

THIRD ANNUAL

Ohio Family Engagement — LEADERSHIP SUMMIT —

Family Engagement that

BREAKS THROUGH



Ohio Statewide

Family Engagement Center

— at The Ohio State University



THE OHIO STATE UNIVERSITY

CENTER ON EDUCATION AND
TRAINING FOR EMPLOYMENT



Ohio Statewide

Family Engagement Center

Professional Learning — at The Ohio State University



Partnering with Families to Support Mental Health

Patrick Cunningham and Dr. Brett Zyromski



About us



Patrick Cunningham, Graduate Research Associate
Ohio Statewide Family Engagement Center
Counselor Education



Dr. Brett Zyromski, Associate Professor
Counselor Education
CETE Faculty Affiliate



About us continued...



Brett Zyromski, Ph.D.
Assistant Professor,
The Ohio State University

- Co-Founder, Co-Chair, Evidence-Based School Counseling Conference
- Research Fellow: The Center for School Counseling Outcome Research & Evaluation
- Faculty Affiliate: The Center on Education and Training for Employment (CETE)
- Project Manager or Co-PI: Over \$9 million dollars of Federal or State grants
- Author of the book: Facilitating Evidence-Based, Data-Driven School Counseling: A Manual for Practice
- Published 30+ peer-reviewed articles, 100+ presentations and workshops
- Former Counselor in Schools (Urban, Rural)

About us continued...



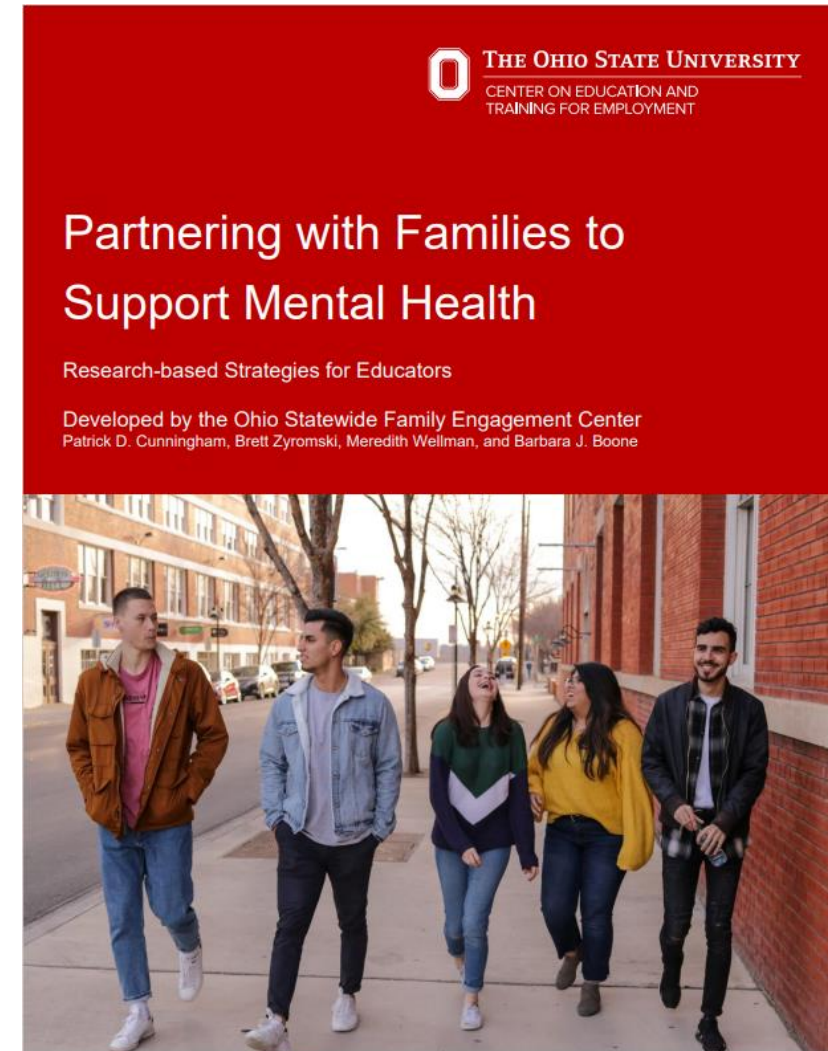
Patrick Cunningham
Graduate Research Associate
OhSFEC

- PhD Candidate in Counselor Education
- Graduate Research Associate for the Ohio Statewide Family Engagement Center
- Published research briefs on school-family partnerships to support students' mental health, career exploration, and early language and literacy development
- Former Counselor in Schools (Urban, International)

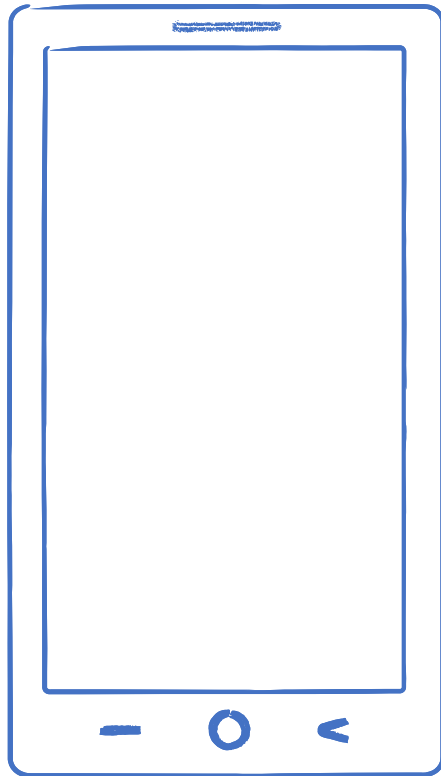


Current Project

- Literature review on opportunities for partnership between schools and families to support students' mental health
- Developed research brief to summarize findings
- Developing resources for educators and families



Since January 2021, I have asked the following question of participants:

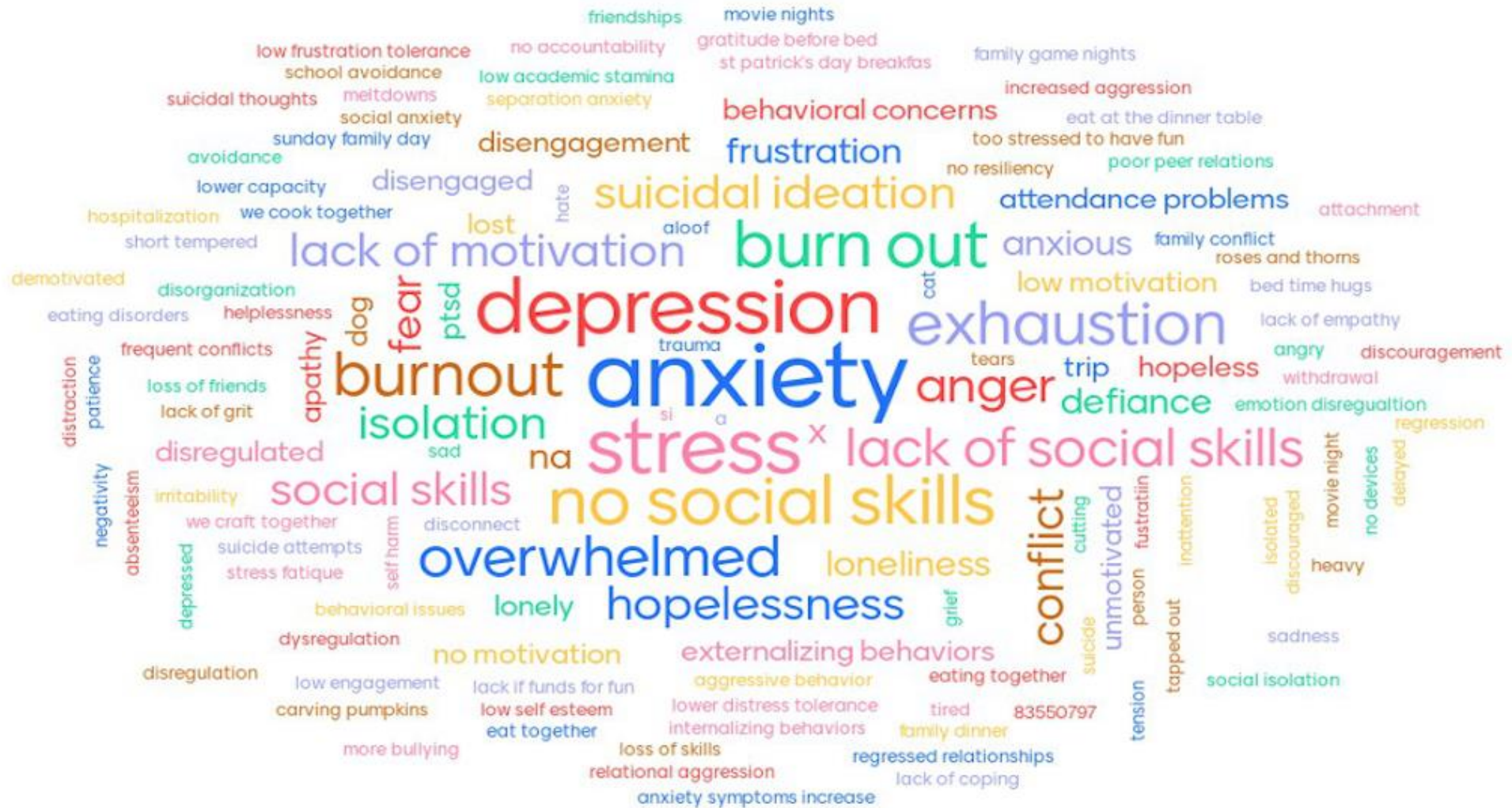


What mental health or social-emotional impacts are you seeing as a result of the pandemic on students and adults in schools and families with which you work?



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Responses from 179 School/clinical Counselors in Ohio



Responses from 216 Counselors in Schools in Kentucky



Responses from 114 district leaders (Administrators)



Responses from 41 parent and educational leaders



1

Living in a Pandemic World

Department of Ed Impact Summary



•Education in a Pandemic: The Disparate Impacts of COVID-19 on America's Students (US Dept. of Ed. Office for Civil Rights)

Observation 1: Academic growth has been impacted and existing disparities widened

Observation 2: Disparities in access and opportunity have widened

Observation 3: ELL Student struggles have been exacerbated

Observation 4: Disability-based disparities have widened

Observation 5: LGBTQ+ populations face heightened abuse, isolation, anxiety, and stress

Observation 6: All students have faced mental health and well-being challenges

Observation 7: Sexual abuse and violence towards women increased (especially transgender, non-binary, or gender non-conforming)

Observation 8: Asian American and Pacific Islander harassment and violence have increased

Observation 9: New barriers to postsecondary for marginalized populations have emerged

Observation 10: Institutes of higher education serving BIPOC and low-income students have experienced lower enrollment

Observation 11: Students with disabilities enrolled in higher education courses face new and enhanced hardships and barriers to success.



*Articles linked to author citations for your use.



Profound Mental Health Impact

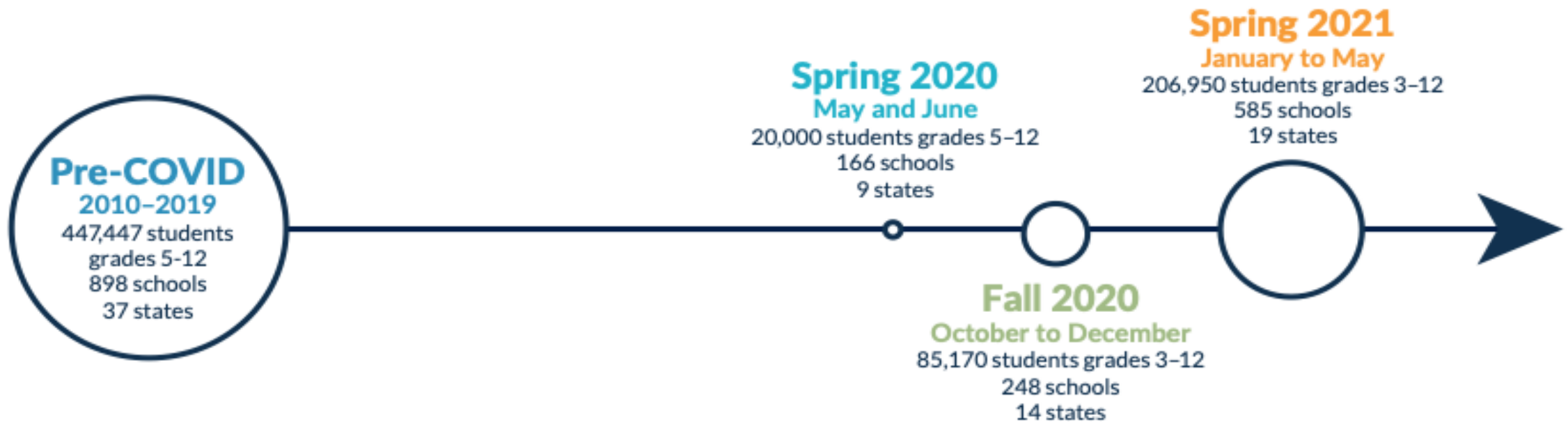
[US Surgeon General published an Advisory Report](#) (2021), titled, “Protecting Youth Mental Health.”

Suggests youth mental health in the pandemic is at risk of being a public health crisis:

- [CDC Youth Risk Behavior Survey](#) results suggests that In 2019, 1 in 3 high school students and half of female students reported feeling sad or hopeless, an increase of 40% from 2009.
- [A research study](#) with 80,000 youth across the world found that symptoms of anxiety and depression doubled during the pandemic, with 1 in 5 experiencing anxiety and 1 in 4 experiencing depression.
- [Yard et al., \(2021\)](#) report that emergency room visits in early 2021 for suspected suicide attempts were up 51% for adolescent girls and 4% for adolescent boys compared to 2019.



Barriers to Learning: YouthTruth Student Survey



Source: <https://youthtruthsurvey.org/wp-content/uploads/2021/08/YouthTruth-Students-Weigh-In-Part-III-Learning-and-Well-Being-During-COVID-19.pdf>

Findings



ONE

Social, Emotional & Academic Development



While students' perceptions of learning returned to pre-pandemic levels this spring, there is cause for concern about students' social and emotional well-being. Students offer insights on how technology can help or hinder learning.

TWO

Obstacles to Learning



The overall number of obstacles to learning for students is down. However, inequitable experiences and compounding barriers persist, especially for Black and Latinx learners.

THREE

Respect & Teacher Support



Students felt more respect from adults during the pandemic as well as increased academic support from teachers. However, respect and teacher support are experienced unevenly across student groups.

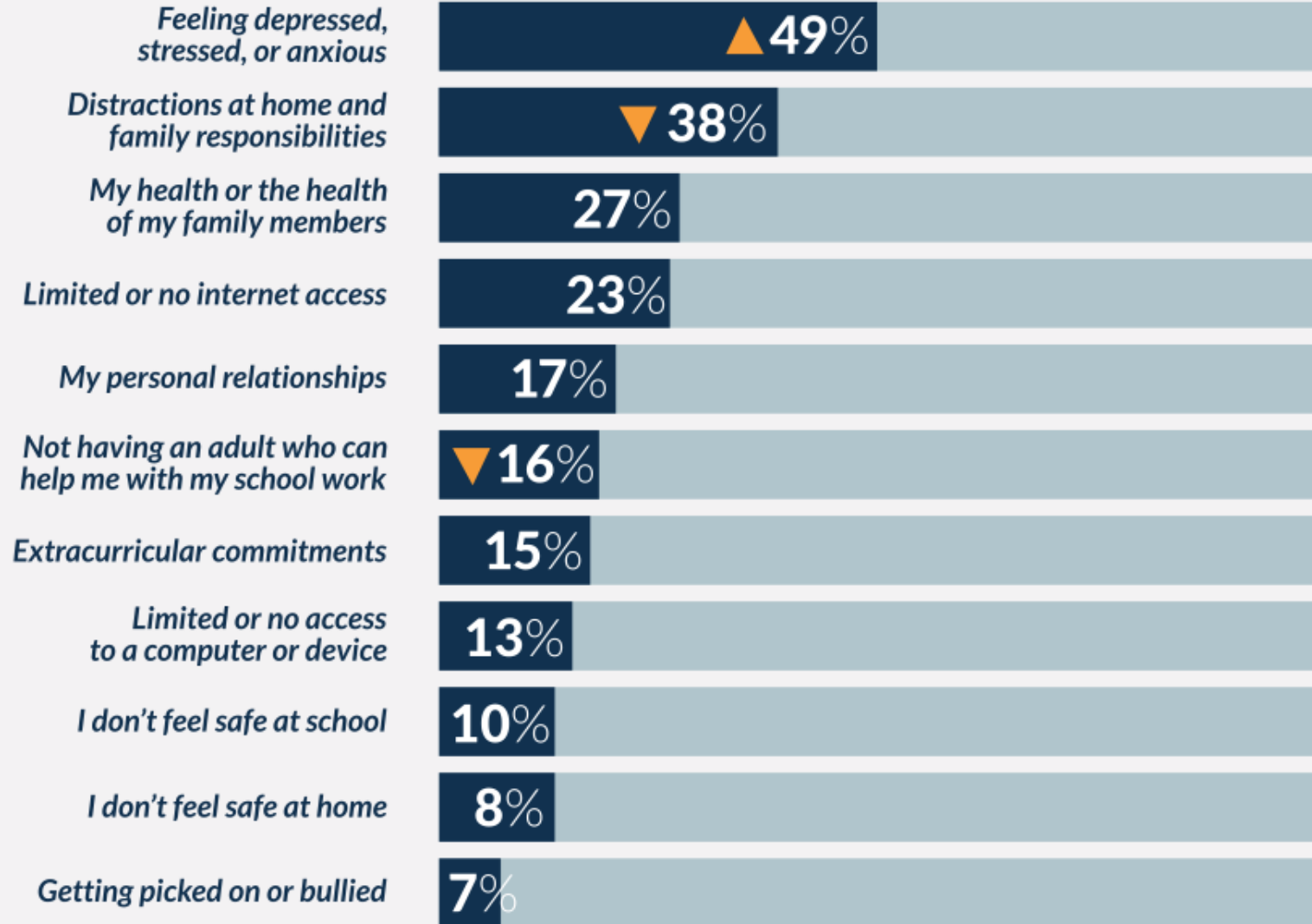
FOUR

Plans for the Future



Fewer students plan to go to college. Students offer ideas for making access to higher education more equitable.

Do any of the following make it hard for you to do your best in school?



Significant increase since fall 2020

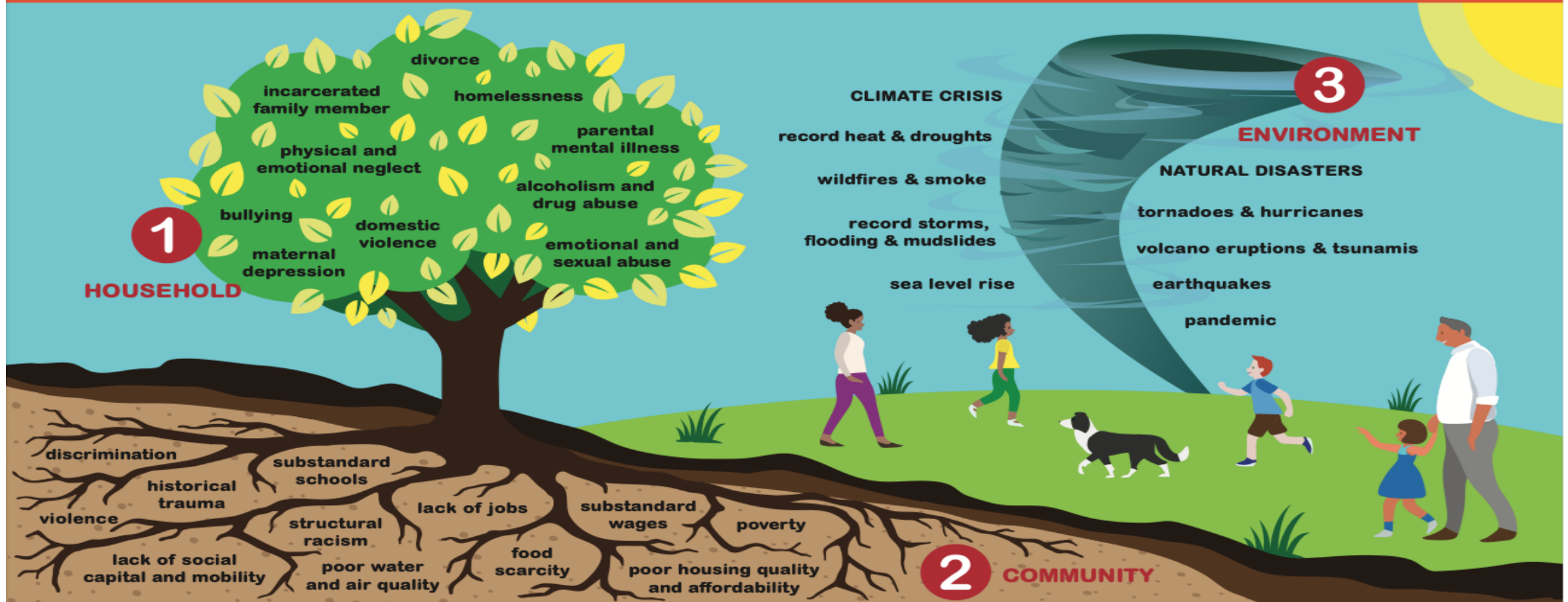


Significant decrease since fall 2020



3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



Thanks to Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [ACEsConnection.com](https://www.acesconnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.



Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and well-being.



People with 6+ ACEs can die
20 yrs
earlier than those
who have none.



**ANNE MARIE
PROJECT**

For more info or to schedule a class, contact :
Julie Gramlich, Founder
annemarieproject.org@gmail.com
573-644-4965 • annmarieproject.org

4 or more ACEs

3x the levels of lung disease and adult smoking



11x the level of intravenous drug abuse



14x the number of suicide attempts



4x as likely to have begun intercourse by age 15



4.5x more likely to develop depression



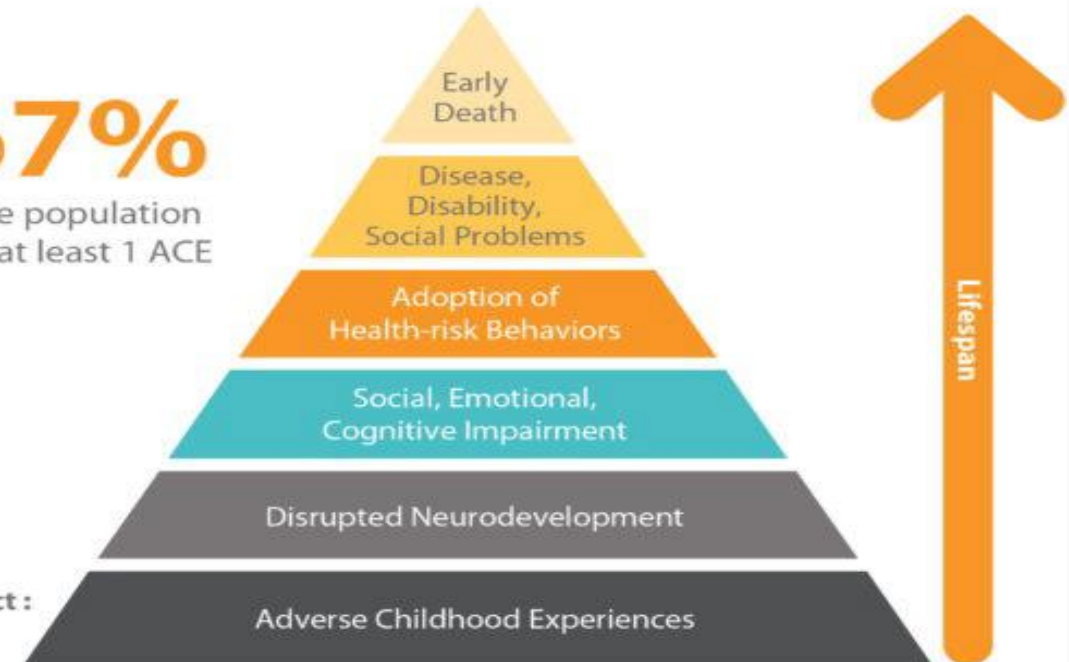
2x the level of liver disease



“ Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today. ”

Dr. Robert Block, the former President of the American Academy of Pediatrics

67%
of the population
have at least 1 ACE



www.70-30.org.uk © 7030Campaign

How the ACES Work

Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)



Impact on Child Development

- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)



Long-Term Consequences

Disease and Disability

- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services
- Shortened Lifespan

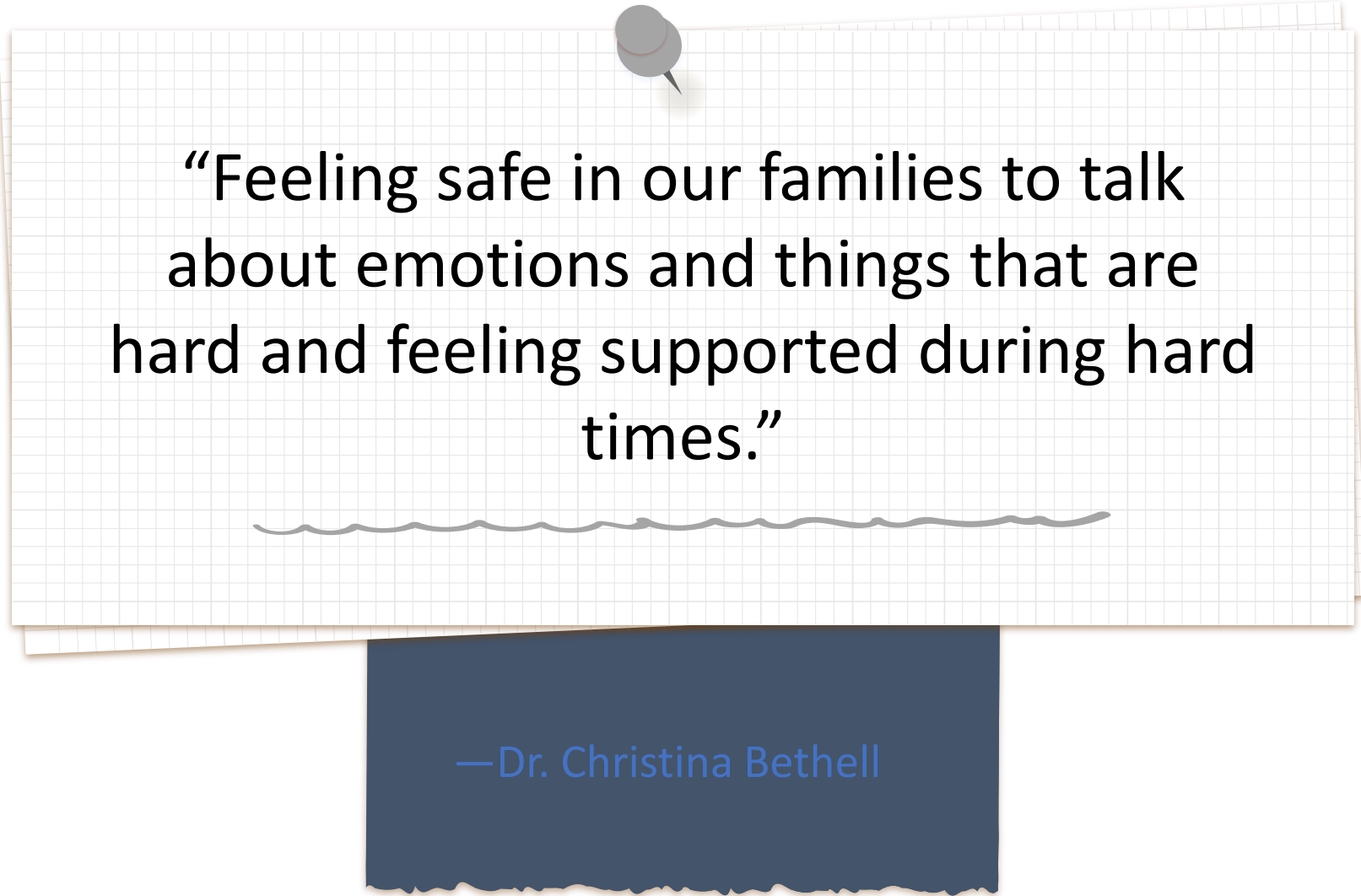
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Buffering ACEs and Trauma



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What are Positive Childhood Experiences?

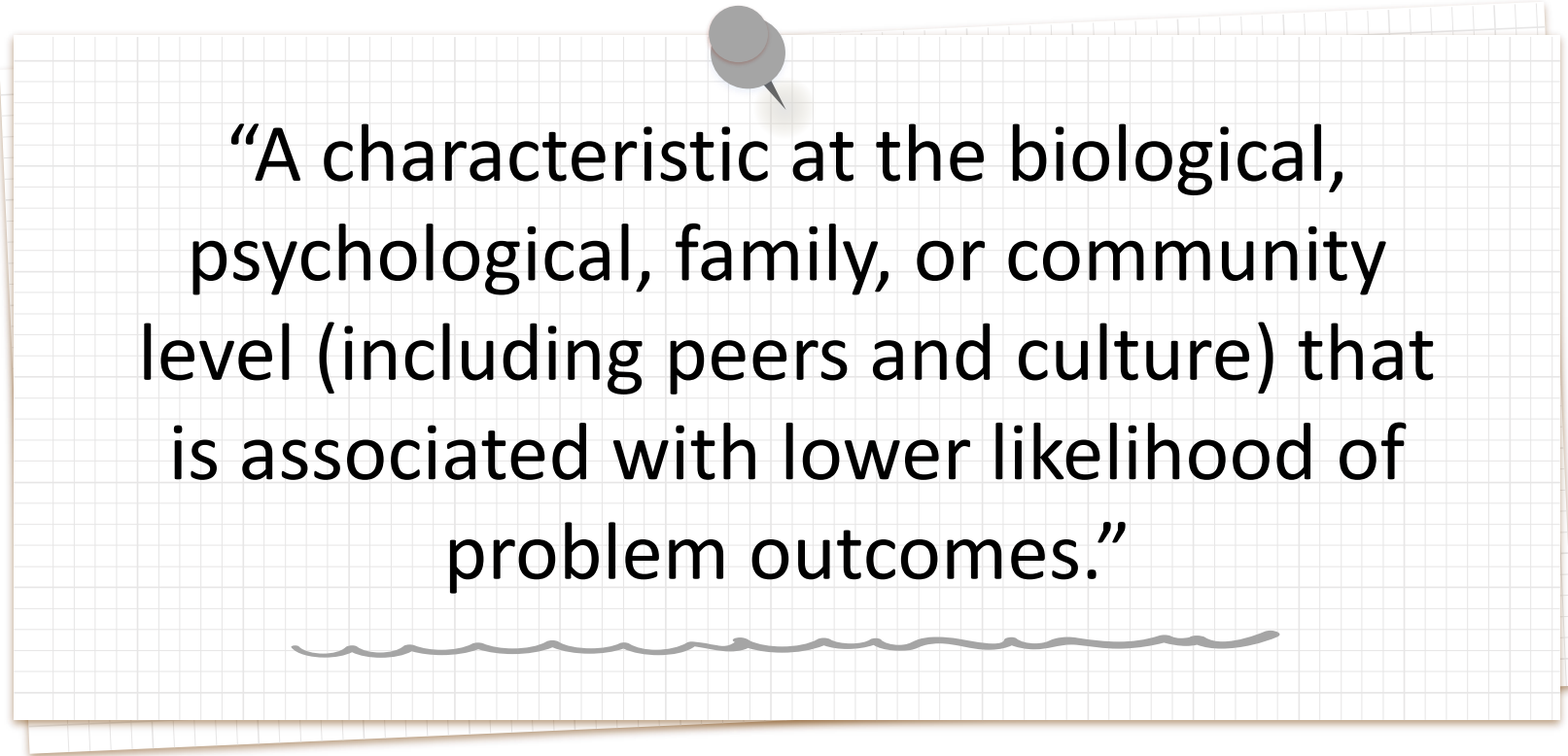


“Feeling safe in our families to talk about emotions and things that are hard and feeling supported during hard times.”

—Dr. Christina Bethell

Source: <https://www.childandadolescent.org/positive-childhood-experiences/>

What are Protective Factors?



“A characteristic at the biological, psychological, family, or community level (including peers and culture) that is associated with lower likelihood of problem outcomes.”

Positive Childhood Experiences & Protective Factors: What's the Difference?



Positive Childhood Experiences



Research through the lens of examining how various constructs **load directly** into outcomes that buffer the negative effects of ACEs

Protective Factors



Research through the lens of examining how various constructs load directly into buffering the negative effects of trauma in general - sometimes overlaps with ACEs



3

Positive Childhood Experiences

Positive Childhood Experiences

1. Felt able to talk to family about feelings
2. Felt family stood by them during difficult times
3. Enjoying participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least 2 non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home.



Bethell et al., 2019

Positive Childhood Experiences

- Adult provided support
- Feeling safe at school
- Liking/Enjoying school
- Liking/Comfortable with self
- Nonparent adult relationship
- Peer relationship
- Sense of belonging at school
- Supported by friends
- Teacher-student relationship



Positive Childhood Experiences - Research

assessing and proactively promoting positive childhood experiences may reduce adult mental and relational health problems, even in the concurrent presence of adverse childhood experiences.

The odds of having adult depression were
72% lower for adults reporting **6 to 7 PCEs**
50% lower for those reporting **3 to 5 PCEs**

Positive childhood experiences demonstrate a dose-response association with adult depression and/or poor mental health and adult-reported social and emotional support after adjustment for ACEs.

Study accounted for exposure to ACEs. Wisconsin majority white population (n= 6188; 89.4% white).

(Bethell, et al., 2019)



PCEs - Research (2)



Positive Childhood Experiences = **ideal cardiovascular health**

Slopen et al., 2017

Counter-ACEs (PCEs) = **better health outcomes**

Greater fruit and vegetable intake, better executive functioning,

Higher internal locus of control, report of positive psychology,

More connection with families of origin as adults

Counter-ACEs ↔ depression, stress, and difficulties with sleep

Crandall et al., 2019



PCEs - Research (3)



PCEs ↔ ACEs in **personality development**

(antisocial, avoidant, borderline, dependent, depressive, obsessive-compulsive, passive-aggressive, self-defeating, schizoid and schizotypal personality disorder symptoms)

Gunay-Oge et al., 2020

Perceived social and emotional support ↔ depression in adults with ACEs

Brinker & Cheruvu, 2017

ACE exposures = a higher odds of depressive symptoms,
But only among individuals with poor '**perceived social support**'

Von Cheong et al., 2017



4

Protective Factors



Protective Factors

- Positive adult relationship
- Emotional stability
- Empathy
- Peer intimacy
- Positive student-teacher relationship
- Positive student-peer relationships
- Prosocial friends
- Psychological resilience
- Resilience coping
- School belonging
- School engagement
- School safety
- Self-efficacy
- Social emotional support
- Support from class
- Support from peers



Protective Factors - Research (1)

Positive, supportive relationships with one or more adults = School Success

(Forster et al., 2017)

School Engagement and Belonging, and Feeling Safe = Better Health

(Davis et al., 2019; Liu et al., 2020; Moore & Ramirez, 2016)

Feeling Supported By Others buffers depression

(Brinker & Cheruvu, 2017; Cheong et al., 2017)



Protective Factors - Research (2)

Emotional Stability and Self-Efficacy buffers mental health issues

(Cohrdes & Mauz, 2020)

Social Support or Empathy buffers some effects of dating abuse

(Davis et al., 2019)

Resilience buffers feelings of anxiety, depression, and distress

(Beutel et al., 2017)



Protective Factors - Research (3)

ACEs = substance use
← **protective adult relationships**
Brown & Shillington, 2017



Youth with 0-5 ACEs, **stronger social bonds**, ↓rearrested
Craig et al., 2017

Childhood sexual abuse → **having a confidant** → ↑mental health
Fuller-Thomson et al., 2019

↑ACEs → ↑emotion dysregulation → ↑anxiety
← **psychological resilience**
Poole et al., 2017



School-Family Partnerships with the goal of Building Protective Factors

Leverage Partnerships

- We know that protective factors are critical to student success
- If schools and families come alongside one another to build these protective factors at home and at school, all students will benefit
- With mental health, there are dozens of research-based strategies. We focus on 5 high-impact strategies

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High-Impact Strategies



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Strategy #1

Encourage supportive relationships at home



OPPORTUNITIES FOR SCHOOLS:

- Adopt a strengths-based approach to family engagement by finding ways to celebrate the role that families play in a child's social/emotional well-being.
- Take inventory of the contact points with families in your school and evaluate whether these interactions are building or eroding relationships.
- Provide time and a process for teachers to learn about the families of their students.
- Share resources with families about how to help promote their children's self-esteem and self-efficacy
- Build school- or community-based parent networks

Strategy #2

Engage families in nurturing teacher-student relationships

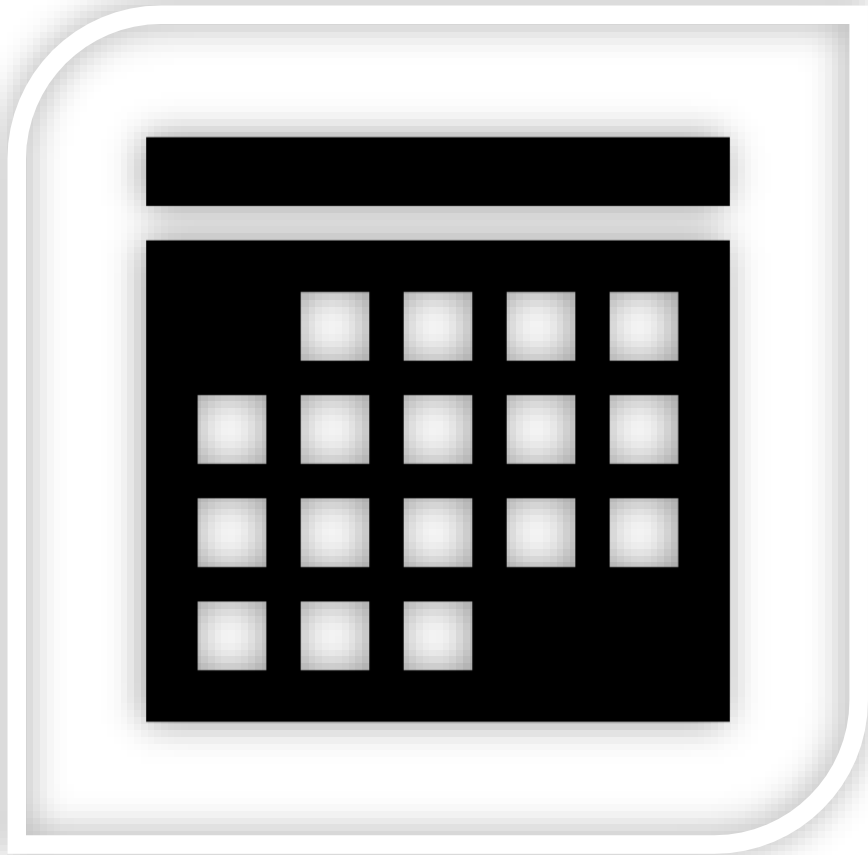


OPPORTUNITIES FOR SCHOOLS:

- Consider school-wide professional development that provides school staff with strategies for building positive relationships with students and their families.
- Provide staff with ideas for getting to know students and families more personally.
- Consider implementing restorative practices in your school.
- Audit staff/supports in place to support student mental health and positive relationships with students.
- Build relationships with families based on trust and two-way communication.

Strategy #3

Ensure that home and school routines and rituals support students' stability and sense of identity

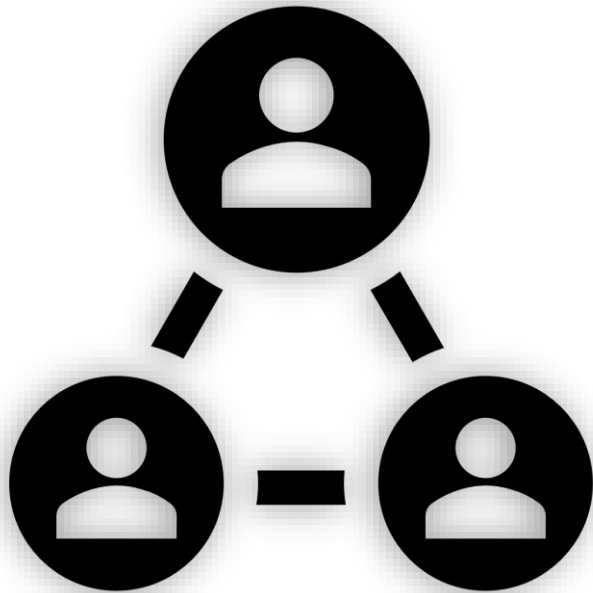


OPPORTUNITIES FOR SCHOOLS:

- Encourage school-wide and classroom-wide routines and procedures, such as those encouraged in a PBIS framework.
- Use the PBIS Family Engagement Rubrics as a team to assess how families could be engaged in the process.
- Support traditions celebrated by students and families including spiritual/religious traditions, family traditions, and holiday traditions.
- Consider forming new rituals, routines, and traditions in your school.

Strategy #4

Cultivate a sense of belonging for students and families within the school community

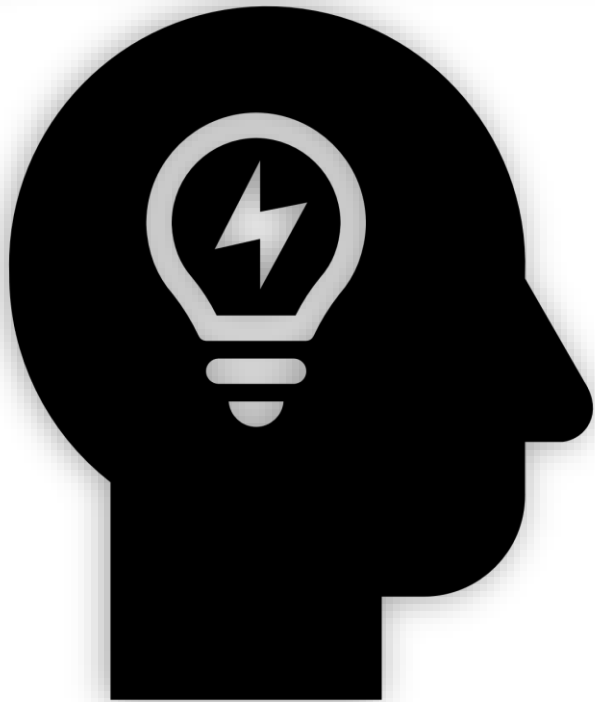


OPPORTUNITIES FOR SCHOOLS:

- Use two-way communication channels with families.
- Consider implementing a school-based program that promotes school belonging.
- Support students through scaffolded learning and praise for their behavior and academic work.
- Promote engagement in extracurricular activities.
- Provide opportunities for students and their families to provide feedback on the quality and inclusivity of the school environment.

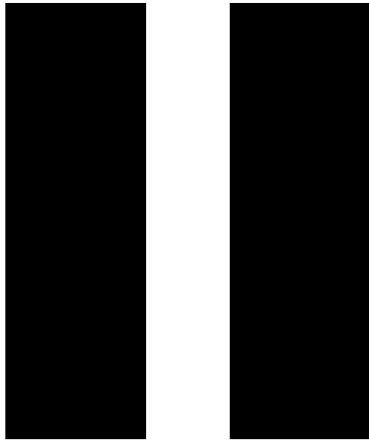
Strategy #5

Promote problem-solving and self-regulation skills at home and school



OPPORTUNITIES FOR SCHOOLS:

- Review guides from The Center on the Developing Child, which provide developmentally-appropriate activities to enhance executive functions.
- Consider implementing a mindfulness practice in your school and encourage these practices at home.
- Talk with students and families about the importance of establishing healthy sleep patterns.
- Consider the impact that the school's start time is having on children's ability to receive sufficient sleep.



Break Time



Breakout Room Work Time

1. Navigate to:
<https://docs.google.com/spreadsheets/d/1y9VTqBGQk7DOc6KtGEeZRVKbT0pUr1wqDZDBUMWpF-o/copy>
2. Talk with your group about each “opportunity”. Is anyone in your group already utilizing this strategy? What does/would this look like your building/district? Discuss plans for implementing/sustaining strategies.

Share Out

1. Did the strategies and opportunities feel appropriate/attainable?
2. Were there any opportunities that did not resonate with you?
3. Do you have any suggestions/recommendations for us as we look to develop additional resources/supports for educators and families?

Thank you!

Contact:

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THANK YOU FOR WATCHING!

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