Ready, Set, Integrate:
Is your team ready to integrate mental wellness into your PBIS framework?

Karen Elfner Cox
Natalie Romer
Catherine Raulerson

2018
School Mental Health Conference

This presentation was developed in part under grant number 1H79SM061890 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.
Who is joining us today?

- Youth
- Family
- Administrators
- School-based practitioner
- Community-based practitioner
- Researcher
- Technical assistance provider/consultant
- State leadership
- Other?
Objectives

Identify practices (and our lessons learned) for supporting districts integrating mental health supports into their PBIS framework.

- Recognize components of PBIS framework
- Describe practices for effective teaming
- Identify strategies for securing buy-in
- Identify key aspects of coaching and PD
Core Principles

Science
Practices that work

Values
Practices that impact quality of life

Vision
Practices are doable, durable and available

PBIS
Critical Components (“The How”):

- Multiple Tiers of Support
- Problem Solving Process
- Data Evaluation
- Communication & Collaboration
- Capacity Building Infrastructure
- Leadership

Shared Responsibility
MTSS & the Problem-Solving Process

Tier 3: Intensive, Individualized Interventions & Supports
The most intense instruction and intervention based on individual student need, in addition to and aligned with Tier 1 & 2 academic and behavior instruction and supports.

Tier 2: Targeted, Supplemental Interventions & Supports
More targeted instruction/intervention and supplemental support, in addition to and aligned with the core academic and behavior curriculum.

Tier 1: Core, Universal Instruction & Supports
General academic and behavior instruction and support provided to all students in all settings.

*Florida’s State Transformation Team on RtI (Dec. 3, 2009)*
Integrating PBIS and Mental Health

• Improve depth and quality in prevention and intervention services within multi-tiered framework to increase likelihood of positive outcomes for all students

• Address current gaps in extant mental health and educational systems often operating in silos

(Barrett, Eber, & Weist 2013)
Where to start?
The BIG Lesson:
Systems change is hard work.

The stakes are high.

Translating research to practice in schools is challenging.

There are no quick fixes, you’ll make mistakes, you’re learning.

Change means there will be barriers and resistance.

It takes a team **working** together, team members are different.

Acknowledge and celebrate success, no matter how small
DEFINING “THE WHAT” AND “THE HOW”
Continuous Improvement towards a Shared Vision

- Evaluate
- Shared Vision
- Needs Assessment
- Implement
- Analyze
- Action Plan
Mental Health and Academic Achievement

In an average school of 600 students, approximately **100 students** are coping with a mental illness.

More than **1 in 20 young people** ages 12 and over report current depression, which among school-aged youth is linked to reduced academic achievement and increased school suspensions.⁷

Mental illness is associated with **school absences**, causing the loss of critical school funding sources.⁸

Young people with **attention-deficit/hyperactivity disorder (ADHD)** often feel isolated at school due to social problems associated with their illness.⁵

Having a mental illness is associated with being pushed out of school through **suspension, expulsion, and credit deficiency**.¹⁰, ¹¹, ¹²

Among students in grades 9-12 in the U.S. during 2013-2014¹³:
17.0% of students seriously considered attempting suicide, and 8.0% of students attempted suicide one or more times in the previous 12 months.

**17%** considered **SUICIDE**
**8%** attempted **SUICIDE**

Only **one third** of adolescents with mental illness go on to postsecondary education.¹⁴

**Early detection** of mental health concerns leads to **improved academic achievement** and reduced disruptions at school.¹⁵
12-month Prevalence for Children (8 to 15 years)

- Any Disorder: 13.1%
- ADHD: 8.6%
- Mood Disorders: 3.7%
- Major Depression: 2.7%
- Conduct Disorder: 2.1%
- Dysthymia: 1.0%
- Anxiety Disorders: 0.7%
- Panic Disorder: 0.4%
- Generalized Anxiety Disorders: 0.3%
- Eating Disorder: 0.1%

Data courtesy of CDC
Advancing Wellness and Resiliency in Education
Florida will develop and sustain integrated, multi-tiered systems of support that promote the mental health of, and advance wellness and resilience of, students within family, educational and community settings.
Youth Mental Health

Negative Symptoms (Mental Illness)
- Anxiety, Depression, and other forms of internalizing problems
- Disruptive Behaviors, such as defiance, rule violations, substance use
- Trauma and other environmental stressors
- Thinking errors, behavioral withdrawal
- Risky/unsafe settings
- Inconsistent rules and expectations across settings

Positive Indicators (Wellness or Well-Being)
- Life Satisfaction and Happiness
- Strong Social Relationships
- Building blocks of well-being, (gratitude, empathy, persistence)
- Basic needs are met
- Social skills
- Healthy interactions (minimal bullying, high support)

Risk Factors
- Risky/unsafe settings
- Inconsistent rules and expectations across settings
- Thinking errors, behavioral withdrawal
- Trauma and other environmental stressors

Resilience Factors
- Basic needs are met
- Social skills
- Healthy interactions (minimal bullying, high support)
- Building blocks of well-being, (gratitude, empathy, persistence)

(Florida AWARE, 2015; Suldo & Romer, 2016)
Our Shared Definition of Mental Health

The presence of social, behavioral, and emotional well-being and resilience factors, as well as minimal social, behavioral, and emotional problems, and the reduction of risk factors.
## BIG PICTURE Lessons Learned:

### Do they know what they have committed to implementing?

<table>
<thead>
<tr>
<th>Do they have an understanding of MTSS, ISF, Complete Mental Health?</th>
<th>It is a way of work</th>
<th>We are initial implementers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>It is a way of work</td>
<td>We are initial implementers</td>
</tr>
<tr>
<td></td>
<td>• Not a program/practice</td>
<td>• We are among the first to “do this” way of work</td>
</tr>
<tr>
<td></td>
<td>• It will take time; 3-5 years</td>
<td>• Although it has essential components, it looks a bit different for each implementer because it is contextual</td>
</tr>
<tr>
<td></td>
<td>• We are initial implementers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify target outcomes and share data ongoing as impact of work</td>
<td></td>
</tr>
</tbody>
</table>
SECURING BUY-IN FROM KEY STAKEHOLDERS: ESTABLISHING “THE WHY”
Growing body of literature demonstrates positive effects on students’:

- Academic outcomes
- Social-emotional outcomes
- School-wide academic and behavioral outcomes

- Suldo, Gormley, DuPaul, & Anderson-Butcher, 2014
Theory: Academic Effects of Mental Health Interventions

- Intervention
- Increased Student Engagement
- Increased Academic Achievement
What is Buy-In?

“Accepting an idea or a goal and making it part of your everyday frame of reference.”

Intellect + heart = Change in Behavior

(Kautt, G. G., 2011)
In your work.....

What behaviors demonstrate buy-in?

Who are key stakeholders?
Exploring Reasons for Lack of Buy-In

Managing Complex Change

Vision + Skills + Incentives + Resources + Action Plan = Change

Vision + Skills + Incentives + Resources + Action Plan = Confusion

Vision + Skills + Incentives + Resources + Action Plan = Anxiety

Vision + Skills + Incentives + Resources + Action Plan = Resistance

Vision + Skills + Incentives + Resources + Action Plan = Frustration

Vision + Skills + Incentives + Resources + Action Plan = False Start

Adapted from Knoster, T.
Initially Focused On Things Needed to Drive Work

- Building vision/mission
- Effective Teaming
- Building consensus/knowledge
- Developing Meeting Structure

Then Focused on Building Practices for Complete MH

- Universal Screening
- Selection of EBP
- Using Data To Drive Decision Making
Lessons Learned: Be explicit w/teams

Are we REALLY committed to mental wellness promotion in our district/schools?

<table>
<thead>
<tr>
<th>Why are we committed to it?</th>
<th>What will it take to be committed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Share relevant data on need (the why) in your context</td>
<td>• Clearly identify early and hold teams accountable</td>
</tr>
<tr>
<td>• Identify target outcomes and share data ongoing as impact of work</td>
<td>• Establish partnerships in teaming structures</td>
</tr>
<tr>
<td></td>
<td>• Commit to selection of evidence-based practices, fidelity tracking</td>
</tr>
</tbody>
</table>
Example: Defined Team Commitments

- **Coaching staff** to implement student curriculum focused on developing social, behavioral, and emotional skills.
- **Training staff** to create mental health friendly classrooms.
- **Collaborating** with community partners to help foster resilience and increasing protective factors.
- **Identifying negative indicators** with school based teams to help minimize risk factors for internalizing and externalizing problems.
- **Providing indirect support to youth in crisis** or with chronic mental health needs.
Example: Defined School Commitments

- Implement SEL Curriculum with fidelity
- Completion of Universal Screener
- Use student outcome & fidelity data to drive evaluation of MTSS for MH across tiers.
- Regular monthly PBIS/Leadership Team Meetings.
- Use Data Based decision making through the 4 step problem solving process.
- Time for PD and coaching in areas identified by team for improvement.
If we don’t establish buy in....

What it looked like:

• Limited meeting time
• Lack of structure in meetings and support for systems continuous improvement
• Limited professional development time for supporting necessary practices
• Flexibility in practices (limited fidelity, universal assessment optional)
Who wants change?

Who wants to change?

Who wants to lead the change?
Which Team? Who’s on It?

Review Current Teams:

- Team Responsibility
- Team Membership
- Team Meeting Frequency
- Team Outcomes/Productivity

Can a current team’s responsibilities be expanded?
Can a current team be dissolved/merged?
Ensuring Team Effectiveness...

Effective Team Structures Concerns:

- Team Composition and Membership
- Team Roles and Fluent Facilitator
- Team Mission
- Team Meeting Schedules
- Group Norms
- Defining Consensus
Coming Together to Achieve a Common Goal: Partnering and Teaming

- MTSS/PBIS
- Community Mental Health
- Positive Youth Development
- Other...
- Systems of Care
- Family
- Youth
Engaging partners/sharing info:

• Prioritizing meeting time
  – Planning and follow-up
  – Maximize meeting time by using other venues for information sharing (e.g., meeting folder, workgroups, email list, etc.) and adhering to the agenda
  – Conduct ongoing evaluation and problem solving of the meeting itself

• Feedback, learning, and consensus reaching activities
  – Technology (e.g., Plickers, Padlet)
  – Feedback forms
  – Group activities
  – Facilitated discussions using templates and advanced organizers
  – Ongoing evaluation
  – Professional development
Data-based Problem Solving Prerequisites

- System to efficiently and effectively collect, record and graph data
- Resources and expertise to review and analyze data
- Monthly review and analysis of discipline and outcome data
- Action Plan updates based on data review and analysis
PROFESSIONAL DEVELOPMENT AND COACHING
Focus on Professional Development

Initial Trainings Skill Building

• Second Step
• Mental Health Friendly Classroom
  • MH Awareness and TIC

Ongoing Coaching Support Job Embedded:

• Grade Level PLCS
• School Leadership Team Meetings
• Use of program fidelity tools to monitor implementation and target future PD

Explicit Instruction
Modeled Instruction
Guided Practice
Independent Practice with Feedback
What is Systems Coaching?

**Systems Coaching** (v.): application of a set of skills that builds the capacity of school/district leadership teams to implement MTSS aligned with the school/district improvement plan(s) in order to enhance student outcomes.

What does this mean?

- Not necessarily a person, but a set of skills & activities coordinated by a leadership team.
- **Leadership & Coaching** are BOTH required for sustainable change. A reciprocal relationship must exist between leadership & coaching to produce desired outcomes at any level of the educational organization.
Leadership + Coaching = Sustainable Change

<table>
<thead>
<tr>
<th>Leadership Characteristics:</th>
<th>Coaching Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vision, focus, consistent message of implementation</td>
<td>• Effective interpersonal communication</td>
</tr>
<tr>
<td>• Focus on schools</td>
<td>• Data-based problem-solving</td>
</tr>
<tr>
<td>• Relationships based on respect &amp; shared responsibility</td>
<td>• Content Knowledge</td>
</tr>
<tr>
<td>• Expert problem-solving</td>
<td>• Organizational Change</td>
</tr>
<tr>
<td>• Investment in Effective PD</td>
<td>• Integrated multi-tiered system</td>
</tr>
<tr>
<td></td>
<td>• <strong>Academic/Behavior/Social Emotional Instruction</strong></td>
</tr>
<tr>
<td></td>
<td>• Families/Communities</td>
</tr>
<tr>
<td></td>
<td>• Team Facilitation</td>
</tr>
<tr>
<td></td>
<td>• Support leadership</td>
</tr>
<tr>
<td></td>
<td>• Provide PD</td>
</tr>
<tr>
<td></td>
<td>• Evaluate impacts</td>
</tr>
</tbody>
</table>
Lessons Learned: Need to Identify...

- Coaching assets/champions to promote integration of Mental Wellness
- How professional development will occur and utilize job embedded coaching?
- Skills will teams need to promote integration within a MTSS
- The current process in your district/school for selection of an Evidenced Based Practices
<table>
<thead>
<tr>
<th>Pilot Schools with Best Outcomes</th>
<th>Pilot Schools with Limited Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focused PD Efforts &amp; Ongoing Leadership Team Meetings</td>
<td>• Reactive approach</td>
</tr>
<tr>
<td>• Data Access and Use is consistent focus</td>
<td>• Leadership changes, lack of stakeholder buy in</td>
</tr>
<tr>
<td>• Administrator buy in and support of team as leaders</td>
<td>• Lack of PD time for initial skill development</td>
</tr>
<tr>
<td>• Connection to School Improvement</td>
<td>• Challenges with Data Access and use</td>
</tr>
<tr>
<td>• Increased PBIS Fidelity is continued focus</td>
<td></td>
</tr>
</tbody>
</table>
EVALUATE THE CAPACITY OF YOUR CURRENT PBIS FRAMEWORK
Integrating PBIS and Mental Health

Positive Behavior Interventions and Supports (PBIS)

~5%

~15%

~80% of Students

School Mental Health (SMH)

Interconnected Systems Framework (ISF)

Barrett, Eber, & Weist 2013
Evaluating Your Tier I System

Are we meeting ALL of our student needs?

Overall student population and needs of various subgroups (proportionality)

Is data used to initially identify Risk and Resilience Factors

Yes

How do we maintain implementation of successful practices as part of Tier I System

No

Is our PBIS Framework in place with fidelity?

If not, what supports are needed to increase fidelity?

If yes, what changes need to be made to Tier I System to further support mental wellness
Building on the Foundation of PBIS

District 1 District 2 District 3

<table>
<thead>
<tr>
<th>Number of Schools</th>
<th>Pilot Schools Baseline Year BOQ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At or Above 70%</td>
</tr>
<tr>
<td>District 1</td>
<td>1</td>
</tr>
<tr>
<td>District 2</td>
<td>3</td>
</tr>
<tr>
<td>District 3</td>
<td>1</td>
</tr>
</tbody>
</table>
Baseline Fidelity Of Tier I PBIS components

Obj. - Increase the % of schools implementing with fidelity EB MH programs at the Tier 1 level.

Schools at Fidelity on the Benchmarks of Quality (BoQ)

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33%</td>
<td>83%</td>
<td>70%</td>
<td>50%</td>
</tr>
</tbody>
</table>
To Integrate & Build on PBIS we Need:

- Buy-in To Integrate Mental Health
- Regular Meetings, Team Roles, Meeting Structure
- Data-based Decision Making Skills
- Consistent Tier I Practices:
  - What we teach, how and when we teach it
  - Reinforcement of what is taught
  - Effective and consistent responses to problem behavior
Questions? Comments? Please contact us!

- Natalie Romer: romer@usf.edu
- Karen Cox: kchilds2@usf.edu
- Cat Raulerson: craulerson@usf.edu
We appreciate you joining our session.