preferred activity, and response to the evaluations in SurveyMonkey produced more typed personal feedback from students. The format of a slide presentation with no requirements for hands-on activity or task engagement decreased transitions and simplified the learning environment. These observations are supported by improved verbal participation in class discussion and consistently improving positive responses on the surveys to questions about learning, understanding, and the ability to practice the concepts taught.

Knowledge Translation Project Two

The feasibility of the second knowledge translation project was good. The occupational therapy professional has the clinical expertise and experience to effectively present at a national conference. The focus on the learning, social, and functional needs of marginalized students and how to address them effectively is a relevant topic. There are sufficient resources, and the timeline is realistic. The impact for participating educators and mental health professionals is expected to be positive in improving positive mental health strategies for students with special needs. Because of the COVID-19 pandemic and quarantine, public gatherings such as professional conferences are cancelled. CASEL is currently in the process of reviewing presentation proposals for inclusion in a virtual conference in Fall 2020. The presentation can easily be delivered in a virtual format. Evaluation can also be adapted and delivered virtually.

Knowledge Translation Project Three

The feasibility of this knowledge translation project is good. The occupational therapy professional has the clinical expertise and experience to effectively develop and deliver the presentation. Additionally, there are positive, collaborative relationships with academic faculty and the need for this type of translation project during the shift to online teaching during COVID-19. There are sufficient resources and the timeline is realistic. The impact for participating occupational therapy students is expected to be positive-empowering them to create innovations in school-based mental health practice.

Feasibility was assessed through analysis of the completed participant surveys, informal feedback from participants during the presentation, and presenter reflection on quality of questions and discussion during the dialogue portion of the class. The presentation was compatible with the Collaborate platform and the presenter's familiarity with the Zoom platform facilitated competence in navigating as a moderator. The evaluation was easily adapted to a survey for virtual participation. One weakness identified was the absence of connecting relationships with the students. There had been disruption in the faculty leadership of the course and the course shifted from classroom to virtual learning. The speaker, as an outsider, had no connection with this group of students. While there was participation, the virtual platform can be disjointed without visual connection and personal relationship. This reaction from the presenter is supported by somewhat weaker responses to survey questions regarding presentation content and visual aids. Project improvement should include review of the presentation slides to include more direct linkages of content and an interactive "getting to know you" activity at the beginning of the session.

Appendix D.1. Narrative and Survey Feedback on the Pilot Health Literacy Curriculum

Table 1

Student and Staff Narrative Feedback on the Pilot Mental Health Literacy Curriculum

Student Feedback	Staff Feedback
<p>I'm giving a teacher a evaluation for the art of "square breathing". I think it is helpful to square breath because it calms my thoughts and gives oxigin to the brain cells</p>	<p>I thought it was great. The colorful copy of a brain is extremely helpful in discrimination of the parts of the brain</p>
<p>Mrs. Beth is amazing and I hope this helps you in the long run!</p>	<p>I enjoyed the visuals of the brain and the different sections</p>
<p>Ms Beth is some cool, awesome teacher</p>	<p>Thanks!</p>
<p>This is a wonderful subject and that Beth Gray gets it done right!</p>	<p>I think the video that was presented on mental illness vs everyday life was perfect for the students</p>
<p>Good job (x2)</p>	<p>Thanks for a meaningful class! I LOVE the info about struggles = normal</p>
<p>I thought that I can use the skills of knowing where my head is at. Thank you for helping me.</p>	<p>The concept of how important it is to differentiate between pathology and life challenges is so important for all of us!</p>
<p>Your amazing!</p>	<p>Awesome stuff!</p>
<p>GOOD (x4)</p>	<p>Excellent sessions. I didn't see the slides but didn't realize you were showing any.</p>
<p>I look forward to learning more about mental health</p>	<p>The lesson was very good. I couldn't see any slides but didn't need them.</p>
<p>It was quite a little nice</p>	<p>The information about the effects of our thoughts on our hormones, and then our heart tissue was amazing!</p>
<p>Amazing job. Love you!</p>	<p>I really loved the new breathing method! I love the Ted Talk!</p>
<p>Keep it up!</p>	<p>Never underestimate the power of oxytocin!</p>
<p>#love4life</p>	<p>Great work. Love you!</p>

<p>Love the mental health sessions. Very helpful.</p> <p>Excellent work</p>	<p>Remind myself to do a daily mental health check-up</p> <p>Just the reminders on how to manage stress</p> <p>I really enjoyed the meditation and loved the idea of extending good wishes to those people that we struggle with. It is as important to cultivate compassion for ourselves as it is to cultivate compassion for others!</p>
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Student and Staff Survey Feedback on the Pilot Mental Health Literacy Curriculum

Item	Session 1		Session 2	
	Student 7	Staff 4	Student 8	Staff 4
Learned and practiced a tool to calm and center myself	A Lot 5 A little 2 Not at all	A Lot 4 A little Not at all	A Lot 2 A little 6 Not at all	A Lot 4 A little Not at all
Could try this tool during the day.	A Lot 3 A little 4 Not at all	A Lot 4 A little Not at all	A Lot 4 A little 4 Not at all	A Lot 2 A little 2 Not at all
Understand the topic that was presented today	A Lot 4 A little 2 Not at all 1	A Lot 4 A little Not at all	A Lot 3 A little 5 Not at all	A Lot 4 A little Not at all
Understand how my thoughts and feelings affect me at school each day	A Lot 7 A little Not at all	A Lot 4 A little Not at all	A Lot 7 A little 1 Not at all	A Lot 2 A little 2 Not at all
Handouts and activities helped me understand the topic	A Lot 4 A little 3 Not at all	A Lot 4 A little Not at all	A Lot 5 A little 3 Not at all	A Lot 4 A little Not at all

Please note: Sessions 3-7 responses are presented for whole group and are not differentiated

Item	Session 3		Session 4	
	Student 4	Staff 5	Student 7	Staff 4
Learned an practiced a tool to calm and center myself	A Lot 4 A little 4 Not at all 1		A Lot 5 A little 5 Not at all 1	
Could try this tool during the day.	A Lot 2 A little 5 Not at all 1		A Lot 8 A little 2 Not at all 1	
Understand the topic that was presented today	A Lot 7 A little 2 Not at all		A Lot 8 A little 3 Not at all	
Understand how my thoughts and feelings affect me at school each day	A Lot 8 A little 1 Not at all		A Lot 10 A little 1 Not at all	
Handouts and activities helped me understand the topic	A Lot 7 A little 2 Not at all		A Lot 6 A little 3 Not at all 2	

by student vs. staff

Item	Session 5		Session 6	
	Student 3	Staff 4	Student 4	Staff 4
Learned an practiced a tool to calm and center myself	A Lot 4 A little 3 Not at all		A Lot 7 A little 1 Not at all	
Could try this tool during the day.	A Lot 4 A little 3 Not at all		A Lot 5 A little 3 Not at all	
Understand the topic that was presented today	A Lot 7 A little Not at all		A Lot 8 A little Not at all	
Understand how my thoughts and feelings affect me at school each day	A Lot 6 A little 2 Not at all		A Lot 7 A little 1 Not at all	
Handouts and activities helped me understand the topic	A Lot 6 A little 2 Not at all		A Lot 6 A little 2 Not at all	

Item	Session 7	
	Student 2	Staff 2
Learned an practiced a tool to calm and center myself	A Lot 4 A little Not at all	
Could try this tool during the day.	A Lot 3 A Little 1 Not at all	
Understand the topic that was presented today	A Lot 4 A little Not at all	
Understand how my thoughts and feelings affect me at school each day	A Lot 4 A little Not at all	
Handouts and activities helped me understand the topic	A Lot 4 A little Not at all	

Appendix D.2. Student Survey Feedback on Educational Module

Table 3

Student Survey Feedback on Educational Module

N = 36/49 respondents % = 73.5	Strongly Agree N(%)	Agree N(%)	Neither N(%)	Disagree N(%)	Strongly Disagree N(%)
Speaker introduced self and engaged the attention of the audience	27(75)	9(25)	0(0)	0(0)	0(0)
Content of presentation was presented clearly and was easy to follow	24(67)	12(33)	0(0)	0(0)	0(0)
Visual aids were appropriate, integrated and supported content	24(67)	10(28)	2(6)	0(0)	0(0)
Professional experience & stories engaged interest and connected audience with material	25(69)	11(31)	0(0)	0(0)	0(0)
Material presented provided appropriate balance of scholarly and practical information	30(83)	6(17)	0(0)	0(0)	0(0)
Material presented provided new learning about school mental health	26(72)	10(28)	0(0)	0(0)	0(0)
Speaker was knowledgeable and communicated enthusiasm for material	33(92)	3(8)	0(0)	0(0)	0(0)

Material presented provided tools, strategies, and lessons learned for adaptation of mental health educational information	19(53)	17(47)
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Chapter 6. Reflection and Recommendations

Reflection

Reflection on Mission and Vision Statements

In reflecting on the alignment of my doctoral project with the profession's and the university's mission and vision statements, I am proud of my work and feel supported by the wisdom of those that have guided me. As an occupational therapy professional with over thirty-five years of clinical experience, it has often been difficult for me to differentiate between the questions "Did I become an occupational therapist because of who I am?" or "Am I who am because I am an occupational therapist?" I can honestly answer now. I *became* an occupational therapy professional accidentally, but who I *am* has been molded by the profession of occupational therapy.

AOTA 2025 Vision:

"As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living" (AOTA, 2017).

As I reviewed the AOTA 2025 vision, I highlighted the following words and phrases: inclusive, evidence-based, influential in changing environments, collaborative, culturally responsive, and accessible. My doctoral work centered on the premise that adolescents and youth are a marginalized population in our society with accessibility barriers to the knowledge and skills that would ensure lifelong health and success. My first project, a mental health literacy pilot with students with special needs, is built on the belief that with education and skill building, every student has the potential for improved mental health competence. Adapting an

evidence-based curriculum, the pilot teaches students about positive mental health, normalizes stress, and provides students with skills to choose and create a positive response to stress. In converting the sessions to an online format and delivering them virtually during the COVID-19 pandemic, our conversations and skills practice have become that much more real. Teachers and students talk together about what is hard and how to support ourselves and each other. In the different school environment of their homes, we reach out to students and talk about the difficulties and real-time stress, practice skills, and challenge thinking. This process represents a collaboration between students and teachers, providing equal access for these students that changes the climates of their virtual school and home environments.

The second and third projects focus on disseminating the foundational beliefs of the mental health literacy pilot and using the pilot as an illustration of evidence-based mental health programming. These projects are designed to communicate the message to future occupational therapy practitioners and interdisciplinary youth educators as a roadmap for replication. They represent leadership and innovation through occupational therapy practice.

St. Catherine University Henrietta Schmoll School of Health

“The St. Catherine University Henrietta Schmoll School of Health is a multidisciplinary major program that includes the occupational therapy program itself. The mission is “Highlighting interprofessional healthcare education in classroom, laboratory, and clinical settings, students work across traditional program boundaries to prepare for real-world work scenarios. Our healthcare programs have been at the forefront for more than 100 years, with graduates consistently in demand with top employers. Programs include nursing, exercise and sports

science, health informatics, occupational and physical therapy, physician assistant studies, public health, and more.” (St. Catherine University, 2019).

All three of my knowledge translation projects support the Henrietta Schmoll School of Health values of interprofessional collaboration and preparation for participation in real-world clinical environments. Implementation of the first knowledge translation project illustrates collaboration across disciplines and the professional skill needed for clear communication and relationship-building. The utilization of the *Mental Health & High School Curriculum Guide* demonstrated the ability to knowledgeably interpret interdisciplinary literature for use in an occupational therapy intervention. The second knowledge translation project represents interprofessional education with an illustration of the occupational therapy lens used to address the learning needs of a specific student population. The third project, as a professional education presentation, communicated real-world clinical and ethical practice questions for students preparing to enter the profession.

St. Catherine University Department of Occupational Therapy

“The Department of Occupational Therapy provides an excellent education in occupational therapy to students from diverse backgrounds, conducts scholarly inquiry on human occupation, and serves the broader community by promoting occupational health and well-being. We prepare students to respect the dignity of each individual, value humans as occupational beings, understand the development of occupational competence, apply ethical, spiritual and social justice principles, engage in a healthy balance of life occupations, and lead and influence the advancement of occupational therapy” (St. Catherine University, 2018).

Throughout this doctoral program journey, the St. Catherine Occupational Therapy Department faculty has consistently guided (and often, redirected) my thinking toward individual dignity, impacting community, and communicating occupational therapy values through my projects. As I reflect on these three projects, it is evident that their messages and values took hold in me. I am a different practitioner now. I have a scholarly identity. I understand social justice as a professional responsibility. I view leadership through the lenses of individual dignity and the balance of power.

Reflection on Knowledge Translation as a Focus for Advanced Practice

Towards completion of this advanced practice doctoral degree, I have experienced the time, effort, and dedication required for achievement in purposeful professional development. As a cohort, we entered this program with areas of professional expertise. Over the past two years, I believe we have steadily worked toward advanced practice.

In reflection, I can identify two aspects of achievement in advanced practice. The first aspect is the accomplishment of honing clinical expertise into an intervention approach. I entered this program with years of experience that have crystallized into a solid understanding of my area of advanced practice. The second aspect of achievement is the understanding that, upon completion of this program, there is a professional responsibility to offer that advanced practice knowledge to others.

Completion of an advance practice degree is a form of service. Service to myself in growth and wisdom. Service to others by conveying knowledge to everyday practitioners. Knowledge translation is a method of imparting lessons learned to professionals working, raising families, and maybe pursuing education programs of their own. Knowledge translation

is a planned, thoughtful tool to share one's narrative from both a scholarly and a clinical perspective. It addresses equality of access as it can reach a diversity of audiences.

Additionally, knowledge translation guides and encourages others in their practice. If the work resonates with them, they carry it into multiple directions in the way that a pebble creates a ripple in a pond.

Reflection on Professional Development

Over the course of these past two years, in addition to my work in this program, I have been growing as a clinician- working with new administrative team, serving as a clinical leader in the opening of an elementary program for students with complex needs, mentoring the rapid expansion of an occupational therapy department from one to four members, and collaborating with a life coach to define my next chapter.

The program at St. Catherine University has created my scholarly identity. Through coursework and reflection, I have clearly defined my area of advanced practice advocating for mental health prevention and promotion with marginalized, at-risk students. My research, reading, and careful review of diverse literature simultaneously expanded and clarified my thinking, changing my day to day professional practice. Simon Sinek, in his discussion of the Golden Circle (2020) describes one aspect of scholarly, thoughtful practice as the ability to remain focused on the *why* without being distracted by the *what* and the *how*. Scholarly identity, applied with clinical expertise, has supported my development of a leadership role as an occupational therapy professional on the educational team.

A second area of professional development that occurred over the course of my St. Catherine University education is my ability to consistently honor my clinical wisdom. As I

worked on identifying and honing my skills, I also began to recognize the boundaries of my work and my professional interactions with others. I have been able to see both my contributions and my limitations and have worked toward improved collaboration with the team. I am now, as Jack Kornfield states, “tending the garden with the gifts that [I] have been given” (Marchese, 2020, p. 13).

A third area of professional growth occurred as I learned from the coursework and the faculty at St. Catherine University. Simultaneously, my knowledge expanded, and my humility grew. I attained a perspective and respect for years of thinking and teaching. In our cohort, we often joked that “you don’t know what you don’t know.” As I acknowledged what I didn’t know, I was able to share my knowledge with others from a place of humility. I was able to articulate what I had learned and offer translation of my knowledge as it applied to the clinical issue we were discussing. This shift to a service-orientation, offering a perspective or fact, has catalyzed interdisciplinary conversations. With humility, I have been able to release the outcome of the discussion and watch the creativity and collaboration of the team take the problem-solving further.

Recommendations

Summary of Needs for Future Knowledge Translation

The message of the three knowledge translation projects includes a foundational understanding of the societal context that adolescents and youth are an at-risk population with additional marginalization experienced by factors such as race, socioeconomic status, disability, immigration status, and sexual identity. Mental health promotion and prevention interventions in schools provides the building blocks and skills for these at-risk, marginalized populations of

students. Social-emotional learning, including the life skills of understanding and expressing emotions, healthy relationships, self-regulation, and decision-making, provides evidence-based programming for mental health promotion. Occupational therapy professionals have a vital role in creating access and opportunities for at-risk, marginalized students as mental health programs continue and expand.

In these unprecedented times of the COVID-19 pandemic and quarantine, our society is experiencing the importance of mental health skills for coping and social-emotional connectedness in our homes. As educators, we are experiencing the significance of mental health's connection to a family's/caregiver's functioning and a child's ability to access their education. Families who are at-risk and marginalized need an extension of the support that the schools were providing to the students to cope effectively with the trauma of this pandemic, the role disruptions, and the ongoing transitions in society. As educators, in order to maintain student engagement for education and achievement, the focus is also on mental health, wellness, and connectedness with the family as the current context for learning. The job of the occupational therapy practitioner is as the spokesperson for roles, habits and routines, health and wellness skills. Also, the occupational therapy practitioner serves as a coach-articulating, translating, and reinforcing positive mental health skills for students, families, and staff.

One Proposed Future Knowledge Translation Project: Positive Mental Health Tools for Families and Caregivers

Knowledge Users. The knowledge users for this knowledge translation project are the parents and caregivers of students in the Ulster BOCES school community.

Main Messages. The main message that this knowledge translation project will communicate is the acknowledgement and normalization of the COVID-19 experience as stress with quarantines, role and habits disruption, economic uncertainty, health worries, and changes in education. Families and caregivers are in uncharted waters during these unprecedented times, and we have the opportunity to learn new skills in the home environment. School educators are committed to maintaining connection and providing support for the students and the families/caregivers in our school community.

Knowledge Translation Goals. The first goal of this knowledge translation project is that families/caregivers will identify their stressors in the COVID-19 crisis and will identify the changes in roles that are occurring in their homes (e.g., fulltime caregiver, teacher). The second goal is that families/caregivers will understand the stress response in the body and will understand the concept of choosing a positive response to stress. The third goal is that families/caregivers will identify one stressor, how it feels in the body, and one positive coping strategy.

Knowledge Translation Strategies. The occupational therapy professional will collaborate with the interdisciplinary team including the classroom social worker and teacher. Ulster BOCES is using Google Classroom, Zoom, and Seesaw virtual platforms for student/family/caregiver communication. The team will create a Google Classroom for families/caregivers that includes synchronous and asynchronous opportunities for connection and education. Occupational therapy, as a teacher in that classroom, will provide a 30-minute, voluntary Zoom meeting for families/caregivers and will deliver this knowledge translation project as an interactive slide presentation. This slide will be modeled after the successful

virtual presentations adapted from the Positive Mental Health pilot implemented with students.

Knowledge Translation Evaluation. This knowledge translation project will be evaluated by participant completed of a survey using SurveyMonkey. Content will include ratings on the provider, the content, and the form of the presentation as well as a needs survey to identify areas for additional information and support from the interdisciplinary team.

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