H-1 — Addressing Students with Internalizing Needs through School-Wide PBIS

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• Dr. Mark Weist
• Dr. Joni Splett
• Elaine Miller
• Marion County Public Schools
• PBIS TA Center

Improving Multi-Tiered Systems of Support for Students with “Internalizing” Emotional/Behavioral Problems


Today’s Content

I. Problem Context/History/Rationale
II. Applying ISF to the Problem
III. An example

Objectives:

- Describe context/history
- Describe an interconnected Systems Framework as a whole population and systemic response

“Internalizing” Problems

- Depression
- Anxiety
- Fears/ phobias
- Trauma symptoms
Challenges to focus on Internalizing problems

- Less visible problems less likely to be focused on generally and especially in the very busy environment of schools
- Lack of Tier 1 examples
- Staff generally not trained or supported for effective identification and intervention with these youth

Youth with Externalizing vs. Internalizing Challenges

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<tr>
<th></th>
<th>Received Mental Health Services</th>
<th>Received Special Education Services</th>
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<tbody>
<tr>
<td>Externalizing</td>
<td>85%</td>
<td>75%</td>
</tr>
<tr>
<td>Internalizing</td>
<td>65%</td>
<td>40%</td>
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</table>


Distinguishing Internalizing from Externalizing Problems

- Externalizing problems are highly interactive and social
- By contrast, internalizing problems are notable for what they are not
- Social and academic “treading water” or “disappearing” while others are moving forward
- Examples: requesting to leave events, reduced participation in activities, poor completion of work, frequent trips to the school nurse, withdrawal from peer interaction

Reducing the Likelihood of Early Identification/Intervention

- A percentage of students with internalizing problems use academic achievement as a coping mechanism; hence, are doing “well” and are even less likely to be identified and offered support/help

Key Intervention Targets for Internalizing Problems

- Psychoeducation
- Self-monitoring
- Problem solving
- Cognitive restructuring
- Activity scheduling (pleasurable, instrumental, exercise)
- Social skills
- Relaxation
- Exposure

An Interconnected Systems Framework (ISF) Defined

- A Structure and process for education and mental health systems to interact in most effective and efficient way.
- Guided by key stakeholders in education and mental health/community systems, youth/family
- Who have the authority to reallocate resources, change role and function of staff, and change policy.
ISF Enhances MTSS Core Features

- **Effective teams** that include community mental health providers
- **Data-based decision making** that include school data beyond ODRs and community data
- Formal processes for the selection & implementation of evidence-based practices (EBP) across tiers with team decision making
- **Early access** through use of comprehensive screening, which includes internalizing and externalizing needs
- Rigorous **progress-monitoring** for both fidelity & effectiveness of all interventions regardless of who delivers
- **Ongoing coaching** at both the systems & practices level for both school and community employed professionals

### Where We’ve Been:

- 2002-2007: Site Development with PBIS Expansion (informal and independent)
- 2005: Community of Practice focus on integration of Positive Behavioral Interventions and Supports (PBIS) and School Mental Health (SMH)
- 2008: ISF White Paper: formal partnership between PBIS and SMH
- 2009-2013 Monthly calls with implementation sites, national presentations (from sessions to strands)
- 2009-2011 Grant Submissions
- June 2012- September 2013 ISF Monograph & Monograph Advisory group
- 2015: ISF Learning Community, SOC, Webinar Series
- 2016: Randomized Control Trial (RCT) Grant awarded
- 2016: Targeted Work Group Webinars (8)
- 2017: Targeted Work Group Webinars continuing, knowledge development sites across country
- 2018: Continued webinars and knowledge development sites
- 2018: Expanded Training/TA curriculum and workbook

### Where We* are Headed

- 2018-19 Targeted Work Group (TWG) webinars and knowledge development sites continue
- National PBIS Center: Development of ISF Demonstration sites
- Expanding on-line curriculum, resources, tools,
- Volume 2 of ISF monograph: An Implementation Guide

* OSEP's National PBIS TA Center (PBIS V - 2019-2024)

### ISF Volume 2: An Implementation Guide

- Chapter 1: Context and Structure for Volume
- Chapter 2: Defining ISF: Origins, Critical Features, and Key Messages
- Chapter 3: Exploration and Adoption
- Chapter 4: Installing ISF at the District and Community Level
- Chapter 5: Installing ISF at the Building Level
- Chapter 6: Implementation at District and Building Levels
- Chapter 7: Innovation, Summary, and Recommendations to the Field

### Advancing Education Effectiveness:

Interconnecting School Mental Health (ISF) and School-Wide Positive Behavior Support (PBIS)

Editors: Susan Barrett, Lucille Eber and Mark West

pbis.org

csmh.umaryland

IDEA Partnership NASDSE
What Does it Look Like?

1. Single System of Delivery
   One set of teams
   - Community and School level staff serve on leadership team and make decisions as a TAE
   - Symmetry of Process
     - State
     - County
     - District
     - School
   - A seamless system for accessing interventions
     - Both school and community based supports

What Does it Mean to Integrate?

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What Does it Look Like?

The District and School team includes community providers, families, students and persons who have authority to make structural changes within their organizations.

Teams work collaboratively with students, implement programs, and eliminate, adjust, replace programs at all tiers to increase their impact on students.

Ineffective programs or practices are eliminated.

What Does it Mean to Integrate?

Change in routines and procedures?
(e.g. who needs to be available to participate in team meetings?)

Change in how interventions are selected and monitored?
(e.g. team review of data/research vs individual clinician choice?)

Change in language we use?
(e.g. identifying specific interventions vs generic terms such as “counseling” or “supports?”)

Changes in Roles/functions of staff?
(e.g. clinicians coordinating/overseeing some interventions that non-clinicians deliver?)
4. The MTSS Framework Need implementation science to guide the work

- Data-based decision making is used at all levels with types of interventions selected based on evidence and complexity of interventions.
- A formal process for selecting and implementing evidence-based practices is established.
- Comprehensive screening allows for early access to interventions.
- Progress monitoring for both fidelity and effectiveness.
- Skills taught in Tier 2/3 interventions are supported by ALL staff across ALL settings linked to Tier 1 SEB instruction.
- Ongoing professional development and coaching to ensure fluency and to guide refinement of implementation.

What Does it Look Like?
The system models a Public Health Approach
All initiatives/programs are aligned and installed with core features of MTSS
The continuum of evidence-based interventions are linked across tiers, with dosage and specificity of interventions increasing from lowest to highest tiers.

Installing a Trauma Approach within the Framework of PBIS

Step 1: What does the data say? (Community factors, behavioral patterns, climate surveys, fidelity?
How many students are impacted?
How many staff are impacted?

Step 2: What is the SMART (specific, measurable, attainable, realistic, time-bound) goal?

Step 3: What will we do to support student behavior and provide necessary coping skills? What curriculum will we select? (e.g. SEL, Coping Cat, SPARKS) Match to need.

Step 4: How do we teach staff the necessary skills? How do we support staff to implement with fidelity?
Professional Learning Communities used to support one another in development of practices. How do we use data to assess and improve practices? How do we improve?

An ISF Approach Starts with

- District Community Leadership Team
  - Authority to overcome organizational barriers and foster pathways for ALL staff to be engaged in the effort
  - Inclusive of family, student and community members as leaders

ISF Action Planning Companion Guide to SWPBIS TFI

- The purpose is to guide action planning for integration of Mental Health into PBIS
- Not for use in scoring the TFI
  - (at this point, the ISF enhancements do not impact PBIS fidelity measures; to measure ISF fidelity, consider piloting the ISF II)

Uncovering Students with Internalizing Needs

- What if we looked at attendance, tardiness, behavior referrals, suspensions, grades, visits to nurses office and loitering in hallway as an indication that our students and youth more social emotional supports?
- and exclusionary responses will make it worse?
1.5 Problem Behavior Definitions

### Subscale: Problem Behavior Definitions

**Implementation**

School has clear definitions for behaviors that interfere with academic and social success and a clear policy/procedure (e.g., flowchart) for addressing office-managed versus staff-managed problems.

**PBIS Big Idea:** Explicit definitions of acceptable versus unacceptable behavior provide clarity to both students and staff and is a critical component of identifying clear procedures for staff to respond to inappropriate behavior objectively.

**ISF Big Idea:** Community, family/student input into the definitions of acceptable vs. unacceptable behaviors expands the view of behavioral definitions and increases likelihood of cultural relevancy and student engagement.

**ISF Enhancements**

The school team develops a clearly documented and predictable system for managing disruptive behavior that represent community family/student values and culture.

Referral procedures include ways to track students leaving their instructional environment (e.g., visits to the nurse or school counselor) so the needs of youth with internalizing as well as externalizing challenges inform the behavior definition process.

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**Broaden Use of Data: Focus on Internalizing Issues**

**Ask the Families!**

Parent Screener for ALL students transitioning to Middle school

Adapted from Dishion et al. https://reachinstitute.asu.edu/

**Muskegon County Challenges**

Adverse Childhood Experiences

**MiPHY** 2018

38.3% (1041) of 9th and 11th graders AEC
27.8% (431) of 7th graders

Reports 2 or more of the following things happened to them during their life:

- death or a parent or caregiver
- mental abuse
- physical abuse
- sexual abuse
- abuse in home or neighborhoods
- family violence who had mental illness or attempted suicide
- lived with a person who was an alcoholic or used drugs
- lived with a person who went to jail or prison

**MiPHY - MT Profile for Health Youth - youth survey for grades 7, 9, and 11**
Muskegon County Challenges

- 2017-18 over 200 newborns tested drug positive
- 80th in Child Wellness (out of 83 in Michigan)
- Muskegon County children experience twice the number of trauma events compared to the state average

2.3 Screening

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier II Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teams</td>
<td>2.3 Screening: Tier II features (decision rules and multiple sources of data: academic progress, screening tools, attendance, teacher/family/student nominations) to identify students who require Tier II supports. <strong>IPS Big Idea</strong>: Quick access to additional supports increases the likelihood of student success.</td>
</tr>
<tr>
<td>ISF Enhancements</td>
<td>Screening for social, emotional, and behavioral concerns; both internalizing and externalizing; allows students to be identified early and linked to the appropriate intervention.</td>
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2.4 Request for Assistance

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<td>Teams</td>
<td>2.4 Request for Assistance: Tier II planning team makes written request for assistance form and process that are timely and available to all staff, families, and students. <strong>IPS Big Idea</strong>: Communicating how to refer a student for additional supports allows all staff, families, and students to understand how to get help.</td>
</tr>
<tr>
<td>ISF Enhancements</td>
<td>There are written procedures that are shared with staff, families, and students regarding how to access the continuum of interventions. All available interventions, regardless of why for/time/delivered them, are included in one request for assistance process.</td>
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2.6 Tier II Critical Features

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<th>Tiered Fidelity Inventory: Tier II Features</th>
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</thead>
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<tr>
<td>Teams</td>
<td>2.6 Tier II Critical Features: Tier II behavior support interventions provide (a) additional instruction/time for student skill development, (b) additional structures/predictability, and/or (c) increased opportunity for feedback (e.g., daily progress report). <strong>IPS Big Idea</strong>: When critical features are in place, students are more likely to respond and have improved success.</td>
</tr>
<tr>
<td>ISF Enhancements</td>
<td>School-wide screening protocol includes a process to identify both internalizers and externalizers. Data from screening and Tier II decision rules are used to select appropriate evidence-based intervention (e.g., a small group of students are experiencing anxiety, an intervention specifically aligned to teach coping strategies is selected).</td>
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Understanding Types of Groups

**Revision:** to Consider: structure, skills taught, staff skills, location, and frequency. **IPS or “kernels”** matched to student need with instructional focus, skilled staff (e.g., group dynamics, content, behavior science, clinical).

**Example:**

- Social Behavior - Core Curriculum taught by teacher daily to all students.
- Small group taught by teacher and support teacher.
- Self-management cards for some students.

- Pre-Social Skills Core SE curriculum taught by staff
  - Support to staff with teaching background
  - Outcomes of SE: 3 weeks

- Coping Skills - group taught by advanced technical skills
  - Support to teacher with technical skills
  - Location varies
  - Daily
3.3 Screening

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Tiered Fidelity Inventory: Tier 3 Features</th>
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<tr>
<td>Teams</td>
<td>Tier III teams use decision rules and data (e.g., ODRs, Tier II performance, academic progress, absences, teacher/family/student nomination) to identify students who require Tier III supports.</td>
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<tr>
<td>PBIS Big Idea:</td>
<td>Quick access to additional supports increases the likelihood of student success.</td>
</tr>
<tr>
<td>ISF Big Idea:</td>
<td>Mental health/community and family/student participation in data review can a) provide a broader perspective and b) offer additional screening tools, for ensuring all youth in need of Tier III are identified as soon as possible.</td>
</tr>
<tr>
<td>ISF Enhancements</td>
<td>School and community-employed staff participate on Tier III systems teams, along with family/youth, to consider possible screening data, additional screening tools (e.g., trauma screening for individual students) and to review data for students in need of Tier III supports. The integrated Tier III systems team is trained to facilitate screening tools with individual families (e.g. &quot;Family Check-up&quot;) to assess individualized needs for either school or community-based supports.</td>
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Universal Emotional Health Screening at the Middle School Transition

Addressing an Increased Need

- Don’t assume everyone will have a need for specialty mental health services.

Case Example (Vander Stoep et al 2005)
- 861 Middle School Students
- 131 screened positive

Triage

- 131 Students with Positive Screen
- Within 2 weeks, a 20-30 minute clinical assessment completed with 131 students
  - Diagnostic interview, suicide risk screen
  - Source of Stress Identified in 3

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<tr>
<th>Academic Support</th>
<th>Emotional/Behavioral Supports</th>
<th>Clinical Need: Mental Health</th>
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<tbody>
<tr>
<td>24%</td>
<td>47%</td>
<td>13%</td>
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Cost

- 50 minute class time to conduct screening
- Triage Assessment = 43 hours for 131 students
- Hired short term clinicians to conduct assessment
  - $9 - $15/student
- How much does it cost if we wait?

NIJ Comprehensive School Safety Initiative

- Interconnecting PBIS and School Mental Health to Improve School Safety: A Randomized Trial
  - Awarded January 2016, $4.1 million
  - PI Mark Weist, Co-PI Joni Splett, Co-I Colleen Haliday-Boykins, Lead Research Manager Elaine Miller
- Study Aims:
  - Evaluate impact of all conditions on school discipline rates, teacher and student perceptions of school climate and safety and reported behavioral functioning of students
  - Evaluate the impact of all conditions on the functioning of teams, and access to treatment; quality of intervention and cost-effectiveness relative to improving behavior and school safety
Study Design

- 24 Participating Elementary Schools
  - Charleston County, SC (12)
  - Marion County, FL (12)
  - Prior to study all were implementing PBIS; none were implementing SMH
- Each school is randomized to one of three conditions
  - PBIS Only
  - PBIS + SMH (business as usual)
  - Interconnected Systems Framework (ISF)
- Intervention (ISF) in place for 2 academic years
- All students in the building are participants unless they opt out of study

Data-Based Decision Making

Do your data capture internalizing concerns?

Do your teams have capacity to plan/monitor interventions for internalizing concerns?

In PASS, did our data capture internalizing concerns?

- Used BASC-3 BESS Teacher with externalizing, internalizing, and adaptive skill subscales
- Compared students already receiving intervention to those newly identified by BASC-3 BESS Teacher


In PASS, did our data capture internalizing concerns?

- Not Identified, 71.5
- Newly Identified by Screener, 18.4
- Previously Identified by School, 10.1

180% increase in identified need with screener

In PASS, did our data capture internalizing concerns?

- Paper in preparation

50% of newly identified had internalizing concerns

Universal Re-screen Results F2016/S2017
In Summary…

Current National Data: Principals’ Concerns

<table>
<thead>
<tr>
<th>Areas listed as in extreme or high concern by principals of home principals, 2016</th>
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<tbody>
<tr>
<td>Increase in the number of students with emotional problems</td>
</tr>
<tr>
<td>Student mental health issues</td>
</tr>
<tr>
<td>Students exhibiting low levels of potential</td>
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<tr>
<td>Providing a continuum of services for students who are at risk</td>
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<tr>
<td>Student assessment</td>
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<tr>
<td>Student anxiety</td>
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<tr>
<td>Instructional problems</td>
</tr>
<tr>
<td>Teacher performance/efficiency</td>
</tr>
<tr>
<td>Professional development of staff</td>
</tr>
<tr>
<td>Fragmentation of programs/services</td>
</tr>
<tr>
<td>Management of student behavior</td>
</tr>
<tr>
<td>Financial resources</td>
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Source: The First 6 Years Study, 2016; A 6-Year Study from the National Association of Elementary School Principals (NAESP), Children’s Mental Health Education Foundation.

National Data (cont.)

▶ A national study completed in the journal *Pediatrics* (11/2016) found a 37% increase in the number of teens suffering from a major depressive episode from 2005 to 2014, but those receiving mental health counseling or treatment did not change significantly (Mojtabai, Ramin; Olfson, Mark; Han, Beth; 2016).

▶ A 2015 report from the Child Mind Institute states that of the 74.5 million children in the United States, it is estimated that just over 17 million have or have had a psychiatric disorder. The report goes on to state that according to interviews done by professionals with a group of youth ages 13-18, “49.5% of American youth will have had a diagnosable mental illness at some point before they are 18...” and that, “22.2% of American youth will have a diagnosable mental illness with ‘serious impairment’ at some point before they are 18.”

Current National Statistics

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- **Early access** through use of comprehensive screening, which includes internalizing and externalizing needs
- **Rigorous progress-monitoring** for both fidelity & effectiveness of all interventions regardless of who delivers
- **Ongoing coaching** at both the systems & practices level for both school and community employed professionals

Does your team have capacity to plan/monitor interventions for internalizing concerns?

**Tier 1**
- Initial stage
- Focus on universal screening and response

**Tier 2 Early Access**
- Targeted for students at risk
- Utilizes additional resources and supports

**Enhanced Tier 2**
- Comprehensive approach
- Additional strategies and interventions

**Tier 3**
- Intensive level of support
- High level of intervention

**PBIS: Supporting Our Most Vulnerable Children & Youth**

The National PBIS Leadership Forum is a technical assistance activity of the OSEP Technical Assistance Center on PBIS and provides an opportunity for the Centers' Partners to share information on the latest applications of PBIS. The forum includes sessions organized by strands that support initial through advanced implementation in a range of education settings, and assists state, district, and school leaders in improving student behavior and school climate. The forum is being held on October 3-4, 2019, in Chicago, Illinois.

**SAVE THE DATE**

**OCTOBER 3-4, 2019**  
Chicago, Illinois

Registration opens April 15th. For more information, visit the Upcoming Events page at www.pbis.org in March.

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**Follow us on Facebook and stay tuned for our FB Live events!**

**Website:** www.facebook.com/PBISForum

**Quick Reflection**

In your experiences:

a) What did you hear that is similar to the structures and way of work in your site?

b) What is different?

c) Possible Challenges you are thinking about?

What QUESTIONS do you have?