

**Positive Behaviour for Learning
School-wide Conference 2015
New Zealand**

**Interconnecting School Mental Health
(student well being) and PB4LSWPBIS:
ISF Continued....**

Concurrent Session #3

Saturday 15 August

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www.pbis.org

Content for Session

- Core Features of ISF (quick review)
- Universal Screening
- Selecting Evidence-based practices
 - Anxiety
 - Trauma-informed
- The (changing?) role of 'clinicians' in an integrated system
- A Developing ISF Pilot Project

Using the PB4LSW framework:

- Decision making framework to guide selection and implementation of best practices for improving academic and behavioral functioning
 - Data based decision making
 - Measurable outcomes
 - Evidence-based practices
 - Systems to support effective implementation

Core Features of ISF

- **Effective teams** that include community mental health providers
- **Data** based decision making
- Formal processes for the selection and implementation of **evidence based practices** (EBP)
- **Early access** through use of comprehensive screening
- Rigorous **progress-monitoring** for both fidelity and effectiveness
- Ongoing **coaching** at both the systems and practices level.

ISF Defined

- Tiered prevention logic
- Cross system problem solving teams
- Use of data to decide which evidence based practices to implement.
- Progress monitoring for both fidelity and impact.
- Active involvement by youth, families, and other school and community stakeholders.

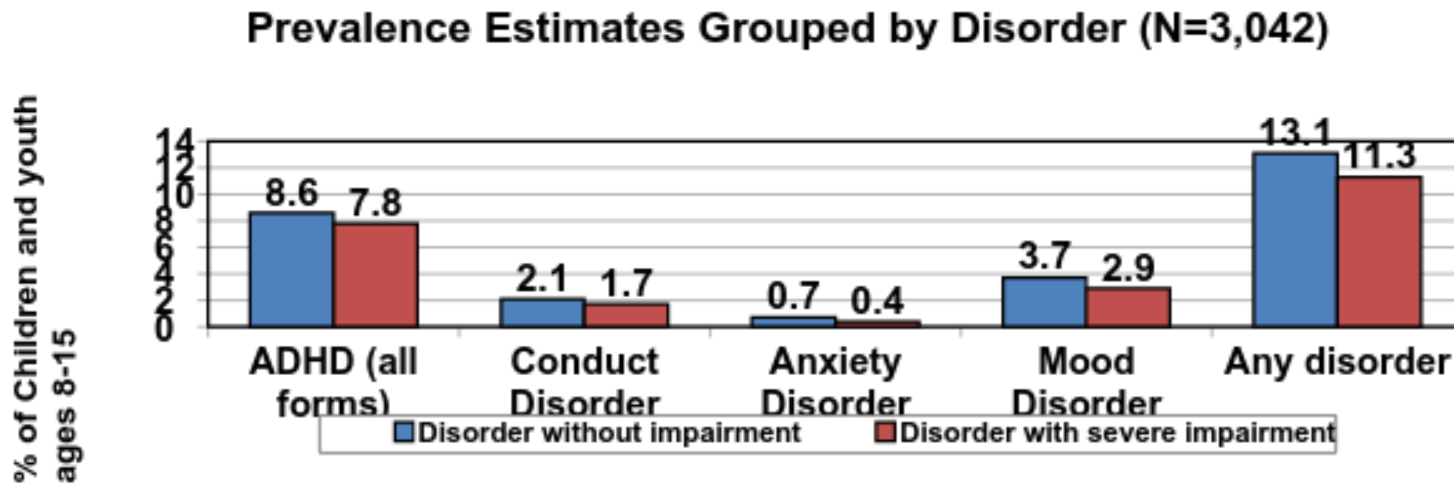
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- Core Features of ISF (quick review)
- **Universal Screening** (a focus on those with 'internalizing' behaviors)
- Selecting Evidence-based practices
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Mental Health & School Age Children

One out of ten children between the ages of 8-15, experiences an emotional disorder that has a major impact on daily functioning

- ADHD and mood disorders (e.g., depression) are most commonly-occurring disorders

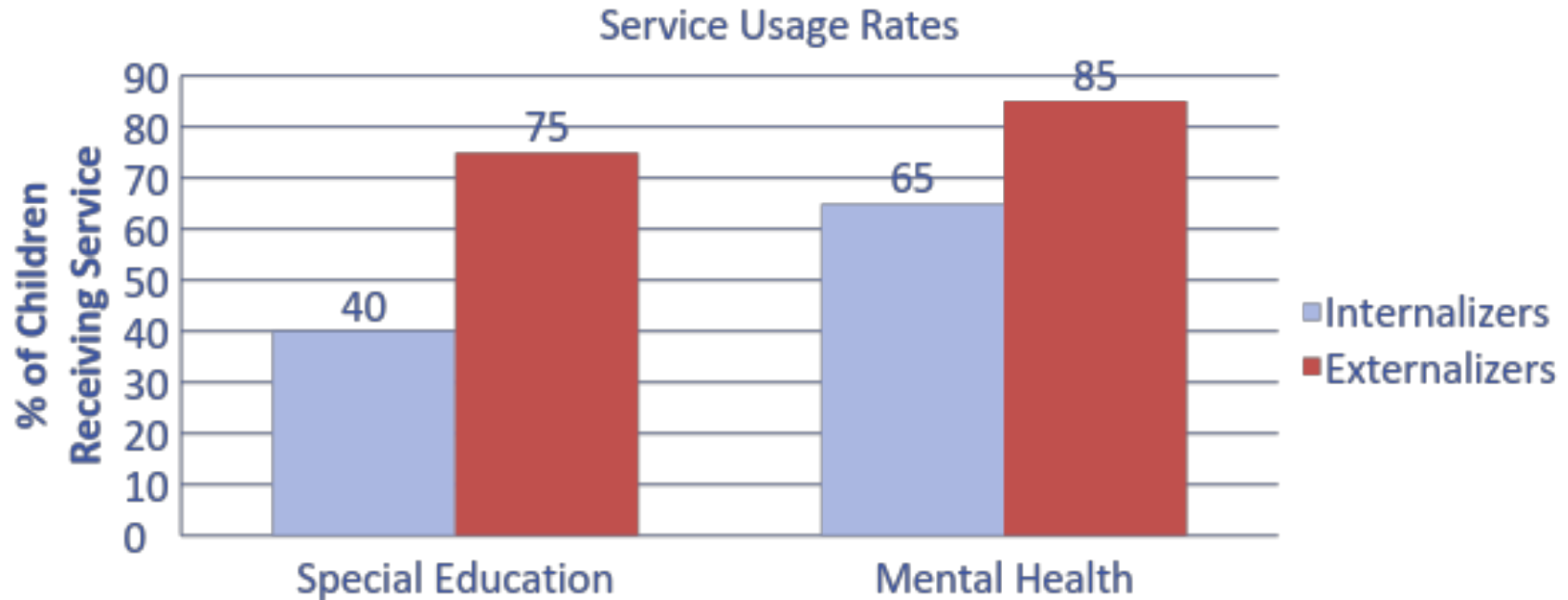


Mental Health & School Age Children

- Students at-risk for internalizing disorders (e.g. children demonstrating overly shy, anxious, 'down' behaviors) typically fly under the radar
 - A Johns Hopkins University study found that average-performing students with internalizing behaviors received support via special education, or mental health services at lower rates than underperforming students with externalizing (e.g., 'acting out') behaviors
- Source: Bradshaw, Buckley, & Lalongo, 2008

Mental health and school age children

Internalizers are underserved by special education & mental health systems



Source: Bradshaw, Buckley, & Jalongo, 2008

Mental Health & School Age Children

- Youth who are the victims of bullying *and* who lack adequate peer supports are vulnerable to mood & anxiety disorders

Mental Health & School Age Children

- “**Depressive disorders** are consistently the most prevalent disorders among adolescent **suicide** victims.”

Mental Health & School Age Children

- “Without early intervention, children who routinely engage in aggressive, coercive actions, are likely to develop more serious anti-social patterns of behaviors that are resistant to intervention.”

Source: Walker, Ramsey, & Gresham, 2004

Universal Screening Defined

- “Universal screening is the **systematic assessment of all children** within a given class, grade, school building, or school district, on academic and/or social-emotional indicators that the **school personnel and community** have agreed are important.”

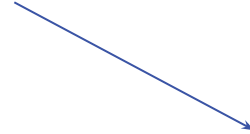
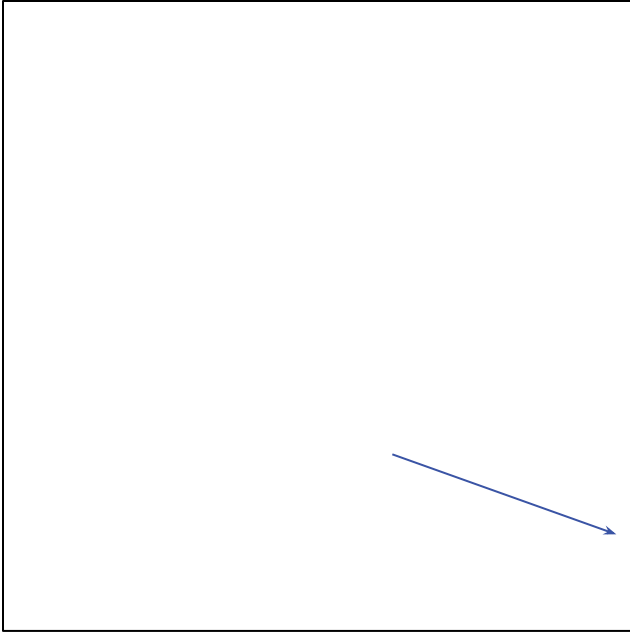
- Source: Ikeda, Neessen, & Witt, 2009

Purpose of Universal Screening for Behavior

Universal screening for behavior is integral to the Response to Intervention (RtI) model

- Emphasis on prevention
 - (similar to annual vision/hearing screenings)
- Use an evidence-based instrument to identify:
 - Risk factors for emotional/behavioral difficulties
 - Social-emotional strengths & needs

Universal Screening for Behavior



Universal Screening Process

Can be a single or a multi-gate process for implementing universal screening for behavior

- Efficient:
 - Takes approximately one hour, maximum, per classroom to complete process
- Fair:
 - All students receive consideration for additional supports
 - Reduces bias by using evidence-based instrument containing consistent, criteria to identify students

Multiple Gating Procedure

(Adapted from Walker & Sevenson, 1992)

Gate 1

Teachers Rank Order then
Select Top 3 Students on Each
Dimension

(Externalizing & Internalizing)

Pass Gate 1

Gate 2

Teachers Rate Top 3 Students in
Each Dimension (Externalizing &
Internalizing) using evidence-based
instrument (i.e., SDQ, SSBD, BASC-
2/BEES)

Pass Gate 2



Tier 2
Intervention

Universal Screening Process

- Teachers are guided through online administration of the selected checklist (i.e. SSBD, SDQ, etc.)
- Results are immediately available to the Tier 2 team

Universal Screening Process

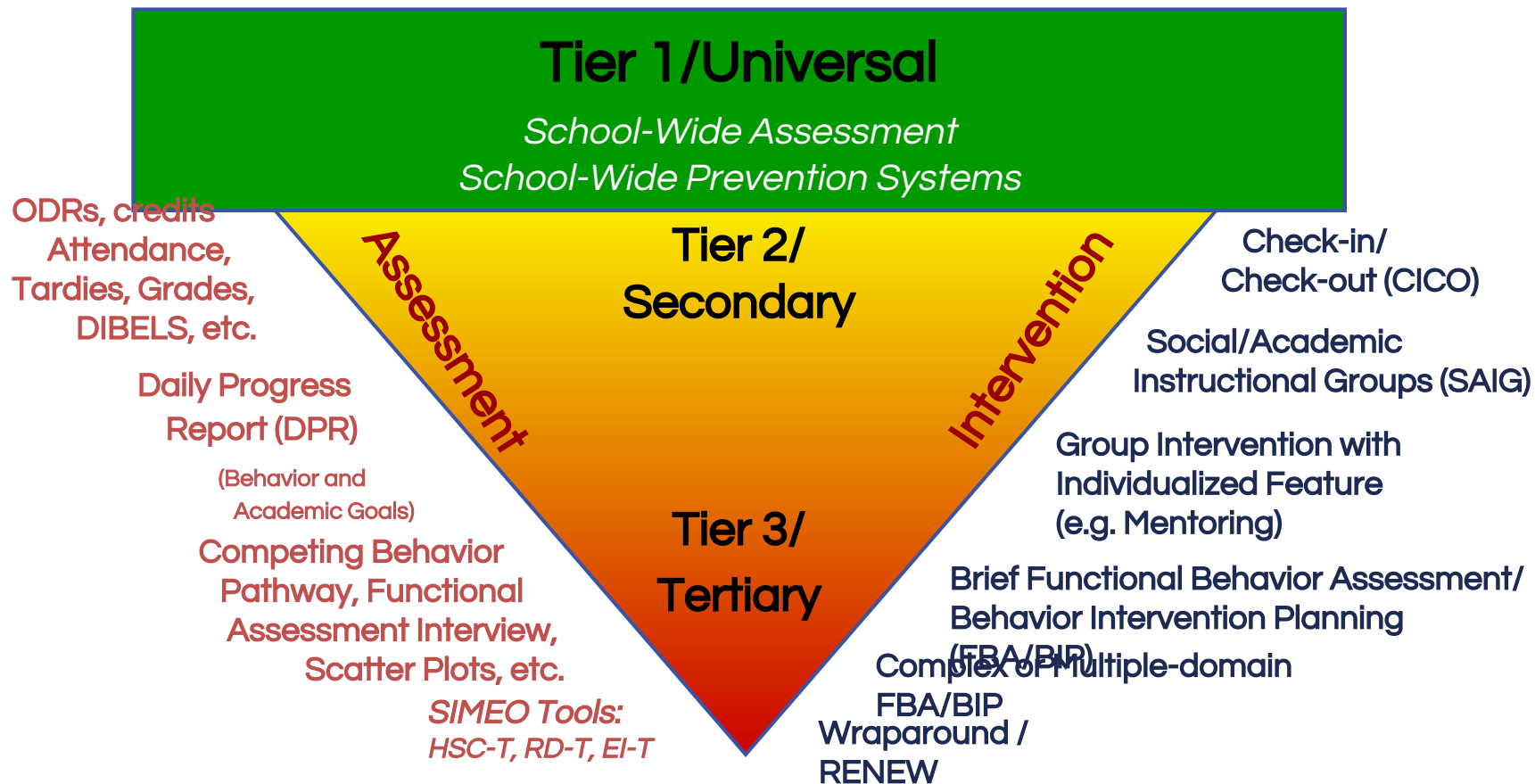
- Parents of nominated students, who meet the screening criteria, are contacted in writing to request permission for their child's participation in a simple, secondary intervention (e.g., check-in/check-out)
- The universal screening coordinator will inform teachers of students who are participating in interventions
- Teachers will also receive progress monitoring data

What to do After Screening?

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A Multi-Tiered System of Support for Behavior



Selection Process

- The intervention selected should be an intervention that addresses the presenting problem
- Considerations
 - Developmental level
 - Expertise of the provider
 - Culturally appropriate

ISF Webinars

Topic	Recording Link
<p>Exploring the ISF for Integrating SOC & Education <i>Lucille Eber, Midwest PBIS Network, Susan Barrett, Sheppard Pratt Health Systems, & Kelly Perales, Community Care Behavioral Health</i></p> <p>An introduction to the Interconnected System Framework (ISF) for efficiently integrating mental health/SOC in schools featuring lessons learned from Pennsylvania’s implementation experiences.</p>	<p>https://theinstitute.adobeconnect.com/p7ntom23s1p/</p>
<p>Installing ISF-Local Experiences Integrating SOC & Education <i>Susan Barrett, Sheppard Pratt Health Systems, JoAnne Malloy, UNH</i></p> <p>A review of the core components of the ISF and experiences from SOC/Education efforts in New Hampshire including strategies for work force development, focus for ISF focused leadership teams, and ensuring use of data and evidence-based practices .</p>	<p>https://theinstitute.adobeconnect.com/p5sh4fur2al/</p>
<p>Installing ISF: The Role of School & Community-based Clinicians <i>Lucille Eber, Midwest PBIS Network; Susan Barrett, Mid-Atlantic PBIS Network; Mark Weist, University of South Carolina; Ali Hearn & Sheri Luecking, Midwest PBIS Network; Sharon Stephan & Nancy Lever, University of Maryland</i></p> <p>An overview of the changing-role of clinicians within multi-tiered systems of behavioral health in schools.</p>	<p>https://theinstitute.adobeconnect.com/p23wjt2fphd/</p>

Example: Coping Cat at Rundlett Middle School



- Enrollment: 1,010
- 6th, 7th, & 8th Grade
- Race/Ethnicity:
 - White: 85.8%
 - Black: 5.6%
 - Asian: 5.9%

Spring 2014: Identified Need

- A small (15) group of students who were asking to go to the office on a daily basis or were frequently absent.
 - Most behaviors were internalizing: anxiety, withdrawal, avoidance of others.
 - These were students who performed academically, not special education eligible.
- School psychologist researched small group interventions for these students.
- Found Coping Cat

Coping CAT is a Cognitive Behavioral Intervention that helps students recognize and analyze feeling related to stress and develop strategies to cope with stress provoking situations. It is an 8 week, group intervention that meets on a weekly basis for 45 minutes.

Modified Coping Cat

Coping Cat small groups (6 students) are co-facilitated by a Riverbend Community Mental Health Counselor and an RMS counselor. Student responsibilities include participating in weekly group sessions, completing homework assignments (using coping strategies), and self-monitoring progress.

Teacher responsibilities include prompting students to use their coping strategies and a willingness to participate in professional development regarding stress management and/or anxiety. Coping Cat instructor responsibilities include implementing the Coping Cat curriculum with fidelity and monitoring student progress with students and teachers.

Pre-post measure: Screen for Child Anxiety Related Disorders (SCARED). Birmaher, Khetarpal, Cully, Brent, & McKenzie, 1995.

Consumer Guide to Selecting Evidenced Based Mental Health Services within a SWPBS model

Robert Putnam, Susan Barrett, Lucille Eber, Tim Lewis & George Sugai

Advancing Education Effectiveness: Interconnecting School Mental Health & School-wide Positive Behavior Support, Appendix F, pages 148-9

<https://www.pbis.org/common/cms/files/Current%20Topics/Final-Monograph.pdf>

FIDELITY and OUTCOMES

Fidelity

- When and how often will you assess implementation fidelity?
- What tool will you use to assess implementation fidelity?
- For this intervention, what is an acceptable level of implementation fidelity?
- What will you do if implementation fidelity is below this acceptable level?

Outcomes

- Check in Check out data
- Daily behavior rating data
- Mood thermometer data
- Ongoing use of rating scales

Determine Logistics Related to Delivering Services

- **What services will you offer and to whom?**
- **When will services be available?**
- **Who will provide services?**
- **Be sure to involve families, youth, and school staff in the planning services.**

Where do specific “MH” Interventions Fit?

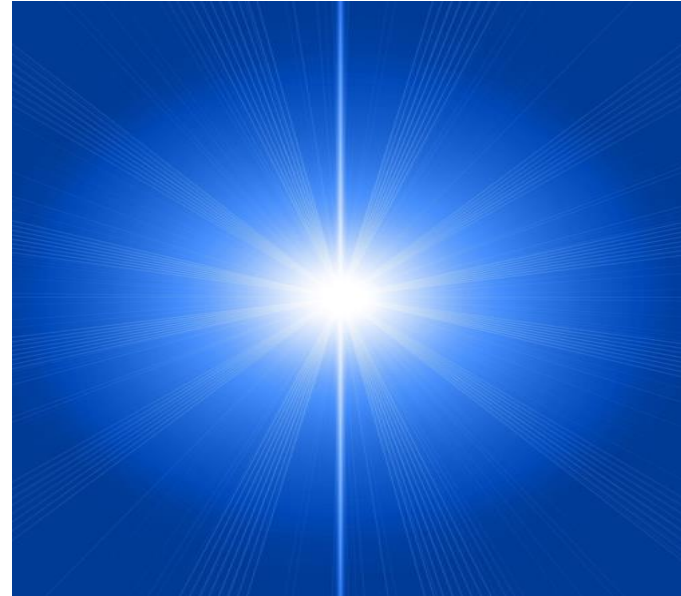
That depends on the data of
the school & community

Examples of Expanded View of Data

- Child welfare contacts
- Violence rates
- Incarceration rates
- Deployed families
- Homeless families
- Unemployment spikes

A Trauma-Informed Intervention - SPARCS?

Structured
Psychotherapy for
Adolescents
Responding to
Chronic
Stress



DeRosa, R., Habib, M., Pelcovitz, D., Rathus, J., Sonnenklar, J., Ford, J., Kaplan, S. (2005). *SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress: A Trauma-Focused Guide*. Great Neck, NY: North Shore- Long Island Jewish Health system, Inc.

Facilitation Techniques for Instructional Groups

- Psychoeducation
 - Skill-based
- Role-Play
- Group Discussion
- Games
- Experiential Instruction
- Teambuilding/Group Cohesion



A Typical SPARCS Session

- Check-in
- Practice from last session
- Mindfulness exercise
- Session-specific content & activities
 - Example: Bottle about to Burst
- Check-out
- Remind to practice

DeRosa, R., Habib, M., Pelcovitz, D., Rathus, J., Sonnenklar, J., Ford, J., Kaplan, S. (2005). *SPARCS: Structured*

Psychotherapy for Adolescents Responding to Chronic Stress: A Trauma-Focused Guide. Great Neck, NY: North Shore-Long Island Jewish Health system, Inc.

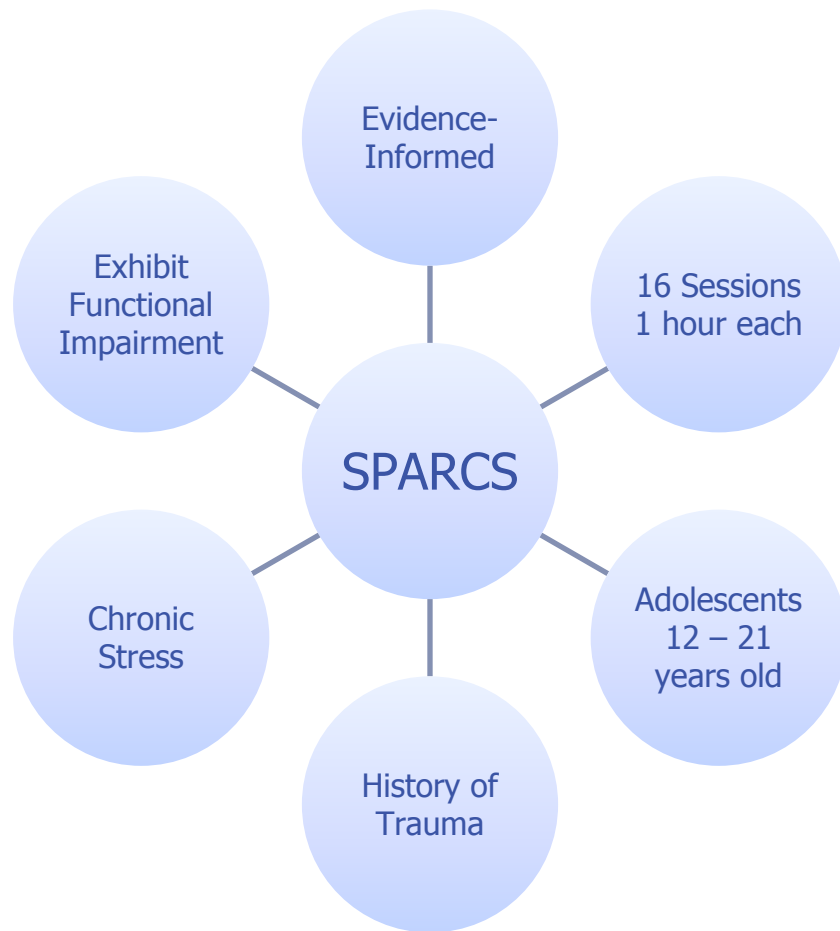
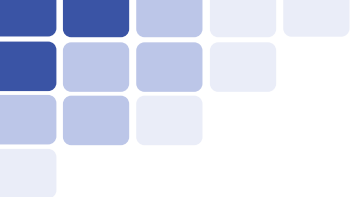
Schools & Community Mental Health: A True Collaboration

- “Upper Tier 2” intervention
- We sit on the Tier 2 team
- School staff identify students
- School staff make initial contact with parents/guardians
- We screen & assess students
- Co-facilitate SPARCS groups

A Problem

- “Students cannot benefit from interventions they do not experience”

© **Dean Fixsen, Karen Blase, Robert Horner, George Sugai, 2008**



Research: SPARCS

- National Child Traumatic Stress Network Empirically Supported Treatments & Promising Practices List

<http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>

- Clinical & anecdotal evidence
- Research Evidence
- Outcomes

<http://naswil.org/news/chapter-news/featured/for-school-social-workers-sparcs-sparks-interest-among-adolescents-in-champaign-county/>

<http://sparcstraining.com/index.php>

Students who might benefit from SPARCS

- Affect & Behavioral Regulation: “I get upset over the smallest things & I don’t know how to calm down.” “Why wouldn’t I get high? What’s the point of staying sober?”
- Attention/Consciousness: “My teachers always say that I don’t seem to hear the directions & I don’t know what’s going on when they call on me.”
- Self-Perception: “I can’t do anything right; nothing I do ever works out.”
- Relationships: “I’ll beat the crap out of anyone who tries anything with me; I’m not letting anyone disrespect me.”
- Somatization: “I’ve had stomachaches and headaches ever since I can remember.”
- Systems of Meaning: “You’re born, you die, what’s the big deal?”

Complex Trauma Domains



- Emotional & Behavioral Regulation
- Attention/Consciousness
- Self-Perception
- Relationships
- Somatization
- Systems of Meaning

DeRosa, R., Habib, M., Pelcovitz, D., Rathus, J., Sonnenklar, J., Ford, J.,...Kaplan, S. (2005). *PARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress: A Trauma-Focused Guide*. Great Neck, NY: North Shore-Long Island Jewish Health system, Inc.



SPARCS' Goals: The 4 Cs

<u>Cultivate Awareness</u>	<u>Cope More Effectively in the Moment</u>
<u>Create Meaning</u>	<u>Connect with Others</u>

DeRosa, R., Habib, M., Pelcovitz, D., Rathus, J., Sonnenklar, J., Ford, J.,...Kaplan, S. (2005). *SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress: A Trauma-Focused Guide*. Great Neck, NY: North Shore-Long Island Jewish Health system, Inc.

Impact

- Reductions in problem behavior
- Improvements in attendance
- Improvements in grades
- Students “recruiting” other students
- Students who completed intervention supporting other students



Students Sharing Impact ... their words ...



Question 1

What skills did you learn in SPARCS that you now use in your daily life?

- “Helps me slow down before I act”
- “I think about some of the activities we do in group such as the bottle about to burst”
- “I am able to help my friends think before they act”

Question 2

What did you like about SPARCS?

- “I learned things about myself”
- “I felt a part of the group & knew that what I said would stay in the group”
- “I learned to negotiate with my mom instead of arguing with her or walking out”

Question 3

What suggestions do you have to improve SPARCS?

- “Have more kids be a part”
- “Be able to be a part of the group in the second semester”

Question 4

Would you recommend SPARCS to other students? If so, why?

- “It really helped me”
- “You learn new ways of dealing with your anger”

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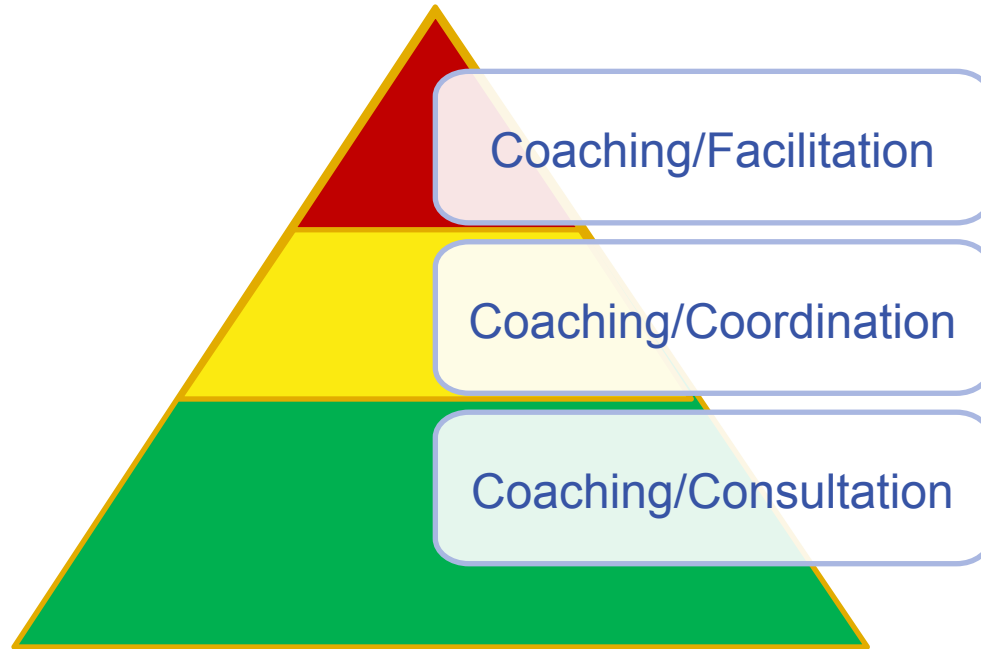
The “Old” System

- Send a student with **any social/emotional concern** to the clinician at **any time**
- **Subjective** decision-making vs. **Data Driven** decision-making to determine which social/emotional supports a youth receives
- Ask the clinician during an “update” meeting “**how does George do with you in your office**” as a means to assess his ability to generalize his behaviors to other settings
- Ask the clinician to cover the jobs of multiple other roles in the building (i.e. admin, discipline, etc.)

Over-servicing students with **low level needs**
AND
Under-servicing students with **high level needs**



The Role of the School-Based/Community-Based Clinician at All Three Tiers



Coordinator vs. Facilitator

Coordinator

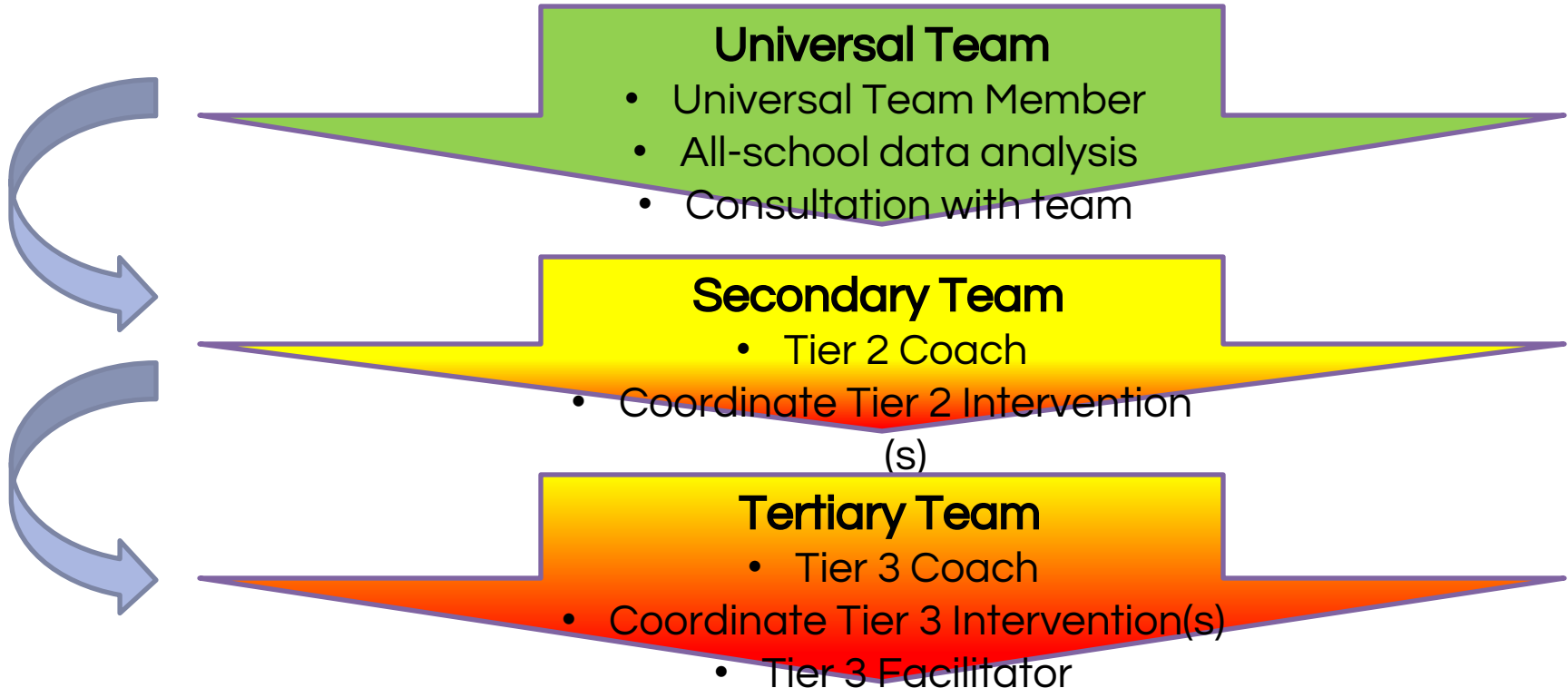
- Organizes and/or oversees the specific interventions such as CICO, S/AIG & Group with Individual Features
- Roles may include: scheduling meetings, reviewing & collecting data to share during team meetings, curriculum development, training, mentoring, etc...

Facilitator

- Directly provides intervention support services to youth/families
- Roles include: meeting with students for CICO, running groups, etc.

Where do school/community-based clinicians fit in?

(example of how a clinician can **travel through** the Tiers as they are being developed)



Moving from being the ***only*** response to identified social emotional needs, to being social emotional **leaders** of the building.



TO

Helping to build the capacity
of the rest of the staff



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ISF Targeted Workgroup Purpose

Selected group from each site to:

- 1. Learn and interact with other sites**
- 2. Create learning example to serve as national demonstrations**
- 3. Access to higher frequency of Technical Assistance**
- 4. Increase ISF Capacity at State/Regional Level**
- 5. Test and Refine ISF Tools**
- 6. Document effort in a Technical Assistance Brief**

I. Select District and Schools

1. Local political units share high priority for safe, nurturing, learning environments, climates that are conducive to family and community involvement, increased access to quality mental health care and increased local infrastructure that helps address a range of emotional and behavioral problems for all children and youth.
2. Team has support of state /region/local agencies
 - Member of state/regional team is assigned by state/region to meet with team on regular basis and serves as ISF facilitator
3. District and Schools agree to participate
 - 2-3 schools serve as knowledge development sites

Form/Expand Leadership Team

4. Local Integration team identified (membership should include representatives from the following areas to ensure local stakeholders is fully represented).
 - a.) School System Student Services and Special Education Directors
 - b.) Local Mental Health Provider
 - c.) Core Service Agency's Child and Adolescent Coordinator
 - d.) Juvenile Services Coordinator/Law Enforcement
 - e.) Coalition of Families offices
 - f.) Family, Youth and Community members
 - g.) Local Management Board representative
 - h.) Social Services representative other to include (where present) Youth MOVE Rep, System of Care Case Management entity or Family Navigator, community health provider, non-public special education school rep, recreation services, local health dept, board of education representative or other stakeholders identified by leadership

Can this team change job descriptions, re-allocate/flex funding, shape policy and address other organizational barriers that come up?

Establish Team Operating Procedures

5. Team develops mission that is outcome oriented. (e.g. School Completion, eliminating the achievement gap)
6. Team defines regular meeting schedule and meeting process to create an active community of practice that support the sharing and dissemination of information.

Conduct Resource Mapping

7. Team conducts needs assessment that identifies existing collaborations and initiatives utilizing a resource mapping process to determine current activities.
8. Team examines use of school and community based clinicians.
9. Team examines organizational barriers (funding, policy)
 - System in place to help community providers, schools, families and individual student behavior teams address systemic barriers to accessing quality mental health care and /or obtaining desired outcomes.
10. Team establishes measureable goals

Team Develops Evaluation Plan

11. Fidelity Tools Identified

12. Data System established and include ways to screen students and youth, track referrals, progress monitor, track fidelity of implementation and outcomes.

13. Economic Benefits (documented as time saved, money saved, etc.) are documented and cost/benefit is computed at least annually.

Benchmarks of Quality of ISF

- Under Development

Team Develops Integrated Action Plan

14. Team develops an integrated action plan for addressing gaps and assuring alignment, coordination and integration of supports and services that has measurable outcomes.
 - Grant opportunities and integration activities are identified

Integrated Action Plan

15. Integrated Action Plan includes:

- Formal Process for Selecting EBP,
- System for Screening Students and Youth,
- Communication and Dissemination activities

.

Sample Integrated Action Plan

Scranton School District SWPBIS Annual Action Plan SY 2014-15

Annual Goals:

Goal #1: Sustain and scale Tier One implementation

Action Item	Steps To Be Taken	Who?	By When?	Progress C / IP / NS
Schools implementing Tier One will complete annual assessments	Benchmarks of Quality Self-Assessment Safety	Tier One Team All faculty All faculty	April 15, 2015	
Scranton High and Prescott Elementary will explore implementation of Tier One	Complete self-assessment and safety survey	All faculty	October 1, 2014	
Schools will apply for recognition from PA PBS Network	Complete application and appropriate supporting documentation	Building coaches	November 15, 2014	

C = Complete, IP = In Progress, NS = Not Started

Goal #2: Sustain and scale Advanced Tiers implementation with CSBBH integration

Action Item	Steps To Be Taken	Who?	By When?	Progress C / IP / NS
Schools implementing advanced tiers will complete BAT and develop action plan	BAT completion	Tier Two Team	May 15, 2015	
Identify additional schools to be trained in Tier Two	Review score of BOQ, review data, readiness	DCLT	November 1	
CSBBH staff will continue to participate on the Tier Two teams	CSBBH will provide consultation to school staff CSBBH teams will accept new referrals	CSBBH teams T2 teams	ongoing	

C = Complete, IP = In Progress, NS = Not Started

Goal #3: Explore integration with new School Social Workers

Action Item	Steps To Be Taken	Who?	By When?	Progress C / IP / NS
Identify areas of need through resource mapping to "deploy" social workers	Provide overview to social workers Update resource mapping in identified buildings	Kim M. Building coach	November 1	
School social workers and CSBBH clinicians will co-facilitate SAIGs for targeted students	Meet with Tier Two Teams to identify needs Select evidence based groups to meet needs Identify students to participate in building level groups as indicated	Kim M Sue S T2 Coach MHPs	February 1, 2015	

C = Complete, IP = In Progress, NS = Not Started

Team develops MOU

16. Funding sources to cover activities for at least three years can be identified. (coordinator, training activities, marketing, evaluation)
 - Flexibility in use of funding to support new/re-allocated roles
17. Implementation Team Identified

Work Flow Checklist

1. Select District and Schools
2. Form or Expand District Team (Workgroup of existing team?)
 - Membership
3. Establish Operating Procedures
4. Conduct Resource Mapping of current programs/initiatives/teams
 - Identify gaps/needs
 - Conduct staff utilization
 - Examine organizational barriers
 - Establish priority- measureable outcomes

Work Flow Checklist (cont.)

5. Develop Evaluation Plan
 - District and School Level
 - Tools Identified
 - Economic Benefits
6. Develop Integrated Action plan
 - Identification of Formal Process for Selecting EBP's
 - System for Screening
 - Communication and Dissemination Plan
7. Write MOU- Determine who will implement the plan

ISF Monograph Appendices

- Appendix A
 - Survey on School Readiness for Interconnecting Positive Behavior Interventions and Supports and School Mental Health
 - Vittoria Anella and Mark Weist
- Appendix B
 - Building an Inclusive Community of Practice: Four Simple Questions
- Appendix C
 - Implementation Guide: Funding
- Appendix D
 - Implementation Guide: Evaluation Tools
- Appendix E
 - Implementation Guide: District and Community Leadership Teams
- Appendix F
 - Selecting Mental Health Interventions with a PBIS Approach
 - Robert Putnam, Susan Barrett, Lucille Eber, Tim Lewis, and George Sugai
- Appendix G
 - Knowledge Development Survey