Success in School:

Making the Connection Between Mental Health and Academic Learning

Third Annual Education Conference

#SuccessInSchool

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San Mateo County School Boards Association

San Mateo County Office of Education

The power of classroom wellness
Acknowledge Alliance

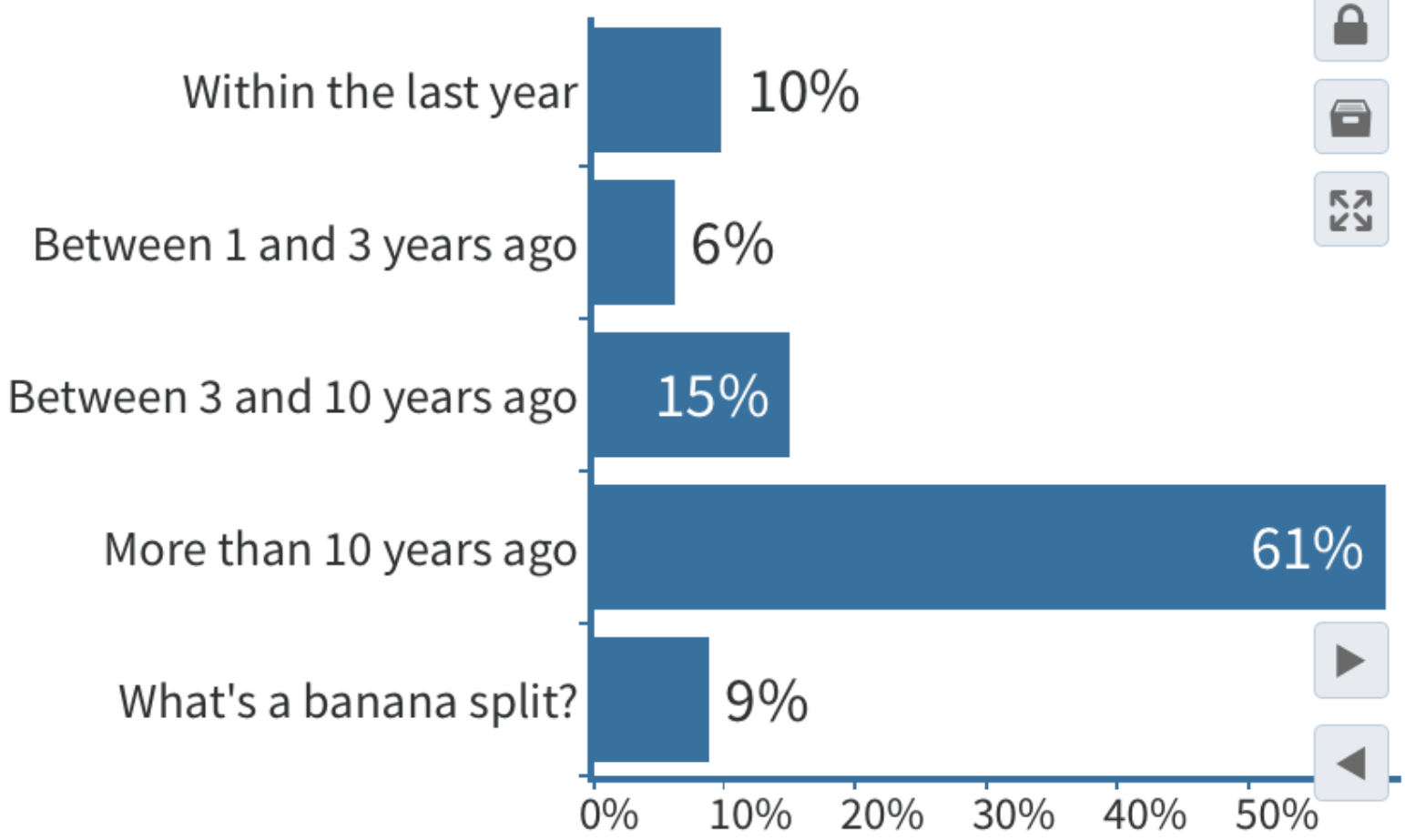
Sutter Health
Palo Alto Medical Foundation
We Plus You

Healthy Schools Initiative
Sequoia Healthcare District

How long ago were you able to eat an entire banana split?

When poll is active, respond at **PollEv.com/acknowledge**

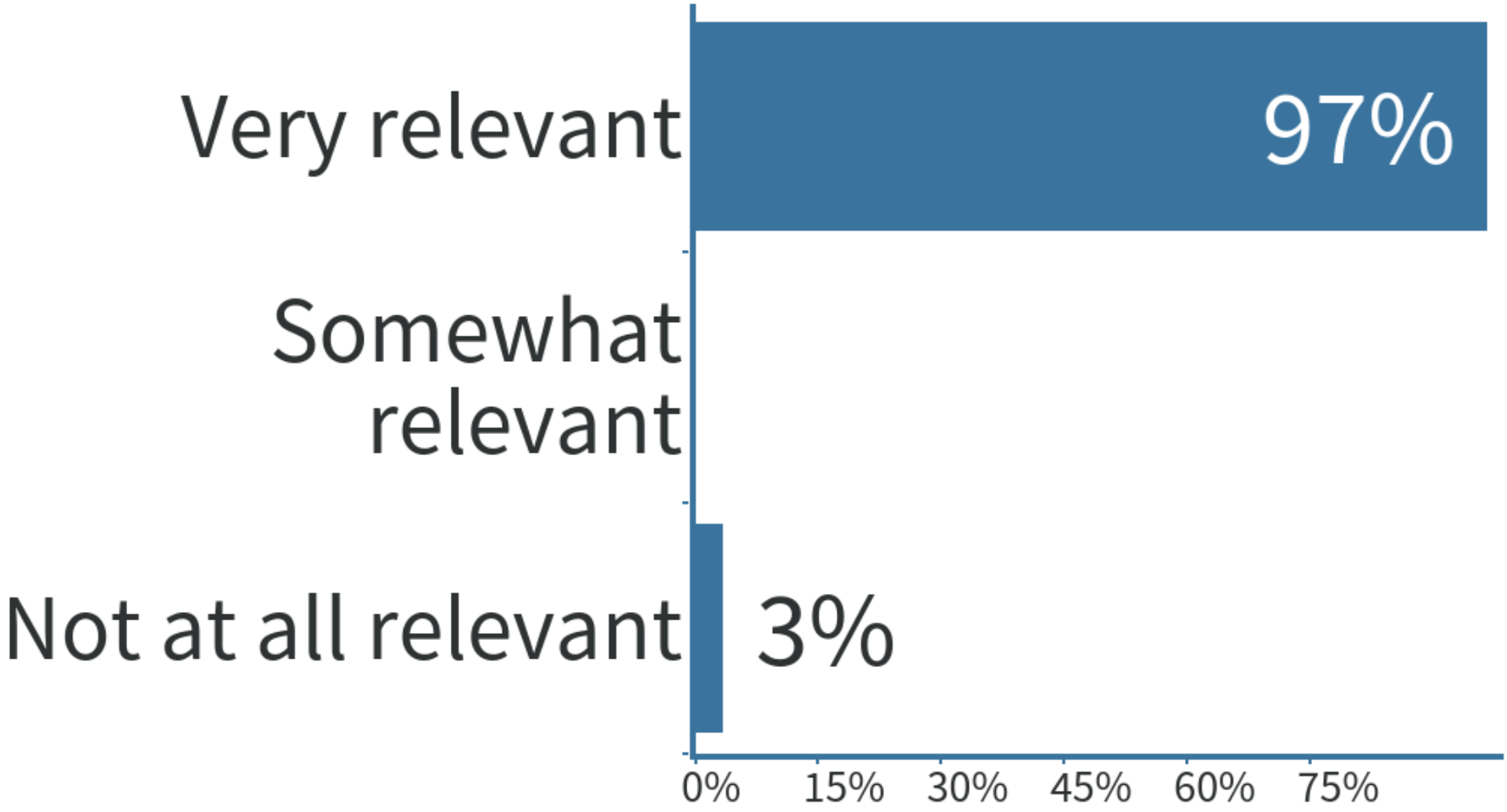
Text **ACKNOWLEDGE** to **22333** once to join



How relevant are these issues in your school and/or community?

When poll is active, respond at **PollEv.com/acknowledge**

Text **ACKNOWLEDGE** to **22333** once to join



Do you personally know someone who has experienced a mental health issue?

When poll is active, respond at **PollEv.com/acknowledge**

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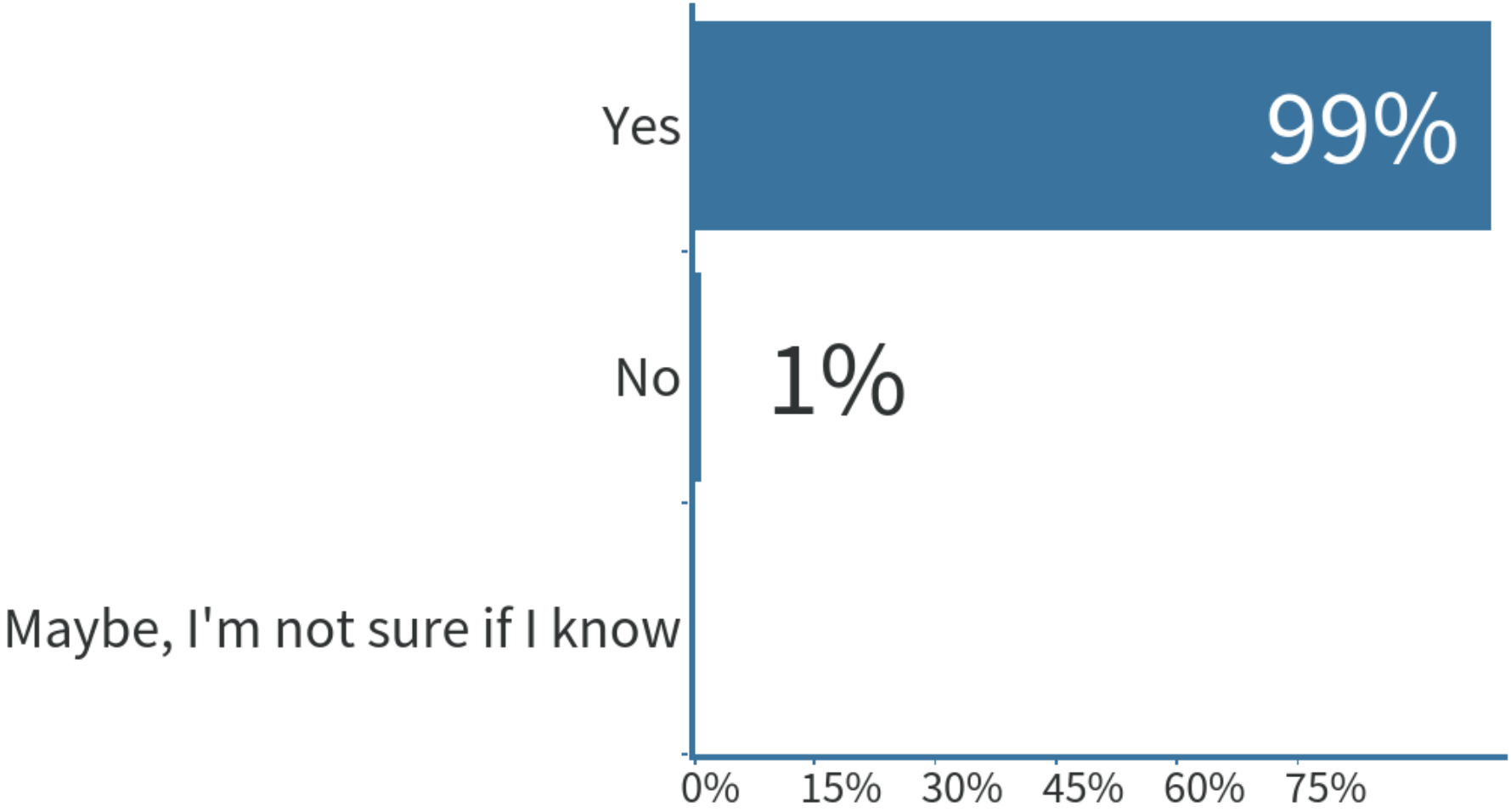

Resilience Moment

Jean Hamilton, MFT

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Stanford MEDICINE

Youth Mental Health Issues and Early Intervention: Where Does the School Fit In?

Steven Adelsheim, MD

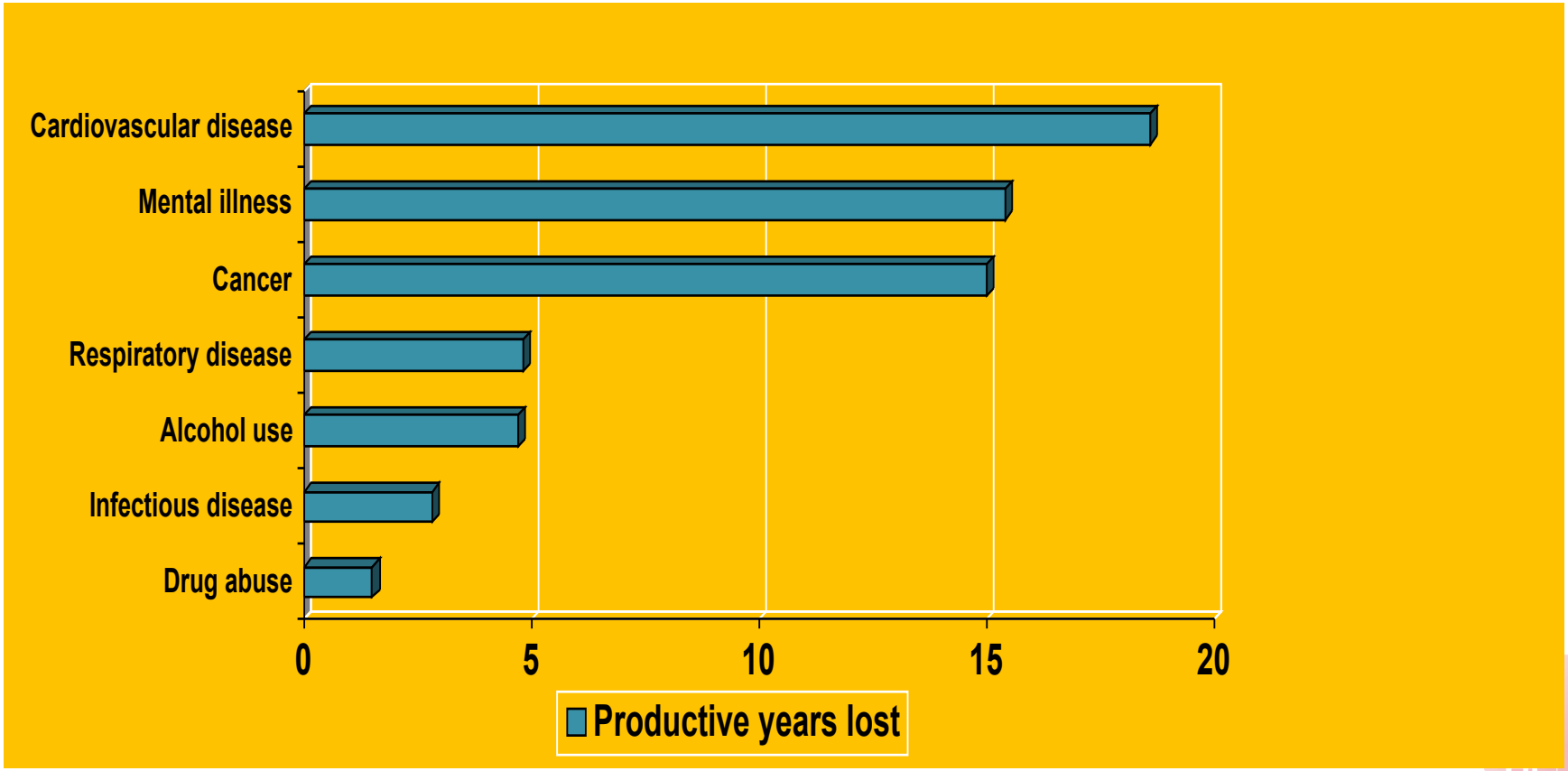
sadelsheim@stanford.edu

650-725-3757

Stanford Children's Health | Lucile Packard Children's Hospital Stanford

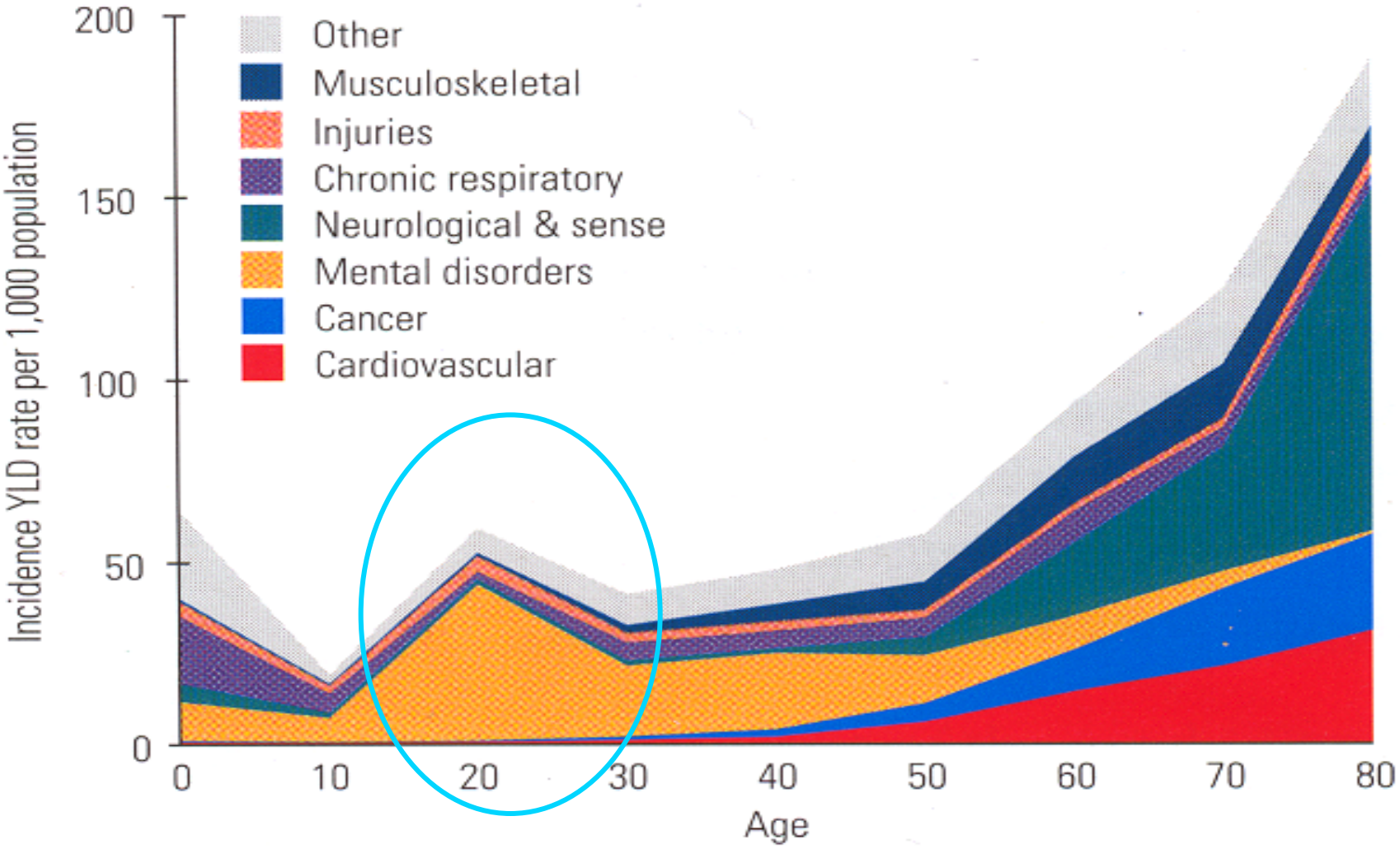
Mental Health is a WORLDWIDE Public Health Issue

According to the World Health Organization, mental disorders will be the leading cause of disability in the world by 2020



Incidence of Disease across the Lifespan

(From Pat McGorry)



- **HALF of all lifetime cases of mental illness start by age 14**
  - **75% start by age 24**
  - **79% don't access care**

FACTS ABOUT
CHILDREN'S MENTAL HEALTH

29.8%

OF YOUNG ADULTS AGES 18 TO 25 REPORTED HAVING EXPERIENCED A MENTAL, BEHAVIORAL, OR EMOTIONAL DISORDER IN THE PAST YEAR

1 in 5

U.S. CHILDREN AND TEENS HAVE A DIAGNOSABLE PSYCHIATRIC DISORDER

$247 BILLION

SPENT ANNUALLY ON MENTAL, EMOTIONAL & BEHAVIORAL DISORDERS AMONG YOUTH INCLUDING FOR MENTAL HEALTH SERVICES, LOST PRODUCTIVITY AND CRIME

1/2

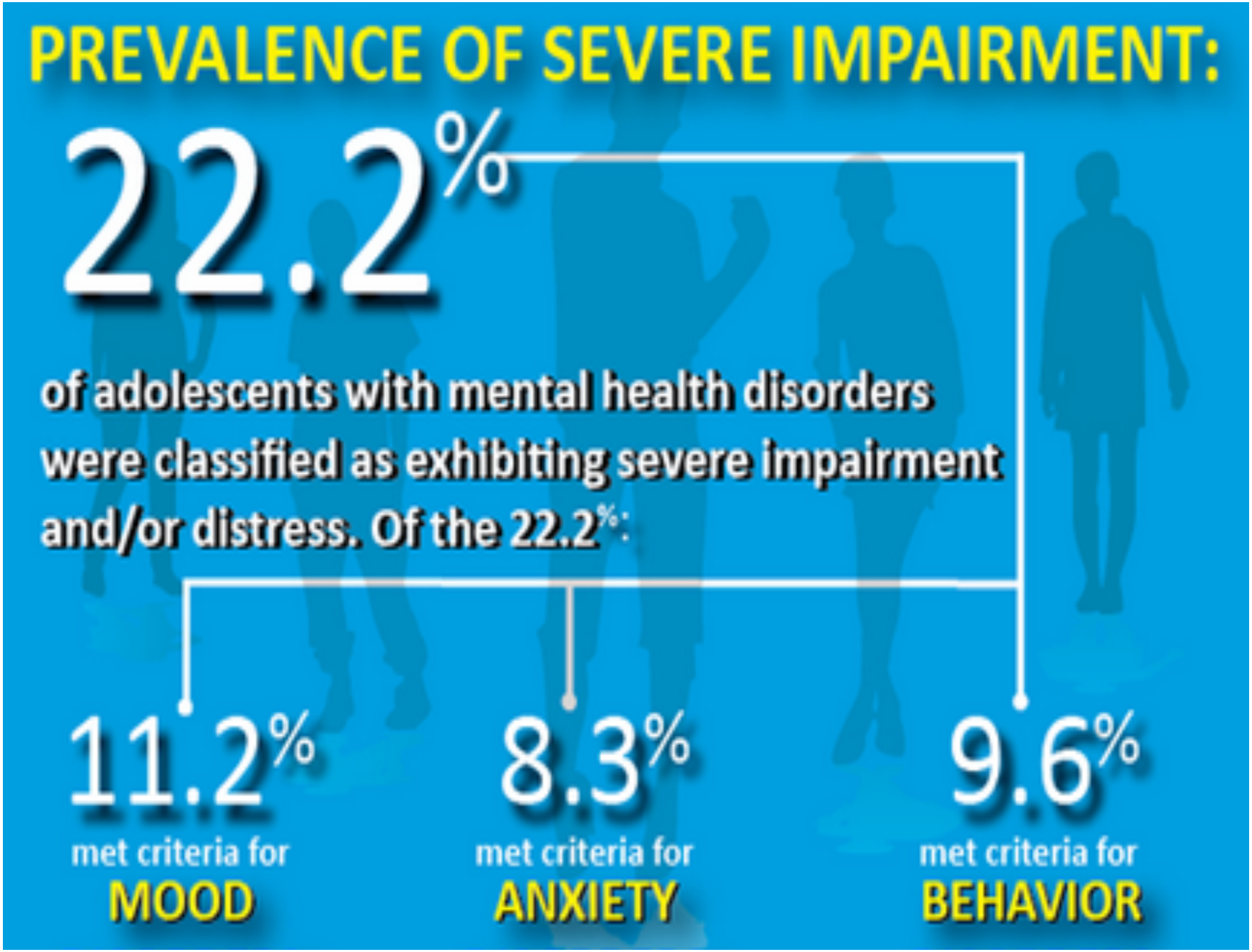
OF ALL LIFETIME CASES OF MENTAL ILLNESS BEGIN BY AGE 14

1 in 4

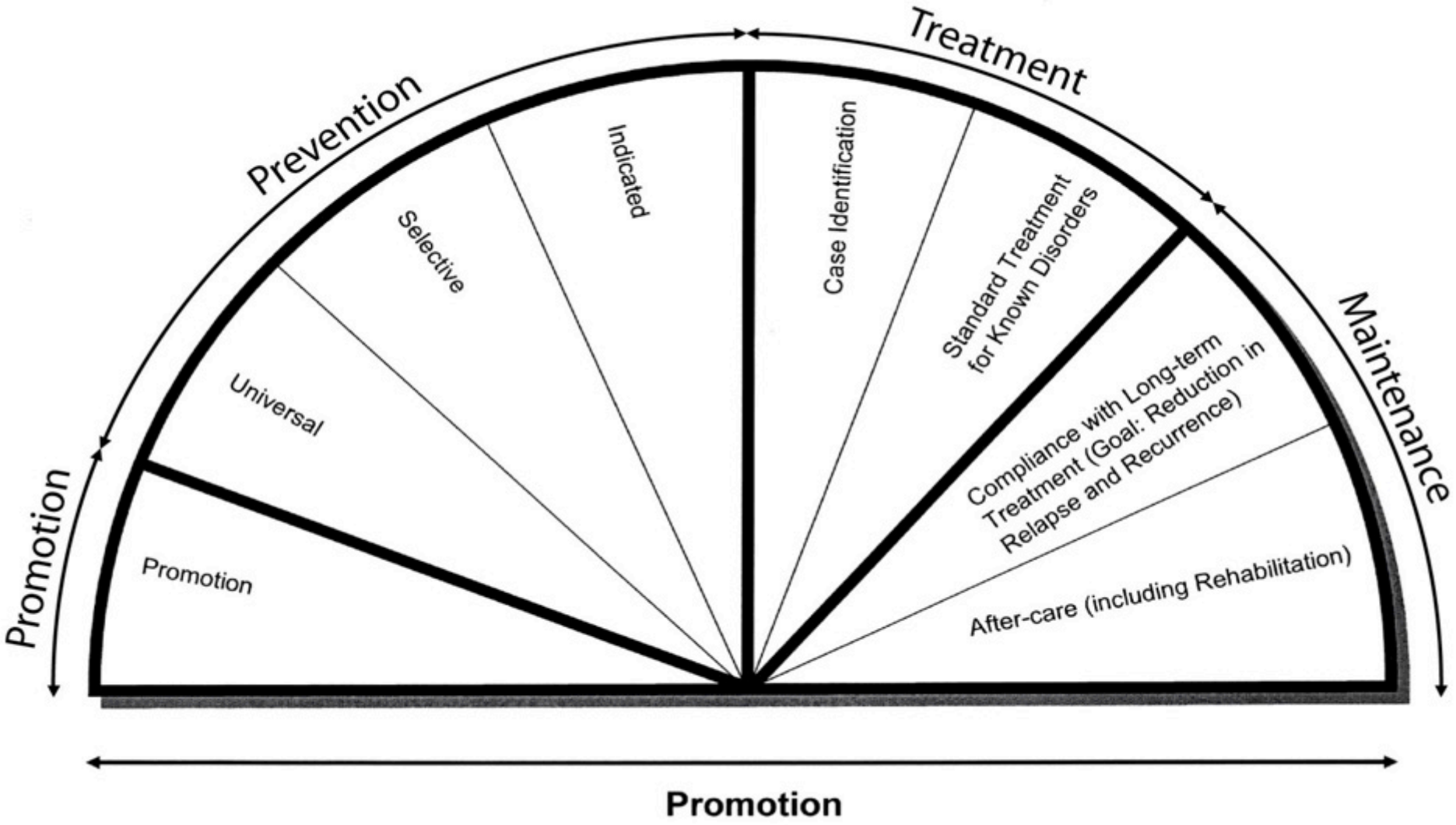
PARENTS FINDS IT DIFFICULT TO OBTAIN MENTAL HEALTH SERVICES FOR THEIR CHILD

NATIONAL CHILDREN'S MENTAL HEALTH AWARENESS DAY
MAY 9, 2013
SAMHSA

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG


PREVALENCE OF SEVERE IMPAIRMENT:
22.2%
of adolescents with mental health disorders were classified as exhibiting severe impairment and/or distress. Of the 22.2%:
11.2%
met criteria for
MOOD
8.3%
met criteria for
ANXIETY
9.6%
met criteria for
BEHAVIOR

Prevention And Promotion (IOM)



A Report on Prevention in Youth

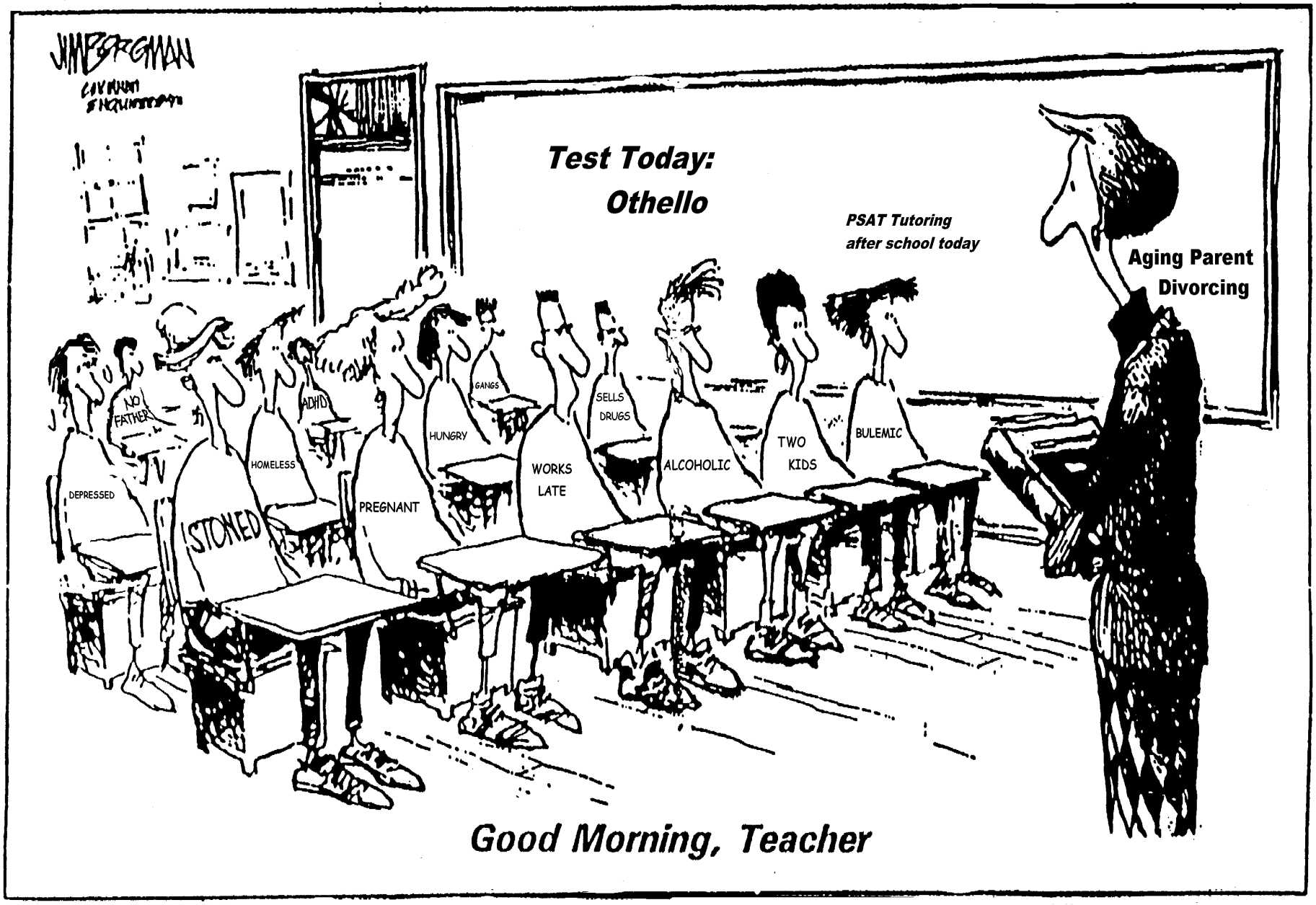
"Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities."

Released by the Institute of Medicine 2009

Why Put MH Supports in Schools? (from Mark Weist)

- Access to youth
- Clinical efficiency and productivity
- Reduced stigma; Increased youth/family comfort
- Outreach to youth with “internalizing” problems
- Enhanced capacity for prevention/MH promotion

“At this season of the year the medical inspectors of the schools should take special precautions in order to see that any pupil developing even slight mental peculiarities should at once be reported to them….it seems not unlikely that in the modern overstrenuosity of education developing brains will still suffer occasional lamentable harm. If even a few children, however, each year can be saved from the more serious manifestations of mental disturbance, enough will have been accomplished to reward amply every effort that has been taken….There seems no doubt that it will eventually be necessary to instruct the teachers as to the initial symptoms that are displayed in the commoner mental disturbances of children in order that the strain of study may be then at once interrupted. No effort can seem too great,no warning exaggerated that concerns school children under such circumstances, since it is evident their future careers and life usefulness are at stake.” **JAMA July 7, 1906**


JIM BERGMAN
Test Today:
Othello
PSAT Tutoring
after school today
Aging Parent
Divorcing
DEPRESSED
NO FATHER
STONED
HOMELESS
ADHD
PREGNANT
HUNGRY
GANGS
WORKS LATE
SELLS DRUGS
ALCOHOLIC
TWO KIDS
BULEMIC
Good Morning, Teacher

Goal 4. Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice (President's New Freedom Commission, 2003)

4.1 Promote the mental health of young children.

4.2 Improve and **expand school mental health** programs.

4.3 **Screen for co-occurring mental and substance use disorders** and link with integrated treatment strategies.

4.4 Screen for mental disorders **in primary health care**, across the life span, and connect to treatment and supports.

U.S. Preventive Services Task Force Report on Depression Screening in Adolescents (Annals of Internal Medicine Vol. 164, 5, 1 March 2016, 360-367)

- Screen adolescents 12-18 for major depressive disorders in multiple settings, including primary care and schools.
- Ensure systems are in place for accurate diagnosis, psychotherapy, and follow-up.
- There are now effective depression screens and treatments for adolescents.
- There is NOT currently sufficient evidence to support these recommendations for children 11 and under.

ROASTED NUTS

General-alarm fire at Trenton Psychiatric

By TOM BALDWIN
& JEAN LEVINE
Staff Writers

A welder's torch sparked a general-alarm blaze that gutted offices and a chapel at Trenton Psychiatric Hospital yesterday as it burned out of control for more than two hours.

Authorities said no TPH employees or patients were hurt in the morning blaze. But several of the 100 firemen who responded to the scene collapsed from heat exhaustion.

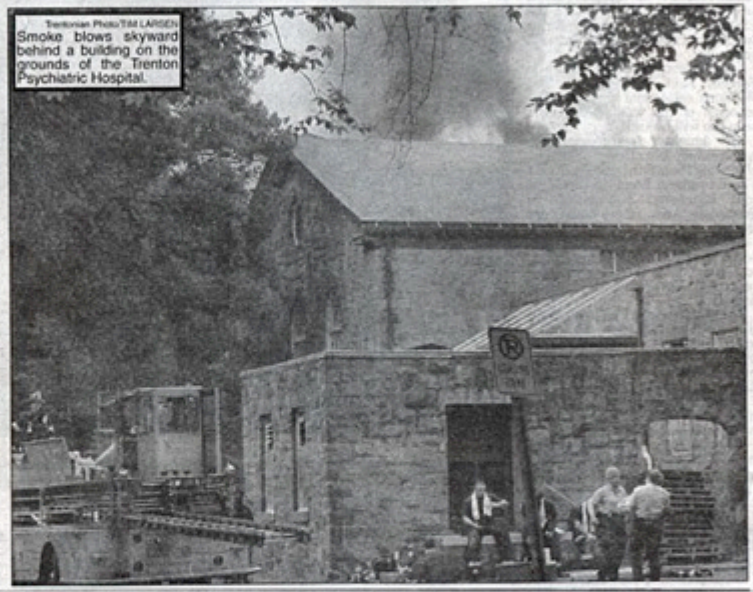
Battalion Chief Graham Smith of the Trenton Fire Division said the blaze broke out in the Haines Building shortly before 8 a.m.

In minutes, as the flames shot across the roof of the L-shaped, three-story structure, firemen were calling for more help from Trenton's fire force as well as the volunteer firemen of Ewing, Hamilton and Lawrence.

Before it was declared under control at 10:19 am., the blaze would go to three alarms, then general alarm status.

Firemen initially charged into the building in the effort to beat down the flames. Fearful of a collapse, however, supervisors pulled firefighters back out to fight strictly from outside with aerial hoses.

Officials said it was perhaps the worst fire in the 150-year history of the psychiatric facility, which lies between Stuyvesant Avenue and Sullivan Way and straddles the Trenton-Ewing border.



Trentonian Photo/TIM LARSEN
Smoke blows skyward behind a building on the grounds of the Trenton Psychiatric Hospital.

"It was bad, real bad," said 37-year-old Barney Ross, of Trenton, a TPH cook for 11 years who credited firemen with saving much of the structure. "It could have really gotten out of control."

The hospital cares for 450 of the state's most mentally ill individuals. No patients at the landmark facility (circa 1848) suffered physical ailments from the blaze.

But an undetermined number of employees had to be evacuated across Sullivan Way to wait the fire out on Trenton Country Club's verdant, smoky meadows.

"We do not believe it was an arson," said Deputy Mercer County Prosecutor Randolph Norris, who was at the scene supervising the investigation decked out in a khaki suit, T-shirt and biker boots.

"Apparently a welder was up there working on a gutter. He tried putting water on it. But he still smelled more smoke," said Norris.

Norris added that the welder then lifted the shingles and saw the fire immediately go "poof" and flash across the old roof.

"That was it," Norris said, shrugging.

The time — about 8 a.m. the patients had finished breakfast. The nearby roads were choked with commuters. The day's heat had hit the high 70s.

Terri Wilson, who is Gov. Jim McGreevey's deputy commissioner of the Department of Human Services, was on her way to her Trenton office when she got the alert.

"There were no residents in there at the time. It does not house residents. I know there is a chapel on the first floor, and store rooms," she said as hulking, tired firemen trudged around her.

Continued on Page 12

Budget only casualty of fire

Response time wasn't affected at all by the closing of three stations, fire officials said yesterday.

But overtime was.

Yesterday's inferno at the Trenton Psychiatric Hospital that destroyed offices and the chapel also blew a hole in the budget.

"Everybody is called in," said Deputy Chief Stephen Benner of the general-alarm fire. "It was an expensive operation today. In my 28 years, there may have been four general-alarm fires.

"Everybody in the city was called back. They are rare."

Benner said the fire spread quickly because the building was so big and the hospital's water system — that was being upgraded — wasn't as efficient in fighting the flames.

But the closings, he said, did not affect the firemen's response at all.

"We were out there with a similar number of units. The difference is that the rest of the city had to be covered a lot quicker."

As a cost-cutting measure, the city shut down three firehouses in June and reassigned members to new stations.

The closures have had some unintended effects, including a bureaucratic snafu which prompted the city to reinstate one position in the company.

And yesterday, the number of companies called to the scene forced authorities to call up reserve and volunteer units.

Because the department's number of companies was reduced from 14 to 11, taking out six engines would leave only five to cover the rest of the city.

Four reserve pumpers, or engines, sit in stations fully equipped and ready to go, Benner explained. When the fire escalated at the hospital, off-duty crews were called and the trucks were put in service to cover any other emergency in town.

"The guys got out there on the usual time," he said.

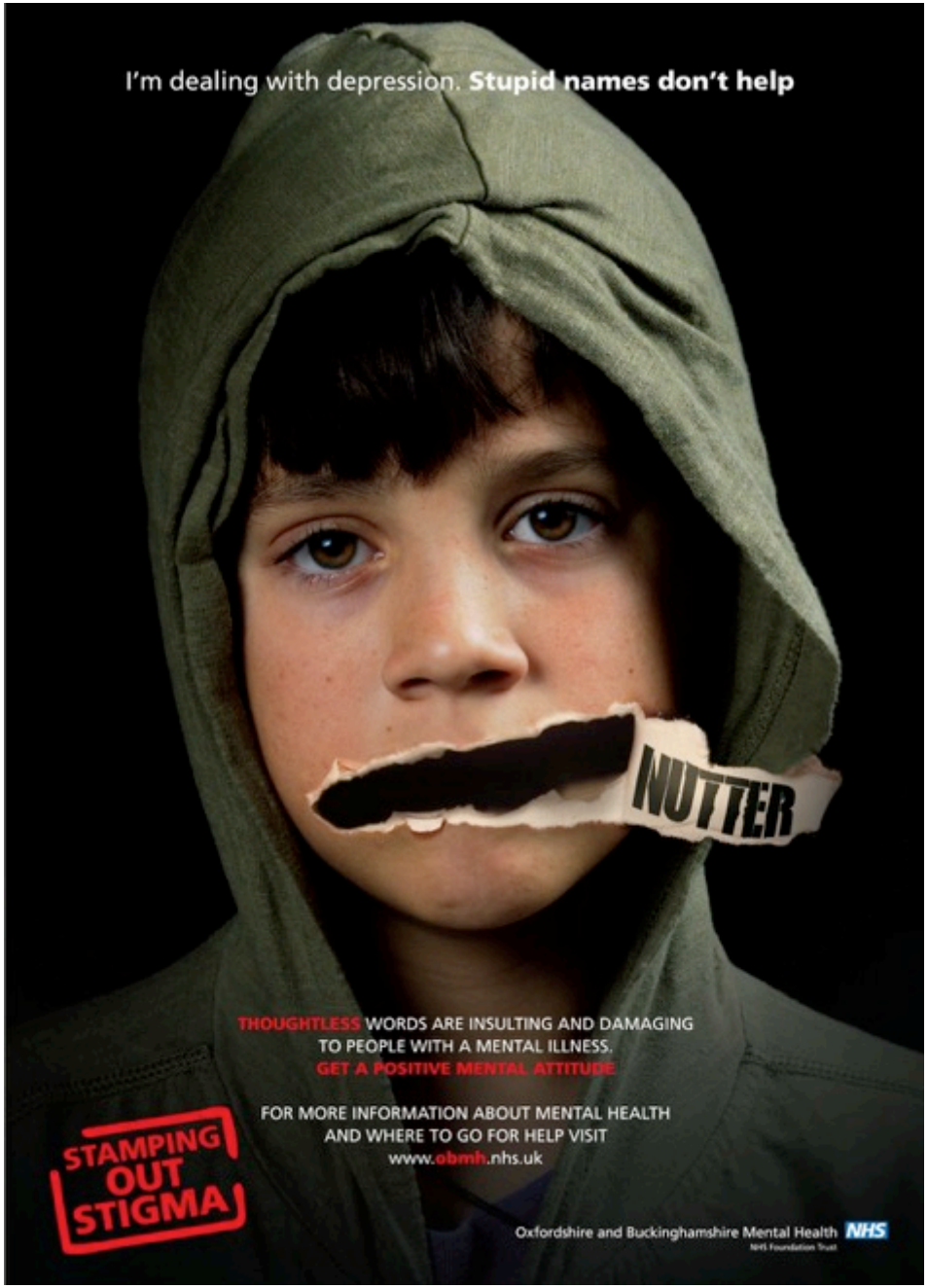
But had a similar fire broken out in another part of the city, that "would have put us at the end of our limit."

— LISA MEYER

IMAGINE IF YOU GOT BLAMED FOR HAVING CANCER.
END THE STIGMA & DISCRIMINATION OF MENTAL ILLNESS @ bringchange2mind.org

$20
PLEASE
Help Joey
Get a New
Kidney
THANK YOU!

Please
Help!
Jamie need
Psychiatric
Care !!!
We're Desperate!!!


I'm dealing with depression. Stupid names don't help
NUTTER
THOUGHTLESS WORDS ARE INSULTING AND DAMAGING
TO PEOPLE WITH A MENTAL ILLNESS.
GET A POSITIVE MENTAL ATTITUDE
FOR MORE INFORMATION ABOUT MENTAL HEALTH
AND WHERE TO GO FOR HELP VISIT
www.obmh.nhs.uk
STAMPING OUT STIGMA
Oxfordshire and Buckinghamshire Mental Health NHS
NHS Foundation Trust

The Atlantic

China Builds the Next Hollywood
p. 44

Donald Trump and the Myth of the Front-Runner
p. 13

The Silicon Valley Suicides

Why are so many kids killing themselves in Palo Alto?

By HANNA ROSIN

+

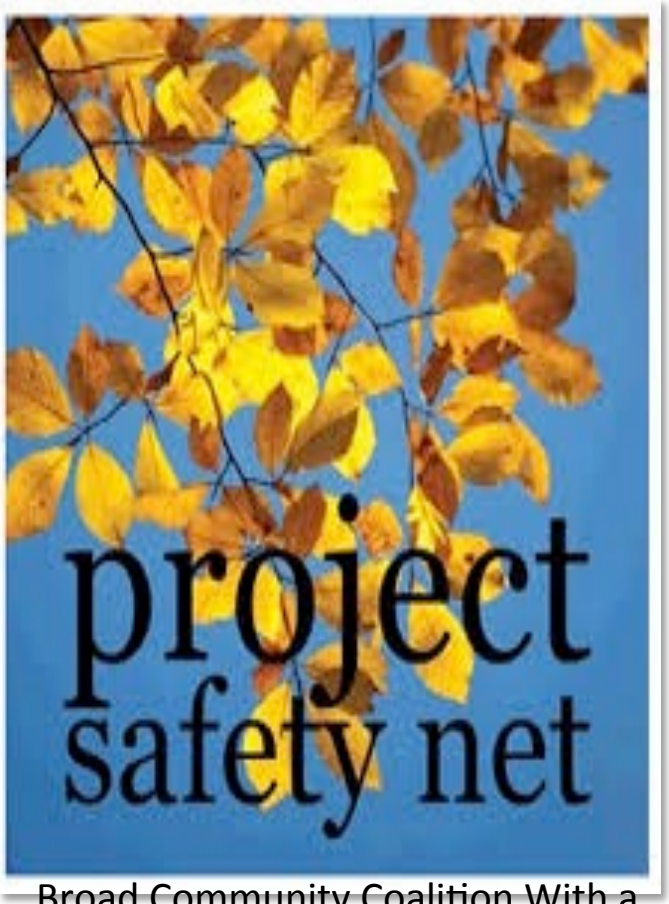
The Secret Life of John le Carré

The World's Greatest Actor

Why You Bought That Ugly Sweater

DECEMBER 2015
THEATLANTIC.COM

Palo Alto Community Support for Mental Wellbeing -How Do **YOU** Build Community?



Broad Community Coalition With a Continuum of Supportive Interventions

http://www.psnpaloalto.com/community-events/

Health and Mental Health Professionals Aligned to Expand Coordinated Services

What are your goals for your students/children?

- How will you define success for the community of children coming through your school:
- What will be the school reputation?
  - Top Colleges?
  - Sports Teams?
  - Student /Family support?
- Academic Success?
- Resiliency
- Self-regulation
- Kindness and compassion?

A Climate of Care-Pope, Brown and Miles in Overloaded and Underprepared (2015)

- Positive academic impact of student sense of connection to teachers, peers, and school overall
  - Advisory
  - Tutorial Time
  - Wellness programs and centers
  - Relaxation and Stress-Relief Practices

Different Kind of Checklist for an 18 year old

Julie Lythcott-Haims, How to Raise an Adult

- Must be able to talk to strangers
- Must be able to find find her way around
- Must be able to manage assignments, workload and deadlines
- Must be able to contribute to running of household
- Must be able to handle interpersonal problems
- Must be able to cope with ups and downs
- Must be able to earn and manage money
- Must be able to take risks

Some school based activities to support youth health and well being:

- Student Education:
  - Break Free from Depression
  - More than Sad
  - QPR training
  - Living Skills
- Student Support Efforts:
  - Columns in student newspapers: Changing the Narrative
  - Let's Bring Change to Mind
  - ROCK (Reach Out Care Know)
  - Student Wellness
  - Palo Alto Youth Council
  - Sources of Strength

Some community activities to support youth health and well being

- Family and Community Education:
  - Community lectures on teen behavior, cultural gaps, response to suicide in community, sleep
  - QPR training for families, community
  - Gap year program presentations
- School Services and Education:
  - Suicide Prevention Toolkit presentation to school psychologists at elementary, middle and high schools, Santa Clara County Office of Education
  - Lectures to staff on teen behavior, LGBTQ issues, mental health
  - Living Skills curriculum update
  - School based wellness coordinators
  - On site psychotherapists through multiple agencies

Local Asian Family Community Support

- Ad Hoc workgroup created and panels March 2015
- Increased family communication and therapy services via AACI for district
- Transition planning meetings for parents
- Focus groups
- Family communication skits

One school's efforts at stress management and mental health support

- **Promote open, honest dialogue about mental health issues to decrease the stigma of seeking help (Promotion)**
- **Provide timely information to students and parents about student progress (Promotion)**
- **Change how we use our time (new bell schedule) to reduce student stress (Universal Prevention)**
- **Explicitly teach stress reduction techniques (Secondary Prevention)**
- **Maximize our human capital (staffing) to increase social-emotional support provided to students (Tertiary Prevention, Case ID and Treatment)**

Stress and mental health issues

- Genetic risk expressed in settings of increased stress
  - Even with early symptoms of potentially severe mental illness, decreasing stress can reduce symptoms and help people get back on track
  - Changing school workload and supporting family can make a big difference
  - Decreasing stigma and improving communication are key

Where do I turn to for help?

(Thanks to headstrong)

www.iris-initiative.org.uk/silo/files/early-psychosis-declaration.pdf
Stanford PsychiatryOnline | H Stanford WebLogin MH Policy MH and Media Zoe Integrated Care Clinical Community Mental H Palo Alto Online : Be

Early Psychosis Declaration

An International Consensus Statement[1] about Early Intervention and Recovery for Young People with Early Psychosis

Jointly issued by the
World Health Organization* and *International Early Psychosis Association

Introduction

According to the World Health Organization's World Health Report 2001, schizophrenia and other forms of psychoses which affect young people represent a major public health problem. Worldwide, they rank as the third most disabling condition, (following quadriplegia and dementia and higher than blindness and paraplegia) and pose an enormous burden, both in terms of economic cost and of human suffering.

Yet, in spite of the availability of interventions that can reduce relapses by more than 50%, not all affected individuals have access to them, and when they do, it is not always in a timely and sustained way. Among the goals of care to these people, the identification of the illness and its treatment, *as early as possible*, represents a high priority.

Comprehensive programmes for the detection and treatment of early psychosis and in supporting the needs of young people with early psychosis carry the important function of promoting recovery, independence, equity and self-sufficiency and of facilitating uptake of social, educational and employment opportunities for those young people.

These programmes can be provided by individuals and teams with specialised skills, with a full range of primary health care services for every young person with early psychosis.

Prompt and effective interventions for young people with early psychosis, for their families, close friends and other carers represent a major element of respect of individuals' rights to citizenship and social inclusion.

EDIPPP Results

OXFORD JOURNALS CONTACT US

Schizophrenia Bulletin

ABOUT THIS JOURNAL CONTACT THIS JOURNAL SUBSCRIPTIONS CURRENT ISSUE ARCHIVE SEARCH

Oxford Journals › Medicine & Health › Schizophrenia Bulletin › Advance Access › 10.1093/schbul/sbu108

Medicine & Health

New books and Online Resources from

Clinical and Functional Outcomes After 2 Years in the Early Detection and Intervention for the Prevention of Psychosis Multisite Effectiveness Trial

William R. McFarlane[*,1,2], Bruce Levin[3], Lori Travis[2], F. Lee Lucas[2], Sarah Lynch[2], Mary Verdi[2], Deanna Williams[2], Steven Adelsheim[4], Roderick Calkins[5], Cameron S. Carter[6], Barbara Cornblatt[7], Stephan F. Taylor[8,9], Andrea M. Auther[7], Bentson McFarland[10], Ryan Melton[11], Margaret Migliorati[12], Tara Niendam[6], J. Daniel Ragland[6], Tamara Sale[12,13], Melina Salvador[4] and Elizabeth Spring[9]

+ Author Affiliations

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This Article

Schizophr Bull (2014)
doi: 10.1093/schbul/sbu108
First published online: July 26, 2014

This article is Open Access
Abstract *Free*
» Full Text (HTML) *Free*
Full Text (PDF) *Free*
Supplementary Data

- **Classifications**

Regular Article

- **Services**

Alert me when cited

The NIMH RAISE Early Treatment Program (ETP)

Recovery After an Initial Schizophrenia Episode

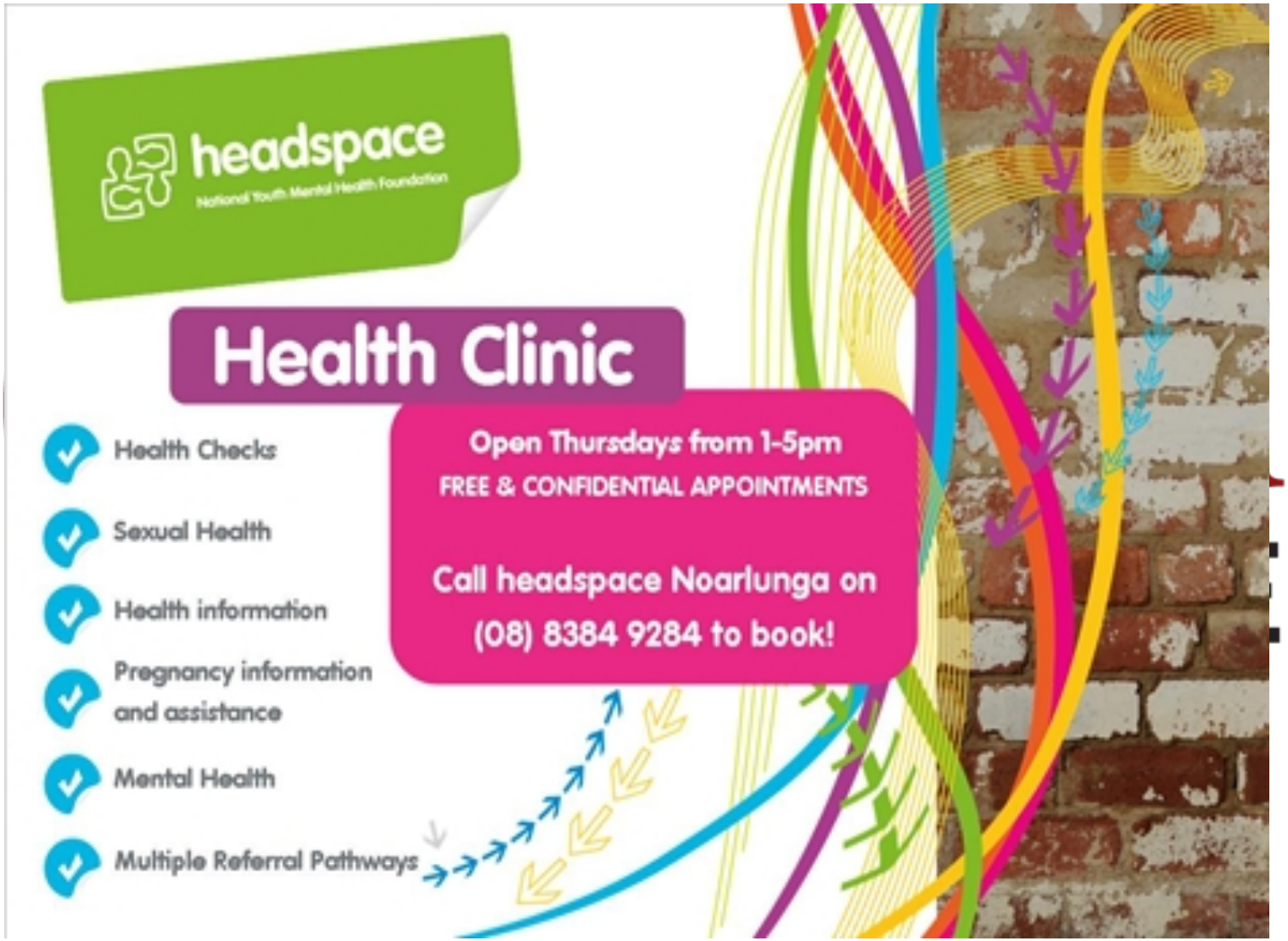
I did not make my illness public until relatively late in life, and that's because the stigma against mental illness is so powerful that I didn't feel safe with people knowing.

If you hear nothing else today, please hear this:
There are not "schizophrenics."
There are people with schizophrenia, and these people may be your spouse, they may be your child, they may be your neighbor, they may be your friend, they may be your coworker.

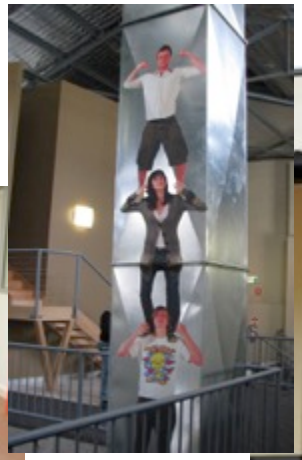
The humanity we all share is more important than the we may not. What those of us who suffer with mental illness want is what everybody wants:
in the words of Sigmund Freud, *"to work and to love."*

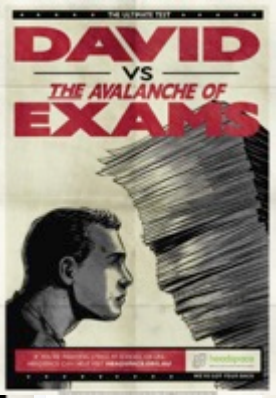
- Elyn Saks

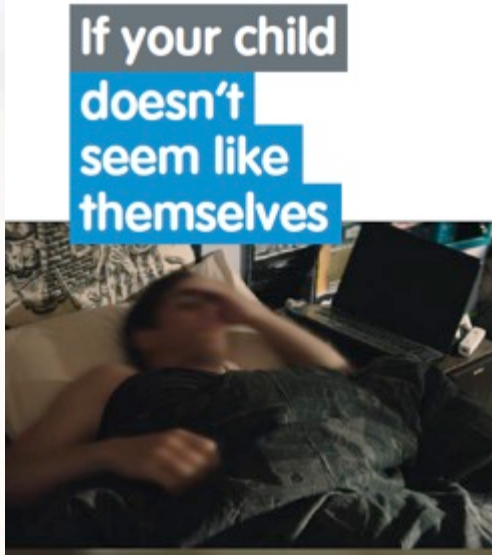
Rationalhub.com
facebook.com/rationalhub


headspace
National Youth Mental Health Foundation
Health Clinic
Health Checks
Sexual Health
Health information
Pregnancy information and assistance
Mental Health
Multiple Referral Pathways
Open Thursdays from 1-5pm
FREE & CONFIDENTIAL APPOINTMENTS
Call headspace Noarlunga on
(08) 8384 9284 to book!

One stop service for mental health, AOD, physical health, vocational assistance that is youth friendly and free or low cost







headspace.
National Youth Mental Health Foundation

REST
Industry Super
supré
Melbourne
STARS
NRL
WHAT'S YOUR
STATE
OF MIND?
STRIKE
facebook
Instagram
twitter
ANZ
Staff
Foundation
HOYTS
AFL
PLAYERS
AROMA
CAFÉ
COTTON ON
FOUNDATION
YAHOO!7
Leo Burnett
val
morgan
mental as...
NITV
ten
[v]
MUSIC
triplej
beyondblue
YEAH
RedAware.org.au
Orygen
YOUTH Health
Bupa
Health Foundation
Butterfly
Foundation for Eating Disorders
Mental Health
Australia
SCHOOLIES
where schoolies starts
.COM
Girlfriend
BLACKMORES
SYDNEY RUNNING FESTIVAL
Sunday Telegraph
LGBTI
National LGBTI
Health Alliance
SYDNEY
GAY AND LESBIAN
MARDI GRAS
GROOVIN
THE MOO
GTM.NET.AU
2015
big day out
THE AGE
RUNMELBOURNE
people's choice

Partnerships with national sports teams!

- Norm Smith Medal Winner 2015!
- AFL Grand Final MVP!
- Indigenous player from the Tiwi Islands
- Picture Steph Curry on a national mental health clinic poster…

HEADSPACE CENTRE JOURNEY

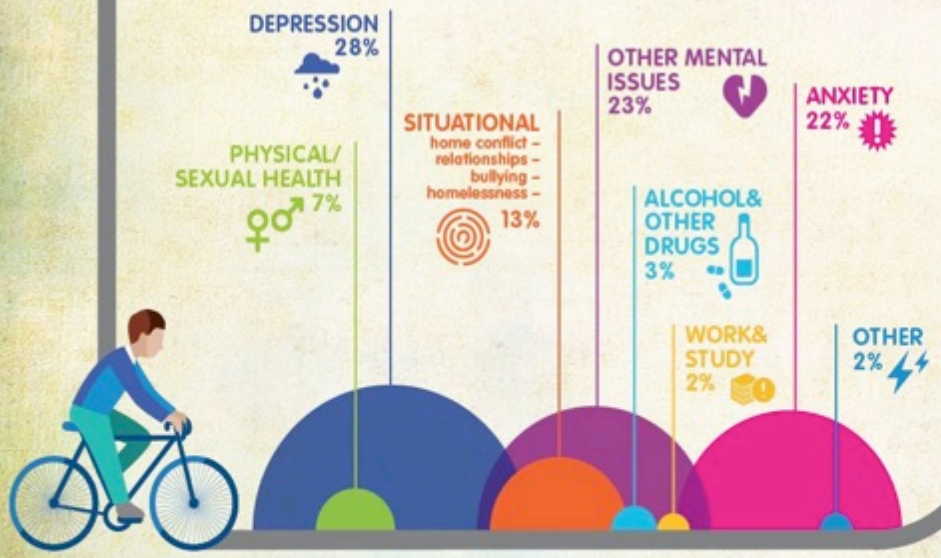
ACCESSING THE SERVICE

Waiting Time

80% of young people waited ... **2 WEEKS** or less for the their first appointment

PRESENTING TO THE CENTRE

Young people presented to the centre with these issues ...



TREATMENT

The average young person has

4.1 sessions with headspace which includes:

- Mental health services
- Physical health services
- Alcohol & drug services
- Work & study services

OUTCOMES

Young people rate headspace at

Out of 5

Other 40%
may have made smaller improvements that didn't reach significance or are still receiving services at headspace or other services that they were referred to

headspace®
National Youth Mental Health Foundation

Headspace models internationally

- Headspace Australia- 90 sites
- Headspace Denmark- 8 sites
- Headspace Israel – 1 site
- Headstrong Ireland- 10 Jigsaw sites
- Canada- BC- 5 sites and soon more in Ontario and Quebec

RIO

What feeling is coming up for you now?

When poll is active, respond at **PollEv.com/acknowledge**

Text **ACKNOWLEDGE** to **22333** once to join

"Connected"
3 days ago

"Friday"
3 days ago

"Motivated"
3 days ago

"DeterminedHopefulScared"
3 days ago

"Aware"
3 days ago

"Determined"
3 days ago

"Excited"
3 days ago

"Unlikely"
3 days ago

"More"
3 days ago

"Knowledge"
3 days ago

"Expanding mind"
3 days ago

"Grateful"
3 days ago

"Impatient"
3 days ago

"Greatinfo"
3 days ago

"Advocacy"
3 days ago

"Intersectionality?"
3 days ago

"Culture"
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"Gobernie"
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"Relaxed"
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"Perspective"
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"Awareness"
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Collaborative & Proactive Solutions

Nurturing the More Positive Side of Human Nature in Our Kids and Ourselves

Ross W. Greene, Ph.D.

www.livesinthebalance.org

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Important Questions

- Are the ways in which we're teaching, interacting with, and disciplining our kids fostering the skills on the more positive side of human nature?
- Is there a good "fit" between expectations at school and characteristics of kids (diathesis-stress model)
- If not, what should we be doing instead?
- What are those skills?

The Most Crucial Skills

1. Empathy
2. Appreciating how one's behavior is affecting others
3. Resolving disagreements in ways that do not involve conflict
4. Taking Another's Perspective
5. Honesty

Important Questions

- Why do the problems that affect kids lives so often cause conflict between us and them?
- How should we be helping solve those problems?

Characteristics of Helpers

- Helpers help.
- Helpers have thick skin.

Important Questions

- Who are we talking about?

Two Questions to Answer

- Why are challenging kids challenging?
  - Because they're lacking the skills to not be challenging
- When are challenging kids challenging?
  - When demands and outstrip their skills

Two Questions Not to Answer

- What behaviors is the kid exhibiting when he's struggling?
- What diagnostic categories best summarize those behaviors?
  - How do we communicate about mental health issues without stigmatizing kids and overwhelming adults?

- Paddle upstream!

Collaborative & Proactive Solutions (CPS): Key Roles for Helpers

1. Figure out what skills a kid is lacking, and what expectations – known as unsolved problems – the kid is having difficulty meeting
2. Solve those problems collaboratively and proactively
    - Encourages an adult-child partnership
    - Engages the child is solving the problems that affect his/her life
    - Leads to more durable, realistic, mutually satisfactory solutions
    - Teaches important skills

Four Important Themes of the CPS Model

- Emphasis is on problems (and solving them) rather than on behaviors (and modifying them)…upstream (not downstream)
- Problem solving is collaborative rather than unilateral (something you're doing *with* the kid rather than *to* him)…you need inside information
- Problem solving is proactive rather than emergent
  - this is possible if we answer two questions: why and when is this kid challenging?
- Understanding comes before helping

Key Theme #5 (Really #1)

Kids do well if they can

If the kid could do well, he would do well.

Key Theme #6 (Really #2)

Doing well is preferable

(we've been focused on motivation when we should have been focused on skills)

Options for Handling Unsolved Problems

Plan A: solve the problem unilaterally

Plan B: solve the problem collaboratively

Plan C: set the problem aside for now

The Three Steps of Plan B

1. Empathy Step

   (gather information so as to identify child's concerns)

2. Define Adult Concerns Step

   (identify adult's concerns)

3. Invitation Step

   (brainstorm and select solutions that are realistic and mutually satisfactory)

What's Going On in the Empathy Step?

For Kids:

- We're curious about and interested in your concerns
- Your concerns are valid and of equal legitimacy
- If you're having difficulty identifying your concerns, we'll help you
- If you're having difficulty communicating your concerns, we'll help you
- You're not in trouble
- We're not mad at you
- We're not telling you what to do
- We want to understand
- Honesty

What's Going On in the Empathy Step?

For Adults:

- Jaw-dropping moments
- The more you know, the more predictable the kid is
- Modeling empathy

What's Going On in the Define Adult Concerns Step?

For Kids:

- Hearing another's concerns
- Taking another's perspective
- Appreciating how one's behavior is affecting others

What's Going On in the Define Adult Concerns Step?

For Adults:

- My concerns will be heard and addressed
- I am not losing any authority
- I am having influence

What's Going On in the Invitation Step?

For Kids and Adults:

- My concerns will be addressed
- I am invested in making sure that yours are too
- We can resolve disagreements in ways that do not involve conflict
- We are partners, not enemies; we are team-mates, not adversaries
- We can help each other

Important Questions (Redux)

- Are the ways in which we're teaching, interacting with, and disciplining our kids fostering the skills on the more positive side of human nature?
- If not, what should we be doing instead?
- What are those skills?

Important Questions (Redux)

- When should we begin teaching those skills?

Important Questions (Redux)

- Why do the problems that affect kids lives so often cause conflict between us and them?
- How should we be helping solve those problems?

Important Questions

- When should we begin solving problems collaboratively and proactively?

Additional Information/Resources

www.livesinthebalance.org

Resilience Moment

Jean Hamilton, MFT

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The Science of Social-Emotional Well-Being: Why It Matters for Education

April 29, 2016

Vicki Zakrzewski, Ph.D.
Education Director

Greater Good Science Center at UC Berkeley
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http://greatergood.berkeley.edu

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What are the most important childhood predictors of life satisfaction in adulthood? (Layard et al., 2014)

1. Emotional health
2. Prosocial behavior

The least important predictor?

Academic success

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How do you define student success – both short and long-term?

What is the purpose of education?

WHAT DO YOU WANT IN LIFE?

What do you want for your loved ones, your students, others around you?

Who are we as human beings?
What is our potential?

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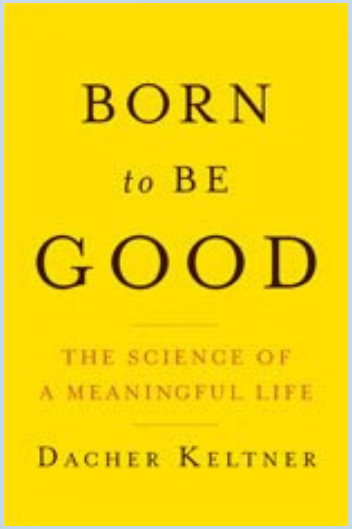
A "Prosocial & Emotional" View of Human Development



The origins of human goodness are rooted in our emotions, and these social instincts may be stronger than those of any other instinct or motive.

– Dacher Keltner

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Kindness starts young…

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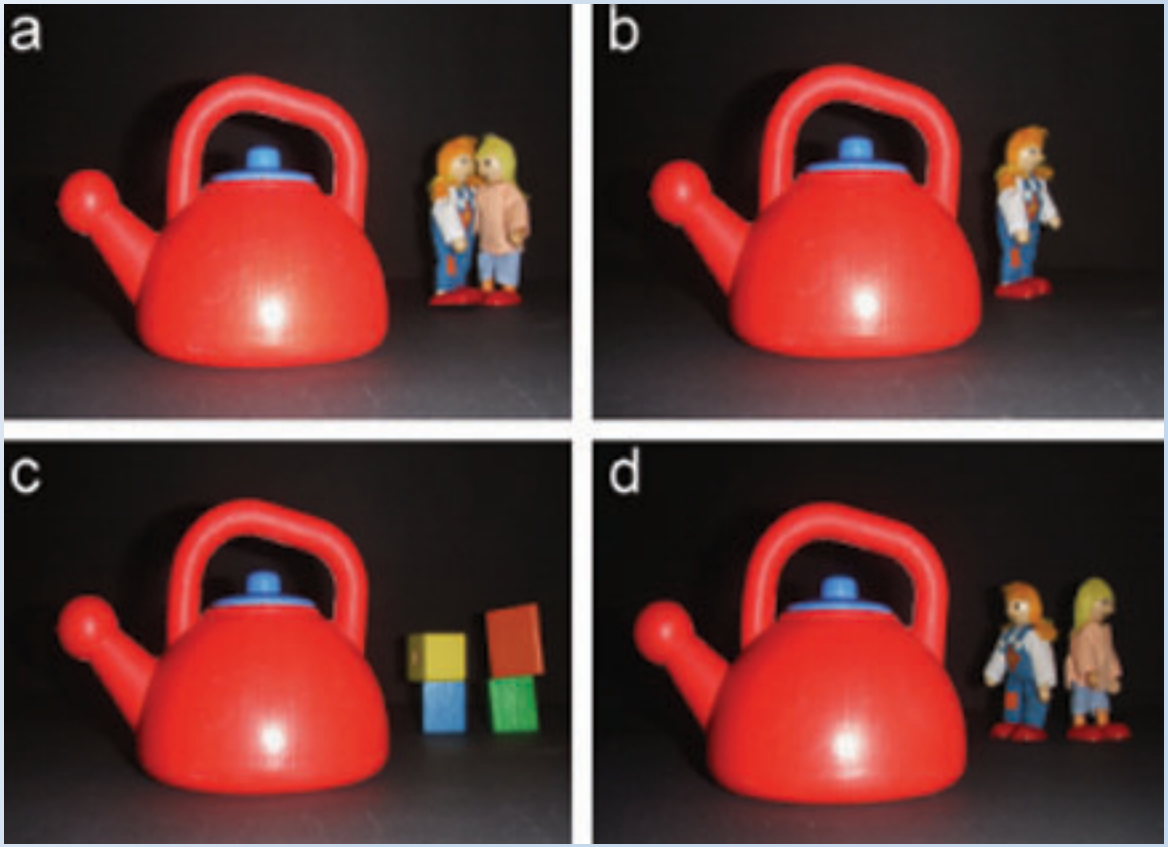
Encouraging kindness is simple…



(Over & Carpenter, 2009)

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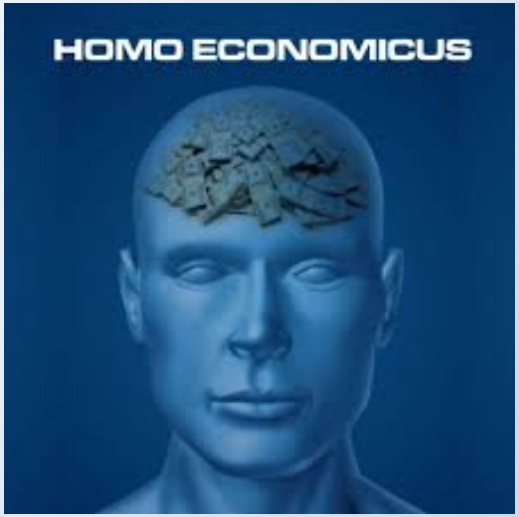
What side of ourselves do we cultivate?



vs.

Educating the mind without educating the heart is no education at all.
--Aristotle

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Social-Emotional Well-Being & the Learning Process

50% cognitive

50% social-emotional

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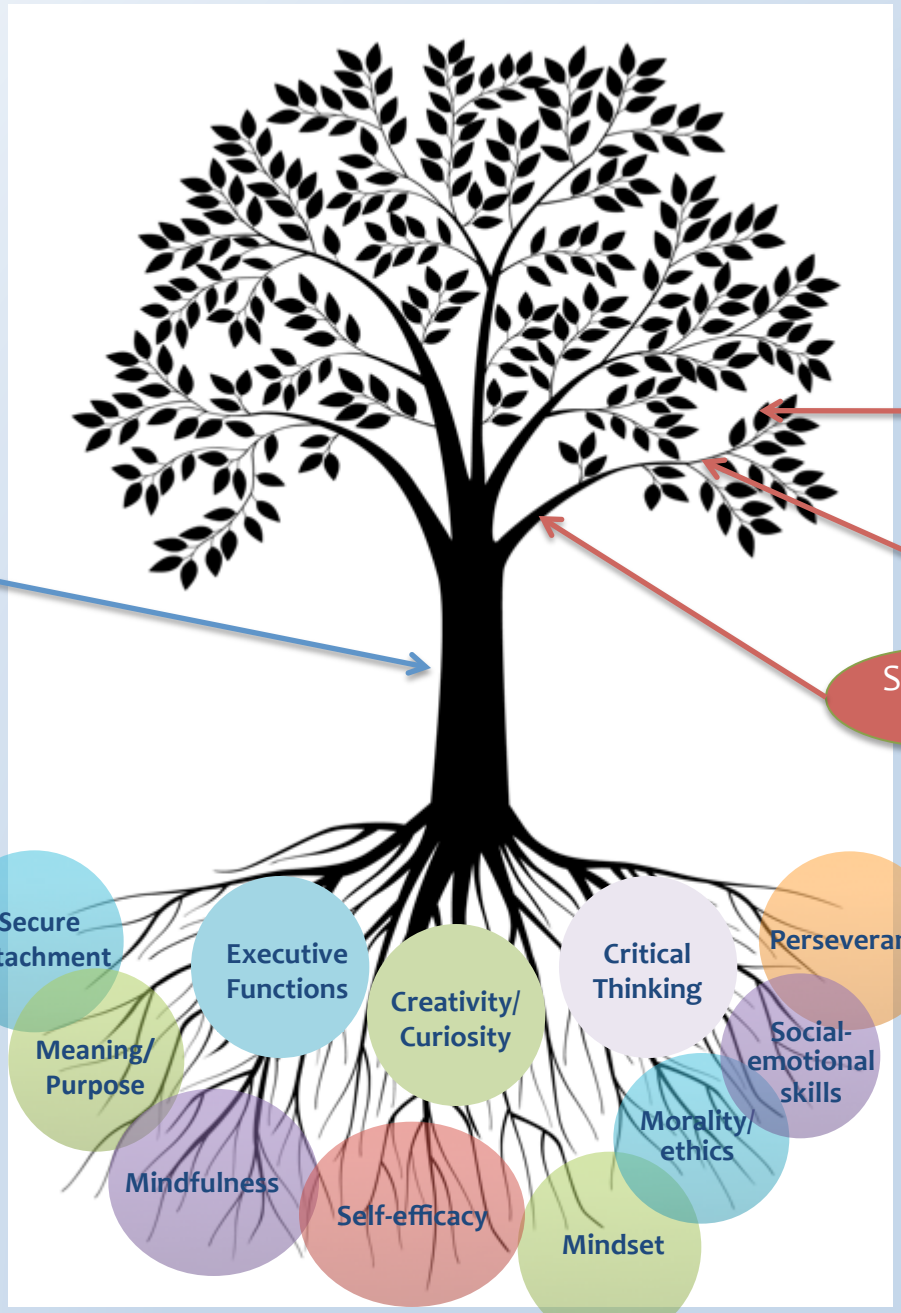

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Students today…

(American College Health Association, 2013)

Depression
30%

Anxiety
51%

Self-injure
7%

Hopeless
45%

Eating disorders
25%

Substance abuse
42%

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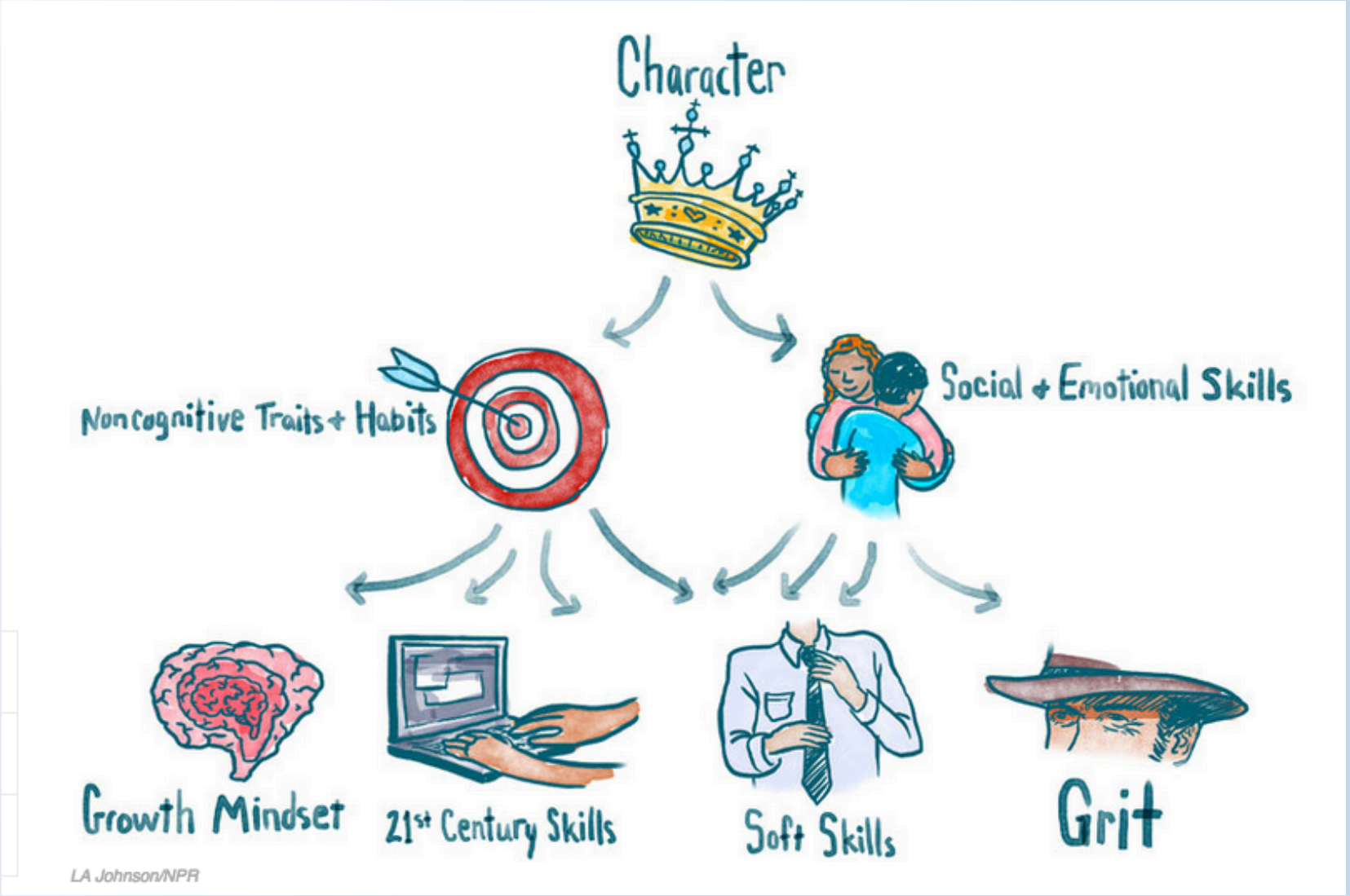

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Social-Emotional Learning

www.casel.org

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3 + 1 Arguments for Social-Emotional Learning

1. Educational Argument

2. Economic Argument

3. Societal Argument

(hearttmindonline.org)

+ 1. The Human Argument

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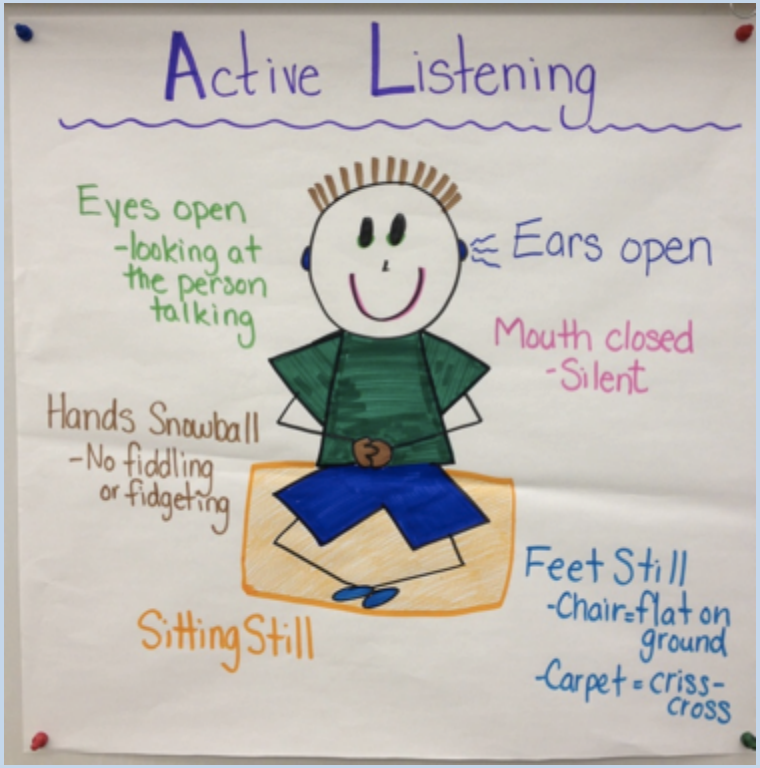
Sample Social-Emotional Learning lessons

- Recognize & label emotions
- Conflict resolution skills
- Managing difficult emotions
- Put-downs & put-ups
- Active listening



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- ❑ Flirtatiousness
- ❑ Interest
- ❑ Happiness
- ❑ Politeness

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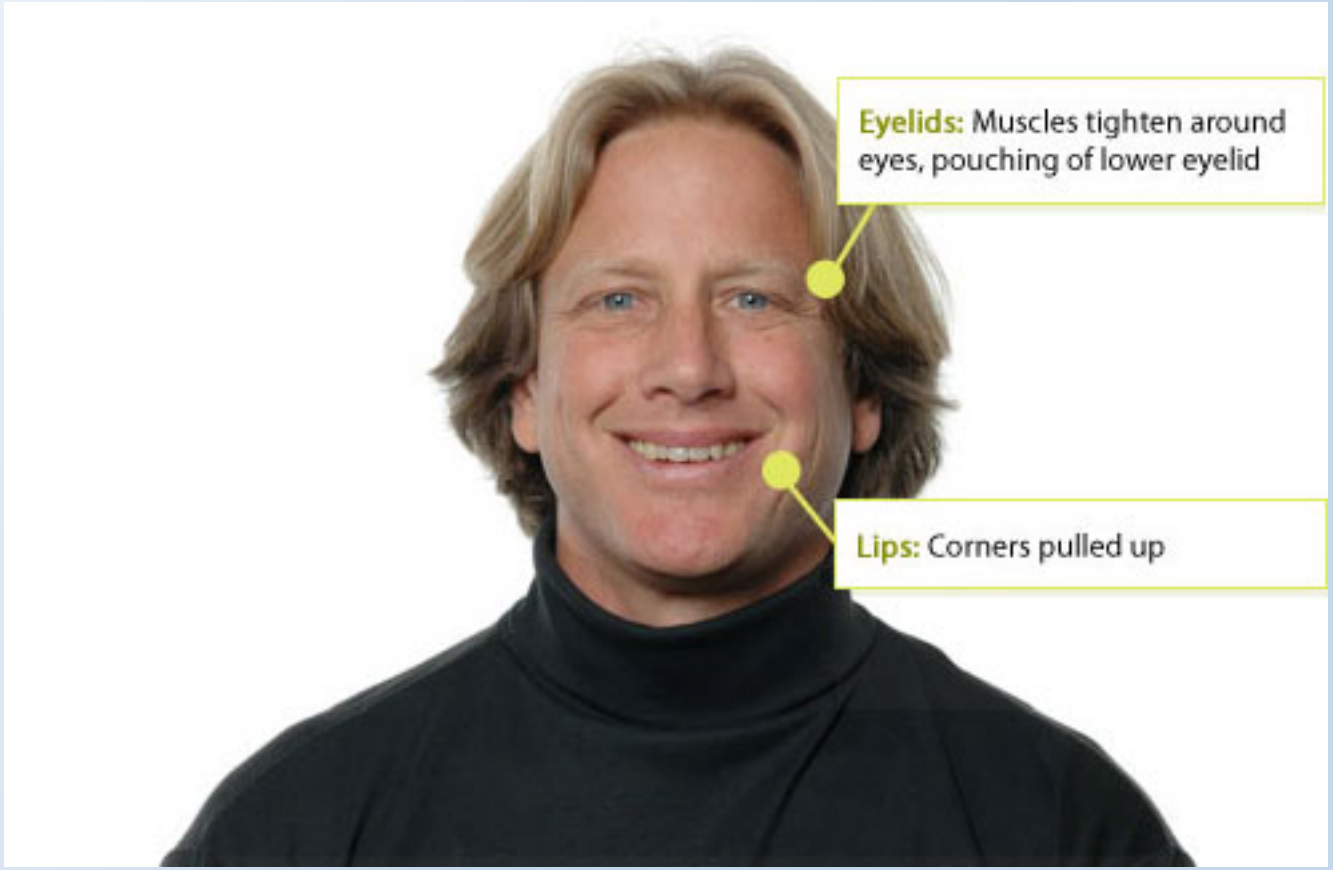
Happiness



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- ❑ Pride
- ❑ Contempt
- ❑ Excitement
- ❑ Anger

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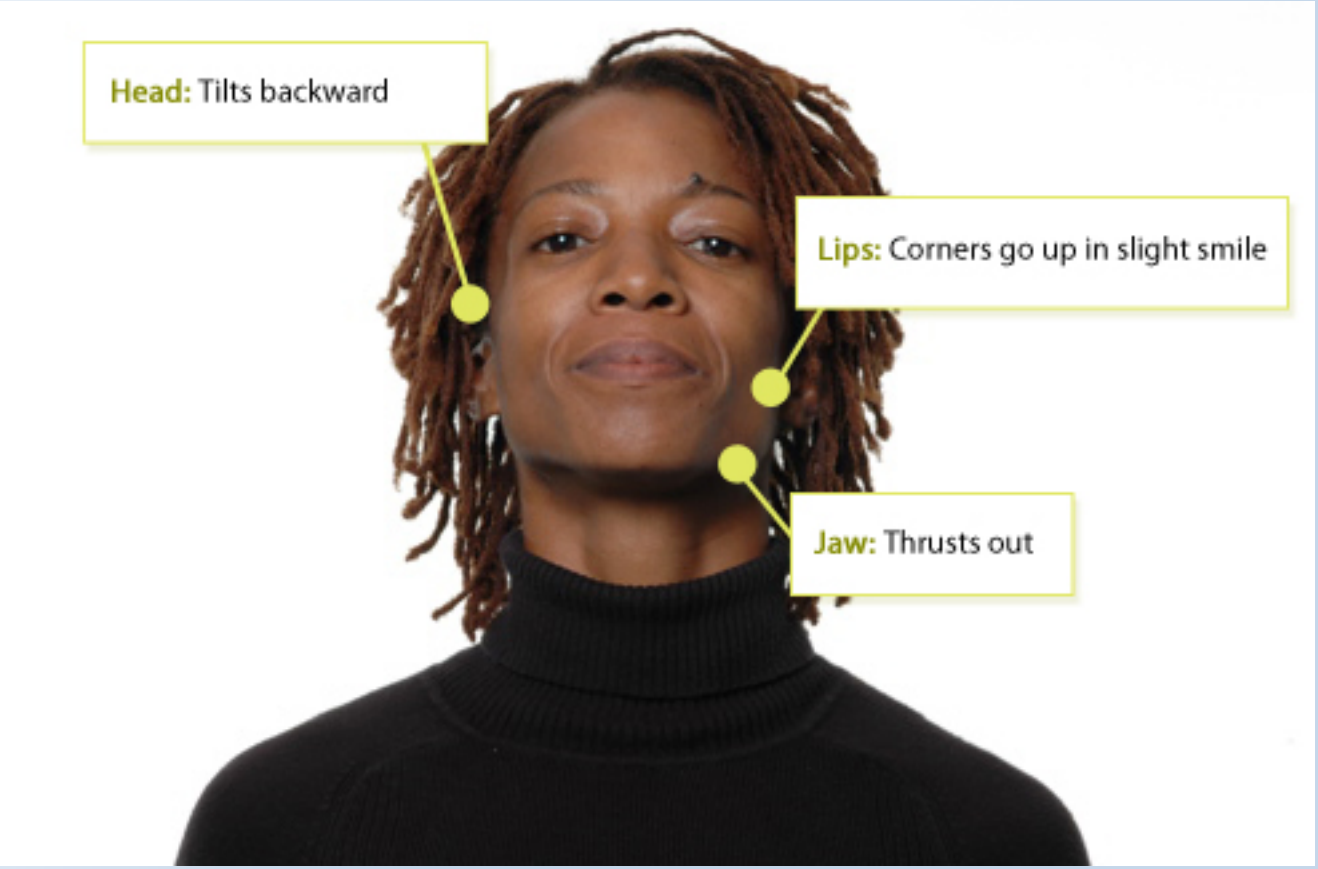
Pride



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- ❑ Satisfaction
- ❑ Flirtatiousness
- ❑ Love
- ❑ Compassion

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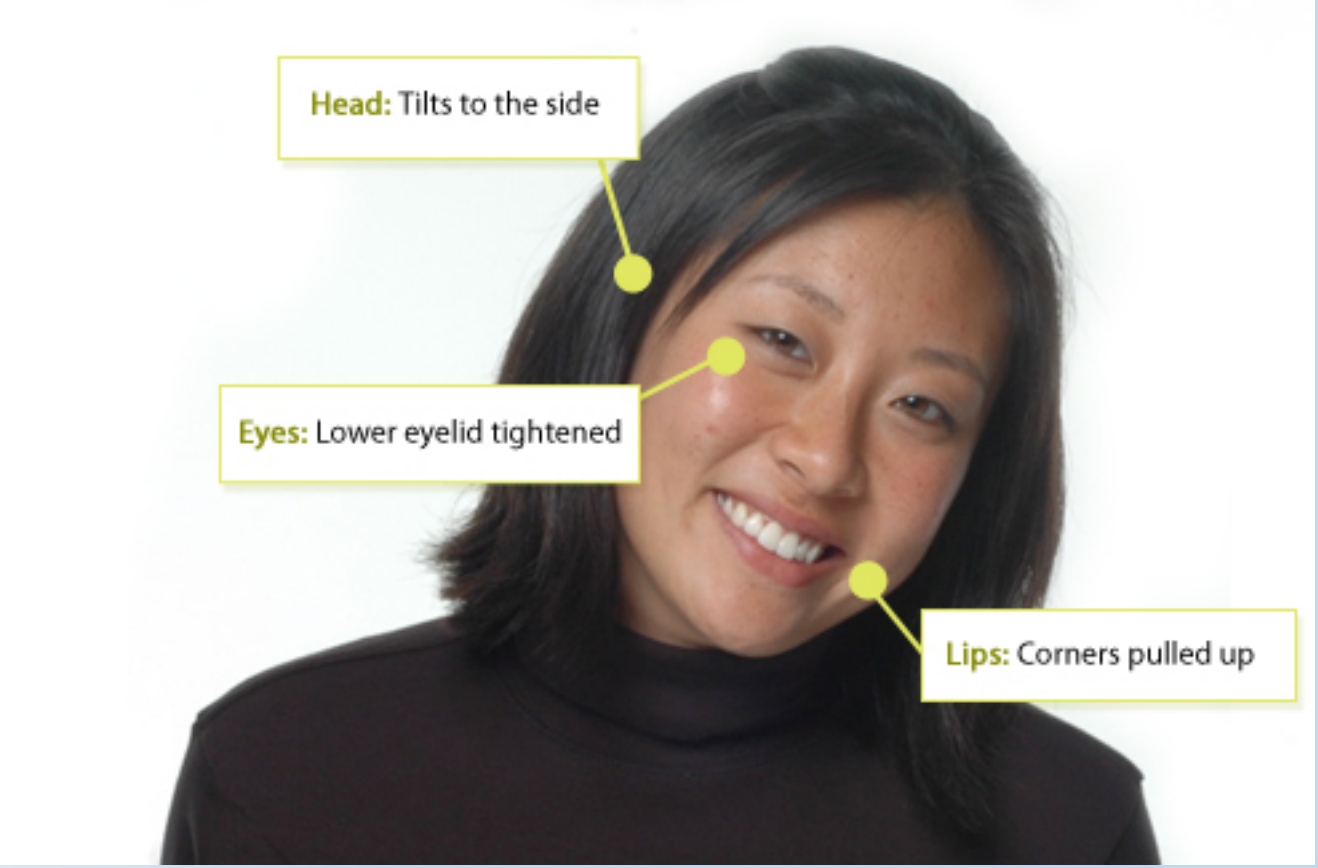
Love



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What does SEL look like in the classroom?

1. Stand-alone lessons

2. Social teaching practices

- Student-centered discipline
- Teacher warmth & encouragement
- Responsibility & choice

3. Instructional teaching practices

- Cooperative groups
- Classroom discussions
- Self-assessment & self-reflection
- Meaningful work & high expectations

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What does SEL look like in the classroom?

4. **Integrated into content**

a. In **Language Arts**, discuss ways a character in a book might have reacted differently.

b. In **science**, promote compassion by discussing ethics of using animals for experimentation. Or have students carry out their own experiments on empathy, compassion, kindness, etc.

c. In **math**, use graphs to compare countries' death & wealth rates, then discuss through lens of fairness & empathy.

d. In **history**, consider emotional impact of historical events. Explore tensions between public morality & private vices of key figures.

e. In **music**, help students see the link between music and the emotion felt by the listener. "Why is this song slow?" "It represents someone feeling hurt."

f. In **P.E.**, cultivate empathy and compassion by discussing how it feels to win or lose and the behaviors that may be exhibited by one or the other.

(Jubilee Centre for Character & Virtues)

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Safe and Caring School Climate (built by SEL)

Students:

- Stronger school connectedness ("I matter to someone at school")
- Stronger academic motivation
- More concern for others
- Less engagement in risk-behaviors

Teachers:

- Greater retention
- Less burn-out
- Increased productivity
- More open to innovation & change
- Stronger relationships with students & colleagues (Source: Developmental Studies Center)

Administrators:

- Greater authenticity
- Less burn-out

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Caring teacher-student relationship

(Aultman & Williams-Johnson, 2009; Berkowitz & Bier, 2005; Davis, 2003; Narvaez & Lapsley, 2008)

- Secure attachment/Resiliency = one caring adult
- Increases academic success, prosocial behavior, engagement in school
- Predicts future school & social success

The greatest thing a teacher can do is care…to understand. You've got to go beyond the boundaries of what you're supposed to be doing as a teacher to help the person learn. Because if not, the kid will say, 'Oh, they're giving up on me, so I might as well give up on myself.' -- Alternative high school student (Cassidy & Bates, 2005)

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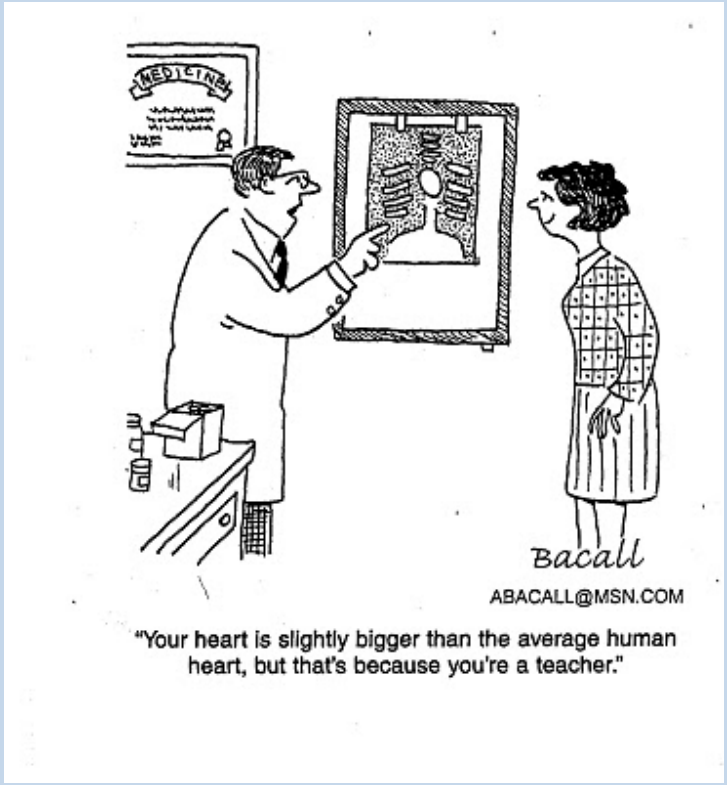
Teacher Social and Emotional Competence

- Warm & supportive teacher-student relationships
- Positive classroom climate
- Better classroom management
- More open to innovation & change
- Stronger relationships with colleagues
- Effective implementation of SEL programs (Developmental Studies Center; Jennings & Greenberg, 2008)



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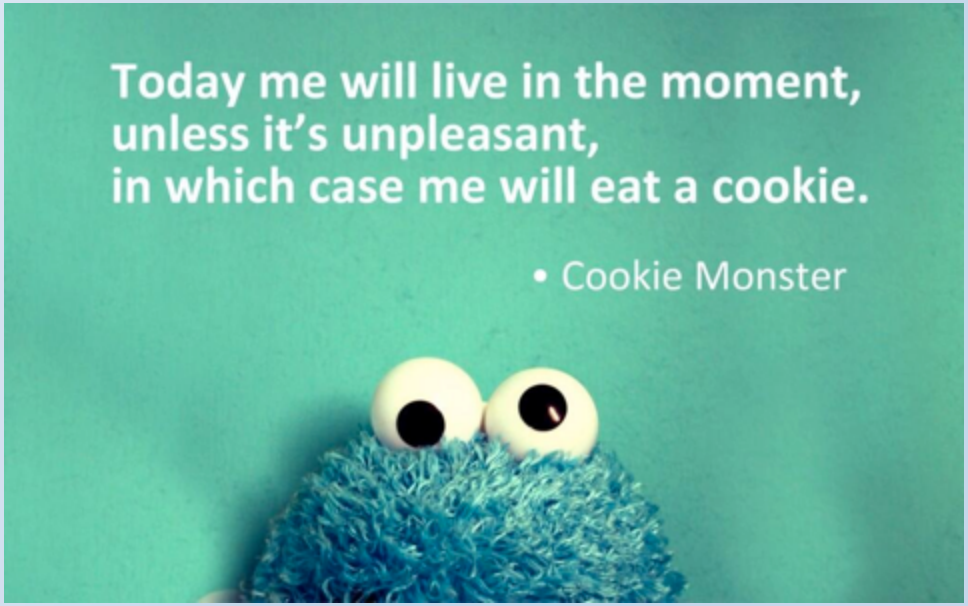
Mindfulness

"The awareness that arises out of intentionally paying attention in an open, kind, and discerning way" (Shapiro & Carlson, 2006)



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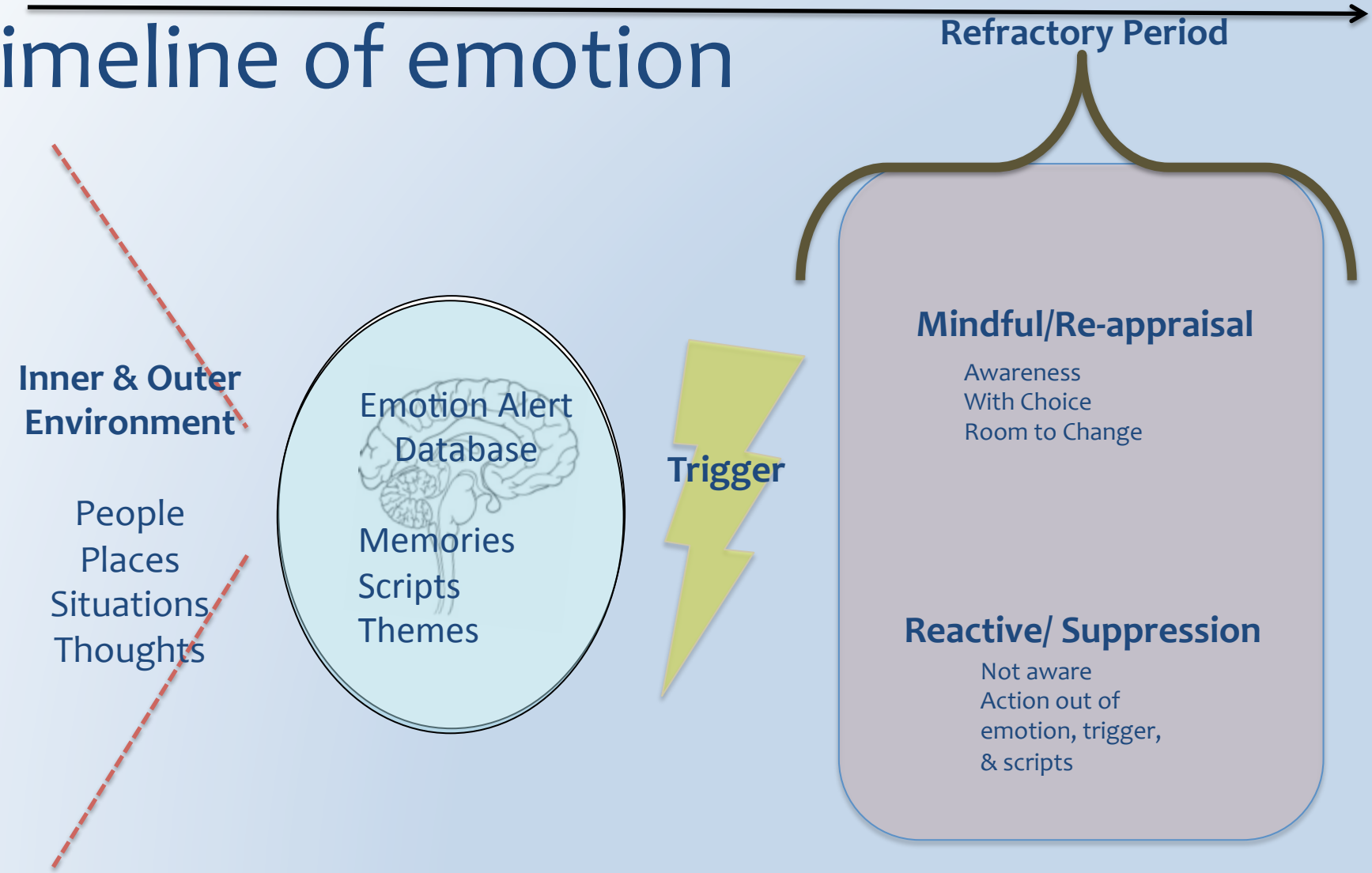
Timeline of emotion



(Ekman 1992, 2003)

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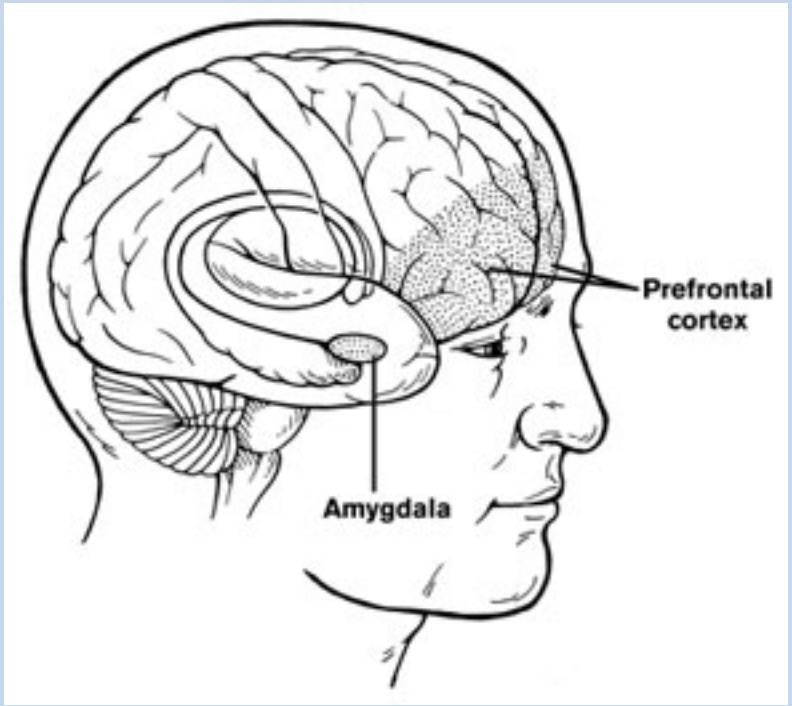
Resilience (Davidson & Begley, 2012)

- The role of the prefrontal cortex and the amygdala



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Benefits of mindfulness in education

(Flook et al., 2013; Jennings et al., 2013; Kemeny et al., 2012; Meiklejohn et al., 2012; Schonert-Reichl & Lawlor, 2010)

For students:

- Increases ability to pay attention, self-control, self-care, optimism, social-emotional skills
- Decreases anxiety, stress, & fatigue

For teachers:

- Increases well-being, efficacy, positive emotions, self-compassion, & teaching skills
- Decreases burnout, stress, depression, negative emotions, & anxiety

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What do you hope to achieve?

Something that is meaningful to you that also impacts the world beyond-the-self.

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Why purpose is good for students: (Bronk, 2014)

- Greater resilience
- Psychological well-being
- Increased life satisfaction
- Studying & homework is more meaningful
- More pro-socially engaged
- Higher academic achievement

or

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How to help students develop purpose…

(Bronk, 2014)

- Set goals that benefit themselves & others, & are not oriented towards making money (Yeager & Bundick, 2009)
- *Extracurricular activities*
- Cultivate ethnic identity
- *Strong social network – familial, peers, mentors*
- Reflection
- *Talk about your own purpose and ask them about theirs*
- Cultivate an entrepreneurial attitude

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Second chances are necessary because human beings are not a moment, we're a process.

--- Conner Adams, in a letter to President Obama about recovery from addiction

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You are a part of **the Greater Good…**

Participate!

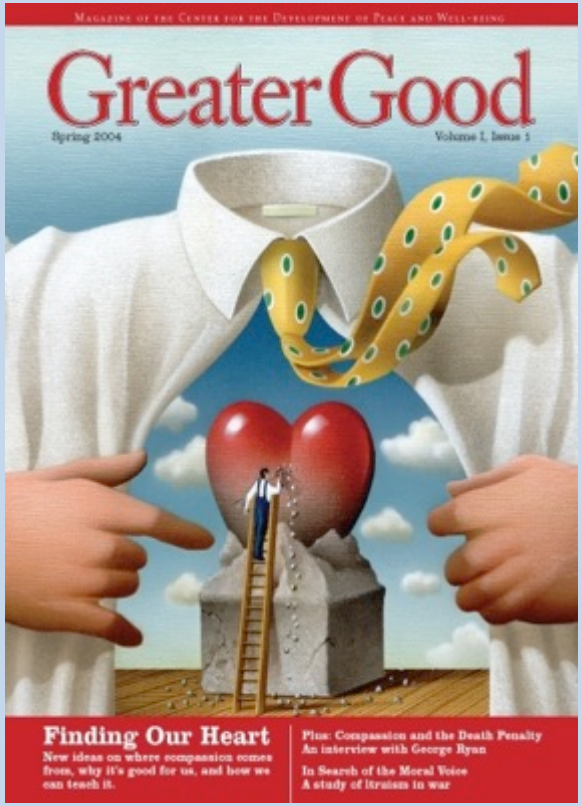
✓2016 Summer Institute for Educators – June 26-July 1, July 15-20, July 25-30

✓Science of Happiness MOOC. Sign up through edX.org

✓Sign up on the site for our monthly education e-newsletter. It's FREE.

✓ Become a member to support our work and enjoy benefits! Educator 50% discount. Code: GGSCEducators

✓ Follow us on Facebook and Twitter (@GreaterGoodSC)



What teacher embodies SEL in your experience?

When poll is active, respond at **PollEv.com/acknowledge**

Text **ACKNOWLEDGE** to **22333** once to join

"Janice Lewis"
3 days ago

"My high school art teacher"
3 days ago

"Kathryn Kay"
3 days ago

"Rick Riebhoff -- Woodside Priory"
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"Rich-Carlmont"
3 days ago

"Justine-Carlmont"
3 days ago

3 days ago

Resilience Moment

Jean Hamilton, MFT

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Lessons from the Field Panel

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What is your one-word response to the entire day?

Respond at **PollEv.com/acknowledge**

Text **ACKNOWLEDGE** to **22333** once to join, then text your message

Thank you!

Thank you!

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