COMMUNITY BUILDING WORKSHOP FOR THREE RIVERS CHARTER SCHOOL

STAFF

By

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A Project Presented to

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Abstract

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Jessica Ehlers

The lack of mental health support and services for people in the United States is a problem. Attending to those with entrenched mental illness is helpful, but how can we help support the development of healthy adults earlier on? Building community in schools will curb mental illness as students grow into adults. This research provides practical examples of workshops created to build community by building mental health literacy for school instructors and staff. The project itself was two specific workshops to help build community and promote mental health wellness. The feedback from this project shows that these interventions were useful to instructors and helped provide deeper understanding of community building and mental health literacy. More interventions are needed to keep the focus of these workshops as specified in the Sustainability Plan. The project was a success and will be used as a template for future use. While these workshops cannot take the place of a school counselor, they can provide resources and grow systems that could stand in for that position over time.
Acknowledgements

This project could not have been possible without the support of the Humboldt State University Distance Learning Social Work Department and Three Rivers Charter School in Fort Bragg, CA. I want to thank the following people specifically for all they did to make this project possible: César Abarca, Katharine Wylie, Ronald Swartz, Laura Erskine, Monica Murray, Amy Liu Miller, Nathan Wallace, Jamie Jensen and everyone on the Distributed Learning MSW Program Student Scholarship committee. In addition, sincere gratitude is also due to Matt Howard, Aiden Ehlers Meany, Ms. Duke, Emily Reiff, Jim Ehlers, Susan Larkin, Jennifer Ehlers, Yvette McGuire, and Cynthia Wall.
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**Introduction**

After working in homeless services in Mendocino County for nearly four years, I have a unique perspective on homelessness and mental illness. At such a late stage in the game, trying to get in front of entrenched addiction, mental health issues and yes, homelessness can be daunting. I am passionate about mental health for a variety of reasons. One is that the struggle is universal. Another is that we all glide up and down the mental health spectrum throughout our lives from one degree to another. It is my belief that if we are able to provide a community support mechanism to inhibit mental health symptoms, we can support students (in this case) so they can grow into healthier adults who contribute and cooperate with their community to make it better. This sense of community and connectedness becomes an auxiliary family that can continue throughout life.

**Aims**

Three Rivers Charter School is located in Fort Bragg, CA. It serves students from grades 1-12. The goal of this project was to offer Three Rivers Charter School with an expanded vocabulary and an experiential understanding of what community building can look like so they can support student wellness both individually and as a group. Three Rivers Charter School does not have access to a permanent counselor or social worker on staff for prevention or for ad hoc purposes. This project aimed to fill a part of this gap.
This project helped build community supports for students and staff at the school. With this awareness and education by the staff, students are be more likely to succeed academically and socially. Even with obstacles like diagnosed mental health concerns, students change their brain chemistry by participating in pro-social activities. This fortifies student resiliency.

**Approaches**

The instructors and staff from Three Rivers Charter School were invited to participate in the Community Building Workshops that I developed and facilitated. All attendees were invited to participate at the level they felt most comfortable. They each signed an Informed Consent Form (see Appendix A) so they were aware they were able to sit out of any part that was uncomfortable. The first workshop was focused on community building icebreakers and team-building activities. During the second workshop, I covered a variety of mental health topics to facilitate support and referrals for students and parents. Each workshop ended with time enough to fill out the survey, responding to what was presented, what worked and did not, what could be expanded upon and the like. (See Appendix B for actual survey).

The outcome was positive as evidenced by the feedback I received from the participants. It serves as a template for others looking to make changes in their local schools in an important way. My assumption was that the school would be on board with the workshops and by working collaboratively with them to create the workshops
themselves, they were. This project is significant because the goal is lofty. I wanted to help support staff to help support their students build community and have a better understanding of how to support mental health wellness and curb mental health issues.

**Significance**

The significance was accepted by the participants at Three Rivers Charter School but requires ongoing interventions for the actual changes to come to fruition. The secondary outcome of the relationship between the school and outside mental health systems have to be determined over a longer period of time.
Review of Literature

Introduction

The two topics of focus for a literature review for this project are: building community and mental health education. Both aspects have been studied and defined in different ways but to tie them together to make a community impact is not something that has been researched a great deal yet. However, the sources on the subjects are knowledgeable and their studies helped inform this project.

Building Community

Walkley and Cox (2013) focus on the important topic of building trauma-informed schools and communities in response to tragedies. While responsive programming is important, the holistic process of building psychologically resilient students every day is also paramount. Perhaps if processes like these were more commonplace, tragedies where students do not receive the support they need before they act out in potentially violent ways would happen less because students would be given the chance to heal before their disease got worse. That said, acting out in my interpretation is something that occurs because someone is not getting his/her needs met.

Mental health literacy (Lauber, 2003) is a concept that is not new yet it is still not a topic of much concern or scrutiny despite the highly publicized shootings, antisocial,
and erratic behaviors that have been displayed by those people who have not had access to the mental health treatment they so desperately need. The vast majority of people who are diagnosed with mental illness do not engage in violence. The goal of this project was to promote community building and to reduce stigma about mental health issues through education.

Buckley & Decter (2006) offer many concrete examples of how children and families can move from isolation to integration into community. In their article, their focus is on psychiatric crisis, narrative therapy, children, collaboration, and sociocultural drama. All this fits well in the framework this project is building.

Additionally, they state the following, “there has been an increasing trend towards psychiatrically-evaluating and hospitalizing children who are acting in intensely angry, sad, or in violent ways. This trend dramatically increased during the school shootings that occurred in the late 1990s” (p. 4). Bullying is another important dynamic that needs to be addressed. There are activities in this article that would directly mend a lot of problems and bullying would be one of them. Important ideas included are to “externalize conversations to playfully engage with kids,” as well as opportunities to practice self-care while facilitating this work with others (Buckley and Decter, 2006 pg 14). I interpret this quote to mean that there is more ways to engage with kids than straight conversation. That is, sometimes more can be gleaned through play.

Walkley & Cox (2013) wrote an impressive article with the focus on building trauma-informed schools and communities in response to tragedies like the
Sandy Hook tragedy where a 20 year-old mentally ill man shot and killed 20 elementary school students and six teachers before turning the gun on himself. While this is very important in work, I want to focus on how we can create healthier communities to curb mental illness before it gets out of hand and support those who suffer. Their tools are a good source of comparison and development but the focus of the workshop I am developing for Three Rivers is strengths-based and the focus being on building a solid foundation so as to stave off emergency-type situations before they get to that level.

The Colorado’s Framework for Social Behavioral Health Services Mental Health Stigma Reduction, (2014) created a campaign focused on reduction of mental health stigma in and around schools. This process is fantastic and is goal oriented and written with a macro-lens for use with specific individuals. School leaders were asked to build trust and collaboration with mental health providers. School board members were asked to request that district-wide student behavioral health systems focus on mental health stigma reduction. School’s staff was asked to champion comprehensive behavioral health systems and integrate social and emotional learning into their curriculum. Students were asked to encourage healthy behaviors among peers, and reach out to those different than themselves. Then, families were asked to support their child’s social and emotional development. Community members were asked to advocate for restorative practices in the school and the community at large. (The Colorado Framework for Social Behavioral Health Services Mental Health Stigma Reduction, 2014).
For this purpose it is an important point for reference when tying the micro-level processes to larger concepts that make more sense to a less academic audience, such as parents. This literature shows the efficacy of the interventions in general. It does not support the specific community-building processes that my project has.

**Mental Health Education**

Kaffenberger & O'Rorke-Trigiani (2013) mention, “Students are more likely to follow through with school-based services due to the barriers to accessing community mental health services” (p. 324). This is a rich article that explores student mental health needs via direct and indirect methods. The focus with this is to build alliances in the community. These alliances are built upon further with the teachers and staff of Three Rivers Charter School to show them how to further this work with their students.

Locally, in Fort Bragg, California, there is a huge barrier to access mental health services even for those who are seeking them. Many people are also not aware of the mental health services that are available generally, let alone nearby (Jorm, 2012). The inclusion of school-based services can create options and access to those who would be unassisted in any other way. Were the project deemed a success, students would be assisted early by first receiving support through building connection and positive relationships, then intervention support through knowledge of warning signs and peer advocacy to get access to services before problems are too big to curb.
Kutcher and Wei (2014) are advocating for mental health literacy. They cite the need for research-based interventions that “achieve sustainable positive results by building on existing ecological strengths of schools; and the importance of creating integration across the many separate systems traditionally involved” (p. 22). In terms of my project, this is a nice idea to build on what is already transpiring. The school is small and intimate. To build upon that intimacy with a sense of community could benefit the school, the students and the community at large.

Li’s editorial from the Asian Journal of Psychiatry (2012) underscores the importance of early intervention for positive outcomes. “Early identification and intervention of mental illness is critical for enhanced treatment outcome. It is critical to be aware of different obstacles that patients, families and even mental health professionals face in receiving and providing optimum clinical services” (p. 209).

Summary

This project was developed through my relationship with Three Rivers Charter School in addressing their need for mental health supports for their students in a practical and cost-effective manner. The building of community was an idea I was introduced to as a high school student at the Mendocino Community High School. There, in addition to academics, a tremendous amount of emphasis was developed into the building of an intentional community for the students. While my experience there was positive, the practices were not evidence based. Consequently, that is where my review of this
literature comes in to offer relevant support to the practical use of these interventions and how they can be useful.
Method

Introduction

I brought the idea to Three Rivers Charter School to see about their interest in my doing the project at all. When I pitched the idea, they expressed their excitement and put me in the direction of some specific interventions.

Participants

The participants of this project were the staff and instructors of Three Rivers Charter School. The principal, the school secretary and the instructors of the school each attended both workshops for a total of 8 participants for each workshop. The trickle-down participants of this project are the students, their families and the community at large who are be impacted by the community building techniques built during these workshops.

Design

For Workshop # 1, I focused on not only the introduction of the project itself but also simply building rapport with each other through icebreaker activities. The first kind of icebreakers was really easy, building rapport and trust. We shared food I had brought and everyone decompressed a bit. Then I asked the participants to come outside with me. I named one side of the field where they should go if they agreed with the first statement
and the far side of the field if they agreed with the second statement. Each was asked to pick an answer and not over think it.

Sample statements (See Appendix C for full list of questions and actual presentation notes):

- Vegetarian forever / Eat meat but have to render it yourself
- Know the truth / Let some things stay secret
- Stuck on a broken elevator / Stuck on a broken ski lift
- Play Minecraft / Go outside
- Live in a world where there is no marriage / No divorce

Next, we came back to the classroom and discussed what we thought of the exercise, how it could be changed or amended for use in participants own classrooms. Next, I had planned to hand out notecards and ask the participants after the first minutes to answer the following statements: 1) “Most of the time I feel...” 2) “When I feel down I...” 3) “Something that sustains me in the dark times is...” I wanted to ask the group to share their answers and stress that even though this is a workshop that is taking place at work, they were not required to participate in sharing anything they were not comfortable sharing.

Although the confidentiality statements have been signed, that does not mean each person feels safe sharing these things with their coworkers or anyone. This was to be expressly articulated so everyone has an out. However, we did not have time for all the things I planned so I cut the last part out. We skipped the personal feelings notecards and went right on to asking the participants to write down on a card three things that they
personally had to offer their students and Three Rivers Charter School. After they completed it, I had them go around and share their offerings. I wrote everything down on a large pad for everyone to see. Afterward, participants were encouraged to share how the process was for them. They told me they were glad to have the list of offerings and wanted me to email the list itself so they could use it for a display. This was an unintended and qualitative outcome that shows what the staff and instructors of Three Rivers Charter School bring to their work.

Another part I did not have time to do this time was the family portrait exercise. I planned to provide a stack of paper and drawing materials. I was going to ask the participants to think back to their own childhoods and to draw a characteristic emotional scene. I was going to ask the participants that an artistic skill is not required. When they were done, I was going to ask them to share in as much detail as they are comfortable. In particular, I wanted to know how the scene they depicted might have influenced their worldview. I did not end up having time to do this part but also I think it is an activity best used in a group who has decided to make a commitment to some deeper sharing and work with each other, not simply a staff workshop. However, I think it could be a good exercise in another situation.

The contingency plan if anyone was emotionally activated by the activity is to call the Access Center that provides emergency crisis support and assessments. I made contact with the Access Center (local mental health crisis center) ahead of time to ensure they know they would be available if something came up for any of the participants. Also
I ended the workshop with some time to spare so the participants could give me their feedback on the survey I provided them with.

For Workshop #2, I focused specifically on mental health education as well as mental wellness support. Three Rivers Charter School’s staff expressed an interest in having the specific content provided for suicide prevention, anxiety and bullying so I addressed each of these concerns and included a game about what schizophrenia feels like in an easy and interesting way. It requires groups of three.

One person talking to another while the other tries to talk back but meanwhile someone is whispering unsettling things in their ear. This is included because it helps with the empathic response. We went over a local resource list I created have created about local resources for children, families and adults as well as other state and national agencies that can provide insight and resources. All information provided in this training and was documented and kept for reference at the school to be used as referral sources and a place to start for questions about these topics.

The outcomes of this project will be a sense of community amongst the staff that they can transmit to their students to support/stave off mental health concerns. This project is born out of a hunger to build stronger communities and therefore mental health wellness. Woodlock (2012) wrote a commentary article on mental health interventions called, “Improving Community-based Mental Health Care for Children: Building on a Consolidated Empirical Foundation.” In her short article, she outlines the structures, which are to institute community-based mental health care for children. I plan to use this article to help provide the specific framework for the workshop with the Three Rivers
Charter School staff for discussions on how we can improve support for children to have better mental health outcomes.

**Ethical Considerations**

This project is born out of a desire to support students of Three Rivers Charter School with mental health support and the development of meaningful relationships. This is done by way of providing community support modeling through the staff themselves. The two workshops were a beginning for the staff to build community and rapport in hopes to support their students with mental health wellness and support in and out of the classroom. Additionally, I resource guide for the staff of various levels of mental health supports both locally, state wide and nationally.

I allowed the participants to take breaks or excuse themselves at any time for any reason. I supplied them with the County Mental Health Access phone number on the Informed Consent form (see Appendix A). The survey for the workshops was anonymous and the information cannot be tracked to specific participants. All information gathered in the workshop was confidential. The information collected through this project be referenced in my masters project manuscript, available digitally to the public through the HSU library. I will store the data for three years in a locked cabinet and the Informed Consent documentation will be kept by the Department of Social work in a locked cabinet for two years and then these will be destroyed.
I used the literature to inform and support the information that I supply to Three Rivers Charter School. I respected the confidentiality preferences of the participants. I ensured their participation is voluntary and I avoided harm to the participants. I also showed the details of my project from the written plan to what happened in the actual workshops and what has been learned for future reflection and study.
Results

Overview

The interventions supplied in this manuscript are the results. I wanted to get an idea what was of use and what wasn’t of use for this particular group and document what could be of use for other schools. The findings are qualitative in nature. One evaluation was filled out per attendee after each of the two workshop sessions leaving me with a total of 16 evaluations in total. The results are important but are not generalizable in a quick manner. That said, the insight gleaned with this project remains useful to others.

Workshop #1

The results of Workshop #1 are as follows. One hundred percent (n=8) of the participants enjoyed the “Would you rather” activity partly because it was outside and they got to move around but also because it allowed a better knowing of people they already knew. A least favorite part of the workshop was the part where I asked participants to list attributes they have to offer their students; there were two people who mentioned this. Another person wished they had more time discuss all the information. The rest either said they had no complaints or left that section blank. I wanted to know three things they could use from this training and overwhelmingly that they could use these actual exercises at this or another level, depending on the desired result.
Challenges included that one participant feared students might not buy-in to the activities. Another participant thought the questions might not work for their students and that they had “so many students and not enough time”. Another few mentioned that these processes could “unintentionally open up wounds” and “Things that might sound innocent and fun to me but might land differently on them.” The potential vulnerability is a risk identified by a number of these participants. Also one mentioned that the games might backfire if one student is afraid to be honest because they “don’t want to displease their peers.” While this is important because it is feedback, I think this is a symptom of a larger systemic problem where students might not feel safe. It is activities like these that can build community thereby fostering a more inclusive atmosphere, one of community.

When asked about personal community building capacity with their students and their school as a whole, I am going to add each person’s response verbatim because it’s so much the crux of this project. One participant said, “Yes, I find facilitating small group discussions empower students to find their voice, time consuming but valuable.” Another stated, “Yes, for the most part. However my own pride and tiredness from my schedule gets in the way. I truly love all of my students though and keep working to try and learn new ways to help them form a family here at school. I try to remember to stop talking and listen to them instead.” Basically, everyone thought it was useful and that they are able to use skills learned in this workshop with their students to build community. Another said, “Yes, it is an ongoing and concerted daily effort to strengthen community by reaching out to ask as many stakeholders as possible: students, teachers, parents, board, aides, etc.”
Another said, “Yes, I work on my relationship with the students and other relationships with each other all the time.” Another two simply said, “Yes.”

As far as interest in another workshop like this, the answer was a resounding yes. Everyone expressed interest in a more developing kind of workshop for them to learn about more ways to do all these things. One participant said simply, “Please come back.”

Workshop #2

In response to the favorite part of workshop #2, 100% (n=16) of the participants agreed that the schizophrenia exercise was worthwhile and interesting. Additionally, participants appreciated the detailed information and one participant stated the part they appreciated the most was, everyone enjoyed the hard facts because they had not been exposed to them in a forum like this, or had the time to do so in their free time.

The least favorite part for the participants was that it was too short and there was not enough time spent. Three things they learned that will be useful to them in the future were varied. One participant stated, “Local resources, help identifying various behaviors, possible student strategies.” I was happy to hear what they learned. Everyone learned information and skills of value that can help steer their instructing in their classrooms and help build their communities in a more general way.

Some challenges that this group mentioned were important. One mentioned they “still don’t feel knowledgeable enough in these topics to completely try these things.” This is common in classrooms. The instructors barely have time to learn their basic
curriculum as it is updated. Adding art and music is important to Three Rivers Charter School but how will they fit yet more into an already tightly packed day? This is an important question but in response I have to ask what if they don’t? I have been invited to come back to Three Rivers Charter School in the future to keep these conversations happening and see if and how the instructors are using these skills they have learned in their classrooms.

**Findings**

Facilitating the workshops was enjoyable, educational, and proved to be a valuable lesson in choosing what would work with this group. I brought food that was easy to snack on and came at a normally scheduled staff meeting so people were ready to participate. The idea of starting off with games and making the content interesting and fun was a success. Tying that part of the community building to the mental health education was also important and understood.

The school instructors (workshop participants) had insight that building these smaller connections can have broad impact in a positive way. I would like to do more of these workshops or help steer the school into a place where they can cultivate their own by mining my resources over time. The challenge was the lack of time. In the future I might make more of a concerted effort to have more time for these workshops. Or perhaps simply have more of them, as the length was not too long or too short.
The implications for these findings reflect my goal that small interventions such as these are beneficial for the staff, for the students and their families and are cost-effective. I come away from this project with a great sense of accomplishment, mastery and excitement to do more of this work with Three Rivers Charter School and other local districts. It is important to recognize the large impact of small deeds and see the implication of the small impact on the community as the education flows from instructor to student to their parents to the community.

In the future this project could be expanded upon by taking what I worked on with the staff and instructors and use these kinds of activities for students, for the Board of Directors and even for interested parents. These types of processes could be woven into the curriculum school wide and even further down the road, students could be the ones giving the workshops to other community groups, schools and even businesses.

**Implications to Social Work**

The implications for the students are that they have access to needed mental health supports in a more timely fashion. Additionally, the building of a community of students and staff support the students to curb mental health problems before they become too large to manage. Implications for social work research are also important. More and more there is less and less funding for mental health supports in schools. Implications to school social work are reflected here. As is continued research and policy for school social workers.
Consequently, there is a chasm in services and a struggle for instructors to teach around those who have serious problems. Three Rivers Charter School does not have access to a full time counselor on staff to deal with all the issues that come up with students regularly. With these supportive interventions I have brought to the staff, students can grow in ways they could not otherwise because the focus is not on the problem students themselves per se, it is on the development of a community of students who support each other.

**Sustainability Plan**

The importance of sustaining this program is paramount if it is going to continue at Three Rivers Charter School. It is important because if it does not continue to be something that is revisited, it could easily fall out of focus and get lost. In order to retain effectiveness, I have included a sustainability plan that includes a template for a plan of action for the next couple of years at Three Rivers Charter School. It is comprised of needs assessments, meeting with school governance and principal. Through all this work, a grant committee can be formed to write a grant to fund further and more intensive interventions for the school that add on to the curriculum already supplied. Since writing a grant can take time and requires data, there will be additional smaller workshops like the ones in this project will be implemented for the school, staff and for parents. After the workshops, the additional data will be compiled for the grant proposal. A more exhaustive and progressive literature review will be included.
<table>
<thead>
<tr>
<th>Component/Method:</th>
<th>Action Steps:</th>
<th>Timeline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need Assessment--Develop plan</td>
<td>Meet with Principal of TRCS</td>
<td>August 2015</td>
</tr>
<tr>
<td></td>
<td>Compile data from previous year workshop and post-workshop work with students of TRCS.</td>
<td>September 2015</td>
</tr>
</tbody>
</table>

**Sustainability Plan Continued**

<table>
<thead>
<tr>
<th>Component/Method:</th>
<th>Action Steps:</th>
<th>Timeline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group presentation of data to TCRS Board of Directors</td>
<td></td>
<td>October 2015</td>
</tr>
<tr>
<td>Discuss a grant or other funding stream for further workshops</td>
<td>Research state and federal grants. Research local grant sources.</td>
<td>November – December 2015</td>
</tr>
<tr>
<td>Development of workshops based on post-workshop work</td>
<td>Focus group will refine content.</td>
<td>January 2016</td>
</tr>
<tr>
<td></td>
<td>Focus group will report to parents, Board and staff.</td>
<td>January 2016</td>
</tr>
<tr>
<td>Create and execute two consecutive workshops reflecting previous year’s shape</td>
<td>Do two workshops based on past and present desires from staff, students and parents.</td>
<td>February 2016</td>
</tr>
<tr>
<td>Evaluate and report writing</td>
<td>Compile data of surveys from participants for both days.</td>
<td>February 2016</td>
</tr>
<tr>
<td></td>
<td>Consult with staff.</td>
<td>March 2016</td>
</tr>
<tr>
<td>Literature review</td>
<td>Presentation to TRCS</td>
<td>April 2016</td>
</tr>
<tr>
<td></td>
<td>Refine workshop content, edit resource guide for any local or national changes.</td>
<td>On-going monthly agenda item.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>TRCS Board, Principal, Staff, Parents and concerned citizens.</td>
<td>On-going</td>
</tr>
<tr>
<td>Other</td>
<td>Discuss hiring social worker staff to fill this role in an ongoing way.</td>
<td>May 2016</td>
</tr>
</tbody>
</table>
Ethical Considerations

For the project, I had each participant fill out a consent form detailing where they could get assistance if they felt they were exposed to anything troublesome in the group. Each participant was informed about confidentiality and no one was required to participate in any part of the project. It is important to note that the effectiveness of this project is dependent on the staff to take where the workshop left off and integrate it into their own classroom dynamics. In order to properly serve the students, the staff must take on this responsibility.

Limitations

This scope of this project was limited. There were two workshops that were developed for a specific purpose for the staff of one charter school in Fort Bragg, California. While they do not solve the mental health crisis, they have an impact and will change the lives of those at Three Rivers Charter School. That said, this small scope which can still be taken as a token of possibility for other schools looking to support their students and their community in a similar fashion.

Conclusion

Having the opportunity to impact my community in this way has been tremendously rewarding on a personal level and I believe very beneficial to the staff, the
students and the families of those students. The building of community has become more and more important as the economic resources for social services have diminished. Building community can happen without proprietary and evidence based practices but the evidence based practices point to the effectiveness of building community in curbing all kinds of societal ills. Building community can help curb wounds we have developed as a consequence of our upbringing, cultural experience or any number of other problems. Having education on what mental health wellness is and how it can be grown larger can enhance this healing as well. Onward.
References


APPENDIX A: INFORMED CONSENT FORM

PURPOSE AND BENEFITS: The purpose of the project is to provide community-building and mental health wellness tools for staff of Three Rivers Charter School. The concept is that this community building and support can help supply new tools for staff to use with their students.

PROCEDURES: If voluntary consent is given, you will complete a hand-written survey that will take 5 minutes. You may refuse to participate. Personal or sensitive questions will NOT be asked. No service of any kind will be lost or jeopardized if you choose to not participate in the study. If there is any emotional issue that is stirred up by being a part of this process, the local Mendocino County Mental Health Access Center phone number is (707) 961-1005.

CONFIDENTIALITY: The information received by the participants and any identifying data will remain confidential. The responsible investigator and research team will be the only ones with access to the data. Anonymous direct quotations will be used in the findings. The participants' identities will not be connected with the data in reporting any of the findings.

You understand that the Investigator will answer any questions you may have concerning the investigation or the procedures at any time. You also understand that your participation in any project is entirely voluntary and it is your choice to participate or not. The information collected through this project will be included in my master's project manuscript, which will be available digitally to the public through the HSU library.

If you have any concerns regarding this project, or any dissatisfaction with any part of this study, you may contact the IRB Chair, Dr. Ethan Gahtan, at eg51@humboldt.edu or (707) 826-4545. If you have questions regarding your rights as a participant, you may report them to the IRB Institutional Official at HSU, Dr. Rhea Williamson, at Rhea.Williamson@humboldt.edu or (707) 826-5169.

Please print this informed consent form now and retain it for your future reference. If you agree to voluntarily participate in this research as described, please click on the consent option below and continue with the survey. Thank you for your participation in this research.

Jessica Ehlers, HSU Primary Investigator, jke79@humboldt.edu, (707) 357-4019
Dr. Cesar Abarca, Committee Chair, Department of Social Work, BSS 544, cesar.abarca@humboldt.edu, (707) 826-4552

I have read and understand the information provided and agree to participate in the following Project.

__________________   ________________
Name          Date
Appendix B: Evaluation Survey

(Thank you for filling out this survey! Your input will remain confidential.)

1) What was your favorite part of the workshop? Why?

2) What was your least favorite part of the workshop? Why?

3) What are three things you learned today that will be useful for you in the future with your students?

4) What would you need in order to overcome challenges you might run into?

5) Do you feel confident in your ability to build community with your students and your school on the whole? If so, how specifically? If not, what is in your way?

6) Would you be interested in other workshops like this?

7) Do you think this kind of work can help students to build mental health wellness? Why and why not?

8) Do you have any other suggestions or concerns?
Appendix C: Workshop #1 Presentation Notes

The idea behind this project is to develop mental health literacy by cultivating a sense of place, a kernel of belonging that sustains for all the workshop participants to be transmitted to the students of Three Rivers Charter School.

First: Sign Consent form. “On the form, there are contact numbers in case anyone is emotionally activated by the activity. The Access Center that provides emergency crisis support and assessments. Additionally, there are other resources I can provide.”

INTRODUCTION and FOOD.

TWO TRUTHS AND A LIE: TEN MINUTES

My favorite meat is lamb, I have a birthmark in the shape of Italy on my calf and I row every Sunday in a Whale-boat.

This game is easy. I will read two options. If you agree with the first, you will place yourself on one side of the room. If you agree with the second, the left.

The statements are arbitrary and silly but the point of them isn’t life strategy so much as seeing our minute differences and similarities so don’t worry about making the wrong choice. There aren’t any.

STATE YOUR PREFERENCE: TWENTY MINUTES

This is an example that could be used in a classroom on ongoing group setting. This kind of practice could happen with more intense sharing such as mental health issues and risky behavior but only in a safe, carefully cultivated group. The statements are to share who we are and what we think in a fun way.

1. Waking Early / Stay up late.
2. Eat a cockroach / 1lb of butter
3. Rule the world / Live in a world without problems
4. Go on a dream vacation anywhere in the world / Spend time with anyone in the world but you have to stay in your home town
5. Fly / Read minds
6. Know the date of your death / Cause of your death
7. More time / More money
8. Piercings / Tattoos
9. Lawyer / Doctor
10. Always know someone is lying / Get away with lying
11. Talk like Yoda / Breathe like Vader
12. Baby penguin / Baby monkey
13. Miserable genius / Unhappy simpleton
14. Wizard / Ninja
15. Mac / PC
16. Dumbledore / Gandalf
17. Vegetarian forever / Eat meat but have to render it yourself
18. Know the truth / Let some things stay secret
19. Stuck on a broken elevator / Stuck on a broken ski lift
20. Play Minecraft / Go outside
21. Live in a world where there is no marriage / No divorce
22. Cats / Dogs
23. Fit into any group but never be popular / Only fit in with the popular kids
24. Tea / Coffee
25. Toothpaste tube squeezing: Middle / End
26. Milkshakes / Smoothies
27. Katniss Everdeen / Hermione Granger
28. Make a phone call / Send a text
29. Be a nice teacher bad at teaching / Be a mean teacher who teaches well
30. Lose an arm / Lose a leg
31. Luxury hotel / Camping
32. 70s mustang / Hybrid
33. Bungee jump / Rock climb
34. Hide / Seek (When playing hide and seek)
35. Surfing on the ocean / Surfing the net
36. Work in a group / Work alone
37. Be the absolute dictator of your world / Live in a utopia
38. Psychological pain / Physical pain
39. Authoritarian regime / Anarchy
40. Blind / Deaf
41. Pot luck / Large party
42. Good news first / Bad news first
Did you learn anything new about yourself or the people around you? Think about the differences, similarities and any questions you might add if you were to write the questions.

**OFFERINGS:** *TWENTY MINUTES*

On an index card, write down 3 important attributes that you have or that are important to you that you would like to share with the students of Three Rivers. For example, I have an ability to laugh at myself. This makes it possible for me to make a mistake and keep going. I am also interested in building community with the students. This could offer them a sense of support they don’t have in any other part of their life.

**CONCLUSION:** *FIVE MINUTES*

In conclusion of this workshop, I will ask them to fill out a short survey about their experience for this particular workshop, thank them for their participation and give them a little overview of what the next workshop will be like.

Fill out survey, return to me.
Hello and welcome to workshop #2. Today I want to do some introduction to mental health diagnoses, do a fun exercise and then get into the three topics you wanted to learn about when I came to the school last semester. (Anxiety, bullying and suicide prevention.)
Community building supports mental health and curbs mental illness.
The Diagnostic Statistical Manual is a guide used by the American Psychological Association to classify disorders. Specific terms change and come in and out of focus and it is not without controversy and yet it is the manual used presently to form and shape diagnosis and treatment of mental health issues. This is not a definitive list but a brief overview to show the range of mental health concerns that are treated. Some disorders are easier to treat than others.

Anxiety can be a problem within itself or can be a part of a larger pathology. Mood disorders are fairly well established to be genetic, as are some psychotic disorders but both are usually kept in check with medicine, therapy and positive lifestyle choices. I was shocked to learn that eating disorders, above many others- can be the most resistant to treatment. Personality disorders are also resistant to treatment because they are not chemically based in their manifestation, but rather an early childhood wounding which can be hard to mend.

Does everyone have an understanding of these disorders? Any experiences they would like to share? Other questions?

**DSM MENTAL ILLNESSES**

- Anxiety disorders
- Mood disorders
- Psychotic disorders
- Eating disorders
- Impulse control disorders
- Personality disorders
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder

- Stress response disorders
- Dissociative disorders
- Sexual disorders
- Somatic disorders
- Tic disorders
- Sleep-related problems
- Dementia
- Alzheimer’s
- Etc.
This is a fun experiential process. Everyone form groups of 3 or four. Make sure everyone takes a couple minutes to try and be person 1 to experience what it is like. What did you think of this process?
Does anyone want to tell me what schizophrenia is?
Some people think Schizophrenia is the same as multiple personality disorder.
It’s different. Schizophrenics do not experience two personalities, they generally hear things in their head that no one else can. Rarely the voices in a person’s head say positive things. Almost always it is abusive, cruel and demeaning.
This image shows a few possible reasons for anxiety.
Anxiety strategies for younger kids:

- Scaffolding
- Assessment
- Exit plan (chill-out card)
- Assigning buddies
- Structured classroom activities
- **Stress management skills: Mindfulness**
- Anxiety management programs
- Access to external agency support (Child and Youth Mental Health Services)
- Regular access

**Scaffolding**, setting limits of work, particularly around any subjects or topics that cause extreme anxiety

Conducting a **assessment** to identify triggers and maintaining consequences to anxiety and developing strategies to manage resulting behaviour (safe corner in room to go to, chill out space)

**Exit plan (chill-out card)** Providing structured time-out

**Assigning buddies** to support unstructured time such as lunch breaks

**Structured** classroom routine with preferred activities on arrival

**Explicit teaching of stress management skills such as relaxation and problem solving skills:** MINDFULNESS

Programs with strategies tailored to manage **anxiety**

Access to **external agency support** (Child and Youth Mental Health Services)

**Regular access** to a guidance officer or school based youth health nurse
Anxiety strategies for teens:

- Specified seating and breaks
- Exit plan
- Collaborate
- Clear plans
- Explicit instruction
- Identifying changes
- Positive reinforcement

**Specified** seating and pre-arranged breaks

**Exit plan** - permitting students to leave the classroom if anxiety becomes unmanageable (with a pre-arranged safe place in the school, where they will be supervised by an adult)

**Collaborate** with the parents/carers and the clinical care provider to understand how the disorder manifests for this student.

**Clear behaviour management plans**
Providing **explicit** guidelines for assignments

**Identifying any changes to routine well in advance**
Recognising small achievements using **positive reinforcement**, communication strategies and feedback
WHAT STRATEGIES FOR ANXIETY HAVE YOU USED? WHAT WORKS?

Any experiences? Words of wisdom? Questions?
Community building combats bullying.

Community building combats bullying.
Bullying prevention strategies:

- **Social Emotional Learning framework ...continued:**
  - **Relationship Skills:** Grow the skills of cooperation to heal the processes of bullying from the inside out.
  - **Responsible Decision-making:** Ethical standards building in regards to conduct, respect, consequences of various actions.

**Relationship Skills:** Working on establishing and maintaining healthy and rewarding relationships based on cooperation; resisting peer pressure; following established patterns of conduct; and using family, school and community resources.

**Responsible Decision-making:** Making decisions based on consideration of ethical standards, safety, standards of conduct, respect, consequences of various actions. Applying decision-making skills to academic and social situations and to contribute to the school and the community.
Bullying prevention strategies:

- **Social Emotional Learning framework:**
  - **Self-awareness & Self-management:** Identify triggers, finds outlets for kids who have emotional outbursts.
  - **Social Awareness:** This process emphasizes working with others, recognizing differences and intrinsic values.

*Self awareness* and self management: WHAT DOES THIS MEAN? Identifies triggers and having a stress outlet before situations escalate. Finding outlets for hyperactive and kids who have emotional outbursts can provoke peers. Many victims respond in an aggressive way, thus adding fuel to the fire for those who are bullying.

*Social Awareness: WHAT DOES THIS MEAN?*
This process emphasizes working with others, recognizing differences and intrinsic values. It is important to underscore proper conduct and to involve family, school and community resources. THIS IS COMMUNITY BUILDING.
WHAT STRATEGIES FOR BULLYING HAVE YOU USED? WHAT WORKS?

Any experiences? Words of wisdom? Questions?
Anxiety & bullying:

If ignored, can lead to depression or even suicide.
These kinds of conversations are deeper than the hello, how are you. This requires focus and attention as well as a willingness to be present.
Suicide warning signs:

- Always talking about death
- Clinical depression (deep sadness, loss of interest, trouble sleeping & eating that gets worse)
- Risky behavior
- Speaking about hopeless, helpless and worthless
- Sudden, unexpected switch from misery to very happy and excited.
- Talking about suicide, saying goodbye

- BETWEEN 20%-50% OF PEOPLE WHO COMMIT SUICIDE HAVE HAD A PREVIOUS ATTEMPT

This is a touchy subject in schools as well as elsewhere. This list has been identified as the factors that contribute to those who are suicidal and those who attempt suicide. Each box ticked in this list adds another layer of likelihood of suicidal behavior.
Suicidal symptoms:

- Mental illness
- Substance abuse problems
- Previous attempts
- Family history or mental health issues, substance abuse disorder or suicides
- Family violence, physical or sexual abuse
- Chronic illness
- Incarceration
- Exposure to suicidal behaviors of others

When someone is talking about death and they have any number of these traits, it is important to get them in for an assessment with a mental health professional as soon as possible.
What to do if someone is suicidal:

- Take them seriously, listen to them
- Take initiative to ask if there is a plan and find out what it is
- Don’t argue, rather let them know you care.
- Avoid statements like, “You have so much to live for.”
- FIND A PROFESSIONAL IMMEDIATELY FOR AN EVALUATION

I hate to be redundant but this can literally be a life and death period of time. It is better to err to overly cautious than thinking regretting not acting when we could have.
WHAT STRATEGIES FOR SUICIDAL IDEATION OR DEPRESSION HAVE YOU USED? WHAT WORKS?

Any experiences? Words of wisdom? Questions?
SELF CARE

You cannot put an oxygen mask on someone else if you cannot breathe.
IMPORTANT WEBSITES

- AnxietyBCyouth: http://youth.anxietybc.com/ This site also has a mobile app for solutions.

- The Bully Project: http://www.thebullyproject.com/ This site has videos and tools for kids, teachers and staff on how to curb bullying.

- Active Minds: http://www.activeminds.org/issues-a-resources/get-help/what-to-look-for This site is rich in source material. This link leads to printable source material for suicidal evaluations and so much more.
Thank you all so much for your attention and participation. I hope this has been helpful for you and has laid some ground-work for where future plans for your use with the students.