Universally Designed Mental Health Programming: Access to Supports, Supporting Access

Dr. Jennifer Katz
University of British Columbia
Vancouver, Canada
Email: Jennifer.Katz@ubc.ca

Abstract
Following the tragedy of two young students who died in a double suicide at a local high school, a team of psychiatrists, SEL experts, counselors, teachers, and educational leaders came together to discuss processes for healing, and future programming to build resiliency and distress tolerance (a psychiatric term) in students. This discussion led to the adoption of principles of Universal Design (i.e. for all students, through multiple means, and with diversity in mind) and development of a mental health program in collaboration with the team, which is just now beginning to be implemented in schools.

KEYWORDS
Mental Health, Resiliency, Distress Tolerance, Dialectical Behavior Therapy, Three-Block Model of UDL

INTRODUCTION
Strategies to design for and support learners with learning challenges or sensory impairments are readily available and applicable to curriculum. What of the student with severe anxiety, or PTSD? Facilitating their engagement with both curricula and their peers can be a significant challenge (Rønholt, Karsberg, & Elklit, 2013), and has led to significant stress and burnout for teachers (Sisask et al, 2014). The rates of mental health diagnoses in youth are rising, and schools are increasingly being tasked with addressing these needs (Barrett et al, 2013), yet only 1 in 5 youth with languishing mental health receive the support they need. Can you imagine if only 20% of children who had a broken leg, measles, or even cancer got the treatment they needed? Why is it that only 20% of youth with mental illness get the help they need? Do we not care? Or is the stigma so great that students and their families hesitate to seek treatment?

Our experience tells us it’s both. Not that we don’t care—but we have not, until recently, acknowledged the mental health needs of our children. Perhaps we believed it was a private family affair, something to be kept private, or a medical need that was beyond the scope of teachers. However, research has shown that school-based mental health programming can positively impact students’ well-being (Katz & Porath, 2011; Hymel, Schonert-Reichl, & Miller, 2006). Teachers are not trained mental health professionals, however they do have the potential to impact students’ well-being through universal programming (CASEL, 2015).

THE IMPORTANCE OF UNIVERSALLY DESIGNED MENTAL HEALTH PROGRAMMING
Cognitive function, including specific neurocognitive processes necessary for learning, such as the ability to pay attention, retain in memory, and process language are all mediated by social, emotional, and mental health factors (Immordino-Yang, & Damasio, 2007). The type and number of brain cells made and the formation of neural pathways, indeed the structural development of the brain, occurs in response to childrens’ experiences (Kessels & Malinow, 2009). Thus, even if one’s emphasis is on improving academic achievement, the social and emotional well-being of students must be considered. Providing access to mental health programming, therefore, supports access to learning.

The Public Health Agency of Canada’s “Health Behavior in School Aged Children” report (2015) indicates that students identify “school” as the number one source of stress in their lives for both social and academic reasons. Research indicates, however, that positive relationships with teachers, instruction in resiliency and distress tolerance, and positive classroom climates can mitigate this stress (Konishi, Hymel, Zumbo, & Li, 2010). Victims of bullying and students coping with trauma show less emotional distress and cope more effectively with stress when adults are emotionally responsive and help children learn how to effectively regulate painful emotions (Troop-Gordon & Gerardy, 2012). Instructional practice can also impact students’ stress levels. If tasks and learning environments are not designed to accommodate diverse learners, some students experience continuous failure and social humiliation (Hill, 2010).

Currently, most mental health programs target specific social emotional issues, resulting in a constant turn-over of anti-bullying, anti-racism, substance abuse prevention, emotion regulation, and self-esteem programs that are hastily “covered” in schools with little follow-up (McCombs, 2004). Research investigating the factors involved in effective social and emotional programs suggests that programs should be integrated with academic curricula, and extended over the entirety of the school year. However, little guidance has been provided by the designers of social and emotional programs regarding how to do this (McCombs, 2004). Additionally, teachers regularly express significant stress related to the pace and intensity of the current academic curriculum (Brackenreed, 2011); as a
result any social and emotional program is unlikely to be implemented if it is lengthy and an “add on” to the class schedule, yet short term, out-of-context programs are not effective (McCombs, 2004). A framework that integrates social-emotional programs with daily instruction and class management without increasing teacher stress is needed to ensure effective implementation.

The principles of UDL are designed to promote accessibility for diverse learners (Rose & Meyer, 2002). One of the critical questions schools are facing today is how to create social and academic accessibility for students with emotional, behavioral, and mental health challenges. Currently, many of the interventions designed for students with emotional, behavioral, and mental health challenges are seen as therapeutic in nature, and therefore, are reactive rather than proactive. One-to-one counseling, referrals to mental health professionals, and other such targeted interventions lack the potential power of a universally designed program because they result in isolation and stigma rather than inclusion and accessibility, and take students away from the learning activities of the classroom. Many of the strategies taught to students in these programs, however, could easily be delivered in classrooms with all students proactively, and be connected to curricula (Mazza, Mazza, Miller, Rathus, & Murphy, 2016). For example, teaching all children strategies for managing anxiety normalizes the experience of the student with an anxiety disorder, provides strategies to students without clinical diagnoses who may later experience anxiety, and creates a supportive community where students understand the experience of their peers who struggle with anxiety and can provide support to them. In this way, students do not yet recognize as needing mental health supports gain access, and we build resiliency and coping skills for all students. The concept of anxiety is then easily connected to discussions about literature in Language Arts (e.g. behavior of characters), biochemistry in science classes (e.g. cortisol and brain anatomy), and historical events in social studies (e.g. fears of attack that have led to conflict/war). Reducing students’ anxiety allows the brain to then focus on learning.

**THE “PROGRAM”**

The intention of this work is not to be a highly scripted “program”. Rather, because we want teachers to design for the universe in front of them, we intentionally created a series of activities and suggestions for curricular connections that are flexible depending on students’ age, context, and readiness.

In addition to SEL programming already being implemented in the Three-Block Model (Katz, 2012) that is designed to develop self-worth and belonging, we wanted to add programming that focused on emotion regulation, mindfulness, and distress tolerance/resiliency.

Dialectical Behavior Therapy (DBT) is an evidenced based program implemented with youth who self-harm (Cummings et al., 2013). DBT involves four modules – mindfulness, emotional regulation, interpersonal effectiveness, and distress tolerance. Mazza et al., (2016) designed a curriculum based on DBT for schools, but with over 80 lessons in it, it is unlikely to be implemented in schools struggling with accountability and academic pressure. In the universally designed program UDL, DBT, and positive mental health programming are integrated in a “starting the year/semester” workshop, and then connected to curricula and class management. This “designed for some – but of benefit to all” program, fits with UDL because it:

- Promotes accessibility to learning for diverse students
- Is delivered through multiple means, allows students to engage with it through multiple means, and connects to students own interests, challenges, and feelings.
- Provides options for students to manage their well-being in ways that work for them, and develops “an expert learner” in terms of self-regulation of emotion and mental health.

In DBT youth are taught a series of acronyms to promote appropriate methods for dealing with distress. One of these acronyms, for instance, called “ACCEPTS” stands for activities, contribute, comparisons, emotions, push away, thoughts, and sensations. These skills involve learning to manage distress by engaging in a favorite activity, service, distracting oneself through imagery, humor, sensory experiences, and so forth when stressed.

**Activities - Use positive activities that you enjoy.**

**Contribute - Help out others or your community.**

**Comparisons - Compare yourself to people that are less fortunate**

**Emotions (other) - cause yourself to feel something different by provoking your sense of humor or happiness with corresponding activities.**

**Push away - Put your situation on the back-burner for a while.**

**Thoughts (other) - Force your mind to think about something else.**

**Sensations (other) – Do something that has an intense feeling other than what you are feeling, like a cold shower or a spicy candy**

These strategies are based on both psychological as well as neurological research. For instance, the sensations strategy is based on research about Cortisol, Oxytocin, and sensory prioritization. Teachers can teach such an acronym to their students, have each student develop a list of choices for them to use when they are struggling, provide practice in the skills, and then integrate them into the flow of the day when students are exhibiting signs of stress or frustration, thereby being proactive.

Multiple means of engagement, representation, and action and expression can all be utilized within this framework. Instruction in the DBT acronyms and strategies can take place through multi-media, role-plays, literature studies, and more. Students can share scenarios from their own lives, and discuss how the strategies could be used to resolve difficult situations. Students can set goals for themselves, practice using their scripts, and share successes.
Many of these acronyms could easily be adapted into formats familiar to teachers, such as social stories or visual scripts.

- When I am distressed I can:
  - Listen to music or ride my bike
  - Help my mom
  - Read blogs about people struggling
  - Watch a funny movie
  - Focus on a task, do a workout
  - Talk to a friend
  - Cook / eat something spicy or sour

Figure 1. A ninth grade student’s script.

Thus, a teacher that notices a student getting frustrated with a task, may decide either to quietly prompt the student to pull out their script and use one of the strategies, or may decide to have the whole class do a brief mindfulness meditation, some yoga, or other strategies they have brainstormed. Taking breathing breaks, having everyone imagine a walk on the beach, etc. would provide both students and teachers with moments of relaxation in the course of the day, and take little time and effort.

Curricular connections can then be made to conflict, stress, and resiliency. For instance:

- Language Arts – reading books in which conflict (internal or external) is featured, and exploring how it was handled. Debates, written pieces, role plays, etc. could be created by students comparing their own skills to those exhibited by characters in the book, forming opinions of whether conflict was well handled, etc.
- Science – Brain anatomy, the role of cortisol, and the relationship of stress and learning/health can be explored.
- Social Studies – historical conflicts can be explored as in the Language arts curricula.

Research is just beginning to explore the outcomes for the implementation of DBT in a proactive, classroom-based setting using UDL principles. We are hopeful that it can be an additional support in developing the well-being of both students and teachers within the Three-Block Model of UDL, and provide access to learning for students who otherwise face barriers related to anxiety, emotion regulation, stress, or interpersonal challenges.

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REFERENCES


