



Welcome to Project ECHO!

URSOS

UR Supporting Our Students

Strengthening Educators' Response to the
Mental Health Needs of Teens

Hosted by the Expanded School Mental Health Team at UR Medicine

Introductions (5 min)



Welcome From Our Hub Team!



Melissa Heatly, Ph.D.
Project Director
Proj. ECHO Lead



Allison Stiles, Ph.D.
Co-Director
YMHFA Lead



**Linda Alpert-Gillis,
Ph.D.**
Senior Advisor



**Corey Nichols-
Hadeed, JD**
Project Coordinator



Jerard Johnson
Case. Management



Kristen DiFillippo
Parent Liason



Manny Rivera
Office of Mental
Health

- YMHFA Monthly Implementation Support Meeting on the 2nd Friday each month from 1 – 2
 - First meeting is THIS FRIDAY!
- Reminder: Order YMHFA Materials ASAP!
 - Reach out to Allison Stiles with questions or concerns about ordering, pre-work, etc.
- February CEUs will be submitted this week –
 - E-mail Corey_Nichols@URMC.Rochester.edu with questions



Strengthening Educators' Response to the Mental Health Needs of Teens

Special Guest: Jim Wallace, MD – Associate Professor of Psychiatry & Pediatrics



Dr. Wallace is an Associate Professor of Psychiatry and Pediatrics at the University of Rochester Medical Center, board certified in General Psychiatry as well as Child and Adolescent Psychiatry. Dr. Wallace has been in clinical practice in many settings including twenty-four years in a private practice, almost twenty years in an urban Community Mental health Center in Rochester and recent years in collaborative settings through Strong General Pediatrics and Adolescent Medicine at the University of Rochester. Consultation to public school and other educational settings has also been a big part of his work including urban, suburban and rural public school settings and Center-based and Day Treatment Programs. Dr. Wallace is also part of Project TEACH, a NYS collaborative program with primary care providers to help them manage mild to moderate mental health needs in their practices.

Strengthening Educators' Response to the Mental Health Needs of Teens

I have no disclosures

Continuing Education Reminder

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Okay, Okay, Let's Talk About Anxiety

Dr. Jim Wallace, MD

Associate Professor of Psychiatry & Pediatrics

Isn't Anxiety Part of Life?

- 100 - Percentage of humans who experiences anxiety
- 20 - Percentage of humans born with an “Anxious Temperament”
– slow to warm up/novelty and change avoidant
- 8 – 25* – Percentage of population with an Anxiety Disorder
*pre/post Covid Pandemic

How Does Anxiety Present?

- Physical Symptoms – headaches, stomach aches, other pain
- Cognitive Symptoms – hyper-vigilant, catastrophic thinking, ruminates, worries, underestimates coping ability
- Separation problems – school avoidance, sleep issues, fail to launch
- Social problems – avoidance, isolation, secondary depression



Are there valid screening tools?

- Screening tools:
 - SCARED screening tool – 41 questions (8-18)
 - GAD7 – 7 questions (12+)
 - Strengths and Difficulties Questionnaire (SDQ)
 - Pediatric Anxiety Rating Scale (PARS)

Screen for Child Anxiety Related Disorders (SCARED)
Child Version—Pg. 2 of 2 (To be filled out by the CHILD)

Total Score = 34	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21. I worry about things working out for me.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
22. When I get frightened, I sweat a lot.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am a worrier.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. I get really frightened for no reason at all.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am afraid to be alone in the house.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. It is hard for me to talk with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. When I get frightened, I feel like I am choking.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People tell me that I worry too much.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
29. I don't like to be away from my family.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am afraid of having anxiety (or panic) attacks.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I worry that something bad might happen to my parents.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I feel shy with people I don't know well.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. I worry about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
34. When I get frightened, I feel like throwing up.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I worry about how well I do things.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36. I am scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
37. I worry about things that have already happened.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. When I get frightened, I feel dizzy.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I am shy.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

SCORING:

A total score of ≥ 25 may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

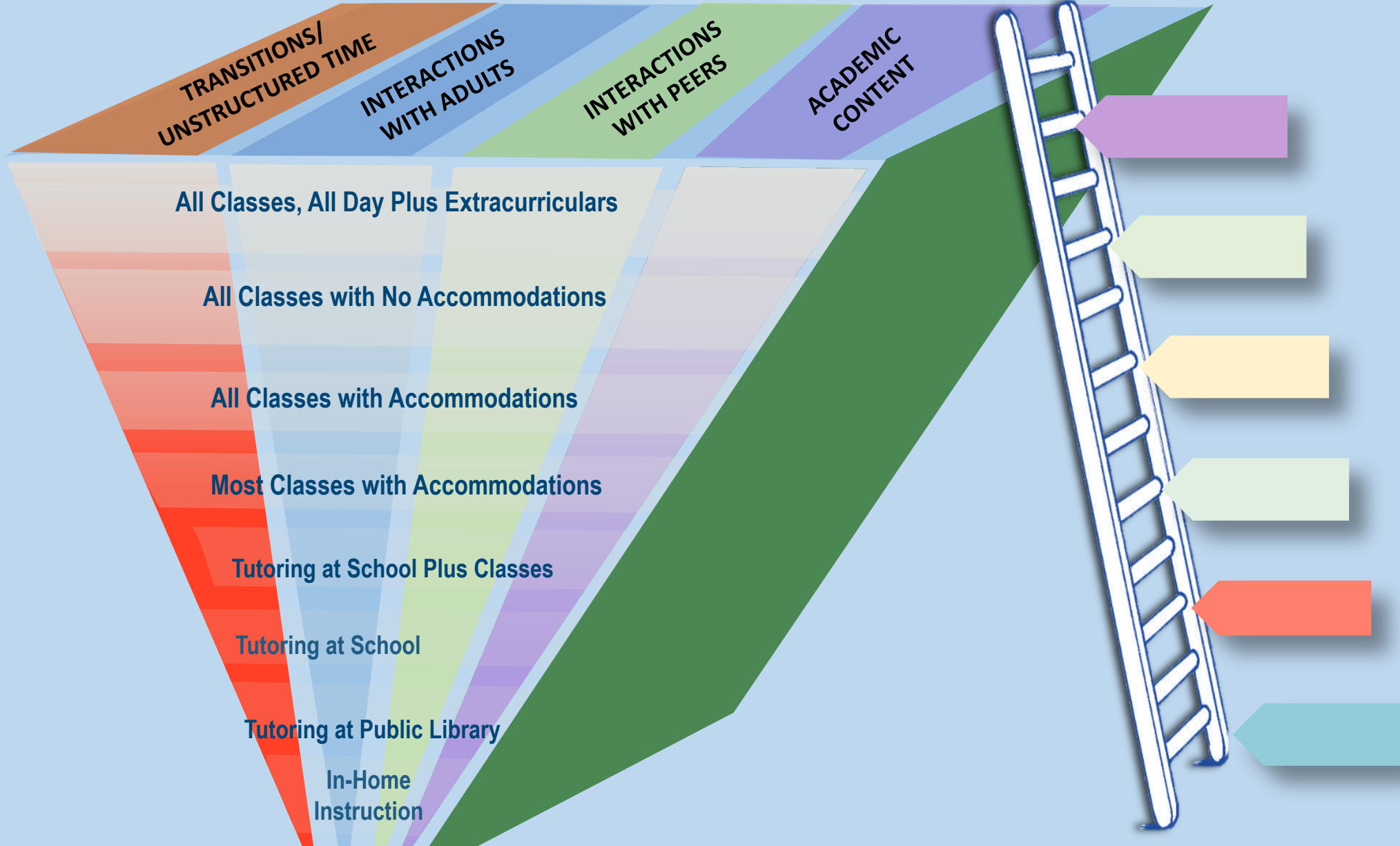
A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

**For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

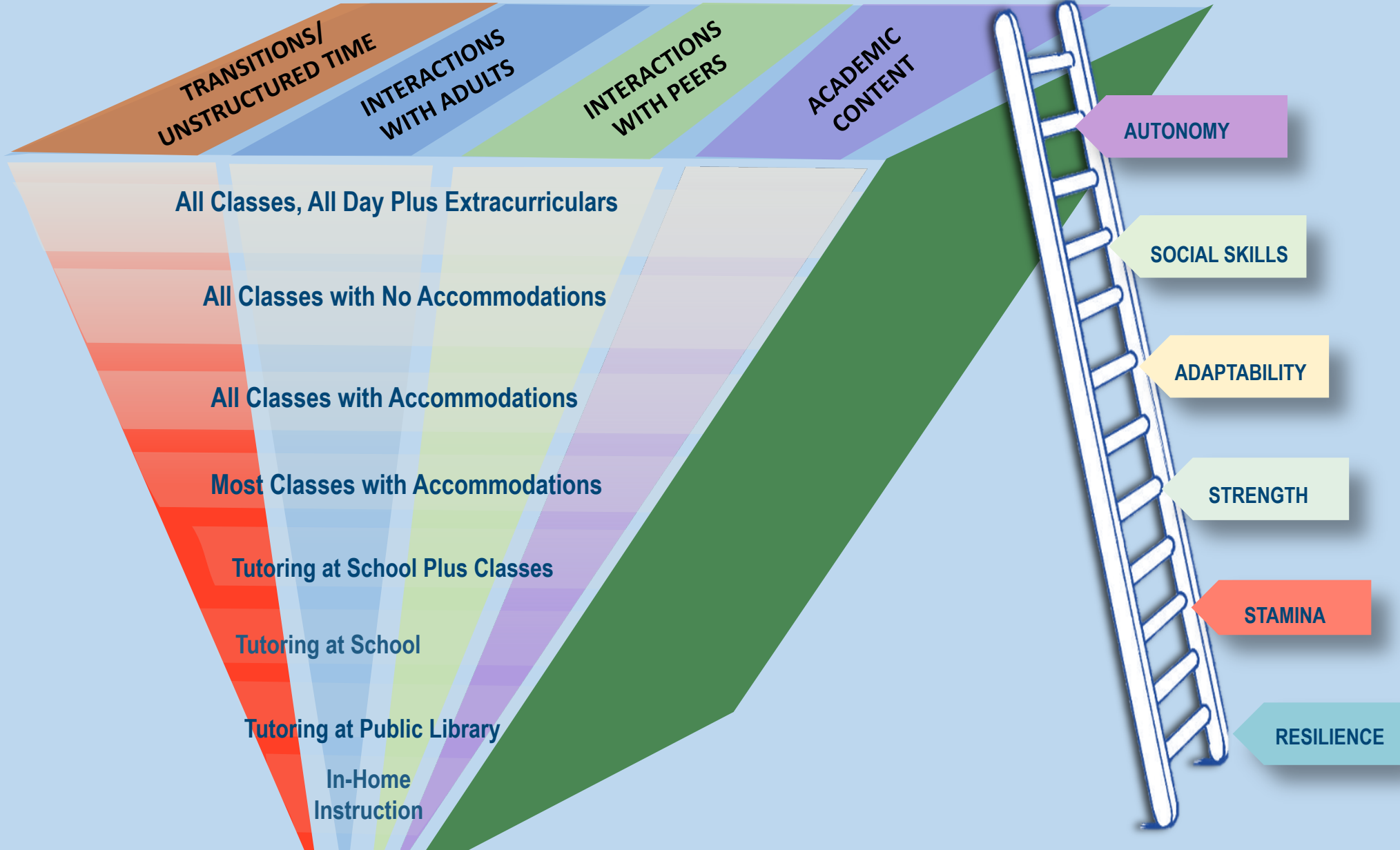
What is the Best Approach?

- **Exposure, exposure and exposure**
- It helps to learn coping skills and master negative thoughts and physical reactivity (CBT)
- It helps to do exposure gradually but relentlessly to build “mental muscles” (re-entry plan)
- It can help to use SSRI antidepressants to soften the intensity
- Exposure requires raising expectations
- Avoid avoidance like: home instruction, days off, everyone passes, easy tests and quizzes, no significant work, etc.

Ready for Young Adulthood

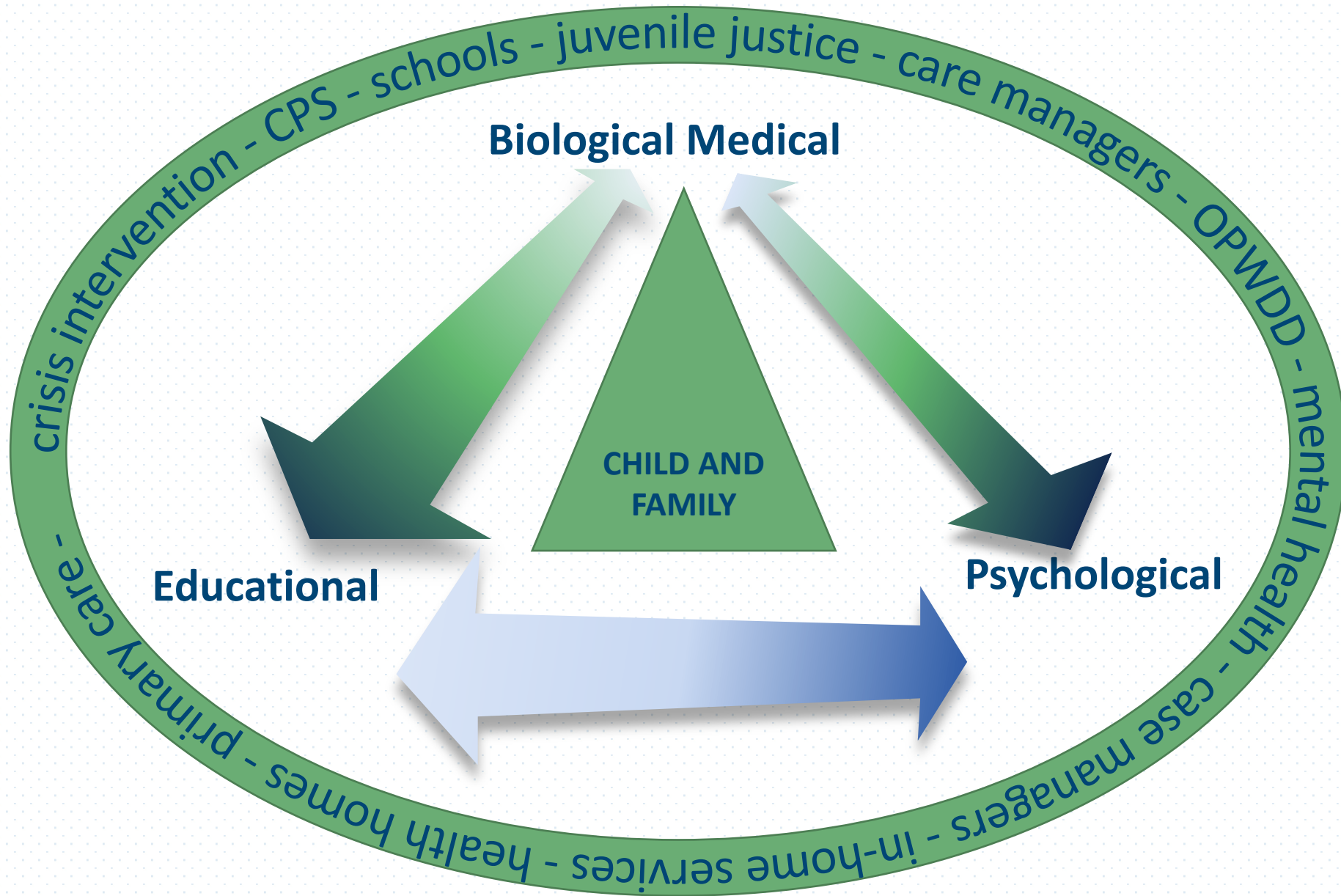


Ready for Young Adulthood



Where Does it Go Wrong?

- Exposure is not the natural response to a child in distress
- Anxiety runs in families and is generationally contagious (weakest links)
- Professionals aren't good listeners and want solutions that are fast, easy and simple (limited empathy)
- Schools need "safe people" who are empathic and willing to be a liaison between those who are not
- Administrators need to understand the workings of an anxious system and support effective approaches that might be disruptive (long game over short game)





Medical/Behavioral Health Provider to School Personnel – Communication Form

Name/credentials of Provider completing form:	Agency/Practice Name:
Phone #:	
Fax #:	Physician:
Email:	
Best way to reach: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email	Today's Date:

Student Name:	DOB:	Grade:
Home School District:	Current Educational Placement, if known:	
Primary School Contact Name: (with whom information will be shared)	School Contact phone/fax/e-mail:	
*Parentally signed HIPAA form must be completed. Please attach.		
Relevant concern/diagnosis/condition(s):		
How long have you been treating the student for this condition?	Frequency of appointments?	Date of last office visit:
Is student actively participating in treatment/therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Comment:		
Other known providers:		
How does this condition impair the student's ability to participate in classes in school?		
Share ideas that could be considered to support the student in school:		
Are there any school activities in which you feel the student should not participate? Reason?		
When would you anticipate improved function? Would the student still need special consideration?		
Parents' understanding and perception of the situation?		
Other pertinent information?		
Copy to: Student or Patient Medical File		



School to Medical/Behavioral Health Provider – Communication Form

Name/Title of Staff completing form:	Name/Title of the best school contact, if different:
Phone #:	Phone #:
Fax #:	Fax #:
Email:	Email:
Today's Date:	

Student Name:	DOB:	Grade:
School District:	Current Educational Placement type/location:	
Please check status: <input type="checkbox"/> General education <input type="checkbox"/> Special education/IEP <input type="checkbox"/> 504 Plan		
Medical/Behavioral Health Provider: (with whom information will be shared)	Provider phone/fax/email:	
*Parentally signed consent form must be completed. Please attach.		
Attach any IEP, 504 Plan, Behavior Plan, reevaluation packet, or other relevant documentation		
Does student have an FBA/BIP (Behavior Intervention Plan)? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please attach		
List school concerns pertaining to student:		
Attendance: # of days absent and total days so far this year ____/____ or <input type="checkbox"/> not a concern		
School interventions tried to date (specify all supports and interventions tried this year, such as parent communication/meetings, individual and/or group services, accommodations offered, etc.):		
Community services in place: (Specify agency, provider name and contact information)		
Additional referrals made/current status: (Specify name and contact information)		
Family systems concerns/barriers:		
Parent perspective:		
Other pertinent information?		
Copy to: Student or Patient Medical File		



- The Child and Adolescent Anxiety Multimodal Study (CAMS)
Walkup et al, ncbi.nlm.nih.gov Jan 2020
 - “Coping Cat” Program (copingcat.com)
 - – manualized CBT program 7-13 yo
 - CAT Program for teens 14-17
(Phil Kendall @ Temple University)
- AnxietyCanada.com
MiniMindMastersProgram.com

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Allison Stiles, Ph.D.

Trainings will draw from nationally recognized best practices identified within **YMHFA**. This will review the ALGEE Model (Assess, Listen, Give, Encourage professional help, Encourage self-help), and include a short list of resources to disseminate to educators.

Our subsequent April session will offer explicit guidance for **verbal de-escalation strategies** including non-verbal body language and active listening skills; and education in understanding adolescents' **Cycle of Regulation**.





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