



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

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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



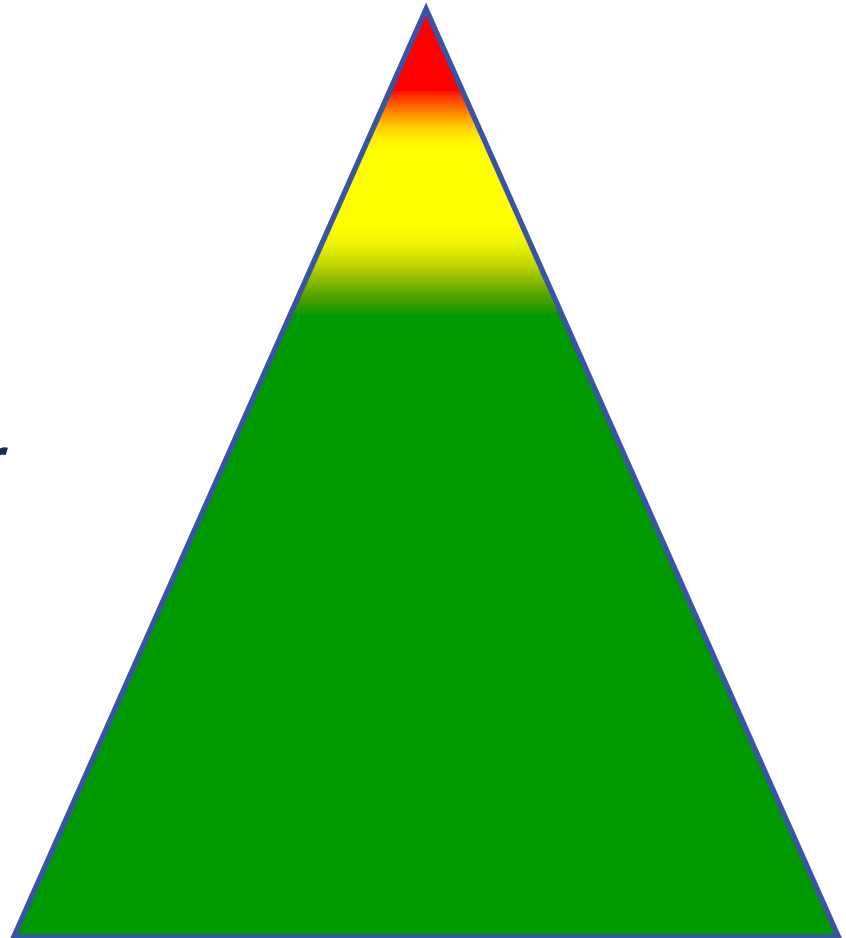
Preface:

- **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.

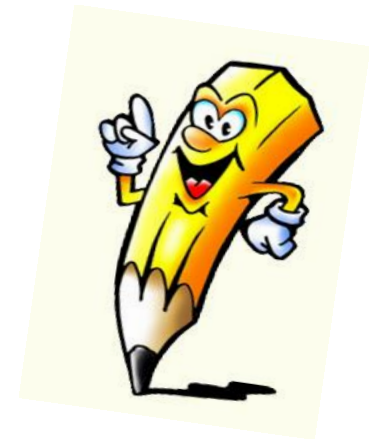
Differentiation of Instruction

MTSS-B

- Level of knowledge
- Level of experience
- Level of comfort
- Desire to dig deeper



Consider Action Planning



Directions:

School Name: _____

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.

Tier/Topic	Evidence/Data that Identifies Need	Next Steps		
		Action	Who?	When?



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) 😊

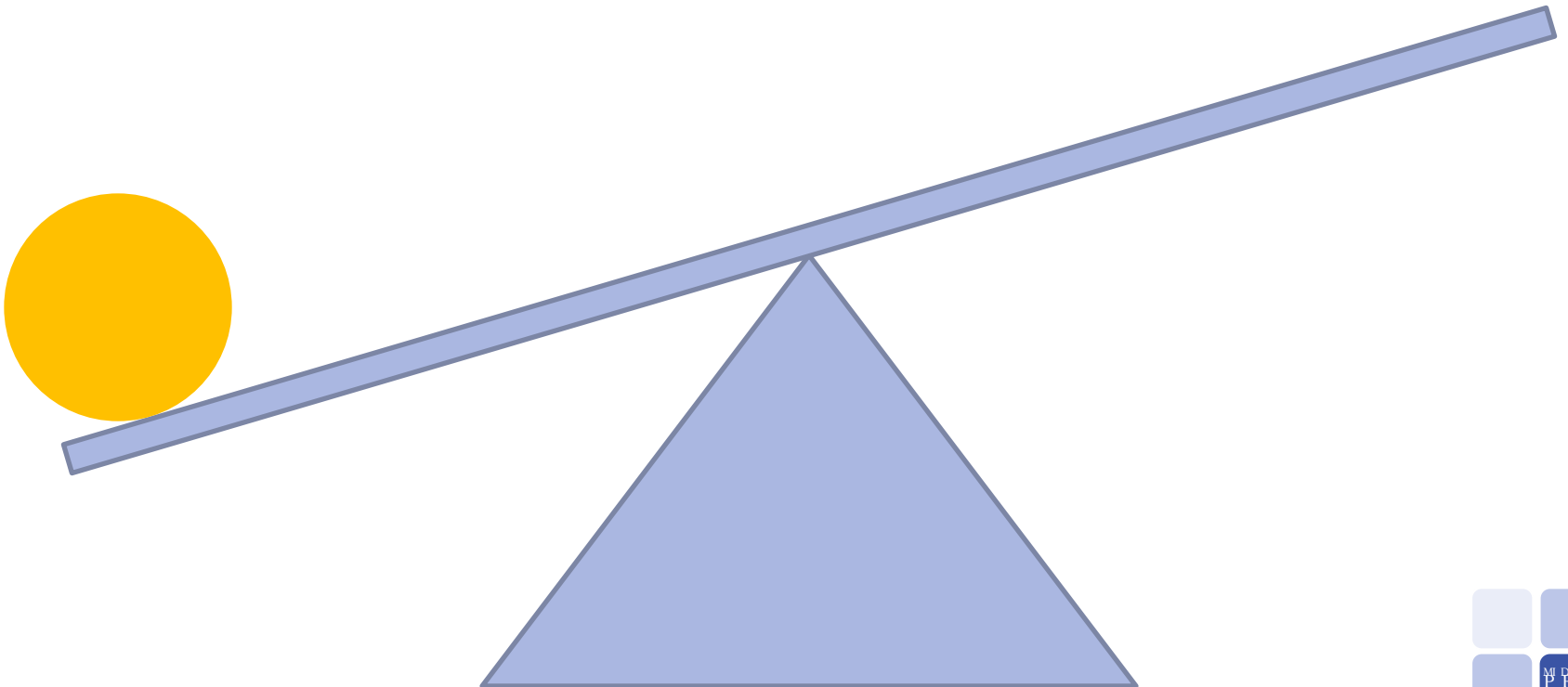
Over-servicing students with low level needs
AND
Under-servicing students with high level needs



BEFORE

**INDIVIDUAL/DIRECT
CONTACT WITH STUDENTS**

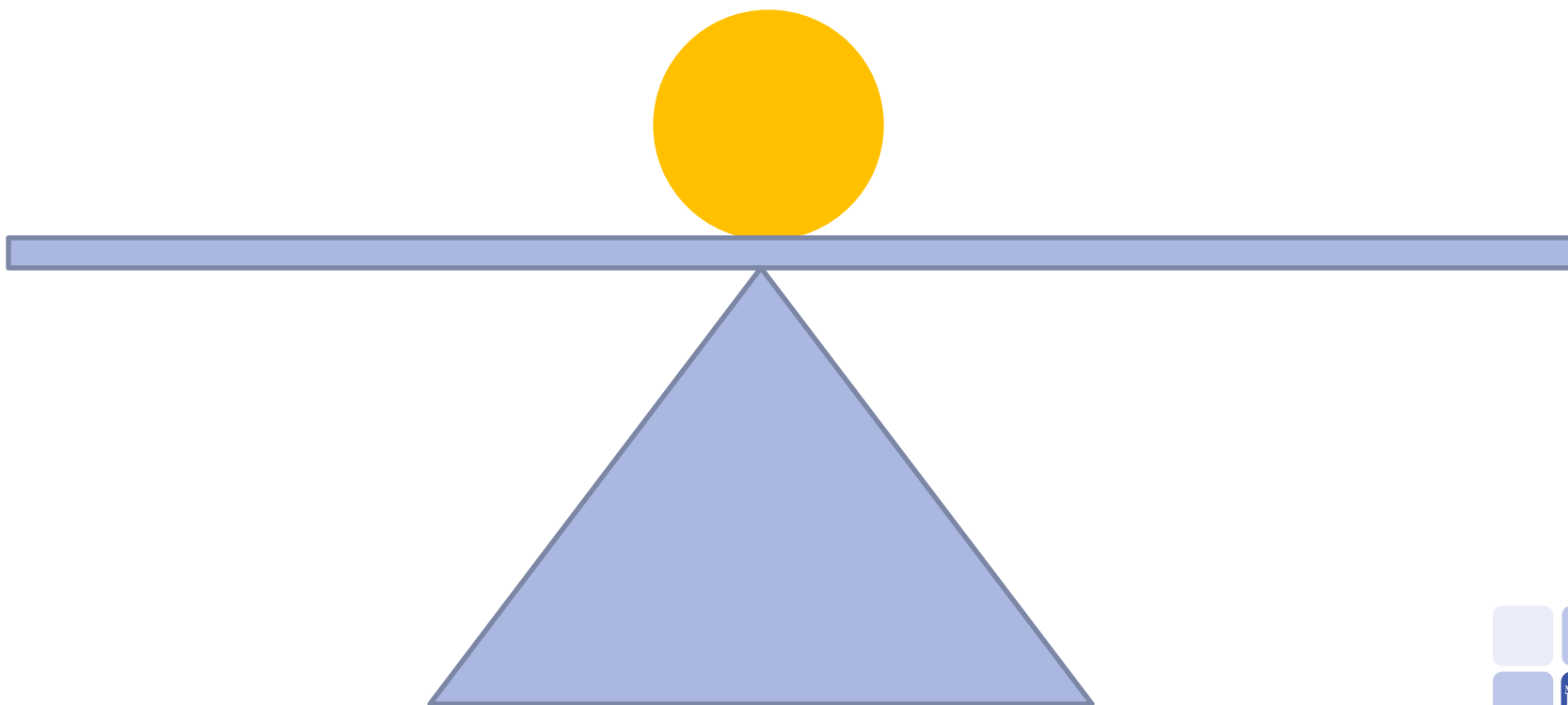
**TIME SPENT IN ROLES SUCH AS
INTERVENTION COORDINATOR,
FACILITATOR, COACH, ETC.**



AFTER

**INDIVIDUAL/DIRECT
CONTACT WITH STUDENTS**

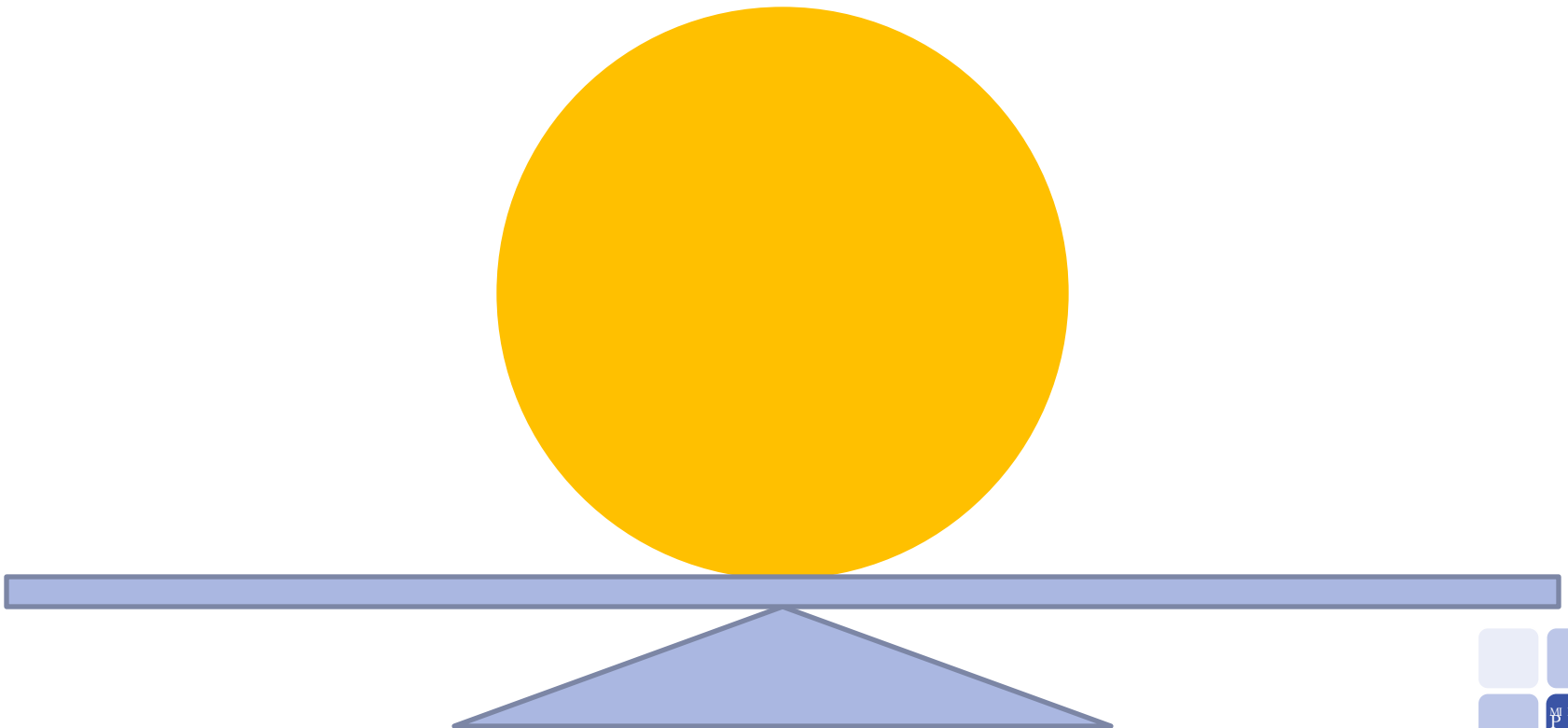
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INTERVENTION COORDINATOR,
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TRANSITION PERIOD

**INDIVIDUAL/DIRECT
CONTACT WITH STUDENTS**

**TIME SPENT IN ROLES SUCH AS
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TRANSITION 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

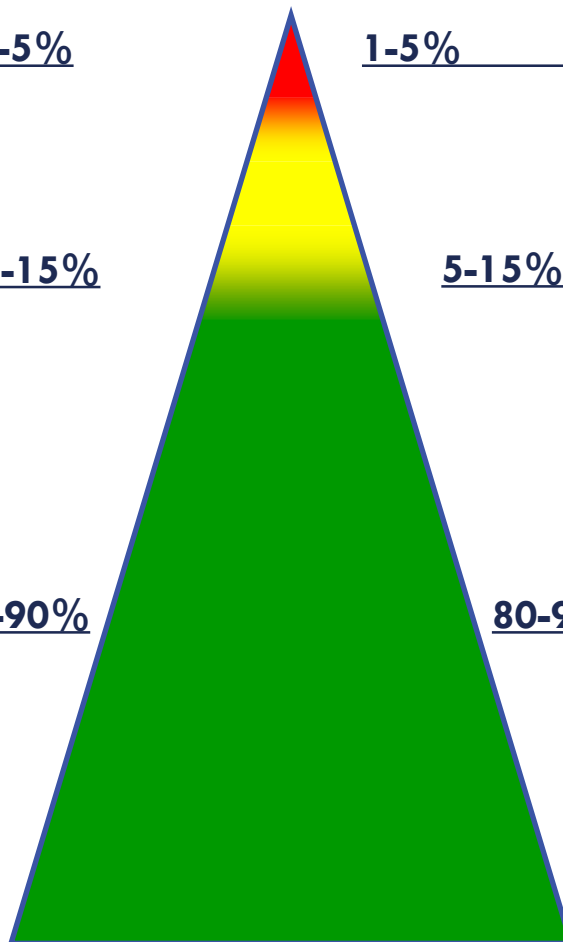
- Individual students
- Assessment-based
- Intense, durable procedures

5-15% Tier 2/Secondary Interventions

- Some students (at-risk)
- High efficiency
- Rapid response
- Small group interventions
- Some individualizing

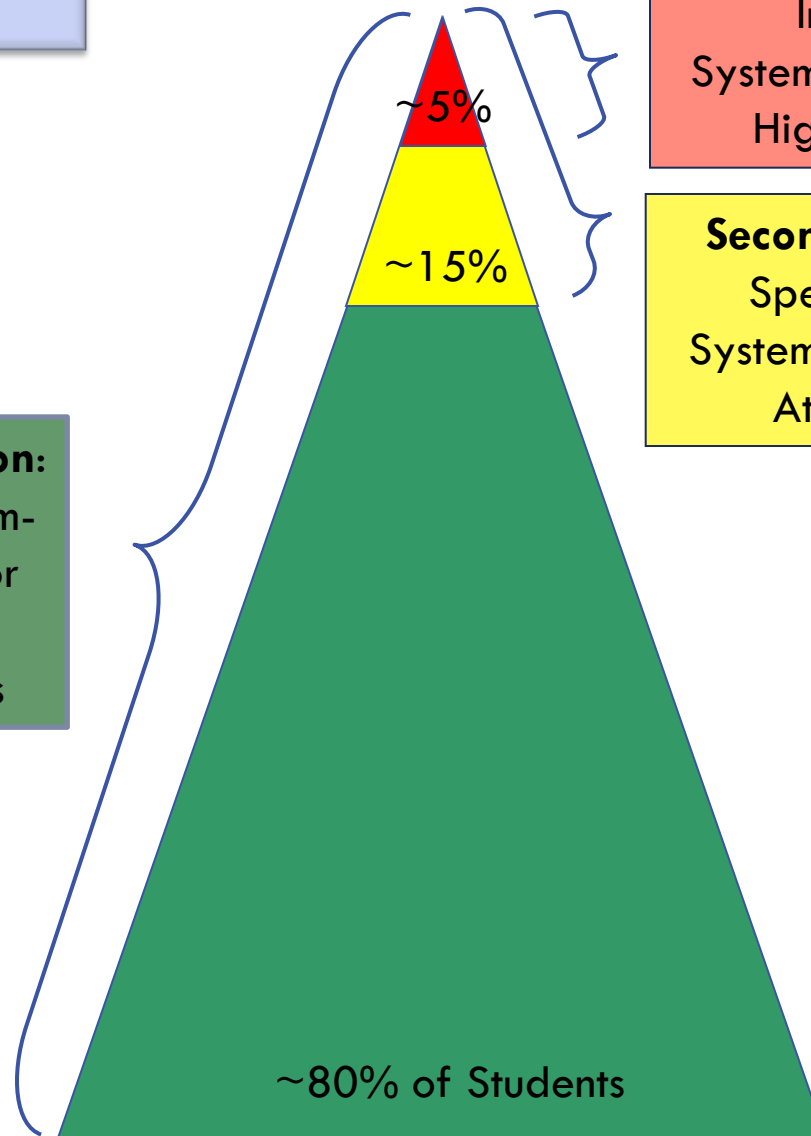
80-90% Tier 1/Universal Interventions

- All settings, all students
- Preventive, proactive



**SCHOOL-WIDE
POSITIVE BEHAVIOR
SUPPORT:**

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

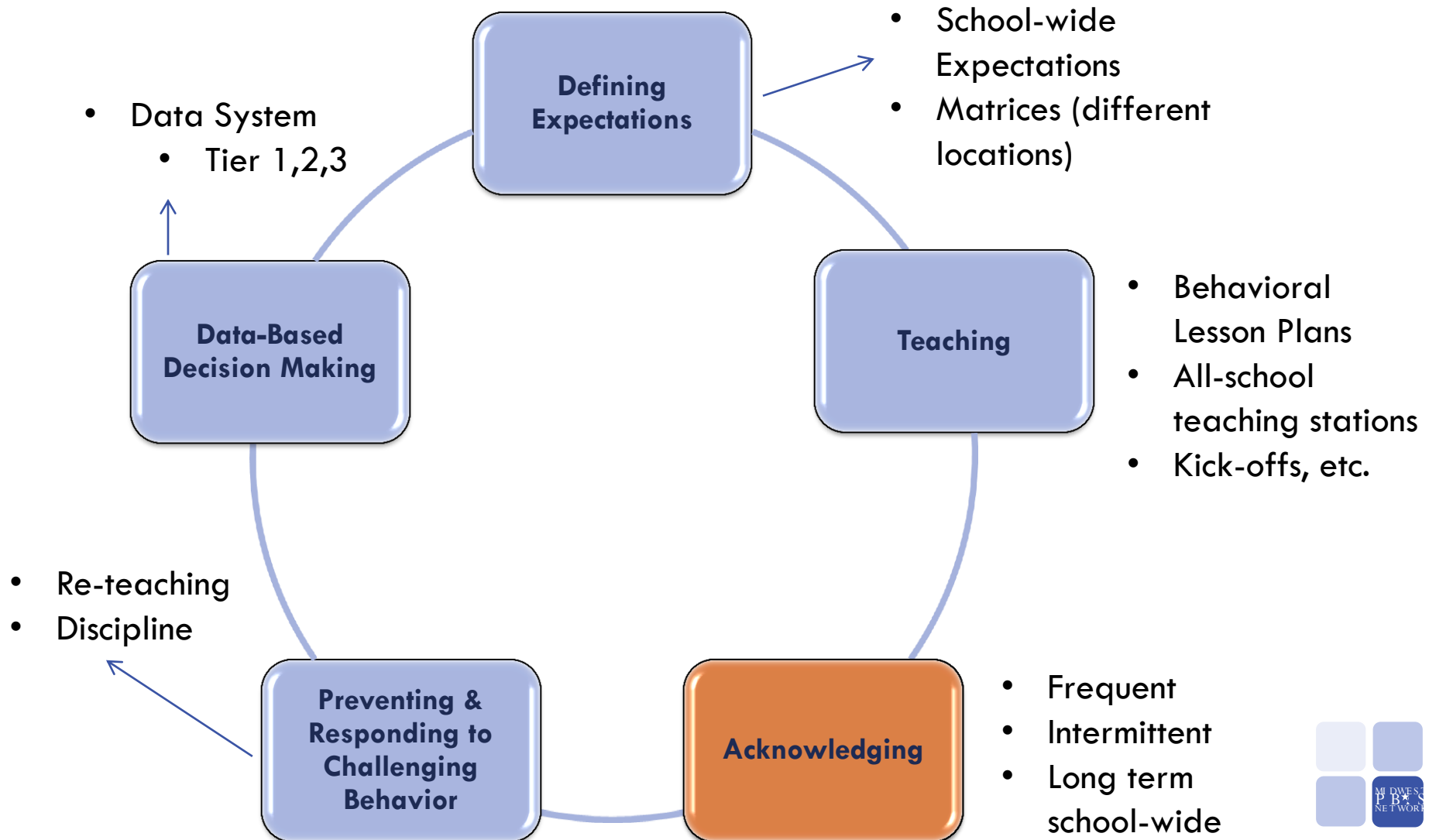


Tertiary Prevention:
Specialized
Individualized
Systems for Students with
High-Risk Behavior

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

- **Students**
- **Staff**
- **Parents**
- **Families**

Components of a School-wide Positive Support System – PBIS (Tier 1)



Layering of Support

More individualization as student needs increase/intensify



Tier 1



Tier 2



Tier 3

Layering of Support

More individualization as student needs increase/intensify



CICO

Check In Check Out



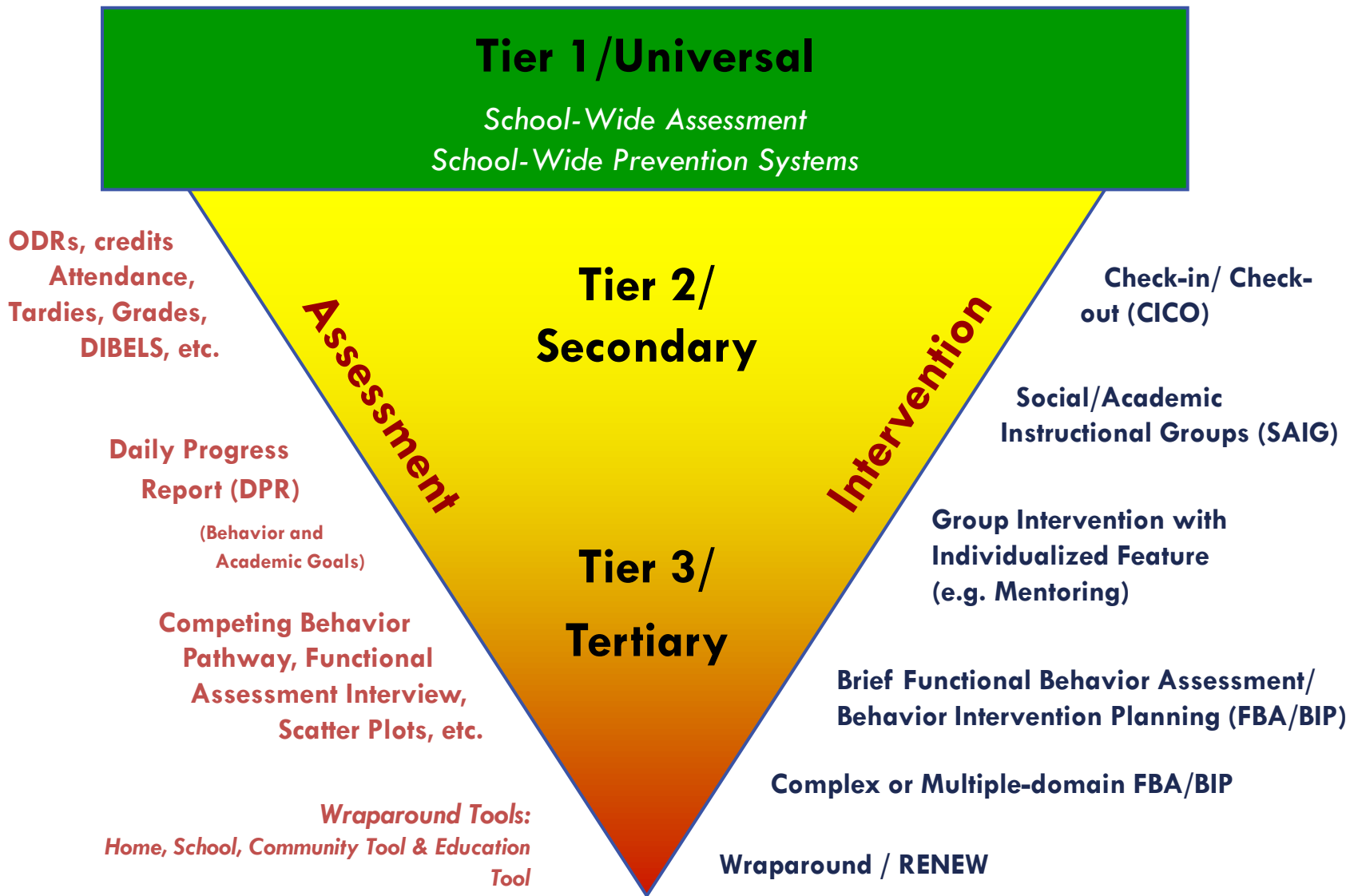
SAIGs

Social / Academic Instructional
Groups



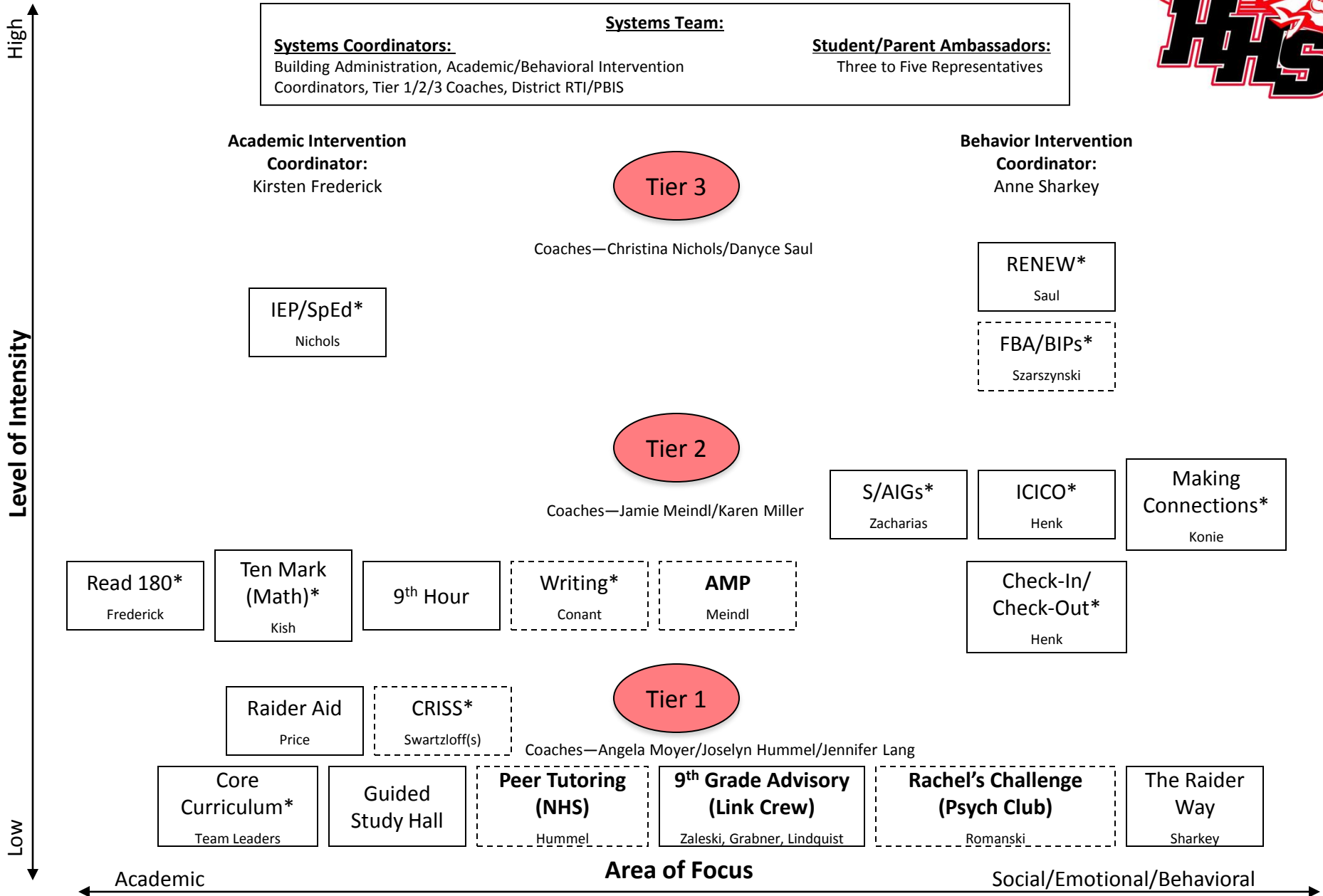
**Groups with
Individualized
Features**

A Multi-Tiered System of Support for Behavior





Huntley High School Map of Student Support Programming

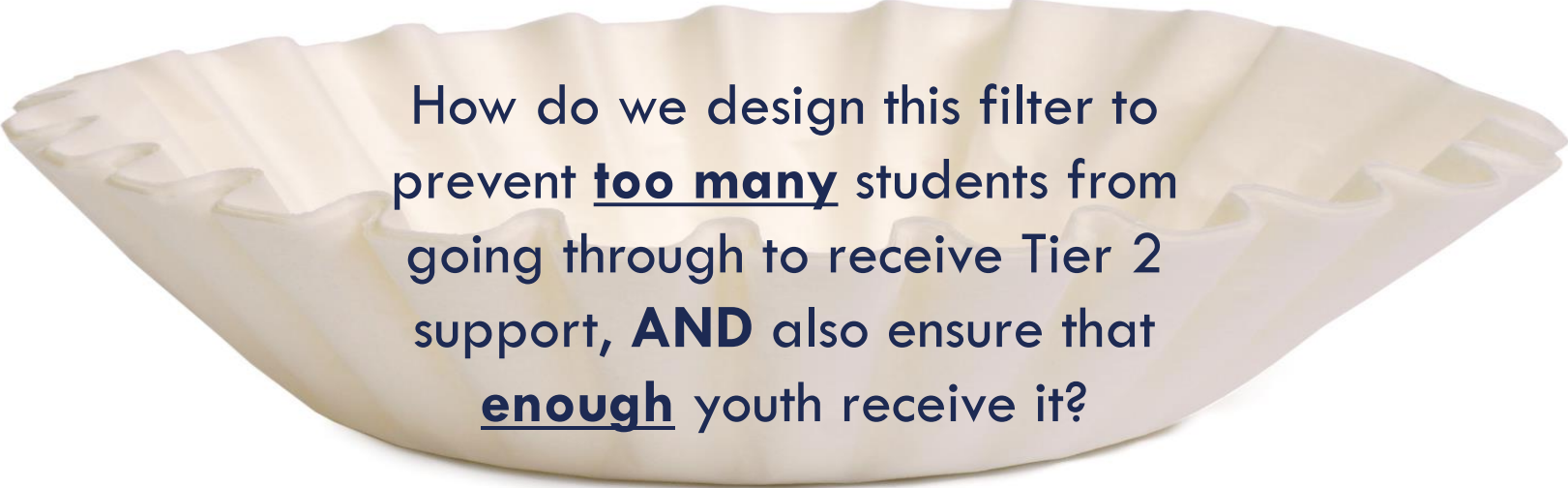


*- meets all PBIS/RTI criteria

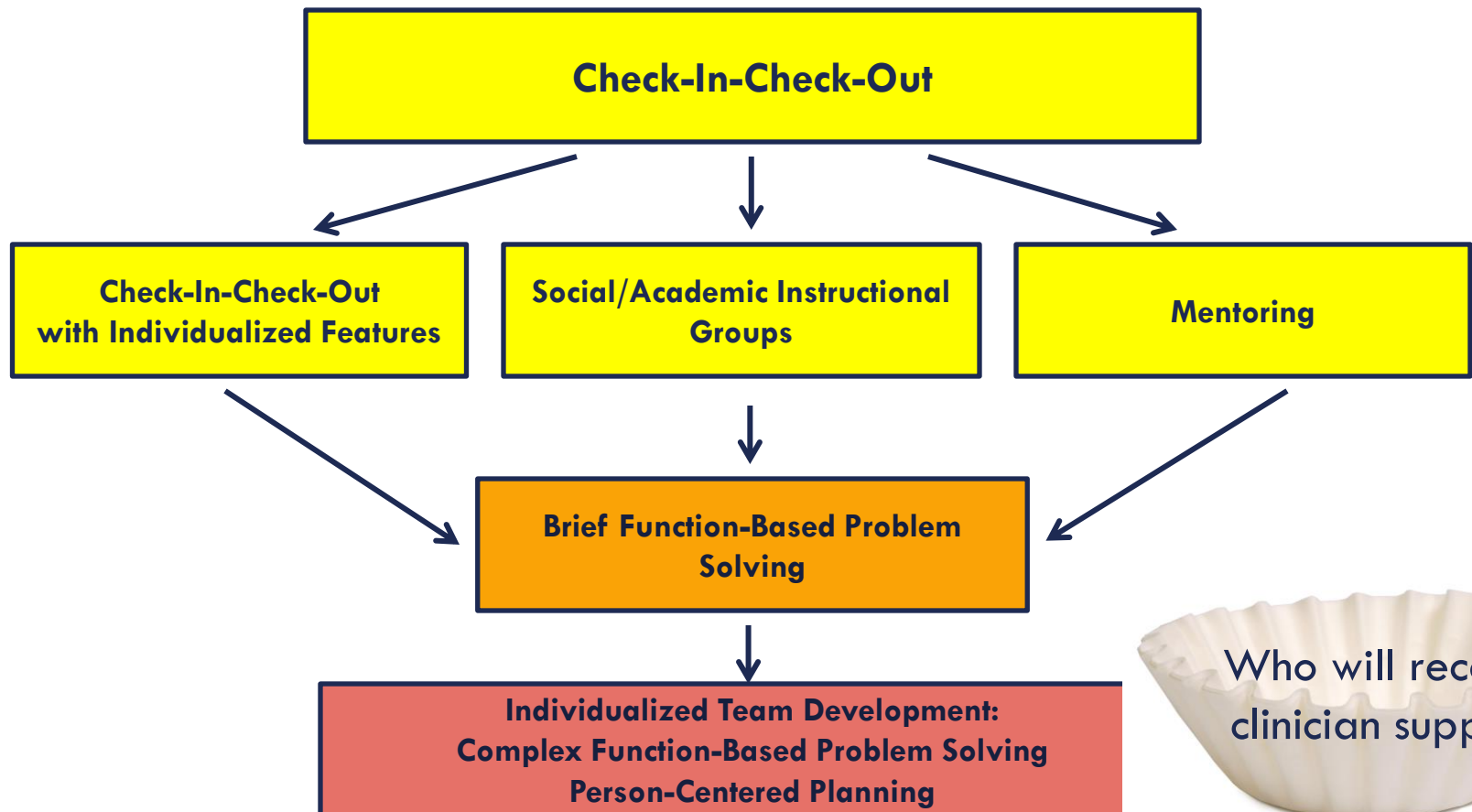
- Not Fully Implemented

Bold

- Student-led Intervention



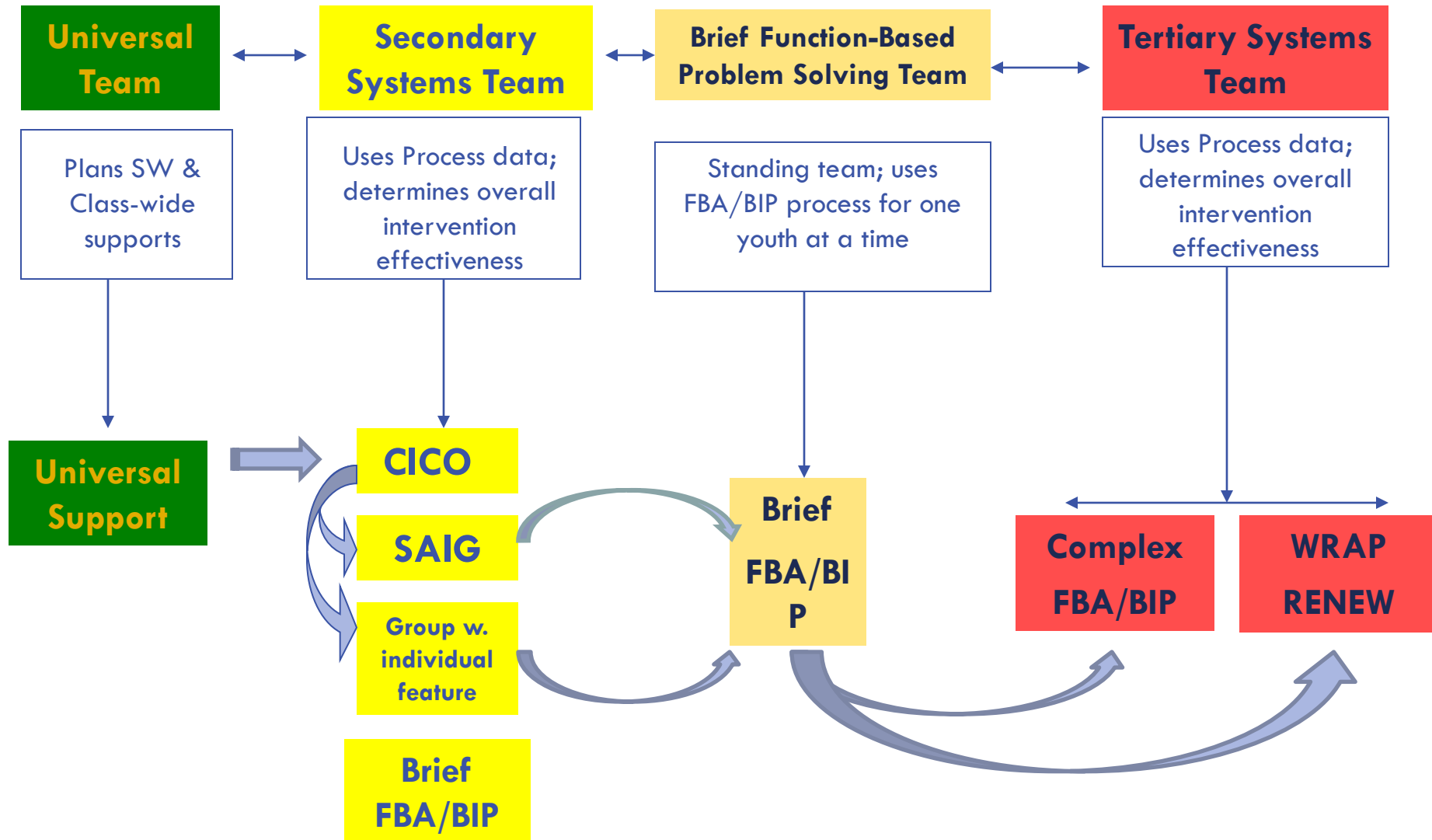
How do we design this filter to prevent **too many** students from going through to receive Tier 2 support, **AND** also ensure that **enough** youth receive it?



Who will receive clinician support

3-Tiered System of Support

Necessary Conversations (Teams)





**WHERE DO
CLINICIANS FIT INTO
THE TRIANGLE?**



Coordinator vs. Facilitator

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



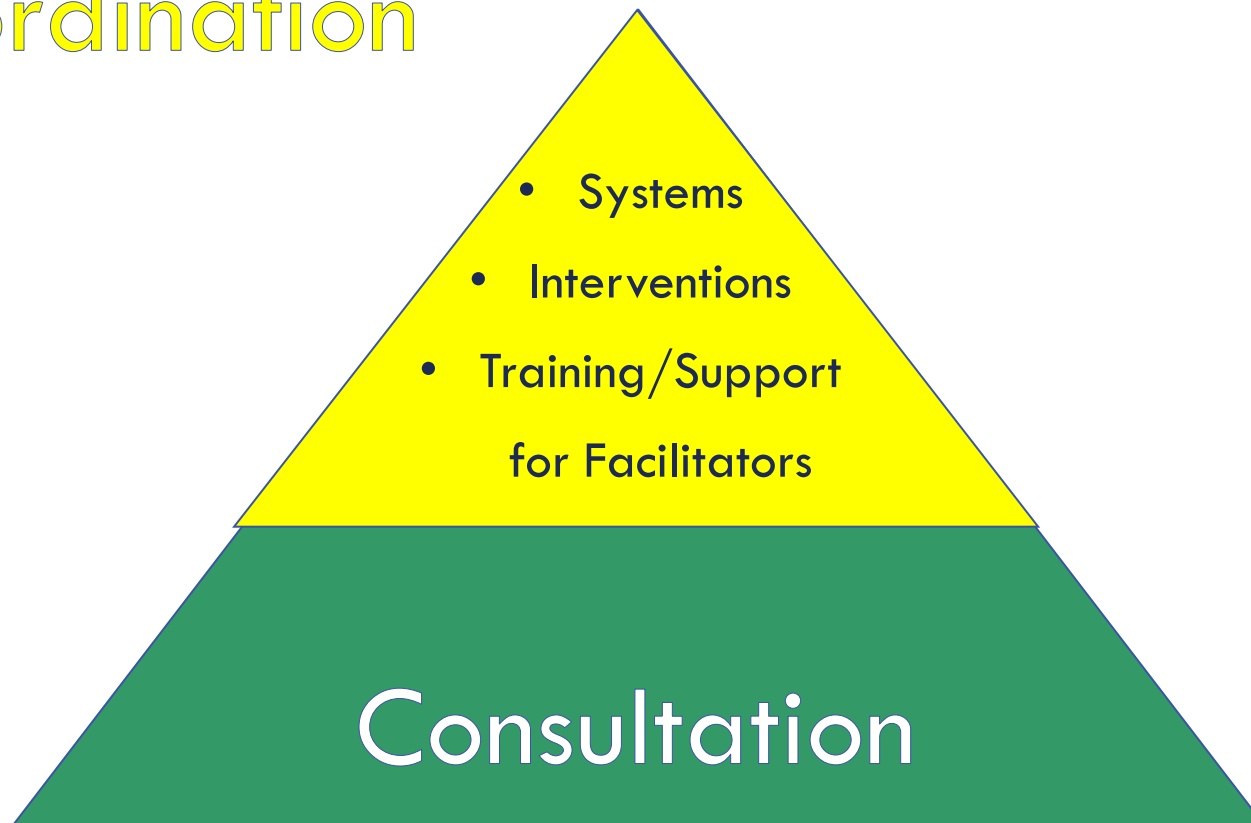
Tier 1

Coaching/ Consultation

- 
- Teams
 - Systems
 - Data
 - All-Staff
 - Families

Tier 2

Coaching/ Coordination



Tier 3

Coaching/
Facilitation

- Individual student teams
- Direct service

Coordination

Consultation



All 3 Tiers

Social
Emotional
Leaders for
the building

Helping to **build
the capacity** of
the entire building
to support
social/emotional
needs

Facilitate
(coaching)

Coordinate
(coaching)

Consult
(Coaching)

Can one person possibly...

Coach the Universal Team

Analyze Universal data

Push in for Universal curriculum teaching in classrooms

Coordinate Check-In-Check-Out

Facilitate Check-In-Check-Out

Analyze Check-In-Check-Out data

Build Social Academic Instructional Group curriculum

Lead 3 different types of Social Academic Instructional Groups

Coordinate Mentoring Program

Be a Mentor

Communicate with all staff and families around Tier 2

Coordinate FBA/BIP processes

Conduct Functional Behavior Assessments

Support Behavior Intervention Planning teams

Analyze Tier 3 data

Coordinate Wraparound/RENEW

Sit on Wrap/RENEW teams

Facilitate Wraparound processes

Communicate with ALL staff and families around Tier 3

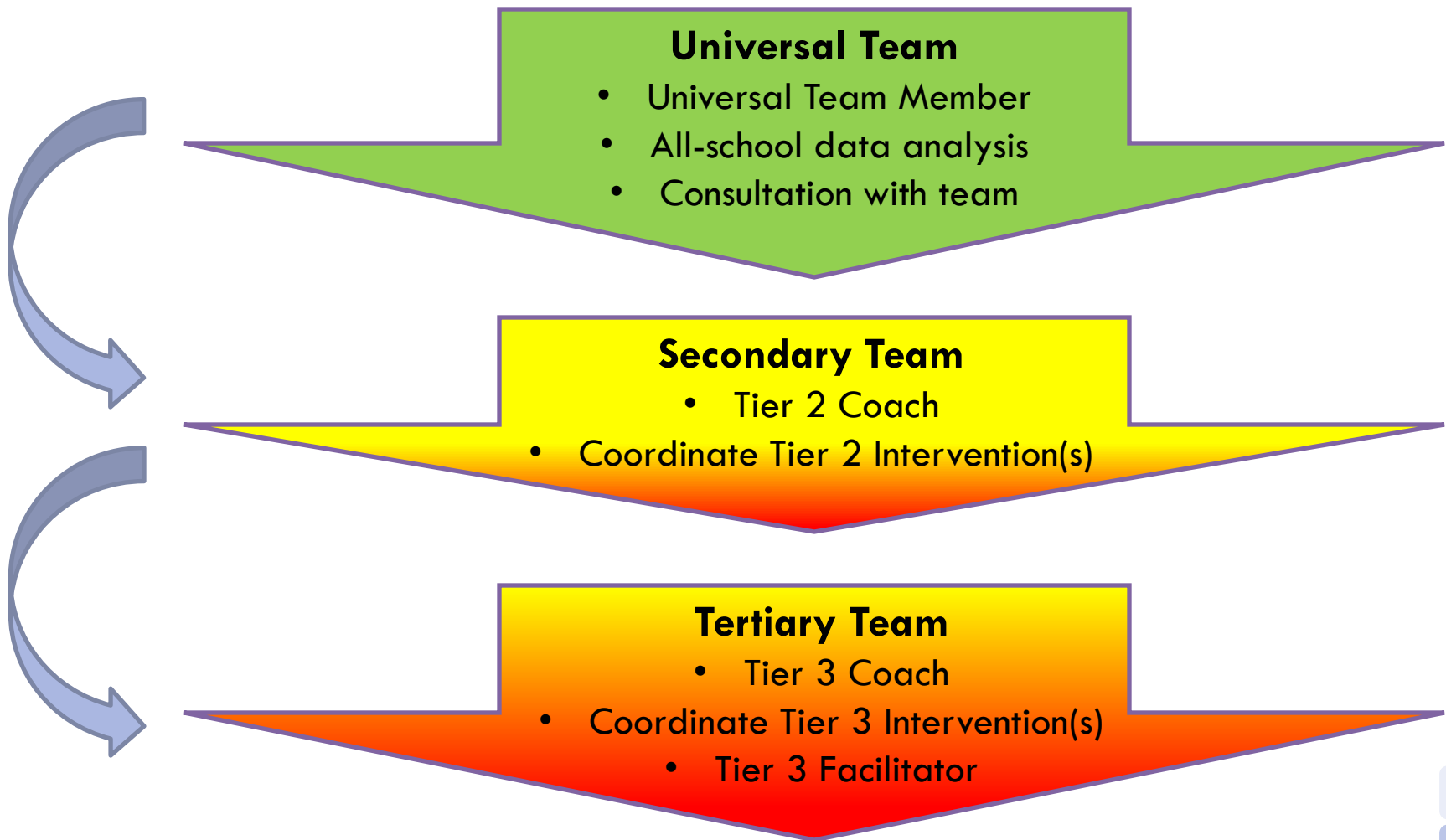
Communicate with district about PBIS

Coach all staff around ongoing PBIS implementation

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)





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...”

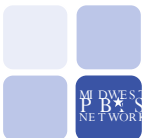
“**Interest in social and emotional learning is growing**, fueled by a desire to create **positive school environments** and prevent bullying, disconnection, and academic underachievement.”

“**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))

Adams, Jane M. "Social and Emotional Learning Gaining New Focus under Common Core."
EdSource Today. N.p., 15 May 2013.

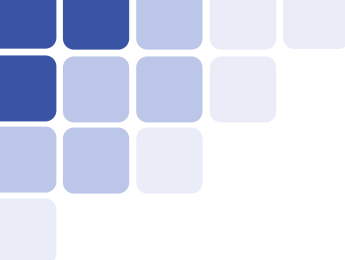


The role of a COACH

- 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

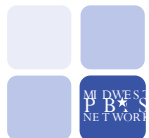
- Providing social/emotional education/knowledge/professional development to ALL staff
- Providing access to social/emotional education/knowledge for ALL our families
- Training other adults in the building
 - Training other staff to be able to lead (lower level) foundational interventions that will 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

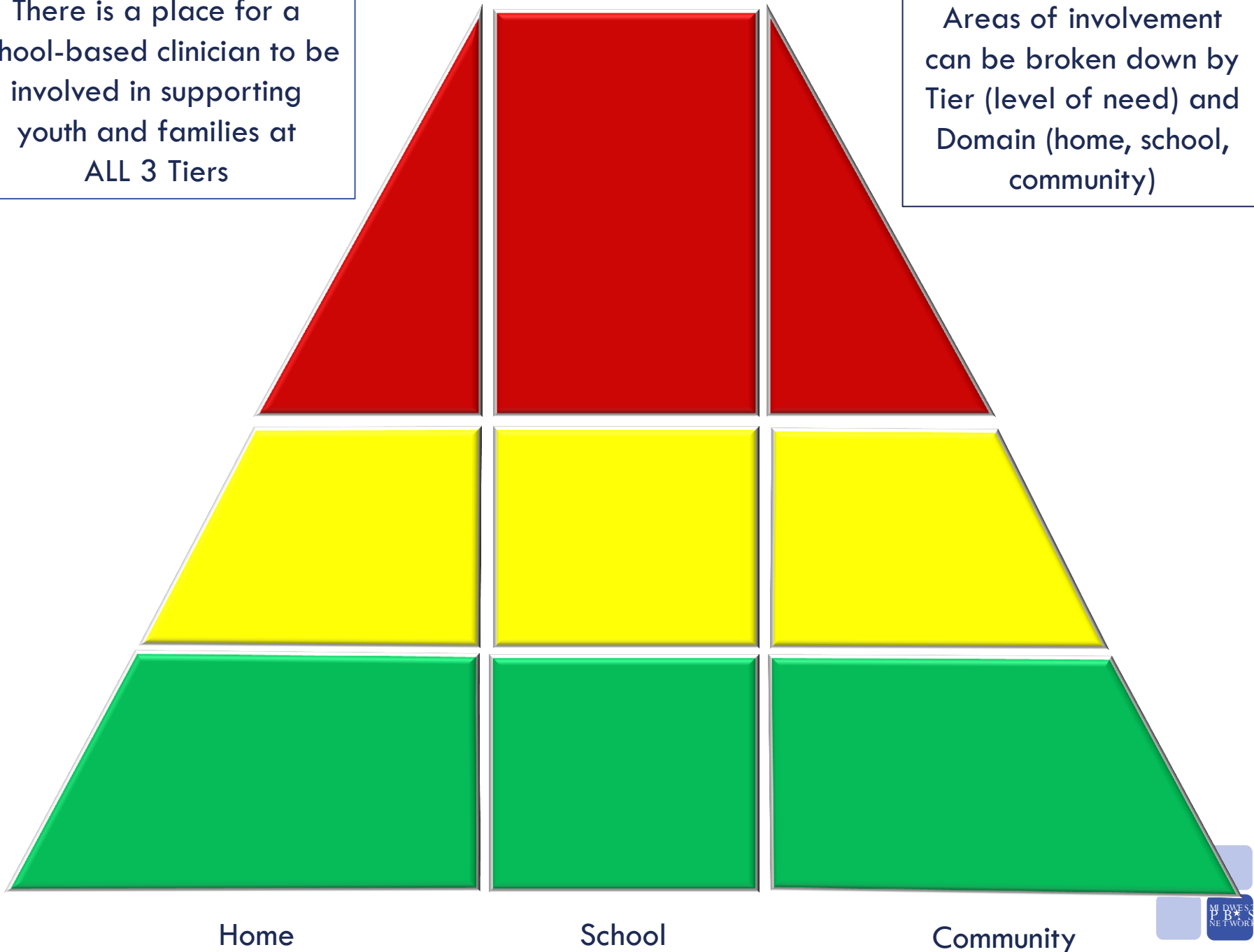
- Teach teachers how to deliver Universal behavioral curriculum in their classrooms (i.e. Second Step, etc.)
- Train staff on MTSS for behavior
 - Train staff and train facilitators
- Start out as a participant in the Universal team meetings, and then move into being a Tier 2 coach
- Sit on District/School-based 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)

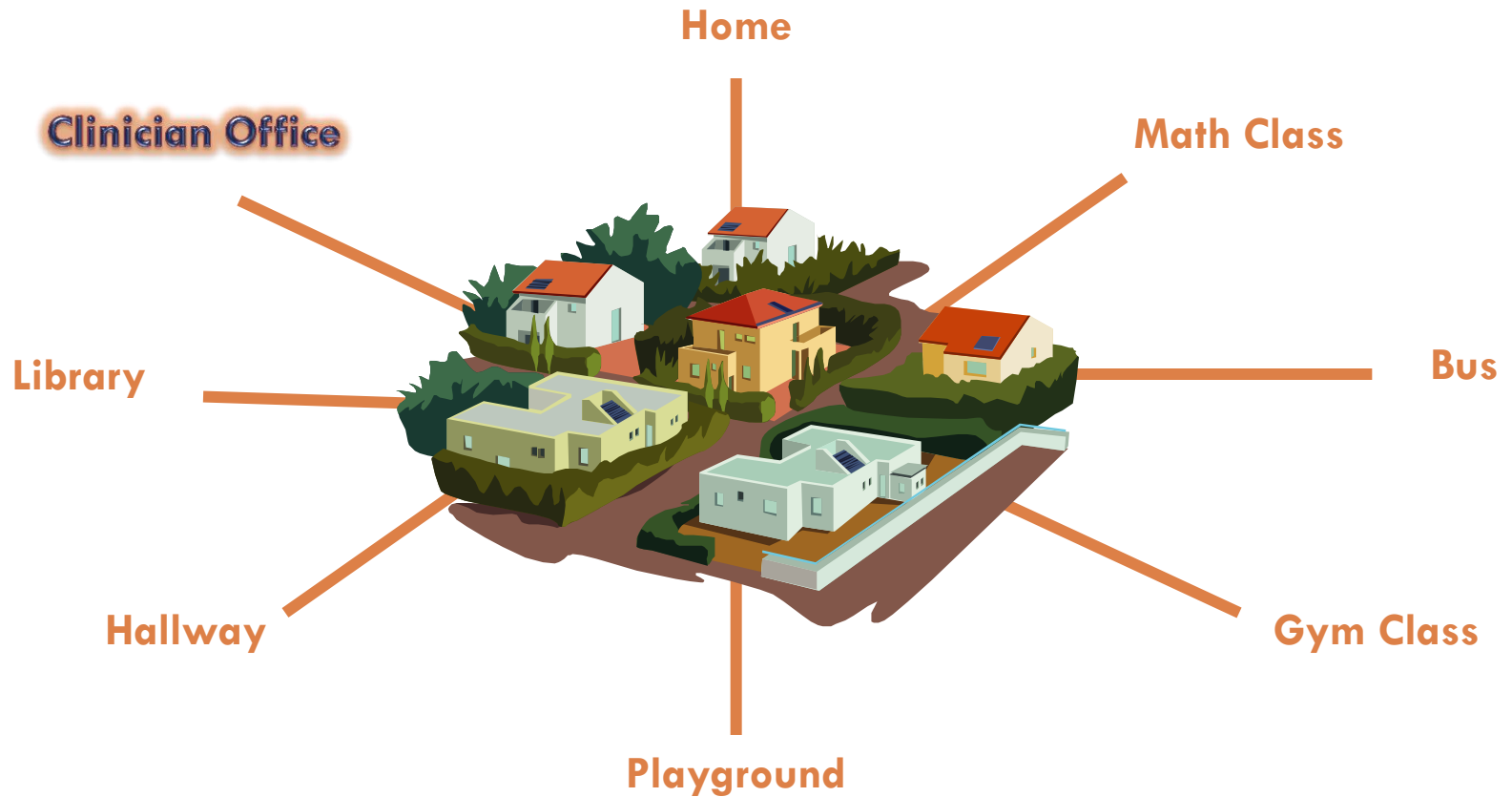
■ **Tier 2**

- **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”

“Social & Academic Instructional Groups”

(sample academic skills group)

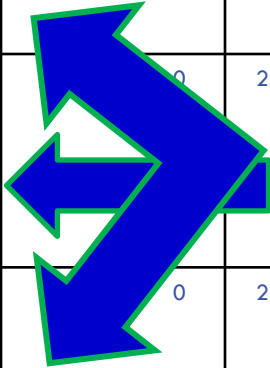
Daily Progress Report (DPR) Sample

NAME: _____ DATE: _____

“Individualized Student Card for Mark”

(FBA/BIP)

EXPECTATIONS	1st block	2nd block	3rd block	4th block	5th block	6th block	7th block
Be Safe Walk to class Mark will keep hands to self Keep hands to self	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Be Respectful Use appropriate language Mark will hold up a yellow card to indicate raising hand to speak Raise hand to speak	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Be Responsible Mark will fill out assignment notebook Fill out assignment notebook	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Total Points							
Teacher Initials							



Possible behaviors taught in previous SAIG groups

Replacement behavior

Instructions: Fill in the boxes that are shaded blue.

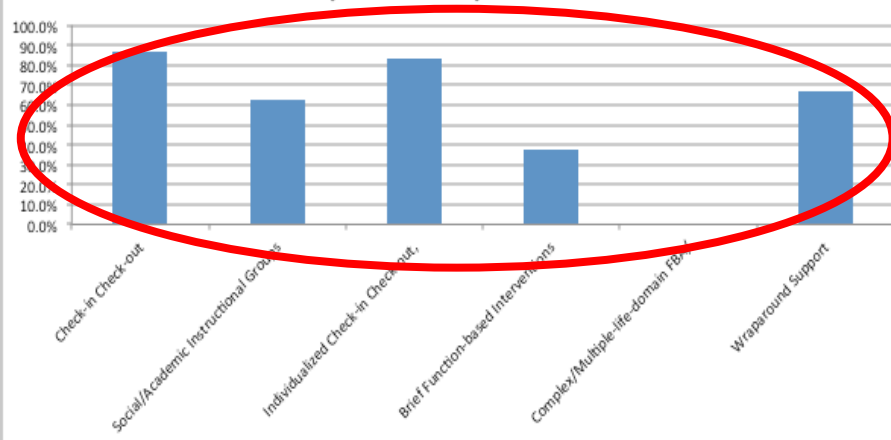
Total Enrollment: 500

Social/Academic Instructional Groups	# of Students Participating	# of Students Responding	Response Rate	Please list below your data-based decision-rule to determine youth 'response' to each of the groups.
Name of Social/Academic Instructional Group	8	7	87.5%	
Name of Social/Academic Instructional Group	9	7	77.8%	
Name of Social/Academic Instructional Group	10	3	30.0%	
Name of Social/Academic Instructional Group			#DIV/0!	
Name of Social/Academic Instructional Group			#DIV/0!	
Name of Social/Academic Instructional Group			#DIV/0!	
Name of Social/Academic Instructional Group			#DIV/0!	
Name of Social/Academic Instructional Group			#DIV/0!	
Name of Social/Academic Instructional Group			#DIV/0!	
Name of Social/Academic Instructional Group			#DIV/0!	

Tier 2 Interventions	# of Students Participating	# of Students Responding	Response Rate	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.	Participation Rate
Check-in Check-out	45	39	86.7%	80% of pts. 80% of the time, and no increase in attendance, referrals, etc.	9.0%
Social/Academic Instructional Groups	27	17	63.0%	Completed above.	5.4%
Individualized Check-in Check-out, Groups & Mentoring	6	5	83.3%		1.2%
Brief Function-based Interventions	8	3	37.5%		1.6%

Tier 3 Interventions	# of Students Participating	# of Students Responding	Response Rate	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.	Participation Rate
Complex/Multiple-life-domain FBA/BIP			#DIV/0!		0.0%
Wraparound Support	3	2	66.7%		0.6%

September Response Rates



You can find it [here](#)

What will be the greatest barriers to making this work, work?





NEXT STEPS

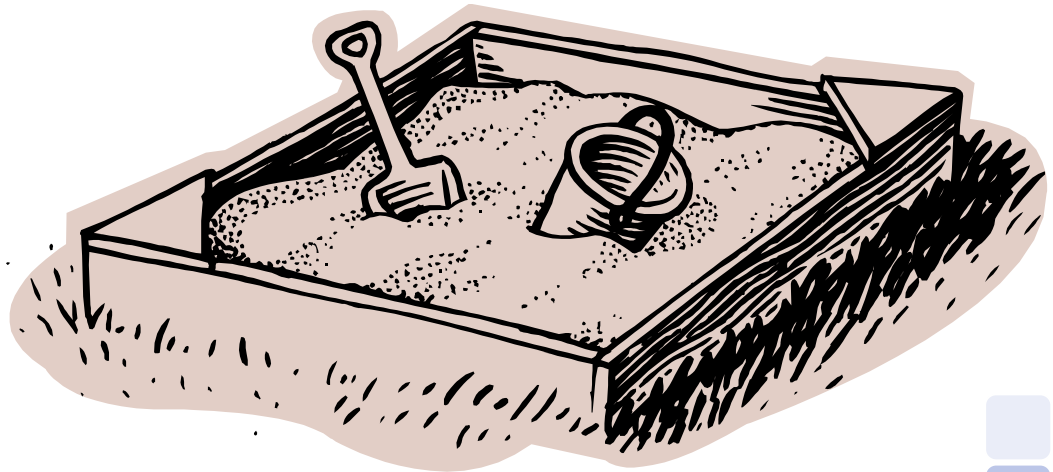
What do you need?

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

**Know your
sandbox...**



**...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

School Name: _____

Tier/Topic	Evidence/Data that Identifies Need	Next Steps		
		Action	Who?	When?



Thank You!

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