

SAFETY, MENTAL HEALTH, AND STUDENT SUCCESS IN SCHOOL
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ADDRESSING SAFETY ISSUES IN SCHOOL

1. The challenges schools face

- a) incidence and impact of violence in schools
- b) need for trauma-informed schools

2. Alternative intervention strategies

- a) Primary prevention-- school-wide interventions which are the Most effective in reducing bullying
- b) secondary prevention -- work with identified "high-risk" students
- c) Tertiary prevention-- work with students who evidence clinical disorders that require "wrap-around services" involving family members

3. School-wide interventions

- a) Principal report card on creating a safe and inviting learning environment-- use a school climate scale.
- b) Implement a bully prevention program that assesses the occurrence of bullying and cyberbullying.
- c) Use student assessment tools, pronto boxes, and class play Measure.
- d) Train for a student bystander program and parent Involvement.
- e) Help teachers develop the ability to spot bullying and how To intervene, as well as improve classroom management skills.
- f) Bolster both student and teacher resilience.
- g) Assess for and increase school connectedness.
- h) Create a school mission statement and policies.

4. Secondary interventions

- a) Identify "high-risk" students.

b) Teach skills on a one-on-one or group basis. For example, Snap (Stop Now and Plan) / think first program and clinical interventions.

c) Help ace class of students academically by providing these students with meta-cognitive prosthetic devices (mpds).

5. Tertiary prevention

a) Provide wrap-around services where indicated, involve the parents in treatment.

b) Provide individualized treatment, for example, CBITS, trauma treatment/ coping with depression course.

SEE THE MELISSA INSTITUTE WEBSITES

<http://www.melissainstitute.org>

www.teachsafeschools.org

VIDEOS ON SCHOOL SAFETY

Safe Schools / Healthy Students Programs.

<http://www.promoteprevent.org/snapshots>

**ADDRESSING MENTAL HEALTH ISSUES IN SCHOOLS
DEVELOPMENT OF AGGRESSIVE BEHAVIORS IN STUDENTS
INTERVENTION IMPLICATIONS**

TABLE 1

**A DYNAMIC CASCADE MODEL OF THE DEVELOPMENT OF AGGRESSIVE
BEHAVIOR**

(As Dodge et al. 2008 observe, each domain in the developmental sequence operates in concert to lead to violent behavior)

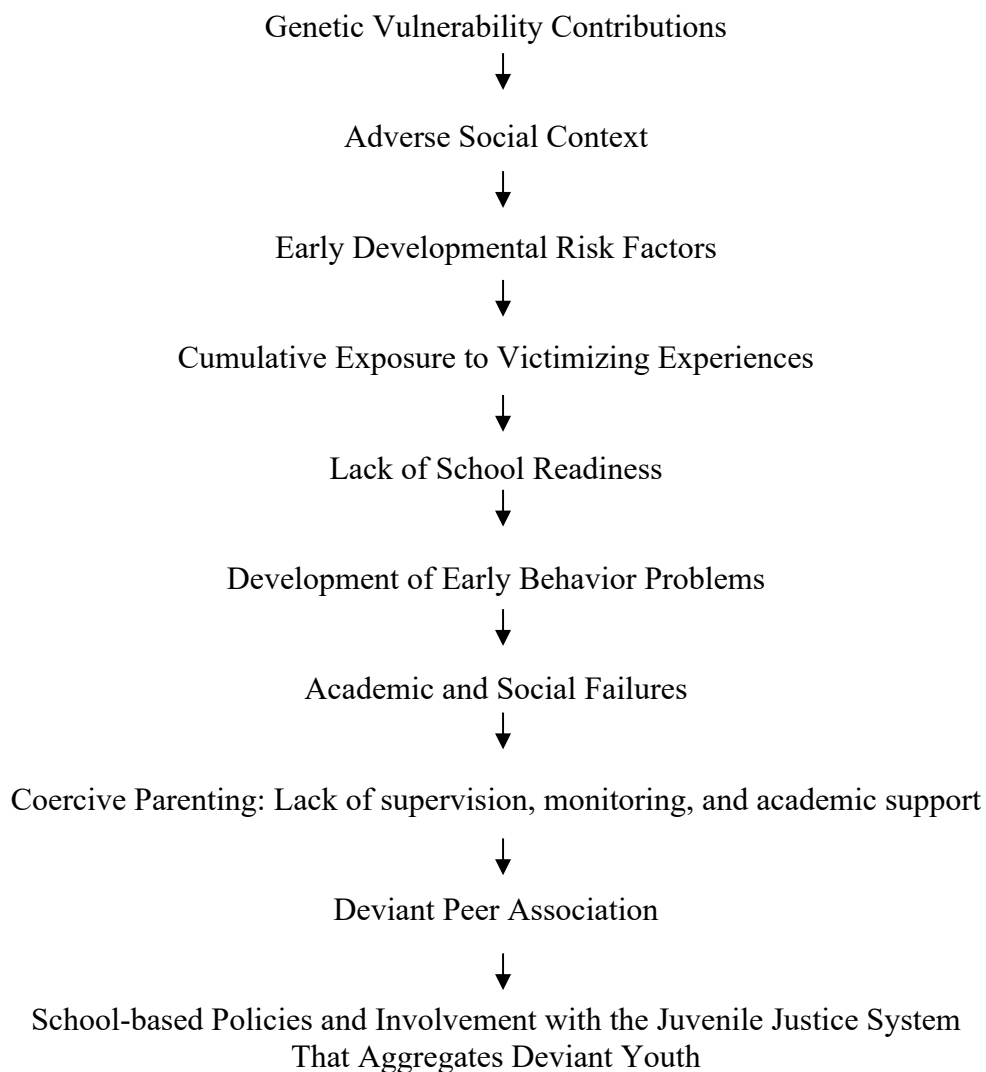


TABLE 2**IMPLICATIONS FOR PREVENTION AND TREATMENT INTERVENTION**

What could you do to:

1. Help reduce teenage pregnancy, in the first place.
2. Provide services to pregnant teenagers.
3. Provide home-visiting nursing programs to high-risk families.
4. Offer services to reduce the likelihood of victimization and provide treatment to victimized families.
5. Nurture school readiness, especially in the area of reading, provides empathy training early in development.
6. Provide parent-child training programs.
7. Implement school-based early screening procedures to identify high-risk students and high-risk families.
8. Create safe, inviting schools designed to reduce bullying and cyber-bullying; improve academic performance and nurture a future orientation - - offer career counseling.
9. Bolster resilience, provide mentoring programs that will build on the youth's strengths that lead to contact with prosocial peers and a bond with prosocial mentors, activities, and institutions.
10. Work with parents to improve supervision, monitoring, conflict resolution, and positive affective bonds, and address family dysfunction and familial psychopathology.
11. Provide school-based interventions that are designed to reduce high-risk deviant behaviors such as dating violence, offer school-based mental health programs with "high-risk" students, and provide media literacy courses.
12. Provide evidence-based skills intervention in the area of anger and impulse control, empathy training, and social problem-solving. Incorporate generalization guidelines in order to promote skills maintenance.
13. Eliminate or minimize practices that aggregate deviant youth.
14. Build evaluation procedures.
15. Convince others that implementing such interventions need to be prevention.

-Oriented, comprehensive and administered early in the developmental cycle to address multiple risk factors. Moreover, there is a need to convince, supporters of these intervention programs that doing so will not only be effective and have salutary consequences, but it will result in significant financial savings.

What do we know “works” and what has been found to inadvertently increase violence (make things worse)?

A number of well-intentioned intervention programs not only do not work, but they actually backfire and make things “worse”. The following list of programs should be avoided, if possible. What is common is that they bring together or aggregate deviant peers where these youth can mutually reinforce and model aggressive behaviors. How many of these programs are in place in your community?

I have also included a list of viable alternative programs that should be tried.

TABLE 3**PROGRAMS AND POLICIES THAT AGGREGATE DEVIANT PEERS AND THAT SHOULD BE AVOIDED, IF POSSIBLE**

(From Dodge et al. 2006 and www.teachsafeschools.org)

Education

1. Tracking of low-performing students.
2. Forced grade retention for disruptive youth.
3. Self-contained classrooms for unruly students in special education.
4. Group counseling of homogeneously deviant youth.
5. Zero tolerance policies for deviant behavior.
6. Aggregation of deviant youth through in-school suspension.
7. Expulsion practices.
8. Alternative schools that aggregate deviant youth.
9. Individuals with Disabilities Education Act (IDEA) reforms that allow disruptive special education students to be excluded from mainstream classrooms.
10. School-choice policies that leave low-performing students in homogeneous low-performing schools.

Juvenile Justice and Child Welfare

1. Group incarceration.
2. Military-style boot camps and wilderness challenges (“brat camps”).
3. Incarceration placement with other offenders who committed the same crime.
4. Custodial residential placement in training schools.
5. Three strike mandated long prison terms.
6. Scared Straight.

Mental Health

1. Any group therapy in which the ratio of deviant to non-deviant youth is high.
2. Group therapies with poorly trained leaders and lack of supervision.
3. Group therapies offering opportunities for unstructured time with deviant peers.
4. Group homes or residential facilities that provide inadequate staff training and supervision.

Community Programming

1. Midnight basketball.
2. Unstructured settings that are unsupervised by authority figures (e.g., youth recreation centers designed as places for teens to “hang out”).
3. Group programs at community and recreation centers that are restricted to deviant youth.
4. After-school programs that serve only or primarily high-risk youth.
5. Interventions that increase the cohesiveness of gangs.
6. Federal housing programs that bring together high-risk families.

TABLE 4

**EFFECTIVE PROGRAMS THAT REPRESENT VIABLE ALTERNATIVES TO
AGGREGATING DEVIANT PEERS**

(From Dodge et al. 2006 and www.teachsafeschools.org)

Education

1. Universal, environment-centered programs that focus on school-wide reform, including:
 - a. clearly explicated expectations for student and staff behavior
 - b. consistent use of proactive school discipline strategies
 - c. active monitoring of “hot spots” for behavior problems
 - d. improved systems to monitor student achievement and behavior
2. Universal classroom programs to build social competence (e.g., Responding in Peaceful and Positive Ways, PATHS, school-wide bullying prevention programs).
3. School-wide positive behavior support.
4. Individual behavior support plan for each student.
5. Improved training in behavior management practices for classroom teachers, especially:
 - a. group contingencies
 - b. self-management techniques
 - c. differential reinforcement
6. Incredible Years Teacher Training
7. Good Behavior Game
8. Consultation and support for classroom teachers.
9. Family-based Adolescent Transitions Program
10. Matching deviant youth with well-adjusted peers (e.g., Coaching, Brain Power, Peer Coping Skills Training, the Montreal Longitudinal Project).
11. Multimodal programs (e.g., LIFT-Linking Interest of Families and Teachers, Fast Track, Seattle Social Development Project).
12. Proactive prevention programs that shape students’ “morals” and encourage responsible decision-making.
13. Require all students to engage in some altruistic community behavior activities.

14. Cognitive-behavioral Intervention for Trauma in Schools (CBITS).

Juvenile Justice and Child Welfare

1. Functional family therapy
2. Intensive protective supervision
3. Teaching Family Home Model
4. Sending delinquent youth to programs that serve the general population of youth in their neighborhoods (e.g., Boys and Girls Clubs)
5. Community rather than custodial settings
6. Interpersonal skills training
7. Individual counseling
8. Treatment administered by mental health professionals
9. Early diversion programs
10. Victim-offender mediation
11. Teen court programs
12. Therapeutic jurisprudence programs
13. Community commitment orders
14. Psychiatric consultation

Mental Health

1. Individually administered treatment
2. Family-based interventions
3. Triple P Program (Positive Parenting Program)
4. Adolescent Transitions Program
5. Linking the Interests of Families and Teachers (LIFT)

6. Iowa Strengthening Families Program
7. Familia Unidas Program
8. Mentoring programs such as Big Brothers/Big Sisters

Community Programming

1. Public or private organizations that are open to all youth, regardless of risk status, and that provide structure and adult involvement (e.g., religious groups, service clubs, Scouts, Boys and Girls Clubs).
2. School-based extracurricular activities that include prosocial peers.
3. Encouragement of commitments outside of gangs (e.g., to jobs, family roles, military service, mentors).
4. Early childhood interventions such as the Perry Preschool Program, school readiness programs like Head Start, and programs that highlight reading comprehension skills.
5. Job Corps
6. Policing programs that target high-crime neighborhoods where high-risk youth congregate.
7. Community efforts to reduce the marginalization of specific groups of youth.

What are the lessons to be learned from previous attempts to replace aggressive and delinquent behaviors?

TREATMENT OF DEPRESSED ADOLESCENTS

1. Incidence and impact of depression

2. Need to be person-centered: track the development and the multiple factors that can contribute to the adolescents depression

- a) consider the role of co-occurring disorders
- b) consider the role of cultural and gender identity issues
- c) use the case conceptualization model and the use of timelines: customize the text to meet the youth's clinical needs and preferences
- d) employ a life-span assessment approach
- e) assess for the youth's implicit theories of his/her presenting problems and what is needed to change

3. Assessment approaches: use the art of questioning to conduct both situational and functional analyses

- a) Use scales that assess the level of depression, hopelessness, reasons for living.
- b) Consider the presence of risk and protective factors, be goal-oriented and strengths-based, use motivational interviewing procedures.

4. Alternative treatment approaches

- a) Cognitive behavior therapy, dialectical behavior therapy, acceptance therapy that incorporates mindfulness training, behavioral activation, interpersonal therapy, family-based therapy, use of antidepressant medication.

5. Core tasks of psychotherapy

- a) safety first
- b) establish, maintain, and monitor the quality of the therapeutic alliance: use session-by-session patient-informed feedback procedures
- c) employ psychoeducation: use the clock metaphor
- D) use collaborative goal setting "smart" goals
- E) teach emotion regulation and cognitive rethinking skills (use evidence-based, alternative and implications type questioning skills)
- F) teach interpersonal skills (goal-plan-do-check)

6. Build in generalization guidelines before, during and at the conclusion of treatment. Engage in relapse prevention and active aftercare planning.

7. Put the client in a consultative role.

**NURTURING A THERAPEUTIC ALLIANCE
QUESTIONS THAT ARE DESIGNED TO NURTURE A COLLABORATIVE
THERAPEUTIC RELATIONSHIP WITH ADOLESCENTS**

(See B. Bertolino, 2003, Change-oriented therapy with adolescents and young adults. New York: Norton; See D. Meichenbaum, 2004, Treating individuals with anger-central problems and aggressive behavior. Clearwater, FL.-dhmeich@aol.com)

The following set of questions is designed to help engage adolescents and their parents in therapy. As Bertolino (2003) has highlighted, small changes in the language and “storytelling” can open new possibilities for future change. The “art of questioning” is one of the most valuable tools clinicians can use.

1. Conduct a Situational Analysis

How often does the problem typically happen?
Where does it happen?
When does it usually occur and how long does it last?
When does it end?
Who is present?
How do they respond?
What have you tried to do to help address this problem?

2. Assume future solutions through future talk

Use expressions such as *yet* and *so far*
So far things have not gone right for you
You haven't found a way to stay out of trouble yet

I would like to invite you to consider noticing any differences in the problems that brought you here and telling me about them when we meet again. For example,

*Are there any changes when you get depressed?
How depressed do you become?
How long does the depression last?
What do you do with your depression?
Ask one question at a time.*

3. Turn problem statements into goals and future actions

So you would like to see...
So, one of the things we would focus on is finding a way to change...
So when you get the sense that..., what will be different for you?
So when you put the trouble behind you, I wonder (I'm curious) how will your life be different?

4. Translate the client's absolutistic statements that use "all", and "nothing" or that reflect "black-white" thinking into partial statements.

Much of the time...

In the last while...

Always?

Never?

Any exceptions?

5. Solicit feedback on sessions

How was today's session?

What was helpful or unhelpful?

Did we talk about what you wanted to talk about?

Did we work on what you wanted to work on?

How was the pace of our session? Did we go too fast or too slow, or was the pace just about right?

Was there anything missing from our session that you would like to see us include in the next session?

Is there anything I should have asked that I did not ask?

Is the way we are proceeding to address your concerns fitting with the way you expect change to occur?

What ideas do you have about how I can help you with this?

I want to take the time to make sure I understand where you (or each person) are coming from. Is that okay with you?

I would like to hear your ideas about what you think should happen next in our sessions.

There are many possibilities. We could...or you could decide to...

What might make the next session a little better for you?

Are you okay with that?

I have to tell you that I am a bit confused about...

I'm still wondering if...

Correct me if I am wrong.

Are there any changes you would recommend for our future sessions?

Did you feel heard and understood?

Is there anything you would like me to do differently in future sessions?

How would you explain your experience in therapy today to others who might be curious?

What might make coming here again a little better for you?

I will be checking in with you regularly in order to find out what's been helpful to you, what's not helpful, what's working and what's not working. Is that okay with you? I want to find out what we have done together that has been of benefit to you. This way I will be able to learn from you if our working together has helped or if anything needs to change in terms of the services we provide or whether a referral to another service would be of more help.

6. Relapse Prevention Questions

What signs were present that things were beginning to slip?

What have you learned from this setback?
 What will you do differently in the future as a result of this knowledge/experience?
 What can you do differently in the future if things begin to slip?
 Is there anything that might come up between now and the next time we meet that might pose a threat (hurdle, barrier) to the changes you have made?
 Can you think of anything that might come up that would present a challenge (barrier) for you staying on track?

7. Taking Credit for Change

What have you noticed that has changed?
 What specifically seems to be getting better?
 Who first noticed that things had changed?
 When did you first notice that things had changed?
 What did you notice happening?
 What did you do that resulted in...?
 How did you get yourself to do that?
 How did you get that to happen?
 How was that different than before?
 How did that help you?
 Where did you get the idea to do it that way?
 What did you tell yourself?
 What do you think made the difference?
 If X were here, what would he/she say has contributed to the change you brought about?
 What does it say about you that you have been able to...?
 What kind of person are you that you have been able to ...?
 Where did this X (courage, willpower) come from?
 What kind of inner strengths do you draw on in such moments of difficulty/adversity?
 What kind of inner qualities do you possess that allow you to...?
 What would others say are qualities that you possess that help you when you need them?
 Consider how change comes about with your parents. How can we work together so these changes continue into the future?
 What have you already learned about how to make it through a day at school?
 How have you managed to go so many days in a row at school without having an X?
 How will you let people know when you become angry without hurting anyone else or yourself?
 Who will you want to be sure to talk to this week at school?
 Until we meet again next week, who can you depend upon (or call upon) when you begin to notice bad feelings (or trouble) coming on?

8. Fostering Generalization

Can you tell me a little about how things have been since the last time we met?
 How can we use what we learned last week to help you deal with the problem you are having with...?
 Pretty tough situation. Is there anything you could do...?
 I am wondering if you could...

What might happen if you...?

I am not certain you are ready for that yet.

That sounds pretty hard. Maybe, we should think of something else to do...

Why is it important to correctly guess what someone's intentions are or what they want?

What, if anything, has been different since the last time we met?

The last time we met, you mentioned that on a scale of one to ten, things were at a five.

Where would you say things are today?

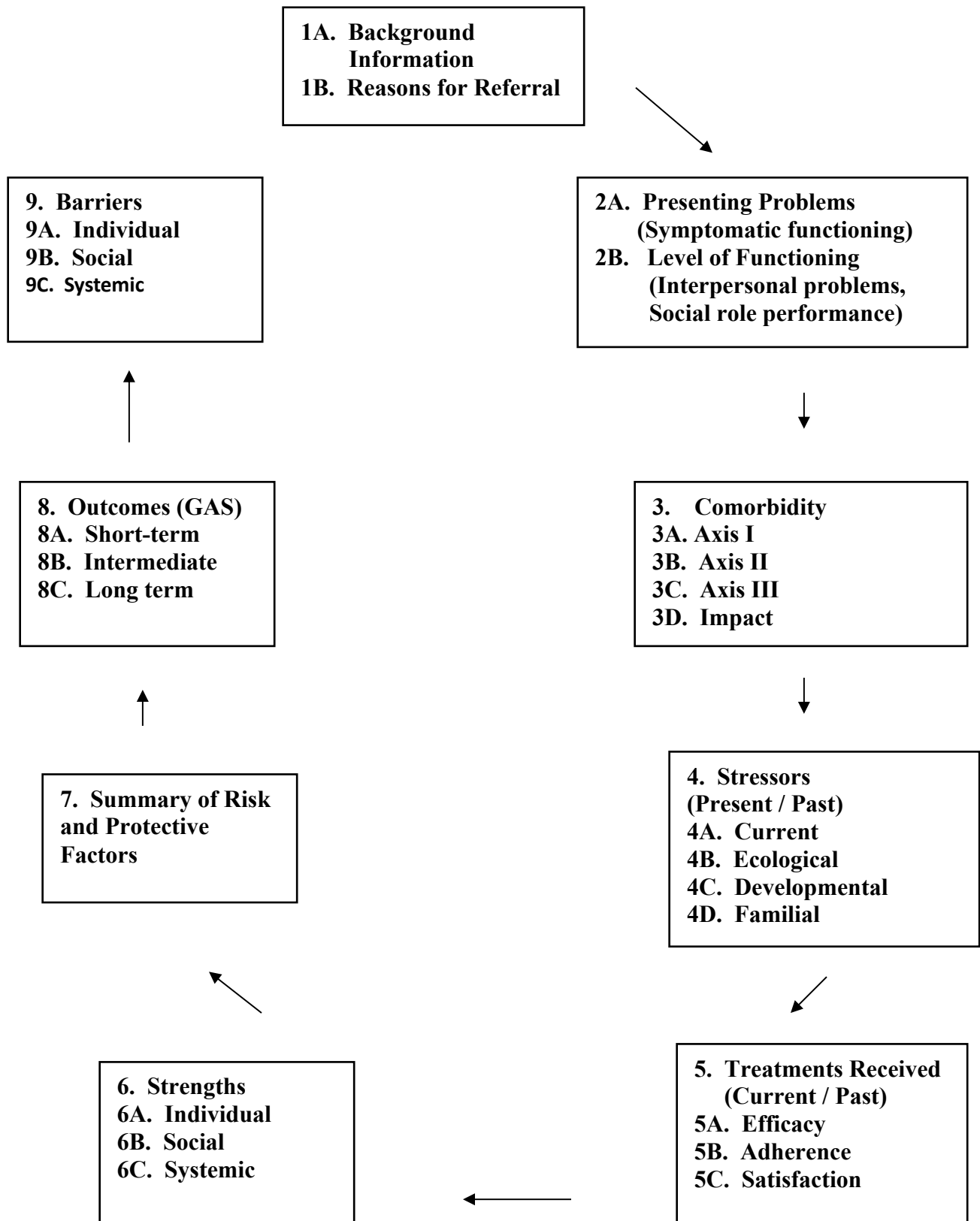
Were you surprised by how you were able to...?

What did you do differently?

What did you do when you found out that...?

Do you ever find yourself out there in your day-to-day experiences asking yourself the questions that we ask each other, here in our meetings?

GENERIC CASE CONCEPTUALIZATION MODEL



FEEDBACK SHEET ON CASE CONCEPTUALIZATION

Let me see if I understand:

BOXES 1& 2: REFERRAL SOURCES AND PRESENTING PROBLEMS

- “What brings you here...? (distress, symptoms, present and in the past)
- “And is it particularly bad when...” “But it tends to improve when you...”
- “And how is it affecting you (in terms of relationship, work, etc.)”

BOX 3: COMORBIDITY

- “In addition, you are also experiencing (struggling with)...”
- “And the impact of this in terms of your day-to-day experience is...”

BOX 4: STRESSORS

- “Some of the factors (stresses) that you are currently experiencing that seem to maintain your problems are...or that seem to exacerbate (make worse) are... (Current/ecological stressors)
- “And it’s not only now, but this has been going on for some time, as evident by...” (Developmental stressors)
- “And it’s not only something you have experienced, but your family members have also been experiencing (struggling with)...” “And the impact on you has been...” (Familial stressors and familial psychopathology)

BOX 5: TREATMENT RECEIVED

- “For these problems the treatments that you have received were-note type, time, by whom”
- “And what was most effective (worked best) was... as evident by...”
- “But you had difficulty following through with the treatment as evident by...” (Obtain an adherence history)
- “And some of the difficulties (barriers) in following the treatment were...”
- “But you were specifically satisfied with...and would recommend or consider...”

BOX 6: STRENGTH'S

- “But in spite of...you have been able to...”
- “Some of the strengths (signs of resilience) that you have evidenced or that you bring to the present situation are...”
- “Moreover, some of the people (resources) you can call upon (access)are...” “And they can be helpful by doing...” (Social supports)
- “And some of the services you can access are...” (Systemic resources)

BOX 7: SUMMARY OF RISK AND PROTECTIVE FACTORS

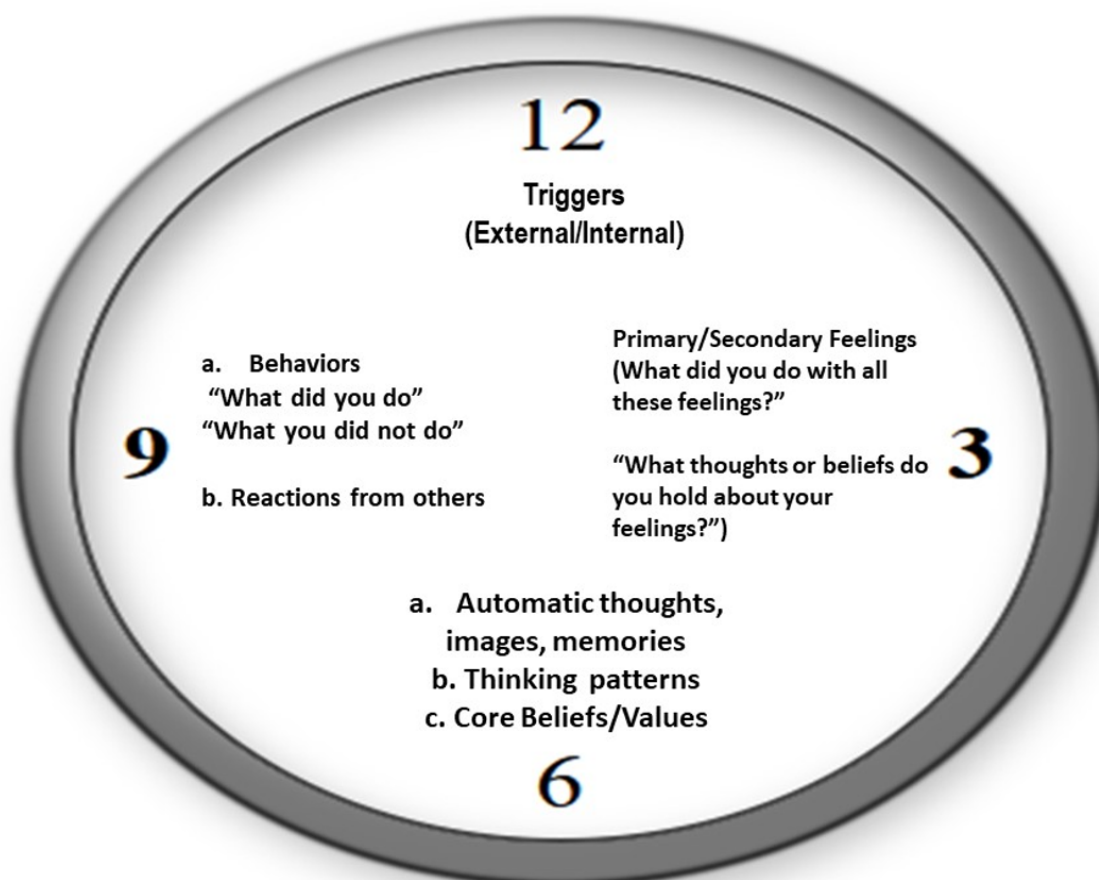
- “Have I captured what you were saying?” (Summarize risk and protective factors)
- “Of these different areas, where do you think we should begin?” (Collaborate and negotiate with the patient a treatment plan. Do not become a “surrogate frontal lobe” for the patient)

BOX 8: OUTCOMES (GOAL ATTAINMENT SCALING PROCEDURES)

- “Let's consider what are your expectations about the treatment. As a result of our working together, what would you like to see change (in the short-term)?”
- “How are things now in your life? How would you like them to be? How can we work together to help you achieve these short-term, intermediate and long-term goals?”
- “What has worked for you in the past?”
- “How can our current efforts be informed by your past experience?”
- “Moreover, if you achieve your goals, what would you see changed?”
- “Who else would notice these changes?”

BOX 9: POSSIBLE BARRIERS

- “Let me raise one last question, if I may. Can you envision, can you foresee, anything that might get in the way- any possible obstacles or barriers to your achieving your treatment goals?” (Consider with the patient possible individual, social and systemic barriers Do not address the potential barriers until some hope and resources have been addressed and documented.)
- “Let's consider how we can anticipate, plan for, and address these potential barriers.”
- “Let us review once again...” (Go back over the Case Conceptualization and have the patient put the treatment plan in his/her own words. Involve significant others in the Case Conceptualization Model and treatment plan. Solicit their input and feedback. Reassess with the patient the treatment plan throughout treatment. Keep track of your treatment interventions using the coded activities (2A, 3B, 5B, 4C, 6B, etc.) Maintain progress notes and share these with the patient and with other members of the treatment team.



TRAUMA-FOCUSED COGNITIVE BEHAVIOR THERAPY

(VISIT <http://www.musc.edu.tfcbt> for a discussion of TRAUMA FOCUSED COGNITIVE BEHAVIOR THERAPY)

1. Assessment procedures of children and family members.
2. Trauma-focused cognitive behavior therapy practice-- a mnemonic summarizes the procedures.

p-- psychoeducation and parenting skills
 r-- relaxation
 a--affect expression and regulation
 c-- cognitive coping
 t-- trauma narrative and processing
 i-- in vivo gradual exposure
 c-- conjoint parent-child sessions
 e-- enhancing safety and future development

Tf-cbt a phase-oriented intervention

PRACTICE

Sessions 1 to 4

Sessions 5 to 8

Sessions 9 to 12

TF-CBT has been applied for children as young as 3 to youth of 18. Conducted weekly over several weeks. Treatment usually entails individual sessions with the child and parallel sessions with the caregiver. The same therapist sees both the child and the caregiver and later conducts joint sessions when sharing and processing the trauma narrative. There is a direct discussion and processing of traumatic experiences.

A number of children's storybooks and play therapy procedures may be used. A variety of emotion regulation skills training procedures and parent training procedures are often included.

3. Alternative treatment approaches the use of cognitive behavior plays therapy and art expressive procedures.
4. Build upon the child's strengths and bolster resilience in a culturally sensitive manner.
5. Build in protective factors: how to involve the school in the treatment process.
6. How to engage parents in processes designed to nurture a resilient mindset in their children.

REPORT CARD ON HOW WELL YOUR TRAINING PROGRAMS FOSTER GENERALIZATION AND SUSTAINABILITY

In order to foster transfer at the OUTSET OF TRAINING, my training program:

- Establishes a good working relationship with trainees, so the trainer is viewed as a supportive constructive “coach.”
- Uses explicit collaborative goal setting to nurture hope. Discusses the reasons and value of transfer and relates training tasks to treatment goals.
- Explicitly instructs, challenges, and conveys an “expectant attitude” about transfer.
- Uses discovery learning, labeling transfer skills and strategies. Use a Clock metaphor. (12 o’clock refers to internal and external triggers; 3 o’clock refers to primary and secondary emotions and accompanying beliefs/theories about emotional expression; 6 o’clock refers to automatic thoughts, thinking patterns such as rumination and beliefs and developmental schemas; 9 o’clock refers to behavioral acts and resultant consequences). These contribute to a “vicious cycle”.
- Solicits trainees' public commitment and uses behavioral contracts.
- Anticipates and discusses possible barriers to transfer.
- Chooses training and transfer tasks carefully (builds in similarities and uses ecologically valued training tasks).
- Develops a “community of learners” (e.g., advanced trainees, an Alumni Club).

In order to foster transfer DURING TRAINING, my training program:

- Keeps training simple- uses acronyms and reminders (wallet-size cards and a “Hope Chest”).
- Uses performance-based training to the point of mastery. Provides regular feedback and has trainees self-evaluate and record performance.
- Accesses prior knowledge and skills, uses advanced organizers and scaffolded instruction.
- Teaches metacognitive skills involving self-regulation, planning and self-rewarding.
- Conducts training across settings, using multiple trainers and environmental supports, and parents.

- Uses cognitive modeling, think-aloud, journaling, rehearsal and role-playing procedures.
- Promotes generalization through between session assignments and between session coaching. Have trainees engage in deliberate practice.
- Includes relapse prevention activities throughout training that decrease the chances of setbacks after training is completed. “Inoculates” against failure.

In order to foster transfer at the CONCLUSION, my training program:

- Puts trainees in a consultative role (uses reflection of reasons why engaging in these behaviors will help achieve the training goals, provides trainees with an opportunity to teach others, and puts trainees in a position of responsibility).
- Ensures trainees directly benefit and receive reinforcement for using and describing their transfer skills.
- Provides active follow-up supervision-fades supports and “scaffolds” assistance, and where indicated, provides continuation treatment.
- Ensures trainees take credit and ownership for change (self-attributions). Nurtures personal agency.
- Ensures trainees design personal transfer activities and become self-advocates.
- Involves training significant others and ensures that they support, model and reinforce the trainees' new adaptive skills.
- Provides booster sessions.
- Conducts a graduation ceremony and offers a Certificate of Accomplishment.

EXAMPLES OF “TOP-DOWN” EVIDENCE-BASED INTERVENTIONS

School-Based Interventions

School Readiness Programs
 Head Start Programs
 Perry Point Preschool Programs
 Anti-bullying Programs
 Bystander Intervention Training
 Positive Behavior Support
 Good Behavior Game
 Peace builders Program
 Promoting Alternative Thinking Strategies (PATHS)
 Character Education Programs
 Social-Emotional Learning Problem-Solving
 School drop-out prevention programs
 After school programs
 Programs for pregnant teenage students (prenatal care)
 Lunch and nutritional programs
 College preparation programs - - One Goal Program

School Mental Health Programs

Target behaviors include:
 CBITS – Cognitive-behavioral Intervention for Trauma in Schools
 Trauma-focused Cognitive Behavior therapy
 Copycat for students with anxiety disorders
 Courses in treating depressed students and preventing depression in high-risk students
 Treatment for children whose parent suffers mental disorders, substance abuse disorders and family violence
 Student Bereavement Groups
 New Beginning Program for students whose parents have recently been divorced.
 Students whose military parents have been deployed and/or returned injured.

Family-Based Interventions

Nurse-family home visitation program
 Child-parent psychotherapy
 Parent training programs (focus on parenting skills, monitoring)
 ACT programs for parents
 Incredible Years Program
 Parent Management Training (Use computer technology, see Jones et al. 2012).
 Triple P Program (Positive Parenting Practices)
 Multidimensional Foster Care Treatment Program
 Home-school Liaison Programs

Community-based Interventions

Civic engagement programs for students (Helping Others)

Reduction of the availability of guns

Medical Health Insurance for students

Income Supplement Programs

Earned Income Tax Credits (ETIC)

Technology-based Interventions

Websites for students (e.g., www.reachout.com)

Web-based treatment (See Meichenbaum - - Future of psychotherapy and computers on www.melissaistitute.org)

A “BOTTOM’S UP” LIST OF BEHAVIORAL INFLUENCE “KERNELS”

Antecedent-Based Interventions

- Post reminders and signs (“Bully-free Zone”).
- Post School’s Mission Statement.
- Post Classroom Rules and refer to them often.
- Post daily, weekly, and monthly schedules on a regular basis.
- Post reminder signs of GOAL, PLAN, DO, CHECK.
- Include displays and pictures of the school’s accomplishments (Reinforce the concept of being a member of the school community).
- Use non-verbal cues (“Teacher turn off and on classroom lights, buzzer to note transitions”).
- Use Advance Organizers when giving instructions (An overview of what is going to be taught and why).
- Use Informed Instruction (How does the present lesson follow from previous lessons, and moreover, where the present lesson is headed? State explicitly the learning objectives. “When this lesson is completed, you will be able to understand or do the following”). Instructions should include a beginning, middle and end statements.
- Use “soft” reprimands (Be close by the student, use their name and gentle reminders).
- Use non-verbal reminders (hand or facial signals with students).
- Use cue cards and place them on the student’s desk (“Behavior Chain Analysis”). For example, SLANT which stands for “Sit up, Listen, Ask Questions, Nod, Track the speaker”).
- Reduce distractions.
- Use video from self-modeling film of a behavioral sequence.
- Use visits to new school settings (switch from elementary to middle school, or from middle school to high school). Address anticipatory uncertainty.
- Practice skills ahead of time (fire drill and lockdown practices).

Consequating Desired Behaviors

- Use verbal praise for effort, not just for product.
- Use overhead compliments.
- Use peer-to-peer praise notes.
- Use prize bowls (“mystery” rewards) in the classroom and afterschool settings.
- Use Principal lottery (Spend special time with a person of status).
- Use time-out procedures.
- Use response cost procedures.
- Use overcorrection or positive practice.
- Use public posting of student’s work
- Use public posting of the class accomplishments
- “Catch them being good” and acknowledge using metacognitive action verbs when praising. (*“I notice you were using your plan... You caught yourself. You backed off.”*)

Chane Behavioral Routines/Scripts and Mindsets

Assign students meaningful helper roles.
 Have students engage in civic activities (help others).
 Use team-based cooperative activities.
 Use peer teaching (Put students in a consultative role).
 Use bystander interventions (Change social norms - - “Golden rule”).
 Use choral responding.
 Elicit commitment statements (“If ... then” rules and “Whenever ... if” rules).
 Have students fill out planful statements and behavioral scripts.
 Challenge students to beat the clock, buzzer
 Have students self-monitor (Use a Behavioral Checklist).
 Have students journal, create a playbook, keep progress notes, and track changes.
 Use storytelling (metaphors, analogies) to teach routines and educational content. For example, use the “Turtle technique”.
 Use direct instruction procedures
 Use discovery-based learning (The “art of Socratic questioning,” highlighting “What” and “How” questions).
 Tap the process of student’s thinking. (“*Walk me through how you chose that answer.*”)
 Model thinking – Use “think aloud”.
 Have students use self-modeling procedures (video demos).
 Use the language of “becoming” and “possibilities” (“*As yet,*” “*So far*”).
 Use Motivational Interviewing Procedures – help student discuss the topic that he/she usually avoids
 in a non-challenging manner (Express Empathy, Develop Discrepancies of the way things are and the way they want them to be. Avoid Argumentation, and Support self-efficacy).
 Use RE-verbs, (RE-do, RE-program, RE-learn, RE-connect, RE-silent, RE-bound, RE-think, RE-write).
 Convey a “growth” mindset of the possibility of incremental change, as compared to an “entity” mindset (little hope for improvement). Convey that you can teach students the “tricks” and “strategies” that successful students use to perform such tasks. (See Dweck, 2008).
 Use examples that “destinies are malleable”. Stories of how students have “beaten the odds” and overcome adversities. Use Mentors.
 Bolster students’ school connectedness. Ask students the following questions:

“If you were absent from school, who besides your friends would notice that you were missing, and would miss you?”

“If you needed help from someone in school, who besides your friends would you go to for assistance?”

Encourage students to view themselves as “Peace builders”.
 Provide students with Metacognitive Prosthetic Devices (MPDs) (Memory prompts, instructional reminders, organizational supports, time management routines, and study habits).
 Ways to support the Prefrontal Cortex of executive skills.
 Use metaphors, “Toolbox”. “Traffic control center for the brain”. “How to CBT themselves in the moment” (CBT= Cognitive behavior therapy). “Use rules for yourself”. “How to talk back

to your amygdala” (part of the brain in charge of emotions). “Use uh-oh response”. “Go off auto-pilot”. “Avoid mind traps”. “Play detective”.

Implement programs that encourage group support - - use of study groups

Encourage students to hang around with the “Right” people. Discuss the concept of “Right” people.

Encourage key abilities of grit, curiosity, and conscientiousness. Learn the difference between wanting something and choosing it. Bolster self-confidence.

Have students “take credit” for improvements (Self-attributional training).

Provide resilience training. (*See Meichenbaum (2012), Roadmap to resilience - - www.roadmaptoresilience.org*).

Illustrative Intervention Programs

SNAP (STOP NOW AND PLAN) PROGRAM

THINK FIRST PROGRAM

PARENT TRAINING PROGRAM

II CE HOPE

I --- INTERRUPTION OF PLANS

I --- IMPLICATIONS FOR THE FUTURE

C ---CONCERNS FOR WELL-BEING

E ---VIOLATION OF EXPECTATIONS

H ---HISTORY REPEATS ITSELF

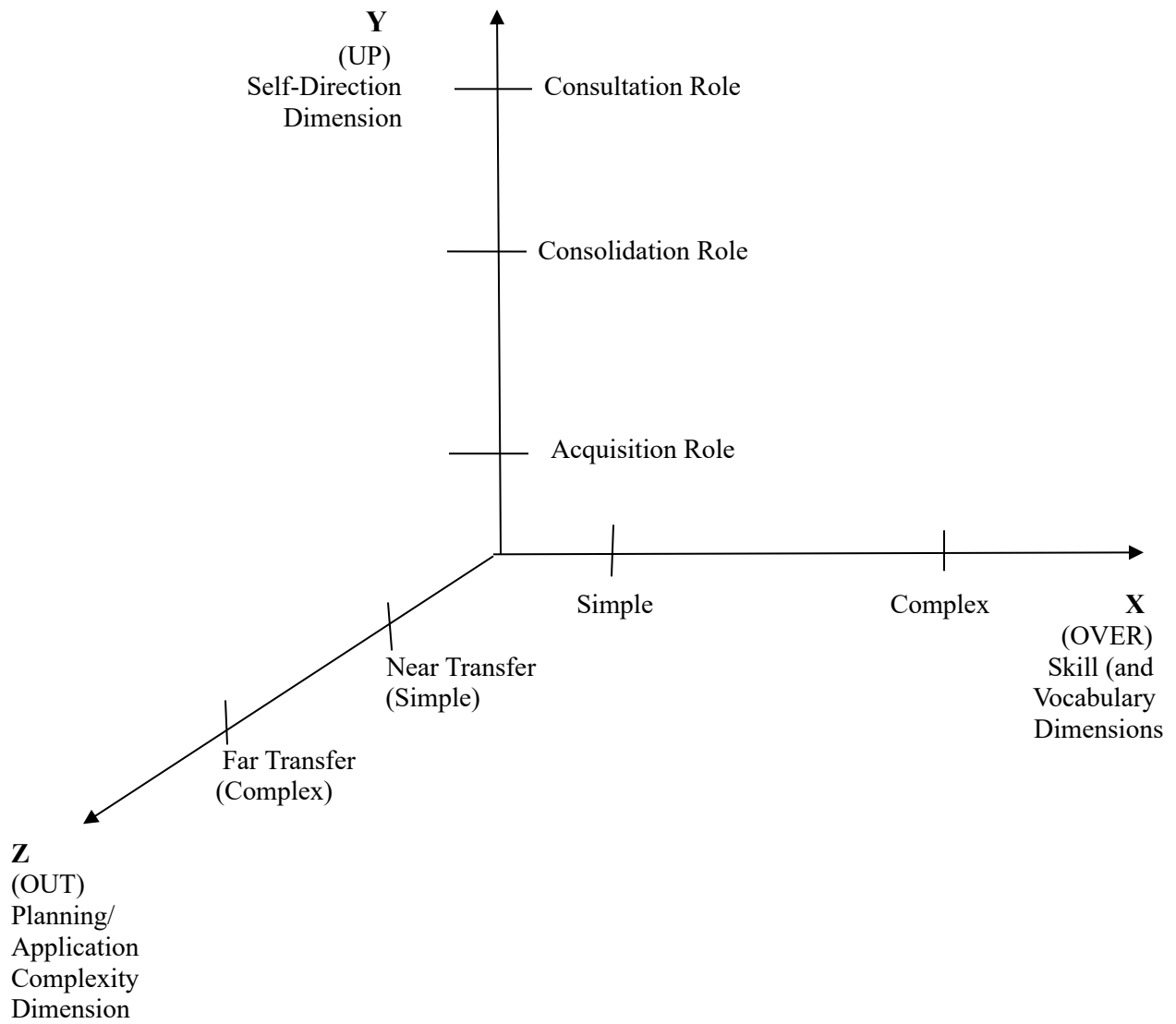
O ---PARENT OVERLOAD

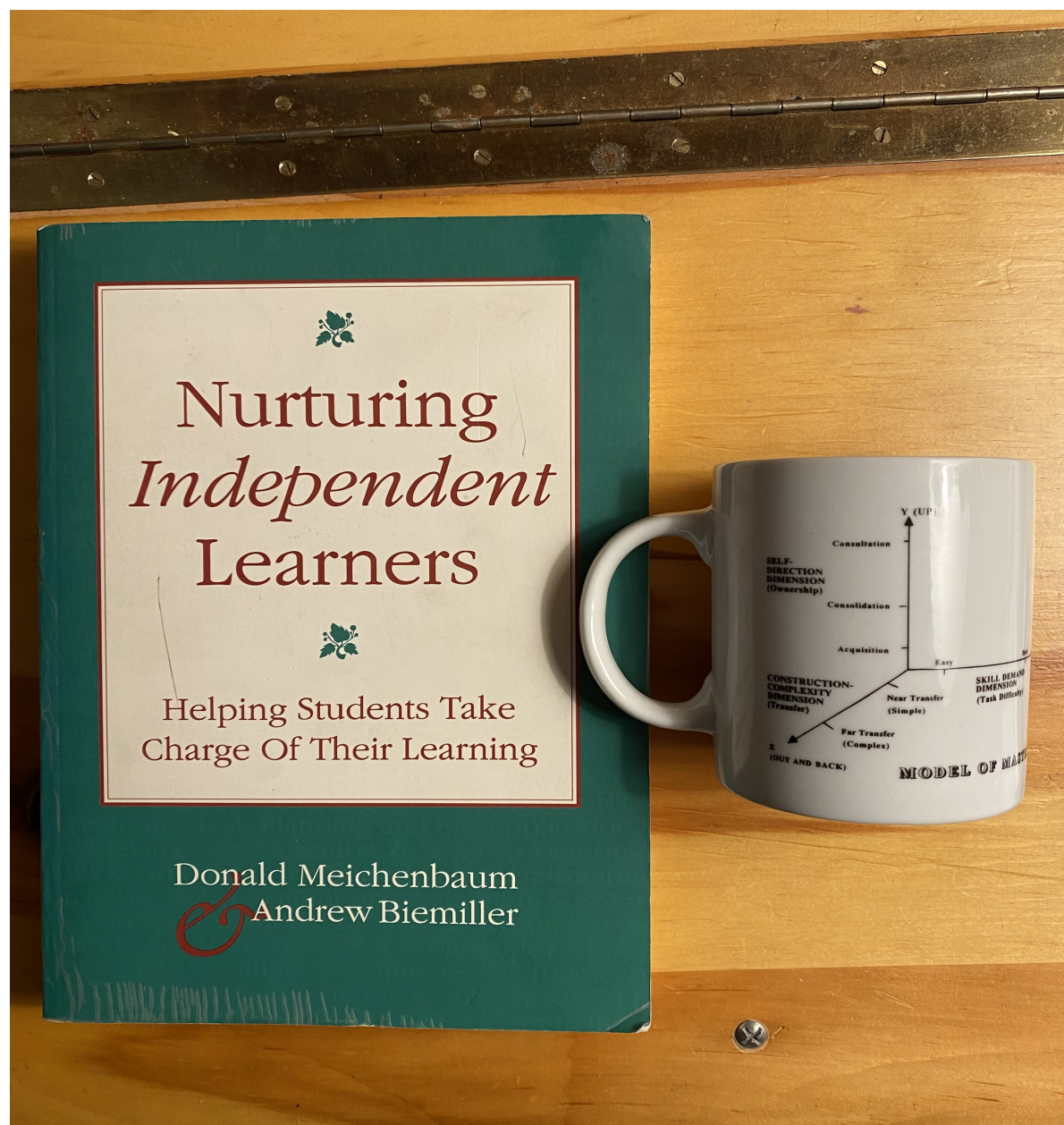
P ---VIOLATION OF PERSONAL ISSUES

E ---EMBARRASSMENT

ADDRESSING ISSUES OF STUDENTS' MENTAL HEALTH
IMPROVING STUDENTS' ACADEMIC SUCCESS

FIGURE 5:1 The Three Dimensions of Mastery





WHAT "EXPERT" TEACHERS DO: A THREE-DIMENSIONAL MODEL OF INSTRUCTION

(See Don Meichenbaum and Andy Biemiller, "Nurturing Independent Learners" Brookline Books)

- A. TEACHERS move students along the X-AXIS from simple to more complex tasks.
- B. TEACHERS move students up the Y-AXIS from being a NOVICE (ACQUISITION ROLE) on tasks to a point of MASTERY (CONSOLIDATION ROLE) that frees up mental capacity to the point where students can engage in metacognitive activities
- C. (CONSULTATIVE ROLE TO THEMSELVES and OTHERS).
- D. TEACHERS move students BOTH OUT and IN along the Z-AXIS from NEAR TRANSFER to FAR TRANSFER.

TEACHING STRATEGIES

1. Graduate and calibrate the level of task difficulty. Use the concept of the "Zone of Proximal Development" (Use the ski hill example).
2. Scaffold instruction and fade supports when indicated. Give students choices. Pause for two to three seconds when asking students questions.
3. Use Advanced Organizers and Informed Instructions to convey how the present lesson follows from previous lessons.
4. Access student knowledge. Correct any misconceptions.
5. Engage students in Collaborative Goal setting.
6. Teach cognitive and metacognitive strategies.
7. Model thinking (Use think-aloud). Be a coping model including examples of ways to handle errors and stuck points.
8. Elicit think-aloud strategies from students and access for strategies. Label the students' behaviors using metacognitive verbs. Have students "take credit" for performance. Use self-attribution training.
9. Use a "Growth Mindset." Reinforce for effort, not just outcomes. Be sure to use 4 TO 1 positive statements for every negative statement.
10. Use writing activities with students on all subjects. For example, have students keep daily logs, engage in journaling, keep portfolios, Ticket Out the Door and the like.
11. Use Peer teaching. Put the student in a Consultative situation MASTERY requires not only knowing what to do and doing the task but also the ability to teach the strategies to others.
12. Have students engage in Deliberate Practice and provide systematic feedback with empathy.
13. Include generalization guidelines and share this with students. Explain the 3-dimensional Model to students and highlight how the current lesson activity fits the Model.
14. Use Authentic Learning tasks. Involve significant others in instruction.
15. Encourage students to view themselves as members of a Community of Learners.
16. Conclude with reviews.

Parent Involvement Questionnaire

Donald Meichenbaum, Univ. Waterloo, & Andrew Biemiller, Univ. of Toronto

This questionnaire is designed to determine how you and your school involve parents in the education of their children. It provides a list of possible ways to involve parents in terms of:

- (a) communication (both written and oral) about school activities and about specific topics such as homework,
- (b) possible collaborative activities with parents and
- (c) administrative support for parent involvement.

There are no right or wrong answers to these questions. The intent of this questionnaire is to have educators consider and reflect upon the many ways to involve parents in the education of their children. Certainly, the feasibility of some of these suggestions will vary depending upon the grade level, subject area, and school setting. Please duplicate this questionnaire if you wish to use it. We have provided space for you to indicate other ways you and your school have involved parents. Please feel free to send these suggestions to us so that we can revise the questionnaire.

COMMUNICATION WITH PARENTS

Please answer the following questions by circling YES or NO.

A. Written communication with parents

- YES NO 1. At the beginning of the school year, I send a letter home to each parent.
2. In my written correspondence with parents, I:
- YES NO (a) mention how much I look forward to working with their son/daughter and with them.
- YES NO (b) comment on the need for parents and teachers to act as collaborators and partners and have a continuing exchange, and I encourage them to be an advocate for their child.
- YES NO (c) indicate that I will call them when I need their help, as well as when their son/daughter does as well.
- YES NO (d) extend an invitation to parents to call me to arrange a visit to meet (highlight the importance of two-way communication).
- YES NO 3. I provide parents with a written general description of what we will be working on during the term and why these activities are important.
- YES NO 4. Later in the school year, I provide parents with an ongoing assignment calendar of the work we will be covering in class over the next few weeks and why this work is important (e.g., description of unit objectives, types of problems and assignments, and ways in which students will be assessed; lists of books to be used, recommended children's books, and upcoming school events).
- YES NO 5. I provide parents with ongoing written communication in the form of a class newsletter about what the class has been doing and learning, and some of the things students will be learning in the near future. (Students can participate in the production of this newsletter.)
- YES NO 6. I indicate to parents that over the course of the school year, their son/daughter will be asked to interview them (or other family members, relatives, neighbors) about learning and helping strategies, and about when they use math and written language in their day-to-day activities.
- YES NO 7. I indicate that students will be bringing home a folder of their schoolwork labeled TAKE HOME/BRING BACK. There will be space for parents to initial and comment on this week.

YES NO 8. I provide parents with a survey/questionnaire to provide information about their child's reading behavior (e.g., average amount of reading time per week, leisure reading habits, favorite books, reading strengths and weaknesses).

YES NO 9. I occasionally send parents a Teacher-Gram and invite them to send back a Parent-Gram about their child's progress.

B. Oral communication (phone calls/meetings) with parents

YES NO 10. I call each parent (at least once per year, preferably once per term) to give positive feedback (i.e., convey something their child did well).

YES NO 11. The ratio of positive to negative phone calls that I make to parents per month is 3 or 4 to 1.

YES NO 12. I keep track (in a running log) of each parent telephone call, recording the date, the name of the student, whom I spoke to, the topic, the parent's reactions, and any follow-up plan.

YES NO 13. I schedule meetings with parents to review their children's progress.

YES NO 14. At these meetings, I usually indicate what their child has studied in class, and discuss their child's study habits (finishing assignments, studying, helping others), academic achievement, and classroom behavior.

YES NO 15. At parent-teacher conferences, I have students attend so they can actively participate (e.g., show work from their portfolios, become self-advocates). Students are advised beforehand on how to contribute to these sessions.

YES NO 16. I encourage students to share with their parents what they do in class, in their homework, and in their other school activities.

C. Communication with parents about homework

YES NO 17. I inform parents about my expectations concerning homework (e.g., amount, time schedule) and comment on the benefits of students doing homework.

YES NO 18. I provide parents with a list of suggestions on how they can help their son/daughter with homework (e.g., ways parents and students can work out rules related to the setting, times, and routine, ways to motivate students to do homework, ways to provide help contingent on their child's request and need, ways to monitor homework loosely, ways to balance homework with other activities).

- YES NO 19. I ask parents for their observations on their child's homework activities (e.g., difficulties, limitations, and what went well). I ask parents to initial the homework assignments.
- YES NO 20. I provide parents with specific suggestions for working with their children (e.g., read for 15 minutes with their children most nights; ask their children about their school activities and what they have learned each day in school).
- YES NO 21. I provide parents with books and other learning materials to use at home with their children.
- YES NO 22. I encourage parents to give their children home roles and responsibilities, especially those that involve serving others and that occur on a routine basis (setting the table, doing shopping, etc.).

D. Involvement of parents

- YES NO 23. I invite parents into my classroom to observe teacher-led and student-led activities (e.g., how I read stories aloud to students, how students do cross-age tutoring, etc.)
- YES NO 24. I review with parents how they can make their home more literacy-friendly (encourage their children's leisure reading behavior).
- YES NO 25. I invite parents to assist in my class.
- YES NO 26. I make parents feel welcome when they visit my class (e.g., have students give tours, have a display center with sample work available, and have a list of things parents can do to help).
- YES NO 27. I encourage parents to keep a running diary or journal of their children's progress and difficulties and to share this with me.
- YES NO 28. I review with parents biographical information about their son/daughter and journal entries they have provided.
- YES NO 29. I welcome parent evaluation of my teaching practices, students' progress, and class and school programs.
- YES NO 30. I solicit information from parents about their interests, talents, and hobbies so I can request their involvement and help.
- YES NO 31. I provide students with tasks or games in which they can involve their parents.

YES NO 32. I provide parents with a list of choices of how they might become involved at school and/or home with their child's education.

E. Administrative support for parent involvement

YES NO 33. My school views parents as partners in the students' education.

YES NO 34. My principal and/or department head encourages parental involvement and the maintenance of ongoing parental contact (in writing, phone calls, meetings).

YES NO 35. My school holds workshops for teachers on how to work collaboratively with parents.

YES NO 36. My school has created an environment that is inviting to parents (e.g., signs welcome parents into the school; office staff welcome them; teachers greet parents when they pass them in the hall; there is a parent reception area with relevant written material and newsletters).

YES NO 37. My school has a parent-teacher association that meets regularly.

YES NO 38. My school solicits parent input on important decisions concerning their children (parents are members of the governing council of the school).

YES NO 39. My school has a parent's night (or family night, or grandparent's gala) when parents can participate in tours and activities and discuss their child's progress with the teacher (e.g., a portfolio night when students can show their work).

YES NO 40. My school invites parents to participate in school activities (e.g., staff the library, chaperone school trips, share ethnic activities, and help with fundraising).

YES NO 41. My school has special events for parents to discuss particular topics (e.g., parent involvement, report cards, transitions to new grades such as middle to high school, selection of courses, drug abuse, etc.).

YES NO 42. My school holds special evening sessions for parents on learning-related activities (e.g., how to help with homework, how to read to students, how to bolster students' self-esteem, and why some students succeed in school).

YES NO 43. My school has a parents' night on a specific subject (e.g., math night) so parents can understand what and how the students are being taught.

YES NO 44. My school has a back-to-school night during which parents are invited to experience the kinds of activities and tasks their children are asked to perform in class.

- YES NO 45. My school involves students, teachers, and parents in cooperative learning activities in which they assist each other in achieving learning tasks and goals.
- YES NO 46. Parents attend an “open house” where students have opportunities to showcase their work. Students rehearse for this event.
- YES NO 47. My school has encouraged parents to identify with its mission statement
- YES NO 48. My school provides both before-school and after-school programs for students to help accommodate parents’ work schedules.
- YES NO 49. My school is located in a high-poverty area, and we have undertaken such activities such as having parent night in a local church or laundromat (e.g., offering free use of the laundromat with a parent visit).
- YES NO 50. My school provides or helps to coordinate with other agencies a home-visiting outreach program.
- YES NO 51. My school provides specific skill programs for parents (e.g., helping parents improve their literacy skills) or referrals to other services.
- YES NO 52. My school provides support to parents in obtaining their GED.
- YES NO 53. My school is involved in a parent literacy program (i.e., after-school educational assistance to children in the presence of their parents).
- YES NO 54. My school provides transportation and day-care services when parents are visiting the school.
- YES NO 55. Parents are notified immediately about any unexplained student absences.
- YES NO 56. My school has an active truancy prevention program that involves parents.
- YES NO 57. My school has established involvement and activities with local business and community leaders (e.g., an apprenticeship program).
- YES NO 58. Parents in my school view their involvement as a responsibility to their children.
- YES NO 59. Parents are asked to sign a contract indicating their responsibilities to the education of their children.
- YES NO 60. We monitor parent involvement and try to understand the factors that contribute to their noninvolvement (e.g., failure to attend meetings, volunteer, call or meet with the teacher, review students' homework, portfolio, etc.).

Please indicate any additional activities and procedures you use to involve parents, or ideas about what you would like to see your school employ.

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WEBSITES

National Registry of Effective Programs and Practices

<http://modelprograms.samhsa.gov/template.cfm?page=nrepbutton>

California Evidence-based Clearinghouse

<http://www4cw.org>

Center for Early Adolescence

<http://www.earlyadolescence.org>

Adverse Childhood Experiences Study

www.acestudy.org

Assistance to Teenagers

www.reachout.com

Prevention of Depression

<http://preventionofdepression.org>

Gay, Lesbian, and Straight Education Network

<http://www.glsen.org/educator>

Neighborhood Check-up Interventions

<http://Promiseneighborhoods.org>

Healthy People

<http://www.healthypeople.gov>

Positive Parenting Programs

www.tripleP.net

UCLA Center for Mental Health

<http://smhp.psych.ucla.edu/rebuild/Rebuilding.htm>

<http://smhp.psych.ucla.edu/pdfdocs/enhancingtheblueprint.pdf>