Building Interventions for Students with Serious Mental Health Challenges via a School-wide System of PBIS

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BIG Ideas for Today:
Describe how interventions for students with significant mental health challenges can be efficiently delivered within a school-wide system of Positive Behavior Supports.

Share examples of how individualized interventions, including function-based behavior plans, person-centered wraparound and RENEW plans, can be layered up from an effective school-wide PBS curriculum.

A Reframe -
Putting outcomes for students with significant social/emotional/behavioral needs in schools as the focus/context for systems to educate and support ALL students.
(If schools design school-wide behavioral approaches to effectively support these students, they can improve outcomes for all students)

NPR
The Silent Epidemic: The Mental Health Crisis in our Schools
published on-line September 7, 2016

NPR Story Conclusion:
In Schools, Mental Health should be EVERYONE’s Job

Confusion about what constitutes effective support?

- Exclusion (or placements) seen as “intervention”
- Confuse label as “intervention”
- Confuse paperwork with intervention
- Confuse people with interventions
- Not so great interventions
- Not so great fidelity
- Resources not allocated commensurate with needs
We Know the Practices that Work for Students with significant social/emotional/behavioral needs...

- Proactive, strength-based; “set kids up” to experience success
- High rates of consistent, supported instruction; teach/practice/reinforce
- Predictable and consistent environments
- Know unique “why?” for each student/problem
- Contextual fit: Strategic use of natural supports, and settings
- Careful monitoring of data over time with ongoing revisions to guide incremental improvements in quality of life

• Behavior support is the redesign of environments, not the redesign of individuals.
• Positive behavior support plans define changes in the behavior of those who will implement the plan. A behavior support plan describes what we will do differently.

Do ALL staff understand the context for effective behavior interventions?

It Takes a System...

.....that builds system capacity for advanced tiers

1. Single System of Delivery
2. Access is NOT enough
3. Mental Health is for ALL
4. MTSS essential to install SMH

1. Single System of Delivery
- One committed and functional team with authority guides the work, using data at three tiers of intervention
- MH participates across ALL Tiers
- Evidence Based Practices/ Programs integrated at each tier
- Symmetry (of process) at District and Building level
  - District has a plan to integrate MH at all buildings
  - Plan is based on community and school data
- Plan to build “social emotional” capacity across staff
  - Training and Coaching in place for ALL staff (community and school employed)
  - Staff are competent and confident in identifying, intervening and/or referring
2. Access is NOT enough

All work is focused on ensuring positive outcomes for ALL children and youth and their families.

- Interventions matched to presenting problem using data, monitored for fidelity and outcome
- Teams and staff are explicit about types of interventions students and youth receive (e.g. from “student receives counseling” to “student receives 4 coping skills group sessions)
- Skills acquired during sessions are supported by ALL staff (e.g. staff are aware that student is working on developing coping skills and provides prompts, pre-corrects, acknowledges across school day)

3. Mental Health is for ALL

- Positive school climate and culture serves as protective factor.
- Social/emotional/behavioral health addressed with same level of attention and concern as is our children’s academic and cognitive achievement.
- Social behavior skills taught and reinforced by ALL staff across ALL settings, and embedded in ALL curriculum
- Behavior examples used to explicitly teach what behaviors look like and sound like across school settings

EBP = Teaching Skills

(same for social/emotional as for academics)

- Define simply
- Based on data, adjust instruction & reteach
- Model/demonstrate w/ range of examples
- Practice in range of natural settings
- Monitor & provide positive feedback & reinforcement
4. Installed and aligned with core features of MTSS framework.

- Teams
- Data-based Decision-making
- Continuum of linked EBP's
- Screening
- Progress monitoring
- Ongoing PD/coaching

Are these features in place (or partially/in progress) in your district?

Consider Features of SWPBIS w/ regards to youth with EBD

Module 1: PBIS Team
Module 2: Faculty Commitment
Module 3: Expectations and Rules
Module 4: Lesson Plans
Module 5: Acknowledgement
Module 6: Discipline Procedures
Module 7: Data Entry and Analysis
Module 8: Classroom Behavior Systems
Module 9: Evaluation
Module 10: Implementation Plan

Common Language

<table>
<thead>
<tr>
<th>Expectations</th>
<th>3-5 overarching school-wide expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviors/Rules</td>
<td>specific tasks students are to do to achieve the school-wide expectations</td>
</tr>
<tr>
<td>Routines/Procedures</td>
<td>methods or process for how things are done in non-classroom settings and each classroom</td>
</tr>
</tbody>
</table>

Guidelines

- School-wide reinforcements are for every student
- Acknowledge the behavior
- Include the students in identifying possible recognitions
- Recognize students other than your own in common areas
- Recognition closely follows the desired behavior
- Keep it novel

Positive Behavior Interventions & Supports: A Response to Intervention (RtI) Model
**Tier 2/Tier 3…..**

**Changing Existing Systems**

- Harder than starting from scratch
- Schools think they are “already doing it”...
  - Need to “deconstruct” some existing teaming approaches and practices
  - Data not being used except to justify placements

**Example of Change that may be Needed**

- “Groups” that are not evidence-based
- Clinicians “seeing” students w/o clarity of intervention and data to determine effectiveness
- Re-install FBA/BIP process with focus on effectiveness vs compliance

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**Failed Interventions are Not Neutral**

- They leave a residual effect...

**TIER 2/3:**

**Intervention Examples, Decision-Rules and Tools**

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**Check-in-Check-out (CICO)**

- Merely an extension of Tier 1
- Some get high frequency scheduled positive contact with adults
- Youth solicit the positive contact/feedback
- Low effort for teacher if built on Tier 1
- Need to have 7-12% accessing if it is to come to be a routine in your school(s)
- If you only have 1-2% on CICO, those are likely to be kids who need more….

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**Social/Academic Instructional Groups**

- Selection into groups should be based on youths’ reaction to life circumstance not existence of life circumstances (ex. fighting with peers, not family divorce)
- Goals for improvement should be common across youth in same group (ex. use your words)
- Data should measure if skills are being used in natural settings, not in counseling sessions (transference of skills to classroom, café etc.)
- Stakeholders (teachers, family etc.) should have input into success of intervention (ex. Daily Progress Report)
Social Skills/Academic Instructional Groups: Key Points Resulting from ‘Innovation’

- Selection into groups based on youths’ reaction to life circumstance not existence of life circumstances
  - ex. fighting with peers, not family divorce

- Goals for improvement common across youth in same group
  - ex. use your words

- Data used to measure if skills are being USED in natural settings (vs. in counseling sessions)
  - transference of skills to classroom, café etc.

- Stakeholders (teachers, family etc.) have input into success of intervention
  - ex. Daily Progress Report

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“Social & Academic Instructional Groups”
(Sample coping skills group)

Use calm words with feeling temperature if necessary.

Instructional Expectations:

- Be Responsible
- Be Respectful
- Be Safe

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“Responding to Problem Behavior in Schools: The Behavioral Education Program” by Crone, Horner, and Hawken

“Tier Plan with Trauma-Informed Strategy”

Teacher Initials

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Daily Progress Report (DPR) Sample

Data used to measure if skills are being USED in natural settings (vs. in counseling sessions) in relation to the following sets of expectations/behaviors.

Teacher Initials

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Daily Progress Report (DPR) Sample

Teacher please indicate YES (2), SO-SO (1), or NO (0) regarding the student’s achievement in relation to the following sets of expectations/behaviors.

Teacher Initials

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Teacher please indicate YES (2), SO-SO (1), or NO (0) regarding the student’s achievement in relation to the following sets of expectations/behaviors.

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—from Grant Middle School STAR CLUB
We Know the Practices that Work...

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- High rates of consistent, supported instruction; teach/practice/reinforce
- Predictable and consistent environments
- Know unique “why?” for each student/problem
- Contextual fit: Strategic use of natural supports, and settings
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We Know the System Features Needed to Support the Effective Practices...

- A Team unique to each individual child & family
  - Blend the family/natural supports with the school representatives who know the child best
- A defined Meeting Process
  - Meet frequently and use data
  - Develop, implement, review range of interventions
- Facilitator Role
  - Bringing team together
  - Blending perspectives; guiding consensus
  - Systematic use of data (strengths and needs)

Interventions...

Ownership & Voice: A Key to Intervention Design

The person who is supposed to implement the strategy needs to be actively involved in designing it; or it probably won’t work!

Tier 3 Interventions

- Person-Centered (voice and choice)
- Highly individualized (unique team per student)
- Multiple Data Sources (add Tier 3 data-Perception data)

- Complex function-based behavior plans
- Wraparound/RENEW/Family Focused Plans

Do All Staff Understand the Context for PBIS?

- Behavior support is the redesign of environments, not the redesign of individuals.

- Positive behavior support plans define changes in the behavior of those who will implement the plan. A behavior support plan describes what we will do differently.

Problem Solving Steps

Step 1: Problem Identification
What's the problem?

Step 2: Problem Analysis
Why is it occurring?

Step 3: Intervention Design
What are we going to do about it?

Step 4: Response to Intervention
Is it working?
Competing Behavior Pathway
Behavior Intervention Plan

<table>
<thead>
<tr>
<th>Setting Event Strategies</th>
<th>Antecedent Strategies</th>
<th>Teaching/Instructional Strategies</th>
<th>Consequence Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neutralize/eliminate setting events</td>
<td>Add relevant &amp; remove irrelevant triggers</td>
<td>Teach alternative that is more efficient</td>
<td>Add effective &amp; remove ineffective reinforcers</td>
</tr>
</tbody>
</table>

Behavioral Pathway

<table>
<thead>
<tr>
<th>Setting Event</th>
<th>Antecedent</th>
<th>Problem Behavior</th>
<th>Consequence</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days with Gym</td>
<td>Less structured activities that involve competition</td>
<td>Negative comments about activity and to peers leading to physical contact</td>
<td>Sent out of P.E. class</td>
<td>To escape setting</td>
</tr>
</tbody>
</table>

Brief Function-based Interventions

- **Setting Event Strategies**: Add check-in before gym
- **Antecedent Strategies**: Behavior Lessons for all students about using respectful language with self and others and how to be a good sport
  - More frequent activities with less focus on competition (parachute, 4-square, etc.)
  - Pre-correct
- **Teaching Strategies**: Teach social skills (getting along with others, friendship, problem solving, sportsmanship)
  - Teach how to approach gym teacher to ask for a drink of water to leave setting.
  - Teach student how to re-enter and continue with activity
- **Consequence Strategies**: Acknowledging/rewarding student when uses new skills (asking for a drink of water to leave, using respectful language with peers, being a good sport, etc.)

Wraparound: The Basics

- **Team based intervention**: youth & family select team members
  - create a goal to address barrier(s) to student being successful at school
  - work together to support student (and family) in achieving the goal
- **Ten Principles**: Strength-based family leadership, Team based, Flexible funding/services, Individualized, Perseverance, Outcome focused, Community based, Culturally competent, Natural supports, Collaborative
- **Four phases**: Engagement, Plan Development, Implementation & Monitoring, Transition
- **Duration**: 3-6 months, 3.5-5 hours per week, per student, per Facilitator

Tertiary Level “Coaches” Have to Help
Establish Capacity (Fidelity) for Wraparound

- Commitment of time
- Commitment to “stay at table”
- Willingness to regroup and be solution-focused
- No judging or blaming
- Time for listening to stories
- Time for venting, validating
- Establishing consensus
- Voice of student/family in prioritizing
- Establishing ownership
Tertiary Interventions
Phases of Tier 3 Coaching
★ Phase 1: Modeling - Coach models the desired skills and competencies
★ Phase 2: Support and Feedback - Coach provides support and feedback
★ Phase 3: Monitoring – Coach monitors to ensure fidelity

WHAT DOES THIS LOOK LIKE AT A SCHOOL SITE?

Sample High School: PBIS
(Within Placer County CA)
★ Third year of PBIS implementation
  – Tiers I and II are solid
  – Partially implementing Tier III (School based Wraparound)
★ 50% reduction in office referrals

Sample High School: PBIS
Systems (Supporting Adult Behavior)
★ District Leadership Team (guided by DCA)
★ 2 district PBIS coaches support 18 schools across the district
★ Tier I Team & Intervention Team
★ Team completes Tiered Fidelity Inventory two times per year (Tier I = 84%, Tier II = 75%, Tier III = 34%)

Sample High School: PBIS
School Mental Wellness (SMW)
• Current needs: Sample High School is a high performing school with a diverse student body of 2,000 students.
• Recent data indicates that Sample High School’s students reflect national trends with approximately 20% (400 students) reporting mental health concerns that are significant enough to cause impairment.
• California Healthy Kids Survey/school counselors report high number of students are leaving class and high levels of suicidal ideation.
MH programs to Enhance Their PBIS

**Tier III: ASIST**

**Tier II: Mental Health First Aid**

**Tier I: Eliminating Barriers to Learning (EBL)**

Universal System to Identify Students with Possible Mental Health Needs

**Five Modules**

- **Eliminating Barriers for Learning: The Foundation**
  Social-emotional development, stigma, and discrimination

- **Social-Emotional Development, Mental Health, and Learning**
  Overview of disorders, effects on learning, risk factors, and classroom strategies

- **Making Help Accessible to Students and Families**
  Formulate a plan to help students with mental health needs

- **Strategies To Promote a Positive Classroom Climate**
  Create a climate that promotes learning and mental wellness

- **Infusing Cultural Competence into Mental Wellness Initiatives**
  Practical considerations for the classroom and campus

**Mental Health First Aid**

- 8-hour course that teaches you how to help someone who is developing a mental health problem or experiencing a mental health crisis
- Helps you identify, understand, and respond to signs of mental illnesses and substance use disorders
  - A ssess for risk of suicide or harm
  - L isten nonjudgmentally
  - G ive reassurance and information
  - E ncourage appropriate professional help
  - E ncourage self-help and other support strategies

**Applied Suicide Intervention Skills Training (ASSIST)**

- For caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide
- Two-day, highly interactive and practice-oriented workshop (15 hours)
- Develop skills
  - Learn how to communicate with a suicidal individual
  - Recognize and review risk
  - Intervene to prevent the immediate risk of suicide
  - Understand resources available

**NAMIOn Campus**

- Peer clubs led by an advisor that bring mental health awareness to campus
- Clubs open to all students, regardless of mental health status
- Clubs promote mental health activities on campus
- Strive to create a safe and stigma and discrimination-free environment on campus
- Creates life-long mental health advocates

**Activities include:**

- Participate in the Directing Change video contest
- Participate in Mental Illness Awareness Week
- Movie screenings
- Host events featuring speakers with lived experience
- Learning the accurate facts about mental illness
- Discussions on how to support friends
- Identification of on-and off-campus resources and services
- Advocating for district administration to create new policies or action plans for mental health awareness, education and pre/post-vision plans
Signs of Suicide
- Secondary school-based suicide prevention program that includes screening and education
  - Students at risk referred for professional support
- Video teaches students to recognize signs of depression and suicide in themselves and others
- Guided classroom discussions about suicide and depression
  - Acknowledge
  - Care
  - Tell

Eliminating Barriers to Learning in Action
- Anna has been struggling to complete her assignment for the past few months and often appears worried in class. Her attendance has been poor, her grades recently declined and Ms. Dennis suspects that Anna may be abusing alcohol or drugs. Ms. Dennis responds by:
  - Providing immediate support and
  - Referring Anna to Sample High School’s Intervention Team

The Intervention Team at Sample High School
- The Intervention Team at Sample High School meets and after reviewing the progress on the effectiveness of their Tier II interventions and review progress monitoring data on specific students that have been placed into these interventions, the team begins reviewing new referrals.
- Ms. Dennis had completed a Request for Assistance Form for Anna and the team begins by reviewing this form.
- Specific concerns included: possible anxiety, possible drug use, frequent absences, withdrawal, and poor work completion
- The team decides to place Anna into a Tier II Intervention

Reconnecting Youth
- 75 lessons in the RY curriculum. It is typically offered as a semester-long, for-credit class by a teacher/facilitator –

RY program goals:
- Increased school performance
- Decreased drug involvement
- Decreased emotional distress

Activities Focus On
- Self-esteem Enhancement
- Decision Making
- Personal Control
- Interpersonal Communication

Check in Check out
- The intervention Team Selects Check in Check out for Anna, below is her response to this intervention:
  - The concerns about Anna’s drug abuse has lasted but she is not coping:
  - The chart shows Anna’s progress to date. Anna continued to have significant needs, substance use continues and there appears to be complex family needs.

Intervention Team Meeting
- After several weeks, the Intervention Team reconvened and discussed Anna’s progress to date. Anna continued to have significant needs, substance use continues and there appears to be complex family needs.
  - They quickly ruled out fading supports and decided to either
    - Keep Anna in her existing Tier II intervention or
    - Place her into School Based Wraparound
School Based Wraparound

- Holistic method of engaging with individuals with complex needs
- Focus on home, school and community
- Process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process
- Focus on strength and needs
- Development of family and students resources
- Begins from the principle of “voice and choice”

Anna’s Wraparound Team

- Team Members: Anna, Science Teacher, School Counselor, Pastor, Neighbor and Family Friend/Previous Girl Scout Leader
- Second Meeting:
  - Anna does not show up for the meeting
  - Ms. Irvin, the family friend, reports that Anna had told her that she does not want to participate because she “does not plan on being around for next semester.”
  - Ms. Brown, the school counselor, identifies this as a possible warning sign and establishes time to meet with Anna to conduct an ASIST intervention

Anna’s ASIST Intervention

- Ms. Brown meets with Anna, engages and connects Anna’s warning signs/invitations and asks directly and clearly if Anna is having thoughts of suicide.
- Anna reports that yes she has recently been thinking about ending her life but does not yet have a suicide plan.
- Ms. Brown follows the school’s protocol and notifies Anna’s parents. Ms. Brown provides connections to formal supports in the community and is an ongoing support contact for Anna at school.

Wraparound

- Anna’s Wraparound team continues to meet and after several months, they reevaluate her progress.
- Anna is no longer having thoughts of suicide and is not using drugs
- Anna attendance has improved but could still be better
- Anna has not had a behavioral referral in 6 weeks and she is passing her classes
- Below is pre and post data from wrap

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre</th>
<th>Post</th>
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</thead>
<tbody>
<tr>
<td>GPA</td>
<td>1.22</td>
<td>2.40</td>
</tr>
<tr>
<td>School Attendance</td>
<td>60%</td>
<td>75%</td>
</tr>
<tr>
<td>BERS, Teacher rating of student</td>
<td>86</td>
<td>111</td>
</tr>
<tr>
<td>BERS, Parent rating of student</td>
<td>76</td>
<td>94</td>
</tr>
<tr>
<td>BERS, Student rating of self</td>
<td>69</td>
<td>100</td>
</tr>
<tr>
<td>Discipline Violations, Average per month</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

Context Matters

- Make it work for Teachers, Kids and Families
- Make Mental Health Interventions Transparent
- Make sure Adults Feel Competent and Confident at all Tiers