

Implementation of a Resiliency Program in Highland County Schools
Description and Report of the Integrative Learning Experience

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Executive Summary

Highland County is located in Southwest, Ohio in the Appalachia foothills. The county is underserved, unhealthy, and a high proportion of its children live in poverty which proves a need for a youth resiliency program. Cognitive Behavioral Therapy is an effective intervention in this age group of students. A public health program focused on youth resiliency was implemented into two of the five public schools located in Highland County, Ohio to increase mental health awareness for sixth to eighth grade students. The two schools chosen for this project were Hillsboro City Schools, the largest of the five districts, and Bright Local School District, the smallest. While quantitative data collected were not conclusive, the results were overall positive based on narrative course evaluations. Recommendations for future programming include integration of programming throughout the school day, rather than scheduling during social times, such as lunch or gym. Providing the program over the course of several more months would also be beneficial to determine quantitative results for the implementation of Positive Thinking Skills into middle schools.

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Introduction and Purpose

Highland County is a rural county located in Southwest, Ohio, in the Appalachia foothills (Highland County, Ohio, 2021). Appalachian Ohio includes twenty-two counties that are Healthcare Professional Shortage Areas and seventeen counties that Mental Health Professional Shortage Areas. Highland County is identified as both. In order to be deemed a Healthcare or Mental Health Professional Shortage Area, the geographic area does not have enough healthcare providers to adequately serve the residents of that area (US Department of Health and Human Services, 2021). The following map shows the counties that have been identified as Healthcare Professional Shortage Areas. The red counties are inadequate in both Healthcare and Mental Health providers (Access to Health Services, 2021).



Figure 1: Healthcare Professional Shortage areas (Access to Health Services, 2021)

Research shows that individuals with access to a routine and ongoing source of healthcare—meaning the individual is geographically close and has adequate transportation to a healthcare service—have better health outcomes. They have fewer disparities as well as lower long-term healthcare costs from health conditions. Mental health providers are a crucial link in the overall wellbeing of patients. Further, having access to the same healthcare provider increases patient trust and provides for better patient-provider communication (Access to Health Services, 2021).

Lack of access to healthcare is a long-term problem in Appalachian areas. There is a low number of providers that are geographically available to residents in Highland County. There is also insufficient public transportation and limited community resources for individuals with no transportation. These and other social determinants of health lead to worsening health for families in Highland County. In turn, this leads to a decrease in the youth's ability to succeed in school, perpetuating disparities for adolescents and teens in social and economic opportunities (Highland County: The Health of Our Community, 2015).

Highland county lags behind the state in terms of obesity, smoking, and physical education and has higher rates of teen births and poor mental health days. (Highland County: The Health of Our Community, 2015). When children are exposed to these unhealthy and risky behaviors in their daily environment, it increases risk behaviors as those children become adolescents, teens, and adults (Youth Risk Behavior Survey 2019 results, 2021). The following table depicts these risky and unhealthy behaviors and how the rates in Highland County compares to that of Ohio. Highland county has higher number of children in poverty, higher rates of teen pregnancy, higher percentage of physical inactivity, higher percentage of adult

smoking, and lower high school completion rate than those reported for the state of Ohio.

Highland county also reports more poor mental health in 30 days.

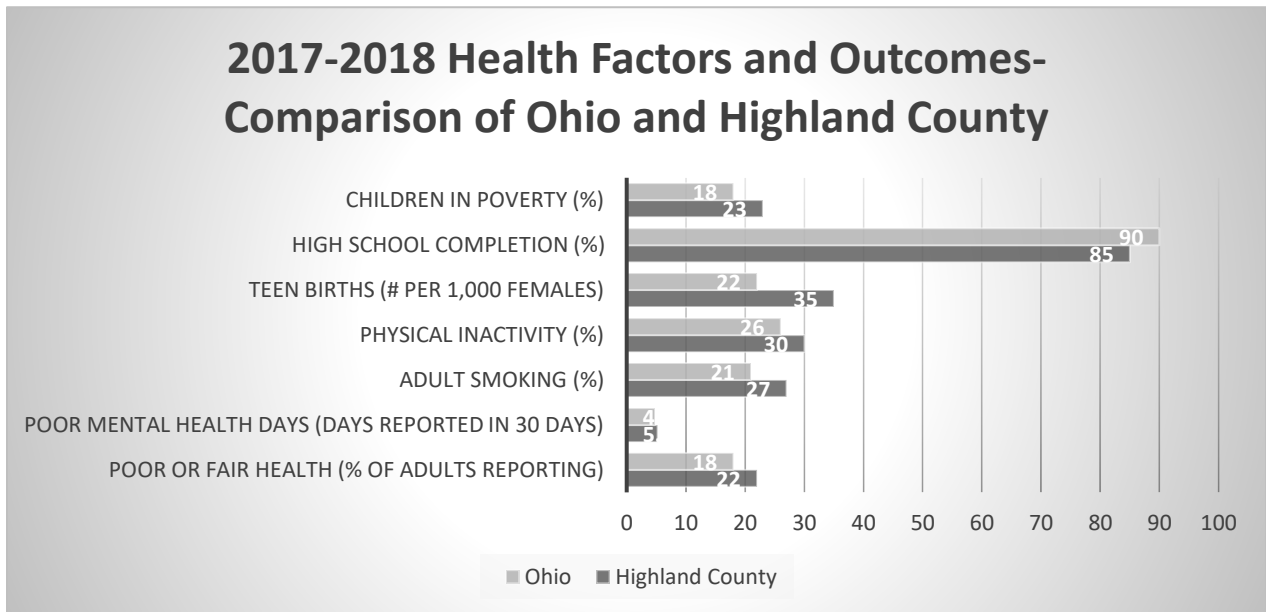


Figure 2: Health Factors and Outcomes- A Comparison of Highland County with Ohio statistics: The information in the table was extracted from County Health Rankings & Roadmaps which is a program supported by the University of Wisconsin Population Health Institute (County Health Rankings & Roadmaps, 2021).

One other determinant that leads to the need for a youth resiliency program in Highland County is poverty. The United States Census Bureau (2018) places Highland County in the top third of the state in terms of childhood poverty rates. This census found that 23% of adults and 29% of children in Highland County are living at or below the federal poverty level (United States Census Bureau, 2022). Living in low-income households creates challenges for families in many aspects. The children in these households are at an increased risk for mental health illness as well as other poor health conditions that can last for their lifetime (Hodgkinson, Godoy, Beers, & Lewin, 2017). The following map shows the poverty levels of the counties in Ohio with the red counties being the highest poverty level in the state.

Ohio counties by child poverty rates

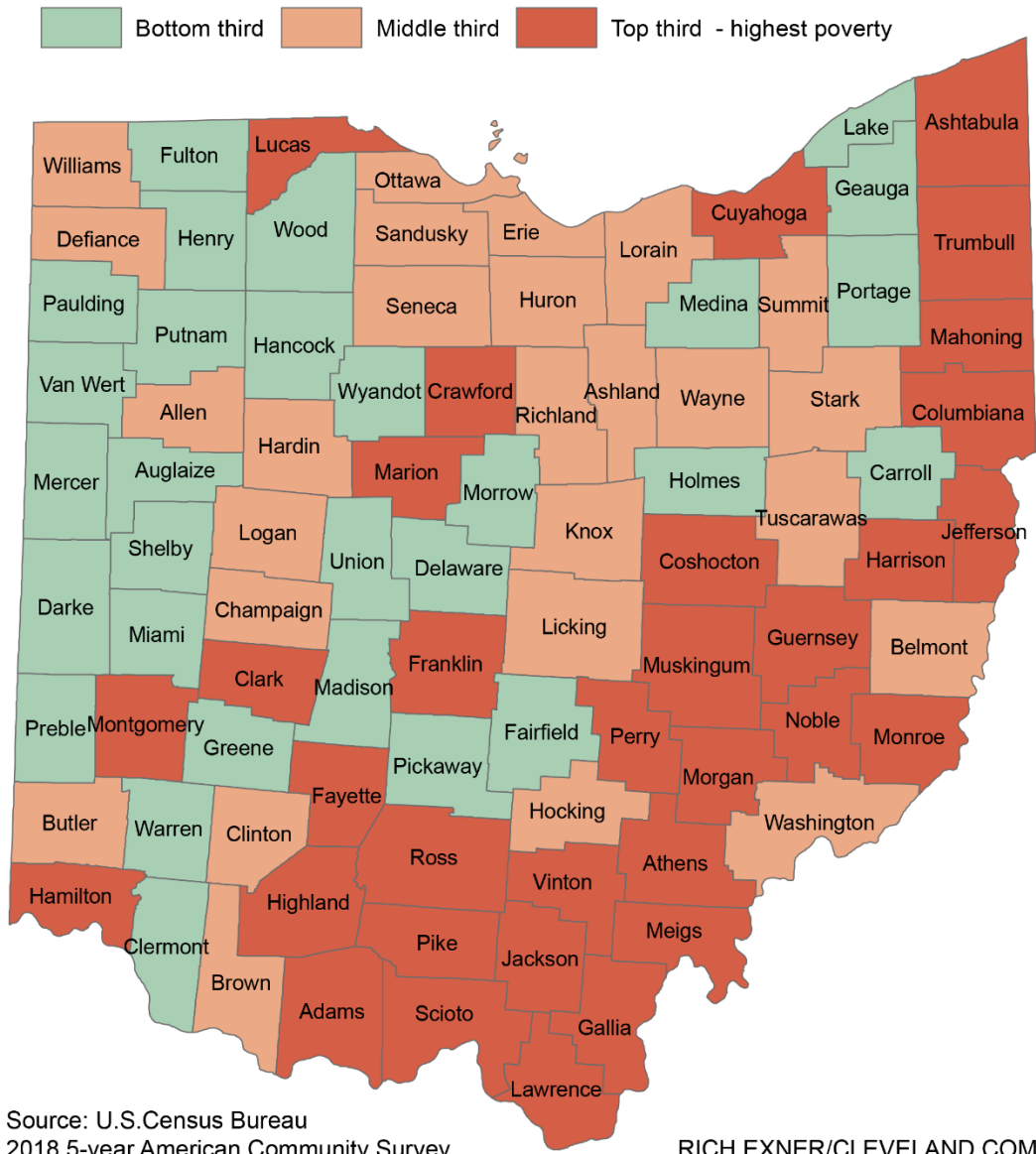


Figure 3: Map of Child Poverty in Ohio by County (United States Census Bureau, 2022)

These indicators prove a need for a youth resiliency program. Cognitive behavioral intervention was chosen to help the youth of Highland County to mitigate the social determinants of lack of healthcare access, risky behaviors present in the youth’s environment, and the high poverty level in Highland County for this project. Cognitive behavioral

intervention is a useful intervention in the middle school age group because the student is taught to restructure their thought process. Improvements are then able to be made in all five of the social and emotional learning (SEL) standards. These standards are self-awareness, self-management, relationship skills and responsible decisions (Education Lifeskills, 2021).

The purpose of this project is to implement a youth resiliency program into Highland County Schools with a long-term goal of increasing mental health awareness, thus decreasing youth and teen suicide in the county. This project will initially be implemented into two public school districts within Highland County.

A Background and Description of Education Lifeskills Courses

The Positive Thinking Skills workbook is a section of the Education Lifeskills Courses. These courses have been found to be effective and are backed by several years of research (Education Lifeskills, 2021). Education Lifeskills courses are under the umbrella of ACCI (American Community Corrections Institute). ACCI has published “The Efficacy of Self-Directed CBT Programming” in the American Probation and Parole Association, which is a review of several years of their research on using Cognitive Behavioral Theory (CBT) in various probation departments and court systems in the United States (Lloyd, 2022). CBT is a well-known intervention for anxiety disorders and is especially effective in the adolescent to teen age groups (Barlow, 2002). Cognitive behavioral therapy is a form of psychological treatment demonstrated as an effective treatment for psychological disorders such as depression, anxiety disorders, alcohol and drug use, family and marital problems, eating disorders, as well as severe mental illness (Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder, 2017). Cognitive behavioral therapy is based on three core principles: 1) problems are based, at

least in part, on faulty ways of thinking; 2) problems are also based on learned patterns of unhealthy behavior; and 3) people who are suffering with psychological issues are capable of learning better ways to cope with those psychological issues. Together, CBT improves symptoms to allow people to become more active and effective in their own lives (Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder, 2017). There are many different ways that psychologists and therapists may implement cognitive behavioral therapy. The way that the Education Lifeskills and therefore the Positive Thinking Skills workbook implement this therapy is fundamental to cognitive behavioral therapy, making it a well-suited intervention for adolescents and teens in the classroom setting. The workbooks utilized in this implementation plan use a foundational cognitive behavioral therapy of teaching individuals to be their own therapist through exercises, role playing, and short stories. The participants of these workbooks are then able to change their own negative thinking, problematic emotions and behaviors (Education Lifeskills, 2021).

Agency/Organization Description

The two school districts chosen for this Integrative Learning Experience (ILE) were Hillsboro City Schools and Bright Local School District. Hillsboro City Schools is the largest school district of the five public school districts in Highland County. Hillsboro City Schools had an enrollment of 2049 students during the 2020-2021 school year. This school district has a graduation rate of 92.7% and chronic absenteeism rate of 32.7% (Hillsboro City District Grade, 2021). A needs assessment was performed at the beginning of the 2020 school year for all middle school students by the school guidance counselor. The results of this assessment shows that 19.8% of those students taking the assessment stated that they may need help with

negative self-talk, 14.4% stated they may need help with speaking up for themselves, and 14.1% stated they may need help with feelings of sadness (MS School Counseling Needs Assessment (Fall 2020), 2020). Aside from students answering that they needed no help (56%), these three areas are the highest areas of need for this student population.

This Bright Local School District is the smallest school district in Highland County. The district has an enrollment of 700 students during the 2020-2021 school year with a graduation rate of 100%. The chronic absenteeism rate is 8.6% (Bright Local District Grade, 2021). There is not a current needs assessment of Bright Local School District to examine the subjective needs of the middle school student body.

Project Design/Method

This ILE project was completed at the beginning of the spring term for both schools. Both schools hosted the in person cognitive based theory workbook session for 10 sessions per school. Bright Local School sessions were held for a classroom of twenty-two seventh grade students during their usual gym period. The final session and evaluation session only held seventeen of those students due to illness as well as students no longer attending Bright Local School District. The sessions for Bright Local School District were forty minutes long inside the classroom setting that took place during the student's gym period.

Hillsboro City Schools CBT workbook sessions were completed only for students that had had previous behavioral/conduct occurrences within that school year as identified by the school guidance counselor. Parental permission was obtained, and students attended the CBT workbook sessions starting at the beginning of the spring quarter during the students' lunch period. This left each session taking place in twenty minutes while the students ate their lunch.

The beginning attendance for Hillsboro middle school was 10 students. Three students discontinued the course midway through and the attendance for the final session and evaluations was 7 students.

At both schools, the curriculum from Education Lifeskills, Positive Thinking Skills CBT workbooks were followed. During the beginning of each session, the Strength and Difficulties Questionnaire was administered to the students and they were given time to complete the questionnaires before moving to the course work. During each session a portion of one unit was taught to the classes. For a description of the coursework, please see Appendix A.

The Strengths and Difficulties Questionnaire was utilized pre and post program implementation. This questionnaire is made up of five different areas including emotional symptoms, conduct problems, prosociality, peer problems, and hyperactivity (Goodman, 2006). The scores result in abnormal, borderline, and normal score ranges. The psychometric properties of the Strengths and Difficulties Questionnaire are well studied and have been reviewed. This questionnaire is widely used for determining behavioral strengths and difficulties (Kersten, et al., 2016). It is important to keep in mind for the purposes of evaluating this program implementation that the ideal timeframe for repeating the Strengths and Difficulties Questionnaire is greater than six months.

Post-course narrative evaluations were also completed by the students on the last day of the project implementation. These evaluations were narrative and the students were given time to complete them during the program time. The themes these evaluations were grouped into were positive, neutral, and negative.

Results

Two different tools were used to evaluate the efficacy of the implementation of Positive Thinking Skills into the two classes of middle school students in Highland County. These tools were the Strength and Difficulties Questionnaires and narrative evaluations. Narrative evaluations proved to be the more accurate tool to evaluate the ILE due to length of the courses, size of the samples, and maturity level or age of the samples. For a description of the results of the Strength Difficulties Questionnaire, please see Appendix B.

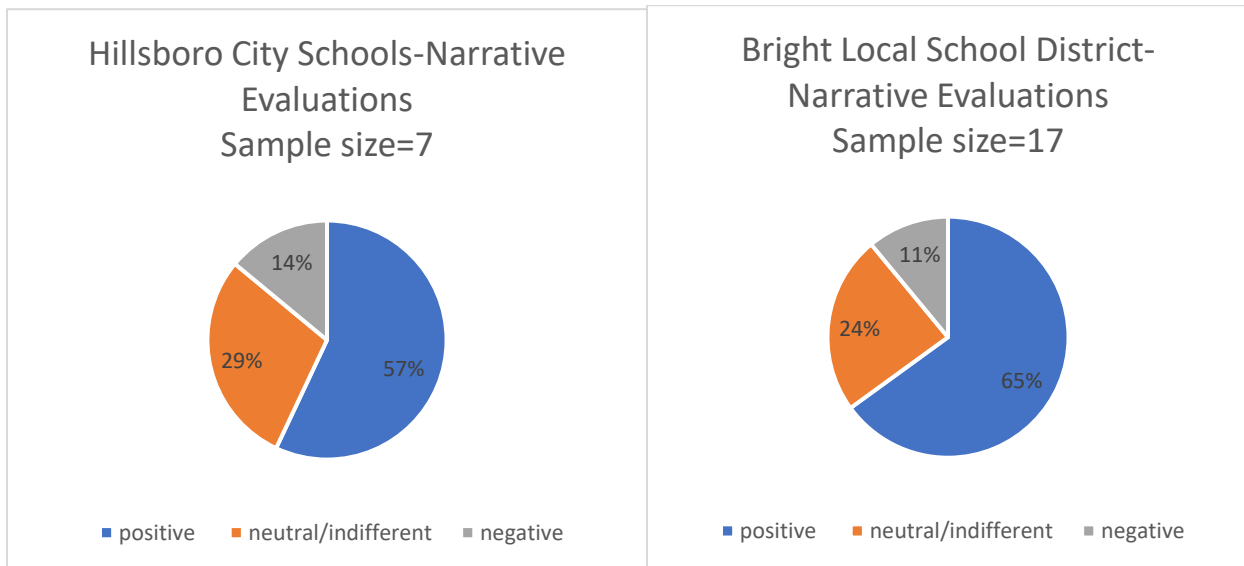
Narrative Evaluations:

For both schools, all negative evaluations were based on the dislike for the sessions being held during their lunch period at Hillsboro Middle School and during their physical education/gym class at Bright Local School District. Some of the negative comments from each school were “I do not like missing lunch, but I do like what we did,” and “I’d rather go to gym.”

The positive comments that show that this program did make a difference for some students were “I liked it, it made me feel better as a person”, “It helps a lot to know that I am better than I thought I was”, and “I like it and I want to do more of it.” Several students had positive remarks on the controlling anger portion of the workbook. These comments were found on the following question: What was the most helpful part of this course? Several students wrote that it helped their anger or that it helped them know that there are ways to control their anger. The last question of the narrative evaluations was: What do you plan to do to make sure that you reach your full potential? Below is a collection of some insightful student answers:

1. I want to meet all of my goals.
2. I plan to stay away from bad stuff and bad people so I can have a good life.
3. I will play basketball instead of letting myself get mad at people at home.
4. I will not give up.
5. I will work my hardest, and not let others bring me down.
6. I will stay calm, not take drugs or vape, and I will be kind.
7. I will focus on other things and learn to do better.
8. I will walk away so I don't do anything dumb.
9. I don't let people bring me down.
10. I will work harder so I can stay in school.

The following graphs show the percentage of positive, neutral or indifferent, and negative narrative evaluations for each of the schools. Hillsboro City Schools evaluations were 57% positive, 29% neutral, and 14% negative. Bright Local School District's evaluations were 65% positive, 24% neutral, and 11% negative.



The completion rate for Hillsboro City Schools was 70% and the completion rate for Bright Local School District was 77%. Some of the students were absent the last day, two Bright Local School District students moved away during the course, and 16% of the all students had a parent pull them from the program by providing a note to the guidance counselor.

Limitations

There were several limitations to this study. This program was intended to be a virtual program with a family member or close friend as a coach of the Positive Thinking Skills workbook, however it was quickly adapted during the second session when workbooks that were previously sent home the week prior did not get returned for the second session. The students also stated that their parents or intended coaches did not have time to do the homework with the students. With this lack of a support system for these students, I became the coach for all students, resulting in a lack of bond between coach and students. Additionally, instead of independently working through the workbooks and speaking about the emotions and information presented in the workbook, the students had to complete the work in the classroom, possibly inhibiting the ability to think through emotions effectively and talk through those thoughts with the coach.

Another limitation was that the Hillsboro Middle School group only received twenty minutes of the cognitive behavioral theory workbooks per week during a working lunch period, limiting content discussion. This was unavoidable as school schedules are typically set in the previous school year. The length of the program was another limitation, as was the time between testing. This project conducted a post-test immediately after completion of the program, rather than the standard 6-month post completion assessment period. One final limitation is the projects small sample size. This sample size inhibits the evaluator to draw sufficient data and conclude if the program implementation was successful.

Discussion and Recommendations

At the conclusion of this project, it is clear that this program would benefit from being performed on a large scale for a longer duration of time in order to see if there is a shift in mental health awareness thus decreasing suicide among adolescents and teens. These two factors alone would make the data collection tool of the Strengths and Difficulties Questionnaires more accurate. If this program could be implemented with an at-home coach and weekly assignments completed with the help of that coach, the results would likely show that the program is effective in its goal of increasing mental health awareness among adolescents and teens because of the number of positive comments on the narrative evaluations with the shortened class times. Homework compliance plays a vital role in creating change in students through cognitive behavior therapy (Westra, Marcus, & Dozois, 2007). Other areas that can be looked at with this type of implementation plan with a longer duration would be rates of depression and mental health visits contributed to adolescents and teens residing and attending school in Highland County.

The implementation of a resiliency program in this county could benefit from several things through the collaboration with the schools. It could be done with larger class sizes, implementing the program for entire grade levels, or presenting the course to the school district as needing to be completed with the help of an at-home coach in a virtual setting with weekly meetings. This program should be implemented over a longer period than ten weekly sessions if this program is to be implemented in a traditional classroom setting as it was at Bright Local School District and small group setting as it was at Hillsboro City Schools. A longer duration would provide the program implementor more time to form a good rapport and

develop relationships with the students. As seen with the Hillsboro City Schools group, it is more of a challenge to develop a relationship with students with known behavioral issues. Trust must first be formed and that is difficult to do with only twenty-minute sessions over the duration of ten weekly sessions.

A better program implementation would be completed during a class session instead of a working lunch session or during a period that the students use as physical education or gym class. Implementing this program during a time that is typically social likely hurt the results of this ILE project. The students came into program with the preconceived notion that this is a punishment for past behaviors. One student stated when turning in the evaluation form that she loved the program, but she put all the wrong answers down because she was mad her lunch was taken away. This was a common theme among all students on the evaluation day of the program. For future implementation, the schools should work with the implementor to ensure that it is offered in an after-school program, or during a health class or study hall. This would prevent taking away social time for the student, thus making them more open to participation.

Although the implementation of a resiliency program had its limitations, this program appeared to have helped several students that decided to continue to work through the program. By the end of the program, most students (63% over both school districts) stated that this experience was a positive experience. With that, the real goal would be for students to be able to carry forward the lessons learned through this program into their future decisions, thus increasing the mental health status of Highland County, Ohio.

Appendix A

Course Description of the Positive Thinking Skills Workbook

The units of the Positive Thinking Skills workbooks are as follows:

1. Unit 1: Bright Possibilities- This section describes the life of a child that was told by his mother to steal money from his abusive father in order to buy food. He was soon placed into foster care and lost connection with his sister. He led a life of stealing and his criminal career began at the age of twelve. While in prison he took a Correction's Lifeskills Course, and his life began to change. He got out of prison, formed a healed relationship with his grandmother and also began working for another relative. When his grandmother passed away, he used his inheritance to buy a farm and become a journeyman electrician. After the students read the narrative of this person's life, questions were discussed around the theme of thinking about yourself in a positive way, no matter what the past holds for each student. One student came to the conclusion that negative self-thinking can stop themselves from reaching goals.
2. Unit 2: Thoughts=Consequences- The subconscious mind was explored in this unit. Students learned values are at the root of attitude and behaviors. They also learned that consequences are either positive or negative and will result from actions and behaviors. Students readily grasped the idea that if they are getting consequences in life that they do not like, that they must first change their attitudes and behaviors to achieve positive consequences.

3. Unit 3: Growth vs. Decay- This unit focuses on areas of decay, stagnation, and decay. Students are taught that everybody goes through parts of their lives that they may be in stagnation or decay, but it is always possible to change factors in order to go into growth. Some relatable words for people living in stagnation are bored, listless, unsure, and discouraged. Words of growth are teachable, loving, appreciative, and understanding.
4. Unit 4: Understanding Our Beginnings- This section teaches students about the Hierarchy of Emotional Needs. Unfulfilled emotional needs can cause depression, anxiety, stress, worry, fear, and other forms of physical and mental illness (Education Lifeskills, 2021). Students learn that no matter where they start in life, that the ending can be changed.
5. Unit 5: Avoiding Anger- The students learned the four major sources of anger are abuse, doing wrong, force, and things beyond our control. They also learned that there are three groups of theories on anger. They also learned different ways to manage their anger and relieve it before it turns into something they may regret afterwards. According to the post course surveys, this section was the most relatable and useful for this section of students.
6. Unit 6: Leading and Managing Life- This section is a summary of the rest of the workbook. Important points were revisited and any questions from previous sections were also revisited. After the review, course evaluations and the Strengths and Difficulties Questionnaires were administered to the students.

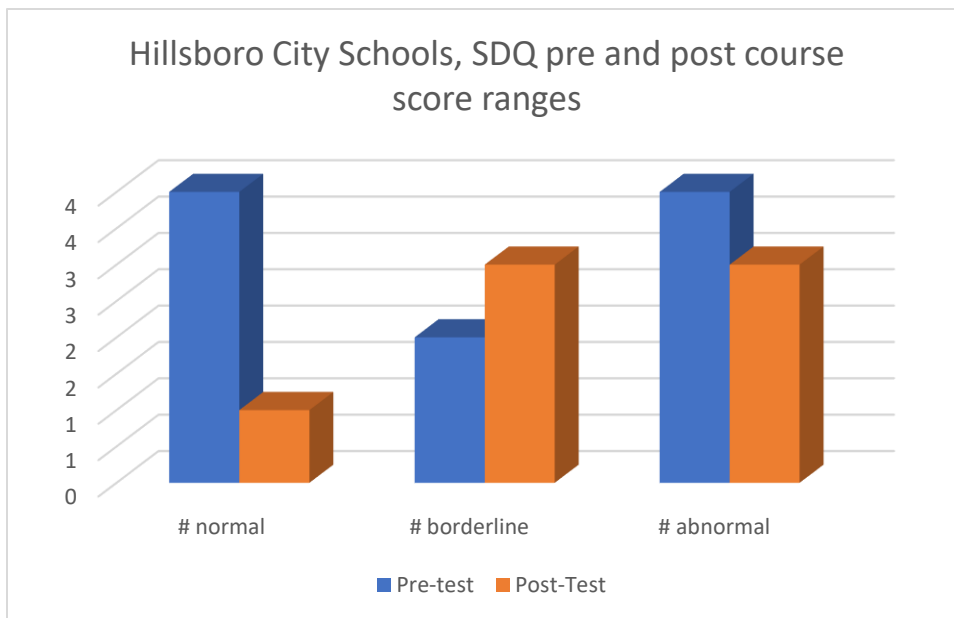
Various teaching styles were used so that the students could get the most out of each session. Role play, small group work, and traditional teaching are some examples of the different styles. A small icebreaker type activity was played in the courses in order to increase confidence as well as form relationships during the sessions. Student volunteers took turns reading to the groups in both classroom settings while the other students followed along. Follow up questions were discussed among all students.

Appendix B

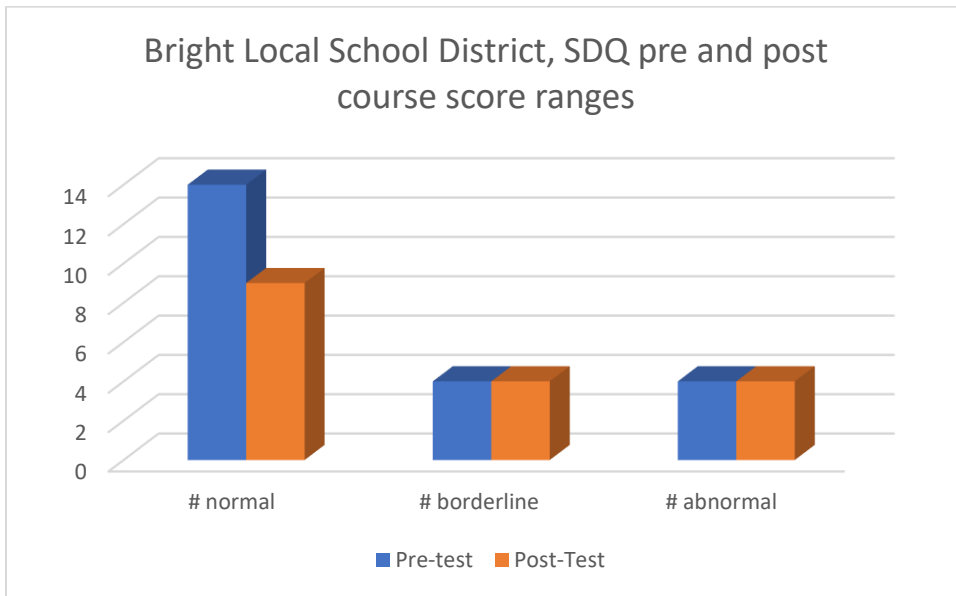
Strengths and Difficulties Questionnaire

The Strength and Difficulties Questionnaire (SDQ) is made up of 25 questions. Each question is scored 0, 1, or 2. For total SDQ scores, questions in the areas of hyperactivity, conduct problems, emotional issues, and peer problems are summed together. Prosociality scores are not included in the total SDQ results. Score ranges are then groups into normal score range which is 0-15, borderline score range which is 16-19, and abnormal score range which is 20-40.

The scores of the students in the Hillsboro City Schools group were 4 students in the normal range in the pretest and 1 student in the posttest. These scores were 4 students in the abnormal range for pretest, and 3 students in the abnormal range for the post-test. The average overall score remained the same. Three students were not present on evaluation day at Hillsboro City Schools. These ranges can be viewed in the chart below.



The student's scores from Bright Local School District were 14 students in the normal range for pretest scores, and 9 students for post test scores. The scores were 4 students in the abnormal range for pretest followed by 4 students in the post test score. These ranges can be viewed in the chart below. As a reminder, there were 5 students absent or moved away during the evaluation day at Bright Local School District.



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