2.8 The Role of the School-Based Clinician in a 3-Tiered Model of Support

Center for School Mental Health
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Agenda

- **Overview** of 3 Tiered Model of Support for Behavior
  - Where do we fit in?

- **Analysis:** What is currently happening?
  (What is working? What is not working?)
  - Teaming
  - Systems
  - Social/Emotional Leaders for our buildings

- **Next Steps:** What do I need? What do WE need?
Objectives

- Be able to **define and explain** a Multi-Tiered System of Supports for Behavior
- Be able to **give examples** of how a clinician could fit into this multi-tiered system
- **Visualize what it could mean** to be a Social/Emotional Leader in a school building
- **Analyze what work is already being done** in your building(s) at all 3 Tiers, and **where you fit into that work**

Increase **collaboration among school-based clinicians**
Preface:

- **Language** surrounding this role in a school building is **different**.
- Different from school to school, district to district, and **state to state**.
- **Please forgive** any use of individual words (terms, roles, etc.) that may not align with the vision that you have regarding clinicians in school settings.
- Please hear the messages today through the scope through which you see it.
- **We will help** to make it fit for you.
Differentiation of Instruction
MTSS-B

- Level of knowledge
- Level of experience
- Level of comfort
- Desire to dig deeper
Consider Action Planning

Directions:
1. Use one action plan to coordinate all of the building’s PBIS implementation steps. This is a sample format; others can be used for the same purpose.

<table>
<thead>
<tr>
<th>Tier/Topic</th>
<th>Evidence/Data that Identifies Need</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Action</td>
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</tbody>
</table>
Setting the Stage

SYSTEMS VIDEO
Time to Chat!

Please divide a sheet of paper into thirds

- In the **FIRST** column, please consider how you would describe the role of your clinicians.
  - What do they do?

- In the **SECOND** column, please consider how your staff would describe the role of your clinicians.
  - What would they say that the clinicians do?

- In the **THIRD** column, please consider how your clinicians would describe their own role.
  - What would they say that they do?
Some clinicians have depicted it as follows:
Who are we in this system?

OR
A shift in our thinking...
Are WE...Are YOU?

- Open to changing
  - how students are identified for intervention
  - how interventions are selected, designed, and implemented
  - how student performance is measured and evaluated
  - how evaluations are conducted
  - how decisions are made

- Open to improving
  - skills (as needed) in evidence-based intervention strategies
  - progress monitoring methods
  - designing problem-solving models
  - evaluating instructional and program outcomes
  - conducting ecological assessment

- Willing to adapt
  - a more systematic approach to serving students
  - and a more systemic approach to serving schools
OLD SYSTEM
The “Old” System (pre-MTSS)

Examples

- 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 8 other people
  - (okay this one might stay the same, but hopefully less) 😊
Over-servicing students with low level needs

AND

Under-servicing students with high level needs
BEFORE

INDIVIDUAL/DIRECT CONTACT WITH STUDENTS

TIME SPENT IN ROLES SUCH AS INTERVENTION COORDINATOR, FACILITATOR, COACH, ETC.
AFTER

INDIVIDUAL/DIRECT CONTACT WITH STUDENTS

TIME SPENT IN ROLES SUCH AS INTERVENTION COORDINATOR, FACILITATOR, COACH, ETC.
TRANSITION PERIOD

INDIVIDUAL/DIRECT CONTACT WITH STUDENTS

TIME SPENT IN ROLES SUCH AS INTERVENTION COORDINATOR, FACILITATOR, COACH, ETC.
TRANSIITION PERIOD

INDIVIDUAL/DIRECT CONTACT WITH STUDENTS

TIME SPENT IN ROLES SUCH AS INTERVENTION COORDINATOR, FACILITATOR, COACH, ETC.

UH- OH!!

Feels like:
- More Work
- Increased Accountability
Common Trends

- Moving from reactive to preventative
- Time efficient and least restrictive
- Moving from Facilitating Tier 1 to Coordinating/Facilitating Tier 2/3
- Serving students in a purposeful/intentional way (reaction to, not existence of, life circumstance)

**Systems approach**
- Determine more effective/efficient ways to provide services to more students
- Consider looking at buildings as clients and not just individual youth/families

- Intervention first vs. direct referral to Professional
A shift in our thinking

- Thinking Differently about **What is the Problem**
  - **From** the problem is within the child
  - **To** the problem is due to a breakdown in the teaching and learning interaction/environment
Time to Chat!

- How are decisions made about when to give a youth MORE support?
  - When s/he will be supported by the Clinician?

- What does that process look like?

- If it is decided that a youth needs more support, how does s/he get that support?

- Would you say that these processes are systematized, or are they subjectively decided each time (meaning, a conversation is had in order to make a decision)?
NEW SYSTEM
School-Wide Systems for Student Success: A Response to Intervention (RtI) Model

Academic Systems

**Tier 3/Tertiary Interventions 1-5%**
- Individual students
- Assessment-based
- High intensity

**Tier 2/Secondary Interventions 5-15%**
- Some students (at-risk)
- High efficiency
- Rapid response
- Small group interventions
- Some individualizing

**Tier 1/Universal Interventions 80-90%**
- All students
- Preventive, proactive

Behavioral Systems

**1-5% Tier 3/Tertiary Interventions**
- Individual students
- Assessment-based
- Intense, durable procedures

**5-15% Tier 2/Secondary Interventions**
- Some students (at-risk)
- High efficiency
- Rapid response
- Small group interventions
- Some individualizing

**80-90% Tier 1/Universal Interventions**
- All settings, all students
- Preventive, proactive

Primary Prevention:
School-/Classroom-Wide Systems for All Students, Staff, & Settings

~80% of Students

Secondary Prevention:
Specialized Group Systems for Students with At-Risk Behavior

~15%

Tertiary Prevention:
Specialized Individualized Systems for Students with High-Risk Behavior

~5%

SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT:

• Students
• Staff
• Parents
• Families
Components of a School-wide Positive Support System – PBIS (Tier 1)

- Defining Expectations
  - School-wide Expectations
  - Matrices (different locations)

- Data-Based Decision Making
  - Data System
    - Tier 1, 2, 3

- Teaching
  - Behavioral Lesson Plans
  - All-school teaching stations
  - Kick-offs, etc.

- Preventing & Responding to Challenging Behavior
  - Re-teaching
  - Discipline

- Acknowledging
  - Frequent
  - Intermittent
  - Long term school-wide
Layering of Support

More individualization as student needs increase/intensify
Layering of Support

More individualization as student needs increase/intensify

CICO
Check In Check Out

SAIGs
Social / Academic Instructional Groups

Groups with Individualized Features
A Multi-Tiered System of Support for Behavior

**Tier 1/Universal**
- School-Wide Assessment
- School-Wide Prevention Systems

**Tier 2/Secondary**
- Daily Progress Report (DPR)
- Competing Behavior Pathway, Functional Assessment Interview, Scatter Plots, etc.
- Wraparound Tools: Home, School, Community Tool & Education Tool

**Tier 3/Tertiary**
- ODRs, credits Attendance, Tardies, Grades, DIBELS, etc.
- Check-in/Check-out (CICO)
- Social/Academic Instructional Groups (SAIG)
- Group Intervention with Individualized Feature (e.g. Mentoring)
- Brief Functional Behavior Assessment/Behavior Intervention Planning (FBA/BIP)
- Complex or Multiple-domain FBA/BIP
- Wraparound / RENEW
Huntley High School Map of Student Support Programming

Area of Focus

Academic
- Core Curriculum* Coaches—Angela Moyer/Joselyn Hummel/Jennifer Lang
- Guided Study Hall
- Peer Tutoring (NHS)
- 9th Grade Advisory (Link Crew)

Social/Emotional/Behavioral
- Rachel’s Challenge (Psych Club)
- The Raider Way

Systems Team:
Systems Coordinators:
- Building Administration, Academic/Behavioral Intervention Coordinators, Tier 1/2/3 Coaches, District RTI/PBIS

Coaches—Christina Nichols/Danyce Saul

Tier 1
- Raider Aid
- CRISS*—Price
- Swartzloff(s)

Tier 2
- Ten Mark (Math)*—Kish
- 9th Hour
- Writing*—Conant
- AMP—Meindl

Tier 3
- IEP/SpEd*—Nichols

Behavior Intervention Coordinator:
Anne Sharkey

Coaches—Jamie Meindl/Karen Miller

Student/Parent Ambassadors:
Three to Five Representatives

* - meets all PBIS/RTI criteria
- Not Fully Implemented
- Student-led Intervention

Updated: 2/15/2012
How do we design this filter to prevent **too many** students from going through to receive Tier 2 support, **AND** also ensure that **enough** youth receive it?

Check-In-Check-Out

- Check-In-Check-Out with Individualized Features
- Social/Academic Instructional Groups
- Mentoring

Brief Function-Based Problem Solving

Individualized Team Development: Complex Function-Based Problem Solving Person-Centered Planning

Who will receive clinician support
3-Tiered System of Support
Necessary Conversations (Teams)

**Universal Team**
- Plans SW & Class-wide supports

**Secondary Systems Team**
- Uses Process data; determines overall intervention effectiveness

**Brief Function-Based Problem Solving Team**
- Standing team; uses FBA/BIP process for one youth at a time

**Tertiary Systems Team**
- Uses Process data; determines overall intervention effectiveness

**Universal Support**
- CICO
- SAIG
- Group w. individual feature
- Brief FBA/BIP

**Brief FBA/BIP**
- Complex FBA/BIP
- WRAP RENEW
WHERE DO CLINICIANS FIT INTO THE TRIANGLE?
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 SAIG groups, etc.  
- Facilitation of Tier 2/3 individualized student plans/processes

* This role is different than your “building coordinators”
The Role of the School-Based Clinician at All Three Tiers

- Coaching/Facilitation
- Coaching/Coordination
- Coaching/Consultation
Tier 1

Coaching/Consultation

- Teams
- Systems
- Data
- All-Staff
- Families
Tier 2

Coaching/Coordination

- Systems
- Interventions
- Training/Support for Facilitators

Consultation
Tier 3

Coaching/Facilitation

- Individual student teams
- Direct service

Coordination

Consultation
All 3 Tiers

Social
Emotional
Leaders for
the building

Facilitate
(coaching)

Coordinate
(coaching)

Consult
(Coaching)

Helping to build the capacity of the entire building to support social/emotional needs
Can one person possibly...

<table>
<thead>
<tr>
<th>Coach the Universal Team</th>
<th>Coordinate Mentoring Program</th>
<th>Facilitate Wraparound processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analyze Universal data</td>
<td>Be a Mentor</td>
<td>Communicate with ALL staff and families around Tier 3</td>
</tr>
<tr>
<td>Push in for Universal curriculum teaching in classrooms</td>
<td>Communicate with all staff and families around Tier 2</td>
<td>Communicate with district about PBIS</td>
</tr>
<tr>
<td>Coordinate Check-In-Check-Out</td>
<td>Coordinate FBA/BIP processes</td>
<td>Coach all staff around ongoing PBIS implementation</td>
</tr>
<tr>
<td>Facilitate Check-In-Check-Out</td>
<td>Conduct Functional Behavior Assessments</td>
<td></td>
</tr>
<tr>
<td>Analyze Check-In-Check-Out data</td>
<td>Support Behavior Intervention Planning teams</td>
<td></td>
</tr>
<tr>
<td>Build Social Academic Instructional Group curriculum</td>
<td>Analyze Tier 3 data</td>
<td></td>
</tr>
<tr>
<td>Lead 3 different types of Social Academic Instructional Groups</td>
<td>Coordinate Wraparound/RENEW</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sit on Wrap/RENEW teams</td>
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</tbody>
</table>

Oh yeah….and EVERYTHING else you are already doing as part of your job (i.e. social developmental histories, student assessments, individual/group counseling, etc.)
Where do school-based clinicians fit in?
(example of how a clinician can travel through the Tiers as they are developed)

**Universal Team**
- Universal Team Member
- All-school data analysis
- Consultation with team

**Secondary Team**
- Tier 2 Coach
- Coordinate Tier 2 Intervention(s)

**Tertiary Team**
- Tier 3 Coach
- Coordinate Tier 3 Intervention(s)
  - Tier 3 Facilitator
SOCIAL/EMOTIONAL LEADERS IN OUR BUILDINGS AND DISTRICTS

School-based Clinicians
What we know…

Jane Meredith Adams, *EdSource*

“Definitions of social and emotional learning vary…”

“Interest in social and emotional learning is growing, fueled by a desire to create **positive school environments** and prevent bullying, disconnection, and academic underachievement.”

“Many educators are still unclear about what **social and emotional learning** is and how they can incorporate it into the classroom.”

“We sometimes receive push back from teachers, who say ‘right now, my top priority is Common Core’.”

(Libia-Gil, vice president at the Collaborative for Academic, Social, and Emotional Learning (CASEL))

The role of a COACH

- Do FOR- Model
- Do WITH- Lead
- CHEER On- Test

Goal: Building Capacity to support ALL youth
What does it mean to be a Social/Emotional “Leader”?  

Examples

- Providing social/emotional education/knowledge/professional development to ALL staff
- Providing access to social/emotional education/knowledge for ALL our families
- Training other adults in the building
  - Training other staff to be able to lead (lower level) foundational interventions that will help support our youth
- Strategically planning with leadership to build the capacity of the school & district
- Helping to build the capacity of our building to support the needs of ALL of our youth
What can that look like?

Examples

- Teach teachers how to deliver Universal behavioral curriculum in their classrooms (i.e. Second Step, etc.)
- Train staff on MTSS for behavior
  - Train staff and train facilitators
- Start out as a participant in the Universal team meetings, and then move into being a Tier 2 coach
- Sit on District/School-based Leadership Teams
- Host Parent/Family educational meetings to teach about MTSS and how it looks in the school
- Host a training for bus drivers, cafeteria workers, hall monitors, etc. to train on MTSS for behavior and how each individual has a place
- Partner/train community entities (i.e. library, park district, community center, etc.)
- Train/Partner with/bring in Mental Health agencies
- Use all-staff meeting time to talk about new interventions in the building, OR to talk about important aspects of MTSS for behavior (i.e. students with internalizing behaviors, etc.)

Helping in the creation of a “new way of doing business”.
There is a place for a school-based clinician to be involved in supporting youth and families at ALL 3 Tiers.

Areas of involvement can be broken down by Tier (level of need) and Domain (home, school, community).
MONITORING ALONG THE WAY
Time to Chat!

- How are you able to report out (using data) on whether or not the work that your clinicians are doing with students, is effective?

- What do you/they use to monitor outcomes?
  - Student Outcomes?
  - Fidelity of intervention(s)?
Different Types of Data throughout the Tiers

- **Tier 1**
  - Student Outcome data (all school trends)
  - Fidelity of Intervention data
    - Tiered Fidelity Inventory (TFI)

- **Tier 2**
  - Student Outcome data (groups/individuals)
  - Fidelity of intervention data
    - Individual Student Systems Evaluation Tool ISSET
    - Tier 2/3 Tracking Tool
    - Tiered Fidelity Inventory (TFI)

- **Tier 3**
  - Student Outcome data (individuals)
  - Fidelity of Plan data / Facilitator data
  - Fidelity of Intervention data
    - Tiered Fidelity Inventory (TFI)
    - Tier 2/3 Tracking Tool
Students Generalizing Skills
To identify youth in “need”, we can consider:

- Grades
- Attendance
- Referrals
- Nurses Office Visits
- Clinician Office Visits
- Response to Lower Level Interventions
- Youth who have concerns in multiple domains (home, school, community)
- Etc.

✔ Always exceptions to the “rule”
### Daily Progress Report (DPR) Sample

**NAME:**______________________  **DATE:**__________________

<table>
<thead>
<tr>
<th>EXPECTATIONS</th>
<th>1st block</th>
<th>2nd block</th>
<th>3rd block</th>
<th>4th block</th>
<th>5th block</th>
<th>6th block</th>
<th>7th block</th>
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<tbody>
<tr>
<td><strong>Be Safe</strong></td>
<td></td>
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<tr>
<td>Walk to class</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Keep hands to self</td>
<td></td>
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<td><strong>Be Respectful</strong></td>
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<tr>
<td>Use appropriate language</td>
<td>0</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Raise hand to speak</td>
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<td><strong>Be Responsible</strong></td>
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<tr>
<td>Mark will fill out a yellow card to indicate needing a break</td>
<td>0</td>
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<td></td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Mark will fill out assignment notebook</td>
<td></td>
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</tr>
</tbody>
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**Total Points**

**Teacher Initials**

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"Individualized Student Card for Mark" (FBA/BIP)

- Mark will keep hands to self
- Mark will hold up a yellow card to indicate needing a break
- Mark will fill out assignment notebook

**Possible behaviors taught in previous SAIG groups**

**Replacement behavior**

- Walk to class
- Keep hands to self
- Use appropriate language
- Raise hand to speak
- Bring materials
- Fill out assignment notebook

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"Social & Academic Instructional Groups" (sample academic skills group)
Total Enrollment: 500

### Social/Academic Instructional Groups
<table>
<thead>
<tr>
<th>Name of Social/Academic Instructional Group</th>
<th># of Students Participating</th>
<th># of Students Responding</th>
<th>Response Rate</th>
<th>Please list below your data-based decision-rule to determine youth 'response' to each of the groups.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
<td>7</td>
<td>87.5%</td>
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<tr>
<td></td>
<td>6</td>
<td>7</td>
<td>77.8%</td>
<td></td>
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<td></td>
<td>10</td>
<td>3</td>
<td>30.0%</td>
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### Tier 2 Interventions
<table>
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<tr>
<th>Intervention</th>
<th># of Students Participating</th>
<th># of Students Responding</th>
<th>Response Rate</th>
<th>Please list below your data-based decision-rule to determine youth 'response' for each of the interventions. Example: Students received 80% or better on Daily Progress Report for 4 consecutive weeks.</th>
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</thead>
<tbody>
<tr>
<td>Check-in/Check-out</td>
<td>45</td>
<td>39</td>
<td>86.7%</td>
<td>90% of pts. 80% of the time, and no increase in attendance, referrals, etc.</td>
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<td></td>
<td>Completed above.</td>
</tr>
<tr>
<td>Social/Academic Instructional Groups</td>
<td>27</td>
<td>17</td>
<td>63.0%</td>
<td></td>
</tr>
<tr>
<td>Individualized Check-In Check-out, Groups &amp; Mentorin</td>
<td>6</td>
<td>5</td>
<td>83.3%</td>
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</tr>
<tr>
<td>Brief Function-based Interventions</td>
<td>8</td>
<td>3</td>
<td>37.5%</td>
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</tbody>
</table>

### Tier 3 Interventions
<table>
<thead>
<tr>
<th>Intervention</th>
<th># of Students Participating</th>
<th># of Students Responding</th>
<th>Response Rate</th>
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<tr>
<td>Complex/Multi-level-domain FBA/BIP</td>
<td>3</td>
<td>2</td>
<td>96.7%</td>
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<tr>
<td>Wraparound Support</td>
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### September Response Rates

You can find it [here](#).
What will be the greatest barriers to making this work, work?
NEXT STEPS

What do you need?
What do we need?
Change sometimes takes having (potentially) **Difficult Conversations**...

- Other clinicians in the district
- Staff
- Administration
- Director(s) of Special Education
- Superintendent
- Board of Education
- Parents/Families

...and (potentially) dare to step one foot out...
Step by Step
Things to Consider

- Have a conversation with clinicians
- Determine all the tasks/roles they do
- Share the consult, coordinate, facilitate slides
- Determine what you want the role to look like
- Map out a plan, backward design
- Educate all staff in the building of the changes
- Begin implementation of new plan
- Check data and temperature of all stakeholders
- Tweak plan
- Consult with PBIS Coach
Return to your:
Action Planning Document

Directions:
1. Use one action plan to coordinate all of the building’s PBIS implementation steps. This is a sample format; others can be used for the same purpose.

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Midwest PBIS Network

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