

SCHOOL BASED MENTAL HEALTH COLLABORATION

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

REACHING OUT, REACHING IN

Addressing Children's Mental Health Through Multiple Community
Alliances

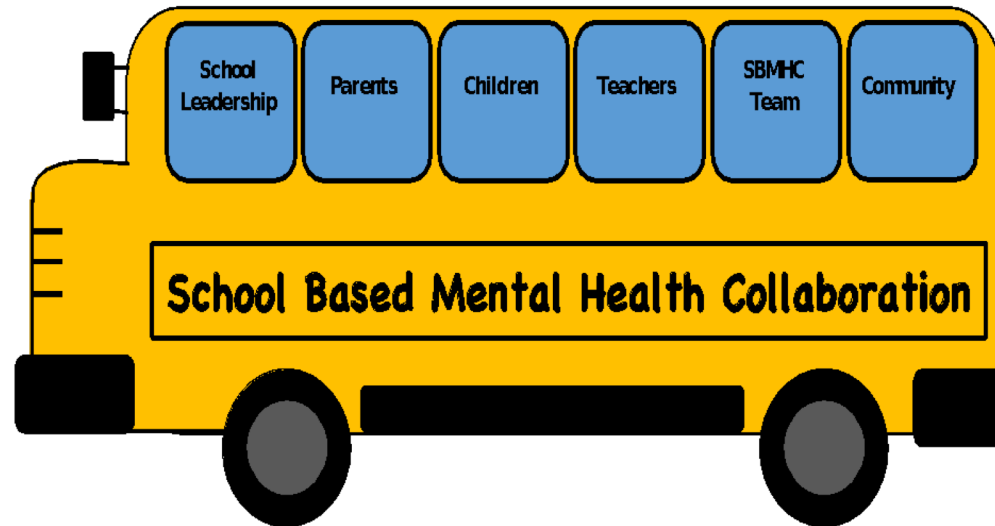
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SBMHC

School Based Mental Health Collaboration

A partnership between Teachers College
and NYC public schools



SBMHC's 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.

WHO WE ARE

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

THEORY DRIVES OUR PRACTICES

Key Points

- The quality of the primary attachment relationship between parent and child is predictive of a child's success in school (Geddes, 2006).
- A child whose parent provides a safe and reliable environment - in which the parent responds to, and makes sense of, the child's emotional distress - has an enhanced ability to tolerate and regulate his own strong negative emotions later on (Steele, Steel, Croft & Fonagy, 1999).
- Too many of our school children grow up in families in which there is a harsh, inconsistent or intermittent parent-child relationship.

APPLICATION OF ATTACHMENT THEORY TO SBMH PRACTICE

Key Points

- The teacher-child relationship is an important attachment relationship which, in some ways, is similar to the parent-child relationship, and may provide a second opportunity to lessen the severity of the original attachment bond (Pianta and Steinberg, 1992).
- It has been demonstrated that teachers who are trained in developmentally focused attachment theory can form safe and trusting relationships with children.
- This can be an important buffer to the impediments of learning posed by an insecure attachment style (Kennedy and Kennedy, 2004; Rass, 2018).

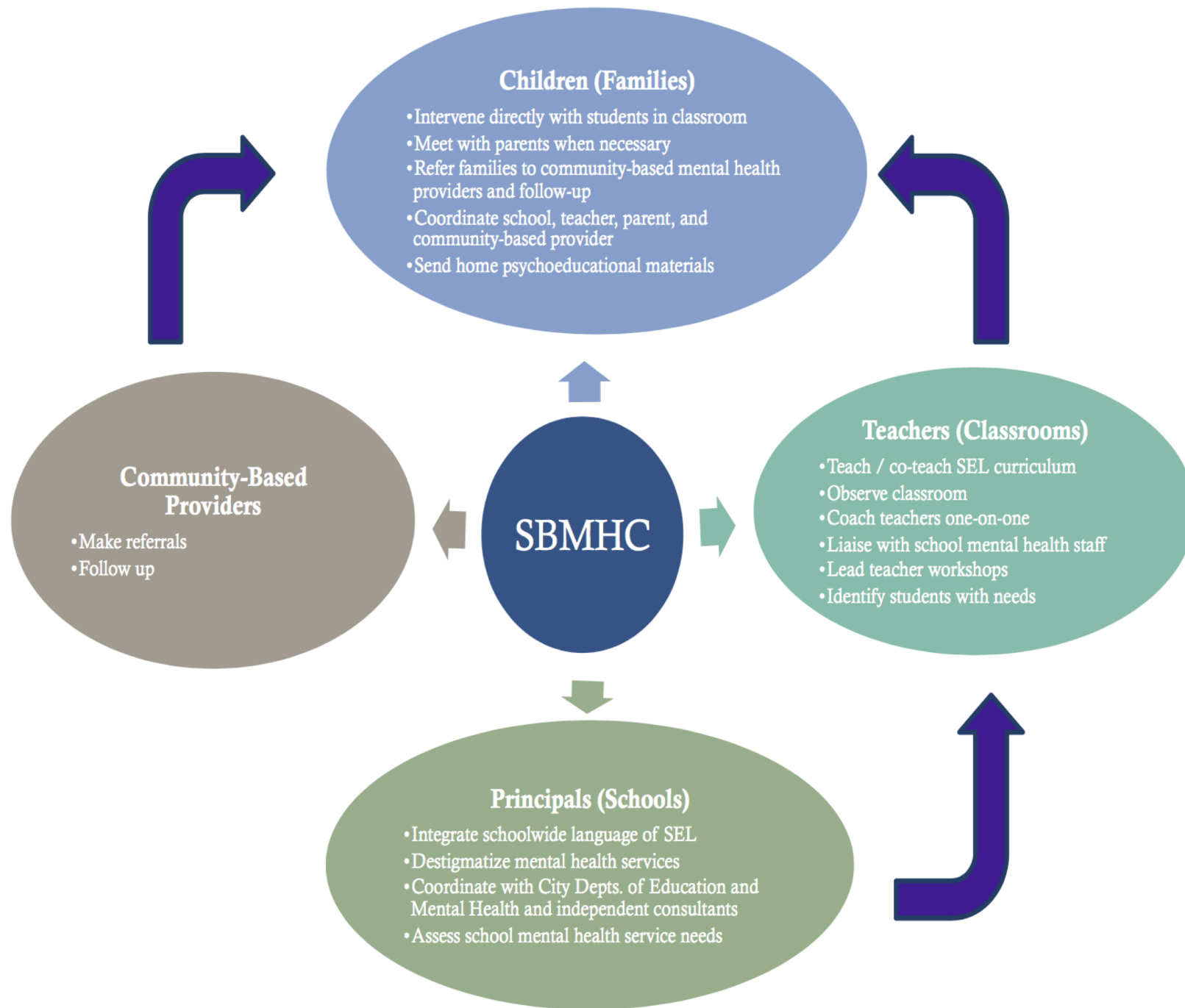
WHAT MAKES SBMHC DISTINCTIVE?

- SBMHC clinicians are *mental health partners* with school stakeholders. Together they create an individualized plan to improve the school's SEL framework.
- The cornerstone of SBMHC is the unique role of the clinical classroom consultant. These are graduate students who work in the classrooms in a variety of roles.
- In-classroom interventions for children are informed by evidence-based methodologies and steeped in contemporary developmental theory (e.g. mentalization and mindfulness techniques).
- Parental consultations and referrals are provided for children who need services outside of the classroom.
- SBMHC coordinates outside services among providers, families and school.

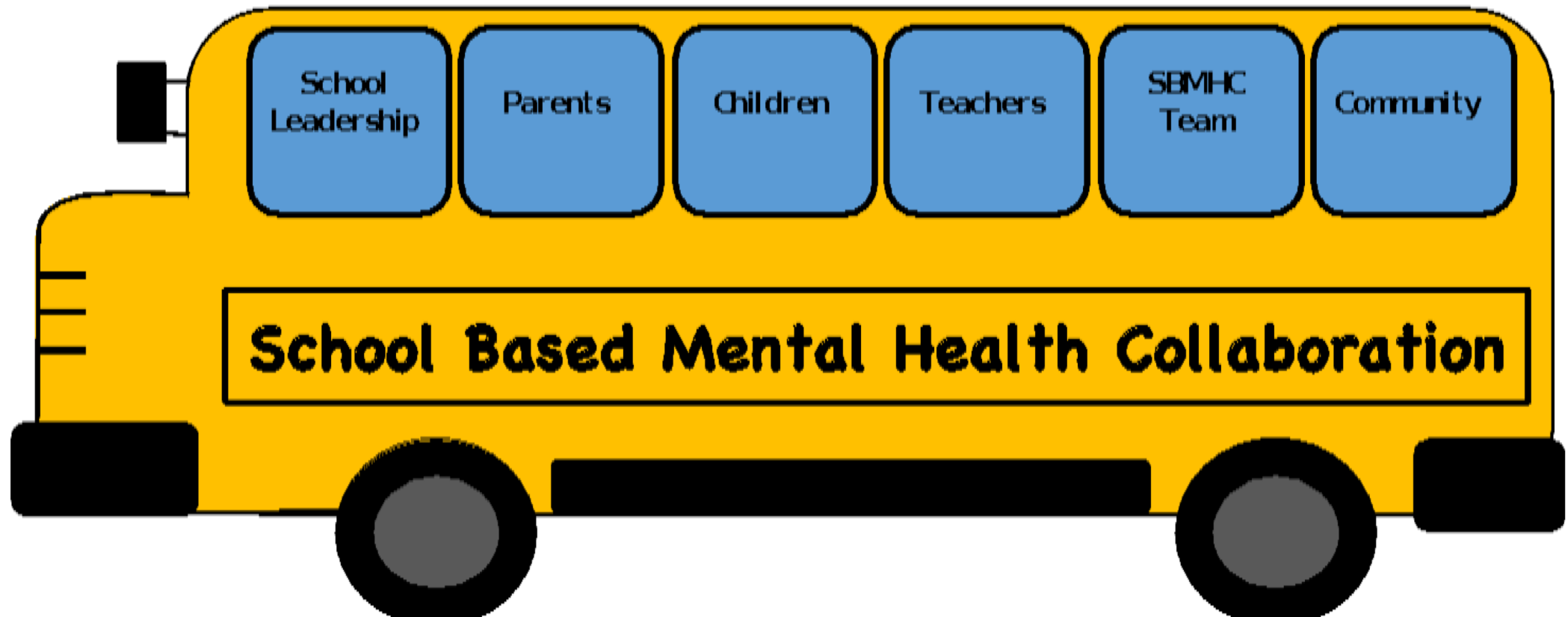
SBMHC GROWS OUT OF AN INTEGRATED DEVELOPMENTAL FRAMEWORK

Key Points

- We strive to understand stakeholders' behaviors using a wide angle lens.
- We model and teach school leaders and teachers how to foster productive and safe relationships with all of their students (teacher-student match).
- For the children, we understand that there are many facets of their lives that contribute to behavior in the classroom (e.g. child's learning strengths and weaknesses, her home experience, early trauma, etc.)
- We understand that one behavior can have many meanings.
- We strive to match intervention with etiology.



PROGRAM DESCRIPTION



Working with School Leaders

- Collaborate with faculty and school leaders to integrate school-wide integration of SEL
- Help school leaders to assess school's mental health needs
- Encourage the destigmatization of mental health services
- Work with school leaders to facilitate coordination of DOE and community services



Working with Parents

Psychoeducational Materials for Parents

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

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 Teachers and Children

Teacher Coaching and Consultation

- The consultant supports and guides the classroom teacher to be more confident and competent in recognizing and handling SEL issues in her classroom
- Helps her recognize areas for development in her interactions with particular students.

Teacher Workshops

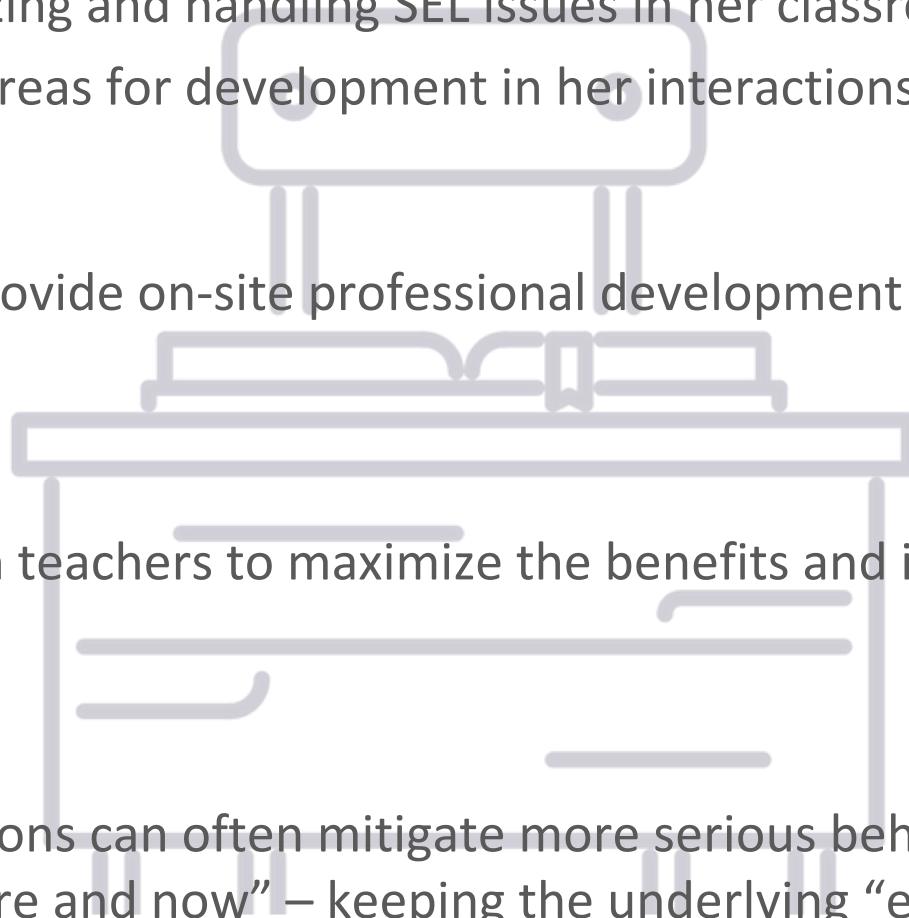
- Teacher workshops provide on-site professional development about SEL and mental health issues

SEL Curriculum


- Consultants work with teachers to maximize the benefits and integration of SEL curricula into academic curricula

In-class Interventions

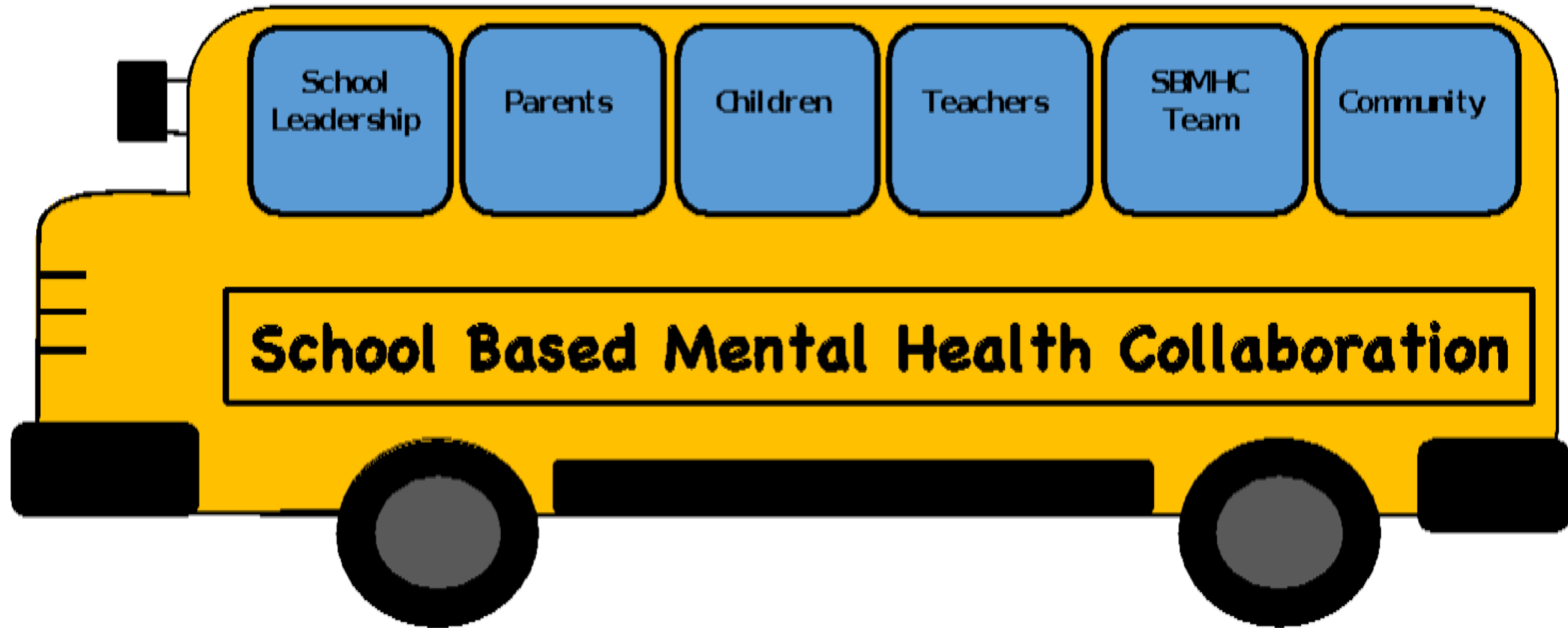
- Brief pull-in interventions can often mitigate more serious behavioral issues—we're intervening in the "here and now" – keeping the underlying "emotional belly" of the issue in mind



Working with Community-Based Providers

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- Make thoughtful referrals for children and families who need mental health services outside of the classroom
 - Follow up and coordinate with community-based clinicians and teachers

THE CC'S ROLE



THE CC'S ROLE

CC becomes an *active member of the classroom community* through:

- Careful observation of classroom behavior
- Using SEL curriculum as starting point to integrate essential SEL concepts into the classroom culture (adherence and creativity)
- Holding weekly coaching sessions with teacher
- Using SBMHC push-in interventions as needed with children in classroom
- Meeting with parents of children who need services outside of classroom, following up with referrals and coordinating services

ACQUIRING SKILLS: KEY SBMHC PUSH-IN INTERVENTIONS

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 the 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 to provide age-appropriate strategies for students and their families
- An in-depth clinical intake interview facilitates a comprehensive understanding of the child and 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
- Intake also serves 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 enhances the responsiveness to the student's needs

CASE STUDY PRESENTATIONS:

- Ms Henry – 3rd grade teacher
- Matthew – 2nd grade student
- Closing the loop between therapist, family, school



Ms. Henry, 3rd Grade Teacher

Identifying Information/Relevant History:

- 40 years old, Black American female from Harlem, NY
- Formerly an ACS (Administration of Children's Services) worker prior to becoming an educator
- Special education teacher in an ICT (integrated co-teaching) classroom; co-teacher diagnosed with cancer in Fall 2018
- Incarcerated significant other
- Physical health concerns, history of trauma

Evolution of partnership

- Initial hostility
- Addressing the elephants in the room
 - Race, class, “the system”
- Significant impasses
 - Gaining trust, triangulation with co-teacher

The model and Ms. Henry

- Nested mentalization and holding Ms. Henry
 - Served as a secure base for her, in turn she could be this for her students
 - Generated insight as to how her feelings impacted how she treated students
 - Better able to recognize when dysregulated and in need of help
 - “Tagging in”, “tools for the toolbox”
- Implementation of SEL strategies and techniques in the classroom
- Termination and loss dealt with openly and directly

Matthew, 2nd Grade Student

Identifying Information/Relevant History:

- 6 years old, able-bodied, Black American male residing in Harlem, NY
- Primary language is English
- Currently resides with biological father, paternal grandmother and step-grandfather, and 15 year old uncle
- Mother and half-sister died in a car accident in 2014 but student learned of their death in Summer 2018

Matthew, 2nd Grade Student

Presenting Concerns:

- Lack of focus, lack of interest in learning
- Impulsivity and reactivity with classmates, often escalating interactions by kicking, punching, and biting
- Extended tantrums with little control of body
- Exhibiting symptoms of reactive attachment to female adults in the school, particularly to his teacher
- Compulsively draws the 'ABCs'
- Speaking in a baby voice

Matthew, 2nd Grade Student

Interventions and Outcomes in two targeted areas:

Tantrums

Push-In Interventions

- Validation
- Emotional Labeling
- Mindfulness

Outcomes

Three step coping process

- 1.Hold
- 2.Breathe
- 3.ABCs

Loss

Teacher Coaching Interventions

- Goodbye Circle
- Card writing

Outcomes

- Processing loss and change
- Acknowledging strong feelings

Matthew, 2nd Grade Student

Used **SBMHC** framework to intervene with all stakeholders:

Family

- Formal intake with primary caregiver

School

- Principal - collaborated to plan student's departure
- Teacher - weekly coaching sessions to grow teacher's mentalization and techniques to be used when CC is not present

Community-Based Partnerships

- Connected family to community counseling center

Closing the loop between therapist, family, school

Eliza, 4th Grade Student

Teachers

Foster mother

Case worker

Therapist



Eliza, 4th Grade Student

Identifying Information/Relevant History:

- 10 years old, able-bodied, Black American female residing with foster mother in Harlem, NY
- Primary language is English
- In foster care since age 4 years, has infrequent supervised visits with biological mother and toddler half-sister
- New to the school in January 2019 after switching foster homes
- Four hospitalizations for psychiatric concerns over lifetime

Eliza, 4th Grade Student

Presenting Concerns:

- Attempts at self-harm coupled with suicidal ideation in school
- Difficulty with social interaction with peers
- Physical threats and acts towards students and staff (choking a classmate, physical and verbal altercations, attempting to cut a teacher with scissors)
- Stealing the belongings of students and staff

Intervening with all stakeholders

Family

- Formal intake with **foster mother** after establishing communication with **case worker** from foster care agency
- Case worker obtained consent for release of information for therapist from **biological mother**, who retained some parental rights

Therapist

- Initial phone conversation with **therapist** following consent for release of information
- Weekly email correspondence with therapist about teacher/CC observations in school

School

- Sharing of strategies being implemented in therapy with Eliza's **teachers**
- Discussion of Eliza's challenges, cultivation of empathy and teacher mentalization

QUESTIONS AND ANSWERS

2019-2020 STAFF

Nancy Eppler-Wolff, Ph.D.	Director
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Siân Martin, MS	Program Assistant

Clinical Classroom Consultants

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Edward Liu, MA	Fordham University
Jennifer Pereira, MA	Adelphi University
Lea Silvert	Zankel Fellow, Teachers College, Columbia University
Abigail Toribio	Fordham University

SBMHC USES QUANTITATIVE AND QUALITATIVE METHODS TO ASSESS PROGRAM EFFICACY

- Quantitative Methods
 - Teachers complete questionnaire in fall and spring on attitudes and practices regarding social-emotional learning (SEL)
 - Teachers complete child behavior checklists on each student in fall and spring
 - We examine change from fall to spring in teachers and students in classrooms assigned to SBMHC compared to classrooms assigned to business as usual
- Also assess teacher satisfaction with CCs at end of year
- Qualitative Methods
 - CCs conduct case studies
 - Adding semi-structured interviews with teachers and CCs in spring 2020

Research Findings, 2017-2019: Teachers

- Increase in teachers' self-confidence in ability to promote social-emotional competence, integrate social-emotional learning into daily curriculum, communicate with mental health providers; and in their knowledge of effective strategies for behavioral issues.
- No change in teachers' understanding and awareness of students' feelings, perceived responsibility for promoting social-emotional competence, self-confidence in ability to intervene with children who have self-regulatory or internalizing issues, or self-confidence in communicating with parents.
- Teachers reported having a good relationship with their CC.
- Teachers reported greater satisfaction with CCs for co-teaching SEL curriculum than for increasing their awareness of the meaning of student behaviors.

Research Findings, 2017-2019: Students

- Improvement in students' hyperactive/inattentive and conduct problems at only one of three schools
- No effect on emotional symptoms, prosocial behavior, or peer problems