



A POUND OF PREVENTION

Schools and Health Centers Joining Forces Toward Elementary School-wide Social Emotional Learning

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What We Will Cover Today

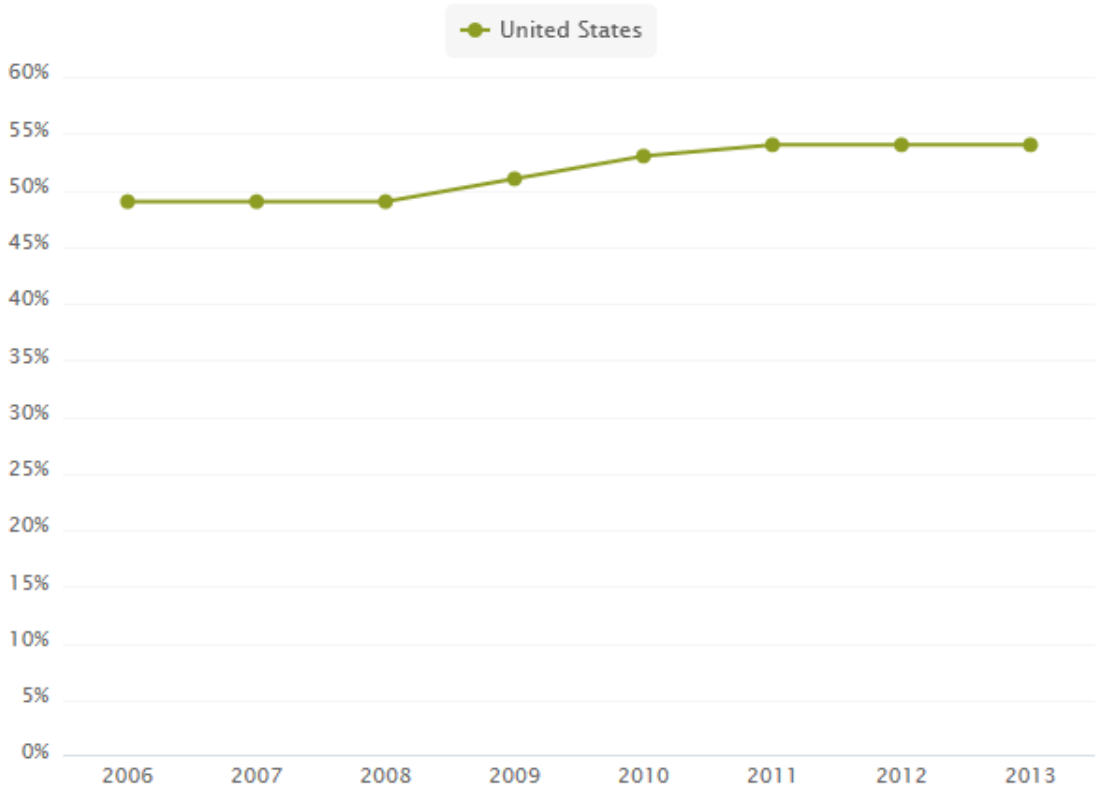
- Why join forces in school-wide social-emotional learning (SEL) endeavors?
- How we joined forces in school-wide SEL endeavors in Seattle
- Lessons learned from our experience
- Discussion

Why invest in social emotional learning?

- ↑ Increasing rates of child poverty
  - ↑ Percent and absolute number of children living at or near federal poverty line is increasing
  - ↑ Over 50% of public school students are eligible for free & reduced lunch*
- ↑ Significant impact of trauma on children
- ↑ Increasing pressure on schools around academic outcomes

*Source: Suitts, Steve. A New Majority Research Bulletin: Low Income Students Now a Majority in the Nation's Public Schools. Southern Education Foundation. (2015).

Children living in poverty



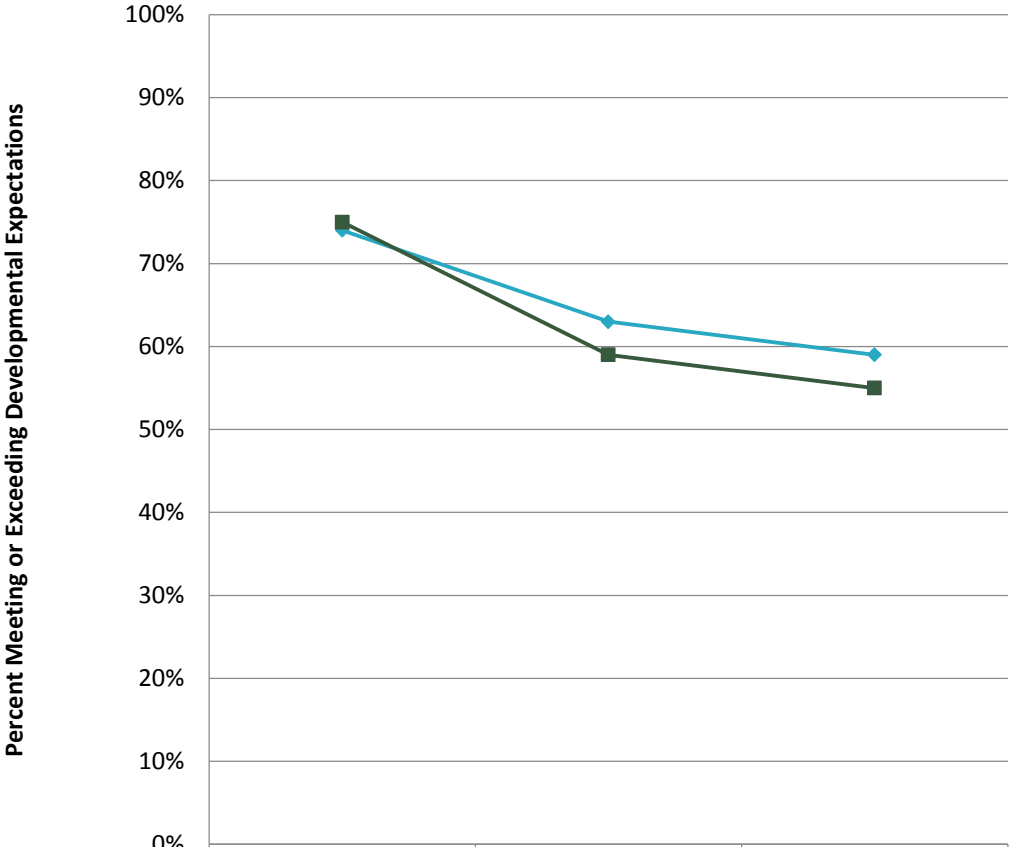
CHILDREN BELOW 250 PERCENT POVERTY (PERCENT)

National KIDS COUNT
KIDS COUNT Data Center, datacenter.kidscount.org
A project of the Annie E. Casey Foundation

ACEs and Trauma in Head Start Families

- In nearly 700 Spokane families
  - 63% of parents experienced three or more ACEs
  - 40% of these 3-4 year old children already has experienced three or more ACEs
- As children's ACEs increase, teacher assessments of school readiness and social emotional development demonstrate the 'ACE dose' effect.

Adverse Childhood Experience Exposure and Language Development in 3-4 Year Old Boys and Girls



	0-1 ACE N=127	2-3 ACEs N=67	4 or more ACEs N=62
Girls N=131	74%	63%	59%
Boys N=123	75%	59%	55%

Spokane Elementary ACEs Study:
Odds for academic and health problems with ACEs

Spokane Elementary School Students	Academic Failure	Severe Attendance Problems	Severe School Behavior Concerns	Frequently Reported Poor Health
Three or More ACEs N =248	**3**	**5**	**6**	**4**
Two ACEs N=213	**2.5**	**2.5**	**4**	**2.5**
One ACE N=476	**1.5**	**2**	**2.5**	**2**
No Known ACEs =1,164	1.0	1.0	1.0	1.0

Source: Blodgett C et al. Research Brief: Adverse Childhood Experience and Developmental Risk in Elementary Schoolchildren.
http://ext100.wsu.edu/cafru/wp-content/uploads/sites/65/2015/02/Adverse-Childhood-Experience-and-Developmental-Risk-in-Elementary-Schoolchildren-Research-Briefx.pdf

The Neuro-Biology of Stress

Stress Kills!

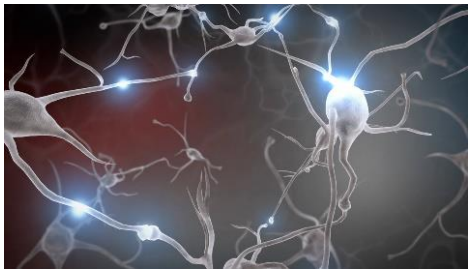


Photo courtesy of The Center on the Developing Child

Strong, frequent, prolonged adversity creates a toxic stress response.
This:

1. disrupts brain architecture and other organ systems
2. increases the risk for stress-related disease and cognitive impairment across the life span.

Source: The Center on the Developing Child, Harvard University. "Key Concepts: Toxic Stress"
http://developingchild.harvard.edu/key_concepts/toxic_stress_response/

Why is social emotional learning the answer?

1. A “nurturing, stable, & engaging” environment which provides
2. supportive, responsive relationships
3. as early in life as possible

➢ can **prevent** or even **reverse** the damaging effects of the toxic stress response.

Source: The Center on the Developing Child, Harvard University. “Key Concepts: Toxic Stress”
http://developingchild.harvard.edu/key_concepts/toxic_stress_response/

What is social emotional learning?

"...the process through which children and adults acquire and effectively apply

the knowledge, attitudes, and skills necessary to

understand and manage emotions,

set and achieve positive goals,

feel and show empathy for others,

establish and maintain positive relationships, and

make responsible decisions."

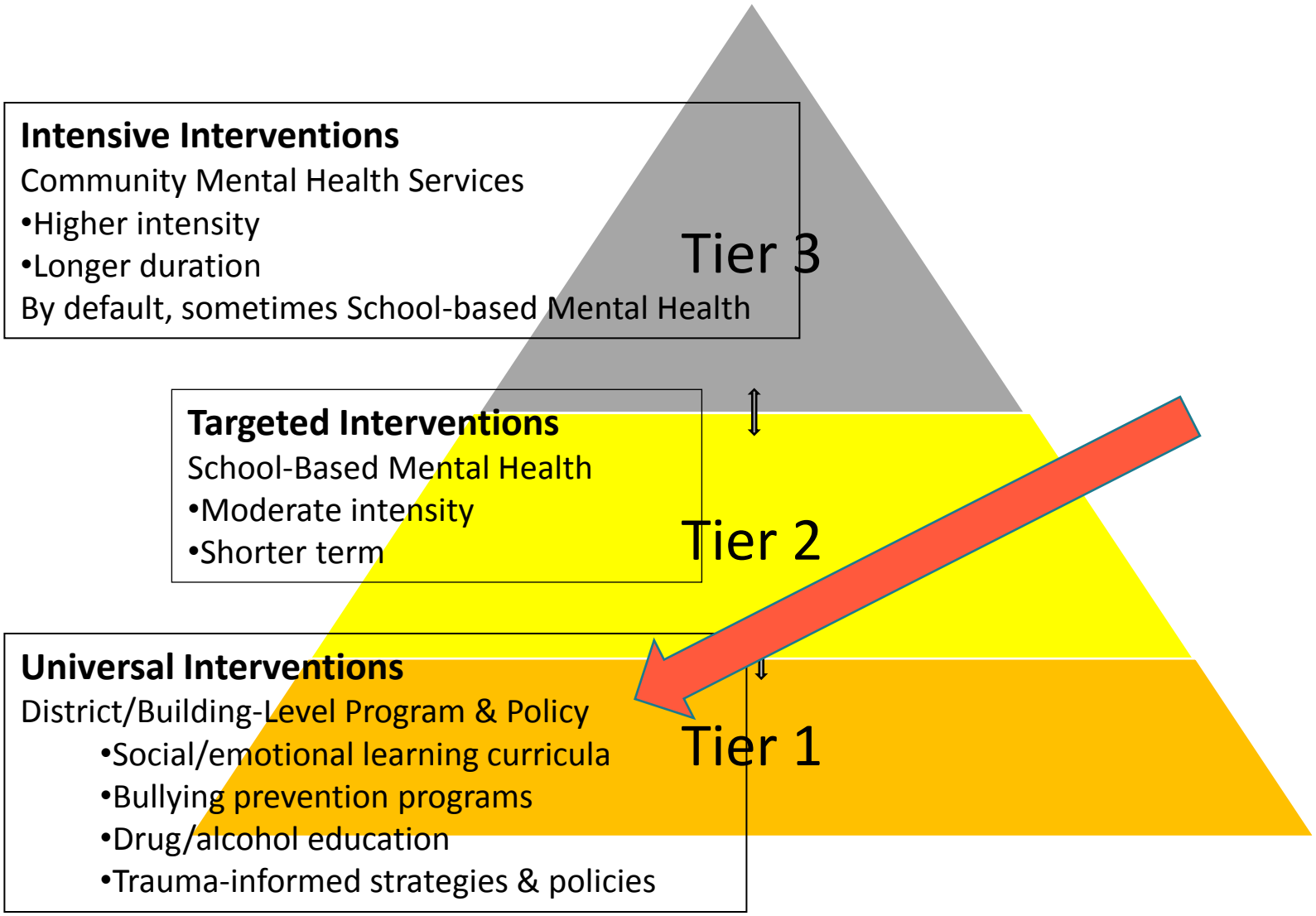
Source: Collaborative for Academic, Social, and Emotional Learning.
http://www.casel.org/social-and-emotional-learning/

Impact of SEL on students' outcomes

- Meta-analysis of 213 school-based, universal SEL programs K-12 found significant improvements as compared with controls in:
  - Social and emotional skills
  - Attitudes
  - Behavior
  - Academic performance: An 11-percentile-point gain in achievement!

Source: Durlak JA et al. The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. Child Development, Jan/Feb 2011 82(1).

SEL's place in MTSS Mental Health Pyramid



Benefits of school-wide interventions

- All students positively impacted
- School climate change
- Enduring change
- The fun factor!

Photo courtesy of the Seattle Times.

Potentially, every student-adult interaction moves the student further toward health, healing, and well-being.

Simply put:
We are better together





WHAT DOES THIS MEAN FOR SCHOOL-BASED MENTAL HEALTH?

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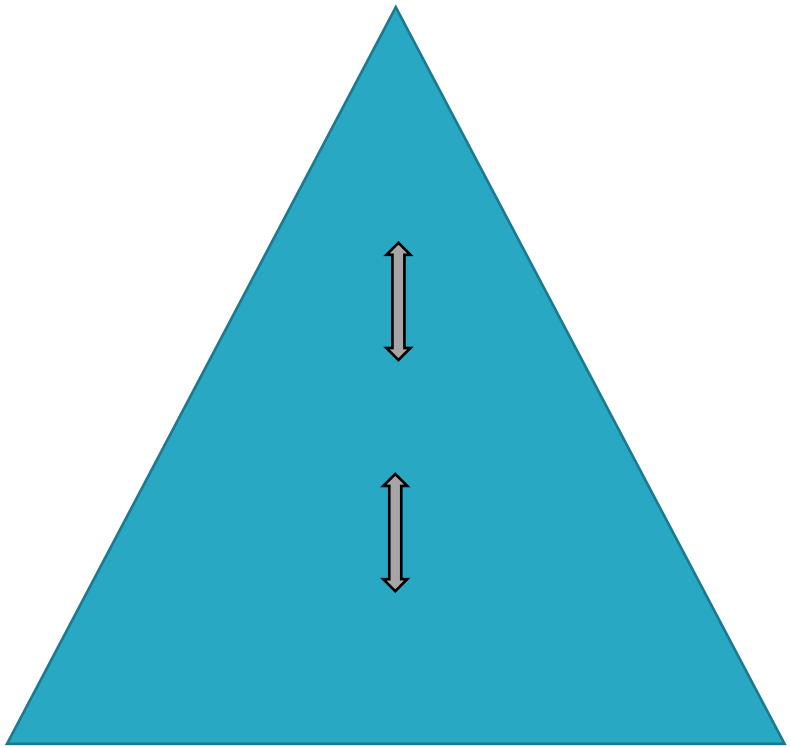
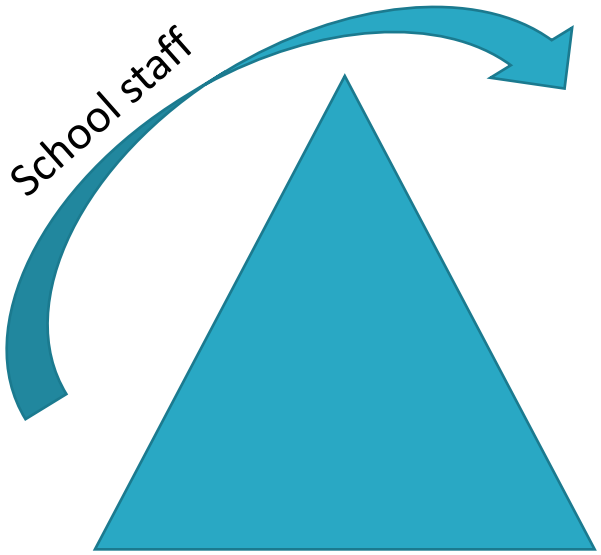
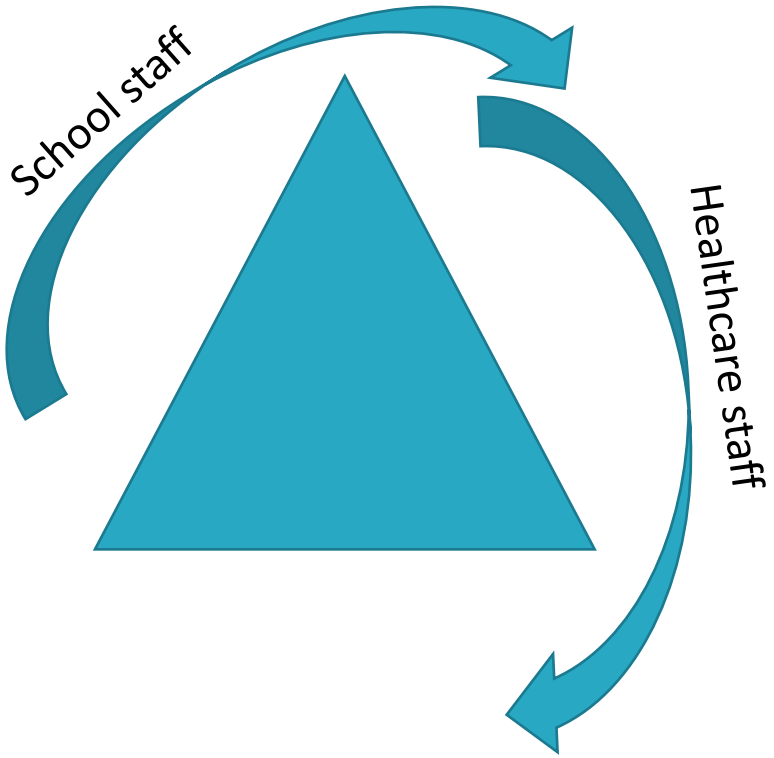
The percent of students in each tier is contingent upon the effectiveness of the Tier 1 SE intervention



School staff lead care coordination and the social-emotional intervention

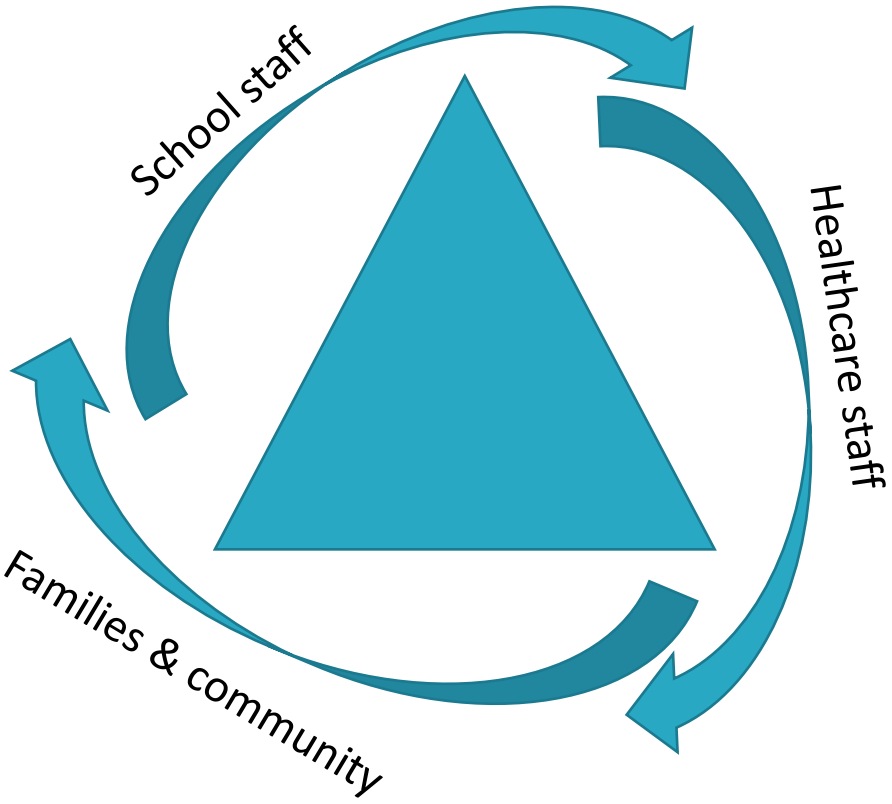


Healthcare staff integrate the SE intervention into their services

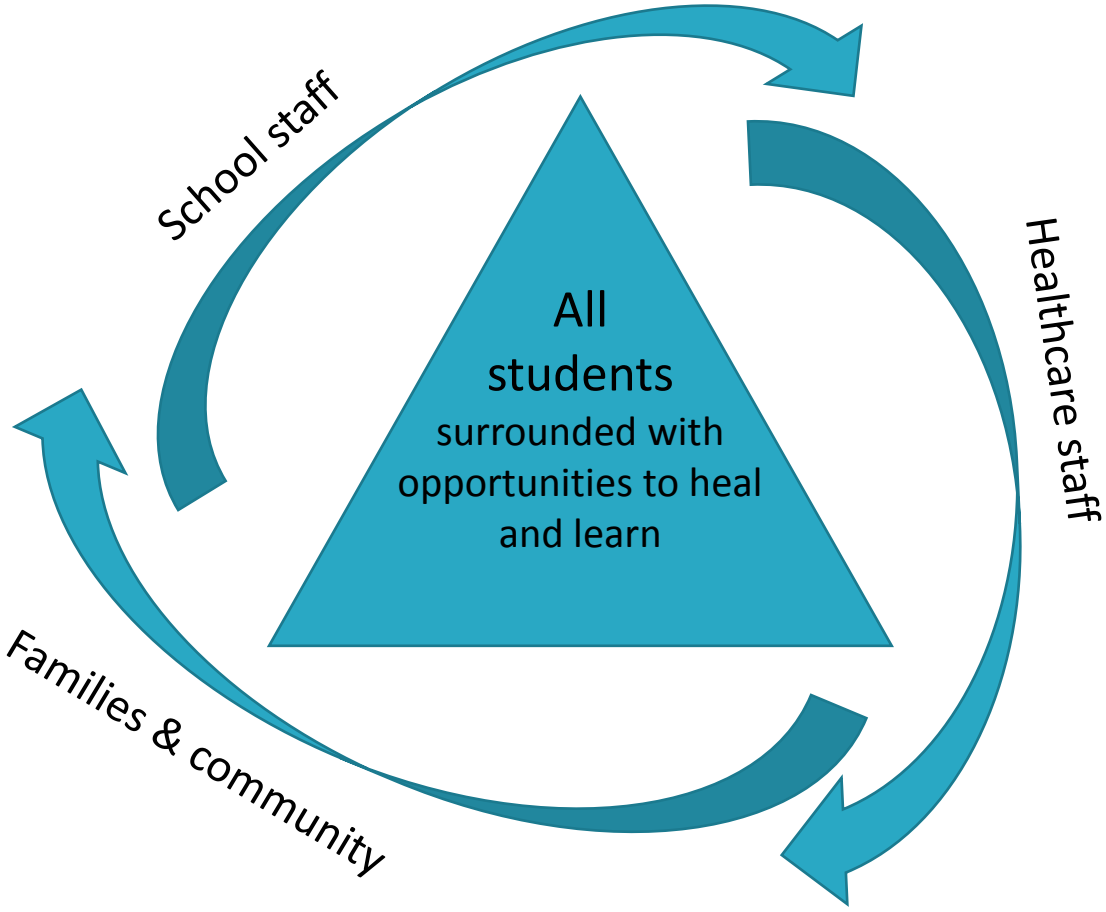


And support school staff as partners, consultants, and guides

Families and communities are taught and utilize Tier 1 elements



All students are surrounded with opportunities to heal and learn



MTSS Pyramid with Collaborative School-Wide Social-Emotional Intervention





Still, why school-wide?

75-80% of children and youth who need MH services

do not receive them.

From Kataoka, S.; Zhang, L.; Wells, K. 2002. Unmet Need for Mental Health Care among U.S. Children: Variation by Ethnicity and Insurance Status. American Journal of Psychiatry 159(9): 1548-1555; cited in Stagman, S.; and Cooper, J.; Children's Mental Health: What Every Policy-Maker Should Know; NCCP, April 2010

ONE BEST-PRACTICE
SEL/SBHC INTEGRATION MODEL IN SEATTLE

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Context in Seattle: School-based Health Centers

- Mature, sustainably funded SBHC system at middle/high school level
  - Mid-level medical provider and masters-level licensed mental health therapist at each site
- Funding through city education focused levy – facilitates integration with district academic programs
- Eight new elementary sites fall 2012 & 2013
  - Limited funding and staffing
  - Pilot to explore model for elementary health

Context in Seattle: School District

- Large urban district
  - Over 50,000 students in 97 schools
  - 128 languages spoken by students
  - 38% of students eligible for free or reduced-price lunch
- Multi-Tiered System of Support (MTSS) framework for academics; push to expand to behavior/SEL
- Multiple SEL tier 1 interventions at building level; no district-wide initiative
- Increasing number of schools with social-emotional interventions

SEL in Seattle Public Schools

- PBIS
  - No district-wide implementation
  - Many schools implement principles of PBIS to some degree, and some support is available from district
- RULER (**R**ecognizing, **U**nderstanding, **L**abeling, **E**xpressing, and **R**egulating emotions)
  - Roll out began in 2014-2015 with 23 schools
  - 25 schools added in 2015-2016
  - PreK-middle (mostly elementary)
- Other programs used at individual buildings: Second Step, Roots of Empathy, etc.

Universal SEL Integrating with School-based Health: CLEAR "trauma-informed school"

Collaborative

Learning for

Educational

Achievement and

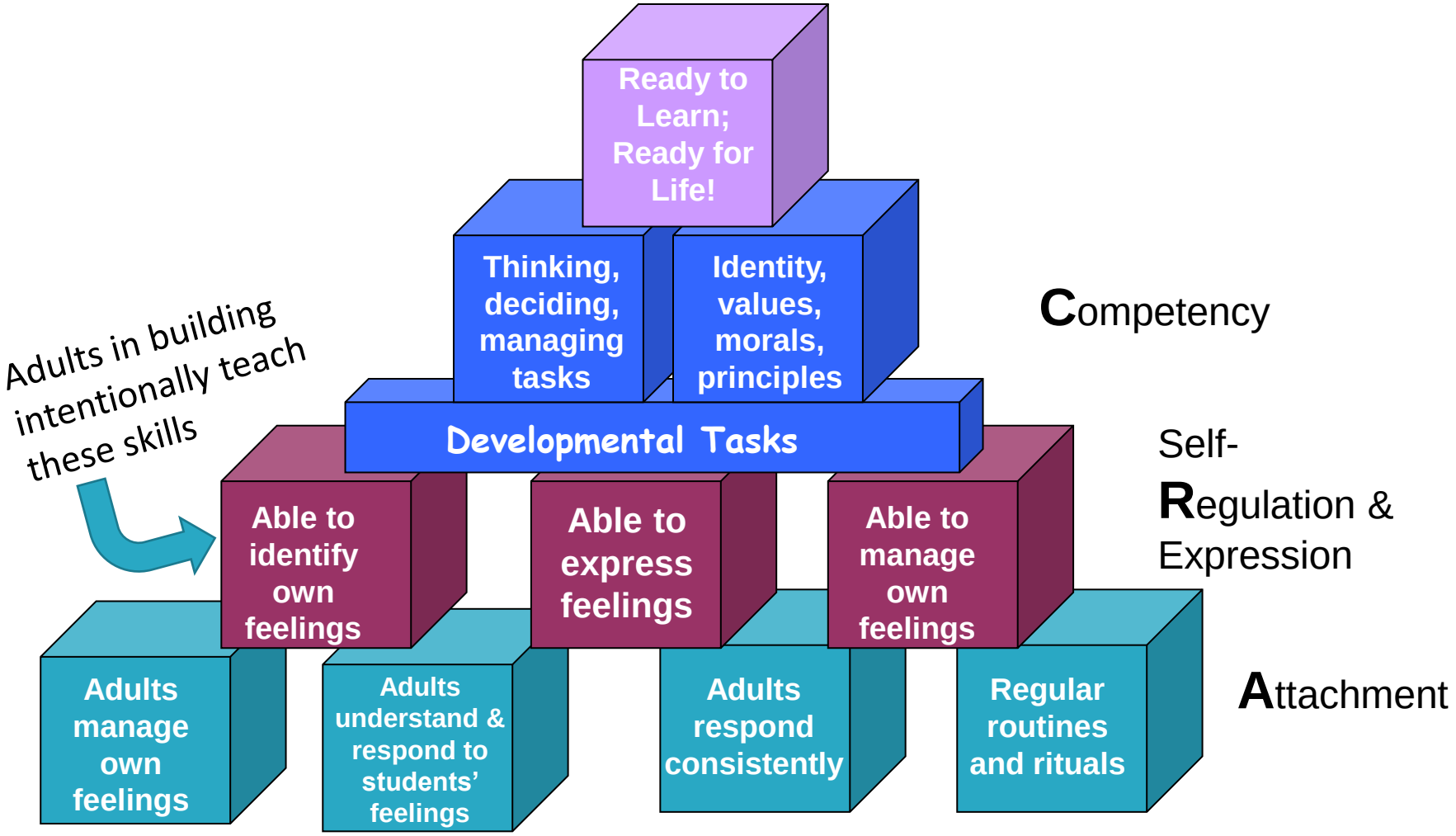
Resilience

Overarching Goals for CLEAR: Supporting Regulation in Schools

- ***Physical Safety***: School contains predictable and safe environments that are attentive to transitions and sensory needs.
- ***Emotional Safety***: School environment fosters trust and emphasizes authenticity, transparency, and quality of communication
- ***Predictability:*** Students and staff can anticipate expectations when a change is implemented or during periods of transition. Change is implemented with consideration for expectations and values.
- ***Consistency:*** CLEAR values are collectively adopted and evident throughout the school and the school is shifting to adoption of school-wide practice

Photo courtesy of the Seattle Magazine.

Building Blocks for Emotional Health



Adapted from Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005

CLEAR:
Professional development and coached practice as the scaffold

CLEAR's PD approach

- Persistent, brief, and cumulative
- Creating a shared approach and shared language (ARC and other trauma principles)
- Creating space to reflect
- Case-based skills building
- Coaching to support individual and building practice

Pivoting from training to demonstration and practice

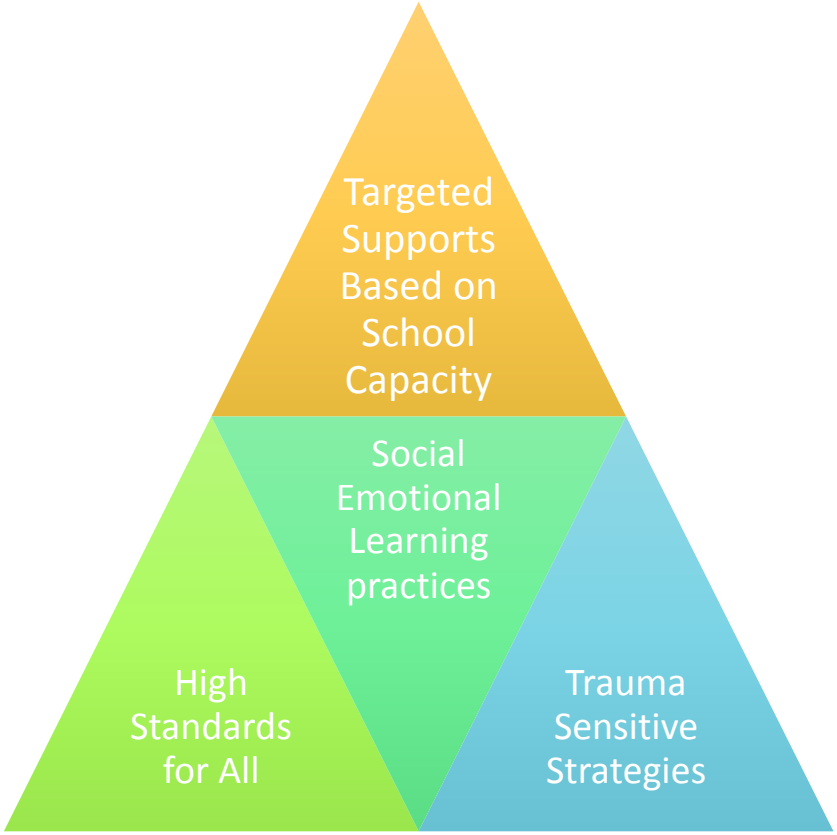
- Critical role of leadership creating room to reflect, practice
- Early adopters and spread of effect
- Staff ownership and the Professional Learning Community

CLEAR

Four CLEAR Goals

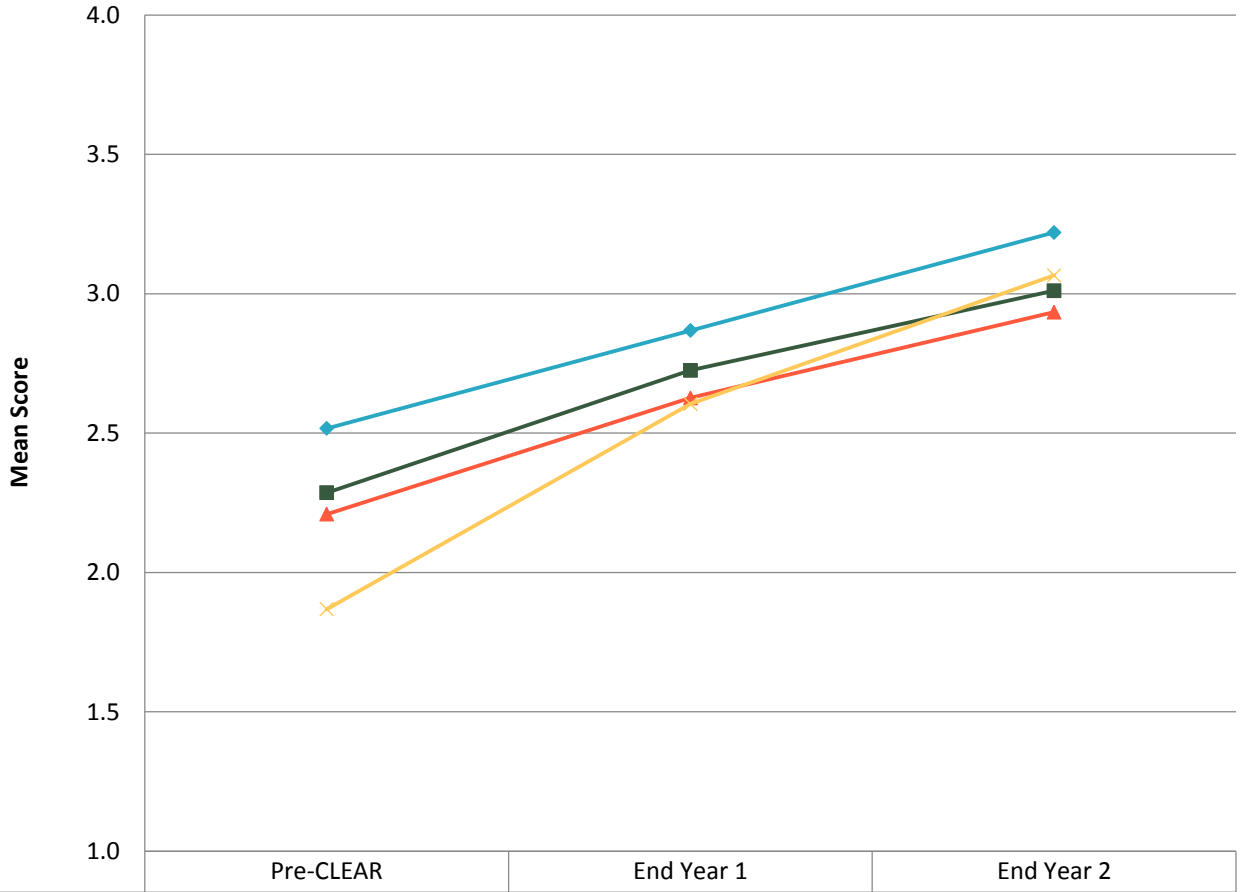
1. Develop practical skills in applying trauma informed practice in universal educational practices
   a) Individualization of education
   b) Manage the social and physical environment
   c) Support the systematic building of the components of resilience.
2. Build skills to recognize and respond when children cannot benefit from typical educational practices.
3. Use of trauma informed reflective practice to support persistent educational strategies.
4. Create the structures and policies that can sustain trauma-informed practices.

A Response to Intervention Model



CLEAR Action Model

Staff report of change in school climate and trauma-informed practices



	Pre-CLEAR	End Year 1	End Year 2
School is a safe and predictable enviroment	2.5	2.9	3.2
School fosters trust among adults	2.3	2.7	3.0
Change is predicatable and aligned with trauma values	2.2	2.6	2.9
CLEAR principles broadly adopted	1.9	2.6	3.1

Role of SBHCs: Model Development

- Neighborcare Health opened West Seattle SBHC in 2013-14
- Neighborcare participates in program planning, implementation and evaluation of CLEAR Project
  - Goal is to incorporate trauma-informed care approach into health services, as well as participate in creating an overall trauma-informed school environment
  - Targeted PD and regular consultation with WSU for SBHC staff and Neighborcare leadership
- All CLEAR Seattle partners working together to develop model for school-based health in the context of a trauma-informed school environment – e.g. tier 2/3 services with clear referral strategy built on trauma-informed practice

Role of SBHCs: Early Adoption and Advocacy

- Proactive relationship-building and support from SBHC leadership for district staff advocating for SEL
- At the building level
  - Advocated with principals
  - Identified champions within ‘our’ buildings
- Sought joint funding opportunities
  - More FTE to devote to these programs
  - Combined resources to increase to 15-24 hours/week in five elementary schools – 24/week in best practice model
  - Creation of teams, and systems to support these teams

Implementation: Getting (and staying) trained

- SBHC staff participate in monthly school trainings
- Monthly meetings with CLEAR trainer
  - Professional development (trauma-informed care, CLEAR applications)
  - Preparing for long-term sustainability without trainer presence

Implementation: Promotion within the SBHC

- Participate in and track progress of school's implementation with students
- Use tools and language in MH sessions, nurse visits, & informal interactions
  - CLEAR: 'Upstairs and downstairs brain' and 'brain flip'
  - RULER: Mood Meter, Meta Moment

Implementation: School teams and systems

- Focus on helping to promote adoption of the model
- Reflect on influences on work
- Hone and broaden the application

Preliminary Results: Integration with the school

- We are everywhere!
  - Serve on more school teams
  - More regular interaction with teachers and support staff
  - Increased camaraderie by learning, implementing, and problem-solving together

Preliminary Results: Effectiveness & Efficiency

- Earlier and more appropriate referrals
- Increased identification of internalized problems
- Realistic expectations of therapy
- Increased collaboration & consistency between classroom & SBHC for students' MH needs
- 'Mentally healthy' school environment
  - Teachers provide 'pre- and post-mental health' interventions
  - Student to student 'intervention'
  - Feelings talked about regularly
  - Normalizes therapeutic interventions such as CBT's feeling-thought-action relationship
  - Students gain experience regulating feelings and behaviors
  - Therapeutic change occurs in broader environment

Obstacles and how we overcame them

- Lack of key stakeholder buy-in
  - District help
  - Unrelenting advocacy & enthusiasm
  - Patience – this is a movement
- Multiple, conflicting interventions within one building
  - Advocacy for unified language
  - Emphasize clarity & consistency
- Different staffing and interventions site to site
  - Opportunity to spread best practices across sites
  - Task-matching versus role rigidity

Obstacles (yet more!) and how we overcame them

- School and mental health staff working in parallel: poor communication and no integration
  - It's our responsibility to make this work
  - Relentless pursuit
  - Keeping each other motivated within the SBHC
- Partial or slow roll-out of school-wide intervention
  - Remembering the importance of consistency, keeping pace
- Lack of funding for time spent collaborating
  - Supplemental funding (!)
  - Justified by long-term efficiency

Obstacles: How we kept our eyes on the goal

- Belief: This is the best care, best care delivery, and most efficient use of resources.
- Responsibility: Actively pursued learning about SEL approach, and how it was being rolled out in the specific school.
- Flexibility: Willingness to bend to their framework
- Clarity about need for increased presence in building
- Community: We were not alone in this
  - Public Health, District staff, building allies/champions, WSU
  - School and District welcomed us at trainings and meetings
  - School-wide teams identify and solve problems together

Recommendations: Policy

- District-level policy or framework for comprehensive social, emotional, and behavioral health
  - Shared vision and goals that all partners can relate and contribute to
  - Breaking down silos between health, SEL curricula, discipline
- Evaluation and documentation of building-level best practices, to share and push “up and out”

Recommendations: Promoting Tier 1 interventions

- Work with your partners (District, Health System, etc.) to identify opportunities for programs
- Find your advocates in the schools
- Make your case to administrators
- Support the school's efforts to establish buy-in
  - Staff vote at WSE
- Find creative ways to fund devoted staff time

Recommendations: Collaborating with Tier 1 interventions

- Train alongside school staff when possible
- Guide, consult, and support but let the school lead
- Keep pace with the school's progress
  - Know what the intervention looks like in the classroom
- Strategically use language, tools, & concepts from the model
  - Reinforce classroom lessons
  - Capitalize on students' understanding
- Educate and support families in applying elements of the intervention
- Show gratitude





THANK YOU!

Questions?

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