Implementing Prevention-Based Behavioral Health Initiatives for Young People

TOOLKIT

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INTRODUCTION LETTER

Dear Colleagues:

Preventing behavioral health problems and promoting positive emotional health are indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. It is easy to overlook the value of mental health and wellness until problems surface, but outreach before problems occur is essential, and effective outreach is dependent on using the right language for the right populations.

It is clear that outreach around behavioral health must consider not only different populations, but also different developmental stages. As you reach out to key populations in your communities about the importance of emotional well-being, the technical assistance products in this toolkit offer resources that can help further the conversation with a variety of audiences and populations.

Any outreach begins with collaboration, and the next page about building partnerships and alliances can help get you started. You will also find tips for promoting well-being in children and youth of different ages; organizational resources for diverse populations; resources on preventing suicide, youth violence, and substance use; and links to videos that will help you in your outreach to parents of young children.

From early childhood to adulthood, mental health and wellness are the springboards of thinking and communication skills, learning, emotional growth, resilience, and self-esteem. Behavioral health experts strongly support the position that promoting emotional wellness and preventing mental health and substance use problems can improve the overall health and well-being of the U.S. population, with a significant positive impact on the functioning and productivity of our Nation’s citizenry.

Use these tools to further the important goal of fostering positive behavioral health.
BUILDING PARTNERSHIPS AND ALLIANCES TO SUPPORT HEALTHY EMOTIONAL DEVELOPMENT

A wise person once said, “The hardest thing about working is working with other people.” It’s not always an easy path, but it’s exactly what is required in order for State-level efforts to promote emotional well-being and prevent behavioral health problems to take root.

Professionals working in the mental health and substance use fields have many different audiences with whom linkages can prove beneficial. When it comes to reaching young children, we know that partnering with parents and doing so early is essential. To communicate the prevention and promotion message far and wide, you might want to partner with the media. And for an effort to be financially stable and sustainable, finding synergies with foundations, associations, community-based organizations, and even private businesses must be a priority.

In each of these cases, the messages used to recruit the collaborators in order to build a core leadership group must be tailored to speak to their interests.

With the help of State mental health and substance use professionals, organizations with a range of interests, budgets, and connections can use their resources to maximize prevention efforts related to behavioral health problems. After all, the more organizations in your area that reinforce the value of health promotion, the more likely it is that the public will adopt behaviors that contribute to healthy emotional development—for themselves or those they care about.

Where to Start

When it comes to making real change, someone has to give the ball its first push and then keep it rolling.¹ For behavioral health-related promotion/prevention efforts, State mental health and substance abuse program directors are a natural fit to do this; you have credibility within the community that can bring organizations, agencies, even legislative officials into a group with a common purpose.

As you consider the players that will make a coalition effective, think about the constituencies that will be served if behavioral health disorders are reduced or prevented. Children and youth with behavioral challenges and their families depend on multiple agencies, providers, community supports, and funding entities.² You don’t have to reach out to all of them; be strategic in your selection and let their potential purpose guide your decision to approach them.
You can collaborate with a variety of groups that organize workshops, fairs, or other educational sessions that are open to the community and find ways to weave into their agendas information on fostering healthy youth development and preventing behavioral health problems.

Some of these groups might include:

- Hospitals, clinics, doctors’ offices
- Other State and county agencies that serve children and families
- Schools and their related parent associations
- Libraries
- YMCAs
- Police departments

It’s helpful to start by asking how and where you really need to maximize your efforts around promoting mental and emotional well-being, and THEN determine the right group or individuals that can fill that need. In this process, be mindful of the possible “politics” and know where the pitfalls can lie.

**Outreach Strategies**

When approaching existing or new partners about preventing behavioral health problems and promoting emotional well-being, emphasize the goals your organizations share, such as supporting healthy youth development and positive family functioning and preventing behavioral problems that exact a heavy financial and social toll on our communities, States, and Nation.

**Principles to Guide Collaboration**

- Build and maintain trust so collaborative partners are able to share information, perceptions, and feedback and work as a cohesive team.
- Agree on core values that each partner can honor in spirit and practice.
- Focus on common goals that all partners will strive to achieve.
- Develop a common language so all partners can have a common understanding of terms.
- Respect the knowledge and experience each organization or individual brings.
A good way to make your point about the value of collaborating around prevention and promotion efforts is to show how such activities can benefit multiple systems. For example, Nurse Family Partnership (NFP) is a well-studied home visiting model for low-income women who are pregnant with their first child. Intervention services are provided from early pregnancy until the child is 24 months old, with a focus on prenatal health, enhancing maternal skills, and personal development of the mother (education, self-sufficiency, etc.). Results that have been demonstrated include:

- Reduced child maltreatment;
- Reduced emergency room visits;
- Reduced maternal substance use and cigarette smoking;
- Improved emotional health of the child at age 6;
- Improved school readiness; and
- A decrease in arrests and alcohol use in the children at age 15.\(^3,4\)

Not only does the family benefit, but so do the child welfare, justice, health, mental health, substance abuse, and education systems.

Similarly, the Good Behavior Game is a classroom-based behavior management strategy for elementary school designed to prevent disruptive activity. Classroom teams are given small rewards for positive behavior such as being on-task or displaying cooperation. It has been successfully
implemented across diverse school settings and has been shown to increase academic engagement, reduce disruptive behavior, and to reduce the later development of conduct disorder, substance abuse, and suicidal ideation.\textsuperscript{5} Again, benefits are derived for the teacher, the larger educational system, as well as the mental health, juvenile justice, and substance use systems.

For partners across diverse areas of the community, research interventions that have worked in those spheres to show them that change is possible when the right organizations work together to support prevention and promotion initiatives.

Before reaching out to potential partners, learn about their mission, current priorities and activities, and outreach channels, and then identify how behavioral health-related promotion/prevention efforts can be woven into their current activities. For example, have they partnered with State or local government agencies in the past, and do they offer workshops, trainings, and other educational activities? Do area health centers include messages related to behavioral health when they promote annual physical check-ups?

Once you learn about potential partners and how they communicate, you should:

\begin{itemize}
  \item Invite them to an in-person meeting(s) to discuss how you can collaborate;
  \item Show them materials about supporting emotional well-being and explain how they can use them in their outreach about behavioral health; and
  \item Offer to distribute their materials through your channels, especially if the materials relate to preventing behavioral health disorders.
\end{itemize}

**Talking Points to Guide Outreach**

Use the talking points that follow when approaching other organizations about collaborating on behavioral health-related promotion/prevention efforts. The talking points allow you to tailor outreach—whether in-person, by letter, or via e-mail—to potential partners and emphasize the aspects of promotion and prevention that they will relate to most.

\begin{itemize}
  \item Most behavioral health disorders manifest in childhood and adolescence. Among adults reporting such a disorder during their lifetime, more than half report the onset as occurring by age 14, and three-quarters of these problems emerged prior to age 25.\textsuperscript{6}
  \item The number of children with mental health and substance use disorders puts extraordinary demands on education, child welfare, and juvenile justice systems. As such, the community itself pays a price when such disorders occur and are unaddressed.
\end{itemize}
• In 2007 alone, behavioral health disorders in young people accounted for $247 billion in societal costs. This is nearly $750 each year for every American.

• Mental and substance use disorders interfere with a young person’s learning potential in school, which in turn affects his or her earning potential as an adult. When they become adults, children with behavioral health disorders are likely to experience employment difficulties, such as lower wages, fewer hours, and higher unemployment, as well as ongoing mental health and substance use problems.

• Preventing the onset of these disorders and promoting mental and emotional health is at the top of the Substance Abuse and Mental Health Services Administration’s (SAMHSA) list of Eight Strategic Initiatives.

• There are a number of common risk factors for various negative outcomes for young people. Several evidence-based prevention practices have been shown to have positive benefits across multiple domains of children’s lives: improving school readiness and academic performance; enhancing positive family functioning; reducing risks for justice system involvement; and improving behavioral health.

• The benefits of supporting prevention programs go well beyond saving money. Policymakers who invest in successful prevention programs also help to vastly improve the lives of those affected through increased productivity, reduced treatment costs, less premature mortality, less suffering, more cohesive families, and happier and more successful individuals.

• Schools are second only to families in their potential to affect children’s mental health.

• Friends, parents, teachers, co-workers, and even young siblings can play a role in preventing negative outcomes for teens.
REFERENCES


2. Ibid.


7. Ibid.
PROMOTING MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH FOR YOUNG CHILDREN: EXPECTANT PARENTS

Some researchers and behavioral health experts suggest that growing a mentally healthy individual starts at pre-conception; that wellness is underwritten by healthy parents who play a critical role in influencing whether a child develops in a positive way.

During the prenatal period and the early years of a child’s life, neurobiological processes establish the potential for healthy development or, in the presence of various risk factors, the potential for the development of significant cognitive, emotional, and behavioral difficulties. Children who experience adverse circumstances, such as maltreatment and prenatal exposure to harmful substances, are more likely to have difficulty regulating their behavior, to be impulsive, and to have poor executive functioning.

Because environmental factors can play such a critical role in determining an infant’s feelings of safety/security, happiness, and belonging, expectant parents can influence their child’s health before the child arrives. This stage of pre-planning has come to be known as “preconception health” or “preconception care,” and while a great deal of it revolves around the physical steps to ensure a healthy pregnancy, behavioral health factors are present as well.

“Good preconception health care is about managing current health conditions. By taking action on health issues BEFORE pregnancy, future problems for the mother and baby can be prevented. Preconception health care must be tailored to each individual woman. It means helping women and their partners reduce risks and get ongoing care. Men and other family members are also very important in supporting the goals of preconception health.”  
—Centers for Disease Control and Prevention

It is estimated that as many as 15 million children in the U.S. live in households with a parent who has major or severe depression. In addition to improving depression care for adults, therefore, there is a need to develop and implement a prevention strategy that can respond to the parenting and caregiving roles of the affected parents and their children. The Centers for Disease Control and Prevention (CDC) suggests that women who plan to become pregnant or are currently pregnant engage in counseling to understand a variety of things, such as genetic risks, intimate partner domestic violence, and mental disorders (such as depression).
To build a foundation for a nurturing environment that allows children to thrive physically and emotionally, expectant parents should:

- **Deal with their emotions.** Are there experiences or feelings that the parents are coping with that threaten a positive life experience for their child? Encourage them to seek help in managing their emotional well-being.

- **Get their own house in order.** Children pick up on stress and conflict more than parents realize and at a younger age than most would expect. The American Psychological Association’s 2010 Stress in America survey reported that, children, regardless of age, say they can tell that their parents are stressed when they argue and complain, which makes children feel sad and worried. It is unreasonable to expect that anyone can be completely stress-free, but if there are chronic stress triggers present in parents’ personal or professional life, encourage them to resolve them. Many resources are available to help.

- **Establish healthy routines now.** Ask parents to consider how they enjoy physical activity, interact with other members of the family, rest/sleep, and work. Is there a balance that seems to fit their lifestyle? Children learn by example, so establishing healthy routines that work well before the baby arrives ensures that positive behaviors will be adopted early.

**REFERENCES**


PROMOTING MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH FOR YOUNG CHILDREN: INFANT/TODDLERS (BIRTH TO AGE 3)

The nonprofit organization ZERO TO THREE defines relationships as “the way babies come to know the world and their place in it.” Such relationships, they say, provide the loving context necessary to comfort, protect, encourage, and buffer stressful times. It is through relationships that young children develop social-emotional wellness, which includes the ability to form satisfying relationships with others, play, communicate, learn, and face challenges, among other things.¹

Promoting MEB health in this age range may seem pretty straightforward, but infants and toddlers have limited ability to communicate their feelings or needs. And as you know, behaviors that may seem out of line to some, like temper tantrums, can be completely normal or understandable reactions to particular circumstances.

Several organizations, including ZERO TO THREE, the CDC, and the Administration for Children and Families, are great resources for parents and others involved in an infant’s life. They offer the following tips that you can share for supporting MEB health at the infant stage:²,³,⁴

- **Engage with the baby as much as possible.** Parents should talk to the baby and spend time holding him or her, skin to skin.
- **When the baby makes sounds, respond.** This will help him or her learn to use language. Respond, too, when the baby cries. You cannot “spoil” a baby with too much loving attention.
- **Read and sing to the baby.** This helps him or her develop and understand language and sounds and assists with parental bonding.
- **Play music.** This helps a baby develop a love for music and math.
- **Use feeding and diapering times** to look into a baby’s eyes, smile, and talk to him or her.
- **Praise the baby** and give him or her lots of loving attention.
- **Create healthy routines** that respond to the baby’s mood (e.g., playing when he or she is alert and relaxed).

Toddlers, ranging in age from 1 to 3, have grown a great deal physically and emotionally since their infant phase of life. By age 3, a toddler’s brain has grown dramatically since it was a newborn.⁵ They’re becoming more mobile, paving the way for a sense of independence and what some may perceive as difficult or defiant behavior.
Toddlers are also at the age where they may begin spending more and more time away from home and their parents. Rules and interpersonal dynamics can alter with the environment, so toddlers can naturally become confused or frustrated by a changing playing field. Parents or other caregivers can nurture positive experiences and interactions by promoting self-esteem and confidence through:

- **Helping the toddler to feel safe.**
- **Encouraging exploration** and trying new things.
- **Helping to develop the toddler’s language** by talking with him or her.
- **Setting up a special time to read** with the toddler.
- **Showing the toddler he or she is part of a larger network of love and relationships.** Be affectionate and nurturing.
- **Giving appropriate personal space.** This helps with muscle strength and coordination and encourages exploration.

These strategies help the toddler deal with a changing landscape, and even though not all behaviors indicate a problem, it’s important to pay attention to how a young child is interacting with his or her world and those in it.

**REFERENCES**

6. These tips were compiled from the Centers for Disease Control and Prevention and ZERO TO THREE.
PROMOTING MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH FOR YOUNG CHILDREN: PRESCHOOL (AGE 4–6)

By age 4, it’s likely that a preschooler is communicating regularly, but that doesn’t mean their accounts of things are totally reliable or that the pressure is off for parents and others in their world to prioritize their emotional development. According to the American Academy of Pediatrics, at this age caregivers should maintain control over all parts of a preschooler’s life while also providing some freedom for the child to make their own decisions. They can also:

- **Let the child help with simple chores** to foster a sense of achievement and involvement in the family.
- **Encourage the child to play with other children** so that he or she learns the value of sharing and friendship.
- **Let the child know that their parents are proud** of their independence and creativity.
- **Be clear and consistent with discipline, using non-harsh discipline.** Model the behavior that they expect.
- **Help the child learn new ways to express their emotions** and even work out some problems. However, let them know they’re not expected to make the big decisions.
- **Keep choices simple,** like what they can have for dinner or a toy they can take to bed, but show them that their choices matter.
- **Answer questions with simple answers.**

**REFERENCES**

1. These tips were compiled from the Centers for Disease Control and Prevention and the American Academy of Pediatrics’ Healthy Children Web site, www.healthychildren.org.
PROMOTING MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH FOR CHILDREN: ELEMENTARY SCHOOL (AGE 7–10)

As children enter school, their horizons really expand. They are exposed not only to a new environment, but likely to children of various cultures and backgrounds. Schools are second only to families in their potential to affect children’s mental health.\(^1\) Data indicate that large numbers of children are contending with significant social and emotional barriers to their success in school and life. In addition, many children engage in challenging behaviors that educators must address to provide high-quality instruction.\(^2\)

Efforts to promote MEB health at this age should not only target parents, but also educators as influencers who spend several hours each day with the child and who may observe behaviors—positive or negative—that may not be present at home.

In either a school or home environment, those interacting with children in elementary school should:\(^3\)

- **Recognize the child’s accomplishments.**
- **Help the child develop a sense of responsibility** by assigning tasks.
- **Talk with the child about school, friends, and things** they look forward to.
- **Talk with the child about respecting others** and encourage him or her to help people in need.
- **Help the child set his or her own achievable goals** so they can take pride in their actions and rely less on approval or reward from others.
- **Make clear rules and stick to them.**
- **Help the child learn patience** by letting others go first or by finishing a task before going out to play. Encourage them to think about consequences before acting.
- **Use non-harsh discipline to guide and protect the child.**
- **Support the child in taking on new challenges.**
- **Encourage the child to join school and community groups**, such as a team sport, or to take advantage of volunteer opportunities.
- **Help the child develop a sense of right and wrong.** Talk with him or her about risky things friends may pressure them to do, like smoking or dangerous physical dares.
It’s also important to talk with the child about the normal physical and emotional changes of growing up. They will naturally have questions and should feel they can talk to a parent about what may be an uncomfortable or embarrassing topic. Talk to the child about what constitutes appropriate physical contact.

Finally, Mental Health America suggests that if parents or others close to a child are concerned about the child’s mental health, consult with teachers, a guidance counselor, or another adult who may have information about his or her behavior. Don’t be afraid to seek professional help. Early identification and treatment can help children with mental health problems reach their full potential.¹⁷

REFERENCES


³ Tips compiled from the Centers for Disease Control and Prevention.

PROMOTING MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH FOR YOUTH: MIDDLE SCHOOL (AGE 11–13)

Many of us look back on this time in our lives as “that awkward period.” Young people can really struggle at this age as they straddle the line between being a child and evolving into a teenager. They are more aware of peer viewpoints, longing to blend in and be accepted, and are experimenting with new freedoms, whether those involve transportation arrangements to school or time at home alone waiting for a parent to get off work.

Adolescence is also the time when young people need to avoid choices and behaviors that will limit their future potential. Because of new social and academic pressures, as well as an exploration of self-identity, it comes as no surprise that early adolescence is a development period during which the incidence of substance use, delinquency, and depression begins to rise. There is evidence of an increase in the rates of teasing and harassment in middle school. Headlines highlighting bullying behavior demonstrate that this is indeed a vulnerable time.

While parents remain a critical source of strength, encouragement, and understanding as young people navigate this stage of growing up, others involved in the child’s life—particularly teachers or other educators, faith leaders, coaches, and others with whom the child spends a great deal of time—can employ the following promotion and prevention strategies that make the young person feel heard, accepted, and cared for.

- **Be honest and direct** when talking about sensitive subjects such as drugs, drinking, smoking, and sex.

- **Encourage the youth to get exercise.** He or she might join a team or take up an individual sport. Helping with household tasks such as mowing the lawn, walking the dog, or washing the car also keeps them active.

- **Make meal time a priority.** Eating together helps adolescents and teenagers make better choices about the foods they eat, promotes healthy weight, and gives a family time to talk and listen to each other.

- **Get to know the youth’s friends** and show an interest in their school life.

- **Help the youth understand what bullying is.** Bullying is much more than a physical threat, and young people should be encouraged to seek help from an adult when bullying is taking place, no matter its form.
• **Help the youth to make healthy choices** while encouraging him to make his own decisions.

• **Respect the youth’s opinions** and take into account his or her thoughts and feelings. It is important that he or she knows someone is listening.

• **Keep an adult eye on youth.** Research indicates that parental monitoring is highly associated with positive outcomes. Young people who spend a lot of time without adult monitoring are much more likely to be exposed to situations for which they are not yet emotionally prepared.

**REFERENCES**


PROMOTING MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH FOR TEENS: HIGH SCHOOL (AGE 14–17)

High school can be a time of great enjoyment for some young people and pure torture for others. It’s a period marked by big decisions, particularly around academic achievement and college or workforce planning—and all of the social implications that go with those particular tracks—as well as sexual experimentation or identification. These can be significant stressors for young people who may be working in the classroom or on the field to meet parental or peer expectations, or engaging in risky behaviors such as drinking to cope with stress or improve social standing.

Data from the 2005 Youth Risk Behavior Survey revealed that:

- 28.5 percent of U.S. youth 14 to 17 years old reported having felt so sad or hopeless almost every day for 2 weeks or more in a row during the previous 12 months that they had stopped doing some usual activities.
- 13 percent reported actually having made a plan to attempt suicide during this period.1

With regard to bullying, the increasing use of social networking sites among this age group further amplifies the opportunity to broadcast an individual’s failures, whether the stories are shared through messages, pictures, or even videos. Such public humiliation can be devastating for teens who already may lack self-esteem, and the consequences can be severe.

Because of how broadly these young people’s universe expands during this time, influencers of all kinds must take part in promoting MEB health. Friends, parents, teachers, co-workers, and even young siblings can play a role in preventing negative outcomes for teens during this sometimes confusing time of life. Strategies include:2,3,4

- **Talking to the teenager about his or her concerns** and paying attention to any major changes in mood or behavior.
- **Complimenting the teenager and celebrating efforts** as much as accomplishments.
- **Sharing “ordinary” time** by looking for every day opportunities to bond. Even times spent walking the dog or driving together can offer chances to talk to teens about what is on their minds.
- **Respecting the teenager’s opinion.** This means listening without playing down any concerns.
• **Encouraging the teenager to become involved in civic activities** in the community. Similarly, encourage them to experiment. Young people who have found a “passion,” something they really enjoy, are at lower risk for problems, and are more likely to flourish. Youth need opportunities to try a variety of new activities so they can learn where their passions lie.

• **Getting and staying involved:** attend practices and games; ask about school projects; and learn about their hobbies.

• **Encouraging the teenager to develop solutions to problems or conflicts,** and make good decisions overall.

• **Helping the teenager plan ahead for difficult or uncomfortable situations,** such as if a friend is using drugs or they are under pressure to have sex or get into a car with someone who has been drinking.

• **Respecting the teenager’s need for privacy.**

Additionally, research has shown that simply having regular meals with children of all ages can be a great deterrent to risky behaviors. For example, a teenager who eats meals with the family is more likely to have better grades and less likely to smoke, drink, or use drugs. They are also less likely to get into fights, think about suicide, or engage in sexual activity.

**REFERENCES**

PROMOTING MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH FOR YOUNG ADULTS (AGE 18–25)

The transition into young adulthood carries with it a number of potentially stressful life changes, including, for example: leaving home; entering college and/or the workforce; gaining increased independence and responsibilities; entering into adult relationships; and for some, starting their own families.

To help young adults promote good behavioral health patterns and prevent MEB problems, professionals can encourage those around young adults to:\textsuperscript{1,2}

- **Help them develop a support network for friends.** Extracurricular activities such as playing in a band, joining a sports team, doing volunteer work, or writing for a school or community newspaper are great ways to meet new people.

- **Encourage young people who are in school to reach out** to teachers, counselors, family, and friends for advice and support if students have concerns over their study habits, or ability to take tests or manage coursework.

- **Offer positive support and encouragement** for young adults who are looking for employment, are experiencing work-related stress, or may be having difficulty navigating the new responsibilities that come with adulthood.

- **Support a financially healthy lifestyle** by promoting conscious decisions regarding spending and budgeting. Help them think through and prepare for future circumstances.

- **Find ways to help them stay active and limit alcohol intake.** Regular physical activity improves one's mood, helps relieve stress, and increases feelings of well-being.

- **Encourage them to see a primary health care provider regularly.** Providing behavioral health care in a primary care setting can reduce stigma and discrimination associated with having mental health or substance use issues. Treatment for common behavioral health disorders in a primary care setting is also cost-effective and leads to improved patient outcomes.

There are a variety of ways that professionals can support the healthy growth of young people. Tips provided in this brochure can be tailored for individual communities and subgroups. Professionals, therefore, should always be aware of cultural context.
REFERENCES


MULTICULTURAL OUTREACH: ORGANIZATIONAL RESOURCES

When developing multicultural outreach, it is helpful to learn about current resources and outreach efforts under way for your intended population. This resource sheet lists numerous organizations that are addressing mental, emotional, and behavioral health issues for diverse groups.

Multi-Ethnic Organizational Resources

- **Center for Multicultural Mental Health Research** —

  Located at the Cambridge Health Alliance, a large public hospital system, the Center collaborates with outside institutions such as Harvard University Medical School and the Recinto de Ciencias Médicas at the University of Puerto Rico. The Center’s mission is to generate innovative mental health services research that impacts policy, practice, and service delivery for multicultural populations.

- **National Alliance of Multi-Ethnic Behavioral Health Association (NAMBHA)** —
  [http://www.nambha.org/index.htm](http://www.nambha.org/index.htm)

  Located in Baltimore, MD, NAMBHA is a non-profit organization comprised of four ethnic-specific behavioral health associations. NAMBHA’s purpose is to bring organizations representing diverse groups of color together as a single voice to increase the effectiveness of advocacy, ensure a positive impact on the use of resources, and to collectively share expertise on behavioral health issues that significantly impact people of color.

- **National Network to Eliminate Disparities in Behavioral Health (NNED)** —
  [http://nned.net](http://nned.net)

  The NNED supports information-sharing, training, and technical assistance among organizations and communities dedicated to the behavioral health and well-being of diverse communities. The NNED identifies and links “pockets of excellence” to reduce disparities and promote behavioral health equity. The NNED also helps coordinate the sharing of community-based knowledge and training of cultural, indigenous, and community-based best practices.
• **The Office of Minority Health (OMH) —**
  http://minorityhealth.hhs.gov

  The OMH in the U.S. Department of Health and Human Services was created in 1986 and is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. OMH was reauthorized by the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148).

• **The Robert Wood Johnson Foundation (RWJF), Multicultural Newsroom —**
  http://www.rwjf.org/multicultural

  The RWJF Multicultural Newsroom offers a variety of health-related resources for journalists whose coverage primarily serves African American and Latino audiences.

**African American-Focused Organizational Resources**

• **African American Mental Health Research Scientist Consortium (AAMHRS) —**
  http://fantine.fcs.uga.edu/~aamhrs

  Located in Nashville, TN, the AAMHRS Consortium represents a national effort on the part of experienced and committed social, behavioral, clinical, prevention/intervention, and medical mental health research scientists. The AAMHRS aims to increase the numbers of competitive grant applications that African American research scientists submit to the National Institute of Mental Health and advance the overall participation level of African American mental health researchers in NIMH initiatives and programs. Additionally, AAMHRS is committed to fostering the development of high-quality mental health research on racial/ethnic minority populations and building a supportive research network for emerging African American research scientists.

• **Black Mental Health Alliance for Education and Consultation, Inc. —**
  http://www.blackmentalhealth.com/index.htm

  The mission of the Black Mental Health Alliance, located in Baltimore, MD, is to provide a forum and promote a holistic, culturally relevant approach to the development and maintenance of optimal mental health programs and services for African Americans and other people of color.
• **Journey to Wellness** —
  http://journeytowellness.com

JourneyToWellness.com is an award-winning, online health magazine for African Americans that provides current and credible information about African American health and wellness. The magazine recognizes the importance of the relationship between a healthy mind and body and the need to focus on faith and wellness. The goal of Journeytowellness.com is to inspire and empower African Americans to take control and improve their health; visitors can find information to care for themselves and their loved ones.

• **National Leadership Council on African American Behavioral Health (NLC)** —
  http://www.nlncouncil.com/cms

The NLC is comprised of individuals who share an interest in promoting the strengths and health of African American children, families, and communities. The NLC seeks to provide leadership in building and supporting behavioral health systems that reduce disparities and contribute to optimal health in African American communities.

**Asian American/Pacific Islander-Focused Organizational Resources**

• **The National Asian American Pacific Islander Mental Health Association (NAAPIMHA)** —
  http://naapimha.org

NAAPIMHA’s mission is to promote the mental health and well-being of the Asian American and Pacific Islander communities. Since its founding, NAAPIMHA has strived to raise awareness of the role of mental health in an individual’s health and well-being, especially in Asian American/Pacific Islander communities throughout the country. NAAPIMHA’s home office is in Denver, CO.

• **N.Y. Coalition for Asian American Mental Health** —
  http://www.asianmentalhealth.org/index.html

The N.Y. Coalition for Asian American Mental Health is dedicated to improving the quality of mental health care services available to the Asian American population in the New York City metropolitan area. The Coalition lobbies for culturally and linguistically competent mental health services in New York and creates multilingual resource guides to distribute in Asian communities.
Latin-Focused Organizational Resources

- **Latino Behavioral Health Institute** —
  http://lbhi.org
  Located in Thousand Oaks, CA, the Latino Behavioral Health Institute is a nonprofit whose mission is to enhance the skills of those providing behavioral health services to the Latino community. The Institute is dedicated to eliminating discrimination against persons in need of behavioral health services, human services, or health care.

- **The National Latino Behavioral Health Association (NLBHA)** —
  http://www.nlbha.org
  Based in Cochiti Lake, NM, the NLBHA was established to create a unified national voice for Latino populations in the behavioral health arena, and to bring attention to the great disparities that exist in areas of access, utilization, practice-based research, and adequately trained personnel. The objective of the NLBHA is to provide national leadership on mental health and substance abuse concerns of the Latino community in five major areas: policy issues; education and workforce issues; mental health and substance abuse service delivery; Latino-focused behavioral health research; and Latino family interventions.

- **The National Resource Center for Hispanic Mental Health** —
  http://www.nrchmh.org/index.html
  The National Resource Center for Hispanic Mental Health is dedicated to promoting quality mental health services through policy development initiatives, training, technical assistance, research, data collection, best practice development, and anti-stigma and anti-discrimination campaigns.

American Indian and Alaska Native Resources

- **Center for American Indian Health** —
  http://www.jhsph.edu/caih/programs/behavior_health.html
  The Center for American Indian Health has become a national leader in partnering with tribes to achieve renewed health and well-being for America’s first peoples. The Center prioritizes strengths-based approaches that foster tribes’ rich physical, cultural, and intellectual heritage. The Center works to increase the health leadership of tribes through training, employment, and professional education. All of the Center’s programs are designed with local community advisory boards to ensure cultural competency and community acceptance.
• **Centers for American Indian and Alaska Native Health (CAIANH) —**
  http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/Pages/default.aspx

  The mission for the CAIANH is to promote the health and well-being of American Indians and Alaska Natives of all ages by pursuing research, training, continuing education, technical assistance, and information dissemination within a biopsychosocial framework that recognizes the unique cultural contexts of these unique populations.

• **First Nations Behavioral Health Association —**
  http://www.fnbha.org

  The First Nations Behavioral Health Association advocates for the mental well-being of American Indians and Alaska Natives by increasing the knowledge and awareness of issues that impact Native mental health. The Association provides leadership to all groups, institutions, and individuals that plan, provide, and access American Indian and Alaska Native behavioral health services.

• **Indian Health Service, American Indian and Alaska Native Suicide Prevention Web Site —**
  http://www.ihs.gov/nonmedicalprograms/nspn

  The purpose of the Indian Health Service’s Community Suicide Prevention Web site is to provide American Indian and Alaska Native communities with culturally appropriate information about best and promising practices, training opportunities, and other relevant information regarding suicide prevention and intervention. The goal of the Web site is to provide Native communities with the tools and information to create, or adapt, their own suicide prevention programs.

• **National Indian Child Welfare Association (NICWA) —**
  http://www.nicwa.org

  NICWA is the most comprehensive source of information on American Indian child welfare and the only national American Indian organization focused specifically on the Tribal capacity to prevent child abuse and neglect. A private, non-profit, membership organization based in Portland, OR, NICWA’s members include tribes, individuals — both American Indian and non-American-Indian — and private organizations from around the United States concerned with American Indian child and family issues.
• United National Indian Tribal Youth, Inc. (UNITY) — http://unityinc.org

Through UNITY, American Indian youth are making a difference in the areas of community service, heritage, healthy lifestyles, and the environment. Through organized youth councils, young adults address problems or concerns within their communities. Their participation helps to foster spiritual, mental, physical, and social development. Part of UNITY’s mission is that its members “maintain physical and mental well-being in order to be a positive role model for present and future generations.”

Lesbian, Gay, Bisexual, and Transgender (LGBT)–Focused Resources

• Family Acceptance Project — http://familyproject.sfsu.edu/

The Family Acceptance Project is the only community research, intervention, education, and policy initiative that works to decrease major health and related risks for LGBT youth, such as suicide, substance abuse, HIV, and homelessness—in the context of their families. It uses a research-based, culturally grounded approach to help ethnically, socially, and religiously diverse families decrease rejection and increase support for LGBT children.

• Gay, Lesbian & Straight Education Network (GLSEN) — http://www.glsen.org/cgi-bin/iowa/all/home/index.html

GLSEN is the leading national education organization focused on ensuring safe schools for all students. Established in 1990, GLSEN envisions a world in which every child learns to respect and accept all people, regardless of sexual orientation or gender identity/expression. GLSEN seeks to develop school climates where difference is valued for the positive contribution it makes to creating a more vibrant and diverse community.

• LAMBDA Legal — http://www.lambdalegal.org

Lambda Legal is a national organization committed to achieving full recognition of the civil rights of lesbians, gay men, bisexuals, transgender people, and those with HIV through impact litigation, education, and public policy work. Lambda Legal secures equality for LGBT youth in schools and in out-of-home care (foster care, juvenile facilities, and homelessness programs). Lambda Legal also works for equal treatment in other organized youth activities. Through groundbreaking litigation and innovative educational campaigns and policy advocacy, Lambda Legal is setting standards for fair and equal treatment of LGBT youth across the country.
• Parents, Families and Friends of Lesbians and Gays (PFLAG) —
  http://community.pflag.org/page.aspx?pid=194

PFLAG promotes the health and well-being of LGBT persons, their families, and friends through support to cope with an adverse society, education to enlighten an ill-informed public, and advocacy to end discrimination and to secure equal civil rights. PFLAG provides an opportunity for dialog about sexual orientation and gender identity, and acts to create a society that is healthy and respectful of human diversity.

• The Trevor Project —
  http://www.thetrevorproject.org

The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. The Trevor Project is determined to end suicide among LGBTQ youth by providing life-saving and life-affirming resources, including a nationwide, 24-7 crisis intervention lifeline, digital community, and advocacy/educational programs that create a safe, supportive, and positive environment.
PREVENTING MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH PROBLEMS AND PROMOTING WELL-BEING:
SCHOOL STAFF RESOURCES

School-Based Strategies to Support Healthy Child and Youth Development

The Center on the Social and Emotional Foundations for Early Learning at Vanderbilt University has easy-to-use guides that provide hands-on ways to embed social and emotional skill-building activities into everyday routines. They also provide scripted stories for social situations, which help children understand social interactions, situations, expectations, social cues, the script of unfamiliar activities, and/or social rules.

In an article for the publication Young Children, the National Association for the Education of Young Children outlines the Teaching Pyramid model for addressing social and emotional development, supporting social competence, and preventing challenging behavior in young children.

The Collaborative for Academic, Social, and Emotional Learning (CASEL) provides information on policies, practices, and strategies for promoting social and emotional competencies for school children. CASEL offers a number of informational materials for educators, including an overview of evidence-based social and emotional learning (SEL) programs, as well as tips and tools for parents.

Connecting Social and Emotional Learning with Mental Health from the National Center for Mental Health Promotion and Youth Violence Prevention discusses how mental health and social and emotional development can be promoted in schools and communities to improve academic outcomes and the overall success of learners.

The Safe Schools/Healthy Students Initiative is a unique Federal grant-making program designed to promote mental health and prevent youth violence and substance abuse in schools and communities across the Nation. They have resources on promoting various activities and services at schools, including Safe School Environment and Violence Prevention Activities; Alcohol, Tobacco, and Other Drug Prevention Activities; Student Behavioral, Social, and Emotional Supports; Mental Health Services; and Early Childhood Social and Emotional Learning Programs.
Building Partnerships

The National Center for Mental Health Promotion and Youth Violence Prevention also developed a series titled “Developing Safe Schools Partnerships” that contains fact sheets designed for use by entities who work collaboratively to support safe educational environments. Drawing on the experience of the Safe Schools/Healthy Students initiative, the fact sheets outline common interests shared by various systems (e.g., juvenile justice, law enforcement, and mental health) and demonstrate how partnerships created and maintained between these systems can help create safer schools.

EXAMPLES OF SCHOOL-BASED PREVENTION PROGRAMS AND INITIATIVES

The Incredible Years Program is a combined parent-school intervention, and includes parent, teacher, and social skills training components. The parent training portion encourages positive parent-child interactions and communications; the teacher training highlights effective classroom management; and the curriculum for children emphasizes skills such as problem-solving, taking perspective, showing empathy, and managing anger. The program has been shown to improve positive parenting practices, enhance school readiness, and reduce problem behaviors.

The Adolescent Transitions Program (ATP) is a school-based parenting intervention designed to reduce problem behavior and substance use in middle school students. It uses a three-tier approach depending upon the identified level of risk.

Head Start is a Federally funded program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families.

Promoting Alternative Thinking Strategies (PATHS) is a pre-school and elementary-school curriculum that teaches children about emotions, problem solving, and self-control. It has been shown to improve positive social and emotional functioning.

Linking the Interests of Families and Teachers (LIFT) is a program designed to decrease delinquent behaviors and promote the positive development of at-risk school-age children and adolescents. LIFT works at the school level to improve participants’ social skills and provides a parent training component to enhance parenting practices.

The Good Behavior Game is an elementary-school level classroom management approach that rewards children for cooperative, appropriate behavior. The intervention has been proven to reduce aggressive and disruptive behavior.
PREVENTING MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH PROBLEMS AND PROMOTING WELL-BEING: YOUTH VIOLENCE PREVENTION RESOURCES

Information and Tools

The Safe Schools/Healthy Students Initiative is a unique Federal grant-making program designed to promote mental health and prevent youth violence and substance abuse in schools and communities across the Nation. They have resources on promoting various activities and services at schools, including Safe School Environment and Violence Prevention Activities; Alcohol, Tobacco, and Other Drug Prevention Activities; Student Behavioral, Social, and Emotional Supports; Mental Health Services; and Early Childhood Social and Emotional Learning Programs.

The Centers for Disease Control and Prevention (CDC) Injury Center provides extensive information on youth violence, including data, risk and protective factors, prevention strategies, and a variety of fact sheets and activity guides.

FindYouthInfo.gov is a national resource that offers information on youth programs. The Preventing Youth Violence section includes articles, funding information, and a directory of evidence-based programs that focus on preventing youth violence.

The Safe Start Center, which aims to broaden the knowledge of and promote community investment in evidence-based strategies for reducing the impact of children's exposure to violence, provides tools and resources for practitioners and advocates, families and caregivers, teens and young adults, refugee families, and Spanish-speaking audiences.

Communities That Care (CTC) is a SAMHSA-sponsored, coalition-based community prevention operating system that uses a public health approach to prevent youth problem behaviors, including underage drinking, tobacco use, violence, delinquency, school dropout, and substance abuse. CTC helps local leaders identify community risk and prevention priorities and select the right programs to address them.

The Center for the Study and Prevention of Violence out of the University of Colorado at Boulder offers information on a number of model and promising programs to prevent youth violence and other problem behaviors. Their materials include information on methods, target populations, outcomes, supporting research, and cost-benefit analyses of these programs.
The Harvard Youth Violence Prevention Center operated out of the Harvard School of Public Health maintains lists of various publications addressing the topic of youth violence prevention.

For a global perspective on the issue of youth violence, the World Health Organization commissioned the *World Report on Violence and Health*, and chapter two provides detailed information on youth violence including statistics, origins, risks, prevention methods, and more.

**Information on Bullying**

SAMHSA’s Center for Substance Abuse Prevention offers an online course on the *ABC’s of Bullying: Addressing, Blocking, and Curbing School Aggression* that examines the causes and effects of bullying, prevention techniques and programs, and legal/ethical issues surrounding bullying.

A CDC “Understanding Bullying” fact sheet describes the problems, risks, and prevention of bullying. The agency also provides useful information on electronic aggression.

StopBullying.gov provides information from various government agencies on how kids, teens, young adults, parents, educators, and others in the community can prevent or stop bullying.

A publication from the National Center for Mental Health Promotion and Youth Violence Prevention examines the rise in aggression and bullying among girls and young women.

**Examples of Evidence-Based Programs to Prevent Youth Violence**

The Olweus Bullying Prevention Program is a multi-level, multi-component, school-based program intended to prevent or reduce bullying among youth ages 6 through 15. Designed to restructure the existing school environment to reduce opportunities and rewards for bullying, this program has also been shown to reduce substance use and delinquency.

The Promoting Alternative Thinking Strategies (PATHS) program is a research-based violence prevention program that gives children in Kindergarten through 6th grade the skills they need to find positive, nonviolent solutions to social problems. The PATHS program teaches children how to change behaviors and attitudes that contribute to violence and bullying, how to express and control their emotions, and how to develop effective conflict-resolution strategies.

Big Brothers/Big Sisters is a mentoring program in which a child age 6 to 18 from a single-parent household is paired with an adult mentor volunteer. Professional staff offer mentor training, support, and supervision. Positive effects include a decrease in youth aggression (e.g., hitting others), as well as improved school engagement and a decreased likelihood of initiating drug/alcohol use.

The Good Behavior Game is a classroom management approach that rewards children for cooperative, on-task behavior. The intervention has been shown to reduce aggressive and disruptive behavior.
PREVENTING MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH PROBLEMS AND PROMOTING WELL-BEING: SUICIDE PREVENTION RESOURCES

Background Information

The Suicide Prevention Resource Center (SPRC), funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), has designed an overview of suicide and suicide prevention that offers quick facts, the latest developments in suicide prevention, and links to more in-depth information.

Statistics and Tools

The Centers for Disease Control and Prevention (CDC) offers national and State-level data on completed suicides, as well as data that is broken out by various demographic categories.

The American Association of Suicidology (AAS) has a number of fact sheets prepared for general and specific populations. They compile up-to-date research regarding suicide and related issues.

The SPRC designed a toolkit containing information on how to implement suicide prevention practices in rural primary care practice settings. It also offers information specifically for college and university personnel that provides background information, research, resources, and practical examples to support campus suicide prevention and mental health promotion.

The Youth Suicide Prevention School-Based Guide is a tool developed by the Florida Mental Health Institute at the University of South Florida that provides a framework for schools to assess their existing or proposed suicide prevention efforts. It offers resources and information that school administrators can use to enhance or add to their existing programs, as well as suggestions for ways that schools can work in partnership with community resources and families.

Active Minds is a national organization that supports the development of college campus, student-run groups to increase students' awareness of mental health issues, provide information and resources regarding mental health and mental illness, and encourage students to seek help as soon as it is needed. The organization offers a number of resources for students wishing to start chapters at their universities.
The Jed Foundation works nationally to reduce the rate of suicide and the prevalence of emotional distress among college and university students. It provides a range of tools for colleges to use in order to increase help-seeking behaviors in students and to improve schools’ mental health services.

Resources for Accessing Help

The National Suicide Prevention Lifeline offers 24-hour toll-free assistance to individuals experiencing a suicidal crisis or emotional distress. The Lifeline, funded by SAMHSA, has a national network of 150 crisis centers. Individuals calling 800–273–TALK are routed to the nearest crisis center for assistance.

The Trevor Project is a national organization that provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth. The Project’s Web site includes prevention resources and fact sheets for families and educators.

Examples of Evidence-Based Programs to Prevent Depression and/or Suicidal Behavior

The Penn Resiliency Program is designed to help prevent depression by teaching middle school students to think about life's challenges and problems in healthy ways. The program is a group intervention based on the theory that beliefs about events affect emotions and behaviors. The children learn about assertiveness, negotiation, decision-making, social problem-solving, and relaxation.

The American Indian Life Skills program is designed for use with American Indian communities to address the problem of suicidal behavior among youth. It is school-based with a curriculum that includes numerous lesson plans covering topics such as building self-esteem, identifying emotions, developing communication skills, learning problem-solving techniques, and setting personal and community goals.

Sources of Strength is a comprehensive wellness program that works to use peer leaders to change norms around codes of silence when help is needed. The program is designed to increase help-seeking behaviors and connections between peers and caring adults.

Resources for Survivors

AAS also offers a number of resources for suicide survivors and suicide loss survivors, including a support group directory.
PREVENTING MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH PROBLEMS AND PROMOTING WELL-BEING: SUBSTANCE USE PREVENTION RESOURCES

Information and Resources

SAMHSA's National Registry of Evidence-Based Programs and Practices offers a searchable listing of more than 200 interventions, including numerous interventions to prevent substance use.

SAMHSA's Too Smart to Start program offers resources for youth, teens, and parents/educators/community leaders about the effects of alcohol on the body, how to talk to youth and teens about substance use, and strategies for curbing underage drinking.

The National Institute on Drug Abuse (NIDA) offers facts on various drugs, including marijuana, tobacco, and prescription drugs, among others, geared toward a teen audience. Their Mind Over Matter series, also available in Spanish, encourages young people in grades 5 through 9 to learn about the effects of drug abuse on the body and the brain.

NIDA also has a wealth of resources for parents and teachers, medical and health professionals, and Spanish-speaking audiences.

Community Anti-Drug Coalitions of America (CADCA) is a membership organization of more than 5,000 local coalitions. CADCA offers informational resources on topics such as enacting tobacco control policies and toolkits on preventing prescription drug abuse and building partnerships around substance abuse prevention.

Communities That Care (CTC) is a SAMHSA-sponsored coalition-based community prevention operating system that uses a public health approach to prevent youth problem behaviors including underage drinking, tobacco use, violence, delinquency, school dropout, and substance abuse. CTC helps local leaders identify community risk and prevention priorities and select the right programs to address them.

TeensHealth.org has created resources for teens that outline important substance abuse topics, including what substance abuse and addiction is, signs of addiction, how to get help, and recovery tips.
StopAlcoholAbuse.gov includes comprehensive research and resources on the prevention of underage drinking. Materials available online are provided by the 15 Federal agencies of the Interagency Coordinating Committee on Underage Drinking Prevention. The Web site includes statistics, training information for providers, and prevention tools and approaches.

College Drinking: Changing the Culture is a resource sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), which offers fact sheets and tips for college presidents, parents, and students.

Examples of Evidence-Based Strategies and Interventions to Prevent Substance Use

Environmental strategies, including public education and the enactment and enforcement of policies and regulations designed to limit access to alcohol by minors, are effective strategies for reducing underage drinking. The Institute of Medicine’s report on Reducing Underage Drinking offers detailed information on these approaches.

The Strengthening Families Program is designed to help families develop skills, values, goals, and interactions needed to avoid substance use and other problem behaviors. Content is tailored to specific age groups and consists of sessions that teach parenting skills, children’s life skills, and family life skills designed specifically for high-risk families.

The Positive Parenting Program is aimed at parents and seeks to promote positive parenting while preventing children’s social, emotional, and behavioral problems, including substance abuse.

The Life Skills Training Program is designed to provide adolescents with the knowledge and skills needed to resist the social influences associated with using cigarettes, alcohol, and drugs. The program teaches youth drug refusal techniques, antidrug norms, and self-management skills. Also, by increasing adolescents’ general and personal competence, there is a reduction in motivations for using substances.

Linking the Interests of Families and Teachers (LIFT) is a school-based intervention program designed to prevent conduct problems such as involvement with delinquent peers and drug/alcohol use among elementary school children ages 6 to 11.
Big Brothers/Big Sisters is a mentoring program in which a child age 6 to 18 from a single-parent household is paired with an adult mentor volunteer. Professional staff offer mentor training, support, and supervision. Positive effects include a decrease in youth aggression (e.g., hitting others), as well as improved school engagement and a decreased likelihood of initiating drug and alcohol use.

The Adolescent Transitions Program is designed to enhance family management skills of encouragement, limit setting and supervision, problem solving, and improved family communication patterns. It has been shown to reduce rates of alcohol, tobacco, and marijuana use.

The Good Behavior Game is a classroom management approach that rewards children for cooperative, on-task behavior. The intervention has been shown to reduce aggressive and disruptive behavior, as well as reducing subsequent illicit drug use and dependence.
RESOURCES FROM SESAME STREET FOR FAMILIES WITH YOUNG CHILDREN

When talking with families that have young children, it may be helpful to use these videos that feature the famous Jim Henson Muppets in order to facilitate discussions about promoting emotional well-being.

**Tough Times**

**OUTREACH INITIATIVES**

- [http://www.sesamestreet.org/parents/topicsandactivities/toolkits/hereforyou](http://www.sesamestreet.org/parents/topicsandactivities/toolkits/hereforyou)
- [http://www.sesamestreet.org/parents/topicsandactivities/toolkits/toughtimes](http://www.sesamestreet.org/parents/topicsandactivities/toolkits/toughtimes)
- [http://www.sesamestreet.org/parents/topicsandactivities/toolkits/ready](http://www.sesamestreet.org/parents/topicsandactivities/toolkits/ready)
- [http://www.sesamestreet.org/parents/topicsandactivities/toolkits/youcanask](http://www.sesamestreet.org/parents/topicsandactivities/toolkits/youcanask)
- [http://www.sesamewerkshop.org/initiatives/emotion/hurricane](http://www.sesamewerkshop.org/initiatives/emotion/hurricane)

**SESAME STREET VIDEOS**

- [http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/3834e63a-155f-11dd-a62f-919b98326687/it_s_alright_to_cry](http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/3834e63a-155f-11dd-a62f-919b98326687/it_s_alright_to_cry)
- [http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/5d2118d1-1550-11dd-8ea8-a3d2ac25b65b/the_lost_kid](http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/5d2118d1-1550-11dd-8ea8-a3d2ac25b65b/the_lost_kid)

**Eating Well on a Budget**

**OUTREACH INITIATIVES**

- [http://www.sesamestreet.org/parents/topicsandactivities/toolkits/food](http://www.sesamestreet.org/parents/topicsandactivities/toolkits/food)
- [http://www.sesamewerkshop.org/initiatives/health/healthyhabits](http://www.sesamewerkshop.org/initiatives/health/healthyhabits)
- [http://www.sesamewerkshop.org/initiatives/literacy/talkingcents](http://www.sesamewerkshop.org/initiatives/literacy/talkingcents)
SESAME STREET VIDEOS

- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/33412479-f663-4937-9457-014f1c95de0d/mrs_obama_plants_a_garden
- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/a9d21acf-412e-47a8-836a-9dd193d6f57f/you_ll_eat_a_rainbow_song
- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/d1ccdb83-c286-4d27-b2e3-743e86aa0da2/michelle_obama_healthy_habits
- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/d8f8790f-e008-4974-bb33-8dabef11842e/choosing_a_snack

Grief

OUTREACH INITIATIVES

- http://www.sesamewerkshop.org/grief
- http://www.sesamestreetfamilyconnections.org/grownups/grief
- http://www.sesamestreet.org/parents/topicsandactivities/toolkits/hereforyou
- http://www.sesamestreet.org/parents/topicsandactivities/toolkits/tlc

SESAME STREET VIDEOS

- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/1b8d7e6b-fa89-4831-8eee-c4069a71d229/goodbye_mr_hooper
- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/b8d490c7-1578-11dd-9bc7-777dea8a73e7/i_m_talkin_love
- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/3834e63a-155f-11dd-a62f-919b98326687/it_s_alright_to_cry
Making Friends

SESAME STREET VIDEOS

- http://www.sesamstreet.org/video_player/-/pgpv/videoplayer/0/6af13e3a-8dd5-46c6-be41-442d2c578e8f/abby_starts_school
- http://www.sesamstreet.org/video_player/-/pgpv/videoplayer/0/e16b0d66-1571-11dd-bb51-597ab51d2e81/because_we_re_friends

Diversity

OUTREACH INITIATIVES

- http://www.sesamstreet.org/parents/topicsandactivities/toolkits/groverandkhokha
- http://www.sesameworkshop.org/initiatives/respect/panwapa

SESAME STREET VIDEOS

- http://www.sesamstreet.org/video_player/-/pgpv/videoplayer/0/5a91f761-4975-40dd-bfd9-d77b339506bd/a_day_at_school
- http://www.sesamstreet.org/video_player/-/pgpv/videoplayer/0/bb8d1e2a-82c4-4436-b52d-3661995665a6/same_and_different
- http://www.sesamstreet.org/video_player/-/pgpv/videoplayer/0/fdd5871f-154c-11dd-8ea8-a3d2ac25b65b/same_and_different
Exercise

OUTREACH INITIATIVES

- http://www.sesameworkshop.org/initiatives/health/healthyhabits
- http://www.sesamestreet.org/parents/topicsandactivities/toolkits/healthyhabits

SESAME STREET VIDEOS

- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/d0c7b71a-154c-11dd-8ea8-a3d2ac25b65b/apples_pushups
- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/5ea2a98d-8876-4cf2-ac35-4e872f97b49a/victoria_exercises
- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/86133943-56e4-4cae-a8df-8a45369a8bd7/good_for_you

Feelings

SESAME STREET VIDEOS

- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/eb0bc957-1647-11dd-995c-3d52ab3e4656/all_by_myself
- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/466dc468-1592-11dd-b10a-6119e86ae19b/kids_talk_about_feelings
- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/07b251bb-2753-4a10-a2b8-12712dfc963f/facial_emotions
- http://www.sesamestreet.org/video_player/-/pgpv/videoplayer/0/1aa564ac-1595-11dd-b10a-6119e86ae19b/ernie_and_vincent_emotions
TIPS FOR RECOGNIZING TRAUMA, HELPING CHILDREN BUILD RESILIENCE

The statistics are both surprising and disturbing—as many as two of every three children age 16 and younger have been exposed to at least one traumatic event, with consequences that can affect their development, learning, and behavior.

Traumatic experiences can range from a one-time incident, such as a sudden death of a loved one or a natural disaster, to ongoing exposure to experiences, such as bullying or family violence. Studies have found that the effect on a child’s mental and social development can vary, from a diminished ability to focus and solve problems to long-term difficulties with academic performance, low self-esteem, and relationships with others.

Identifying that a child has experienced trauma is not always easy because emotional and behavioral responses to trauma vary depending on a child’s personality, the type and severity of the incident, availability of adult support, and other factors. A child may suddenly lose control of his or her emotions, or show no outward changes at all. Because of their age, younger children may have even more difficulty talking about a traumatic event and what they are experiencing.

Still, there are behaviors that could be signs that a child is having difficulty dealing with a traumatic event, such as:

- Separation anxiety or clinginess toward teachers or caregivers
- Changes in appetite
- Decreased interest in and/or withdrawal from friends or family and normal activities
- Over- or under-reaction to physical contact, sudden movements, and sounds
- Angry outbursts and/or aggression
- More frequent complaints of headaches, stomachaches, or fatigue
- Repeatedly recreating the event through comments, drawings, or activity
- Emotional “numbing,” or expressing no feelings at all about the event
What can teachers, caregivers, and other adults do to help a child who has experienced trauma? The Substance Abuse and Mental Health Services Administration (SAMHSA) offers these suggestions:

- Maintain usual routines.
- Make sure that the child is not being isolated.
- Provide a safe place where the child can talk about the incident.
- Be sensitive to potential environmental cues that may cause a reaction (e.g., an approaching storm or the anniversary of an event).
- Warn the child in advance of a change in routine or other event that could be unsettling.
- Monitor what information the child shares with other children to prevent excessive curiosity from peers.
- Nurture the child’s positive self-view.

With support, many children can recover quickly from the fear and anxiety caused by a traumatic experience. Others may need more help over a longer period of time to recover and to build resilience that can help them when they face new challenges.

[OPTIONAL INSERT FOR LOCAL AGENCIES THAT HAVE EVALUATION DATA]

Locally, a program involving teachers, parents, and other caregivers has proven highly successful in helping young children deal with trauma. In community name, for example, [INSERT DETAILS].

To learn more about early childhood trauma and its effects on young children, contact [LOCAL COMMUNITY AGENCY PHONE #/EMAIL ADDRESS]. Information is also available online from SAMHSA's Web site (www.samhsa.gov/children), and the SAMHSA-sponsored National Child Traumatic Stress Network (www.nctsn.org).

These resources provide more detailed information on the types of traumatic events that can affect children; how exposure to traumatic events may change a child's academic, emotional, and mental development; strategies for helping a child deal with trauma; and additional resources regarding treatment and prevention.

With the support of caring adults, children can recover from traumatic events, reestablish a sense of well-being, and obtain treatment and other services if needed. The more you know about trauma and children, the more you can do to help them.