


## Ready, Set, Integrate: Is your team ready to integrate mental wellness into your PBIS framework?

Karen Elfner Cox  
 Natalie Romer  
 Catherine Raulerson


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## Who is joining us today?


- Youth
- Family
- Administrators
- School-based practitioner
- Community-based practitioner
- Researcher
- Technical assistance provider/consultant
- State leadership
- Other?



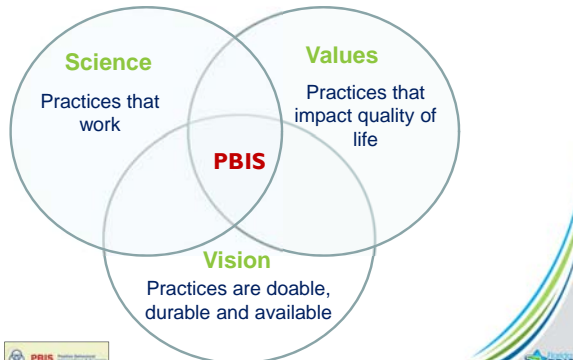

## Objectives

Identify practices (and our lessons learned) for supporting districts integrating mental health supports into their PBIS framework.

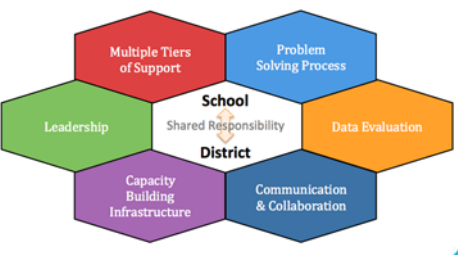

- Recognize components of PBIS framework
- Describe practices for effective teaming
- Identify strategies for securing buy-in
- Identify key aspects of coaching and PD



## Core Principles

## Critical Components ("The How"):

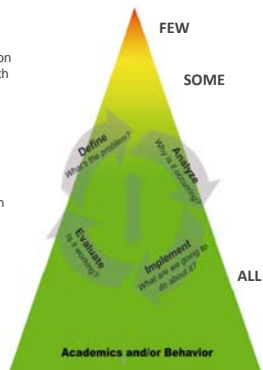



## MTSS & the Problem-Solving Process

**Tier 3: Intensive, Individualized Interventions & Supports**  
 The most intense instruction and intervention based on individual student need, in addition to and aligned with Tier 1 & 2 academic and behavior instruction and supports.

**Tier 2: Targeted, Supplemental Interventions & Supports**  
 More targeted instruction/intervention and supplemental support, in addition to and aligned with the core academic and behavior curriculum.

**Tier 1: Core, Universal Instruction & Supports**  
 General academic and behavior instruction and support provided to all students in all settings.



Florida's State Transformation Team on RtI (Dec. 3, 2009)

### Integrating PBIS and Mental Health

School Mental Health (SMH)

+

Positive Behavior Interventions and Supports (PBIS)

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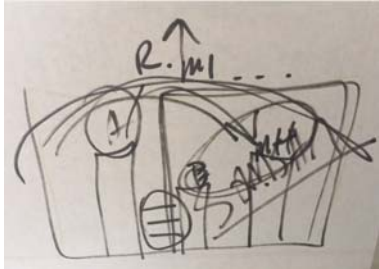
Interconnected Systems Framework (ISF)

Designed to...

- Improve depth and quality in prevention and intervention services within multi-tiered framework to increase likelihood of positive outcomes for *all students*
- Address current gaps in extant mental health and educational systems often operating in silos

(Barrett, Eber, & Weist 2013)

### Where to start?



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### The BIG Lesson: Systems change is hard work.

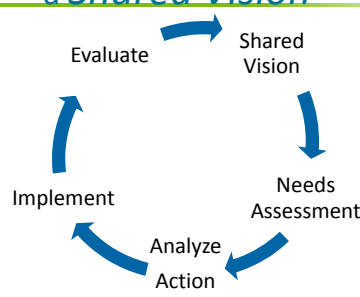
- The stakes are high.
- Translating research to practice in schools is challenging.
- There are no quick fixes, you'll make mistakes, you're learning.
- Change means there will be barriers and resistance.
- It takes a team *working together*, team members are different.
- Acknowledge and celebrate success, no matter how small

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### DEFINING "THE WHAT" AND "THE HOW"

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### Continuous Improvement towards *a Shared Vision*



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### Issue BRIEF

SAMHSA | NITT-TA  
NOW IS THE TIME

#### Mental Health and Academic Achievement

In an average school of 600 students, approximately **100 students** are coping with a mental illness.

More than **1 in 20 young people** ages 12 and over report current depression, which among school-aged youth is linked to reduced academic achievement and increased school suspensions.<sup>7</sup>

Mental illness is associated with school absences, causing the loss of critical school funding sources.<sup>8</sup>

Young people with attention-deficit/hyperactivity disorder (ADHD) often feel isolated at school due to social problems associated with their illness.<sup>9</sup>

Having a mental illness is associated with being pushed out of school through suspension, expulsion, and credit deficiency.<sup>10, 11, 12</sup>

**17%** considered SUICIDE | **8%** attempted SUICIDE

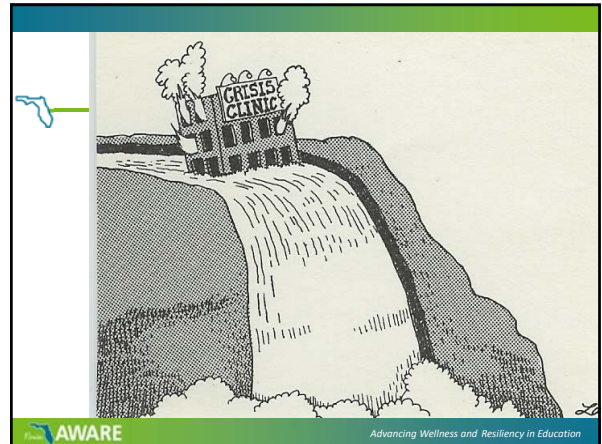
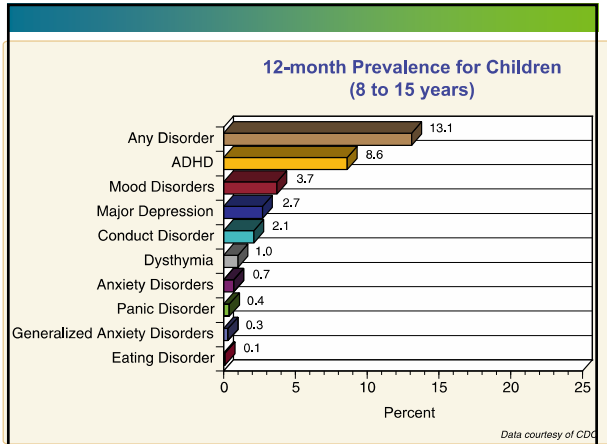
Among students in grades 9-12 in the U.S. during 2013-2014:<sup>13</sup> 17.0% of students seriously considered attempting suicide, and 8.0% of students attempted suicide one or more times in the previous 12 months.

Only **one third** of adolescents with mental illness go on to postsecondary education.<sup>14</sup>

Early detection of mental health concerns leads to improved academic achievement and reduced disruptions at

You Need to Know: Mental Health Matters

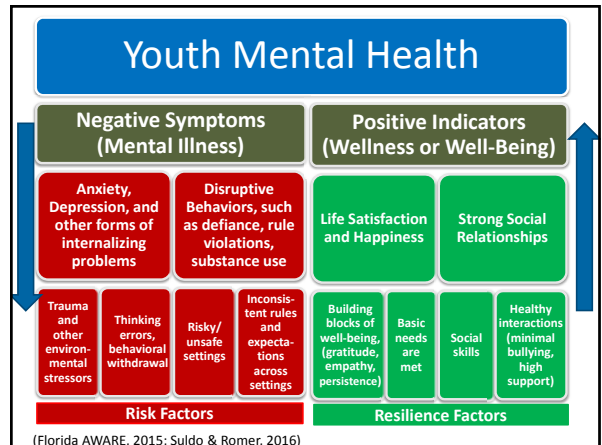
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### Our Shared Vision

*Florida will develop and sustain integrated, multi-tiered systems of support that promote the mental health of, and advance wellness and resilience of, students within family, educational and community settings.*

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### Our Shared Definition of Mental Health

*The presence of social, behavioral, and emotional well-being and resilience factors, as well as minimal social, behavioral, and emotional problems, and the reduction of risk factors.*

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### BIG PICTURE Lessons Learned:

#### Do they know what they have committed to implementing?

Do they have an understanding of MTSS, ISF, Complete Mental Health?	<b>It is a way of work</b> <ul style="list-style-type: none"> <li>Not a program/practice</li> <li>It will take time; 3-5 years</li> <li>We are initial implementers</li> <li>Identify target outcomes and share data ongoing as impact of work</li> </ul>	<b>We are initial implementers</b> <ul style="list-style-type: none"> <li>We are among the first to "do this" way of work</li> <li>Although it has essential components, it looks a bit different for each implementer because it is contextual</li> </ul>
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## SECURING BUY-IN FROM KEY STAKEHOLDERS: ESTABLISHING "THE WHY"

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### Impact of School Mental Health on Student Outcomes

Growing body of literature demonstrates positive effects on students':

- Academic outcomes
- Social-emotional outcomes
- School-wide academic and behavioral outcomes

- Suldo, Gormley, DuPaul, & Anderson-Butcher, 2014

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### Theory: Academic Effects of Mental Health Interventions

Intervention

→

Increased Student Engagement

→

Increased Academic Achievement

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### What is Buy-In?

“Accepting an idea or a goal and making it part of your everyday frame of reference.”

Intellect + ❤️ = Change in Behavior

(Kautt, G. G., 2011)

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### In your work.....

What behaviors demonstrate buy-in?

Who are key stakeholders?

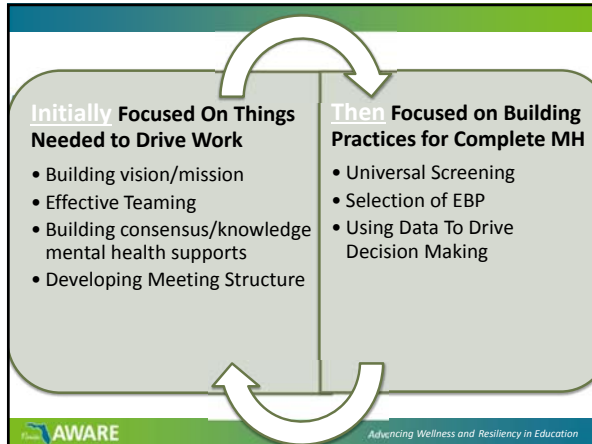
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### Exploring Reasons for Lack of Buy-In

#### Managing Complex Change

Vision	+	Skills	+	Incentives	+	Resources	+	Action Plan	=	Change
	+	Skills	+	Incentives	+	Resources	+	Action Plan	=	Confusion
Vision	+		+	Incentives	+	Resources	+	Action Plan	=	Anxiety
Vision	+	Skills	+		+	Resources	+	Action Plan	=	Resistance
Vision	+	Skills	+	Incentives	+		+	Action Plan	=	Frustration
Vision	+	Skills	+	Incentives	+	Resources	+		=	False Starts

Adapted from Knoster, T.



### Lessons Learned: Be explicit w/teams

Are we REALLY committed to mental wellness promotion in our district/schools?

<p><b>Why are we committed to it?</b></p> <ul style="list-style-type: none"> <li>• <b>Share relevant data</b> on need (the why) in your context</li> <li>• <b>Identify target outcomes</b> and share data ongoing as impact of work</li> </ul>	<p><b>What will it take to be committed?</b></p> <ul style="list-style-type: none"> <li>• <b>Clearly identify early</b> and hold teams accountable</li> <li>• <b>Establish partnerships</b> in teaming structures</li> <li>• <b>Commit to selection of evidence-based practices</b>, fidelity tracking</li> </ul>
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### Example: Defined Team Commitments

- **Coaching staff** to implement student curriculum focused on developing social, behavioral, and emotional skills.
- **Training staff** to create mental health friendly classrooms.
- **Collaborating** with community partners to help foster resilience and increasing protective factors.
- **Identifying negative indicators** with school based teams to help minimize risk factors for internalizing and externalizing problems.
- **Providing indirect support to youth in crisis** or with chronic mental health needs.

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### Example: Defined School Commitments

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### If we don't establish buy In....

**What it looked like:**

- Limited meeting time
- Lack of structure in meetings and support for systems continuous improvement
- Limited professional development time for supporting necessary practices
- Flexibility in practices (limited fidelity, universal assessment optional)

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### ESTABLISHING EFFECTIVE TEAMS

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### Which Team? Who's on It?

Review Current Teams:

- Team Responsibility
- Team Membership
- Team Meeting Frequency
- Team Outcomes/Productivity

Can a current team's responsibilities be expanded?  
 Can a current team be dissolved/merged?

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### Ensuring Team Effectiveness...

Effective Team Structures Concerns:

- Team Composition and Membership
- Team Roles and Fluent Facilitator
- Team Mission
- Team Meeting Schedules
- Group Norms
- Defining Consensus

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### Coming Together to Achieve a Common Goal: Partnering and Teaming

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### Engaging partners/sharing info:

- **Prioritizing meeting time**
  - Planning and follow-up
  - Maximize meeting time by using other venues for information sharing (e.g., meeting folder, workgroups, email list, etc.) and adhering to the agenda
  - Conduct ongoing evaluation and problem solving of the meeting itself
- **Feedback, learning, and consensus reaching activities**
  - Technology (e.g., Plickers, Padlet)
  - Feedback forms
  - Group activities
  - Facilitated discussions using templates and advanced organizers
  - Ongoing evaluation
  - Professional development

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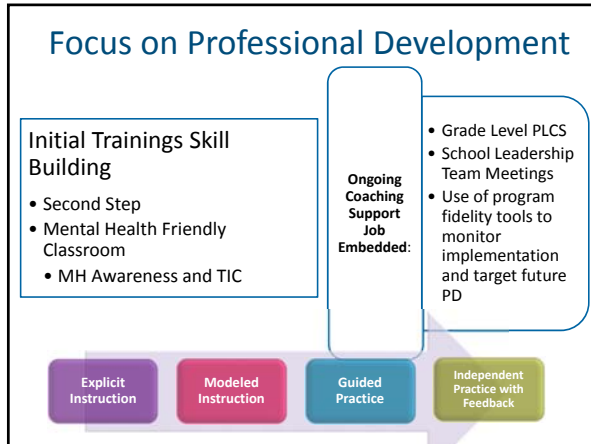
### Data-based Problem Solving Prerequisites

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## PROFESSIONAL DEVELOPMENT AND COACHING

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### What is Systems Coaching?

**Systems Coaching** (v.): application of a set of skills that builds the *capacity* of school/district leadership teams to implement MTSS aligned with the school/district improvement plan(s) in order to enhance student outcomes

**What does this mean?**

- Not necessarily a person, but a set of skills & activities coordinated by a leadership team
- *Leadership & Coaching* are BOTH required for sustainable change. A reciprocal relationship must exist between leadership & coaching to produce desired outcomes at any level of the educational organization.



### Leadership + Coaching = Sustainable Change

Leadership Characteristics:	Coaching Responsibilities
<ul style="list-style-type: none"> <li>• Vision, focus, consistent message of implementation</li> <li>• Focus on schools</li> <li>• Relationships based on respect &amp; shared responsibility</li> <li>• Expert problem-solving</li> <li>• Investment in Effective PD</li> </ul>	<ul style="list-style-type: none"> <li>• Effective interpersonal communication</li> <li>• Data-based problem-solving</li> <li>• Content Knowledge                             <ul style="list-style-type: none"> <li>• Organizational Change</li> <li>• Integrated multi-tiered system</li> <li>• <i>Academic/Behavior/Social Emotional Instruction</i></li> </ul> </li> <li>• Families/Communities</li> <li>• Team Facilitation</li> <li>• Support leadership</li> <li>• Provide PD</li> <li>• Evaluate impacts</li> </ul>


### Lessons Learned: Need to Identify...


- Coaching assets/champions to promote integration of Mental Wellness
- How professional development will occur and utilize job embedded coaching?
- Skills will teams need to promote integration within a MTSS
- The current process in your district/school for selection of an Evidenced Based Practices

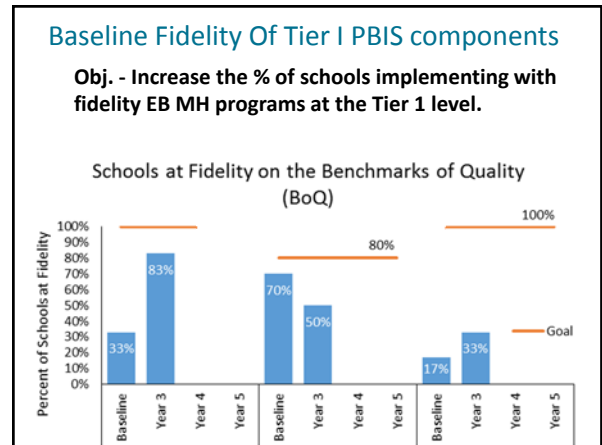
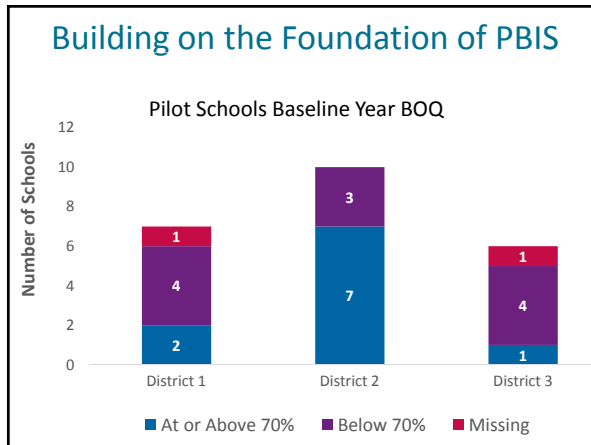
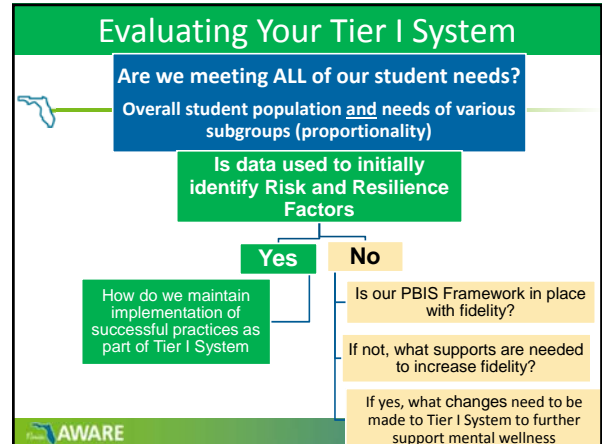
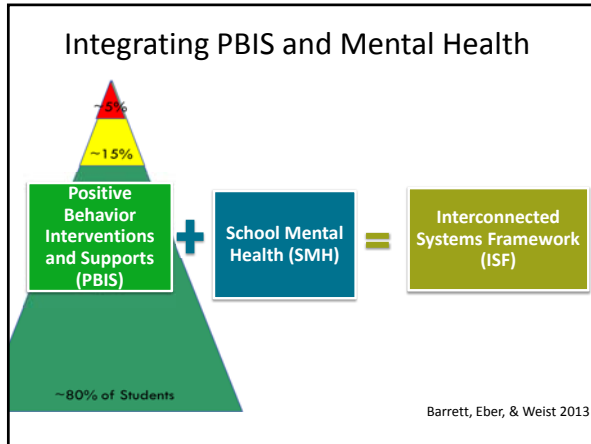
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Pilot Schools with Best Outcomes	Pilot Schools with Limited Outcomes
<ul style="list-style-type: none"> <li>• Focused PD Efforts &amp; Ongoing Leadership Team Meetings</li> <li>• Data Access and Use is consistent focus</li> <li>• Administrator buy in and support of team as leaders</li> <li>• Connection to School Improvement</li> <li>• Increased PBIS Fidelity is continued focus</li> </ul>	<ul style="list-style-type: none"> <li>• Reactive approach</li> <li>• Leadership changes, lack of stakeholder buy in</li> <li>• Lack of PD time for initial skill development</li> <li>• Challenges with Data Access and use</li> </ul>

### EVALUATE THE CAPACITY OF YOUR CURRENT PBIS FRAMEWORK



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### To Integrate & Build on PBIS we Need:

- Buy-in To Integrate Mental Health
- Regular Meetings, Team Roles, Meeting Structure
- Data-based Decision Making Skills
- Consistent Tier I Practices-
  - What we teach, how and when we teach it
  - Reinforcement of what is taught
  - Effective and consistent responses to problem behavior

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### Questions? Comments?

Please contact us!

- Natalie Romer: romer@usf.edu
- Karen Cox: kchilds2@usf.edu
- Cat Raulerson: craulerson@usf.edu

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**We appreciate you joining our session.**

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