



PA CASSP

Newsletter

Pennsylvania Child and Adolescent Service System Program

A comprehensive system of care for children, adolescents and their families

Volume 19, Number 4

December 2010

Preventing Mental Health Problems in Children and Youth

by Brian K. Bumbarger

In 1999, the Prevention Research Center at Penn State University was asked by the federal Center for Mental Health Services to conduct a “state of the science” review to identify effective programs for preventing mental health problems in children and youth (the review focused primarily on aggression, anxiety and depression). The resulting report identified 33 specific preventive interventions with demonstrated evidence of effectiveness, and represented one of the first “lists of evidence-based programs.” There were a few others, each specifically focusing on a narrowly-defined set of outcome – i.e., youth drug use, violence – but the idea of such lists was still new and didn’t have much impact on either practice or policy.



Fast-forward to 2010: Pennsylvania has made great strides in actively promoting an agenda that prioritizes the use of empirically-supported prevention and intervention programs. Because these programs have met a minimum threshold for demonstrating their effectiveness in rigorous evaluations; they provide us with the greatest confidence that, when implemented with sufficient quality and fidelity, will produce better outcomes

for youth. In other words, they represent the “safest bet” when communities are seeking answers to difficult youth problems. They also represent a positive return on the investment of scarce taxpayer dollars, with cost-benefit analyses showing the economic value of the outcomes these programs prevent to be exponentially greater than the programs’ cost.

There are a wide variety of evidence-based programs providing communities with choices that cover the range of developmental periods (pre-natal through late adolescence), domains of influence (school, community, family, individual), and addressing a variety of underlying risk factors. This has been important not only for enabling communities to choose the strategies that represent the best fit, but

to support a public health approach that recognizes that although every community struggles with the same problems (delinquency, aggression, youth drug and alcohol use, etc.) the underlying causal factors and developmental pathways to those problems may be very different from one community to the next – especially in a state as diverse as Pennsylvania.

A number of state agencies have funded the adoption of different evidence-based programs, EBPs, over the last decade. For example, the Olweus Bullying Prevention Program and the PATHS social-emotional learning program supported by the PA Department of Education, the LifeSkills Training school drug prevention program supported by the PA Department of Health’s Bureau of Drug and Alcohol Prevention, and the Nurse-Family Partnership supported by the Department of Public Welfare. The Pennsylvania Commission on Crime and Delinquency, PCCD, has been particularly proactive in promoting the adoption of a menu of ten EBPs, now in nearly 200 Pennsylvania communities.

An important precursor to this significant PCCD investment in evidence-based programs was the Communities That Care, CTC, initiative begun by PCCD in 1994. CTC is a community coalition model that engages multiple community sectors (the

continued on page 7

Edward G. Rendell
Governor

Michael Nardone
Acting Secretary of Public Welfare

Thomas Gluck
Acting Secretary of Education

Michael K. Huff
Acting Secretary of Health

Sandy Vito
Secretary of Labor & Industry

James E. Anderson
Juvenile Court Judges' Commission

**Children's Committee of the Office of
Mental Health and Substance Abuse
Services Advisory Committee**
Co-chairs
Bernadette Bianchi
Sharon Smith

Sherry Snyder
*Acting Deputy Secretary for Mental
Health and Substance Abuse Services*

Stan Mrozowski
*Director, Bureau of Children's Behavioral
Health Services*

Harriet S. Bicksler
Newsletter Editor

Department of Public Welfare

*Office of Mental Health and
Substance Abuse Services
Bureau of Children's Behavioral
Health Services
DGS Annex Complex
Beechmont Building, 2nd floor
P. O. Box 2675
Harrisburg, PA 17105
Telephone: (717) 772-7984
Fax: (717) 705-8268
E-mail: c-hbicksle@state.pa.us
Web site: www.dpw.state.pa.us*

Governor's Newsletter:

Governor Rendell invites all Pennsylvanians to sign up to receive his free newsletter.

Go to the Governor Web site at
www.pa.gov.

A Public Health Approach to Children's Mental Health

Most people are familiar with the "universal precautions" used to help prevent physical illnesses. We make sure our children receive all the required vaccinations against diseases like polio, measles and mumps. We get annual flu shots. We wash our hands to prevent the spread of germs and teach our children to do the same. We cover our mouths when we sneeze or cough. We have annual physical exams and, once we reach the recommended ages, we have mammograms and colonoscopies. We know we should eat well (lots of fruits and vegetables, fats and sweets in moderation, etc.), exercise regularly, stop smoking and learn how to manage stress as ways to maintain good health and prevent illness. All of these preventive measures are part of what is known as public health—those things that are recommended and promoted for everyone by health officials as ways to improve the health of nation.

What would it mean to apply the concept of universal precautions to mental health? How might we be able to prevent mental health problems in children if we did so? Two different approaches help answer these questions:

1. Conducting developmental screenings in various settings, such as pediatric offices and child care centers; and
2. Nurturing the protective factors and developmental assets that help children and families cope with challenges successfully.

In 2008, the American Academy of Pediatrics issued a revised schedule for developmental screenings for all children during well-child visits, including attention to social and behavioral development. The recommendations for screening are part of the Academy's Bright Futures initiative, which "uses a developmentally based approach to address children's health needs in the context of family and community" and is a "set of principles, strategies, and tools that are theory-based, evidence-driven, and systems-oriented that can be used to

improve the health and well-being of all children." The Bright Futures initiative also promotes a specific focus on the development of positive mental health (www.brightfutures.org/mentalhealth/).

Developmental screening takes place in other settings as well. For example, Pennsylvania has chosen to use the Ages and Stages Questionnaire: Social-Emotional, ASQ:SE, in early care and learning centers and child welfare facilities. The ASQ:SE "identifies infants and young children whose social and emotional development requires further evaluation to determine if referral for intervention services is necessary" (www.agesandstages.com).

A second "universal precautions" approach to mental health is supporting the protective factors and developmental assets that help children and families cope with life challenges. The Strengthening Families Through Early Care and Education initiative lists five protective factors that research has shown help to prevent child abuse and neglect and are also applicable to all children and families: parental resilience, social connections, knowledge of parent and child development, concrete support in times of need and children's social and emotional development (www.strengtheningfamilies.net). The Search Institute's "Forty Developmental Assets" are age-based sets of "building blocks of healthy development" that help children and adolescents grow to be healthy, caring and responsible adults (www.search-institute.org/developmental-assets/lists).

Because a large part of a public health approach to mental health is prevention, this edition of the newsletter features a number of prevention-focused programs that promote positive social and emotional development in all children.

Harriet S. Bicksler, editor

A Public Health Approach to Childhood Trauma and Other Adversaries

By Gordon R. Hodas, M.D.

We all recognize that a person's adaptation in life is a product of both "nature" and "nurture," the latter encompassing one's life experiences. However, the extent to which life adversities, especially those during childhood, impact a person's health and wellbeing is not fully appreciated. This article describes the profound effect of childhood adversities across the lifespan, and how a public health approach by professionals can help mitigate negative outcomes.

In 1995, Felitti and Anda at Kaiser Permanente in California, in collaboration with the Centers for Disease Control and Prevention, began a prospective study to determine the relationship between exposure to adversity during childhood (up to age 18) and later health status. The participants consisted of a cohort of middle class adults enrolled in managed care with Kaiser Permanente. The health outcomes of this group were followed over time, including up to the present.

Each participant completed the Adverse Child Experiences, ACE, Questionnaire, consisting of ten items, asking about the following experiences during childhood: physical abuse; sexual abuse; emotional abuse; neglect; feeling unloved; domestic violence against the mother; parental separation or divorce; substance abuse in the family; parental mental illness; and incarceration of a parent. Scores range from zero (no exposure to adversities) to ten (exposure to every adversity).

There was a direct and significant relationship between respondents' ACE score and their physical and emotional health status. The lower the ACE score, the healthier the person tended to be. The higher the ACE score, the more compromised the person's emotional and physical health status. The correlations between ACE score and health impairment are so dramatic that one could easily forget that genetics also play a role.

A high ACE score was associated with virtually every physical health disorder imaginable and with multiple mental health disorders, substance abuse and premature death. Regarding mental health outcomes obtained in the ACE study, consider the following:

- Adults with an ACE score of four or more were 460 percent more likely to experience depression, compared to adults with an ACE score of zero.
- Among adults with an ACE score of zero, less than two percent attempted suicide.
- Among adults with an ACE score of four or more, nearly 20 percent made a suicide attempt.
- Among adults with an ACE score of seven or more, suicide attempts were 51 times more likely during adolescence, and 30 times more likely during adulthood, compared to those with an ACE score of zero.

We already know that life can be difficult. The ACE study tells us that, genetics aside, the degree of one's difficulty in life – including physical and mental health status, quality of life and life expectancy – is correlated with the number of adversities one experiences before age 18. This data, for a middle class population, only hints at the risk faced by children growing up in communities where their basic needs are not met.

Given the reality of adversities in the lives of children and families, how can we help? Professionals in physical health, mental health and human services can pursue a public health approach to trauma. This involves, in collaboration with parents, asking about and screening for childhood adversities. When a person trusts us, talking about past adversities as well as current stressors can increase their understanding and their coping.

In addition, we need to practice universal precautions. Within the context of

trauma, this means assuming that each child we encounter has experienced trauma and adversity. So we need to respond in accordance with trauma informed care.

Trauma-informed care involves recognizing the pervasiveness of trauma in the community and its potentially negative effects. It also involves a commitment by helpers to use positive relationships to prevent future trauma and help individuals heal.

We become trauma-informed when we treat children and their families with respect, maximize their choices and help them decrease the risk of further trauma. We listen, empathize, confirm and redirect them with patience and compassion. We collaborate with them and help them identify their strengths. Experience and research tell us that trauma-informed care improves the health and the quality of life of those we seek to support. Individuals who receive trauma informed care are then better able to care for themselves and effectively support their own family. A public health approach makes both ethical and practical sense. By providing trauma informed care, we can make a difference, interrupting cycles that affect generations, not just individuals.

Gordon R. Hodas, M.D., Philadelphia, is the statewide child psychiatrist to the Office of Mental Health and Substance Abuse Services. His article on "Responding to Childhood Trauma: The Promise and Practice of Trauma-Informed Care" (2006) is available at www.parecovery.org/documents/Hodas_Trauma.pdf.

References

www.cdc.gov/nccdphp/ace

Felitti, V.J. (2002). The relation between adverse childhood experiences and adult health: Turning gold into lead. *Permanente Journal* (6), 1, 44-49.



Building Blocks for Success: Caring, Respect, Responsibility and Trustworthiness

When he was in kindergarten and first grade at Clear Run Elementary Center in the Pocono Mountain School District, Derek had behavior problems. In second grade, the school counselors at Clear Run assigned him to the Check In/Check Out program, part of the School-Wide Positive Behavior Support program in place in the Pocono Mountain School District. Each day, Derek checked in with a counselor at the beginning and end of the day. Derek lives with his grandparents who were very strict with him and always came down hard on him when he did something wrong, even when his behavior was typical for someone his age. The counselor met with his grandparents to explain the importance of positive reinforcement. She also sent very positive notes home to them about Derek's behavior each day, focusing on all of his successes.

Derek completed the program last year, and now that he is in third grade he has not had any discipline problems. When his grandparents came for open house, they commented on how well he is doing. The program had helped them understand that he is in fact capable of doing good things.

Check In/Check Out is a behavior education program for students who have received demerits or been referred to the school office for behavior problems. It provides students with feedback at the beginning and end of each day to help them control their behavior. Parents are always notified and instructed on how to reinforce the child's positive behavior and achievements and the school's goals for the child. They are not asked to reward or punish the child. Teachers provide quick and positive verbal and written feedback to help the child know what he or she did well and what still needs improvement.

As an intervention program designed to nip problem behavior in the bud, Check in/Check Out has a number of benefits, including consistency with school-wide expectations, relationships with positive adult role models, simplicity, continuous

monitoring and a built-in mechanism for communication between school and home. In the three-tiered model that School-Wide Positive Behavior Support is based on, Check In/Check Out is considered Tier Two, targeted toward only those students who are at risk for more serious problems. It builds on the excellent foundation of the "Super Paw Program" of universal supports which comprise Tier One.

Clear Run Elementary Center's Super Paw program recognizes students' positive behaviors according to predetermined school-wide rules. This helps prevent minor discipline problems and more serious incidents. The ultimate goal of the Super Paw program is to decrease behavior problems and increase academic performance. The program is based on immediate, intermediate and long range incentives for appropriate behavior. In an effort to keep the system operating effectively, rewards are implemented throughout the school year.

The school's motto for Super Paw and school-wide positive behavior support is "Caring Kids at CREC are respectful, responsible and trustworthy." During the first month of the school year, all students are explicitly taught the rules and expectations for appropriate behavior in the cafeteria, hallways, buses, bathrooms and playground. This sets the tone for the year and ensures that all students understand the expectations. Clear Run has a high transient rate with about 30 percent of students moving in and out of the district each year.

Rewards from staff help to reinforce students who follow the rules of respect, responsibility, trustworthiness and respect. Immediate rewards include Paw passes given daily to students who follow the rules. Paw passes can accumulate and be used to purchase items from the Super Paw cart. Intermediate rewards include a monthly raffle for the privilege of participating in a fun activity like guest starring in morning announcements. Long-range rewards include an end-of-the year carnival.

Students also receive teacher signatures for every ten Paw passes to add to Panther Cards. When they have a designated number of signatures on their card, they have their picture taken for the Super Paw Walk of Fame. So far, more than 1,500 pictures have been taken.

The point of the Super Paw program is to reward good behavior rather than punish bad behavior. While the evidence shows a decrease in discipline problems, there continue to be discipline referrals, which is where the Check In/Check Out program comes in for students like Derek. But even here, the focus is on positive reinforcement and encouragement. For students with various challenges, including learning disabilities or language barriers, the Check In/Check Out program provides daily contact with someone who will encourage them and tell them what they're doing right.

Pocono Mountain School District's School-Wide Positive Behavior Support, with its emphasis on providing clear and consistent expectations for all students and rewarding those who follow the rules, creates a climate where all students can succeed. It also builds a system where students who need extra support to be able to succeed or who may need more intensive interventions will be able to receive them without stigma. This system helps support students and create an atmosphere where healthy learning and development can take place.

Thanks to Janelle Krehely, school counselor at Clear Creek Elementary Center, for providing the information for this article. The Check In/Check Out Program at CREC is based on Responding to Problem Behavior in Schools: The Behavior Education Program by D.A. Crone, R H. Horner and L.S. Hawken (Guilford, 2003).



Olweus Bullying Prevention Program in the Athens Area School District



By Krista Goodman

The students of the Athens Area School District have been following the Olweus Bullying Prevention Program since 2008. Athens Area School District began implementing this program to improve the well-being of its students. The goals of the Olweus program include reducing existing bullying problems among students, preventing the development of new bullying problems and achieving better peer relations on school.

These goals are achieved by creating a safer and more respectful school climate, building a school community, and by warmth and positive involvement of all adults in the school.



Components of the program are designed to help schools meet the program goals. They involve staff training, school kick-off events, a school-wide questionnaire and classroom meetings. All adults in the district with any contact with students are trained in the Olweus program including teachers, support staff, cafeteria staff, janitorial staff and bus drivers. When the students are aware that all the adults in the school building are looking out for their wellbeing, it creates more of a sense of safety and community.

All schools hold an annual kick-off event when the school rallies around an anti-bullying theme. Students participate in educational activities, team-building games, discussions groups and assemblies, all of which are designed to teach them their roles and responsibilities in the anti-bullying efforts. Students are not only told how wrong and inappropriate it is to be a bully; they are educated on exactly what bullying behaviors entail, and they are also given the tools necessary to deal with a bullying situation if it happens to them or a friend. The third component is adminis-

tering the annual student questionnaire. Students complete an anonymous survey describing their experiences and feelings regarding bullying. The results are transformed into an informational report for the school district. Having access to this information is very valuable to us in determining which efforts are working and which need improvement. Finally the component that is ongoing throughout the entire school year is the classroom meeting. All students participate in weekly classroom meetings when there is an open discussion about bullying or similar pertinent topic.

The four Olweus anti-bullying rules are also presented so students are familiar with them as they see them displayed all around the buildings. The rules are:

1. We will NOT bully others.
2. We will try to help students who are bullied.
3. We will try to include students who are being left out.
4. If we know that someone is being bullied, we will tell an adult at school and an adult at home.

The classroom meetings are vital for the success of the Olweus program. Teachers use this time to have open and frank discussions on a variety of topics, all designed to improve the school climate. In addition to teaching the no-bullying rules, we discuss other topics to improve respect and student relations such as manners, giving and receiving compliments, healthy ways to handle conflict, current events, etc. Not only do these discussions promote a respectful and safe school environment; they also foster closer relationships among students and greater rapport between students and teachers. Students who know each other personally are more

likely to treat others with kindness and respect. Equally important, when students feel a connection with a teacher, they are more likely to approach that teacher when dealing with a bullying or other personal issue.

Since implementing the Olweus program, Athens students have the tools to let adults know if they are experiencing a problem with another student. They know that the teachers are here to help them and can only do so if others know about a situation. Students look for help rather than keeping it bottled up inside.

One of the greatest benefits the school district has seen as a result of the Olweus Bullying Prevention Program has little to do with bullying. There has been an increase in students making teachers aware of serious issues going on in their own lives or in friends' lives. Because of the rapport built during classroom meetings, students have approached teachers to discuss abusive situations, concerns over a friend's cutting or eating disorder issues, drug issues and friends' thoughts of suicide. Teachers believe that these issues would not have come to their attention if the district had not implemented the Olweus program.

Unfortunately, despite the schools' efforts and successes, not every student or every situation can be changed, but there have been many positive changes in the school as a result of implementing this program. Educators at Athens feel confident that through these efforts, and the unrelenting implementation of this outstanding program, the school will continue to make strides against bullying and become a place where students feel safe and respected.

Krista Goodman is the coordinator of the Olweus Bullying Prevention program in the Athens Area School District, Bradford County.

Supporting Social and Emotional Development in Community Early Learning Programs

by Mary Rieck

At one of Pottstown's community early learning programs, the following exchange was heard between two four-year-olds, "If you hit me, I'll hit you back." The second child responded, "Twiggle would not do that." The first child agreed and said, "No...he would do 'turtle' and I will do that, too." In another classroom, a student is observed playing with a puzzle when a peer comes over and touches the puzzle. The first child immediately shoves the second child's hands away. Then he looks over toward the teacher, turns back to his peer and says, "Sorry, please don't touch." In a third classroom, a child who is constantly running to the teacher about actions of her peers or just grabbing or shoving is now learning to use her words to tell the peer what it is she wants or needs. She uses statements the teachers give her and looks back at the teacher with a smile after the conflict is resolved.

Children talking about Twiggle and doing "turtle"—what is going on in the classrooms? As a part of the comprehensive school readiness initiative in Pottstown, known as PEAK, Pottstown Early Action for Kindergarten Readiness, each community child care and Head Start classroom implements a social-emotional curriculum called PATHS, Promoting Alternative Thinking Strategies. Through weekly lessons the children learn how to resolve conflicts, problem solve and interact with peers and adults. Twiggle, a turtle puppet, is used each week to explain a situation and talk about appropriate responses. "Doing turtle" means the child stops and figuratively goes into a "shell" to think about an appropriate response and then uses words to discuss the situation with the peer rather than fists. Children remind each other to "do turtle" whenever they are arguing and on occasion tell their parents, "You need to do turtle."

In addition to learning to resolve conflicts, the children practice important social skills such as how to give compliments

and how to identify emotions. One teacher reported that when the children come in from the playground and see the foster grandmother by the door, they bombard her with compliments: "I like your hair," "I like your shoes," etc. The skills in giving compliments carry over to the home environment with parents reporting that their children are complimenting them or requesting that the parent respond with a compliment. Teachers see positive results of the curriculum and recognize that it assists with early social and emotional development.

A curriculum such as PATHS is considered part of targeted social/emotional supports on the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Center for the Social and Emotional Foundations for Early Learning). The pyramid model looks at multiple factors related to providing a high quality early childhood instructional program that promotes social and emotional development (<http://cesfel.vanderbilt.edu>).

Pottstown's community teachers are also supported through on-site behavior support service from the local mental health provider. The behavior support specialist observes the classrooms, works with the teachers to create individualized behavior plans, provides information for the families to use at home and works with all teachers to increase their competence in handling behavior problems. Supporting social and emotional competence for children is also one of the key protective factors identified by the Center for the Study of Social Progress, Strengthening Families through Early Care and Education, for reducing child abuse and neglect. While most of the protective factors focus on working with and providing support to the adults, the one protective factor that focuses on the children is social and emotional development.

Strengthening Families recognizes the link between lack of social-emotional skills in children and an escalating cycle of negative parent-child interaction that may include physical abuse. When early childhood teachers work with children in the classroom to learn appropriate social skills and how to resolve conflicts, those skills carry over to the home environment and influences a positive relationship between the child and family.

Providing high quality learning environments for the community's children, including targeted supports such as a social-emotional curriculum, supporting teachers through on-site behavior coaching and assisting families with referrals for support services are all part of PEAK's continuum of behavior support to community early learning programs.

Pottstown School District recognizes that support for social and emotional development when children are young is critical for children achieving to their fullest potential once they arrive in the K-12 educational system. All of the PEAK partners look forward to the long-term impact of building protective factors in families and children resulting in a community with less child abuse and neglect.

PEAK is an initiative of Pottstown School District and community programs and agencies seeking to improve the readiness of children entering school. PEAK uses multiple grant funds to focus on five inter-related key strategy areas of community outreach, family engagement, quality improvement, work force development, health and wellness, and kindergarten transition. PEAK's work with community early learning programs is having a significant impact on raising quality and improving children's readiness.

Mary Rieck is the PEAK coordinator for the Pottstown School District. For more information, contact her at 610-970-6655 or visit www.peakonline.org.

continued from page 1

courts, law enforcement, health/mental health, education, the private sector, the religious community, and parents and youth) to organize a strategic and targeted effort to improve outcomes for children and youth. CTC has been critical to creating local community infrastructure for prevention planning and prevention service. This is important because unlike other structured systems (treatment, corrections, welfare) there is no unifying “system” for prevention at the community level. This lack of infrastructure often leads a patchwork of well-intentioned but disconnected and often competing practitioners and providers, who spend as much time and energy trying to keep their programs funded as they do providing prevention services.

Aside from its collaborative, grass-roots nature, the hallmark of the CTC model is its reliance on local data on the underlying risk and protective factors known to be associated with poor child and adolescent outcomes. The adoption of this public health approach to prevention is key to achieving population-level improvement in mental and behavioral health for Pennsylvania, and represents a significant paradigm shift in the way communities think about (and work to achieve) improved outcomes for children and youth. Focusing on the underlying factors (such as strong families or skills for

emotional self-regulation in youth) rather than on narrowly-defined behaviors (like truancy or bullying) results in greater efficiency because communities can simultaneously impact multiple problems that stem from the same root causes.

Pennsylvania’s investment in this research-driven approach is resulting in impressive impacts and drawing national and international attention. Recently published studies by the Prevention Research Center evaluated communities using the combination of CTC and evidence programs with similar comparison communities. The first study, involving nearly 100,000 Pennsylvania youth, found that children in CTC communities were at lower risk, had more protective factors and had lower prevalence rates of delinquency and drug use. A second five-year longitudinal study showed youth in CTC communities actually demonstrated significantly better developmental trajectory, resulting in 11 percent lower rates of delinquency. The study also found these CTC youth had 16 percent less negative peer influence and 33 percent better academic achievement.

These Pennsylvania CTC impact studies are important not just because they show that the combination of CTC and evidence-based programs is effective, but because they represent a very rare exam

ple of achieving public health impact measured at the community (population) level. This wasn’t a measure of whether a particular group of kids who went through a specific program improved, but whether the overall rate of youth problems, and underlying risk for other potential problems, could be impacted across the adolescent population. Other states and countries are now looking to Pennsylvania to model their own systems of care with community infrastructure for prevention and the strategic use of evidence-based programs to improve public health.

Brian K. Bumbarger is the director of the Evidence-based Prevention and Intervention Support Center (EPISCenter) Prevention Research Center at Penn State University.

See page 8 for how Communities That Care is being implemented in one community.

A copy of the 1999 article referenced in the first paragraph is available at <http://bit.ly/hkkjlx>.

More information about Penn State’s Prevention Research Center and EPIS Center is available at www.episcenter.psu.edu.

Resources on a Public Health Approach to Mental Health

“Advancing Efforts to Improve Children’s Mental Health in America: A Commentary,” by G. M. Blau, L. N. Huang and C. J. Mallery, Center for Mental Health Services, 2010, <http://bit.ly/fvHiQU>

“Integration of Mental Health in the Public Health System, Bazelon Center, 2008,

<http://bit.ly/ghsk1k>
A Public Health Approach to Children’s Mental Health: A Conceptual Framework, by J. Miles, et al., Georgetown University Child Development Center, 2010, <http://bit.ly/amc3tk>

“A Public Health Approach to Children’s

Mental Health Services: Possible Solutions to Current Service Inadequacies,” by A. R. Stiffman, et al., 2010, <http://bit.ly/elj7vL>

“A Public Health Model of Mental Health for the 21st Century,” by A. K. Power, Center for Mental Health Services, 2009, <http://bit.ly/hzx17r>

Subscription Information

The *PA CASSP Newsletter* is not available by print and is distributed exclusively in electronic format and on the Web. Subscribers to the electronic edition will receive e-mail notification each quarter when the newsletter is available online and are encouraged to print, copy and distribute the newsletter freely. Back editions of the newsletter are also available online at www.dpw.state.pa.us (click on Publications, Form and Reports, and then Newsletters and Bulletins). To join the PA CASSP News listserve to receive e-mail notification each quarter when a new edition is available, please send your name and e-mail address to c-hbicksle@state.pa.us. The listserve is also used for periodic news and announcements about children’s behavioral health.

Risk-Focused Prevention: Lower Dauphin Communities That Care

The vision of the Lower Dauphin Communities That Care project is that "through a community-wide effort, all children in the Lower Dauphin community shall grow up to become healthy, productive adults." Communities That Care address risk factors affecting children and families including substance abuse, school-dropout, teen pregnancy, delinquency and violence. The goal is for community agencies and individuals to work together to "significantly increase productive behaviors and provide a safe and healthy environment for all children." Three strategies guide the effort:

1. Expand, develop and coordinate a comprehensive school and community plan for the prevention of alcohol and substance abuse
2. Expand and develop local services to support families and children in reaching their full potential
3. Expand and develop school and community programs to increase academic success

Several programs of the Lower Dauphin Communities That Care initiative demonstrate not only the scope of efforts but also some of the results:

Preschool Literacy Outreach sends books to preschoolers on their birthday to provide literacy opportunities. Since April 2002, more than 6,500 books have been distributed to Lower Dauphin preschoolers ages one through four on their birthdays. The **Books on Board Bookmobile** travels to neighborhoods throughout the Lower Dauphin community bringing literacy opportunities to preschoolers and their families. Since December 2003, more than 1,450 patrons have borrowed

over 45,000 books at the 24 stops the bookmobile visits every two weeks. Communities That Care has also collaborated with the school district to provide 2,500 books to 500 at-risk readers in grades K-5 through their **Summer Reading Academy** and **Jump Start** programs.

The **School-Based Mentoring** program provides adult mentors to identified students at the middle school, high school and elementary schools in partnership with Big Brothers Big Sisters of the Capital Region. A recent survey found that 83 percent of students in the program have improved self-confidence, 74 percent have a better attitude toward school and 52 percent have improved academic performance.

Club Ophelia is an after-school program that helps girls in grades 4-8 improve their relationships with other girls and provides alternatives to bullying. High school girls are trained as mentors. A 2010 survey of participants found that 96 percent understand how to develop healthy relationships with other girls, 84 percent have learned to be tolerant of girls who are different than themselves and 77 percent say that Club Ophelia helped them resolve conflicts peacefully.

As a highly engaging and interactive program, **Safe Dates** raises awareness of the difference between healthy and abusive relationships and equips teens with skills and resources to help themselves and friends in abusive relationships. The 2010 survey of participants found that 100 percent recognize that abuse does not go away if you ignore it and may be used to control the way a person thinks, acts or feels.

Lower Dauphin Communities That Care joined forces with the Hummelstown Police Department to offer the **Do The Right Thing** award program that recognizes children in grades K-12 who distinguish themselves through their good deeds and exemplary behavior. All monthly nominees receive a certificate and are recognized in the local media. Monthly winners receive a certificate, 25-dollar gift certificate and a T-shirt. An annual banquet is held at the end of the school year to recognize the winners. The program has recognized 192 students in the past three years.

Strengthening Families 10-14 is a seven session, family-based program that improves family functioning and prevents youth substance abuse. Parents and youth attend separate skill-building sessions for the first hour and spend the second hour together in supervised family activities. Lower Dauphin Communities That Care was selected to participate as part of a grant with the Penn State Prevention Research Center beginning with the 2010-11 school year and will provide this program to 120 families over three years.

These and other programs, organized and overseen by the Lower Dauphin Communities That Care board of directors, are having an impact and helping to ensure a healthier future for children and families.

Thanks to Kathy Peffer, program director for Lower Dauphin Communities That Care for the information for this article. You can learn more at www.lowerdauphinctc.org. The program was featured recently in the Harrisburg Patriot-News (<http://bit.ly/dO-qRQH>).