Interview with Marty Verrill, School Therapist

An Interview between Jeff Goelitz, Director of HeartMath Education, and Marty Verrill, a school-based outpatient therapist and program coordinator for school-based services at Helena Indian Alliance (Montana).

Jeff: So, Marty, what do you do, and how long have you been doing it?

Marty: My current role is a school-based outpatient therapist, and I'm also the program coordinator for school-based services at Helena Indian Alliance (Montana). We have a partnership with the Helena School District, and we have mental health and addiction therapists at four different schools right now: a high school, a middle school, and two elementary schools. And we provide one-on-one outpatient therapy, just like a student would have if they went to an office somewhere, and also we do small groups, some population programming, and some teacher support as well. In this current role, it's been about three years. I've been working for Helena Indian Alliance for about six years.

Helena Indian Alliance is an Urban Indian, Federally Qualified Health Center providing primary care and mental health services for the entire Helena community.

Jeff: And how does the Helena Indian Health Service interface with Helena schools?

Marty: Well, we're addressing two issues, really. One is funding and the other is access. Public schools face the same dilemma a lot of agencies face, which is we don't have a lot of funding. And so, how do we get services to kids with the funding that's available? And so this is putting an agency inside a school, which addresses the question of funding. The school isn't paying for the services. We're still billing insurance, and it also addresses the issue of access: when kids are at school most of the day, if we can provide services where they are, they're going to utilize these services more. And that's definitely proven

to be true. When we put a therapist in a school, they have a full caseload within a month or a month and a half. The need is there. Parents don't have to take off work. Kids aren't missing school. We're just really meeting kids where they are.

Jeff: You're currently working with high school students. What do you sense about their outlooks of the future? What is their mental and emotional state? Can you make some broad brushstrokes?

Marty: I would say that teenagers right now are the most alive, tolerant, accepting group of kids I've ever met. They're the most woke, you could say, but they're also a very anxious generation. They face many challenges that generations before them haven't had to face, a lot of them related to technology and social media and being exposed to so many things. But then they're not really having the tools to have relationships of substance. So they have a lot of perceived exposure to the whole big wide world, but then don't really always know how to talk to each other and how to work through conflict. And they're still dealing with all the same things that kids have faced time immemorial, a lot of issues around poverty and hunger and childhood trauma and all of those things exist.

Jeff: How did you first learn about HeartMath?

Marty: I was first exposed to HeartMath just in my own work with somatic therapy and different interventions for interfacing with our nervous system. And HeartMath is a great tool. A big challenge came up immediately during my first year at the high school. There's one therapist and there's 1000 kids, and I can't do one-on-one with 1000 kids! So there aren't enough clinicians for the need. So how do we address population-based services for these kiddos? And when we have tools like this that are available, we can do some psychoeducation and some kind of fundamental basic level nervous system regulation with more kids that maybe don't need the acute level of care.

And so we wrote a grant to the Montana Healthcare Foundation to build a resilience lab at our school that is an inviting space. There's soft lighting, comfortable chairs, fidgets, and art – it's just a space for them when they're feeling dysregulated. And one of the tools available here is HeartMath. And they can come and learn about what's happening in their nervous system, what is happening with that interior emotional weather, and they can have tools to calm themselves down. Teachers now have a place to send students who are dysregulated. So it was sort of a query of how do we help more kids when we don't have more staff? And this was the solution we came up with.

Jeff: How is it working for you? How are the kids responding? Is the school supportive of it?

Marty: Yes, the school has been so receptive. We have so many partners in the school. I work a lot with the school psychologist and she has absolutely fallen in love with HeartMath as a tool for our Positive Behavioral Support population. It's kids who often

have an IEP or some sort of behavioral plan. And she takes this technology into those classrooms and does work with those students. And they're using HeartMath all the time. We've expanded to the middle school. It's become, I think, a restorative justice tool because we have a place where kids who are dysregulated have a tool before the next level of intervention, which is in-school suspension, out-of-school suspension, or feeling relegated to the principal's office because they're not able to manage their emotions. So I think it's the start of something bigger that we're building as a school here as part of our culture of really finding tools for kids that are more restorative and less punitive. And HeartMath has been really appreciated at the school so far.

Jeff: Recently, you received a grant from Johns Hopkins University, the Community Collaboration Challenge grant. It's a very competitive grant. Out of 700 applicants, only 20 received the grant, about 2.8% of the applicants. Why do you think it was granted to you? What was so compelling about this grant that Johns Hopkins approved it out of hundreds of applicants?

Marty: I think what's compelling about our grant application to Johns Hopkins is that we want to create an opportunity for peer mentorship where students begin to feel like experts in this material and to be able to teach other students, to be able to create a language at our school around the nervous system and what it means to be regulated and to understand that we have a lot of capacity to build resilience and to understand even what we're feeling.

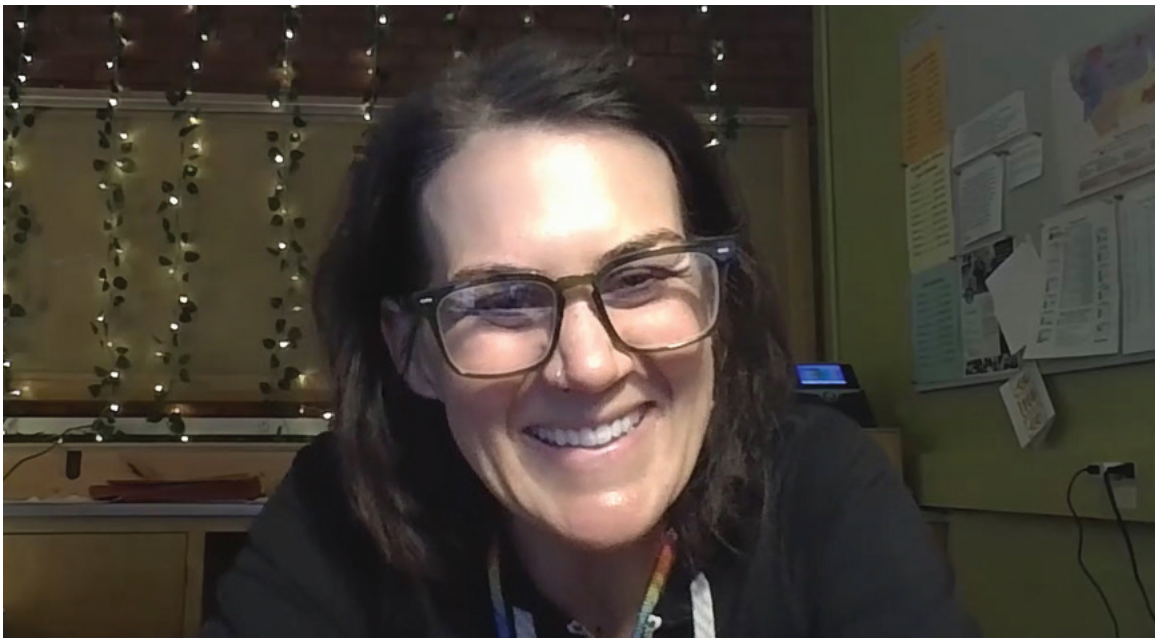
Jeff: If I understand correctly, this online program is going to be available to all Indian Health Services in Montana and maybe all schools in Montana. Is that your understanding?

Marty: Well, initially, I think creating these learning tools, these psycho-educational tools, we will definitely utilize them at Helena Indian Alliance. We're an urban Indian organization, so we have integrative behavioral health in our medical center. We want to be able to use HeartMath there. We want to be able to offer that as a regulation tool, even for our clients who are there for high blood pressure and diabetes support, you know, to have the capacity to use this regulation tool and certainly in the schools where we are right now. I think part of why it was so compelling to Johns Hopkins is it's replicable in other school districts and other Indian health service organizations, so that we can create a model that other school districts or other IHS facilities could utilize as a resource for psychoeducation, for peer mentorship, for just a really valuable, quick, effective intervention for a lot of different things that people are dealing with. When we regulate our nervous system, we are able to deal more effectively with all the things of life.

Jeff: So Marty, one last question popped up. It's fair to say that amidst all your busyness, there's some inspiration going on. There's a bigger picture here, whether you

call it legacy, vision, a contribution to your immediate environment, your society, even larger than that. Do you know what I mean?

Marty: Yes, I do. I think the first vision of the resilience lab was really, let's answer a public health question, which is kids are struggling, kids are sad, kids are depressed, kids have anxiety, and there's more need than there is capacity to support. So what do we do about that? That's a big public health problem. This is like a tiny micro answer to that, visioning some sort of innovative new way of addressing that public health problem, and we're doing it in one school right now, hoping to expand to all our schools where we provide services this next year. Like, this is just trying something different and new, and it seems to be taking. Certainly at Helena High School, kids are utilizing it, teachers are appreciating it, and we're getting good feedback. And I think, hopefully, over the next few years, we're able to create a tool to collect data to really show evidence that this is working more than anecdotally, you know, to show that the numbers are shifting, that anxiety and depression, out-of-school suspension, some of those more measurable data points will be able to show that this is really effective, it's helpful, and it's easy and just attainable in a lot of different places.



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