

Beyond Adversity to Hope and Resiliency

SPEAKING OUT TO SILENCE SHAME

Interview of Shanti Das, Founder, Silence the Shame Campaign and Author of Silencing MY Shame

GPAD: Thank you for agreeing to share your story with our GPAD readers, Shanti. You received your K-12 education in the Atlanta Public Schools and now live here. Some of our readers only know you from your recent advocacy for mental health under the banner of Silence the Shame. Tell us about your career prior to starting the Silence the Shame movement.



Das: After I graduated from Syracuse University's Television, Radio and Film Program, I interned here in Atlanta at a number of stations. My first job was at LaFace Records and from there I went on to work at Arista Records in New York. I moved on to Columbia/Sony and from there to Universal Motown Records as executive vice president of urban marketing,

I've spent the last twenty five years in the entertainment industry marketing for celebrities like Prince, OutKast, So So Def and others. I had a storybook career in the music business.

GPAD: Let's talk a little about your personal struggles with depression before we look more closely at the Silence the Shame movement. In your new book, Silencing My Shame (published by Press Reset Entertainment Publishing, 2018), you share a number of instances in which you struggled with depression, anger, anxiety, guilt, severe stress, hopelessness, and even suicidal thoughts. Two events that stand out are your father's and best friend's deaths by suicide. Your father died by suicide before you were one year old. What was it about his death that most troubled you when you were old enough to understand what happened?

Das: I was seven months old when my father died by suicide. Knowing that my father took his own life was tough to understand. It felt like abandonment...That my father had left us. When I was older and my mother told my two siblings and me what happened, she said that my father was sick and otherwise would not have taken his own life. I remember in kindergarten that my mother and teacher sat me down and told me that I would never see my dad in this life. As a child, that was hard to understand. My mom said that my dad and I had a great attachment

Georgia Project AWARE Vision, Mission & Goals

What is Georgia Project AWARE?

Georgia Project AWARE is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded youth mental health initiative. AWARE stands for *Advancing Wellness and Resilience Education*.

Vision

School-aged youth in Georgia experience social and emotional wellness in educational settings through integrated systems of behavioral and mental health.

Mission

The mission of Project AWARE is to build and expand the capacity of school and community partnerships to coordinate and integrate systems of behavioral and mental health services

for Georgia's school-aged youth.

Goals

- To increase awareness of mental health issues among school-aged youth.
- To provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues in children and young adults
- To connect children, youth, and families who may have behavioral health issues with appropriate services.

Georgia Project AWARE Team

State Core Team: Rebecca Blanton, Project Director/Coordinator.

LEAs

Muscogee: Kenya Gilmore, GPA Manager/Coordinator; Courtney Lamar, Mental Health Coordinator; Connie Smith, Ad-

ministrative Assistant; Rhonda Patchin, Technical Assistant; and Michelle Pate, Technical Assistant.

Newton: Adrienne Boisson, Manager/Coordinator; Naran Houck-Butler, Mental Health Clinician; Cindy Leiva, Administrative Assistant.

Griffin-Spalding: Jason Byars, Manager/Coordinator; Debbie Crisp, Assistant Coordinator; Kelley Pettacio, Mental Health Clinician; and Rhonda Harris, Mental Health Clinician.

Evaluation Team (Georgia State University):

Drs. Joel Meyers, Kris Varjas & Ken Rice.

State Training Team (Georgia State University Center for Leadership in Disability):

Dr. Andy Roach, Dr. Emily Graybill, Dr. Catherine Perkins, Cirleen DeBlaere & Breanna Kell.

Upcoming Project AWARE State Management Team Meetings

– The next meeting is November 9, 2018.

Meetings begin at 10 a.m. and are held at Georgia Department of Education, Twin Tower East.

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during those first seven months of my life. I was happy to hear that. Yet in my adolescent years, I harbored lots of resentment and anger toward him. I just longed to be my daddy's little girl.

GPAD: At least twice in *Silencing MY Shame* you mention that, internally, you are sometimes confronted with the question of whether you are predisposed to depression and suicidal ideation because of your father's suicide. Where are you in your thinking about this matter now?

Das: From what I've learned, depression can be passed down through generations. I believe that my dad and my mom suffered with depression. I really wish that my mom had discussed mental health with us as children. It would have been good if she had taken us for help after my father died by suicide. My new book might have had a different title. I don't think that I would have seriously considered taking my life three years ago if I had had therapy early on. I was in my thirties before I received help.

GPAD: How did your best friend's death by suicide affect you?

Das: It was devastating to me. In fact, I believe today's date marks four years since she died. I don't track the date closely. But it is as though it was yesterday when I got the news. I spoke with her just before I boarded a plane heading to Switzerland for vacation. She was having some physical challenges and wasn't getting any better. Her physical health seemed to be affecting her mental wellbeing. Before I boarded the plane, I got on my computer and quickly searched the internet for the names of medical professionals whom she might try. I hadn't been in Switzerland 24 hours when I received a call. It was the last thing that I thought she would do. I was stunned that she had used the same method as my father. I took a return flight back to Atlanta and was able to see her before she died in a local hospital. I tried to think through what I had missed. I reviewed our last conversation and realized that she was telling me goodbye at the airport. She told me what a good friend I had been and how proud she was of me. I was sad, but grateful, that she had reached out to me, especially since she had other friends.

GPAD: I am struck by how you managed to keep going for many years while experiencing one high impact emotional event after another. For example, you left two dream jobs in the entertainment industry at the peak of your career. You also watched the South Tower of the World Trade Center in New York collapse on September 11, 2001 as you waited to board a ferry to work. From your own account, you didn't seek help. Why not?

Das: That's the million dollar question. For many years, my sister Anjali Arnold tried to convince me to seek counseling and treatment. I didn't think I needed it. I was a high-powered music executive. I guess it really

boiled down to my ego. Now I see how silly that was. There was also stigma associated with going to therapy and taking medication. I didn't think that I needed to take medication in order to solve my problem. After I left my job at Arista, I did attend therapy for about three months. It helped me to deal with my dad's death. That's actually when I forgave him. I also confronted some of my mental health issues during that brief period in therapy.

GPAD: At one of your lowest points, you describe how you planned your funeral and death by suicide. In Chapter 8 of your new book you wrote, "I was tired of being sad, tired of crying, tired of coping, tired of eating too much from depression and tired of being tired" (p.72). What stopped you from going through with your plans?

I know now that suicide is never a good option. There's a lot of help out there for people who are struggling with emotional and mental health problems. The key is to speak up and let others know what's going on.

Das: I had had other suicidal thoughts, but this time was different. That night I was at home going through my medicine cabinet to see how many prescription pills I had left. By my count, I had enough to carry out my plans. I could not come to grips with myself and my life. I remember sobbing. I got in my car and drove to a store. There I ran into one of my friends who noticed that I didn't seem like myself. She encouraged me to call my sister. When I called my sister and told her what I was thinking about doing, she told me to hang up and call the Suicide Prevention hotline. I spent about 20-25 minutes talking with someone there. Finally I texted my pastor and asked him to pray for me. He said he would, but urged me to seek help from a professional right away. The next day I went to a doctor who referred me to a therapist. I was placed on an anti-depressant, among other interventions. These encounters and actions kept me from going through with my plans of death by suicide. I know now that suicide

is never a good option. There's a lot of help out there for people who are struggling with emotional and mental health problems. The key is to speak up and let others know what's going on.

GPAD: How are you silencing your shame?

Das: I am silencing my shame by being a voice for the voiceless. I am also being brave, vulnerable and transparent enough to share some of my mental health problems with others. Just a couple of weeks ago, I posted on social media that I've been wondering about whether I'm on the right track. I've accepted the fact that this is a personal ministry for me no matter how difficult it may be. There is no turning back. I feel responsible for carrying through with my calling to be a mental health advocate. Yet, at the same time, I know I must allow myself space for continued healing. I am a wounded warrior. That's what my pastor calls me and others who are fighting the good fight for mental wellness.

GPAD: Shifting now to your advocacy work, let's discuss the Silence the

Shame movement, which is one of the mental health pillars of your non-profit group, The Hip-Hop Foundation. Why do you call it a movement, rather than a campaign? What is the purpose of the movement?

Das: Silence the Shame is the main program within the foundation's mental health pillar. It started as a grassroots effort. The communication and feedback that we receive suggest that this is definitely a movement, not a campaign. Campaigns are for advertising. Movements are about bringing people on board for shared, sustained collective action. The purpose of the movement is to erase shame and stigma associated with mental health problems primarily in communities of color. The Silence the Shame movement is designed to normalize conversations about mental health issues and to advocate for change in policies. This movement recognizes the fact that everyone has mental health, but not everyone has a mental health issue. Mental wellness includes being physically well, and vice versa. You can't have one without the other.

GPAD: You bring lots of star power to the Silence the Shame movement in people like Nick Cannon, Usher, T-Boz of TLC, Ludacris, Michelle Williams of Destiny's Child, and a host of others. Do you think that the star power element is needed to make the movement grow and endure?

Das: I'm very thankful that my 25 years in the entertainment industry has left me with a rolodex of celebrities and key influencer supporters. The star power element that you refer to helps to amplify the message. We live in a society where people look up to stars, for better or for worse. The more we see our superstars sharing, the more it normalizes the issue and the conversations surrounding the issue. We often put celebrities on a pedestal, and when we learn that they have struggles it makes it easier to have conversations about those struggles.

GPAD: What groups are you hoping will connect with the movement's message?

Das: This is a movement for the nation. I hope our teens and millennials find a connection with the movement's message. They are very connected to phones and social media. But they seem more stressed out as they go on with their very busy lives without necessarily being firmly connected to meaningful social relationships. I hope this movement will inspire them to understand what it means to be mentally well and to seek help when they have mental health problems.

GPAD: The Silence the Shame movement reportedly reached a social media milestone on May 5, 2017. What was that milestone and what does it mean to you and your foundation?

Das: The Silence the Shame Committee launched National Silence the Shame Day to jumpstart a global conversation about mental wellness and the importance of speaking out as a means of silencing the shame and stigma often associated with mental illness. Much to our surprise, we received 90 million impressions on social media. We received posts from far away countries like Capetown, South Africa, Tokyo, Amsterdam, Italy and more. And, yes, celebrities got involved too. On May 5th this year, we again celebrated National Silence the Shame Day and had a similar,

positive response. Our foundation now looks forward to planning this celebration each year since the National Day Calendar service officially recognizes May 5th as National Silence the Shame Day.

GPAD: Looking ahead, what are some of the initiatives on the Silence the Shame drawing board for youth?

Das: We intend to continue our Teen Mental Health Workshops. These will be modeled after the seven-state workshop tour that the foundation did for Jack and Jill of America, Inc. and the Jack and Jill Foundation. The workshops include panel discussions on Mental Health 101 for Teens and deeper dive breakout sessions. We also did a similar workshop for the Boys and Girls Club of America for their Keystone Conference in Atlanta. We are beginning to create short nuggets of content to reside on social media. For example, we recently released a five-minute webisode on Teen Depression. We are also exploring the development of a mental health wellness curriculum for school-aged children.

WHO IS SHANTI DAS?

Shanti Das is an accomplished entertainment industry veteran, entrepreneur, speaker, author, and philanthropist. Shanti has worked in the entertainment business for over 25 years. Her music industry career (from intern to executive vice president) includes positions at Capitol Records, LaFace Records, Columbia Records, Sony Urban Music and Universal Motown where she worked directly with some of music's top talent like Outkast, Usher, Prince, TLC, Toni Braxton, Erykah Badu, and more.

An advocate for many social issues, Shanti started several successful initiatives and events in Atlanta to support the local homeless community and those in underserved areas. As a result of Shanti's community work for the past eight years, she established The Hip-Hop Professional Foundation, Inc., a non-profit organization (www.hhpf.co). The mission of the foundation is to empower and enrich the lives of those in underserved communities around mental health, poverty and youth empowerment. Shanti has suffered from depression over the years and has also had loved ones affected by mental health disorders. The foundation's leading mental health initiative is called Silence the Shame® (www.silencetheshame.com). It is a movement that has received global attention and is becoming a commonly used hashtag to normalize conversations about mental health in the US. The foundation curates panel discussions, creates content and broadens awareness about mental health and wellness.

Shanti recently authored and self-published [Silencing MY Shame](http://www.ShantiDas.Live). In the book, Shanti shares her journey with emotional health and wellness and tells how she turned her pain and struggles into passion to start a global movement (www.ShantiDas.Live). She graduated from Atlanta Public Schools' Benjamin E. Mays High School and earned a Bachelor's of Arts Degree in Television, Radio and Film from the University of Syracuse in New York.

GPAD: Finally, what about you? Where are you on your road to recovery from depression and suicidal thoughts?

Das: Right now, I'm not in therapy or on medication. I will not hesitate to access these services should I need them. I know my triggers; so when I feel depression creeping in, I take a walk, call a friend, or talk things through with a family member. My road to recovery includes a lot of self-care. In *Silencing MY Shame*, I end each chapter with one of my favorite self-care tips. My number one self-care tip for silencing the shame is: "Never ever be ashamed or embarrassed to ask for help when battling a crisis. Being brave and sharing with a trusted loved one can save your life. Text the word SILENCE to 741741 for a crisis counselor or call the Suicide Prevention Lifeline at 800-273-TALK if you are having suicidal ideation" (Self-Care Tip #8, p.75).

GPAD: I noticed that you conclude *Silencing MY Shame* with a section on Gratitude. That section covers more than ten pages of expressions to family members, friends, individuals, groups, organizations, associations, mental health providers, foundations, and many others. Why such a huge emphasis on gratitude?

Das: Gratitude plays a significant role in my recovery. This has been a very personal journey for me, but I have had a lot of help along the way. I wanted to acknowledge as many persons as I could, and not take them for granted. No one is obligated to give me anything. I start my day with gratitude to God for the many ways in which He has blessed me.

You may follow Shanti Das on twitter @ShantiDas404 (IG/twitter).

MENTAL WELLNESS

Learning to Overcome Adversities: Mentally Well and Resilient Students

By Rebecca Blanton, MA
State Director of Project AWARE



Rebecca Blanton

According to Vocabulary.com Dictionary, the word adversity has been in the English language for more than 800 years (<https://www.vocabulary.com/dictionary/adversity>).

It comes from the Latin word *adversus*, which literally means "turned against," and figuratively, "hostile or unfavorable." At some point in life, everyone has something unfavorable happen to them — even children. There are all types of adversities including physical, mental and emotional, to name just a few. We sometimes call adverse situations difficulties, challenges, or problems. The important thing is how we choose to respond to adversities. Parents and educators are especially interested in whether children in their care have the fortitude and resilience to meet adversities head on. Can they snap back from failure on a test,

the break-up of a relationship, family problems, unkind words, etc.? One of the goals of Project AWARE is to advance mental wellness and resilience in children by assisting schools and districts in finding and implementing evidence-based programs and practices that teach children how to overcome unfavorable situations. Stated another way, Project AWARE seeks to develop mentally well and resilient students.

This issue of GPAD has a treasure trove of stories about students, educators, and others who have faced a range of adversities and found a pathway forward to hope and resilience. We are indebted to Houston County School System for allowing us to go behind the scenes of their *13 Reasons Why Not* Campaign and get close-ups of some of the characters and their struggles. They have graciously permitted us to print their stories. We are also delighted to share our very emotional interview with Shanti Das, entertainment marketing executive turned mental health advocate and author. In addition to the stories, there are numerous must-read articles by partners and stakeholders who send messages of hope about what is happening in support of children's mental wellness in Georgia.

NAESP 2018 K-8 PRINCIPALS' STUDY FINDS EMOTIONAL NEEDS OF STUDENTS TOP CONCERN

The National Association of Elementary Principals (NAESP) recently conducted its ninth ten-year study in a series of research studies that were launched in 1928. The studies are designed to collect data about climate, challenges, and other conditions that mark the principalship.

The top-ranked concern for 2018 responding principals was addressing the increase of students with emotional problems. In fact, respondents identified a number of student-related issues as being of moderate, high, and extreme concern. Among those issues identified were the management of student behavior, student mental health issues, absenteeism, lack of effective adult supervision at home, and student poverty. In contrast, none of the student-related issues were identified as a major concern in 2008.

When asked to predict the effect of ESSA (Every Student Succeeds Act) on students, the majority of respondents anticipated the new law would have a positive influence, specifically on the attention to the needs of all students as well as on the focus on student socioemotional needs.

Source: Edward J. Fuller, Michelle D. Young, M. Scott Richardson, Andrew Pendola, & Kathleen M. Winn (June 2018). *The Pre-K-8 School Leader in 2018: A 10-Year Study. Ninth in a Series of Research Studies Launched in 1928.* National Association of Elementary School Principals (NAESP), Alexandria, Virginia (p.11). Accessed at: <https://www.naesp.org/pre-k-8-school-leader-2018-10-year-study>.

ENLARGING THE DISCUSSION ABOUT SUICIDE

Suicide Awareness Voices of Education (SAVE) Experts Issued Alert Ahead of Netflix's *13 Reasons Why*, Season 2; Launched Website and Toolkits

Nearly 25 organizations supported the Suicide Awareness Voices of Education (SAVE) Statement from Experts on the Release of *13 Reasons Why*, Season 2. Highlights of some of the experts' concerns and recommendations are excerpted below. The full text of the statement may be accessed: https://docs.wixstatic.com/ugd/a0415f_5fe0939a4d1b4192a23702f8d3a4a53f.pdf.

Last spring the Netflix series, *13 Reasons Why*, captured the attention of youth globally and created countless discussions among teens and some between teens and their families about suicide, mental health, bullying and more. Concerns were raised by mental health advocacy groups and experts about whether the series presented risks to some viewers because of how the show addressed some of these important and complicated issues.

Research demonstrates that depictions of violence and self-harm can increase the likelihood of copycat behaviors. Adolescents are a vulnerable and highly impressionable group, frequently copying others' behaviors or reacting in response to things they have seen.

Given the gravity of these issues, we believe it is important to convey our concerns and recommendations to parents, educators and professionals in advance of the season release in an effort to help reduce the risk of a tragedy. This should be taken as an alert, not as a warning.

1. For vulnerable and at-risk youth (for example those living with depression or an anxiety disorder) we encourage families to make a thoughtful decision about whether or not to watch *13 Reasons Why* because of the triggering impact it might have on them. We recommend using the show's TV rating as a source of guidance about the intensity of the content. Some of the story lines could be quite upsetting and result in them needing additional monitoring, support and/or treatment.
2. If your teens do watch the series, make an effort to watch with them. This will allow you the opportunity to monitor the impact the show has on your child. It also affords you the chance to talk after each episode and ensure that they are comfortable enough to continue watching.
3. If you are not able to watch together, talk with your teens about their thoughts, reactions and their feelings about the content. Check in with

them multiple times as it can take a few days to process the content and they will likely continue to talk about the show with their peers. Let them know that they can come to you with questions or worries about themselves or their friends and that you will be there to listen and help guide them.

4. Reassure youth that fiction and reality are not the same thing. Even though some might believe that what they have seen on television is or feels like reality, it is critical that you help them understand it is not and that the outcomes from the series do not have to be their outcomes.
5. Learn what resources are available in your local community where you can find help if needed. These might include: a local public health agency, a mental health professional, the counselors in your child's school, or a crisis phone service in your area. Knowing who you can reach out to for support is a good prevention strategy.

Since issuing the statement, SAVE has launched a website that provides information, resources and toolkits for a variety of audiences on topics relating to the *13 Reasons Why* episodes (<https://www.13reasonswhytoolkit.org/>).



Houston County School System Features Students' and Educators' Stories of Overcoming Adversity in *13 Reasons Why Not* Campaign

The Campaign

The Netflix drama *13 Reasons Why* tells the story of Hannah, a teenage girl, who leaves behind 13 reasons why she ended her life by suicide. In response, the Houston County School District offers, *13 Reasons Why Not*, a campaign of hope and resiliency.

The district's idea to share personal stories of overcoming seemingly insurmountable obstacles came to fruition, thanks to a brave young lady named Macee McLain, a 2014 graduate of Houston County High School (see Meet Macee, the Inspiration for Houston County's *13 Reasons Why Not* Campaign on p. 6). Macee contacted her former school district to inquire if there was a way that she could share her personal story of dealing

with depression and suicidal thoughts that began in middle school.

The *13 Reasons Why Not* campaign was launched in conjunction with School Counseling Week this past February. Through a series of individual videos and podcasts that were released weekly on the district's [13 Reasons Why Not webpage](#), viewers met 13 students and staff who share their personal stories of adversity. The stories cover a range of issues such as bullying, death of a parent, deployment of a parent for military duty, and overcoming the stigma of disabilities and mental health conditions. At the heart of the campaign is the message that there is always hope, even in the darkest hours, and there are people in everyone's life who care and want to help. GPAD takes a closer look at some of the campaign participants' stories on pp. 6-11.

The campaign is a collaborative undertaking of the district's Student Services and Community and School Relations Departments. Assistant Superintendent of Student Services, Dr. Zabrina Cannady, commented on how the project came about:

"A lot of our students watched and talked about *13 Reasons Why*," said Cannady. "Some had the perception that someone could commit suicide and still have a voice from beyond the grave. With the second season set to come out in 2018, we wanted to be proactive and have something to refer our students and teachers to when the topic of the series or suicide arose. After searching online and not finding the resources envisioned, I approached our community relations director about creating something on our own."



From left: Beth McLaughlin, Director of Community and School Relations; Dr. Zabrina Cannady, Assistant Superintendent of Student Services; and Monica Smith, Coordinator of Student Services.

Beth McLaughlin, director of community and school relations, remarked, "We were thrilled to help with such an important campaign! It's been an amazing experience to hear the stories that have been shared by our courageous participants. They have bared their souls for the world in hopes that their personal stories will inspire and encourage others. During the six months this campaign was in the making, we marveled often at the

"Our goal is for the viewers to know that everyone's life has ups and downs and, during the most challenging times, there are people who will help if you just reach out."

resiliency of our students and coworkers who participated."

Cannady added, "Our hope in asking them to share their stories is that others will see that they also have the strength to persevere in the face of adversity. Our goal is for the viewers to know that everyone's life has ups and downs and, during the most challenging times, there are people who

will help if you just reach out."

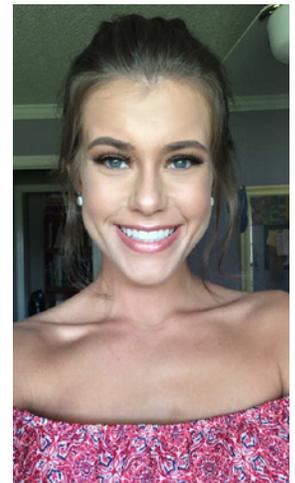
McLaughlin said, "We are fortunate to have been able to create this series entirely in-house. Our Community Relations team worked hand-in-hand with Student Services on the concept, storyboard, pre-production, intro, outro, website content, social media plan and post-production. Tabitha Clark, media-technology assistant, was our team's videographer, and she did an excellent job of capturing each unique story and editing it for the series."

At the conclusion of each video, Cannady appears with a brief message of hope, "You are not alone. There are people who want to help. Please reach out to someone." The district's [13 Reasons Why Not webpage](#) is replete with a list of hotlines and other resources available to support students who may be facing challenges and adversities.



Meet Macee, the Inspiration for Houston County's 13 Reasons Why Not Campaign

According to Houston County School District's Assistant Superintendent of Student Support Services, Dr. Zabrina Coaddy, the 13 Reasons Why Not campaign was largely inspired by Macee McLain when she returned following high school graduation seeking an opportunity to tell her story of surviving depression and suicidal ideation. GPAD reached Macee at Valdosta State University, where she is beginning her senior year as a speech-language pathology major. She told us the story that follows.



Death and Depression

When I was about thirteen years old, my grandfather passed. In fact, he passed before my very eyes. I was very close to my grandfather, so when he died, I started feeling like I didn't want to live. I didn't appreciate the life that I had. My performance in school was impacted because I found it hard

to study. I would get to school knowing I had a test, but would not know anything on the test. Privately, I was engaging in self-harm, but I didn't let my parents or friends know. The stigma of depression made it hard to talk to others about what was going on with me. During my junior year of high school, I told my parents that I was depressed and doing things to harm myself. They were more supportive than I thought they would be. They took me to a doctor who recommended that I be institutionalized. So at about age 16, I was admitted to a behavioral health institution in another town. It was not a good experience. I was one of the oldest children there, and the staff treated all of us like we were stupid. I did not know what to expect, but I certainly didn't feel supported. My parents got me into therapy after I spent a brief time in that behavioral health institution, which has since closed. The two years that I spent in therapy helped me to turn the corner, along with my parents and a group of close friends at school who were very supportive of me. My therapist taught me that I am in control of what happens to me, not others. She showed me how to be in control of my own life, which served as a stepping stone to handling my depression. She helped me to recognize the things that trigger my depression and showed me what to do to manage them. I also took an antidepressant, but eventually felt that I could do things on my own. When I graduated from Houston County High School in 2014, I decided to stay close to home and my support system, rather than attend a college out of town.

Branching Out and Taking Control

I attended a junior college in Warner Robins for two years. Although I would get anxious at times, I was surrounded by people whom I knew really cared about me. My parents were really good about helping me to deal with my anxiety and occasional depression by talking to me and noticing when I seemed stressed. Actually, I handled my depression pretty good during those two years. Ever since I was a little girl, I wanted to become a speech and language therapist. I knew that if I was going to achieve that goal, I had to branch out. I got accepted into Valdosta State University's speech-language pathology program and being here has been amazing! The transition from my support system in Warner Robins was very hard since I didn't know anyone here. But I knew that in order to make it, I needed to reach out, meet people and make friends. This is my second year at Valdosta (State University) and I have a number of friends, including someone who will be my roommate this semester who I enjoy talking with about my condition. I am also dating someone whom I have known since third grade. Where am I now in terms of my depression? I would say that I am in a good place. I am no longer taking an antidepressant. I am feeling a lot stronger and motivated to take charge of my life. I know my triggers and am able to manage my response to them. I'm doing a lot better in college than I did in high school. I was a B/C student then. I'm mostly making A's and a few B's now. The program here at Valdosta is competitive and I'm trying to be the best. When I went back to Houston County Schools to seek an opportunity to share my story with students and staff, I wanted others to know that sometimes they may feel stuck in a rut, but should never give up on themselves. And, I really wanted them to know that there are always people who love you, even when you are depressed. I am — we all are — under construction.



Diverse Issues at Center of Students' and Educators' Challenges and Roads to Recovery

Close-ups of Selected Participants' Stories in Houston County's 13 Reasons Why Not Campaign

Parents Educate Selves to Support Daughter with Bipolar Disorder; Daughter Succeeds in Academics and Sports



Victoria (center) and her parents Heidi and Keith Moore

Victoria Moore, Student

When I was ten years old, I was diagnosed with bipolar. This explained my extreme outbursts, random mood swings, and struggles with attitude. By getting this diagnosis, it added more challenges but also the ability to treat and work on my outbursts and other struggles. It also showed us that while no one wants to have these outbursts, they are not the end of the world and sometimes there's more meaning to them and the kids don't always have control.

At ten years old, I didn't completely understand my diagnosis. My parents explained as much as they could, but it wasn't until high school I truly understood. Once I understood, I felt a responsibility and desire to share the word about mental illnesses. I want to break the stigma and show that joking about mental illnesses is not funny, or a joking matter.

Two of the biggest things that helped me with managing my bipolar are my parents and soccer. Soccer has taught me self-discipline, time management, as well as given me a goal and purpose. It gives me a drive I

otherwise wouldn't have without soccer. My parents help keep me on track of moods as well as tasks when I struggle to focus.

I learned that getting involved helps tremendously. Even on your worst days, getting out and doing something you love allows you to get your stress and anxiety out and gives you something to focus on. Some of my worst days ended amazingly because I went to practice even though I had no desire to. Something else that I've learned is that you have to own your diagnosis. See your diagnosis as an answer and something to work through. Once you get an answer you can start finding ways to handle your diagnosis and find ways that help you fight whatever you are going through. It's also important to not keep everything to oneself; it gets heavy.

Victoria Moore is currently a freshman at Georgia Southwestern University on both an academic and soccer scholarship.

Mrs. Heidi Moore, Mother

I feel that the greatest challenge that we faced as parents was dealing with the diagnosis and finding help. At the time Victoria was diagnosed with bipolar there were not many options in regards to treatment. As a matter of fact, the doctor who gave us the diagnosis basically told us we were on our own. There were not any doctors in our area that would treat her at the age of 10. We had to learn a lot of things on our own. We had to become educated in order to find her the best treatment options. We also had to change our parenting style and learn a great deal of patience.

Victoria's psychiatrist and counselor helped us and Victoria to understand what bipolar is and how it was affecting her. They provided us with coping skills, medications, and knowledge. NAMI message boards were helpful to let us know that we were not alone. As her parents, there were many times that we felt alone and did not have the support of the community surrounding us. As Victoria got older the middle and high school counselors and teachers were a great help to us. They let us know that they were there to help and support Victoria through the good and bad times. Victoria was able to reach out to her teachers and counselors while in high school which made a huge difference in the road she traveled. Sports were also a big factor in helping Victoria cope with her bipolar. It gave her an outlet and us, as her parents, as chance to be "normal" and cheer our child on. It allowed us to forget about the diagnosis for a minute.

One of the best things that came out of Victoria's challenge was the strength it gave her. This strength has allowed her to speak up about her bipolar and share her story with others. As her parents, it has helped us to reach and guide other parents who may be facing the same struggles. We were also able to help Victoria realize that her bipolar does not control her destiny, she controls her destiny. Most importantly, this strength has allowed her to accomplish her goal of playing soccer in college.

The message I would pass on to another parent or family is, never give up and always educate yourself. The more education that one has in regards to their child's challenge or adversity the more they can help. Never stop fighting for your child even when the doors continue to shut. Reach out to others; you are never alone in this battle. There is a quote that I always

keep in the back of my mind. It is, "I wouldn't change you for the world but I would change the world for you" (Amy Wright).



Coach Fulfills Mother's Dying Request to Keep Watchful Eye Over Daughters

Ms. Rebecca White, Coach

In 2015 I had a wakeup call that made me realize my purpose for teaching. I met Amiya, a young lady who would eventually change my life. I didn't realize it at the time, but I already had an eerie connection to Amiya and her family. You see, her mother grew up in the same neighborhood that I did, and I had played ball under her aunt's coaching when I was in high school. The dots began to connect when Amiya's mother told me after a softball game, "Make sure you take care of my baby." I placed an arm around her mom, Kari, and told her that her daughter was in good hands. I soon discovered that Kari had been diagnosed with peritoneal cancer. I never would have known of Kari's condition from interacting with Amiya in class. Amiya presented a very strong front and never allowed anyone to see her break down. In November of that year, I heard a knock at my classroom door, opened it and Amiya literally fell into my arms. Her eyes were full of tears and fear, something she had never displayed before. On January 2, now in hospice, Amiya's mom was approaching the end of life. Amiya left the gym to say her final goodbyes to her mother. About an hour later I received a call from her and she said, "Coach, can I play tonight, you have taught me to be strong and not let anything detour me. I know she (her mother) will be watching over me, coach, and she left me in good hands with you, mom."

Their aunt has done a great job of taking Amiya and her sister Aaliyah in, and I admire her for that. I just hope that I have been and continue to be another strong role model in their lives. Over the years I have supported



Ms. Rebecca White and Amiya

both of them emotionally and been a shoulder to lean on. There have been times that I have caught tears, made them laugh, and even fussed at them. Being there for them has been the biggest thing and assuring them that they were not alone. Seeing them in the mornings has always brightened my day. I have made it my duty to see them at the beginning of the school day and tell them to have a great day. Now that Amiya has graduated, I make it a part of my day to send a quick text and check on her. Aaliyah is still here and by my side daily. It's amazing how God works. I believe that Kari wanted me to be a watchful eye and knew that I would protect her daughters. I refuse to let her down in any way.

Rebecca White, Head Softball and Basketball Coach, Warner Robins High School

Amiya Holder, Student

When I was a sophomore in high school, my mom passed away from peritoneal cancer. It really broke my heart when she passed away because she was my best friend and my support system. On the day she passed away, I had a basketball game. I knew that my mom would have wanted me to play and not be sad the entire day. The game took my mind off things. I left everything on the court that night. What helped me cope with the loss of my mother was the care and comfort from my teammates and coaches. They always had my back. If I needed a shoulder to cry on, they were there. If I needed a good laugh, they would have me laughing hysterically. I learned a lot from my situation. I learned that people will still love you and care for you even when you are at your lowest. I also learned that someone has your back. Even if you think you are alone and that no one will understand, there is always someone there that you can talk to, whether it is a friend, family member, counselor, or coach.

Amiya Holder recently enrolled at Middle Georgia College as a freshman.



Student Pushes Past Disability with Grandparents' Help and Builds Relationships

Tyler Boyd, Student

My name is Tyler Boyd. I am 16 years old. I attend Houston County High School. I live with my grandparents and my Aunt Jennie. So I am spoiled rotten. I would like to tell you why it is okay to be different. I'm in Miss Devin Jones' class, and I am having a great school year. I like to do lots of different things at school. I love spending time with my friends, and I am very popular. All of the kids at school are nice, helpful and love me. No one makes me feel different because of my special needs. Miss Jones and Miss Jessica make me work hard so I can be as independent as I can. Because of my cerebral palsy, I cannot walk or talk without help. I have a wheel chair,

but most of the time I use my walker. To help me communicate, I use a Dynavox, a small touchscreen computer that talks for me.

Tyler Boyd is a student at Houston County High School. He used his touchscreen Dynavox computer to communicate his story.

Mrs. Cheryl Boyd, Grandmother

Some people look at Tyler and they only see his disability. It's only a disability if you make it a disability. When Joe and I got custody of Tyler at the age of 3, our lives were turned upside down. We both worked full-time and all four of our children were out on their own. It was like starting over with a toddler. Learning how to communicate with Tyler was and is one of



our greatest challenges. Tyler has cerebral palsy and cannot use his hands to sign, so we had to quickly learn how to communicate with him in order to understand his needs and wants. There have been many people and groups that have helped us to address the challenges of meeting Tyler's needs. Ten years ago, our daughter, Jennifer, quit her job in Atlanta and moved back home to help us care for Tyler. Houston County School System has helped us find the best school resources and teachers to help Tyler be his best. The Challenger League for children with disabilities helps by providing confidence, love and support for all children with disabilities. Tyler's swimming Teacher, Mrs. Laurie Hoffman, has encouraged him and instilled confidence to enjoy the water and stay safe.

Our family has been gifted in so many ways by having Tyler. We have closer ties as a family and more patience and understanding. We enjoy watching Tyler interact with others. He especially loves older people and watching their face light up when he "speaks" to them. He touches the lives of so many people that he wouldn't be able to if he was "normal." Our advice to other parents is to trust in God that He will give you the strength and knowledge to care for the child He has given you.

13 REASONS WHY NOT

Former Miss Georgia USA and Georgia Teacher of the Year Brings Insights From Life on the Move and in Spotlight to Educate Students

Mrs. Amanda Miliner, Assistant Principal

As a child, I was always the new kid, and I often had to stay with friends or relatives while my mother was overseas. My mother was a single parent until I was in fourth grade. Having a single parent who served in the military made life challenging at times. While she was gone I felt left out and alone. Being a military child had definite advantages and disadvantages. The advantages were the ability to see the world and meet new people. The disadvantage was feeling alone and disconnected.



Amanda Miliner 2007

Even though my mother was gone for at least three months each year for my first fourteen years of life, she was always present. She would consistently write letters and would try to call when possible (back then we did not have email or cell phones to use). She would also record herself telling me stories, so I could hear her voice each night when I went to sleep. Her unconditional and constant love served as the foundation for why I am the person I am.

Another saving grace was found in the people around me that made a point to help me feel loved and accepted. When I moved to Georgia, my teachers went above and beyond to support me. When I competed in pageants, they would attend. When I had a basketball game or track meet, they were there. I truly believe that my teachers are one of the reasons why I was able to turn my challenge of living a transient lifestyle into a positive situation.

Serving as Miss Georgia was an up-building experience. The many interviews that I had to give were challenging, but really prepared me for real life. I learned to be flexible and to be a better listener. Even more so, I learned how to use a servant mindset in dealing with others. My year as The Georgia Teacher of the Year was filled with a demanding, but enjoyable, schedule. I got to travel many places, give hundreds of

speeches, and discuss a range of topics with a statewide educational community. That year re-affirmed my calling to be an educator.

My experiences have helped me to relate to my students and advocate for them. When I work with students, my goal is to always try and understand them. I listen, observe, and show them that I truly care for their well-being, because that is all I ever wanted as a child. I find that using these strategies help foster a genuine relationship.

One of the things that I have learned from my challenges that I want to share with parents is, provide opportunities for children to share who they are, what they think, and who they want to become. I believe my best years



Amanda Miliner 2018

in school were when I felt valued and appreciated. As a student, I loved when teachers or other adults would ask me questions and then really listen. Also, tell students what they do well and what you admire about them. I was not the perfect student, and I had some teachers who made it very clear which of my imperfections they detested. However, I remember one teacher telling me, “Amanda, you’re smart, creative, and a good speaker. I see so much potential in you. I truly believe you are going to do some amazing things.” Her words have always stayed with me.

Amanda Miliner, Assistant Principal of Discipline, Matt Arthur and Miller Elementary Schools. Mrs. Miliner, who has competed in and won numerous pageants, was Miss Georgia USA in 2007 and the Georgia Teacher of the Year, 2015.

13 REASONS WHY NOT

Principal Moved up Educational Ladder, In spite of Visual Impairment; Is President-Elect of Georgia Association of Educational Leaders (GAEL)

Dr. Jesse Davis, Principal

I was born with a unique eye condition called Congenital Nystagmus. Congenital Nystagmus is a condition characterized by an involuntary rhythmic movement of the eyes. As a result, I have very poor vision and my appearance is quite different from most people’s. In addition to having trouble seeing well, during my childhood, other students often made unkind comments about my appearance which were hurtful to me. Trial and error learning helped me to develop healthy coping skills by

eventually leading me to seek adult guidance and support. A long and bumpy road of self-help made me realize that I was not equipped to handle some situations on my own. I eventually began to seek help from adults at school. Caring and kind adults were always in the schools I attended, however, I moved to a new school every three years due to my father's military service. Therefore, I didn't have



Dr. Jesse Davis

a consistent support network in terms of familiar adults to guide me, other than my parents. Inevitably in new schools, I would encounter situations where my peers would mock me or say unkind things about my appearance. I often felt embarrassed and humiliated. This happened time and time again — at least until my peers finally figured out that I am actually the coolest person on the planet. I tried to navigate tough situations involving unkind treatment from peers on my own, utilizing a number of unsuccessful, unhealthy strategies which never helped improve my situation.

“The self-confidence that I have achieved and enjoy today would have come about much quicker and more painlessly had I been brave enough to ask for help early on, instead of resorting to adult help only when I had exhausted all other options.

I tried many ways to work through these tough situations on my own — from avoidance, to lashing out at others, to trying to reinvent myself and my appearance. These attempts failed to improve the tough situations. I was not comfortable approaching adults to admit that I couldn't handle these situations on my own. I felt that asking for help made me look immature and weak. After repeated instances where I failed to ask for help and my situations did not improve, I eventually had no option other than to seek help from trusted adults at school. I sure wish that I had asked for help from the adults who were available to me at school much quicker than I did. The self-confidence that I have achieved and enjoy today would have come about much quicker and more painlessly had I been brave enough to ask for help early on, instead of resorting to adult help only when I had exhausted all other options.

The majority of my career has been spent working with middle school students. Today, as a middle school administrator, I encounter situations weekly, sometimes daily, where students face situations similar to my own, which surround unkindness or difficult peer relations. To a large degree, this is characteristic of the experience of many middle-school-aged

learners. I often share my experience as a young person with both students and parents in instances where I am guiding or supporting a young person who is facing a tough situation. In these moments I can empathize with young people, and hopefully make my situation relatable to them. Students often may think that adults cannot relate to tough situations that they are facing. I want the students who I help to find relatability and trust in my efforts to support and guide them.

Educators come to work each day hoping that they will be presented with an opportunity to help a student. It's why we choose to work in a school and we feel great when we go home each day, knowing that we have helped a young person.

Jesse W. Davis, Ed.D., Principal, Feagin Mill Middle School, Houston County; GAEL President-elect



Warner Robins High School Principal Looks Back at Impact of 13 Reasons Why Not Campaign on School Climate

As Principal of Warner Robins High School (WRHS), I was involved in getting messages out to our students and WRHS family about the campaign. We did this through a social media campaign as well as taking time to show the videos at school to students. These messages hit home, not only to our students but also with people in other counties. Just yesterday a caller from Tift County said that she had visited our website and was impressed with the *13 Reasons Why Not* series.



Chris McCook

The biggest impact has come with students knowing that there are adults and other students in the building who are ready to help. One of our morning routines is singing the Alma Mater and, in doing so, we offer our hand to a classmate. Since the *13 Reasons Why Not* campaign, we have seen a lot of school unity. The holding of a classmate's hand represents that we are here for each other and we are One School, One Spirit, One Family.

Chris McCook, Principal, Warner Robins High School

For more information on Houston County School District's 13 Reasons Why Not campaign and other mental health programs and services, please contact Dr. Zabrina Cannady or Mrs. Beth McLaughlin at 478-988-6200.

PROMOTING LIFE IN GEORGIA'S SCHOOLS

Youth Suicide: 3 Things Your School Can Do to Promote Life

By Laura Rosemary Shannonhouse, PhD, LPC, NCC, Assistant Professor
Mary Chase Mize, MS, NCC
Robert Eugene Rice, PhD, Assistant Professor
Catherine Perkins, PhD, Department of Counseling and Psychological Services, Georgia State University

Approximately 24% of 12- to 17-year-olds have considered suicide, and up to 10% have attempted suicide (Nock et al., 2008). Among high school students, 17% have seriously considered suicide and 8% have attempted suicide within the past 12 months (Kann et al., 2014). Suicidal ideation/behaviors have been argued the most common mental health emergency among adolescents (King et al. 2009), and our ability to accurately predict suicidal ideation, behaviors, and death by suicide remains strikingly limited (Franklin et al. 2017).

Several scholars (i.e. Glenn et al., 2017; Kolves et al, 2017, Shannonhouse et al, 2017a) have argued that the adolescent stage of development includes a unique vulnerability due to the rapid shifts in brain development. Results on the role of the peer network (Zimmerman, 2016) have been equivocal and are in need of further study, as the importance of belongingness/inclusion has been found biologically (i.e. FMRI studies) equivalent to survival responses (Broderick & Blewitt, 2015). Nock and colleagues (2013) argued the unique interplay of intra and interpersonal risk factors make suicidal ideation and behaviors more likely to emerge within this age period than any other across the lifespan.

In Georgia, specifically (<https://oasis.state.ga.us/oasis/webquery/qryMortality.aspx>), the frequency of youth suicides doubled from 2010 to 2017, and that is considering only those suicides that were “reported.” Because suicide is taboo, the number of unreported suicides, non-fatal suicide actions, or suicide attempts may range 40 – 100x higher than the number of reported suicides (Lang et al., 2013). Unfortunately, the question for K-12 school personnel isn’t “why”, but “when”... Despite this public health crisis, we can effectively respond and prevent youth suicide



Laura Rosemary Shannonhouse



Mary Chase Mize



Robert Eugene Rice



Catherine Perkins

(Gould et al., 2013). Briefly, we would like to share three things that can be done to prevent suicide, and promote life in K-12 schools in Georgia.

1. Take “Mental Illness” out of Your School’s Suicide Templates

The CDC just released a comprehensive report on suicide this summer https://www.cdc.gov/mmwr/volumes/67/wr/mm6722a1.htm?s_cid=mm6722a1_w. The longstanding mythic statistic that states “90% of people who die by suicide have a mental illness” has been challenged. That number was obtained years ago using autopsy studies, and the CDC (2018) asserts that the figure is closer to 54%. What does this mean for schools? Most all templates school personnel use for addressing relevant stakeholders (i.e. addressing an assembly, communicating with parents, running groups, etc.) start with the 90% statistic, which unfortunately compounds stigma, and is not true. Suicide is very individual; for each youth there are different stressful events that add up and contribute to thoughts of suicide. If there is not a response by a caring person, the thoughts of suicide can turn to suicidal actions. We know from the Air Force study that when suicide programming is put in place in systems (including schools) at three levels, prevention, intervention, and postvention, suicide rates go down; when programming is removed, at any level, suicide goes back up.

2. Honestly Evaluate Whether Your School has “Intervention” Training

The Counseling and Psychological Services (CPS) Department at Georgia State University (GSU) has been partnering with schools in Cobb County, Gwinnett County, Decatur City Schools and, most recently, Coweta County, in providing Applied Suicide Intervention Skills Training (ASIST), the only suicide intervention training model that is evidence-based (NREPP, 2017). Consider a person who is drowning in water: one does not simply rush them to the hospital without doing CPR first. ASIST is CPR for suicide; it is literally called “suicide first aid”, and those who attend the two-day, 14-hour, experiential training, learn the six step Pathway for Assisting Life (PAL) model. Notably, this model has been adopted by the U.S. Armed Forces, Centers for Disease Control and Prevention and is used in crisis centers across the nation, etc. Participants are able to effectively work with ambivalence about dying.

Choosing to live or to die can be a tough choice; however, ASIST enables you to provide a third option, to “stay safe for now”, which returns autonomy to the youngster, and you are no longer fighting with the youth, but working alongside, and helping the youth identify a reason to live or a “turning point.” The turning point comes from the youth, and not from us. We have report after report of fully-formed suicide plans being disabled by youth, who then ask us to bring in their parents or caregivers for support. This approach is radically respectful, and many do not believe the process is possible. If this feels foreign to you, we encourage you to reflect on the trainings your school provides — remember, we need them all. We need prevention (i.e. universal screeners, Sources of Strength, Tell me More, QPR, etc.), postvention (what you do after a suicide completion) and we need intervention training too.

Those trained in ASIST report feeling more competent and confident to

work with persons-at-risk (Griesbach et al., 2008; McAuliffe & Perry, 2007; Turley et al., 2000), manifest more beneficial attitudes toward suicide intervention (Rodgers, 2010), demonstrate increased knowledge about suicide (Griesbach et al., 2008; Turley et al., 2000), and, most importantly, are found to have increased skills at intervening appropriately (Gould et al., 2013; Shannonhouse et al., 2017). Youth-at-risk need ‘suicide first aid’ stabilization immediately (CPR for suicide). This can and often does turn into long-term safety; however, for some (with ongoing suicidal ideation), there is also a need for long-term growth and recovery services.

3. Reflect on Continuity of Care

The National Action Alliance for Suicide Prevention (NAASP) charged the Clinical Workforce Preparedness Task Force to articulate guidelines for the development and selection of programming that would enable systems to work together in the best care of persons-at-risk of suicide. LivingWorks’ Suicide to Hope (s2H) training has been found to align with the task force’s training guidelines, and address a gap in service delivery (Lang et al., 2016), particularly in working with individuals who struggle with ongoing suicidal ideation and parasuicidal behaviors (Gardner & Cowdry, 1985). S2H is a one-day, eight-hour standardized and manualized curriculum for master clinicians who are, or would like to be, involved in growth and recovery work with clients who are currently “safe-for-now” from suicide (i.e. have had a “suicide first aid” intervention), yet have had attempts and ideation in the past. Participants learn the Pathway to Hope (PaTH) model. PaTH is a growth and recovery model that can be applied in a variety of clinical settings and integrated with any theoretical framework. Effectively working toward growth and recovery requires a baseline understanding of “stuckness” or, rather, where persons-at-risk are “stuck” in their suicide experiences. There is wisdom and insight to be gained from one’s stuckness, and going through it enables one to more clearly identify a “core” and “underlying issue” that has previously gone unmet. S2H participants learn how to apply the PaTH model in their clinical settings, and collaborate with other providers to improve the overall quality of care for the recovering and growing person.

ASIST and s2H work in tandem.

The roles of school counselors, psychologists, and social workers align with “suicide first aid” training (i.e. ASIST). However, knowledge of s2H, the growth and recovery framework master clinicians will later use, is a new level of considering care of youth-at-risk. We are no longer considering just our job, but we shift to focus on the youth’s needs, and the system of care that is in place for that youngster. It is also useful for those master clinicians to understand ASIST, so they know the work that was previously done in getting the student stabilized. Both workshops are highly interactive (i.e. group process, simulations, and supervision).

To quote one of our Gwinnett site supervisors, this [training] enabled “me to make a warm hand off” to the long-term care provider. To quote one of our district leaders, “The loss we experienced this year has been an ongoing challenge for our staff and students, and to now be in a position to truly help others in future situations is beyond my hopes for how I could make a positive impact.” We want to give a special “hats off” to Cobb County School System personnel, who have implemented ASIST most intentionally. The district now has four ASIST trainers and is rolling out an

intentional implementation plan to train 300 school counselors in the next couple of years. These types of stories are incredibly touching, and bring meaning and purpose to our research. Thank you all for what you do to prevent suicide and promote life with youth in Georgia.

For further information on ASIST or s2H, please contact Dr. Laura R. Shannonhouse @ lshannonhouse@gsu.edu. The complete list of references cited in this article may also be obtained from Dr. Shannonhouse, upon request.

CHILDREN’S HOSPITAL TACKLES BEHAVIORAL HEALTH ISSUES

Handling the Uptick in Children Appearing with Behavioral Health Issues in Emergency Departments: What Children’s Healthcare of Atlanta is Doing

By Erin Harlow-Parker, MS, APRN, PMHCNS-B, Clinical Program Manager, Consult Psychiatry, Children’s Healthcare of Atlanta at Scottish Rite, Atlanta, GA



GPAD Note: We invited Erin Harlow-Parker, a member of the Georgia Project AWARE Management Team and Interagency Directors Team, to share her experience as a psychiatric advance practice nurse serving children who present with behavioral health conditions as inpatients at Children’s Healthcare of Atlanta at Scottish Rite and the hospital’s Emergency Department. Erin is a highly-regarded Advanced Practice Registered Nurse (APRN), who is the recipient of the 2018 IHI/NPSF DAISY Award for Extraordinary Nurses in the individual nurses’ category. The award recognizes work that improves workforce and patient safety.

Hospital Emergency Departments See Rise in Children with Behavioral Health Issues

As a society, we are doing a good job of promoting the use of seatbelts and helmets, but we are not doing nearly enough to adequately care for children with behavioral health needs. Over the years, we have observed countless numbers of families show up in the Emergency Department (ED) at Children’s Healthcare of Atlanta (“Children’s”) in search of services for their children who are experiencing behavioral or mental health crises. In some instances, these children and their families come from communities where there is a shortage of mental health practitioners, especially for children, and have been on waiting lists for long periods of time. Children’s is not alone in facing heavy demands for emergency behavioral health care. Hospital EDs across the nation are experiencing high volumes of children and adult patients who present with behavioral health conditions ([see Families come to the ED](#)).

There are families who simply don't know where else to go, so they choose to wait with their children in the ED. Having children wait in the ED can be very challenging for nurses, physicians, social workers and technicians, as wait times can be excessive — even days. Boarding children in the ED for days does not provide them with the most appropriate psychiatric care. Furthermore, staff may have little training in mental health conditions. In the case of Children's, there is no inpatient psychiatric unit. Our organization has a behavioral health consult service that covers the ED and the inpatient side of the hospital.

Children's Behavioral Health Consult Team Takes on ED Challenge

I am a member of the behavioral health consult team and am responsible for responding to requests from colleagues who are managing children

CHILDREN'S HEALTHCARE OF ATLANTA — A NETWORK OF HOPE AND WILL

The story of Children's Healthcare of Atlanta is one of hope and will – the hope for a better future for children and the will to make it happen. Founded in 1915, it is one of the only pediatric institutions in the nation that has existed for more than a century. In 1998, Egleston Children's Health Care System and Scottish Rite Medical Center came together to form Children's Healthcare of Atlanta (called Children's) — one of the largest pediatric systems in the country. The new system had a single priority: family-centered care. The next year, Hope and Will, Children's colorful boy and girl mascots, came to life as a way to represent the hopeful attitude and strong will of patients, families and staff. In 2006, Children's assumed responsibility for the management of services at Hughes Spalding Children's Hospital, growing the system to three hospitals, Marcus Autism Center, the Center for Advanced Pediatrics, and 27 neighborhood locations.

Children's provides numerous resources for pediatricians and families, while also engaging in extensive community collaboration. Following are brief descriptions of some of the behavioral health services available at Children's:

- **Behavioral Health Physician Advice Line** – Staffed by Psychiatric Advanced Practice Nurses (APRN), this is a non-emergency phone service for providers seeking advice on behavioral and/or mental health issues affecting children and youth.
- **Project ECHO (Expand Capacity and Improve Access) Initiative** – This initiative is designed to educate 60 primary care physicians in 20 practices to diagnose, manage, and appropriately refer patients with depression.
- **Stephanie V. Blank Center for Safe and Healthy Children** – Provides a range of multidisciplinary services after allegation of abuse or neglect including behavioral health Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).
- **Marcus Autism Center** – Focuses on providing services to children with Autism who might not be able to get what they need in the community. Also focuses on scientific evidence for new ways to assess, treat and support children and families affected by autism spectrum disorder (ASD).
- **Emergency Department** – Uses Psychiatric Licensed Clinical Social Workers to provide psychiatric assessment of patients who present to the ED in behavioral health crisis. Further information on services provided by Children's Healthcare of Atlanta may be accessed here: <https://www.choa.org/>. The organization's centennial documentary called A Story of Hope and Will is found here: <https://www.choa.org/about-us/history>.

with mental health needs and from physicians managing patients in psychiatric crisis in the ED. Given the uptick in behavioral health needs in the ED, our team had to tackle a major challenge: how to build the capacity of ED staff clinicians who were providing excellent care for medical problems, but who felt unprepared to address patients' behavioral health needs. There was particular concern about managing behavioral health patients who come to the ED after hours. We had a contracted mobile assessment team in the ED for overnight shifts, and while those clinicians provided good assessments in the moment, they were not our regular staff. We wanted to provide the same consistent level of care around the clock.

Education and Resources for ED Team Members and Other Staff Lead to Improvements

In response to the behavioral health consult team's challenge, and in collaboration with the organization's leadership team, I developed and piloted a behavioral health education program for nurses that incorporated a number of fundamental topics including:

- Communicating effectively and therapeutically
- Understanding techniques to de-escalate crises
- Administering psychotropic medications safely
- Recognizing early warning signs for behavioral health diagnoses

As part of the pilot, we presented the program to 400 nursing staff members at our three inpatient locations, and across all shifts, during the first summer it was available. This focus on behavioral health has translated into numerous improvements:

- **Overcoming common misconceptions and stigma:** Many nurses think about conditions like bipolar disorder or schizophrenia when we talk about mental health. In fact, those conditions are less common in pediatrics than in the adult population. Depression and anxiety are much more common in children. Recognizing early warning signs for depression and anxiety is especially important because most people who die by suicide have visited an ED or primary care setting in the prior 12 months.
- **Putting essential nursing skills to use:** Some clinicians believe there is a "fancy" way of talking to behavioral health patients. Therapeutic communication is actually at the core of what defines us as nurses. The skills nurses use in caring for a child who is highly anxious and distressed after a car wreck are no different than the skills needed to care for a child in the ED suffering a panic attack in the context of generalized anxiety disorder. Reminding nurses of the skills they already have helps them have the confidence to manage behavioral health patients more effectively.
- **Expanding the behavioral health team:** At Children's, our social worker's concentration has been on medical management, psychosocial support, resource connection, and child protection services. We developed a program and received funding to train and hire mental health-licensed clinical social workers to serve all shifts in the ED. Having greater numbers of staff available to assess behavioral health patients is resulting in more rapid assessment, placement in appropriate settings and improved communication between disciplines and facilities.

This isn't a family problem, a child problem, or a hospital problem. It's a community problem. Ultimately, we need to address this issue [of children's mental health] together, and not assume any one person or group can solve it by themselves.

Lesson Learned: Children's Can't do the Work of Behavioral Health Alone

From the beginning, we understood that our efforts to support children needing behavioral health services in the ED were insufficient. We struggled to provide appropriate services for children who demonstrated suicidal thoughts, depression, anxiety and other conditions secondary to physical complaints. However, once the ED began to place razor sharp focus on behavioral health, and to understand the scope of the problem, our staff began to discuss what else we could do to improve care for these patients. We're now working to find ways to collaborate with other agencies in our state that help children and youth with their behavioral health needs. For example, in my role of clinical program manager, I attend several different leadership meetings at our organization, and behavioral health is on the agenda of every one of them. Children's has developed and maintains strong relationships with the state's school nurses, who regularly participate in our webinars for credit. Over the last two years, I have served on the Georgia Interagency Directors Team, where I have developed collaborative relationships with the Georgia Departments of Education and Behavioral Health and Developmental Disabilities, which has in turn increased my understanding of the behavioral and mental health service systems and crisis intervention resources. I also serve on the Georgia Suicide Prevention Task Force and recently provided technical assistance on the production of a suicide awareness and prevention video series.

Mental health problems in children are real, and they have many causes — biological, sociological, and environmental. This isn't a family problem, a child problem, or a hospital problem. It's a community problem. Ultimately, we need to address this issue together, and not assume any one person or group can solve it by themselves. Thankfully, through the numerous partnerships that Children's has formed with state, local and community organizations that have a shared interest in taking better care of children with behavioral and mental health problems, we need not feel alone in our efforts.

This article was adapted from a blog authored by Erin Harlow-Parker and published on the Institute for Healthcare Improvement's Users' Communities Blog, May 8, 2018. If you would like to contact Ms. Harlow-Parker, you may e-mail her @ Erin.Harlow-Parker@choa.org.

MENTAL AND BEHAVIORAL HEALTH NAVIGATION SERVICES

The Interagency Directors Team: Working to Improve Service Navigation for Families, Youth, and Young Adults with Behavioral Health Needs

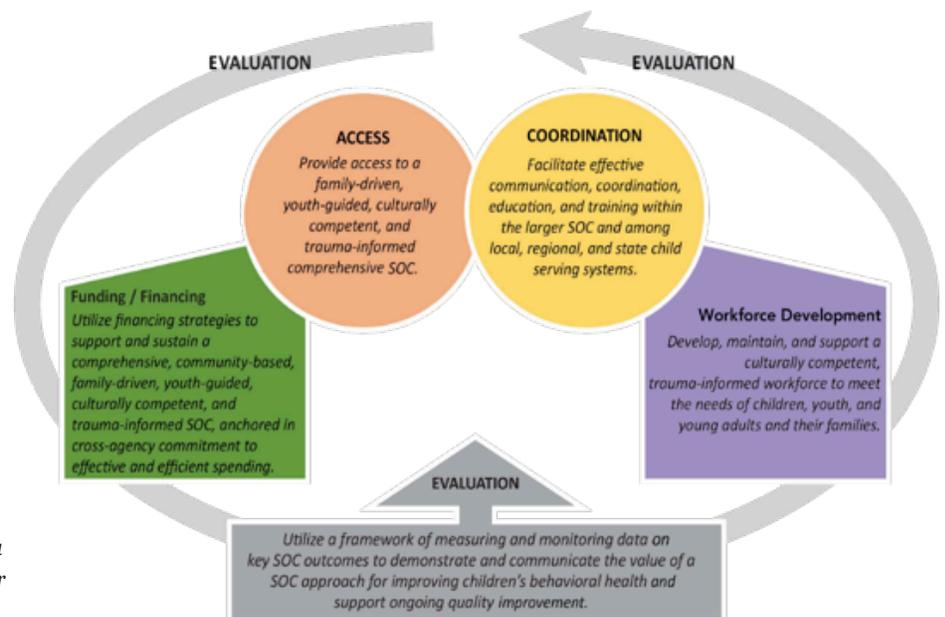


Interagency Directors Team

2017 Georgia SOC State Plan

Over the past 30 years, agencies and organizations in Georgia have been actively engaged in efforts and partnerships to improve children's behavioral health. The Interagency Directors Team (IDT), a director-level workgroup of the Behavioral Health Coordinating Council (BHCC), was born out of this sustained effort.

SOC Plan Development: Areas of Influence / Goals



The IDT is a multiagency, public-private collaborative of child and adolescent behavioral health experts, provider organizations, advocates, and family and youth representatives. Its purpose is to design, manage, facilitate, and implement Georgia's System of Care (SOC) approach, to inform policy and practice, and share resources and funding. The IDT is currently chaired by the director of the Department of Behavioral Health and Developmental Disabilities' Office of Children, Young Adults, and Families, Danté McKay, and vice-chaired by director of the Department of Education's Project AWARE, Rebecca Blanton.

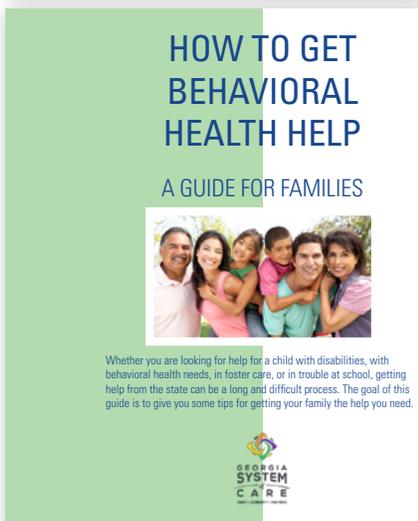
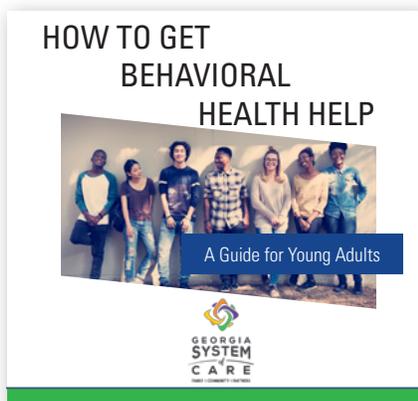
In order to advance SOC in Georgia, the IDT created a three-year SOC State Plan, approved by the BHCC in August 2017. The SOC State Plan serves as a strategic roadmap for improving Georgia's child and adolescent behavioral health system. It is grounded in SOC philosophy, which promotes community-based, culturally competent, and family- and person-centered services and supports. The SOC State Plan aligns strategies and action items around a service delivery framework with five key focus areas: Access, Coordination, Workforce Development, Funding, and Evaluation.

Navigating a Complex System

One of the persistent challenges that Georgia's families, youth, and young adults with behavioral health needs face is difficulty in navigating the system and finding available resources. The process of seeking services and supports, particularly among those newly involved in the system, can be intimidating and stressful.

Because of these concerns, Strategy 1.3 Improve families' abilities to navigate the current system, was added to the SOC State Plan under the Access focus area. Specifically, Strategy 1.3 calls for the creation of resources for families, youth, and young adults that orient them to the system, and enable them to better navigate the services provided by each child- and young adult-serving state agency.

As a result, the IDT (in partnership with family and young adults, provider, and agency representatives) has created "navigation guides" for families



and young adults (aged 17 to 26 years) with behavioral health concerns, who need help navigating the system and its services and supports. Each guide provides:

1. Guidance on effective and active engagement with the system and gives families and young adults a sense of empowerment as they interact with service providers
2. A visual overview of how the child-serving system works, with different possible entry points depending on a child or young adult's particular need
3. A list and descriptions of organizations and resources that might be useful to families and young adults seeking services, ranging from peer support organizations to homeless shelters, as well as a map of Community Service Boards across the state

While the child-serving system remains complex, the hope is that the guides will improve the ability of families and young adults with behavioral health needs to more effectively engage with the system, its services, and providers. This year IDT will work to make these guides broadly available to families and young adults at various points in the system.

To join the IDT's quarterly newsletter and learn more about the IDT, SOC State Plan, and other exciting children's behavioral health news and events in Georgia, please email idtcommunications@gsu.edu.

COLLABORATION PROMOTES WELLNESS AND RESILIENCE

Griffin-Spalding Project AWARE Promotes Wellness and Resilience Through Collaboration with Schools and Community

By Jason Byars, EdS, District Coordinator, Griffin-Spalding County Schools (GSCS), Project AWARE and PBIS Program



Griffin-Spalding County Schools' (GSCS) Project AWARE has been collaborating with the schools and community to build wellness and resilience in education using a variety of activities including training and selection of evidence-based curricula. Descriptions of several recent activities follow.

- Hosted a presentation on the impact of trauma on children by Dr. Greg K. Moffatt, Ph.D., LPC, CPCS, at its Core Team meeting. GSCS Superintendent Jim Smith, Deputy Superintendent Kiawana Kennedy, school and district administrators, school counselors, and community members attended the session. Dr. Moffatt is a noted author, lecturer and consultant in the area of violent behavior. He has been in private

clinical practice for nearly thirty years and has specialized in working children ages 3-10 during the last eighteen years. He also provides developmental analyses and consultation for parents and organizations that deal with very young children.



Dr. Moffatt Training Session

- Supported Griffin High School (GHS) in its implementation of Sources of Strength. GHS students concluded their 2017-18 school year with a “What is YOUR Strength” campaign. During the campaign, the Sources of Strength model was introduced and students were able to identify the sources of strength that they draw upon when times get tough. The GHS team will introduce the “Trusted Adult” campaign component of Sources of Strength during school year 2018-2019. This campaign will allow students to thank the trusted adults in the building for their investment in the lives of young people.



Griffin's Sources of Strength Event

- Senior Blake Tatum said, “Being a Sources of Strength Peer Mentor will really help our school flourish in a way that will bring us all together. Doing a lot of different events and activities, where we can all get to know each other and come together as a group will help the school come together and give us a sense of unity that Griffin has never really had.”
- Sources of Strength is a best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse.
- Partnered with Southern Crescent Technical College (SCTC) in Griffin, GA to provide Youth Mental Health First Aid (YMHFA) to all nursing students for the past three years. The Project AWARE team conducts

bi-annual training for SCTC students entering the nursing program in both the fall and winter semesters. YMHFA certification is an added bonus for the students as it makes them much more knowledgeable and marketable when they are entering the workforce. SCTC Practical Nursing Program Director, Kimberly Register, MSN Ed., RN CLC, has been instrumental in the success of the partnership. She says about Project AWARE and Youth Mental Health First Aid, “We are so thankful for your campaign and it’s a tremendous help to our community.” GSCS Project AWARE is able to train between 60 and 100 new nursing students each year through this partnership.

To learn more about Griffin-Spalding Schools’ Project AWARE and PBIS programs and activities, please contact Jason Byars @Jason.Byars@GSCS.org.

Georgia PBIS Team Members Receive Sources of Strength Training



PBIS Team members Timi Hunt, Ben Moore, Debi Keane and Tammi Clarke attended the Sources of Strength training in Denver, CO in July. Sources of Strength (SOS) is a best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying and substance abuse. The mission of SOS is to prevent suicide by increasing help seeking behaviors and promoting connections between peers and caring adults. This training fits well within the PBIS framework and will allow the PBIS team members to implement the training in Georgia schools with minimal cost to the schools. Project AWARE provided the funding for the SOS training.

A Closer Look at the History and Evolution of Sources of Strength Curriculum

The Sources of Strength curriculum was developed in North Dakota in 1998 by founder, Mark LoMurray, in partnership with rural communities and several Northern Plains tribes. From 2000 to 2004, through a statewide collaborative effort involving the North Dakota Adolescent Suicide Prevention Task Force, Mental Health America of North Dakota,

and the North Dakota Department of Health, the program trained approximately 7,500 teens and young adults. While not statistically significant the project showed very encouraging reductions of teen fatalities and reductions in 3 of 4 suicide markers in North Dakota's *Youth Risk Behavior Survey*.

This research project showed results demonstrating that adult-supported Peer Leaders could have a significant impact across an entire student population; increasing positive perceptions of adult support for suicidal youth and the acceptability of seeking help.

In 2005, the American Association of Public Health, epidemiology section, awarded the project their national Public Health Practice Award. In 2006, Sources of Strength partnered with Peter Wyman, Ph.D, University of Rochester in New York and C. Hendricks Brown, Ph.D., University of Miami to begin a community research partnership and conduct a randomized trial with 18 high schools in Georgia, New York, and North Dakota. This research project showed results demonstrating that adult-supported Peer Leaders could have a significant impact across an entire student population; increasing positive perceptions of adult support for suicidal youth and the acceptability of seeking help (see Evidence Based page for the detailed outcomes of the study). This study was published in the fall of 2010 in *The American Journal of Public Health*. In 2010, the partnership began a six-year randomized trial using Sources of Strength with more than 40 high schools to measure the impact of 1,500 peer leaders on approximately 15,000 adolescents; this ongoing study is being funded by the National Institute of Mental Health (NIMH) as part of the National Peer Leadership Study.

In 2009 Sources of Strength was listed on the National Best Practices Registry by the Suicide Prevention Resource Center (SPRC) and The American Foundation for Suicide Prevention (AFSP). In 2011 Sources of Strength was listed on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), the gold standard of prevention programs in the United States.

Since 2006, Sources of Strength has been implemented in urban, rural, and tribal settings. Programs are currently running in a number of states including: Alaska, Arizona, California, Colorado, Georgia, Idaho, Maryland, Minnesota, Montana, New Jersey, New York, North Dakota, Oklahoma, South Dakota, Wisconsin and Wyoming, as well as in Washington, DC.

Sources of Strength's mission is multi-dimensional, including a focus on spreading Hope, Help, and Strength into every corner of a community.

Retrieved at: <https://sourcesofstrength.org/discover/history/>.

MUSCOGEE YOUTH MENTAL HEALTH FIRST AID TRAINING

Youth Mental Health First Aid Training Used to Increase Number of Adults Aware of Mental Health Issues Among Muscogee County School District's Students

By Courtney Lamar, MS, NCC, BCC, Project AWARE, School Mental Health Coordinator

Youth Mental Health First Aid (YMHFA) is evidence-based training that Georgia Project AWARE Muscogee has conducted for Muscogee County School District since 2015. In Project AWARE's quest to reduce the stigma of mental illness and increase the number of adults knowledgeable of mental health issues among students, we have trained parents, psychologists, counselors, nurses, teachers, clergy, grandparents, godparents and many more. This year we are committed to training all bus drivers in the district. We remain passionate about empowering adults with information that increases their understanding, patience, level of empathy and courage to meet youth at the point of their needs. We believe that by conducting these trainings we are making a positive impact on the school district and community. We are confident that when we are able to enlighten adults and equip them with useful tools, they can make a difference in students' lives. Following are comments about YMHFA training and snapshots of adults who have participated.



YMHFA Training in Muscogee

"I learned how important it is to just listen. I do not have to provide advice. Just listening without judging can help. I also learned that it is okay to be blunt and direct if I have a question. Tip-toeing around certain topics may make both parties uncomfortable".

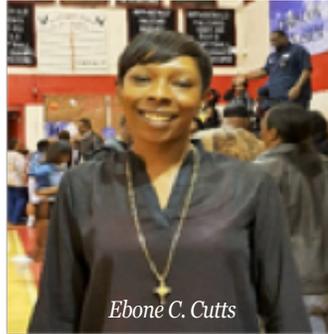
— J.M., Parent of a Teen

"I recognize why Principal Myers required our entire staff to be trained in Youth Mental Health First Aid. She even invited our support staff to attend. As educators, it's our responsibility to notice when our students aren't striving for greatness. Prior to the training, when I witnessed students displaying odd behavior I thought they had family problems, peer pressure, or anxiety. The YMHFA training has heightened my understanding of

behavior. I understand how to get support... The YMHA training saves lives and brightens futures.”

— Ms. Ebone C. Cutts, Educator and Community Leader

“The Youth Mental Health First Aid training is a must for anyone who works and or interacts with children. It was one of the most beneficial workshops I have attended regarding this topic.



Ebone C. Cutts

My interest in taking this training was sparked by the continuous interactions I have with the Behavioral Support Program, as well as with children in the Muscogee County community. With the increased percentage of students we have diagnosed with mental health disorders, I knew I had to find the right steps to be taken in a crisis situation for the benefit of the child.



Heather McCrone

I have utilized this training several times throughout the community, which has led to a positive outcome instead of another statistic. I keep the resource card and acronym of steps to use on me to assist with these situations whether it is at school, church, the store, or the park. ALGEE (Assess, Listen, Give, Encourage professional help, Encourage self-help) is a quick way to remember how to address the situation correctly, regardless of the setting. The hands-on guide for resource numbers to provide those in need is also a blessing, as is the textbook. This is 100% worth the time to attend because it is a training that can be used immediately”.

— Heather McCrone, Lead LEA Facilitator, Muscogee County School District

LOOKING BACK

One Year Later: What Are They Doing Now?

Flat Rock Middle School: R U okay? A Student-led Campaign of Compassion and Kindness

(GPAD, Sumer 2017, p.10) – Jane Bolton, Principal, Flat Rock Middle School, Fayette County School System

“Our campaign continues to go well and has incorporated mental health training for our teachers so that they are more equipped to identify the signs that students are struggling with emotional issues and appropriate

responses. The counselors began the year with guidance classes to address students’ feelings and ways to be there for others. We have not selected our Ambassadors yet, but plan to do so soon.”



Principal Jade Bolton and Chorus Director Dana Lamb-Schaubroek



Suicide Prevention Task Force: Interagency Suicide Prevention Task Force Uses Summits to Equip Educators with Best Practices and Resources

(GPAD, Summer 2017, p.8) – Cheryl Benefield, Program Manager, Safe and Drug Free Schools Program, GaDOE and Task Force Member:

“Previously, the Suicide Prevention Summits were available to target school districts by invitation only. The speakers were largely from state agencies. During the 2018-2019 school year, the summits are using a peer-to-peer model featuring school personnel learning from each other. Attendance is open to school personnel throughout the state. Training sessions focus on prevention, intervention and postvention. The Georgia Bureau of Investigations (GBI) and other members of the Suicide Prevention Task Force provided technical assistance to Voices for Georgia’s Children in the production of their youth and adult suicide prevention public service announcements (PSAs).”

GPAD Note: Voices for Georgia’s Children’s PSAs on Youth Suicide Prevention: Georgia’s Children in Crisis may be accessed at the links below:

- <https://youtu.be/9YfTqLZ-LjE>(30 seconds)
- https://youtu.be/6mlpCG_SqO8.....(45 seconds)
- <https://youtu.be/ooIclh7XTdc>(60 seconds)
- https://youtu.be/1wssG_Bgp3k(90 seconds)
- <https://youtu.be/ucIbuCsw-7k>(Full video)

MILLION MILES FOR MENTAL HEALTH

Newton County's Project AWARE Initiates Million Miles for Mental Health

By Adrienne Boisson, Project Coordinator, Project AWARE, Newton County School System

Newton County School System's (NCSS) Project AWARE invites individuals and groups to join our global community in completing one million miles of physical activity from September 2018 through May 2019. Our goals are to increase awareness and identification of mental and behavioral concerns, decrease stigma associated with mental health, and increase participation of the community, including families, youth, and mental health providers in an effort to identify mental health resources available to meet the needs of students and families. Participants will begin logging miles in September (Suicide Prevention Month) and continue through May 2019 (Mental Health Awareness Month). This is a free event and anyone, anywhere can participate. For more information on how to join the community and log your miles, go to the NCSS Project AWARE website @ <http://bit.ly/ncssprojectaware> and click on Million Miles for Mental Health.

For further information on NCSS' Project AWARE activities, please contact Adrienne Boisson, Project Coordinator @ Boisson.Adrienne@newton.k12.ga.us.

ENDING THE SILENCE TRAINING

NAMI's Ending the Silence Training Targets Students, Families and Educators

By Maria Ramos, Program Manager, National Alliance on Mental Illness (NAMI)

NAMI Ending the Silence is a free and engaging presentation, delivered in three different format options, that helps audience members learn about the warning signs of mental health conditions and the steps to take if you or a loved one are showing symptoms of mental illness. Each presentation includes a lead presenter who shares an informative presentation, and a young adult with a mental health condition who shares their journey of recovery. NAMI's Ending the Silence for School Staff includes one additional presenter — an educator with experience in the classroom setting. Audience members can ask questions and gain understanding of an often-misunderstood topic. Through dialogue, we can help grow the movement to end stigma. NAMI's Ending the Silence is offered to three different audiences:

- NAMI Ending the Silence for Students: A 50-minute presentation designed for middle and high school students that includes warning signs, facts and statistics and how to get help for themselves or a friend.

Research has shown that NAMI's Ending the Silence for Students is effective in changing middle and high school students' knowledge and attitudes toward mental health conditions and toward seeking help.

- NAMI Ending the Silence for School Staff: A one-hour presentation for school staff members that includes information about warning signs, facts and statistics, how to approach students and how to work with families.
- NAMI Ending the Silence for Families: A one-hour presentation for parents and primary caregivers that includes warning signs, facts and statistics, how to talk with your child and how to work with school staff.

For more information, please visit the [NAMI Ending the Silence website](#). CALLING ALL EDUCATORS IN SUPPORT OF MENTAL HEALTH AWARENESS: If you are or know of any educators, former educators, or school administrators that would like to share their experience with mental health in our education system, please put them in contact with Maria Ramos at manager@namiga.org or 678-689-0753. To keep up with NAMI Georgia in the community, follow us on Facebook, Instagram, and Twitter!

STATE PBIS DIRECTOR MOVES ON

Moving a Few Doors Down: See Y'all Later

By Justin Hill, EdS, State Director of Curriculum and Instruction, Georgia Department of Education



By the time this issue of GPAD is published, I am likely to have moved into the position of state director of curriculum and instruction. It has been a privilege and an honor to have spent the last several years in the position of state program manager of Positive Behavioral Interventions and Supports (PBIS). During my tenure, I sought to strengthen the Georgia PBIS framework by steeping it in best practices, developing and conducting statewide training on effective implementation of PBIS, and tapping some of the nation's most highly-regarded experts to help us form interconnections among multi-tiered system of supports (MTSS) that address the social, emotional, behavioral and mental health needs of children prekindergarten through grade 12. The Georgia General Assembly has demonstrated its commitment to advancing PBIS by funding a number of initiatives relating to school climate, school safety, regional staffing, and professional development that make it possible for PBIS to have an enduring presence in schools. Speaking of enduring presence, it is my resolve to use my new position to foster the strongest possible connections among the academic, social, emotional, behavioral and mental health needs of Georgia's children. Of necessity, PBIS and the tools of Project AWARE will continue to be central to my work. Good news is, I won't be far away — just a couple of doors down from where I've been the last several years. See y'all later!