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## **Clinical Education Program Efficacy Analysis**

### **Leveraging Integrative Mental Health Techniques and Awareness in Schools to Improve Learning**

Todd Archbold, LSW, MBA

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PrairieCare has teamed with an Elementary School in the northwest suburbs of the Twin Cities to develop a unique program geared towards educating and empowering school staff with techniques to understand and care for students with mental illness. This program examines both students' externalizing behaviors as well as the belief systems which guide our responses as adults.

During the 2011-2012 school year, over 60 school staff, including administrators, teachers and educational assistants, participated in nearly 25 hours of didactic presentations, hands-on trainings, case consultations and within-the-classroom coaching. Each mode of instruction is intended to offer diversity in learning and engagement in the program. *The pre and post measurements of efficacy show improvement in not only staff comfort in dealing with mental illness, but also an increase in staff capacity to manage stress.*

## Purpose of Clinical Education Program

Since 2007, PrairieCare has supported and advanced innovative projects and outreach to community partners. Recent local research has shown that many youth suffer in silence from psychiatric disorders: only 1 in 4 or 5 will receive treatment.<sup>1</sup> The Clinical Education Program (CEP) is focused on helping school staff understand and manage the symptoms of mental illness that manifest in the classroom. **The goal of this program is to teach techniques and interventions that will improve the learning environment for students.** The CEP is based on the teachings of Lora Matz, MA, LICSW. Lora specializes in Mind-Body Medicine as taught by the Center for Mind-Body Medicine where she is a senior faculty member ([www.cmbm.org](http://www.cmbm.org)). Lora has been providing introductory trainings and workshops based upon CMBM's principles. According to PACER Center, "Children's behaviors exist on a continuum, and there is no specific line that separates troubling behavior from a serious emotional problem."<sup>2</sup> This program aims to teach skills to address the entire continuum and not just specific symptoms or disorders.

With a Twin Cities metro population of nearly 2.82 million residents, more than 564,000 may suffer from a diagnosable mental illness in their lifetime. More than 136,000 are under the age of 18. It is estimated that nearly 27,000 could develop symptoms that require intensive treatment if not identified and addressed early. Shockingly, studies have shown that only 25%-35% of children and adolescents suffering from a psychiatric disorder will receive treatment.<sup>3</sup> Researchers at the National Institute of Mental Health have found that half of all lifetime cases of mental illness present before the age of 14. Collaboration through the Clinical Education Program provides critical tools to staff to strengthen the network of prevention and intervention to our students. This particular program targeted a diverse student population marked by stressors related to immigration, trauma and socioeconomic disparities. The engagement of staff and support from the school district were crucial in establishing a foundation for a successful program.

*Aimed at teaching skills to manage disruptive behaviors and regulate the learning environment*

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<sup>1</sup> Archbold, T., Jensen, P., Setterberg, S. (2008). Diagnostic Predictive Scales: Increasing the Effectiveness of School Counselors

<sup>2</sup> PACER Center (2006). Action Sheet PHP – c81.

<sup>3</sup> Burns, B., Costello, E., Angold, A., et al. (1995). Children's mental health service use across service sectors. *Health Aff.* 14(3): 147-159

## About the Collaborating Elementary School

The collaborating Elementary School is a preschool through 3<sup>rd</sup> grade educational institution with approximately 500 enrolled students. The school serves a diverse and relatively transient community with a fluctuating enrollment. *Approximately 93% of students at the school are of minority ethnicity, with students coming from homes where more than 15 languages other than English are spoken.* The school staff is comprised of more than 48 licensed teachers, 10 specialists and approximately 55 educational support professionals. More than 64% of staff at the Elementary School have earned a masters or higher degree.

Some of the unique challenges faced by the community surrounding the Elementary School are immigrant families from war-torn nations, socioeconomic disparities, lack of healthcare resources and general communication barriers.

Many families in the community have cultural or religious beliefs that highly stigmatize mental illness and special education services. This stigma and lack of education surrounding illnesses creates barriers to providing support, increasing the importance of practical classroom interventions.

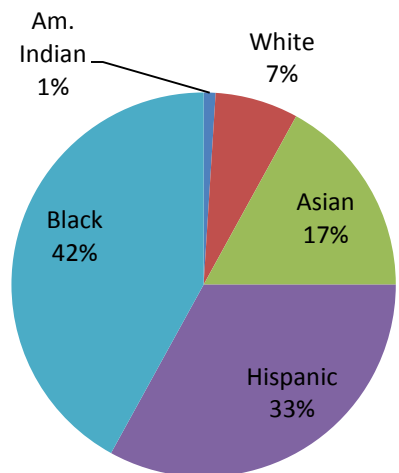
## Developing the Clinical Education Program

PrairieCare collaborated with Elementary School administrators and specialists to formulate a program that met the specific needs of the community and student population. The program focus was on:

- Mindfulness in Working with Children and Mental Illness
- Diversity
- Managing Stress and Trauma

The presentations and trainings took place sequentially, yet with enough time for processing and 'experiencing' in between. Once the trainings began, the Program also offered consultations with individual staff and teams. This program allowed for consistent and continuous exposure to some of the principles of CMBM related to managing stress and trauma. The key critical success factors

## Student Ethnicity



included: flexibility of both school staff and PrairieCare, a mutual investment in and prioritization of the program, ongoing communication and programmatic adaptation to the needs of staff.

The engagement of school staff and support from administration were enormous, both proving incredibly value to the success of the program, and also an attestation to the school's nourishment of a culture of success and understanding.

*"This program has helped change the climate of our school, and we are looking forward to next year"*

*-School Principal*

A survey was completed by 40 school staff members at the start of the program to gain insight into their own needs, and also to get a pre-measure of knowledge and comfort in dealing with mental illness (see Results section).

**The two main themes appearing from the initial feedback survey were:**

- Staff seeking to learn a variety of strategies to reduce stress and manage behaviors:
  - *"I need ways to help my students when they are having meltdowns"*
  - *"I need tools to deal with stress and trauma"*
  - *"Learn relaxation techniques for myself and students"*
  - *"Help me understand changes in my own mood and behavior"*
  - *"Need to learn healthy boundaries so that we do not burn ourselves out trying to cope with problems outside which we can manage"*
- Staff seeking to learn more about the impact of mental illness/trauma on children and learning:
  - *"Want to understand how trauma can affect a child's ability to think, learn, perform"*
  - *"Understanding how people are affected differently by mental illness"*
  - *"I want to know how a child's background will influence them in school"*

The responses from this survey allowed the developers of this Clinical Education Program to further tailor the presentation and trainings to staff needs. The program was designed to remain agile throughout the school year to allow continued respond to the evolving needs of students and staff.

## Results of the Clinical Education Program

Anecdotal feedback throughout the program was overwhelmingly positive as the staff remained excited and engaged in the program. The carefully constructed content remained applicable to the school's needs throughout the duration of the program.

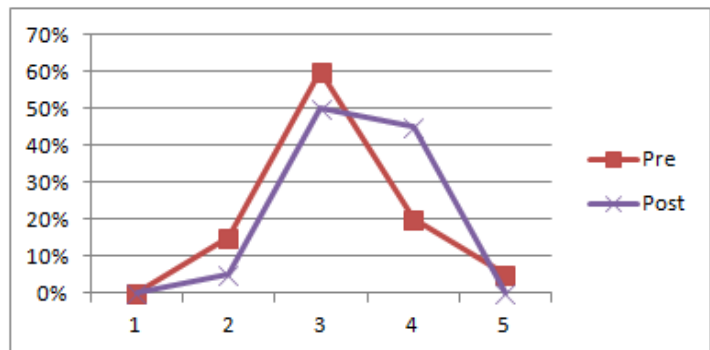
The pre and post surveys contained 4 questions that used a 5-point likert scale. The purpose of these questions was to measure changes in staff knowledge and comfort before and after exposure to the Clinical Education Program. The surveys also posed three open-ended questions to gather further feedback and suggestions for the program. The pre-survey gathered 40 responses, and the post-survey gathered 44 responses.

*Scores in every category increased after the Clinical Education Program by Lora Matz.* The data was collated and then averaged for comparison. The change in the scores between pre and post are shown as the delta in the box underneath the question.

The first question was to simply gather a baseline rating of staff's knowledge of mental health disorders. A score of 1 denoted the least amount of knowledge, while a score of 5 denoted the highest amount of knowledge. The average normalized score increased by 0.26 for this question after staff participated in the Clinical Education Program. The graph at the right shows how the weight of each rate shifted between the pre and post:

1) Please rate your overall knowledge of mental health disorders (1-5):

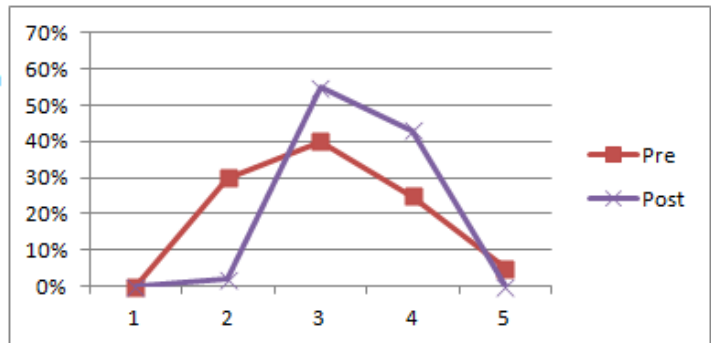
Pre	Post	Delta
3.15	3.41	0.26



There were two questions focused on rating each participant’s comfort level when dealing with kids with mental health disorders and families of kids with mental health disorders. These were areas which showed the most significant improvement in scores after the Clinical Education Program:

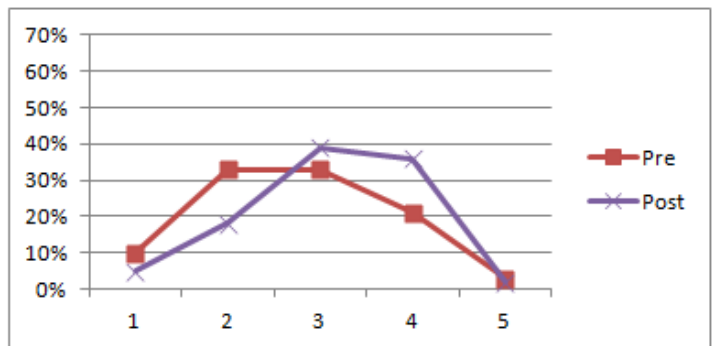
2) Please rate your level of comfort when dealing with kids with mental health disorders (1-5):

Pre	Post	Delta
3.05	3.41	0.36



3) Please rate your level of comfort when dealing with families of kids with mental health disorders (1-5):

Pre	Post	Delta
2.72	3.14	0.42



These responses highlight the finding that much of the value of the program came from increasing comfort surrounding mental illness and thus empowering staff to be more confident.

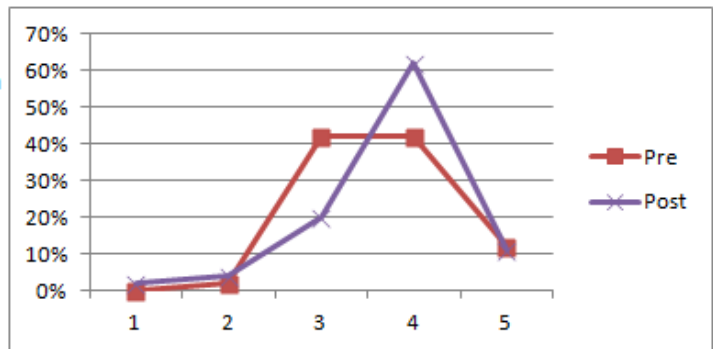
One respondent noted on the survey, “The [Clinical Education Program] helped me to understand where the student is coming from and what is preventing them from being successful. It helps me to know better ways to support all students and their parents.”

The final question focused on the CEP’s effectiveness in helping school staff manage their own stress. This was a topic that was held as a priority by the planning team and reinforced by the staff survey feedback.

The pre-survey had relatively high scores which increased by 0.11 in the post-survey. The responses were very strong averaging 3.76 after the CEP.

**4) Please rate your current ability to deal with stress in your role (1-5):**

Pre	Post	Delta
3.65	3.76	0.11



Although the measurable scores illustrate a successful program, free-form staff feedback shows that not only was it effective, but also valued and appreciated. Staff remained engaged throughout the entire program and have requested an ongoing program for the following school year.

**Survey comments:**

- *“This will keep me mindful of the whole child and family”*
- *“Increased by understanding of mental health issues in children so I can better help teachers construct appropriate interventions that will lead to social emotional success as well as academic success in school”*
- *“When an entire staff receives information and training in these areas, the students know that that all staff will treat them in a similar fashion. This creates a sense of security and predictability that is missing in the lives of many of our students”*
- *“Helps us as a staff to be more understanding and supportive of all students, knowing that they may be dealing with things beyond our knowledge. All students deserve to be treated with dignity and patience. This only helps to support the ability to do so”*



## **More about PrairieCare Programs and Services**

The prevalence of mental illness is sure to affect every person in the world, either directly or indirectly. PrairieCare was founded on the expertise and compassion that it takes to accurately identify proven methods of intervention and treatment for affected persons. The services and programs offered at PrairieCare have been widely recognized as highly effective, comfortable, and affordable. Staff at PrairieCare is devoted to patient care and take their work very seriously. The inspiring mission of PrairieCare along with the excellent staff and care models have set PrairieCare programs apart from other treatment centers across the nation.

PrairieCare offers intensive psychiatric programs and services at three locations that cover the entire Minneapolis-St. Paul metro area. Each site is located within the medical community and is only minutes from a major hospital. A valued aspect of PrairieCare's locations is the comfortable atmosphere and calming environment. The physical spaces are very warm and well kept. This helps patients feel at ease and find support without the stigma of a large, sterile hospital surrounding. All locations are very spacious and include patient common areas as well as private offices.

PrairieCare has recognized the opportunities to expand current specialized services, create inpatient services, and lead the Twin Cities in psychiatric healthcare. PrairieCare received an exemption to the 1984 moratorium on hospital beds, which has allowed them to establish 20 inpatient beds for youth in western Hennepin County (the new Maple Grove site). The organization subsequently received legislative and gubernatorial support for adding 30 more inpatient beds, and plans to build a larger facility to host all 50 beds. PrairieCare is an affiliate of the University of Minnesota Medical School and a training site for physicians, social workers, therapists and nurses.



### Lora Matz, MA, LICSW



Lora began working with PrairieCare in 2008 to develop the Adult Intensive Outpatient Program. She helped build a program over the course of two years boasting 3 established tracks for patients that are full each day. Much of the success of the program is credited to Lora's expertise and outstanding clinical abilities. She then helped onboard new staff by providing orientation and clinical coaching.

Lora is an internationally known health and wellness expert in the practices of Integrative Medicine. She has a rich background as a psychotherapist, lecturer, writer and consultant who has worked for many years in the areas of mind-body medicine and transpersonal development. Lora is a senior faculty member with the Center for Mind-Body Medicine (CMBM) in Washington, DC and teaches and facilitates training groups in the Professional Training Programs in Mind-Body Medicine, The Global Healing Trauma Initiative, Healing the Wounds of War International Program, and CancerGuides.® She is also an adjunct faculty member with the University of Minnesota's Center for Spirituality and Healing, Health Coaching Program, and Saybrook University.

Lora has extensive experience working with trauma suffered by children and adults in a variety of settings, including post 9/11, post Hurricane Katrina, the Middle East and Haiti. She led a team of professionals who responded to the trauma experienced by children who were on a school bus when the I-35W Bridge collapsed in Minneapolis.

Lora incorporates imagery, breath work, meditation, and transpersonal development into her work as well as the CMBM model of assisting groups. She created a curriculum for teaching inner city pre-school teachers and their students stress reduction techniques and the principles of emotional intelligence.

PrairieCare's Community Relations team has been working in tandem with Lora to establish a 'menu' of topics and specialized lectures that she can share with community partners. Lora has a gift of being able to speak about a variety of topics both casually and formally so that attendees are able to easily understand and process her insights. She is able to customize all of her presentations to meet the needs of her audience and can easily adapt them when the target changes.

## Honoring Minnesota's most influential players in health care

Excerpt from October 2012 Minnesota Business by Caitlin Hill

OUTSTANDING ACHIEVEMENT IN COMMUNITY OUTREACH

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### PrairieCare Hospitals and Clinics



Left to right: Kim Sadler, Phil Sadler, Kate Flynn, Steve White, Jonna Board, Molly Menton, Jeanne Williamson, Todd Archbold, Laura Archbold, Joel Oberstar

Studies have shown that only 25 percent of children and adolescents suffering from a diagnosable psychiatric disorder will be diagnosed and 25-25 percent will receive treatment. It's statistics like these that inspired PrairieCare Chief Development Officer Todd Archbold to create the Clinical Education Program. This program focused on helping school staff understand and manage the symptoms of mental illness that manifest in the classroom, with the goal of teaching techniques and interventions that could improve the learning environment for students.

More than 60 school staff, including administrators, teachers and educational assistants, participated in nearly 25 hours of presentations, hands-on training and coaching to educate themselves on how to handle symptoms of mental illness. After the training, not only did the staff feel more comfortable in dealing with mental illness, but they also saw an increased ability to manage stress. The Clinical Education Program has become a successful model for community outreach and PrairieCare anticipates the program will double the size in 2013.