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Every Moment Counts
Promoting Mental Health Throughout the Day

Susan Bazyk, PhD, OTR/L, FAOTA
Professor, Occupational Therapy, Cleveland State University

Ohio Department of Education, Office of Exceptional Children
3-Year grant led by occupational therapists (2012-2015)

Occupational Therapists

Sensory processing  Play

Fine motor, gross motor, social participation, communication

Mental Health
Mental Health is everyone’s business!

There is no health without mental health.

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Objectives

1. Describe the background and development of *Every Moment Counts: Promoting Mental Health Throughout the Day*, an Ohio Department of Education funded initiative lead by occupational therapists in Ohio.

2. Identify how to apply a multi-tiered, public health approach to mental health in pediatric practice with children and youth.

3. Use the Every Moment Counts website to describe and implement OT model integrated throughout the school day (classroom, cafeteria, recess, after school leisure) emphasizing participation and enjoyment.

Handouts

1. Resources and References
2. Mental Health Promotion: Everyday Strategies
3. MH promotion Apps
4. Table of 3 Tiers (Cheat Sheet): Mental Health Promotion, Prevention, & Intervention

*Use the Every Moment Counts’ website! Everything is free and downloadable!*  
www.everymomentcounts.org
What is …
Every Moment Counts?

- A multi-pronged mental health promotion initiative
- Originally funded by the Ohio Department of Education, Office of Exceptional Children for $720,000 (2012-15)
- Developed and lead by occupational therapists in Ohio

Why OCCUPATIONAL THERAPISTS? What we must tell others…

- Entry-level education in psychology and addressing the mental health needs of people we serve
- Coursework in: psychopathology; group process; use of task analysis and activities to promote mental health and well-being in everyday life tasks ... activity-based profession

Project director: Susan Bazyk, PhD, OTR/L, FAOTA, Professor, Cleveland State University

www.everymomentcounts.org

Our story … how this all started.

Ohio Department of Education, Office of Exceptional Children
3-Year grant led by occupational therapists (2012-2015)
AOTA Resources: Mental Health Promotion, Prevention and Intervention


My biggest fear …
Knowledge

Knowledge becomes valued when it is **applied** and leads to **change**

Problem → Knowledge to Practice Gap

- **Time:** Estimated that it takes more than 17 years to translate evidence to practice (Balas & Boren, 2000)
- **Amount:** Only 14% of new knowledge is believed to enter daily practice (Westfall, Mold & Fagan, 2007)
How to promote knowledge translation?

Create systematic opportunities for meaningful, focused interaction or exchange between people that share a desire to improve a common practice

Read → Reflect → Dialogue → Implement Change

(Lowe et al., 2007)

Canadian Institutes of Health Research (CIHR) www.cihr.ca

OT Change Leaders of Cleveland, Fall 2011

Carol Conway, MS, OTR/L – Hudson Schools  
Louise Demirjian, MA, OTR/L – Private OT Consultant  
Teri LaGuardia, MOT, OTR/L – Northcoast Therapy  
Fran Horvath, OTR/L – Constellation Schools (charter school)  
Karen Thompson-Repas, MBA, OTR/L – Kaleidoscope Therapy  
Lezlie Fahl Kinder, OTR/L – Willoughby-Eastlake City School District  
David Weiss, OTR/L – Positive Education Programs (PEP)  
Paula Michaud, MEd, OTR/L – Cuyahoga County Board of DD  
Robin Kirschenbaum, OTD, OTR/L – Cleveland Municipal School District  
Jordye Joyce, MS, OTR/L – Woodridge Schools  
Rebecca Mohler, MOT, OTR/L – Sendero Therapy  
Lisa O’Halloran, MS, OTR/L – Cleveland Municipal School District  
Eileen Dixon, MS, OTR/L – Cleveland Municipal School District
Building Capacity of OTs to Apply a Public Health Approach to Mental Health

Ultimate goal:
- Build OT’s knowledge-base; build community; change practice

How we did this? 6 month process using a combination of:
1. Professional development strategies: Reading, reflection, online discussions
2. Community-building strategies: face-to-face sessions and shared learning

We develop regional Communities of Practice (CoPs) – Provides a framework for bringing together OTs committed to children’s mental health who interact regularly to do shared work in order to bring about needed change (Wenger, McDermott, & Snyder, 2002).


Every Moment Counts
Funded 2012-2015

Goals, guiding framework, and philosophy

Ohio Department of Education, Office of Exceptional Children
3-Year grant led by occupational therapists (2012-2015)
**Project Goals**

1. **Build capacity** of OTs, school personnel and families to promote mental health and contribute to prevention and intervention
2. Develop, implement and evaluate **model programs and embedded strategies** focusing on mental health promotion
3. **Disseminate materials** using website, Pinterest, and Facebook

www.everymomentcounts.org

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**Guiding Framework**

Public Health Approach to Mental Health

- To address the mental health needs of **all** children.
- The call is for a dual focus:
  - Promotion of mental health and flourishing in **ALL**
  - Early detection & intervention for those with mental health concerns.

(Davis, 2002)
Public Health Approach to MH — shift from individually focused to school-wide; from deficit driven to strength-based; emphasis on early intervention & prevention

Types of Services

- **Promotion** – learning how to become mentally healthy
  - Mental health literacy; teaching coping strategies
  - Strength-based approaches; competence enhancement
- **Prevention: reduction of risks**
  - Tuning into at-risk groups – ‘loners’, children who are obese, live in poverty, those with disabilities, those exposed to abuse/neglect, genetic predisposition
  - Accommodations; embedded strategies to reduce symptoms and promote mental well-being; small group interventions
- **Intensive, Individualized** – Diminish symptoms associated with the mental illness; promote positive mental health
Every Moment Counts
Project Emphasizes

1. **Mental health promotion** – in students with and without disabilities and mental health challenges;
2. **Inclusion of students** with disabilities and/or mental health challenges with non-disabled peers (LRE);
3. **Integrating related services in natural school and community contexts** – academic and non-academic;
4. **Collaboration** among all school personnel, community providers and families.


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**Mental health promotion initiative**

- Based on a **solid understanding of positive mental health**
  - What is?
  - How to promote it?
  - Who should be involved?
- Research: positive psychology, mental health literacy, positive youth development, mental health promotion

Reflection
What is Mental Health?

Look at the following slides → identify if you think the individuals are mentally healthy and determine why you made that assessment.
What does ‘mental health’ look like to you?
Signs of Mental Health

- What people are doing:
  - Participation in meaningful occupations/activities (e.g., play, school activities, structured leisure, social interaction)
- Their affect:
  - Faces display expressions of joy, happiness, interest, or concentration.
  - They appear to be enjoying life.

Traditional View of Mental Health

- Often interpreted as ‘mental ill-health’
- Mental health research has focused heavily on healing pathology or reducing the cases of mental illness (Insel & Scolnick, 2006)
- Mental health is more than the absence of mental illness

POSITIVE PSYCHOLOGY

Proposes ‘re-framing’ mental health as the presence of something positive, not just the absence of mental illness
• Field of research and practice

(Seligman & Csikszentmihalyi, 2000)


Mental Health Continuum (Keyes, 2007)

• Mental health and mental illness are different states of functioning; absence of mental illness does not imply the presence of mental health

Mental Illness - Languishing - Moderately Mentally Healthy - Flourishing

Being mentally healthy is a positive state of functioning

1. **Positive affect or emotional state. Feeling good emotionally** – happy, content, positive about life, etc.
   - Observe children's affect; note significant changes

2. **Positive psychological and social function** – enjoy fulfilling relationships?

3. **Doing well functionally – engaging in productive activities** – academically, socially, physically
   - Tune into children’s schoolwork, friendships, interaction during lunch & recess

4. **Coping with life stressors and challenges**
   - Observe how does the child copes with a poor test grade, losing a game, not making the team, being teased, etc.

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**Mental health** is a *dynamic* state of functioning

**Influenced by:**
- Genetic predisposition (family history of depression, anxiety, etc.)
- Situational stressors & life events
  - LOSS (death in the family; parental deployment; divorce)
  - DISABILITY (high incidence of co-morbidity) – chronic stress; loss of function
  - POVERTY
  - BULLYING & friendship issues
  - OBESITY
  - DEVELOPMENTAL FACTORS
  - ABUSE, NEGLECT, TRAUMA
Watch for changes in behavior and mood

Why should schools & communities … … care about mental health?

• Students who are mentally healthy function better during academic and non-academic times of the school day
• Experience greater degrees of:
  – everyday functioning (Keyes, 2006)
  – health behaviors (Rascieute & Downward, 2010)
  – perceived good health (Sabatini, 2011)
Be a Mental Health Promoter

Positive Psychology Research

http://www.actionforhappiness.org
www.positivepsychologynews.com
**Every Moment Counts**

**Guiding Philosophy**

- Every moment counts - small moments can make big differences in how children feel and function in school, home, & community.
- All children and youth have a right to participate in and enjoy their day – from start to finish.
- Enjoyable experiences throughout the day promote feelings of emotional well-being.
- Everyone can be a mental health promoter.
- Addressing the mental health needs of all students does not involve doing more, but doing differently – namely through embedded strategies.


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**Embedded Strategies**

- placing interactions and activities aimed at promoting positive mental health firmly into all aspects of the school day, clinic services and home.

Tier 1 Universal Strategies → ALL
Website → Embedded Strategies → Tier 1

Contribute to → School-wide approaches and programs to promote mental health [INDIVIDUALLY & in SMALL GROUPS]

1. SEL – Social & Emotional Learning embedded in school activities (www.casel.org)
2. PBIS – Positive Behavioral Interventions & Supports (www.pbis.org)
3. Sensory processing – create sensory-friendly environments – classroom, cafeteria, recess
4. Mental Health Literacy – Teach students how to develop & maintain positive mental health (Jorm, 2012)


Tier 1: Check out Moments for Mental Health

Small Moments Make Big Differences

Tier 1: Check out *Moments for Mental Health*


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Tier 1 Embedded Strategies:
Promote positive emotions – engage in enjoyable activities

- Participation in *enjoyable activities* (Fredrickson, 2001); experiences that induce *positive emotions* (Seligman, 2002) – joy, pleasure, contentment
  - Repeated thought-action tendencies help *broaden habitual modes of thinking and acting*
  - Experiencing positive emotions *builds personal resources* that foster resilience in the face of challenges


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*continued*
How else to promote mental health?

- Use of individual **character strengths** (creativity, humor, kindness, curiosity, persistence)
- Helping others; **acts of kindness** (Lyubmirsky et al., 2005)
- **Expressing gratitude** (Heller et al., 2004)
- **Positive institutions** – environments that foster positive emotions and character strengths (Seligman, 2002)


Mental Health Literacy

- Provide all people with a working knowledge of mental health & mental health disorders
- Helps them know how to:
  - Foster mental health and maintain it
  - Recognize, manage and seek help for mental health challenges
  - Knowing who to talk to when troubled

Example: Embedded Classroom Strategy
Mental Health Promotion

- **Mental health literacy:** Group focusing on ‘happiness’ for students with Autism Spectrum Disorder (ASD)
- Program: *The Behavior Textbook* by Bill Thompson (buy from iTunes)
- 4 main points – see it on the outside; feel it on the inside; what makes you happy; ways to calm down when not happy

**Occupational therapist:** Lezlie Fahl Kinder, OTR/L

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**Video vignette:** Small group on mental health literacy, self-regulation, and ‘happiness’

OT Small Group on Mental Health Literacy

Promoting Positive Mental Health Using Embedded Classroom Strategies

Here’s what an Occupational Therapist Says About It!

As Every Moment Counts Initiative
Practical Strategies – Tier 1

- **Tune into** children’s emotions & social interaction and potential areas of concern
- **Talk about it:** Raise other’s awareness of mental health
- **Join** school-wide committees (Bully prevention, SEL, PBIS)
- **Collaborate** with health educators, school nurses & MH providers to promote mental health
- **Educate:**
  - **Give in-services:** school staff & parents regarding SEL, MH promotion strategies, & importance of after-school recreation/leisure
  - **Use reliable internet resources** to teach children & adults about mental health and mental illness; Minnesota Association for Children’s Mental Health www.macmh.org - free downloadable Fact Sheets!
- **Raise awareness:** Host *Children’s Mental Health Awareness Day Activities* every May http://www.samhsa.gov/children/

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**Raise awareness: Host Children’s Mental Health Awareness Day**

- **Do something** in your schools and community!
- Posters focusing on positive mental health and taking care of MH (have art students design them)
- Bookmarks
- Activity and handwriting sheets
- Bibliotherapy embedded in classroom

SAMHSA
http://www.samhsa.gov/children/
Tier 2 Targeted Service → SOME

**Children/Adults At-Risk →**
- Disabilities (ADHD, DCD, CP, ASD)
- Overweight/obese
- Those who are bullied
- Affected by poverty
- Abuse/neglect
- Grieving/loss; Military families
- Genetic predisposition
- Mental health challenges: anxiety, depression

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**Children with Disabilities**
- 1/3 have co-occurring MH conditions (higher incidence than non-disabled peers)
- Examples:
  - Autism: increased rates of anxiety, OCD, depression, ADHD
  - ADHD: increased risk of depression, anxiety & sleep disorders
- Why? Genetic predisposition combined with an increase in daily stressors (e.g. social exclusion)
Autism
Co-morbidity & Risks of Mental Health Challenges

INCIDENCE: 70-95% had 3 or more comorbid disorders (Joshi, et al., 2010; Simonoff, et al., 2008)
- Anxiety disorders: ~43-84%; generalized anxiety disorder (66%); social anxiety (30%), agoraphobia, OCD, may restrict relationships and interests (increases with situational stressor like bullying (Salazar, et al., 2015)
- Depression: ~55%; less interested in activities, irritability
- ADHD: 28% - 80%
- ODD: ~29%; behavioral outbursts and challenges
- Bipolar disorder: ~ 30%; cycling between depression and anxiety
- Schizophrenia/psychosis: ~10-15%

Those at-risk of MH challenges: May demonstrate subtle changes in performance and behavior

Anxiety, depression, thought disorders – May see problems with:
- ADLs – sleep issues, loss of appetite, changes in grooming
- Education – drop in grades; difficulty attending
- Changes in affect – lethargic, moody, withdrawn
- Social participation – limited engagement
- Behavioral changes; irritability

Problem: Generally not identified as having a mental health challenge at this level
What Do Tier 2 Targeted Services Involve? …more specific and strategic interventions

**Prevention and promotion strategies:**
- Small group interventions – ‘lunch bunch’, recess groups
- Accommodations – modified homework, extra academic and/or emotional support; 504 Plan
- Co-teaching models (*Zones of Regulation*, Kuyper, 2011)
- Mindfulness (yoga, deep breathing)
- Calm Moments Cards program
  (http://www.everymomentcounts.org/view.php?nav_id=213)

Strategically plan to integrate services in a variety of natural contexts → maximize the impact of your services → able to serve Tier 1, 2 and 3

- General Education Classroom
- Special Ed Classroom (resource room)
- Art, music
- Cafeteria
- Playground
- Hallways, stairs
- Restrooms
- In the community
- After-school clubs
- Separate ‘intervention areas’? Only if non-disabled peers are included
Situational Stressors: Grief & Loss
Work collaboratively! E.g. Two 3rd grade students

Examples of …
Embedded CLASSROOM STRATEGIES
Whole School Yoga
Embedded Classroom Activities
Drive-Thru Menus

Exercise Posters for Attention, Relaxation and Stress
Tere Bowen-Irish, OTR/L

- Stress relief & relaxation for the classroom
- Colorful classroom posters
- 10 exercises
- ‘mini-breaks’ throughout the day

http://allthepossibilitiesinc.com

ZONES of Regulation
Leah Kuypers, OT

Began as a Tier 2 and 3 Intervention
Is growing into a school wide initiative
ZONES of Regulation – Leah Kuypers
OT co-teaching with different teams including teachers, guidance counselor, and speech therapists

OT co-teaching with school counselor & teachers
http://www.everymomentcounts.org/view.php?nav_id=190
Tier 3: Intensive, Individualized Services

FEW

Interventions focus on reduction of symptoms and promotion of positive functioning and mental health.

Demographics:
Children with Mental Health Issues

- 1 in 5 children and adolescents have a diagnosable emotional or behavioral disorder.
  - Half are mildly impaired.
  - Half are significantly impaired.
- Most common disorders include anxiety, depression, conduct disorder, learning disabilities, and ADHD.
- Others experience social and emotional difficulties but do not meet diagnostic criteria.
Tier 3 Interventions

Services are individualized to meet the specific needs of the child

- Prodrome
- Anxiety
- Depression
- Severe Emotional Disturbance (SED)
- ADHD, LD
- OCD
- Schizophrenia

Anxiety  (Table 7.1, Downing, 2011)

<table>
<thead>
<tr>
<th>Symptoms and Performance Effects</th>
<th>Therapy Supports &amp; Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Avoiding places, people and situations</td>
<td>• Explore enjoyable, calming activities especially deep breathing, meditation, yoga</td>
</tr>
<tr>
<td>• Experiencing high state of arousal</td>
<td>• Explore enjoyable physical activities that can be done with one other person</td>
</tr>
<tr>
<td>• Difficulty falling asleep and staying asleep</td>
<td>• Break tasks down into small, manageable steps with a realistic time frame</td>
</tr>
<tr>
<td>• Fatigue</td>
<td>• Help establish a bedtime routine that prepares for restful sleep</td>
</tr>
<tr>
<td>• Restlessness</td>
<td>• Strategies to decrease restlessness at school – stretching, short walk, etc.</td>
</tr>
<tr>
<td>• Excessive anxiety and worry that causes performance limitations at school</td>
<td></td>
</tr>
<tr>
<td>• Feeling keyed up</td>
<td></td>
</tr>
<tr>
<td>• Difficulty concentrating</td>
<td></td>
</tr>
<tr>
<td>• Irritability</td>
<td></td>
</tr>
</tbody>
</table>

Refer to the handout: Table of 3 Tiers (Bazyk, 2015)


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Every Moment Counts
Tier 1, 2 & 3, Whole School
Model Programs & Embedded Strategies

- OT-developed; implemented by all
- Embedded Programs to promote mental health and prevent MH challenges
- Emphasize *inclusion, integration, collaboration*

- Creating a Comfortable Cafeteria
- Refreshing Recess
- Making Connections and Learning Together
- OT Leisure Coaching
- Calm Moment Cards Program
Every Moment Counts  
Tier 1, 2 & 3, Whole School  
Model Programs & Embedded Strategies

- Occupation-based  
- Reflect OT scope of practice: mealtimes, play/leisure, social participation  
- Based on best available evidence (see annotated bibliographies)  
- Generating evidence of outcomes

- Creating a Comfortable Cafeteria  
- Refreshing Recess  
- Making Connections and Learning Together  
- OT Leisure Coaching  
- Calm Moment Cards Program


Cafeteria & Recess Model Programs  
www.everymomentcounts.org
- Describe the program elements & implementation  
- Video vignettes  
- Downloadable program materials  
- Outcome data
Cafeteria & Recess Model Programs

Each weekly lesson has:
1) THEME & goals

2) Downloadable information sheets or resources for supervisors and/or students

1) Detailed LESSON PLAN

WHAT?

What is this program?
• 6-week; 1 day/week OT/PT/SLP integrated into cafeteria or recess

What is the role of OT/PT/SLP? To:
• Educate supervisors, school administrators, students (orientation, handouts, posters)
• Conduct needs assessment & build relationships with supervisors
• Model weekly activities & positive social interaction
• Serve as a coach and problem-solver with supervisors; foster positive integration of students with disabilities

continued
Creating a Comfortable Cafeteria

Fran Horvath, OTR/L
Louise Demirjian, MA, OTR/L
Susan Bazyk, PhD, OTR/L

Developed/piloted in Spring 2013
Multi-site replication in 2014-15

Comfortable Cafeteria Program

**Vision Statement:** *Our school will provide pleasant and positive mealtimes so that students will enjoy eating food and socializing with peers and adults.*

**Four principles** (based on current literature):
1. Create a positive environment (enough time to eat; clean; attractive; relaxing; friendly supervisors)
2. Provide recess before lunch;
3. Promote a positive social climate, including integration of students with disabilities; model appropriate social behavior; bully free environment
4. Promote healthy eating.

Cafeteria Theme of the Week

**Week #1:** Kickoff: Let’s get started. Orientation
**Week #2:** Fostering friendships
**Week #3:** Mealtime conversations
**Week #4:** Let’s include everyone
**Week #5:** Understanding the sensations in the cafeteria
**Week #6:** Healthy food choices

WEBSITE

www.everymomentcounts.org
10 Steps to Success!

Overview: 10 Steps to Success
- Know Your Stuff
- Observe Lunchtime
- Meet the Stakeholders
- Develop a Plan of Action
- Principal Support
- Sell the Program
- Kick off the Program
- Just do it!
- Reinforce the Message
- Do It Again!

Know your stuff!
Read the Annotated Bibliography

Continued
Apply Positive Behavioral Interventions & Supports (PBIS) to establish rules and expectations.

Video vignette: Here’s what students, cafeteria supervisors and SLP say about the Comfortable Cafeteria.

http://www.everymomentcounts.org/view.php?nav_id=75
Refreshing Recess

Why needed?

- Recess supervisors do not generally receive the education & support to do their jobs;
- Active play is associated with improved academic performance;
- Students need recess to be active, have fun, socialize with peers and take a break from classroom work.

Developed by OTs, but implemented by all

Developed by: Becky Mohler, MS, OTR/L; Shannon Kerns, MOT, OTR/L

GOAL: Provide the recess supervisors and students with the knowledge and skills needed to create an enjoyable recess experience.

To empower others!
Refreshing Recess

Vision Statement: Our school will provide positive play and social activities during indoor and outdoor recess so that all students have fun doing meaningful activities and enjoy time with their peers.

Week #1: Kickoff: Let’s get started! Orientation.
Week #2: Fostering friendships.
Friendship scavenger hunt.
Week #3: Teamwork. Children create something together. Conflict resolution.
Week #4: Let’s get fit and get along.
Fitness Trail. PBIS.
Week #5: Let’s respect differences and include everybody. Inclusion.
Week #6: Let’s make sure everyone has fun. Untying knot game.
Video vignette: Recess supervisors and OTs talk about Refreshing Recess
OT Leisure Coaching
An Every Moment Counts Initiative

**Why needed?**
- Youth with disabilities generally have less access to school and community-sponsored leisure activities.
- **Barriers to participation** – Lack of: inclusive programs, transportation, financial resources, developmental status of youth (Fenech, 2008)

**BENEFITS of Leisure Participation**
- **Personal development**
  - Identity work (assess talents, interests, values)
  - Development of initiative – involves intrinsic motivation, concerted engagement, and commitment over time (Larson, 2000)
  - Development of cognitive, physical and emotional skills
- **Interpersonal development** – new peer friendships, social skills, close connections to adults with social capital (Mahoney et al., 2005)

... Additionally,

IDEA - Individuals with Disabilities

Education Act (Sec. 300.117 Nonacademic services)

In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and the services and activities set forth in Sec. 300.107, each public agency must ensure that each child with a disability participates with nondisabled children in the extracurricular services and activities to the maximum extent appropriate to the needs of that child. The public agency must ensure that each child with a disability has the supplementary aids and services determined by the child's IEP Team to be appropriate and necessary for the child to participate in nonacademic settings.

http://idea.ed.gov/explore/view/p/%2Croot%2Crep%2C300%2C300%2C300%2C52E117%2C

Vision: All children & youth have a right to participate in and enjoy healthy hobbies and interests.

OT Leisure Coaching Pilot Study

Phase 1 (Spring 2014) & Phase 2 (2014-15)

Goal: Help Children and Youth Develop Healthy and Enjoyable Hobbies and Interests

Who? 22 OTs with 22 children/youth with disabilities

- School-based
- Clinic-based
- Community-based

What? OT coaching to foster interest exploration and participation

When? During school or after-school hours
Findings Phase 1 ~ Individual Leisure Coaching: The Process

1. Start the conversation – Meet with child/youth and parents – educate them about the importance of hobbies/interest; obtain buy-in
2. Interest Exploration Inventory: Spark an interest – complete Interest Inventory with child/youth;
3. Explore school or community-sponsored options
4. Make a match and a plan entry
5. Just do it! OT coaching to foster success
6. Occupational reflection and future plans
Julie Brizes, EdD, OTR/L: How she did it →
OT Leisure Coaching with students on caseload

**Setting:** Suburban school

**Shelly:** 10 yo, 5-6th grade, spina bifida & Type 1
- Started the discussion of leisure participation & possible new interests – something ‘portable’
- IEP objective (multi-step fine motor activity)
- Completed an Interest Inventory
- Explored High School website for clubs
- Shelly chose crocheting; found scarf pattern
- Taught basic stitches; repeated practice and faded assist
- Encouraged her to work on it at home once full learning of the task occurred

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Renee Williams, OTR/L: How she did it →
Private Practice OT

**School-age male with ASD: Andrew**
1. Start the conversation
2. Completed interest checklist; sounded interested in pottery
3. Explored options - found local pottery class at a rec center
4. Made a match – Talked with instructor
5. Just do it! Took the class; needed minimal to no OT input
6. Reflection: “Pottery is perfect!”; sought private lessons; occupational spin-off (Reibero & Cook, 1999)
David Weiss, OTR/L: How he did it →
OT Leisure Coaching in an alternative school

**Setting:** Alternative school (Positive Education Program- PEP)

**Kelson:** 13 yo male with anxiety disorder (NOS), ASD, optic nerve hypoplasia, SED (severe emotional disturbance)
- Very social, enjoys playing, helpful with tasks,
- Attending challenges, motor incoordination, no leisure interests outside of home

**Family:** single mom; low income
- She struggles with behavioral outbursts; calls 911
- Frequent hospitalizations
- Limited neighborhood opportunities for active play; card table with art activities at home for indoor leisure

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**Video – Kelson**


Community-Based Recreation/Leisure: Kelson’s Story

Leisure matters for all children and youth! In this video, you’ll observe Kelson participating in a community-based adapted soccer program. Despite his developmental disability and emotional and behavioral challenges, Kelson has been successful playing adapted sports and experiences great joy in doing so! You will hear his mother talk about the benefits of sports participation for her son and family. Kelson’s occupational therapist, David Weiss, will talk about OT Leisure Coaching and the emotional and physical benefits of structured leisure participation for youth with significant developmental disabilities and behavioral challenges.

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CONTINUED
**Game Break Group**
OT Leisure Coaching in Outpatient Clinic
Jenny Negrey, MOT, OTR/L & Julie Schultze, MOT, OTR/L

- **Goal:** To foster independent/family leisure skills that will be carried over at home and with peers
- **Target demographics:** Youth with –
  - limited extracurricular leisure interests;
  - limited friends at school; some had struggled with bullying
  - co-existing mental health diagnoses and/or limited parental investment and involvement in child’s leisure pursuits

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**Game Break Group**
OT Leisure Coaching in Outpatient Clinic
Jenny Negrey, MOT, OTR/L & Julie Schultze, MOT, OTR/L

**Logistics:** Two OT facilitators
- 5 weeks, 1 day/week after school for 1 hour
- 7 youth ages 8-11 (range of diagnoses including ASD, anxiety, developmental delays)
- Billed using the ‘group’ code
- Gave pre- and post surveys to children and parents regarding how often they play games and interact with peers after school; how they enjoyed the group and playing games
- Had option to continue with direct intervention or put intervention on hold for duration of group.
Game Break Group

http://www.everymomentcounts.org/view.php?nav_id=93

The Game Break Group: Healthy Hobbies and Interests

Leisure matters for all children and youths! In this video, you’ll observe two occupational therapists leading an after-school activity-based group in a clinic setting with children/youth who have a range of developmental disabilities (autism spectrum disorder) and mental health challenges (anxiety). Many of the youth struggle with friendship issues and bullying at school. The focus of Game Break, is to cultivate healthy hobbies and interests and social skills important for the development of friends. Listen to what a young boy, mother and occupational therapist say about the social and emotional benefits of the group.

THE GAME BREAK GROUP:
PROMOTING HEALTHY HOBBIES AND INTERESTS
IN AN OUTPATIENT CLINIC SETTING

continuED™
**Vision:** All children & youth have a right to participate in and enjoy healthy hobbies and interests.

**OT Leisure Coaching:** Make it your business!

**Take away message:** School and after-school clinic settings provide ideal opportunities to provide leisure coaching.

*Enrich your practice and enrich the lives of children/youth by addressing the well being of every aspect of their lives – including, and especially, leisure pursuits!*

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**Orientation**

*Calm Moments Cards*

Empower School Personnel to Reduce Student Stress and Enhance Emotional Well-Being During Situational Stressors and Throughout the Day

- **Recognize stress reactions** and the situations that might increase stress.
- **Embed simple evidence-based strategies** to reduce stress and increase feelings of emotional well-being so that students can be more positive, productive, and happy!

*An Every Moment Counts model program*
What are the Calm Moments Cards?

Easy to implement evidence-based strategies aimed at reducing stress and anxiety and enhancing mental well-being in order to enhance school function.

17 Cards that provide:

- Thinking strategies
- Focusing & calming strategies
- Sensory strategies
- Triggers that may cause stress
- Teaching Moments – explanations supporting use of the strategies
- Enjoyable activities to promote positive mental health

17 Situational Stressors

- Playing at Recess
- Using the Restroom
- Returning from Recess
- Participating in School Parties or Special Events
- Start of the Day
- Test Taking
- Transitioning between Classes
- Transitioning between Subjects
- Writing/Completing work

• Participating in Art
• Participating in Assemblies
• Eating in the Cafeteria
• Emergency Situations
• End of the Day Routine
• Completing Homework
• Participating in Music
• Participating in Physical Education
REVIEW THE WEBSITE!
www.everymomentcounts.org

AOTA School Mental Health Toolkit

Sandy Schefkind, MS, OTR/L
Pediatric Coordinator, AOTA
SMH Workgroup

Topics: Depression, Anxiety, Bullying, Grief/Loss, Obesity, Cafeteria, Recess, SEL, Trauma Informed Care, LGBT, etc.
Free, downloadable!

Minnesota Children’s Mental Health Association – Fact Sheets

Geared toward teachers and school staff

Topics: Depression, Anxiety, Eating disorders, ADHD, Autism, Bipolar, etc.
_Free, downloadable!

http://www.macmh.org/publications/fact_sheets/fact_sheets.php

Challenge you to act. Address mental health in your daily practice and articulate OT’s role.

“Those who have the privilege to know have the duty to act.”
~ Albert Einstein
Final thoughts …

Some may see barriers:
- Time constraints
- Reimbursement
- Documenting goals

BUT …

Sentiment of those who embrace and do this work is:
- There’s no excuse for NOT addressing mental health!!
- Commit to embedded strategies
- Start small
- Look for the open doors
- Keep learning
- Make it happen

Every Moment Counts
Promoting Mental Health Throughout the Day

Questions?
www.everymomentcounts.org

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Graphic designer: Audrey Bazyk

Ohio Department of Education, Office of Exceptional Children
3-Year grant led by occupational therapists (2012-2015)
Autism
Co-morbidity & Risks of Mental Health Challenges

References:

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References


Useful Websites:

- Center for Mental Health in Schools (UCLA)  
  http://smhp.psych.ucla.edu/
- Center for School Mental Health Analysis and Action (University of Maryland)  
  http://csmh.umd.edu
- [www.SchoolMentalHealth.org](http://www.schoollmentalhealth.org) - Resources emphasizing practical information and skills based on current research, including prominent evidence-based practices as well as lessons learned from local, state, and national initiatives.