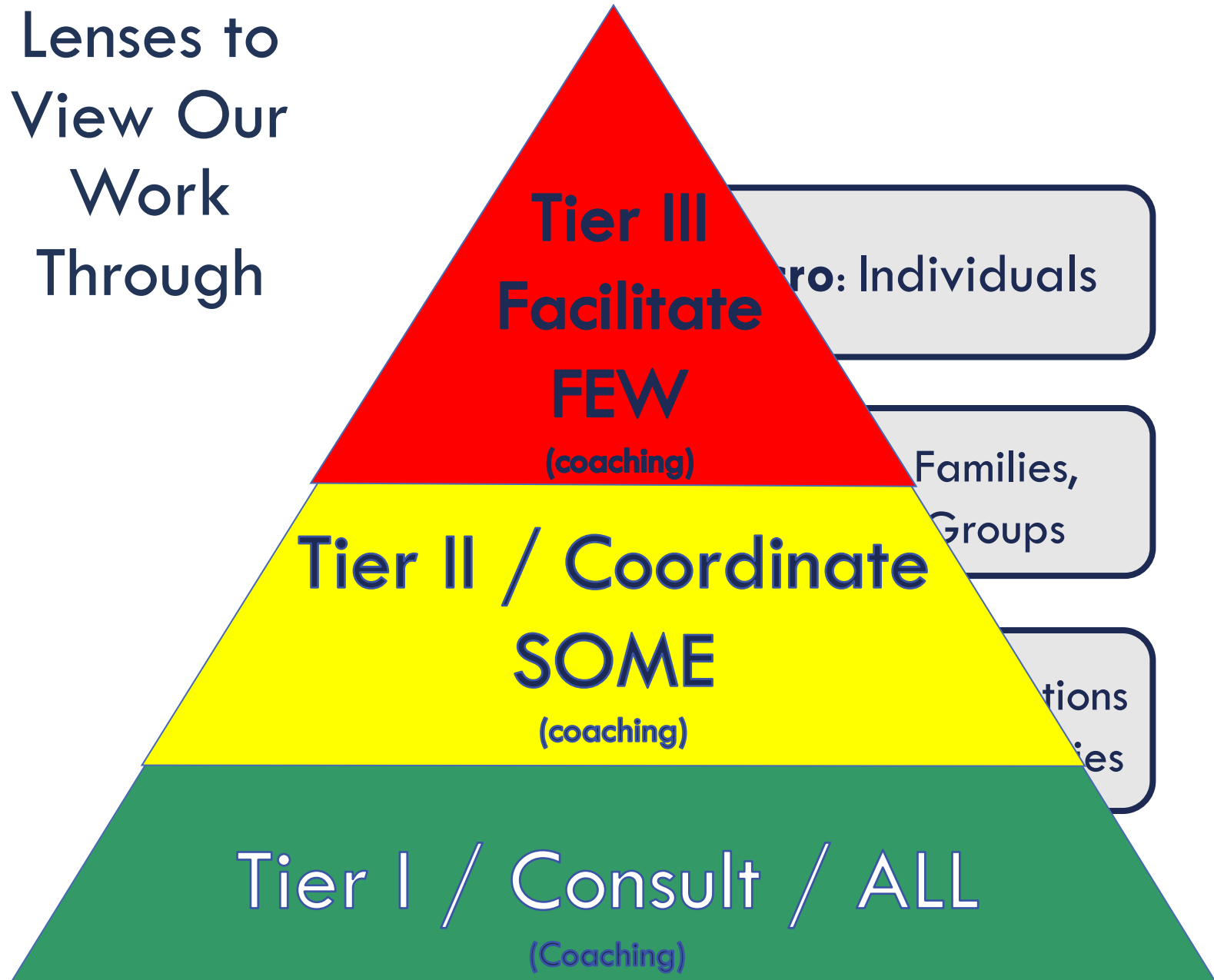# Clinicians in Schools:
Moving from Learning to Leadership

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Midwest PBIS Network

Technical Assistance Director

Lenses to View Our Work Through

Tier III Facilitate FEW (coaching)

ro: Individuals

Tier II / Coordinate SOME (coaching)

Families, Groups
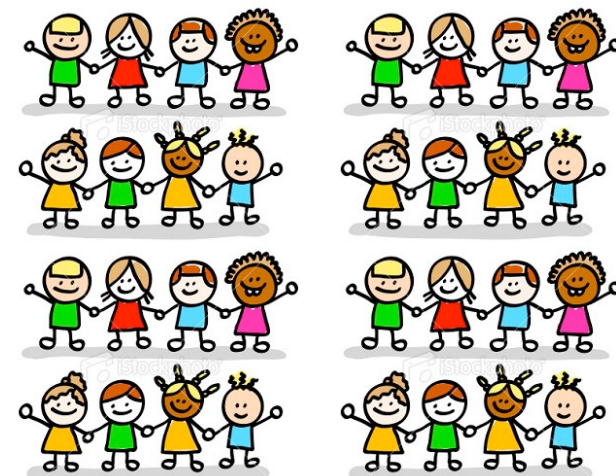
tions ies
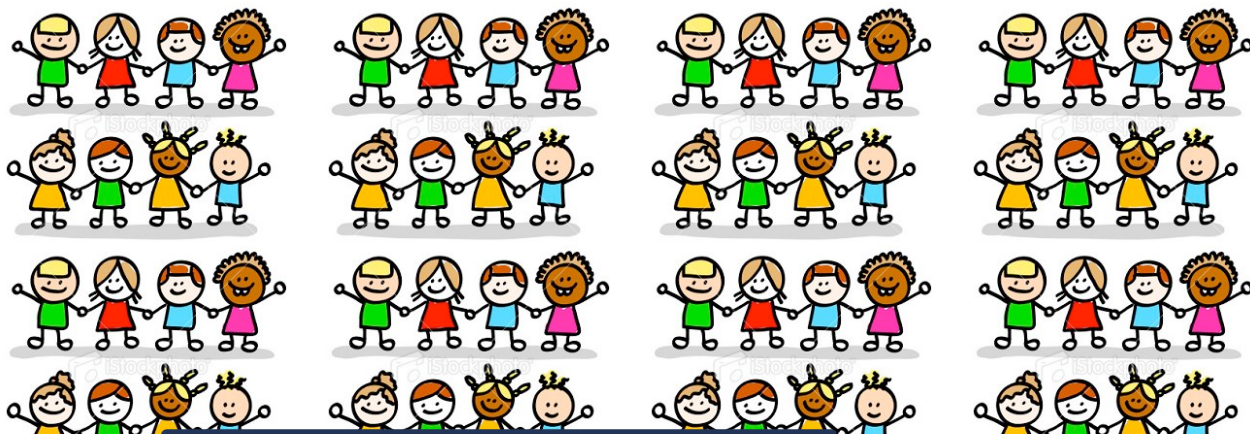
Tier I / Consult / ALL (Coaching)

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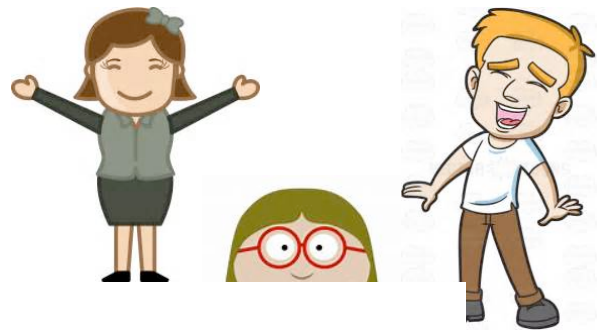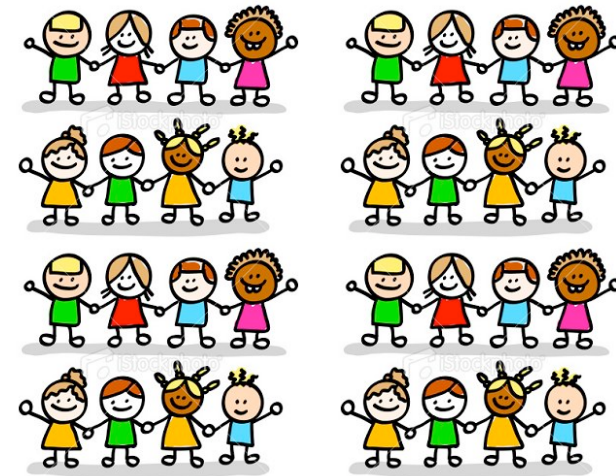# Think about your education as a clinician…

Was your educational experience focused primarily on Macro, Mezzo, or Micro level work?

In what area do you feel the **most** confident? The **least** confident?

MIDWEST PBIS NETWORK
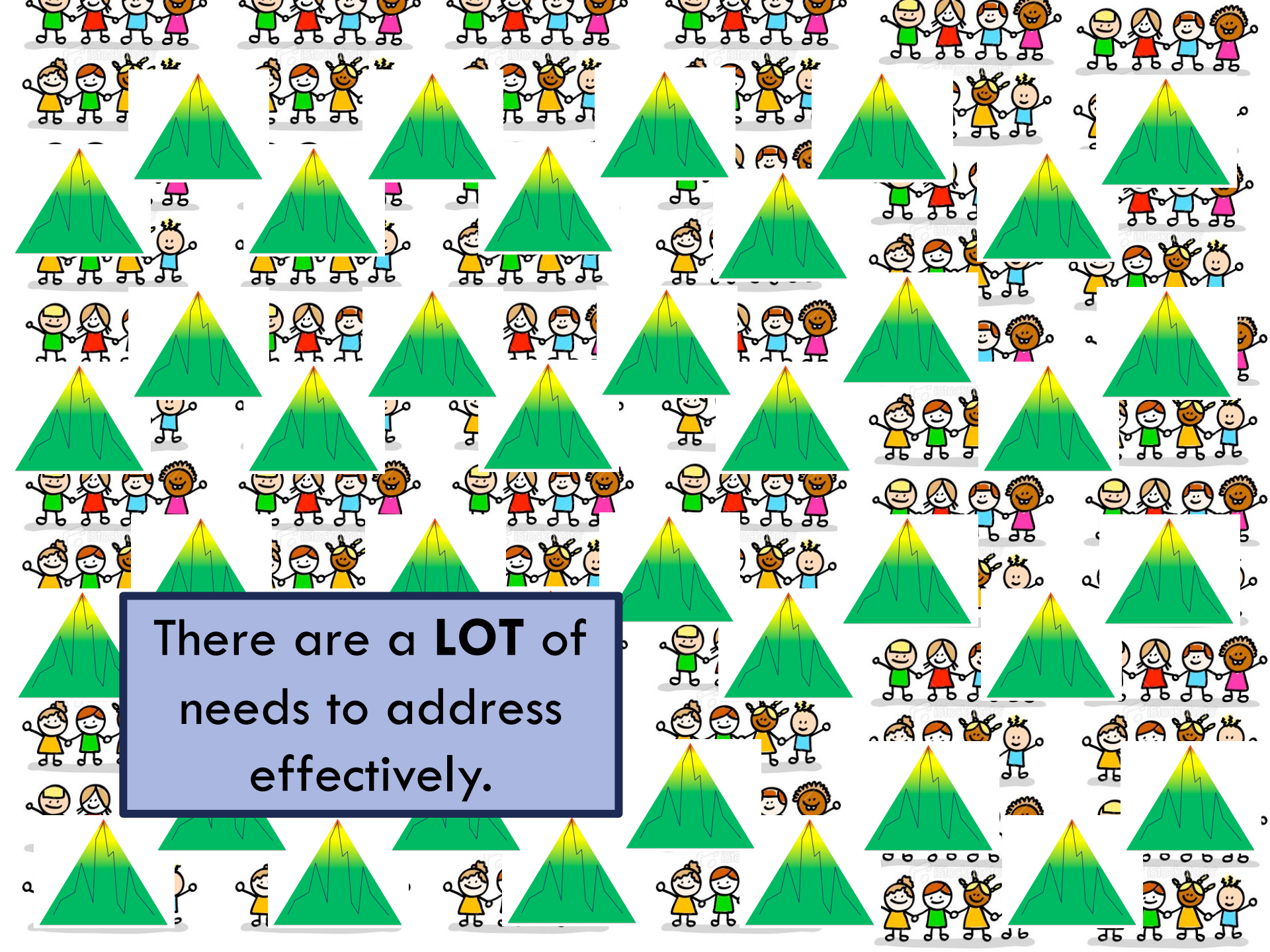
We need to think differently about how we are going to support the social/emotional needs of our youth
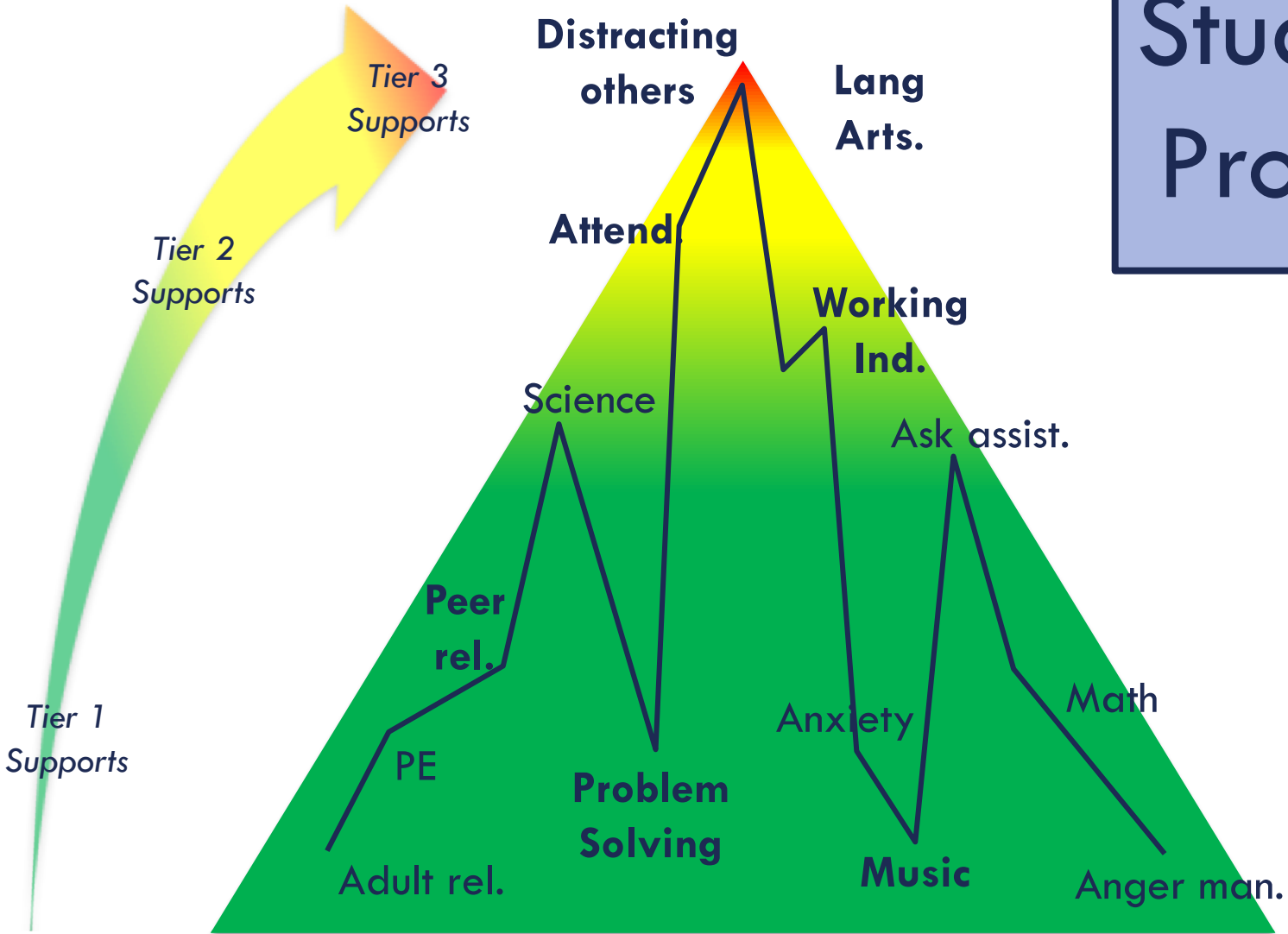
There are a **LOT** of needs to address effectively.

Sadly, hiring another clinician is **NOT** going to be the answer!

- It's a reactive response (not getting at the root of the issue)
- If you build it they **will** come! (and we will keep doing the same thing)
- They will not change the way we practice
  (it won't make OUR work more effective or efficient)

At the Root is the "Crisis" Crisis
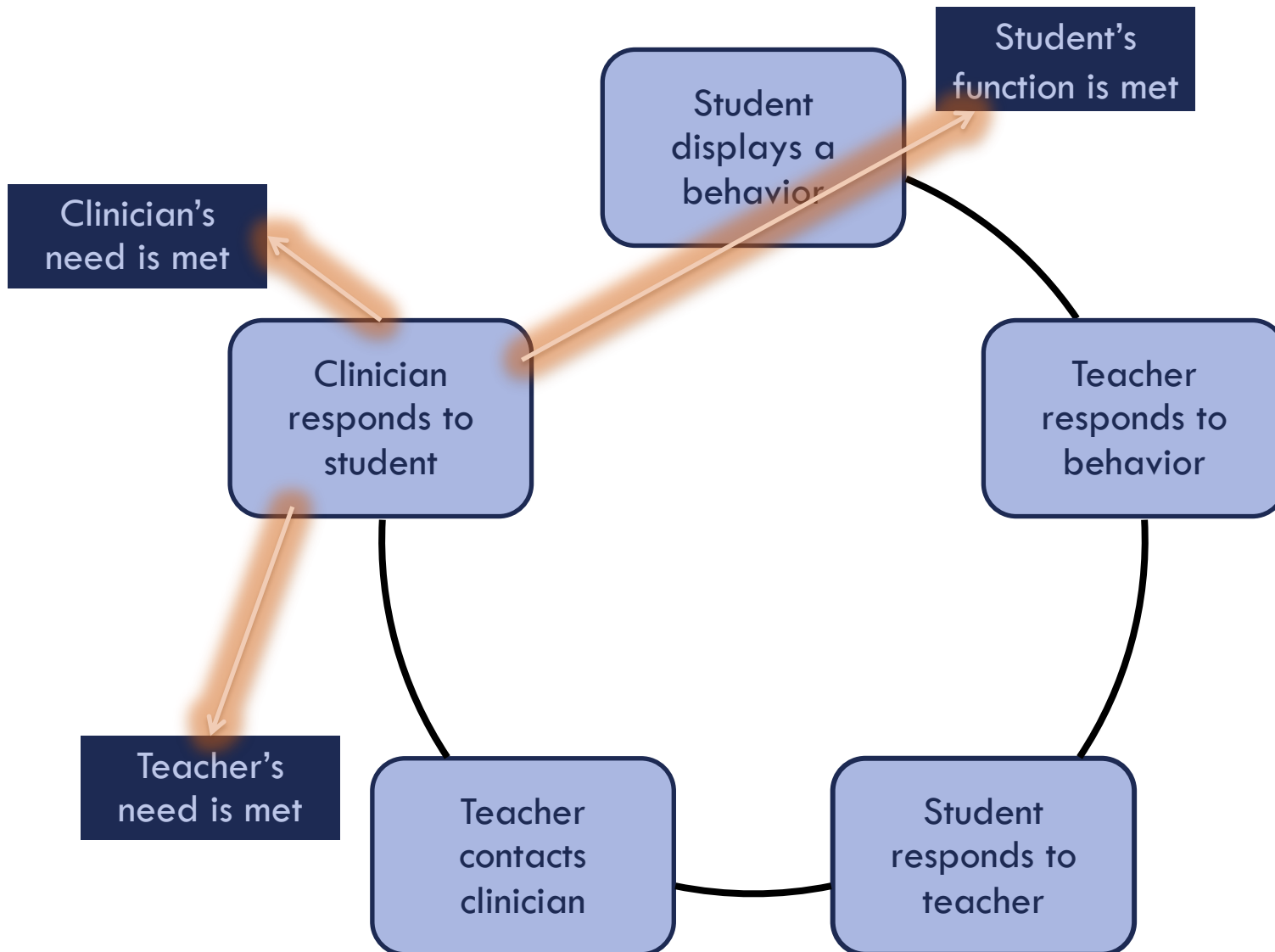
If **Mental Wellness** is going to be available for **ALL** students
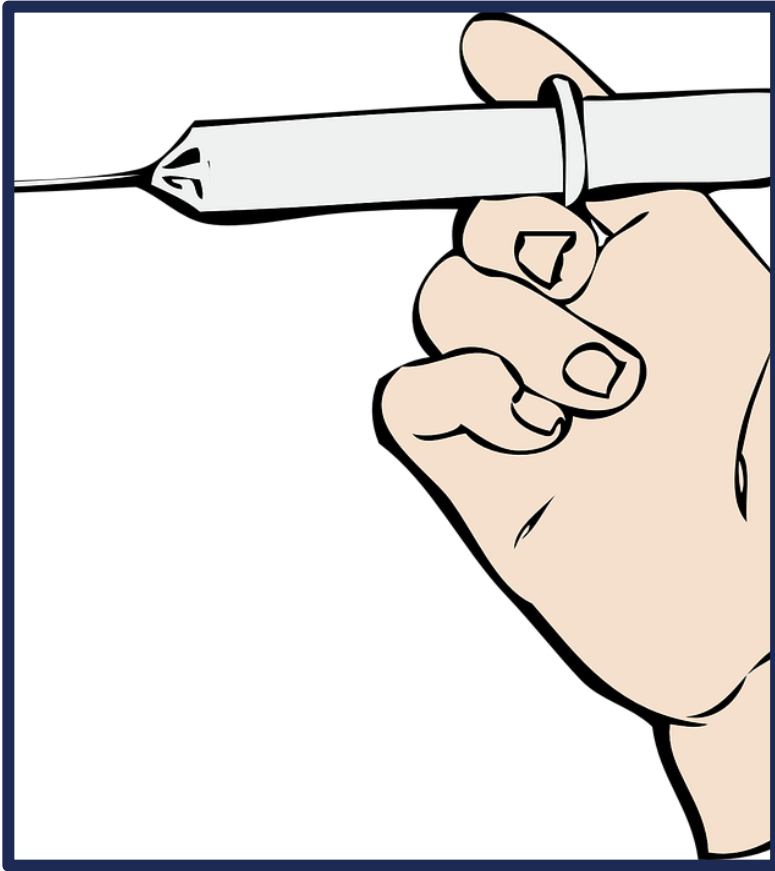
Then we need to better support ALL of our staff

It's a *shift* from "how do I support Andrew"?

TO

How do I help set up structures and systems to help support the next **100 Andrew**s

Time to Process

Consider the problem solving and grade level team meetings that you attend.

- What would it look like if instead of going to meetings to "fix things" with kids, we could go into meetings to deliver PD for staff?
  - Building the capacity of staff to support SEBMH needs
- How would it feel different?
- How would the outcomes be different?

So Why Is It So Hard?
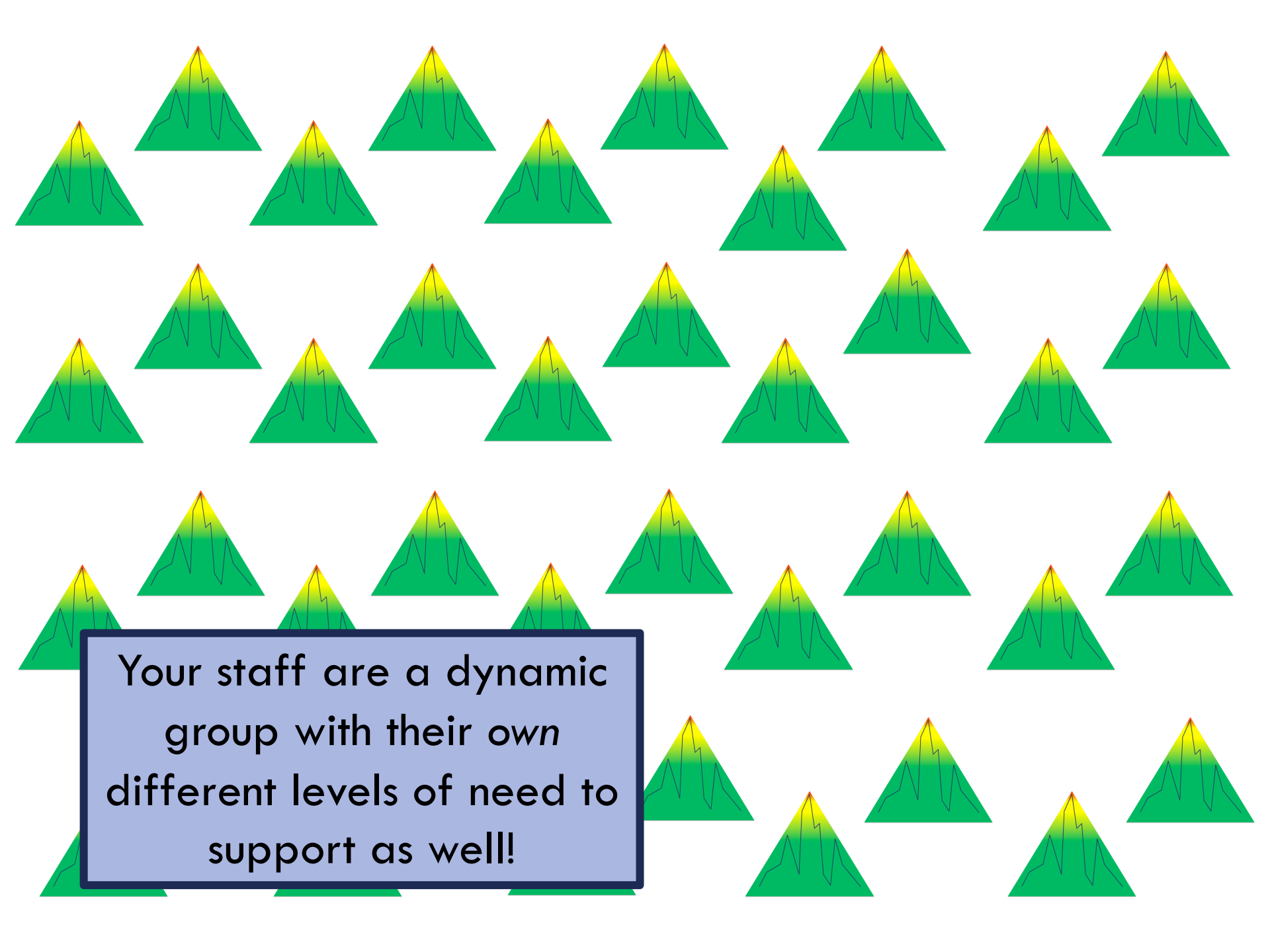
This work is **<u>not</u> about changing kids.**

This work is about changing the **<u>environment</u>** to make it more likely that kids will succeed (both academically and socially/emotionally).

**And that means...
changing
adult behavior**

(interventions = changes in **<u>staff</u>** procedures and practices)

Your staff are a dynamic group with their *own* different levels of need to support as well!
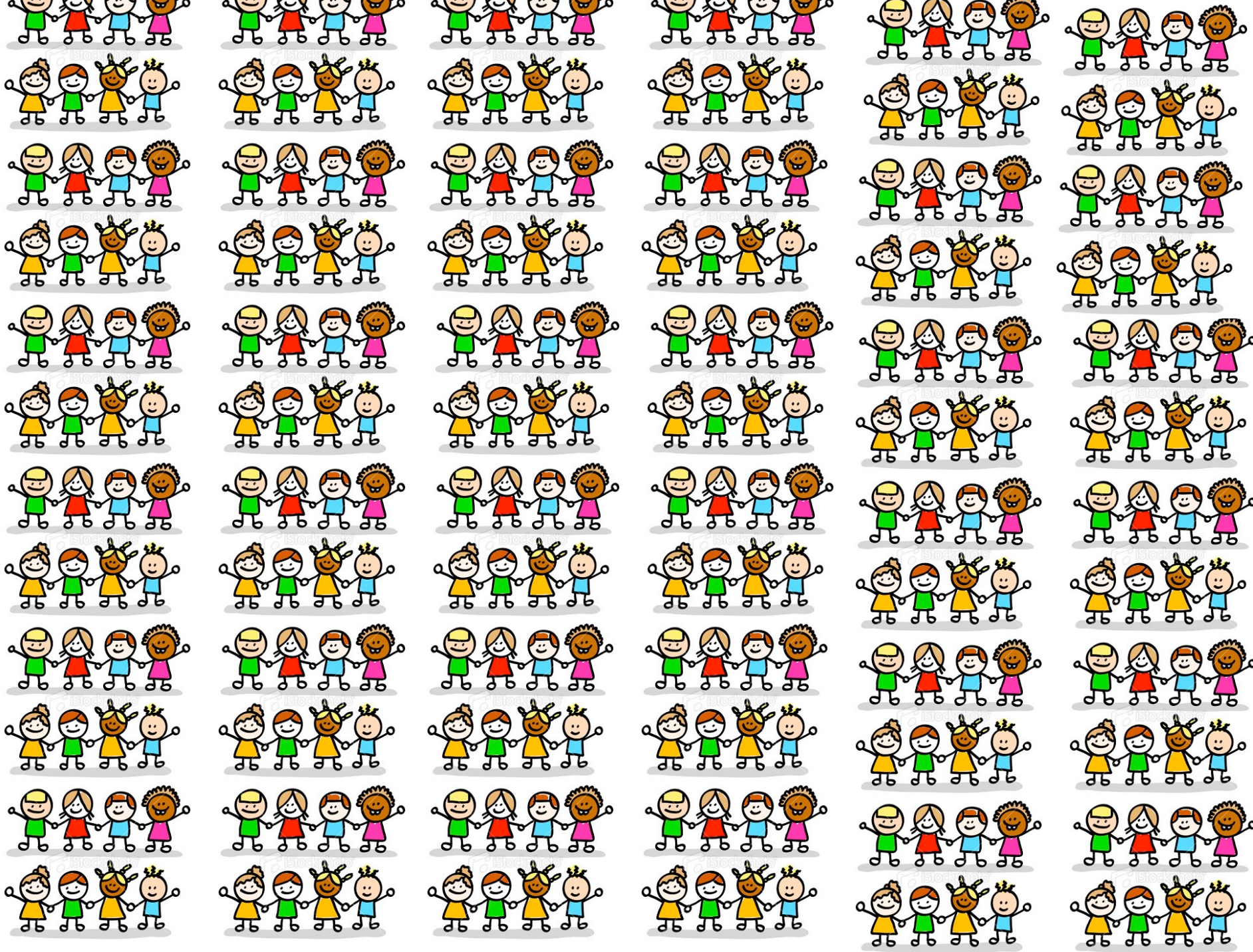
What to Expect In Our **Schools**

adults in a **staff of 80** that experienced **4 or more** Adverse Childhood Experiences (ACEs)
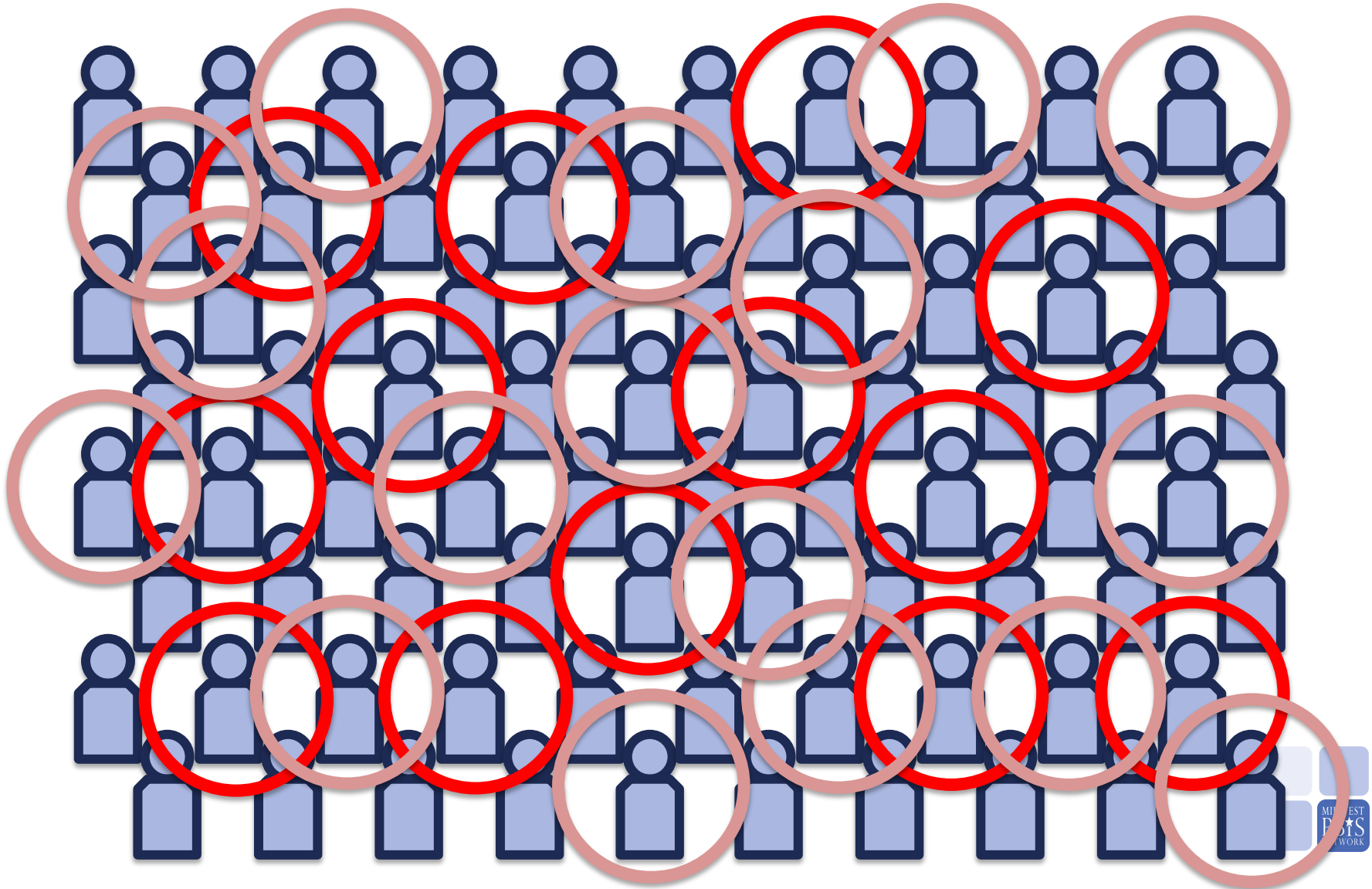
Impact of **Teacher Stress**

Teacher Stress
- School organization
- Job description
- Work resources
- Social-emotional competence

Teacher Impact
- Low performance
- Absenteeism
- High turnover

Student & System Impact
- Lower student achievement
- Decreased student and family engagement
- Higher education costs

(2016, September 1). Teacher Stress and Health - Robert Wood Johnson Foundation. Retrieved October 10, 2017, from https://www.rwjf.org/en/library/research/2016/07/teacher-stress-and-health.html

At What Cost?
Teacher Satisfaction & Stress Levels

MetLife Survey of American Teacher (2013)

- **Teacher satisfaction declined by 23**% from 2008 to 2013

- 51% of teachers reported high stress levels several days per week

- Only 2% of teachers reported *not* experiencing stress

Gallup (2014)

- **46% of teachers report high rate of daily stress**

Tied with nurses for second highest stress rate

Time to Process

When you think of the Triangle *for your staff*:

- Where is your staff at?

- How do they feel about youth behavior?

- How would they describe the culture of the school?

- Morale, job satisfaction, sense of self-efficacy

Many clinicians thought they signed up to work with youth…

Today, SO much of the work as a clinician is about working with the adults.

We Can Support our **Adults** More Effectively as Well!
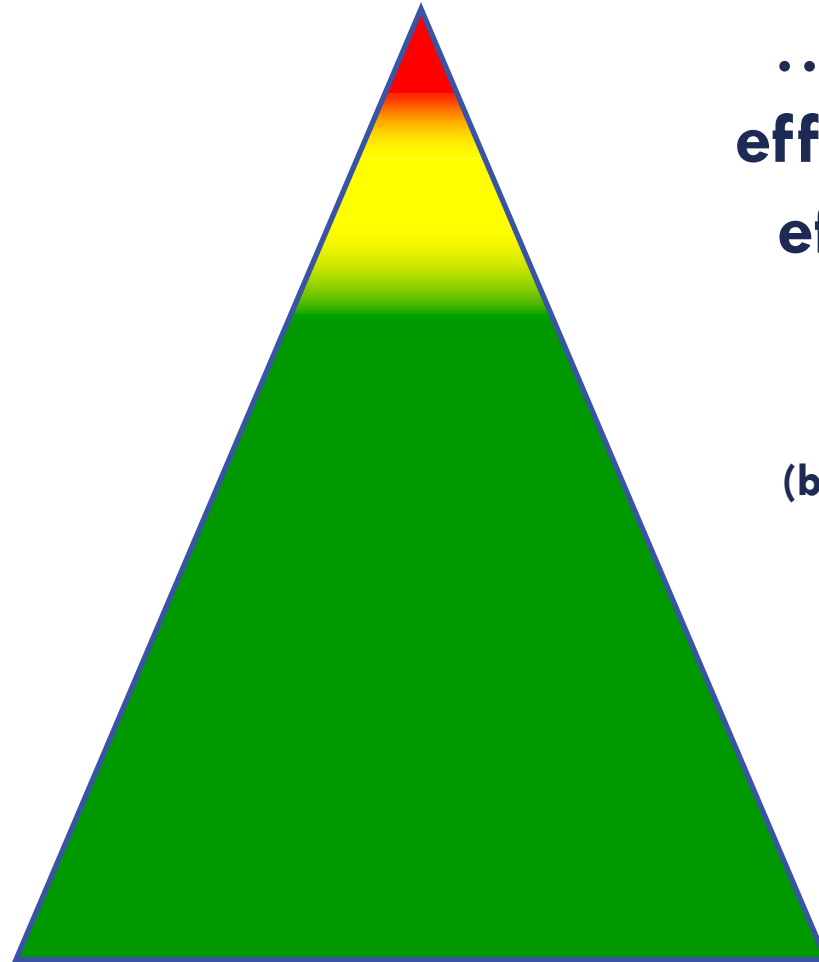
…making it **more effective**, and **more efficient** to reach the **ALL.**

(both students AND staff)

Use *THE SAME framework* that we use for our youth.

ISF Enhances MTSS Core Features

- **Effective teams** that include community mental health providers

- **Data**-based decision making that include school data beyond ODRs and community data

- Formal processes for the selection & implementation of **evidence-based practices** (EBP) across tiers with team decision making

- **Early access** through use of comprehensive screening, which includes internalizing and externalizing needs

- Rigorous **progress-monitoring** for both fidelity & effectiveness of all interventions regardless of who delivers

- Ongoing **coaching** at both the systems & practices level for both school and community employed professionals
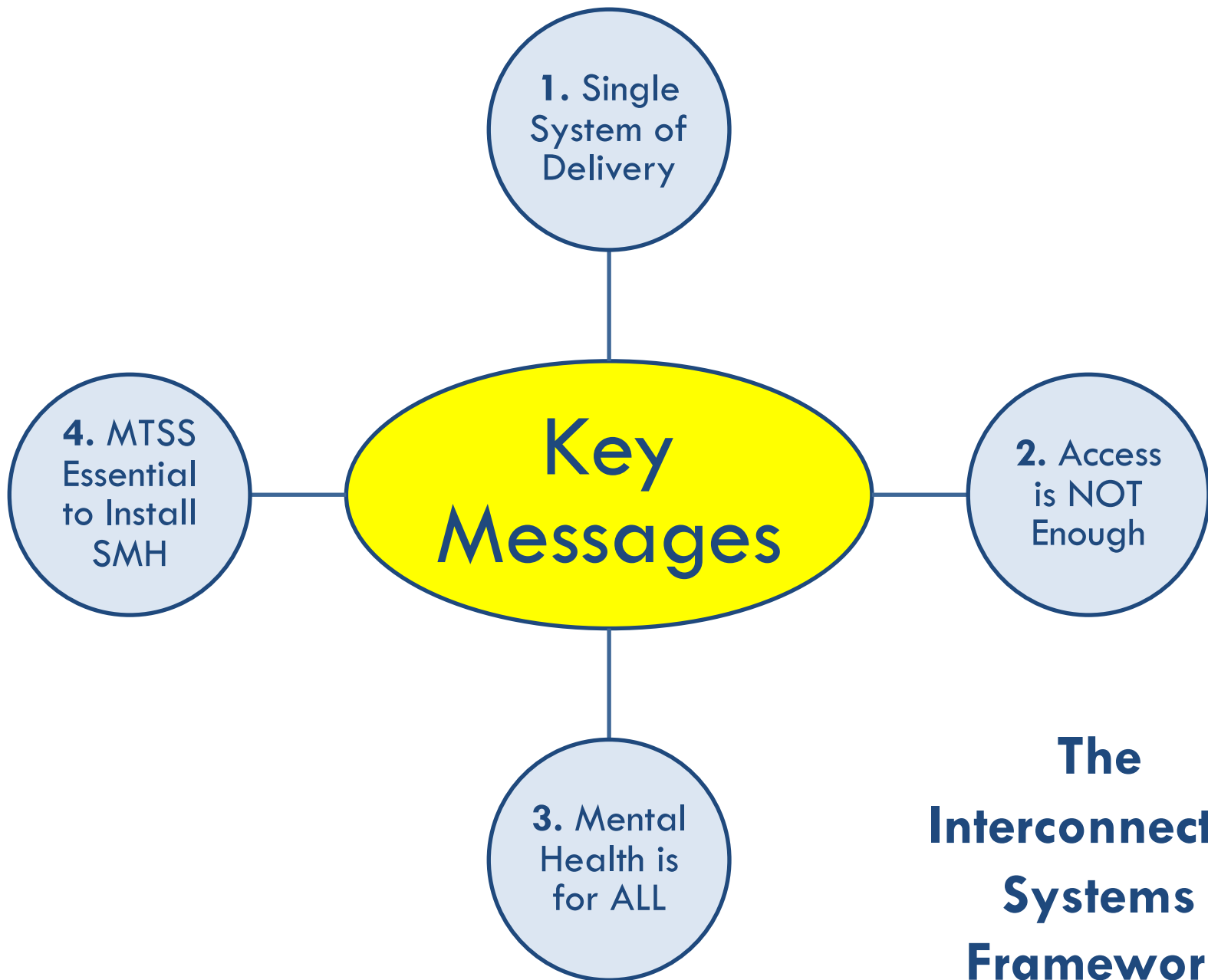
Interconnected Systems Framework (ISF)
From Co-located to _Integrated_:

Traditional

Refer to MH when interventions not working
Tell each other what we are doing with our programs/youth we "see"
Tell each other about progress (from our perspective)

An Interconnected Systems Framework

One set of teams reviews needs of all students)
Decide together which interventions to do with all students
Decide together how to evaluate (as part of intervention design)

What Does it Mean to Integrate?

- **Change** in **routines and procedures**?
  (e.g. who needs to be available to participate in team meetings?)

- **Change** in how **interventions are selected** and monitored?
  (e.g. team review of data/research vs individual clinician choice?)

- **Change** in **language** we use?
  (e.g. identifying specific interventions vs generic terms such as "counseling" or "supports"?)

- **Changes** in **Roles/functions** of staff?
  (e.g. clinicians coordinating/overseeing some interventions that non-clinicians deliver?)

District Community Leadership Teams

| Stakeholder Support | Funding | Policy & Systems Alignment | Workforce Capacity |

Executive Functions

LEADERSHIP TEAMING

Implementation Functions

| Training | Coaching | Evaluation & Performance Feedback | Social, Emotional, Behavioral Expertise |

Local Implementation Demonstrations
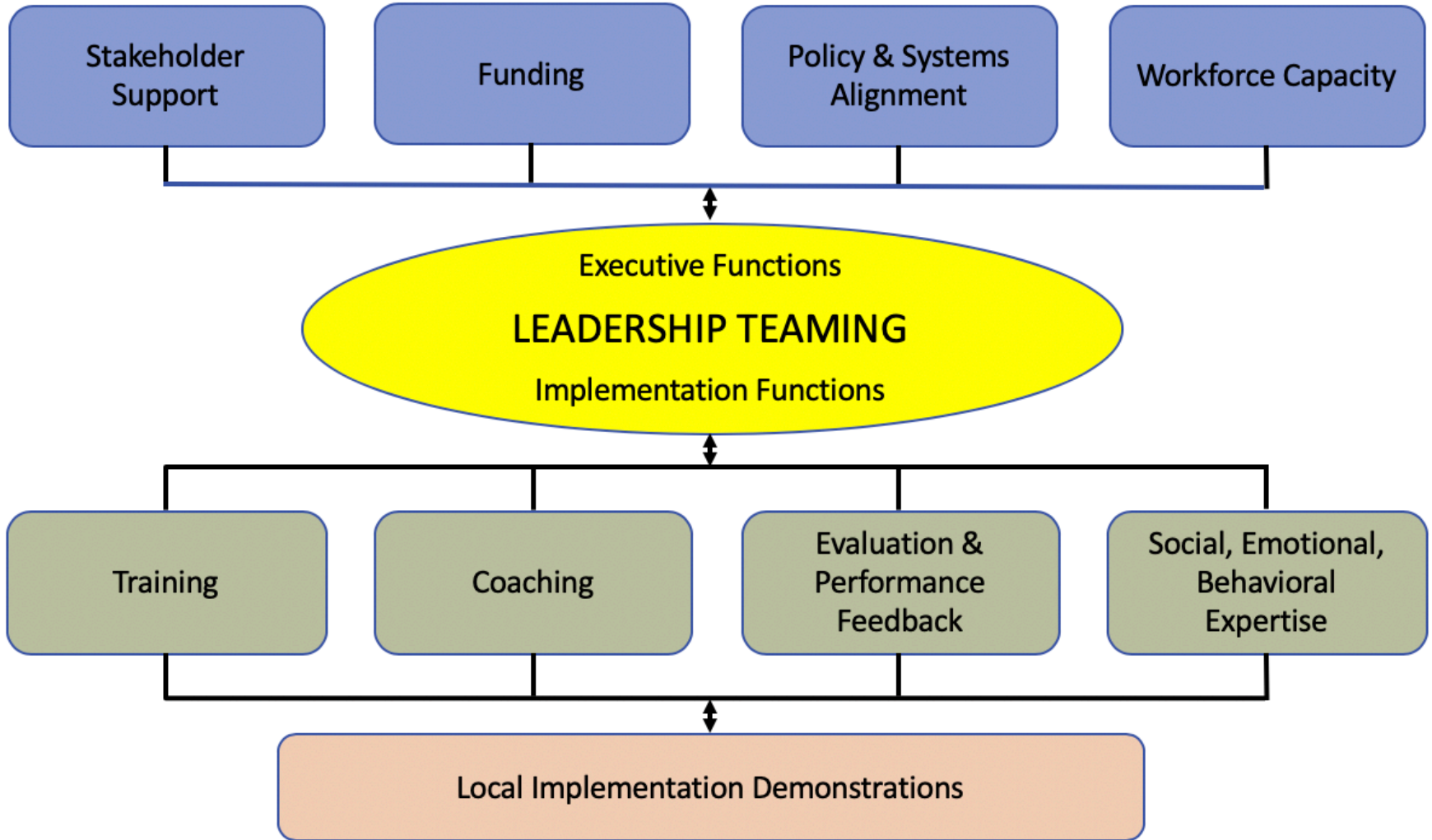
Remember Critical Components of Tier One

- **Ensure fidelity**
- Efficient and effective processes for making **decisions with data**

Defining Expectations

- 3-5 Expectations
- **Consistency**/Predictability
- Formalizing the desired culture

Data-Based Decision Making

Teaching

- Builds skills
- Helps replace inappropriate coping skills
- Best practices

Create **safe, consistent, and predictable** environment

- Predictability and Consistency **in our response**

- **Restorative approach** repairs harm & strengthens relationships and community

Preventing & Responding to Challenging Behavior

Acknowledging

- **5** positive :**1** corrective
- Encourages desired behavior
- **Support staff** in developing **relationships**
- Helps build self-esteem

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What would it look like to do this with our staff?
Critical Features of Tier 1 SWPBIS

Help staff get **clarity** on:
- What behavior to send to the office? (**majors vs. minors**)
- When to teach **SEL**?
- When to check **fidelity**?

Using **Adult Data** for Decision-Making
- Progress Monitor absences
- Give perception surveys

Provide **Adequate PD** to Staff
- Classroom Practices
- Function of Behavior
- Trauma and the Brain

Defining Expectations

Data-Based Decision Making

Teaching

- **Support plans** for higher levels of need
- **Coaching systems**

Preventing & Responding to Challenging Behavior

Acknowledging

- **Administration** providing **specific positive / corrective feedback** to staff?
- Installing an adult **acknowledgment system**

WHEN WE SAY "PUT YOUR MASK ON FIRST"
WE MEAN IT! HOW CAN ALL THE
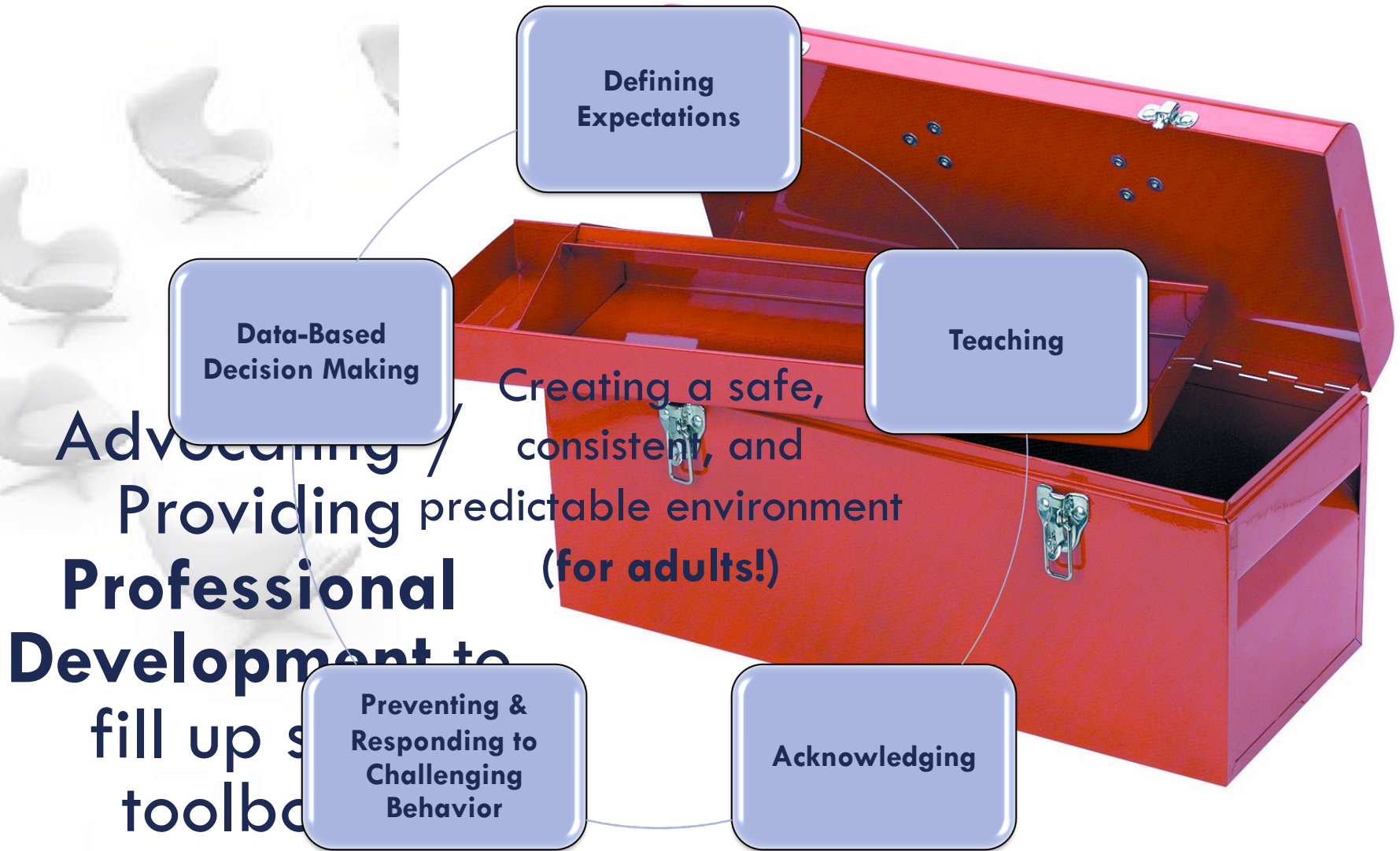KIDS TAKE CARE OF THEMSELVES WITH US
PASSED OUT ON THE FLOOR.
THEY NEED US!

<u>Self-Care/Care</u> for our adults is about *more* than bubble baths and wine.

<u>**Think:**</u>

- **Professional Development**

- Structures to help create **Connection/Relationships**

- **Systematizing boundaries** (caring for one another)

What does that look like?

Advocating / Providing **Professional Development** to fill up s toolbo

Creating a safe, consistent, and predictable environment **(for adults!)**

Defining Expectations

Teaching

Data-Based Decision Making

Preventing & Responding to Challenging Behavior

Acknowledging

Do You Secretly Wish **You** Did More of These Things?

Do you (or do other staff) **ever**…

- Wonder how others can **leave on time everyday**

- Pass judgment on someone out **walking the track during their prep period**

- Become annoyed when **someone takes 24 hours to respond to an email** or **does not look at email on time off**

- Question **why** someone has their **door closed in the middle of the day**

- Become irked by someone who **says "no"** to a **committee** or task

What if we **Systematized** and **Reinforced** Self-Care?

What if we:

- Set a time that everyone had to leave school by
- Asked that teachers walk the track for at least 2 meetings a week
- Were not allowed to send emails after 5:00pm
- Asked that all teachers had a "coaching buddy" they swapped observations with *(with a friend-in a non-evaluative way)*
- Could only serve on a set # of committees
- Got *points* for doing self-care things like:
  - Sitting in the meditation room for 30 minutes
  - Taking a lunch break outside the building
  - Asking someone to cover your class
  - Going for a walk on school grounds

What if **YOU** were a **Self Care Leader?**

Time to Process

What would it be like for YOU to be a self-care leader this coming school year? Where do you want to focus next?

Be Brave.
&
Carry on Warriors.

Ali Hearn, LCSW

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