COLLABORATIVE DIALOGUE

training

coaching

consultation

follow-through

TEACHERS COLLEGE
COLUMBIA UNIVERSITY

SBMHC
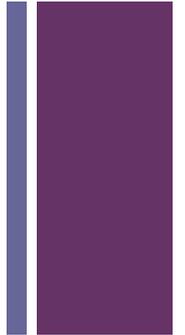
Building alliances in mental health:

Pilot collaboration between Teachers College, Columbia University and the NYC Public Schools

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22nd Annual Conference on Advancing School Mental Health

Washington, D.C., October 19, 2017

SBMHC

School Based Mental Health Collaboration

A partnership between Teachers College, The Office of Community and School Partnerships, the Department of Counseling and Clinical Psychology,, and the NYC public schools.
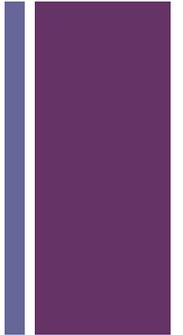
OUR MISSION

Our mission is to improve the quality of the social and emotional lives of our schoolchildren in NYC's most underserved communities through collaborations with parents, teachers and administration. We aim to reach as many children as possible by providing a range of on-site services – including, prevention, training, consultation, and early intervention.

Who we are

We are a team of interdisciplinary mental health professionals and doctoral students who are trained in child development, and who recognize that social and emotional hurdles take time, careful thought and multiple modalities to overcome.

Our model

School Environment

- Facilitate school-wide engagement in SEL Development
- Develop working relationships with school leaders
- Facilitate coordination of services
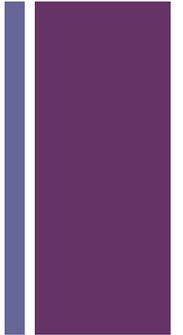
Home Environment

- Parent Groups
- Parent Consultation

Classroom Environment

- Teacher Coaching and Consultation
- Teacher Workshops
- SEL Curriculum
- In-class Interventions

School Environment
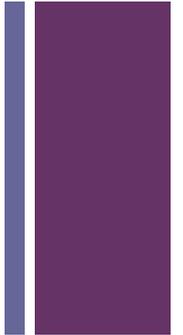
- **SEL Development**
  - SBMHC works with faculty and school leaders to individualize SEL curricular packages

- **Working Relationships with School Leaders**
  - SBMHC works toward building alliances to create services that meet the community's needs. We listen to school leaders and faculty to work with their existing strengths, so we can help them to fill in the gaps
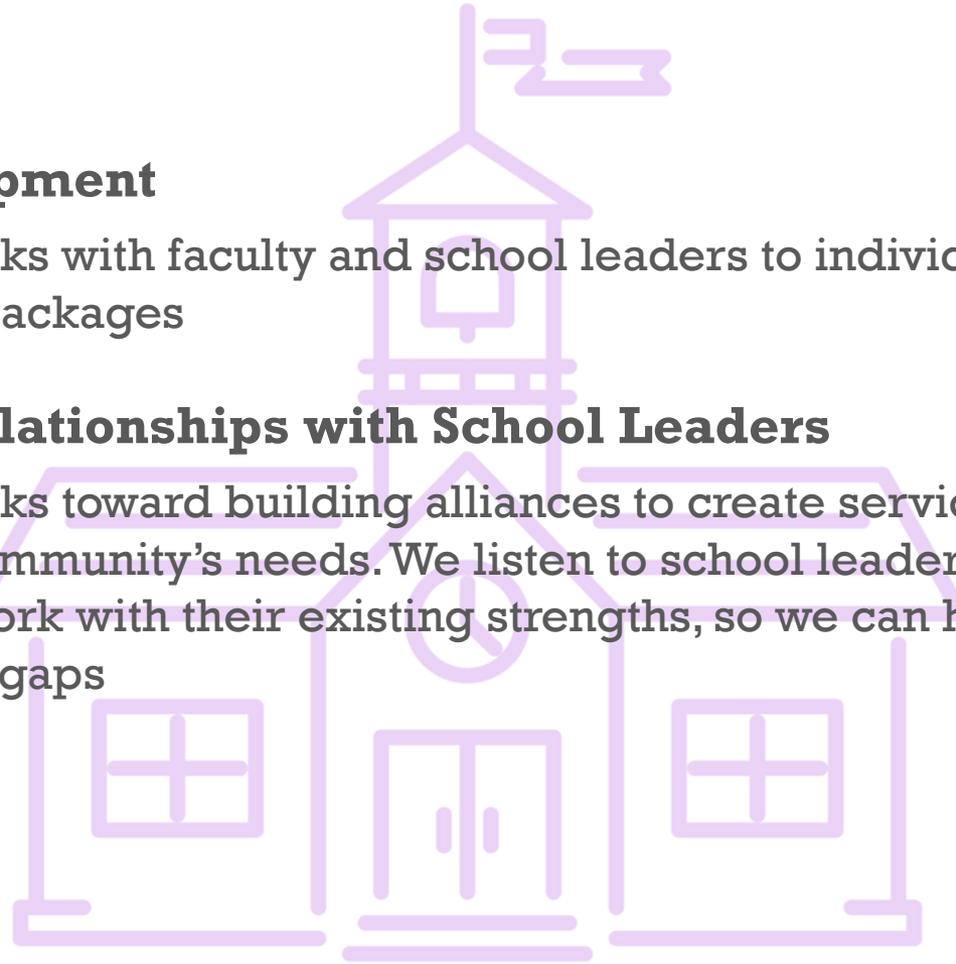
Home Environment

- **Parent Groups**
  - Bi-weekly parent groups address normative issues ranging from child development to homework help and discipline

- **Parent Consultation**
  - On-site parent consultations are available for children who need services outside of the classroom.
  - SBMHC staff coordinates services both within the school and for community referrals
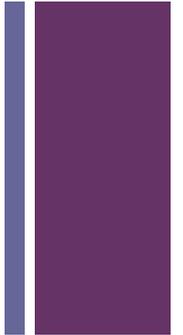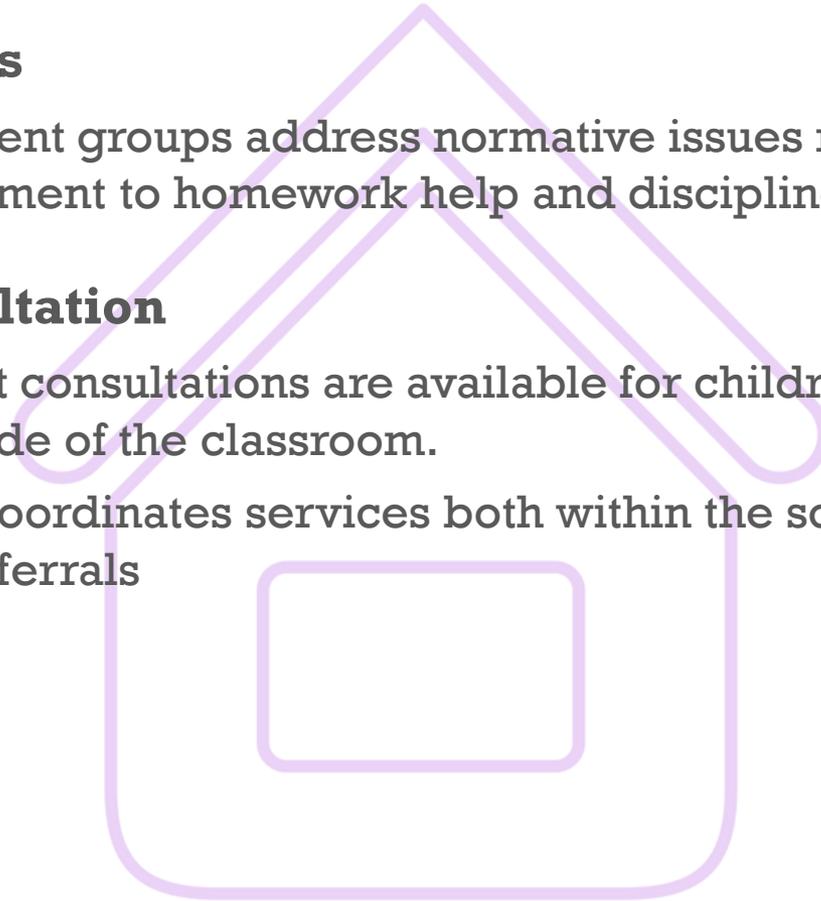
+ Classroom Environment

- **Teacher Coaching and Consultation**
  - The consultant supports and guides the classroom teacher to be more confident and competent in the recognition and handling of SEL issues in her classroom

- **Teacher Workshops**
  - Teacher workshops provide on-site professional development about SEL and mental health issues

- **SEL Curriculum**
  - Consultants work with teachers to maximize the benefits of SEL curricula

- **In-class Interventions**
  - Brief pull-in interventions can often mitigate more serious behavioral issues—we're intervening in the "here and now"

WHAT MAKES SBMHC DISTINCTIVE?

- Our first priority is to build trusting working relationships among stakeholders, and SBMHC.

- We appreciate each school's strengths and their existing SE culture. We work within the community to address areas that need improvement.

- Clinical Classroom Consultants work in classroom ½ day per week. In collaboration with teacher, they assess children's behavior, and intervene within the classroom.

- Parents participate in parent groups

- The SBMHC team provides triage, consultation, and coordination for families whose children need psychiatric or psychological services outside of the school setting.

- Teachers College, a world respected research and training institution, is in the position to develop and coordinate a strong research platform.
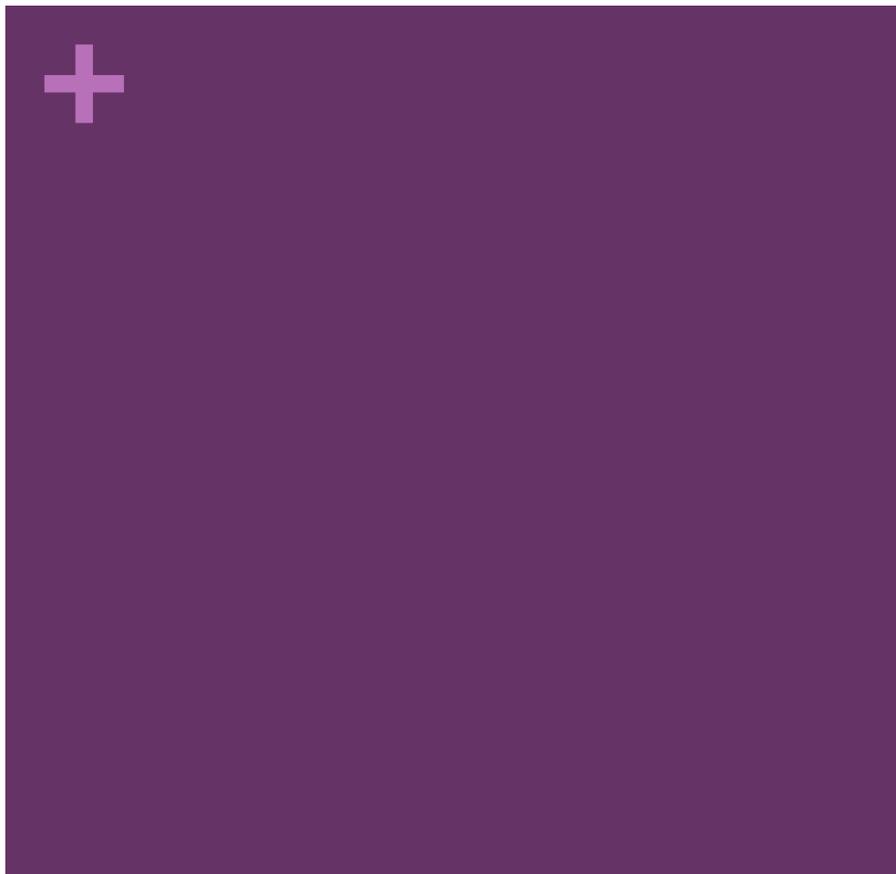
YEAR 1: NEEDS ASSESSMENT RESULTS

Needs Assessment Survey

- Year 1: Hamilton Heights School (PS 368)

- 12 teachers responded (10 F, 2 M; Avg yrs of teaching=4.9)

- Rate and rank occurrence of a range of externalizing and internalizing behaviors among students

- Rate impact of student's mental health on their work

- Rate preferences for Interventions – perceived effectiveness and willingness to participate

Needs Assessment Survey Results
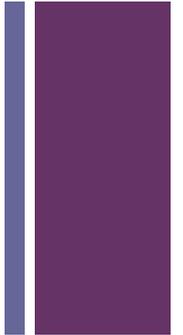
- All teachers endorsed **disruptive/defiant behaviors, impulse control issues, attention difficulties** and **learning/communication difficulties** in their classrooms.
  - Top 3 concerns
  - 3-4 children observed per classroom

- All teachers strongly agreed that social and emotional difficulties and mental health issues can interfere with a child's ability to learn

- All teachers agreed that they would like to have more support/education to address their student's mental health needs

- Most teachers believed socio-emotional needs were not isolated to their grade but across multiple age groups

Needs Assessment Survey Results
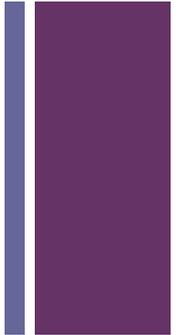
- Rated most beneficial:
  - 1. Educational Workshops on Student Mental Health
  - 2. Consultation for classroom management and behavior support planning
  - 3. Teacher Wellness groups

- More than half of teachers would participate in teacher workshops and consultations

- Less than half of teachers would be willing to participate in Teacher Wellness groups

Key Informant Interviews

- 6 interviewees: Principal, Vice-principal, 3 teachers, 1 Parent Coordinator

- Interviewer: AJP

- 30-45 minutes

- *How do you perceive the school to be supporting the MH and SE well-being of the students? What is working? What is not working?*
  How is your own MH and SE well-being supported by the school?
  What additional supports would be helpful to you?

- Thematic Coding with team of RAs
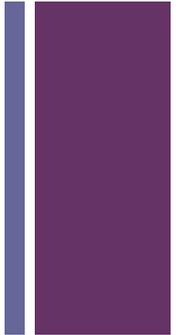
Theme I: Facilitators to SBMH
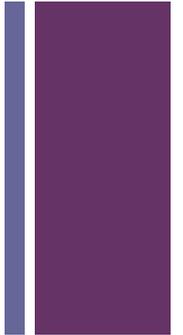
- **Prior successes**
  - Success in implementing MH strategies in the classroom
  - Positive feedback on training

- **Colleague support**
  - Collaboration and communication with colleagues

- **Teacher-Student relations**
  - Long standing history with students in the school

- **Recognition of MH Needs**
  - Teachers' Self-awareness of own needs
  - Recognition of Social-emotional and Mental Health needs of children

Theme II: Barriers to SBMH – Teacher Level
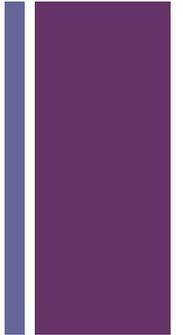
- **Inadequate professional development and coaching for mental health needs**
  - When there is, there is lack of follow through / inconsistent implementation

- **Teachers/Administrators' Multiple Roles**
  - Teachers do not feel it's their job to support students' emotional well being
  - Academics prioritized by school and parents

… it feels like you're being asked to take on an additional role or if you do more teaching around something that is very important, but you don't have any more time to do it, you feel maybe you're not qualified

+
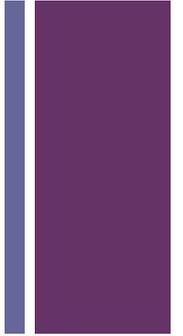
I think that it's always given a good deal of lip service. Uh… I think that people recognize the importance of students', you know, social and emotional well being for sure. We know that it's got such a huge impact on student learning and achievement. However, I think a lot of times it sort of gets lost in the shuffle because obviously as teachers we've got a lot of requirements in terms of curriculum and a lot of the professional development that we receive, you know, is focused on academic areas and things like that. It's like, you recognize it's importance and you know its impact, but it kind of takes a backseat to the instructional aspect of it. Personally it's too bad because I don't think without that social emotional piece put first, without that in order, it's very difficult to achieve any sort of success in the classroom

Theme II: Barriers to SBMH – Teacher Level
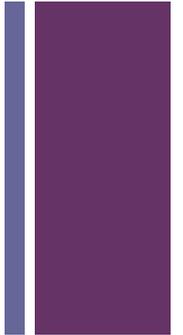
- **Teachers' Stress/Burnout**
  - Due to lack of admin support / toxic school culture
  - Lack of recognition, respect and empathy for difficulty of job
  - Lack of MH support from colleagues or administration
  - Affect interactions with students
  - Lack of self-care

I think when I was really struggling last year with a student and in tears and saying I didn't think I could do it, I was told to suck it up and get through it. So that was my mental health. I mean, I have 20, 19 years teaching, and I really was struggling. No support, whatsoever.

Theme II: Barriers to SBMH – Parent Level
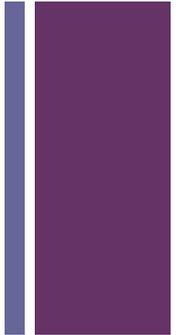
- **Parent-School Relations**
  - Complicated home lives
  - Low SEL understanding
  - Demanding parents
  - Teachers blame home environment and hesitant to intervene
  - Lack of reinforcement at home

the fact that a family unit is very fractured among a large number and increasingly larger number of students, um… that makes it so hard. You know, kids can come to school and teachers can be very well supported, and, you know, the kids can be very well supported in school, but then that can also be very easily undone, you know, while out of school. It's like you're fighting a losing battle--I'm not sure anything is ever losing, but it's a steep uphill battle

Theme II: Barriers to SBMH – School Level
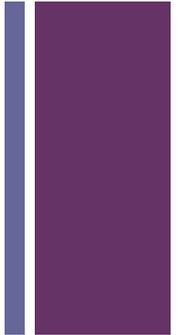
- **Budget**: Low enrollment, lower budget

- **Inappropriate and Inadequate current SE Interventions**
  - No system of multi-tiered services/interventions
  - Lack of Tier 3 Services (specifically full-time guidance counselor)
  - Teachers lack of understanding of how to implement them
  - Lack of teacher buy-in

Theme III: Needs and Recommendations

- **Leadership and systems-based support for MH**
  - Universally focused intervention, changing school culture, not just in-classroom
  - Administration and teacher commitment to implementation
  - Involvement of parents and students

- **Real-time classroom intervention**

- **In-vivo/Onsite Teacher Coaching**
  - Personalized training for each staff and classroom
  - Ongoing collaborative feedback and problem-solving

- **Teacher support**: Protected time for staff

- **Psycho-education**
  - **Teachers:** Understanding children's behaviors developmentally, holistically; How to communicate with children
 - **Parents**: Teaching effective discipline and boundaries

Theme III: Needs and Recommendations

- **Increasing creative activities for students**
  - Combine academic and creative activities, less focus on testing

- **Tier 3 MH Services:** Full-time school counselor

- **Ongoing/Consistent Intervention**
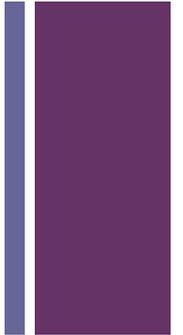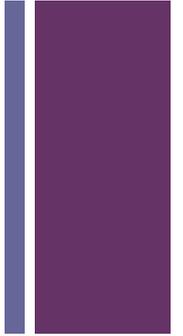
… So being able to have someone on site who really can see first hand what's going and what the struggle is, because each teachers is an…, each staff member is an individual, they have their own unique struggle with these things. They need that ongoing sort of feedback and conversations and even problem solving because its not always easy to identify why something is going on with particular children and you need to help put your heads together and continuously revisit a case, try some strategies, see if they're effective…. I do think a combination of building some background knowledge in a sort of study group or workshop situation…with coaching in between, is the best model because there are still gaps in understanding and people have to talk out their beliefs and how they might be able to shift their beliefs while they're learning these strategies.
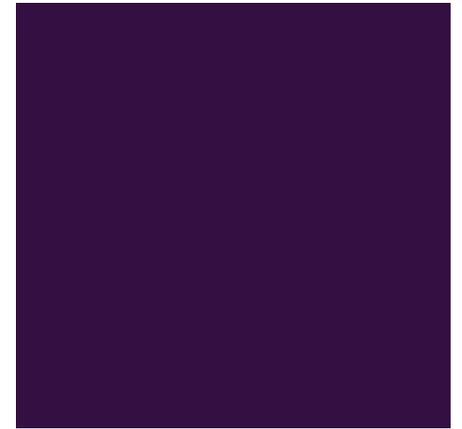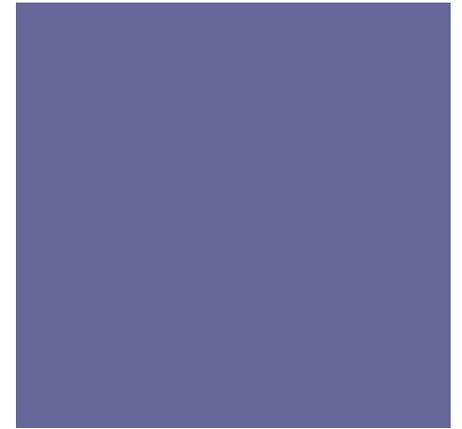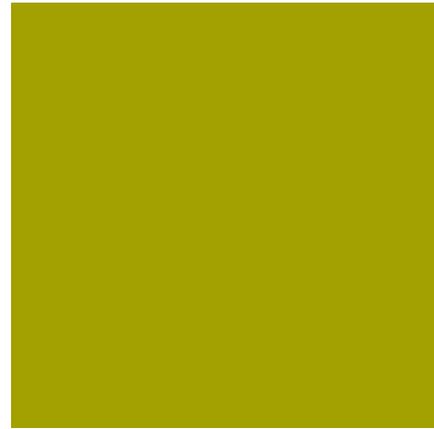
YEAR 1: SBMHC IN THE CLASSROOM

Role of the Classroom Consultant
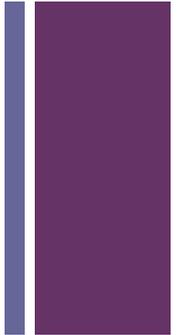
- SEL Curriculum

- In-Class Observation and Intervention

- Teacher Coaching

School and Classroom Climate
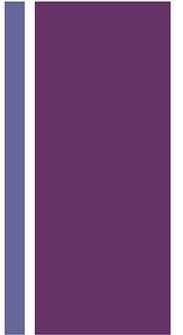
- **SCHOOL**
  - School endorsed a Progressive Curriculum
  - Student work posted all around the school about SEL-related topics (e.g., student posters on respect)
  - Underlying tension between faculty and administration

- **CLASSROOM**
  - Disorderly but vibrant
  - SBMHC present in one of the two 3rd grade classrooms
  - 18 students
  - IEP class: all children with an IEP in this grade assigned to this class

SEL Curriculum
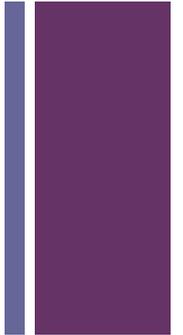
- Co-lead "weekly" lessons based on the Promoting Alternative Thinking Strategies (PATHS) SEL curriculum
  - Found it difficult to engage the students when leading the lessons exactly as the PATHS curriculum suggests.
  - Involved partner and group work, worksheets
    - Students not ready for this level of discipline

- SEL Lessons' messages just not "sinking in"
  - PATHS curriculum→ Pictionary-style games → Powerpoint games → Role-plays → Improvisation style

- SEL Lessons did serve as a foundation for interventions

+ Interventions
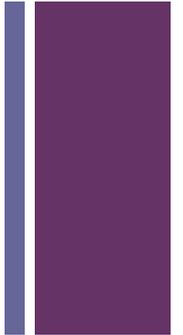
- Linchpin of the Classroom Consultant's role

- Through her awareness, CC introduces opportunities to employ alternative thinking strategies of the SEL curriculum.
  - Maras et al. (2012; 2015) findings emphasize the positive impact of a consultation-based model to reinforce SEL curricula

- Primary interventions
  - CBT/Mindfulness-based techniques
    - Deep breathing
    - Feelings Thermometer
    - Reflection Corner
  - De-escalation Strategies
    - Separation of activated students

+ Interventions

School Based
Mental Health Collaboration

Clinical Classroom Consultant Training Workbook

I. CONFLICTS BETWEEN CLASSMATES

Conflicts in the classroom come in a number of different forms, from explicit and unequivocal bullying to disagreements between friends to harm-producing accidents. These differing types of conflict can call for the employment of different SEL pillars and as a result, different interventions. These different types of conflict are expanded upon in this section.

A. Bullying

In situations of overt bullying it is crucial to consider the function of the behavior exhibited. Before taking any action, the most important step you can take toward making your intervention an effective one is taking on a curious, empathic state of mind, where your goal is to collect data from the student on what lies beneath their bullying behavior.

Oftentimes students who exhibit more severe externalizing behaviors feel stuck in an unending, reinforcing cycle of maladaptive behavior, punitive reactions from the authority involved, and an unwavering reputation as a "bad kid." Therefore, approaching the child in a calm, curious and empathic fashion can be disarming for the student, granting them an opportunity to access their core, more vulnerable emotions. Making sure that you are calm is the first step to being helpful to students in this situation, and the next is working to calm the student down, so that they are able to hear you rather than prepare for combat. Below is a catalog of interventions that are particularly useful for de-escalating activated students. In the blank rows provided, please write in any other interventions you have found useful for de-escalation.

General Interventions for De-escalation

Intervention	Description
1. Reflection Corner	The reflection chair is the ideal space at which to carry out most of the interventions to follow. Students can sit in this corner of the room to cool down, reflect, and/or discuss an issue with the CC or teacher. If neither adult is available, it could be useful to have a tape recorder or notepad in this corner available for students to record their feelings/concerns. This process itself can prove cathartic.
2. Validate, Validate, Validate	This is the gateway for every other intervention. Students often express explosive anger when they feel their position hasn't been considered of adequately understood. An effective method for getting a child to calm down is to validate until they run out of steam. The clearer it becomes to them that you understand their perspective, the less they have to fight against.

+ Interventions

4. Strike when the Iron is Cold	To strike when the iron is cold is to wait for the heat of the moment to cool down before reflecting or discussing a difficult incident with a student. Wait until the child's mood has returned to a more neutral or even cheerful state before broaching the topic of the bullying incident. This increases the likelihood of the student being in a space where he is willing to talk and develop alternative methods for handling such an incident in the future.
5. Distraction	For isolated incidents of bullying, where the child does not exhibit recurrent behavior, it can be useful to distract her to quickly de-escalate the situation. One could distract a student with a book, offering to help with the academic task at hand, or sharing a story unrelated to the current conflict. It may be helpful to "strike when the iron is cold" after using this intervention to help the student reflect and plan for more effective handling of the same situation in the future.
6. Humor	This can be a useful tool for easing tension; however, it should be used with care. If used incorrectly, humor can serve as an accidental reinforcer of the negative behavior.

Behavioral Contract

From (Teacher):

To (Student):

_____ (Teacher) and _____ (Classroom Consultant) hereby agree to give _____ student a sticker to put on his Stellar Student chart each time he does one of the following:
1.
2.
3.
4.
_____

When _____ has collected ____ stickers from _____ (Teacher) or _____ (Classroom consultant), he may choose one of the following rewards
1.
2.
3.
4.
Bonus: If _____ has a perfect week by earning all __ possible stickers each day, he will be able to _____
Penalty: If _____ has to be approached by the teacher more than __ times during a period because of his behavior, he will
_____.

The student _____ helped to create this agreement. He understands and agrees to the terms of this behavior contract.

Student Signature: _____

Teacher Signature: _____

CC Signature: _____

Teacher Coaching and Consultation

- 30-minute, weekly sessions after spending ½ day in the classroom

- Discussion of individual students (typically Tiers 2 and 3), interventions applied so far, and next steps (e.g., parent consultation, referral to a mental healthcare facility, etc.)

- CC and teacher shared their observations of social-emotional events at the classroom level, effective interventions, and teacher's own reactions to and handling of these experiences
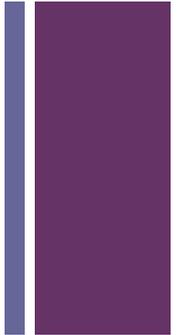
CASE PRESENTATION: PETER

Demographics
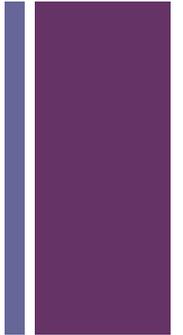
- 9 years-old

- 3rd grade

- African-American

- Single-parent household

Brief History

- At PS 368 since Kindergarten

- Reputation as "bad kid"

- Retained 1 year

- Bully Profile
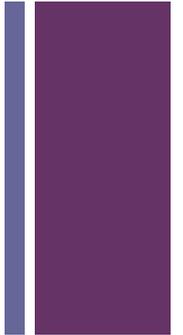
PRESENTING PROBLEM
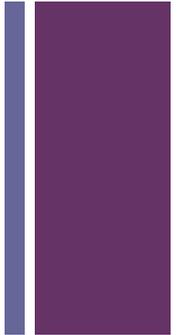
- Bullying/aggression toward other students

- Defiant/augmentative behavior with the teacher

+ Peter in the beginning of the year
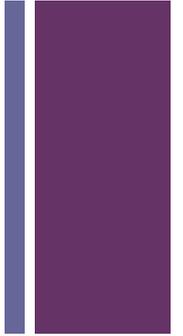
- "I have a lot of revenge to get on Charles"

- "I'm always the one to get in trouble!"

- Charles: "Your attitude never changes"

OBSERVATIONS
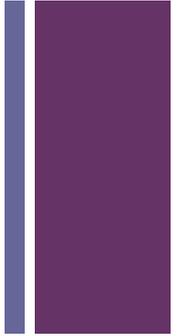
- Very reactive—preempted reactions from other students with harsh statements or aggression.

- Charming

- Impulsive

- Adept in self-reflection with the aid of CC or teacher

IN-CLASS INTERVENTIONS
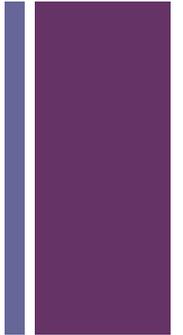
- Reflection Corner

- Validate, Validate, Validate

- Mindfulness Exercises

- Strike when the iron is cold

+ TEACHER CONSULTATION
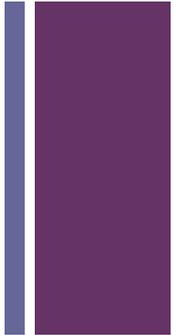
- Attention-seeking behaviors

- Entertaining the power struggle

- Identification of target behaviors
  - Coordinated Praise

- Review of interventions that work well for Peter
  - Positive reinforcement of strengths

PARENT CONSULTATION

- Despite multiple attempts to arrange a consultation with Peter's mother, we were met with pushback from both Peter's teacher and the school principal on this.
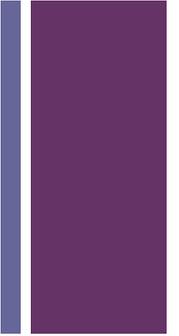
Peter at the end of the year
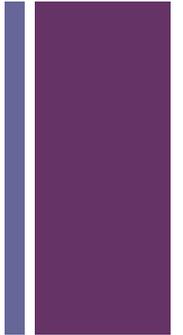
Areas of Growth

- No more statements claiming disproportionate blame

- Able to own up to (some of) his problematic behaviors

- Friends and class able to address his bullying tendencies with him

Areas for Improvement

- Social Awareness
  - Reading social cues
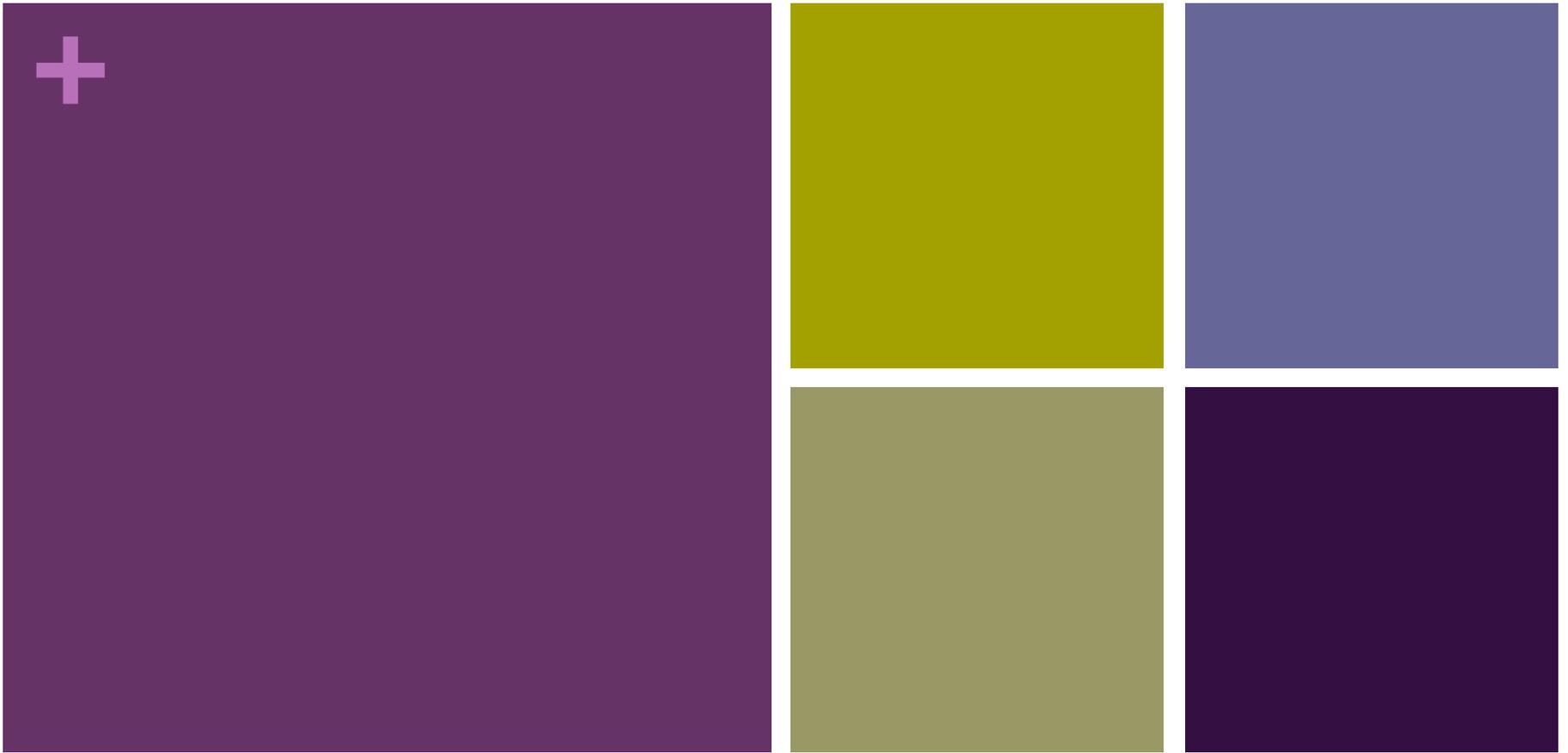
YEAR 1: SBMHC PARENT GROUPS

Parent Group- Development

- In accordance with our model, offered a bi-weekly psychoeducational group for parents

  - This served as training and psychoeducation, as well as a parent process and support group

- Met with school leaders in Spring 2016 to discuss interest in a parent group

- Group began with a mindfulness training exercise and was followed by group processing of issue that were brought up by members. Group leaders provided psychoeducational material based on group members need.
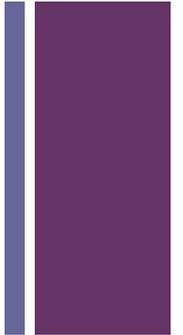
+ Parent Group- Inception

- In the Fall, worked with the parent coordinator to recruit parents
  - Roadblock- we had a hard time getting connected with the appropriate people who could help us form our group, and the school administration wanted to control recruitment processes

- For the first month, we had little to no attendance
  - We ramped up recruitment efforts, and started appealing directly to parent leaders in the school community

- We eventually had an open group, with 5 parents who came regularly
  - Our "core" group consisted of 5 parents with children in 1st grade
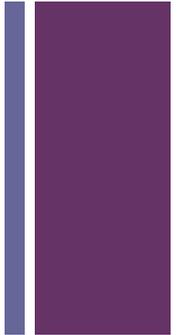
Parent Group- A Typical Session
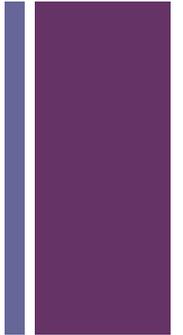
- We began each session with a mindfulness exercise, led by one of the co-facilitators

- We then opened the floor to a check-in, and allowed the parents to take turns speaking

- From the information presented during the check-in, we then moved to synthesize the issues that were shared, and have all members participate in a discussion about the common themes that we heard

- When the parents shared issues about topics such as "normal" development, ADHD, consequences etc., the co-facilitators provided information in the moment, as well as following up the next session with a handout or some concrete resources

- Overall, besides mindfulness, the group was mostly unstructured
  - We attended to the needs of the parents on each given week, and gave them the opportunity to talk about issues.

+ Parent Group- Overall Challenges
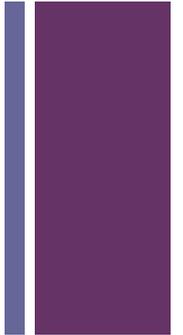
- Recruitment

- Communication with the parents

- Consistent attendance

- Childcare and having children present

- Group dynamics and getting each parent involved

Parent Group- Moving toward Manualization
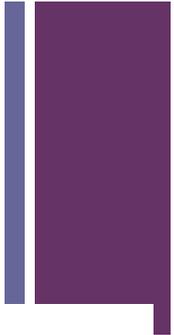
School Based Mental Health Collaboration

Parent Group: Leader Workbook

Parent Group- Manualization
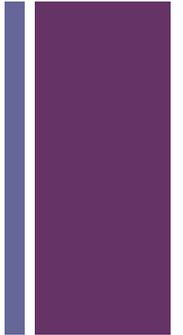
- In moving towards replicability of our program as we expand, we are creating a parent group manual.
  - This is a challenging process since it is difficult to manualize groups with a process component .
  - Our manual will follow in the tradition of other recently manualized dynamic treatments (Fonagy's Mentalization-Based Treatment, Martin's GABI
  - For replicability, the manual includes:
    - Group theory; including stages of therapy (Yalom, 1995)
    - Outline of competencies that we want parents to learn through group, such as communication with children and general knowledge of child development. These are based upon community needs assessments, and experience running parent groups since 2013.
    - Detailed outline for group sessions
    - Resources, such as handouts on brain development and mindfulness exercises

    WE ARE TESTING THESE COMPONENTS DURING OUR SECOND PILOT YEAR.

YEAR 2: PILOT STUDY

Evaluating the effectiveness of classroom mental health consultation

Consultation Model

- Collaborative problem-solving and capacity-building intervention

- Based on the theory that change occurs within the context of the **relationships** that consultants build with teachers, families and/or administrators.

- Child-centered and programmatic

- Research Question: **Does classroom-based mental health consultation diminish challenging child behaviours (externalizing and internalizing)?**

Cohen & Kaufmann, 2000, 2005; Hepburn, Kaufmann, Perry, Allen, Brennan & Green (Georgetown Early Childhood Mental Health Consultation), 2007

Study Design
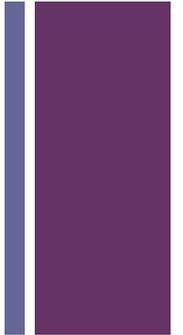
- 2 NYC District 6 (Harlem) Elementary Public Schools

- 12 Intervention classrooms (~n=240 students, ~n=15 teachers) 9 grade-matched control classrooms (~n=180 students, ~n=12 teachers)

- Grades K-5 (Ages 5-11)

- 4 trained doctoral-student externs as Classroom Consultants
  - 1/2 a day/week (3 hours) in each intervention classroom
    - On-going classroom observation to assess social and emotional functioning of students
    - Co-teach grade-appropriate Second Step SEL Lesson
    - Intervene with students in-vivo, on-site
    - Individual consultation with classroom teacher (30mins/week)
    - Parent consultation and triaging/referral services where necessary
  - Weekly onsite and group supervision

- Parenting Skills Group for interested parents (~n=30) (Bi-weekly, 1 hour)

Data Collection Plan

- Baseline: October-November 2017
  Post-Intervention: June-July 2017

- Change over time

- <u>Intervention Effects</u> (Intervention & Control Groups):
  - Student Behaviors: SDQ (Teacher-Rated)
  - Teacher Knowledge, Attitudes and Practices: Original survey
  - Parent Attitudes: Parental Stress Scale (Berry & Jones, 1995)

- <u>Improvement Effects</u> (Intervention Groups):
  - Student Behaviors: ClassScout Behavioral Tracking Application (InSite Solutions) (Consultant-Rated)

- <u>Satisfaction and Perceived Effectiveness</u> (Intervention Groups):
  - Teacher Classroom Consultant Feedback From
  - Parent Consultation Feedback From
  - Parent Group Satisfaction Survey

Data Collection Plan

- Ongoing: Weekly Progress Notes (i.e. Consultant-rated)

- Implementation Measures
  - <u>Dosage</u>: *How much was the intervention delivered?*
    - # SEL Lessons
    - Length of observation and Teacher Consultation Sessions
  - <u>Fidelity/Adherence</u>: *Was the intervention delivered as intended?*
    - Checklist of Classroom Consultant Tasks
    - Fidelity to Second Step program manual – Degree of adaptation
  - <u>Quality and Responsiveness</u>
    - Consultant-rated overall effectiveness of SEL Lesson, student participation, attention, behavior and internalization of SE concept
  - <u>Reach</u>
    - Tier 1/2/3 students

Durlak & DuPre, 2008

+ Current
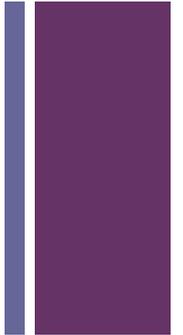
- Teachers College IRB and NYC DOE IRB approved

- Recruitment Stage – Informed Consent Forms to all parents, teachers and principals

- Classroom Consultants begun observations
  - Variations across schools, classrooms and teachers that are unable to be controlled
  - Tensions between clinical needs and model and research

- Parent Groups begun mid-October

- Baseline data collection to begin end October

Future Research Questions – Mechanisms of Consultation
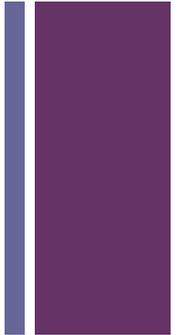
- What types of activities are most important for the classroom consultant to provide?

- Is mental health consultation more effective when used in conjunction with an evidence-based practice (e.g. Second Step)?

- Which outcomes (i.e. student, teacher, parent, school climate) should be targeted and how should these be best measured?

Early Childhood Mental Health Consultation: An Evaluation Toolkit (Hepburn et al., 2007)

SBMHC IS COMPREHENSIVE, EVIDENCE-BASED AND COST-EFFECTIVE
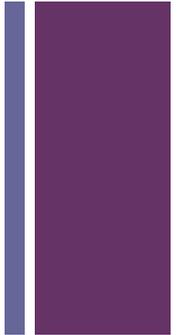
- Multi-leveled Partnerships
  - Teachers College, Columbia University and NYC schools – clinical services, research
  - SBMHC staff and community stakeholders – school leaders, teachers and parents
  - SBMHC, School and Mental Health Community Organizations and Services

- Thoughtful, thorough and cost-effective services for children with targeted issues
  - Parent consultations for children with identified issues
    - Triage
    - Referrals to community mental health facilities
    - Follow-up with parents and coordination of recommendations with teachers

- Shifting universal SEL concepts -→implementation
  - Classroom Consultants observe and assess children so that universal and emerging issues are mitigated early and within the classroom environment
  - Classroom consultants help teachers individualize their SEL curricula to fit their classrooms.
  - Classroom consultants work with stakeholders to create a universal SEL language for School.
  - Teacher workshops provide in-service professional development
  - Parent groups provide parent education and support

SBMHC staff 2017-2018

- **Nancy Eppler-Wolff, Ph.D.** – Director/Faulty Coordinator

- **Anne Martin, DPH** – Research Consultant

- **Sepidah Homayoofar, Psy.D.** – Supervising Psychologist

- **Cheryl Foo** – Research Assistant, Fellow

- **Arielle Jean-Pierre MA**– Coordinating Fellow

- **Rebecca Semel MA** – Coordinating Fellow

- **Chien-Wen (Jen) Kao, MA** - Research Assistant

- **Katherine Matta, MA** – Psychology Extern

- **Sophia Hoffman MA** – Psychology Extern

- **Natalie Portillo, MA** – Psychology Extern

- **Kan Long, MA,** Parent Group Leader