

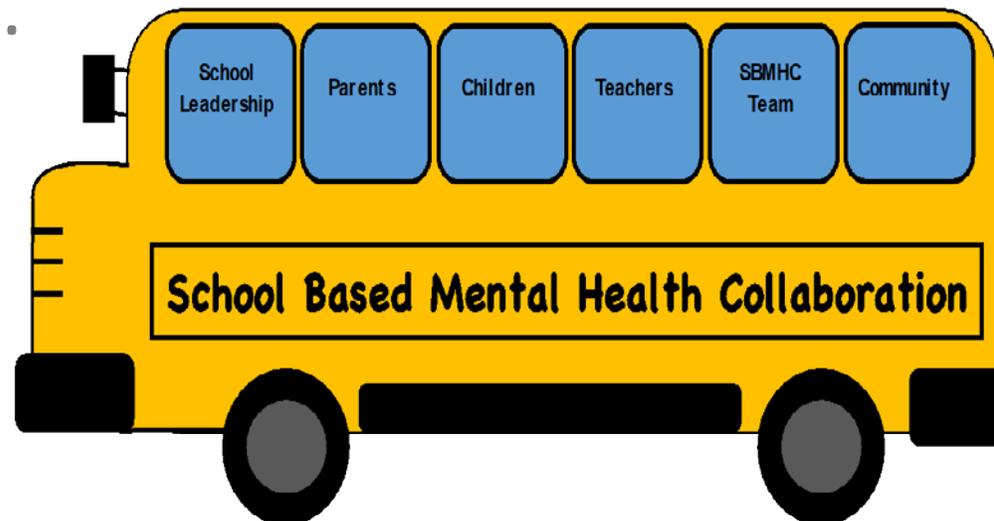
# SCHOOL BASED MENTAL HEALTH COLLABORATION

- training • coaching • consultation •
- collaborative dialogue • follow-through •

# 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.



# SBMHC: MISSION

Our mission is to improve the quality of the social and emotional lives of our schoolchildren in NYC's most underserved communities through multi-level consultative services for children, teachers and parents. Clinicians work with school stakeholders to give them the tools to develop a cohesive and personalized school-wide mental health framework while also providing services for children, teachers and parents.

# WHAT MAKES SBMHC DISTINCTIVE?

- SBMHC delivers an individualized plan to school leaders to improve the School's SEL framework
- The cornerstone of SBMHC is the classroom clinical consultant who are graduate students who work in the classrooms with individual children, coach teachers and meet with parents. Consultants also maximize effectiveness and carry-over of evidence-based SEL curricula.
- In-classroom interventions for children are informed by evidence-based methodologies, and steeped in contemporary developmental theory, including mentalization and mindfulness techniques.
- Consultants, in partnership with teachers and school mental health staff provide triage, consultation and coordination of services for families whose children need psychiatric or psychological services outside of the classroom.

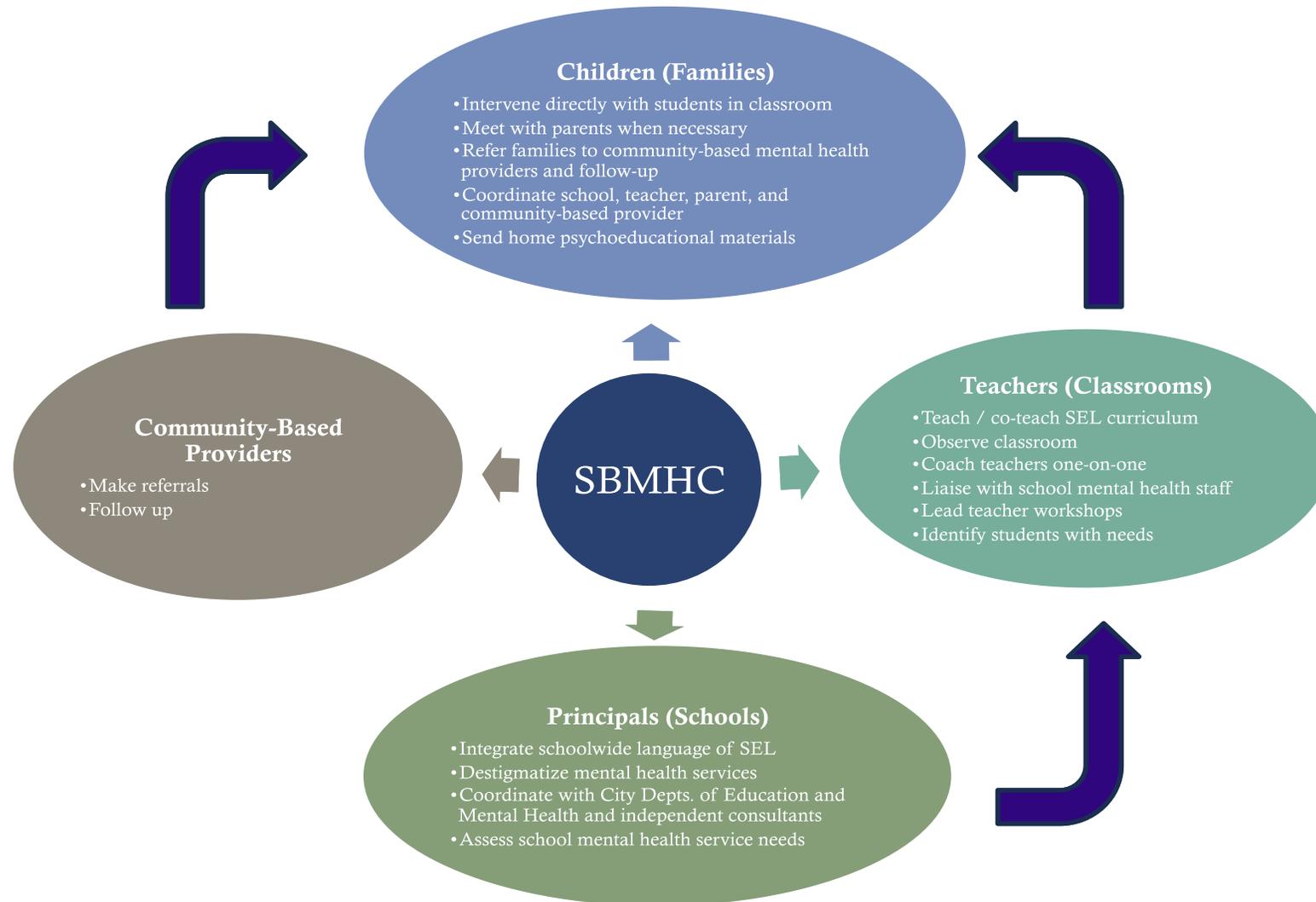


# SBMHC GROWS OUT OF AN INTEGRATED DEVELOPMENTAL FRAMEWORK

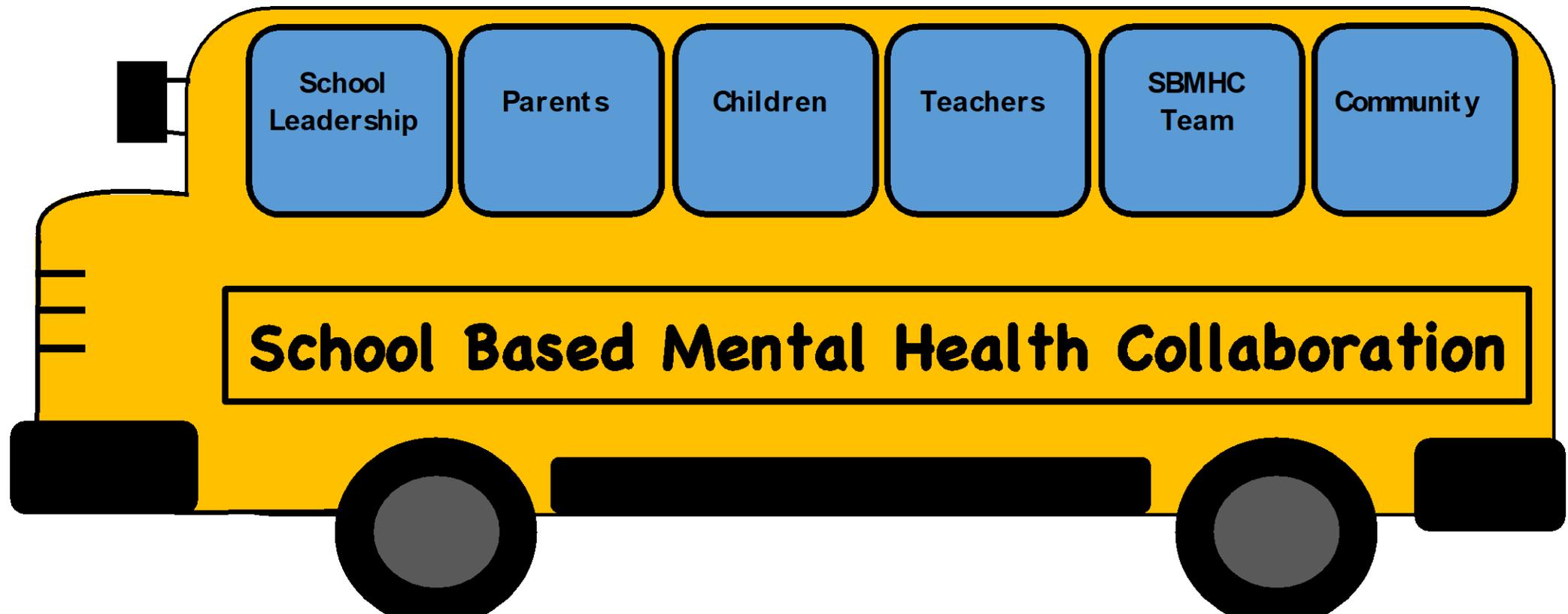
## Key Points

- SBMHC clinicians apply their clinical listening skills to better understand the existing strengths and weaknesses of the school's social and emotional climate.
- They establish on-going relationships with school stakeholders using an empathic and non-judgmental stance.
- SBMHC clinicians, analogous to parents with their infants, continually strive to notice and regulate their own internal states (emotions), as they do the same for the children in classrooms. "Self and interactive regulation...effect the other...and contribute to the organization of behavior and experience (Beebe, 2010, p. 10)."
- SBMHC clinicians apply their expertise in attachment theory and mentalization to facilitate children's self-regulation, and also teach these skills to classroom teachers and parents.
- It has been shown that these techniques, applied consistently over time, can also help to mitigate the deleterious brain effects from early trauma.
- A psychoeducational component, and techniques helping children make use of their internal and external resources, reinforce understanding of these concepts.

# OUR MODEL-Based in attachment theory

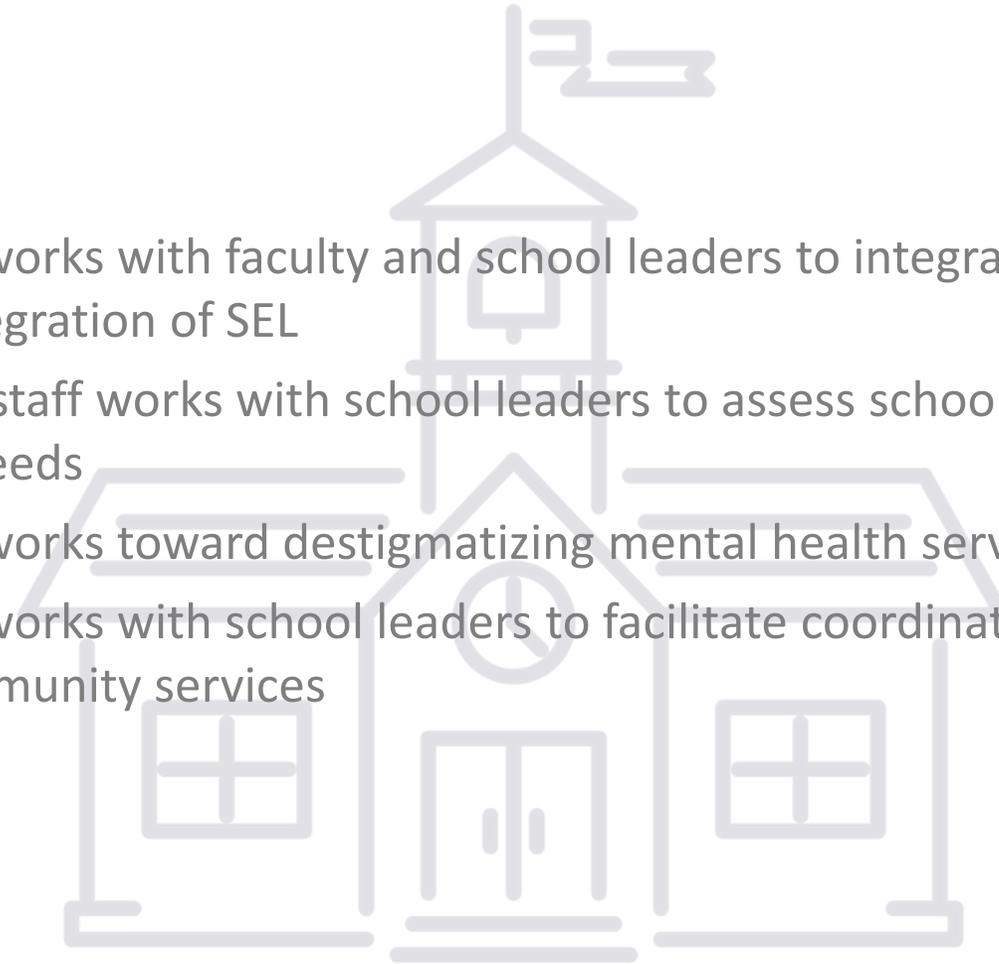


# PROGRAM DESCRIPTION



# Working with school leaders: What we do

- SBMHC works with faculty and school leaders to integrate school-wide integration of SEL
- SBMHC staff works with school leaders to assess school's mental health needs
- SBMHC works toward destigmatizing mental health services
- SBMHC works with school leaders to facilitate coordination of DOE and community services



# Working with school leaders: The underbelly

- As SBMHC clinicians and school leaders form relationships with one another, SBMHC clinicians are also learning about the school's social and emotional culture from a variety of perspectives. Concurrently, clinicians are applying a rich multi-faceted lens to the field data they are collecting (i.e., What are staff relationships like? How do parents interact? What is the communication style among the adults in the school? What is the dominant emotional style among stakeholders? How effective is this style?)
- Most importantly, SBMHC clinicians are careful observers of behavior, and empathic listeners.
- SBMHC clinicians are NOT “psychoanalyzing” the inner emotional lives of school leaders, or evaluating their effectiveness, but using their clinical skills to form hypotheses about the emotional and social space in the school toward improving the school's SE culture.

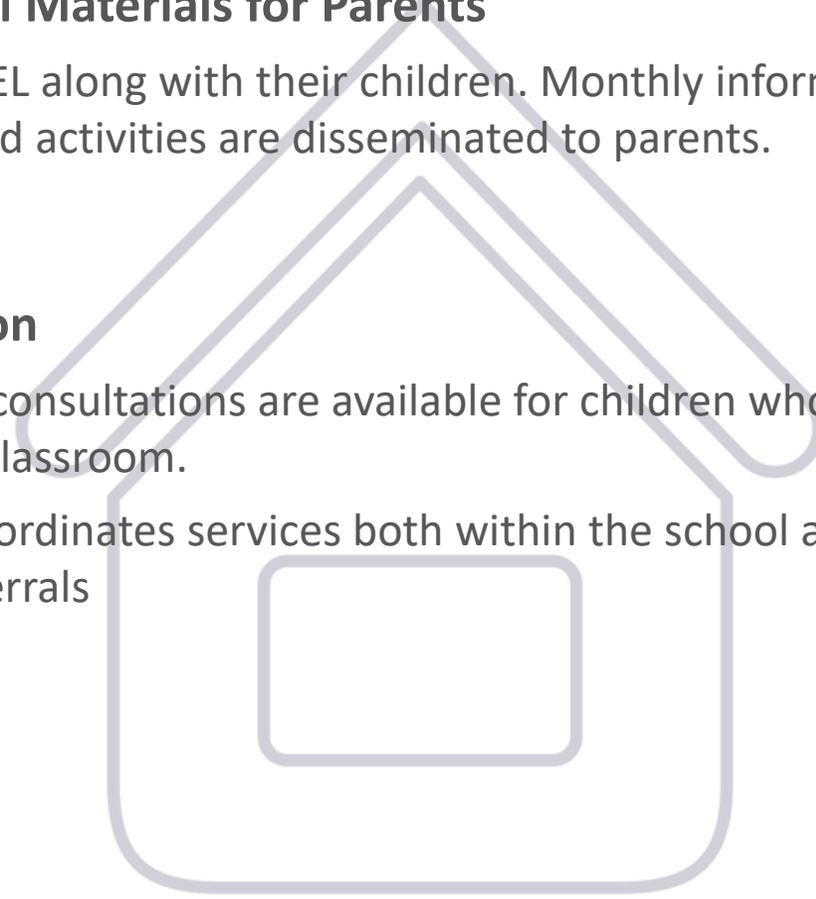
# Working with parents: What we do

## Psychoeducational Materials for Parents

- Parents learn SEL along with their children. Monthly informational sheets and home-based activities are disseminated to parents.

## 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



# Working with parents: The underbelly

- Similar to our work with school leaders, we work with parents to establish relationships in which we model careful listening, trust and empathy.
- Also, we provide workshops and psychoeducational handouts to parents about the application of mentalization and mindfulness techniques to parenting. The practice of these techniques can provide the foundation for important self and interactive regulation skills.

# Teachers and children: What we do

## ■ **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**

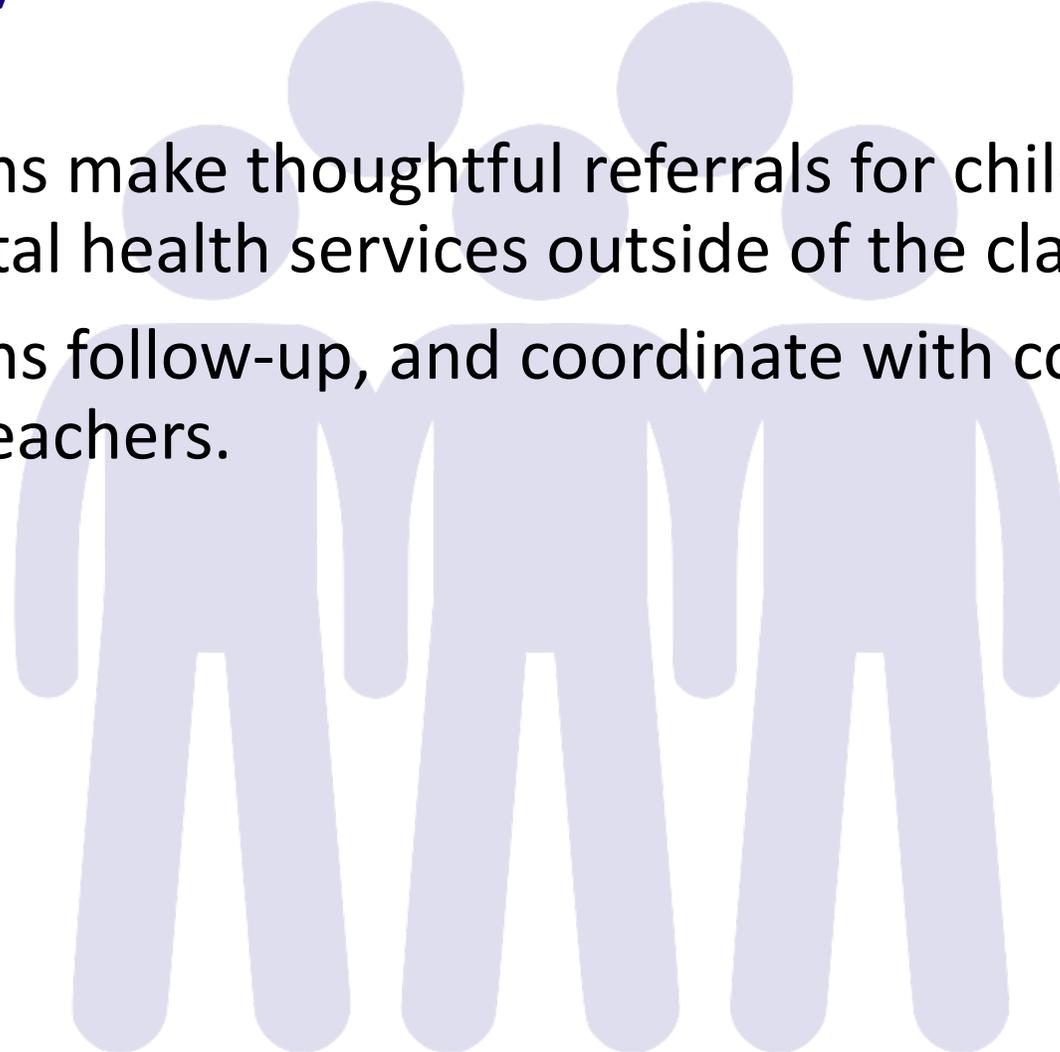
- Brief pull-in interventions can often mitigate more serious behavioral issues—we're intervening in the "here and now" – keeping the underlying "emotional belly" of the issue in mind.

# Teachers and children: The underbelly

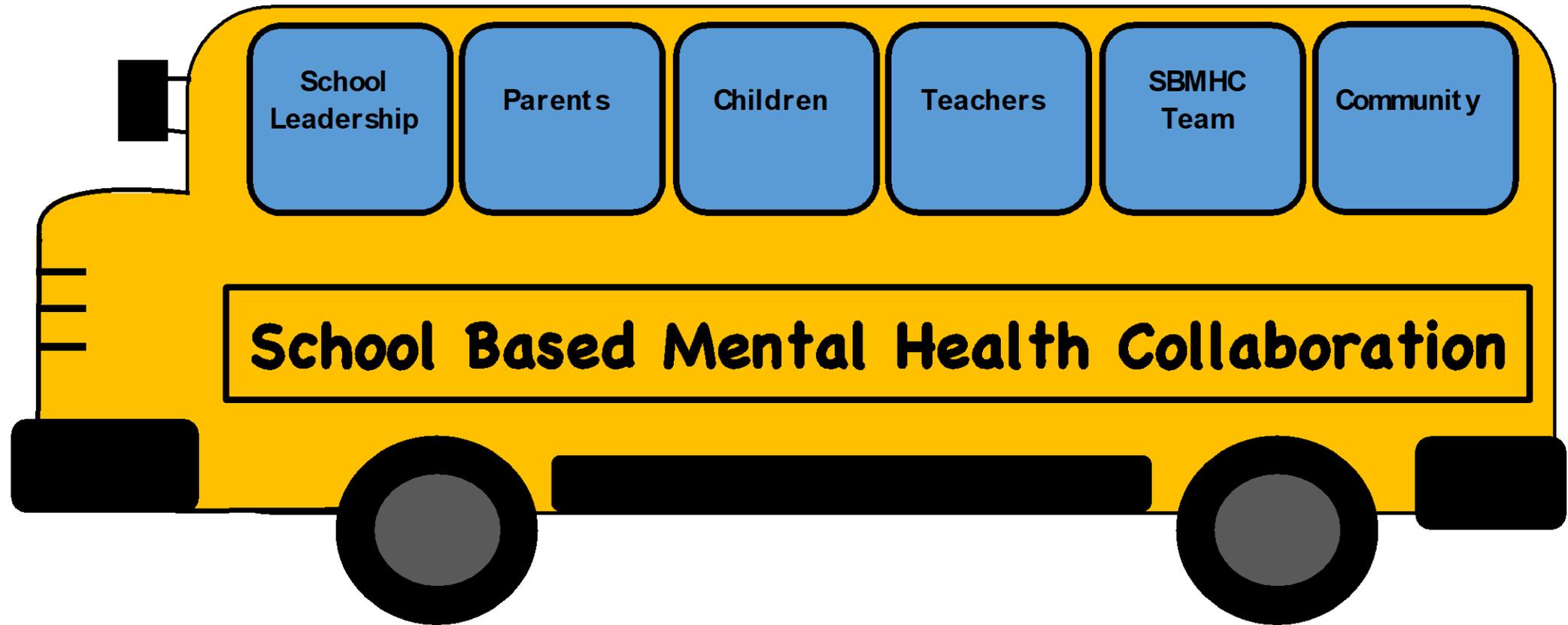
- Like our work with the other stakeholders, we establish relationships with faculty and children that model respect, clinical listening, an understanding of development, and an appreciation for multiple perspectives.
- We train teachers and children in mindfulness and mentalization techniques.
- We are currently conducting research to determine how our consultant's relationships effect children's behavior.

# Community-based Providers

- SBMHC clinicians make thoughtful referrals for children and families who need mental health services outside of the classroom.
- SBMHC clinicians follow-up, and coordinate with community based clinicians and teachers.



# THE CC'S ROLE





# The CC's Role

- Careful observer of behavior – “The skill that goes into effective observation is an skill that is beneficial for all teachers. We look closely at what is taking place, to take it on its own terms while at the same time recognizing that each event exists in context and may have various levels of meaning (Lichtenstein, 2002).”
- Co-teach SEL curriculum with classroom teacher –The evidence-based curriculum is an excellent starting point for increasing social and emotional wellness (ADHERENCE + CREATIVITY).
- Hold weekly teacher coaching meetings -Teacher training and coaching = sustained improvement in the social and emotional classroom climate. Modeling the importance of social and emotional learning for teachers and teaching mentalization techniques to understand how a child's behaviors may reflect an inner psychological struggle, and in doing so, the CC can model for a teacher how to use behaviors to hypothesize about what the student may be thinking or feeling.
- Implement SBMHC push-in interventions based on developmental theory. The CC approaches each child with a *gentle curiosity* about the child's mind and behaviors. The CC begins with a strengths-based perspective. What are the areas in which the child thrives? What are her weaknesses?
- Meet with parents to assess need for outside services. Work to de-stigmatize mental health
- Coordinate community referrals use existing resources



# We use Hagelquist's (2017) STORM Model to structure the consultants' interventions with the children

- **SECURITY:** CC establishes a sense of safety, trust and security for the child. Epistemic trust is “ an individual’s willingness to consider new knowledge from another person as trustworthy, generalizable and relevant to the self. Without this, a child’s default approach to relationships is, *Why should I believe what you say. You don’t care about me.*”
- **TRAUMA FOCUS:** The trauma focus component of STORM involves respecting the child’s pace and comfort level with confronting past traumatic or unpleasant experiences, and bringing to the child’s awareness how these past experiences are informing how he sees the present. SBMHC utilizes a specific trauma-based curriculum
- **OBTAINING SKILLS:** The CC uses specific interventions to help the child move through emotional trauma (see next slide).
- **RESOURCE FOCUS:** The CC helps the child utilize existing inner and outer resources.
- **MENTALIZATION:** The CC models and teaches mentalization.



# KEY SBMHC INTERVENTIONS for obtaining adaptive skills

- Validation of Emotions
  - Verbal: “I see that you look frustrated.”
  - Physical: eye contact, light touch on shoulders)
- Mindfulness
  - Self-regulation tools (breathing, counting, visual imagery)
- Redirection
  - Distraction, reflection corner, physical prompts
- Emotional Labeling
  - Giving words to feelings, naming emotions/feelings
- Physical Change in Environment
  - Change in seating arrangement, walk in that hall
- Planned” Ignoring” – take notice but don’t acknowledge



## SBMHC PARENT CONSULTATIONS AND COORDINATION OF SERVICES

- For children who need services outside of the classroom, an SBMHC consultative parent triage is arranged.
- We always work to meet children where they are developmentally and provide age-appropriate strategies for students and their families. An in-depth clinical intake interview is conducted with parents facilitates a comprehensive understanding of the child.
- A developmentally-oriented intake gives the clinicians and teachers important information about the student that may not be obvious, such as developmental delays in early childhood or relevant home issues. This intake will also serve as a window into the child's home life, and more specifically, the way in which the child interacts and behaves in the home.
- This information can help the SBMHC consultant to further enhance their existing conceptualization of the student, which in turn will enhance the responsiveness to the student's needs.

# PRELIMINARY RESEARCH FINDINGS

- "We are currently conducting research to determine how our consultants affect teachers' knowledge, attitudes, and practices, as well as children's prosocial and antisocial behaviors."
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# TITLE?????

- Results..

# A CONVERSATION BETWEEN

Ms Sujening Collado\* and Ms Cheryl Foo\*\*



\*Kindergarten Teacher, PS 368, NYC. \*\*SBMHC Clinical Consultant; doctoral candidate, TC, Columbia University

# THE CORNERSTONE OF SBMHC

## The relationship between the CC and the Classroom Teacher

- Describe your views of the SBMHC process
- Describe your respective roles.
- Describe the evolution of your partnership, noting each of your contributions and strengths, and how this has impacted the children's social and emotional experience and growth in the classroom
- Describe of how you have worked through difficulties and impasses collaboratively, highlighting major successes and failures.

# QUESTIONS AND ANSWERS

# 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.

# SBMHC Staff -2018-2019

Nancy Eppler-Wolff, Ph.D.

Sepideh Homayoonfar, Psy.D.

Anne Martin, Dr.PH.

Karen Rosenfeld, Ph.D.

Cheryl Foo

Rhea Kishnani

Director

Clinical Coordinator

Research Coordinator

Post-doctoral Clinical Fellow

Doctoral Research Fellow

Administrative Assistant

## **Clinical Classroom Consultants:**

Rebecca Black, Zankel Fellow

Lily Downing

Saima Manzar

Sian Martin

Nadine Postolache, Zankel Fellow

Ashlee Trent