Empowering Teachers, Families, & Students for Mental Wellness and School Success
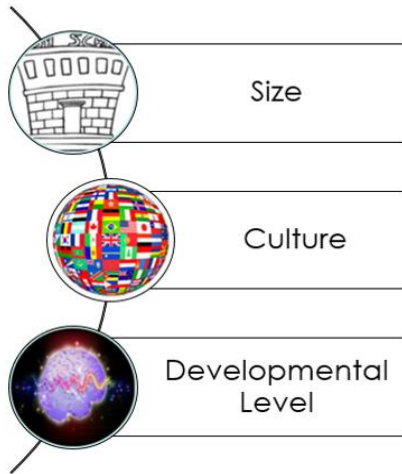
Mark D. Weist, Ph.D.
University of South Carolina
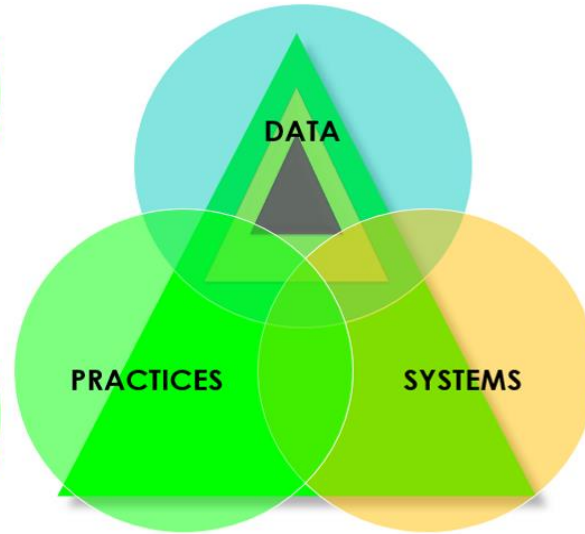
TODAY
is going to be
AWESOME
CA High School PBIS Symposium

February 20, 2020
Long Beach, CA

Flannery and Kato, 2012

Contextual Influences · Key Foundational Systems · Core Features of Implementation · Key Focus Areas

For Your Consideration

REFLECT *the "why"*
ENCOURAGE *the dialogue*
CELEBRATE *the change*

AUTHENTIC ENGAGEMENT

Outline

- A Framework to Consider
- Platform for the Work -- the Interconnected Systems Framework (ISF) for School Mental Health (SMH) and PBIS
  - District and school teams, matching of services to need, screening, internalizing youth, alignment, layered intervention, social and emotional learning, family and youth leadership
- Stigma/Mental Health Literacy
- Stress/Wellness
- Reducing Inequities
- Resources

A Framework to Consider

- Significant stress and suffering in the world
- As helpers we strive to be skilled and to have compassion and empathy
- Compassion, empathy and effectiveness are enhanced by transparency
- Stigma is significant and there is an urgent need to move away from pathologizing approaches
- To help assure our success and positive functioning, we build communities of practice; empower students, families and diverse stakeholders; focus on wellness; and build fun into the work

1991

"Expanded" School Mental Health

- Full continuum of effective mental health promotion and intervention for students in general and special education
- Reflecting a *"shared agenda"* involving school-family-community system partnerships
- Collaborating community professionals (not *outsiders*) *augment* the work of school-employed staff

Roles of School-Employed MH Staff (in some instances)

- Course scheduling

- Attendance monitoring

- Examination monitoring

- Career guidance

- Logistics assistance
  - See Steve Evans, Ohio University

School Mental Health (SMH) MH vs Clinics

- Catron, Harris & Weiss (1998)
- 96% offered SMH received
- 13% for clinics

SMH vs Clinics 2

- Atkins et al. (2006)
- 80% enrolled in SMH vs 54% in clinics
- At 3-month follow-up, 100% retained in schools, 0% in clinics

Maternal and Child Health Bureau/Health Resources and Services Administration

- *Mental Health in Schools Initiative, 1995*
- Two National Centers
  - University of Maryland School of Medicine
  - University of California, Los Angeles
- Five States
  - Kentucky, Maine, Minnesota, New Mexico, South Carolina
- Initial leadership by project officers Juanita Cunningham Evans, and Dr. Michael Fishman

Nate, age24

Advantages

- Improved access
- Improved early identification/intervention
- Reduced barriers to learning, and achievement of valued outcomes
- *WHEN DONE WELL*

But

- SMH programs and services continue to develop in an ad hoc manner, and
- LACK AN IMPLEMENTATION STRUCTURE

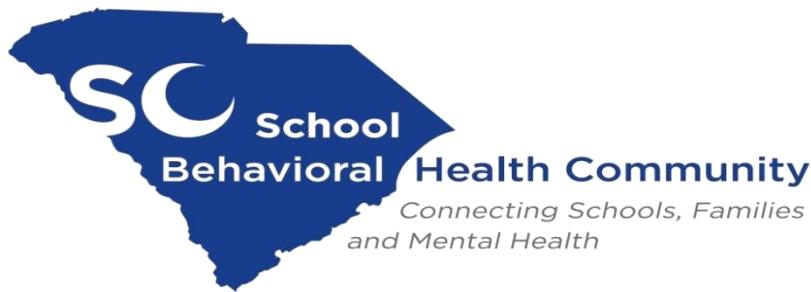# Positive Behavior Intervention and Support (www.pbis.org)

- In around 27,000 schools
- Decision making framework to guide selection and implementation of best practices for improving academic and behavioral functioning
  - Data based decision making
  - Measurable outcomes
  - Evidence-based practices
  - Systems to support effective implementation

Advantages

- Promotes effective decision making
- Reduces punitive approaches
- Improves student behavior
- Improves student academic performance
- *WHEN DONE WELL*

But

- Many schools implementing PBIS lack resources and struggle to implement effective interventions at Tiers 2 and 3
- View student issues through lens of "behavior"

Mapping PBIS and SMH

State of the Carolinas: Implementing School Mental Health and Positive Behavioral Interventions and Supports

by Joni W. Splett, Kurt D. Michael, Christina Minard, Robert Stevens, Louise Johnson, Heather Reynolds, Katharina Farber, and Mark D. Weist*

The Carolinas have a rich and diverse history. South Carolina was the first colony to declare independence from British rule during the American Revolution and the first state to declare secession from the Union at the start of the Civil War. The population of South Carolina is nearly 4.8 million. It is the 24th most populous state in the United States and has a diverse citizenry, including 64% Caucasian, 28% African-American, and 5% Hispanic residents (U.S. Census Bureau, 2012). Children and youth under the age of 18 make up 22.8% (1.08 mil-

a large number (25.8%) of North Carolina's children live in poverty (Annie E. Casey Foundation & O'Hare, 2013).

Equally unfortunate, a high percentage of children attending public schools in the Carolinas perform below state standards. For example, in South Carolina, the number of children who perform below state standards in reading (17% in 3rd grade; 32% in 8th) and math (30% in 3rd grade; 30% in 8th) is substantial, and in North Carolina, the situation is considerably worse, with below-standard scores in reading at 65% in

of Mental Health (SCDMH) has one of the strongest expanded school mental health (SMH) service programs nationally, and the grassroots effort to disseminate and support implementation of Positive Behavioral Interventions and Supports (PBIS) is benefiting from recent interest, renewed energy, and federal momentum.

The Interconnected Systems Framework

The trends in the Carolinas mirror national trends in children's educational and men-

Key Rationale

- PBIS and SMH systems are operating separately
- Results in ad hoc, disorganized delivery of SMH and contributes to lack of depth in programs at Tiers 2 and 3 for PBIS
- By joining together synergies are unleashed and the likelihood of achieving depth and quality in programs at all three tiers is greatly enhanced

Logic

Youth with challenging emotional/behavioral problems are generally treated very poorly by schools and other community agencies, and the "usual" approaches do not work

Logic CONT.

- Effective academic performance promotes student mental health and effective mental health promotes student academic performance. The same integration is required in our systems

Social, Health, Emotional, Behavioral and Academic (SHEBA)

POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS
AND
SCHOOL MENTAL HEALTH

ADVANCING EDUCATION EFFECTIVENESS:

INTERCONNECTING SCHOOL MENTAL HEALTH AND SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT

EDITORS: SUSAN BARRETT, LUCILLE EBER & MARK WEIST

Interconnected Systems Framework (ISF) Defined

- Structure and process for education and mental health systems to interact in most effective and efficient way

- Guided by key stakeholders in education and mental health/community systems, including youth and families

- Who have the authority to reallocate resources, change roles and functions of staff, and change policy

ISF Defined 2

- A strong, committed and functional team guides the work, using data at three tiers of intervention

- Sub-teams having "conversations" and conducting planning at each tier

- Evidence-based practices and programs are integrated at each tier, with implementation support and coaching

- SYMMETRY IN PROCESSES AT STATE, DISTRICT AND BUILDING LEVELS

ISF Conceptual Framework

Intervention

Prevention – Early Intervention

Prevention/Promotion for All
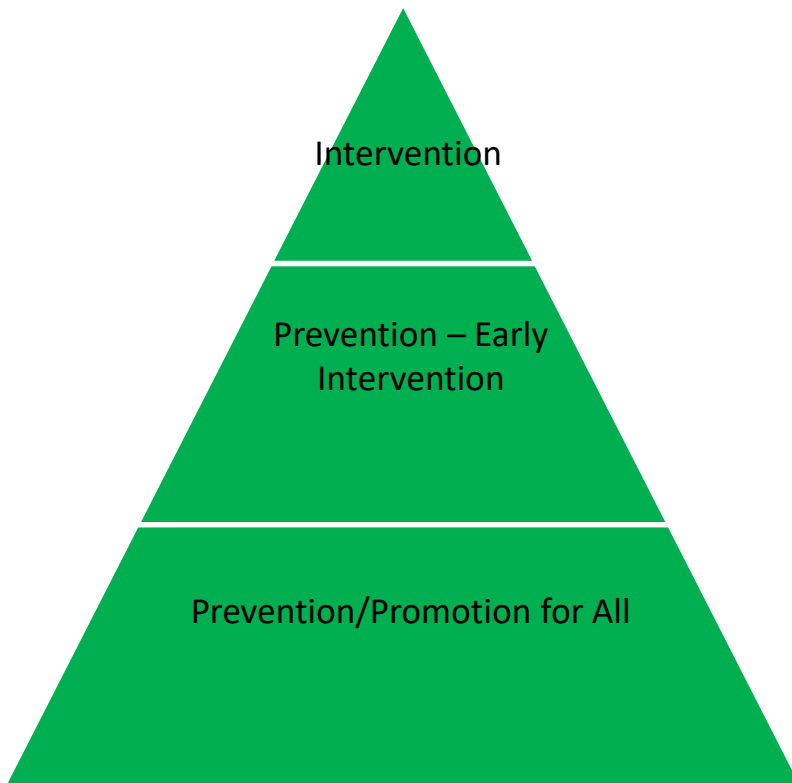
- Improved behavioral/academic outcomes for all
- Greater depth and quality in services
- Improved data use, team functioning
- Systematic MOAs
- Strong district/building leadership
- A SHARED AGENDA

Three Connected Priorities

- Implement effective practices
- Document valued outcomes
- Build capacity

District-Community Leadership Team

- Systems leaders (e.g., School Superintendent, MH Agency Leader)
- Those involved in ISF coaching (from EDU and MH)
- Educators (including principals) and clinicians
- Family members and older youth
- Representatives from other diverse youth-serving systems (e.g., child welfare, juvenile justice, disabilities, primary healthcare)
- Government officials
- University staff and researchers

Stakeholders (Leaders and Staff)

- Youth and Families
- Government
- Education
- Child and Adolescent Mental Health
- Juvenile Justice
- Child Welfare
- Disabilities

- Primary Healthcare
- Allied Health Services
- Vocational Rehabilitation
- Universities and Colleges
- Faith
- Business

Importance of Memoranda of Agreement (MOAs)

- Enables common expectations and move toward standardization in evidence-based assessment and practice

- Providing "one door" for community mental health and other systems to come through

- Creates opportunities for system collaboration, braided funding, and growth in funding to enable other system involvement in Tiers 1, 2 and 3

Example Team
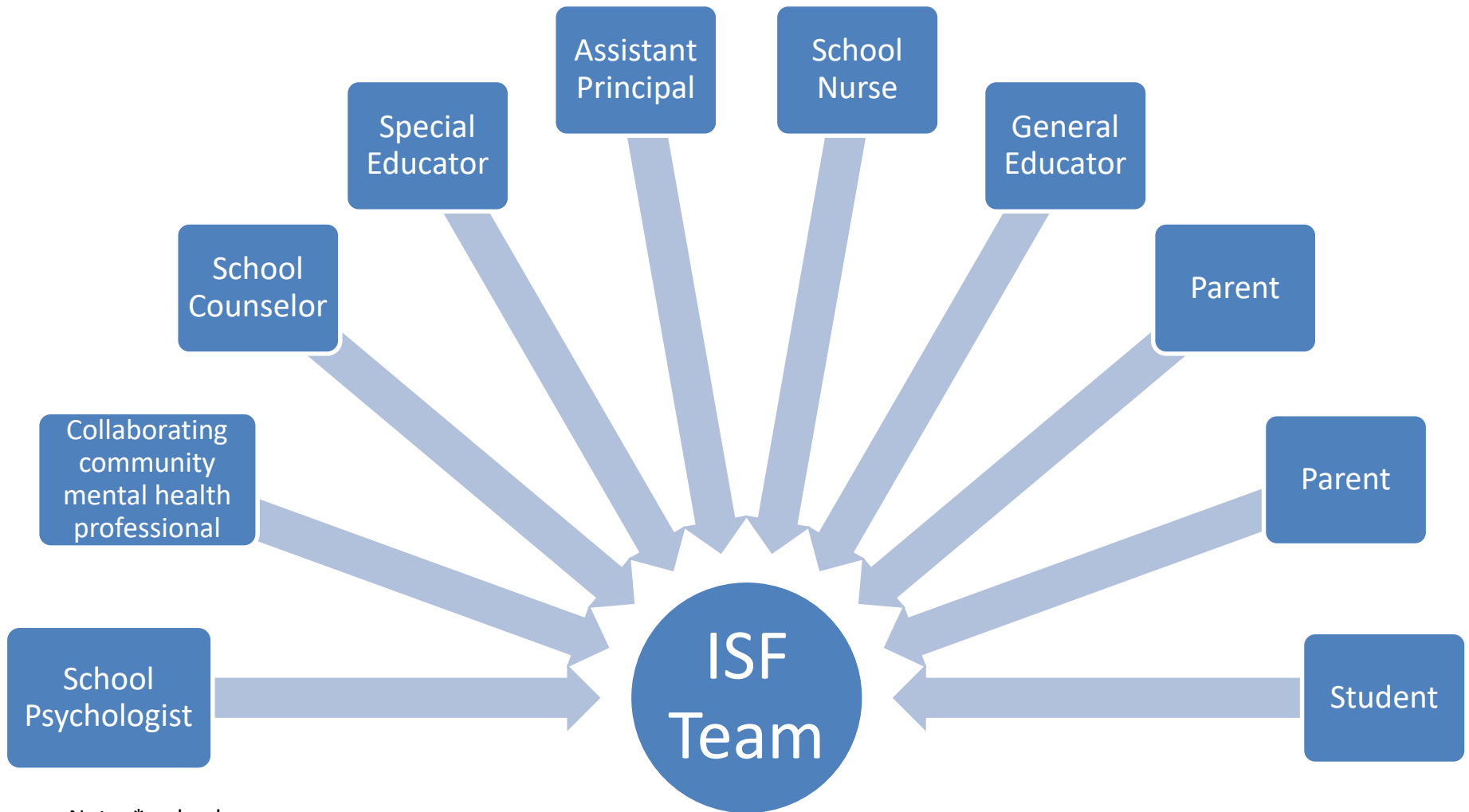
Note: *co-leaders

STUDY DESIGN

- 24 Participating Elementary Schools
  - Charleston, SC (12)
  - Ocala, FL (12)
  - Prior to study all were implementing PBIS; none were implementing SMH
- Each school is randomized to one of three conditions
  - PBIS Only
  - PBIS + SMH (business as usual)
  - Interconnected Systems Framework (ISF)
- Intervention (ISF) in place for 2 academic years
- **This project was supported by Award No. 2015-CK-BX-0018 awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice**

Latent Profile Analysis - BESS

|	Class 1: Elevated Behavioral-Emotional Risk	Class 2: Normal Behavior-Emotional Development	Class 3: Extreme Behavioral-Emotional Risk
Characteristics:	Moderate levels of IRI, ERI, and adaptive skills deficits	Low IRI, ERI, and high levels of adaptive skills	High levels of IRI, Extreme levels of ERI, low levels of adaptive skills
Size	1734 (29%)	3668 (61%)	577 (10%)
Internalizing Risk	4.8	2.1	7.2
Externalizing Risk	6.8	0.9	13.7
Adaptive Skill Risk	5.2	9.4	3.2

More fine-grained analysis

- Profiles of students based on patterns of emotional/behavioral and adaptive functioning

- Anxiety = A, Depression = D, Attention Problems-Hyperactivity = APH, Conduct-Aggression = CA, Adaptive = AD

More fine-grained analysis 2

- From most to least in need
- A,D, APH, CA and low AD
- A,D,APH, and low AD
- A,D, and low AD
- A,D,APH and higher AD
- A,D, and higher AD
- A and higher AD
- Etc.

Splett et al. (2018)

180% increase in identified need with screener

Previously Identified by School, 10.1

Newly Identified by Screener, 18.4

Not Identified, 71.5
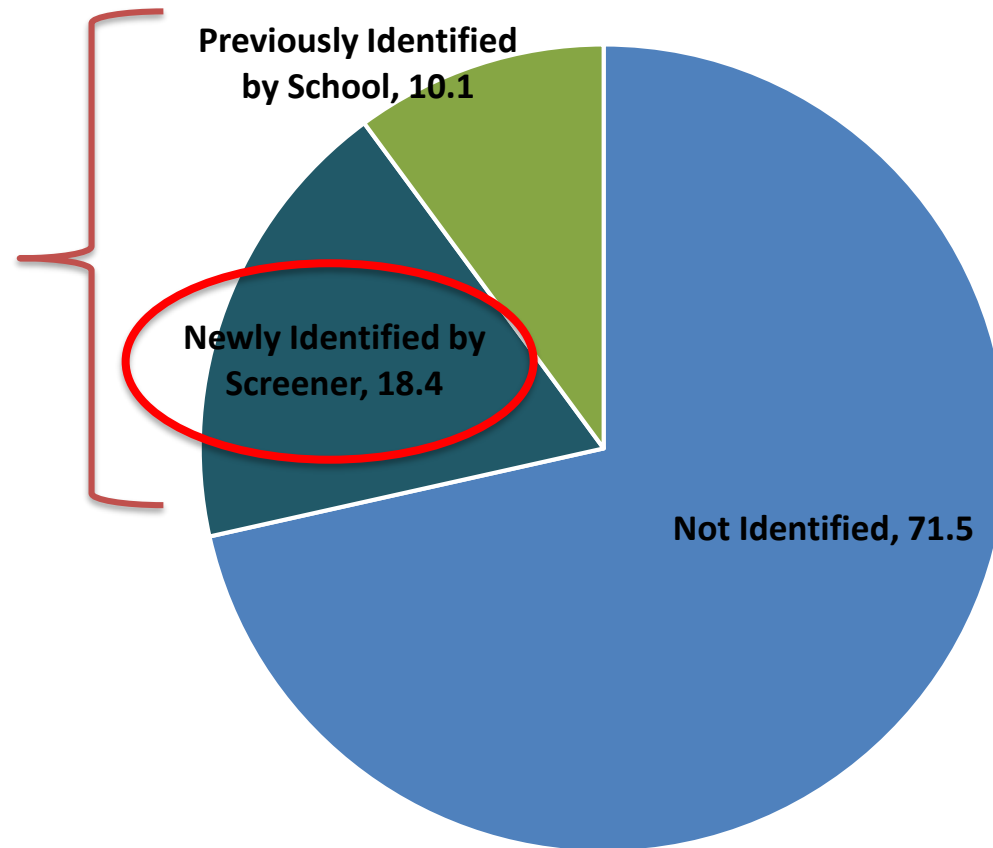
Splett et al., (2018). Comparison of Universal Mental Health Screening to students already receiving intervention in a multitiered system of support. *Behavioral Disorders, 43(3),* 344-356. https://doi.org/10.1177/0198742918761339

Youth with Externalizing vs Internalizing Challenges

	Received Mental Health Services	Received Special Education Services
Externalizing	85%	75%
Internalizing	65%	40%

Bradshaw, C. P., Buckley, J. A., & Ialongo, N. S. (2008). School-based service utilization among urban children with early onset educational and mental health problems: The squeaky wheel phenomenon. *School Psychology Quarterly, 23*(2), 169.

Challenge:

We have more "programs" or "initiatives" or "practices" than can be implemented well.

How to align for efficiency and effectiveness

Why Alignment is Important

- "One of the major variables affecting sustained implementation of effective practices is the introduction of new initiatives that either (a) **compete with resources** needed for sustained implementation or (b) **contradict** existing initiatives"

McIntosh (2015)

Layered Mental Health Interventions within the MTSS

Teaching Matrix		INCORPORATE Coping Strategies for Managing Stress						
		All Settings	Halls	Playgrounds	Lunch	Library/ Computer Lab	Assembly	Bus
Expectations	Respectful	Be on task Give your best effort Be prepared	Walk	Have a plan	Invite those sitting alone to join in	Study, read, compute	Sit in one spot	Watch for your stop
	Achieving & Organized	Be kind Hands/feet to self Help/share with others	Use normal voice volume Walk to right	Share equipment Include others	Choose quiet or social lunch area Use cognitive coping skills Invite friends to join me	Whisper Return books	Listen/watch Use appropriate applause	Use a quiet voice Stay in your seat
	Responsible	Recycle Clean up after self	Pick up litter Maintain physical space	Use equipment properly Put litter in garbage can	Use my breathing technique Listen to my signals	Push in chairs Treat books carefully	Pick up Treat chairs carefully	Wipe your feet

PBIS Positive Behavioral Interventions & Supports
OSEP TECHNICAL ASSISTANCE CENTER

CICO Daily Progress Report

- Built upon 3-5 school-wide expectations

- Generalizable across student schedules

- Three point rating scale

- Defined number times for feedback (10 or less)

CICO-SWIS Daily Progress Report

Name: _____

Date: ____/____/____

Parent/Guardian Signature:

_____

Rating Scale

2 = Met all expectations (Great job!)

1= Met some expectations (Good work)

0 = Met few or no expectations (Room for improvement)

CICO-SWIS Goal: _____%

Points Earned: _____

Points Possible: _____

Goal Met: ____ YES ____ NO

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7
Safe	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Respectful	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Responsible	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Total Points							

PBIS Positive Behavioral Interventions & Supports
OSEP TECHNICAL ASSISTANCE CENTER
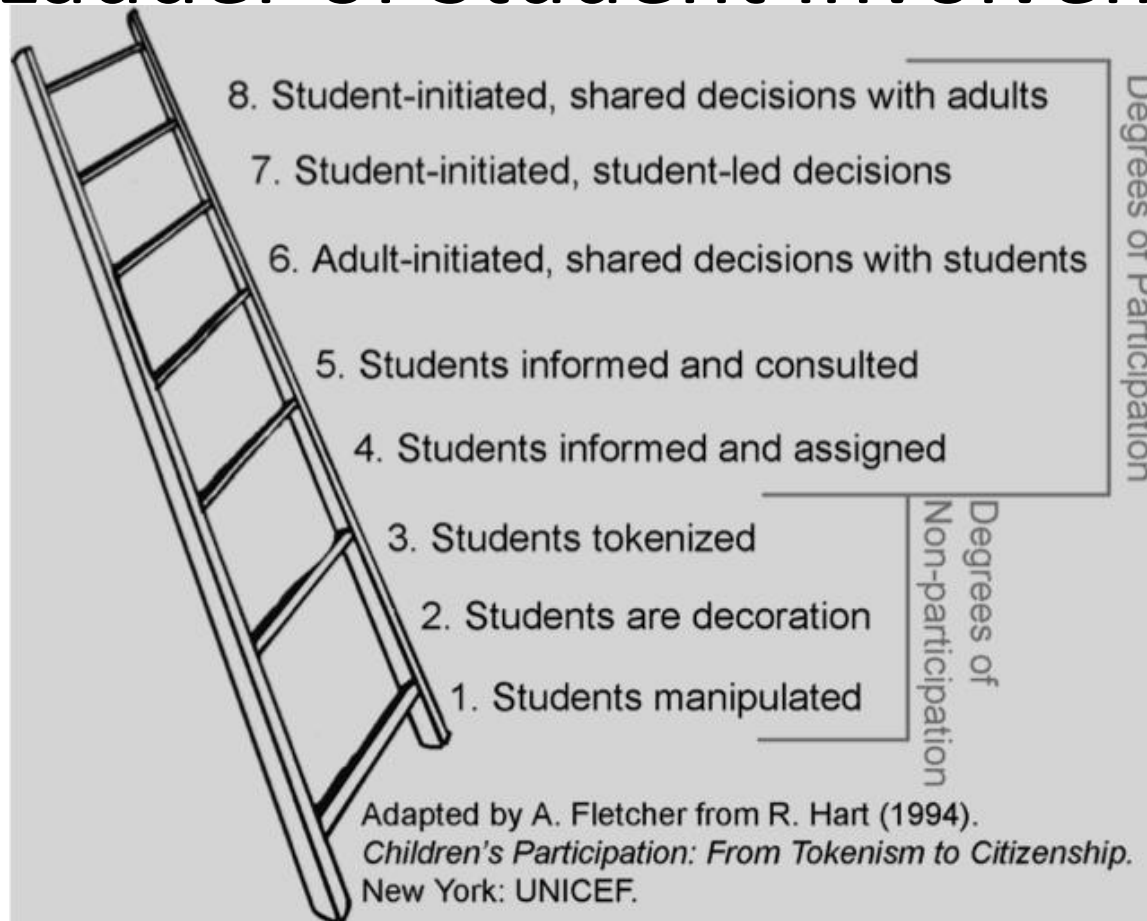
Roger Weissberg, CASEL

Aligning and Integrating Family Engagement in Positive Behavioral Interventions and Supports (PBIS)

Concepts and Strategies for Families and Schools in Key Contexts

edited by

Mark D. Weist

S. Andrew Garbacz

Kathleen Lynne Lane

Don Kincaid

Ladder of Student Involvement*

8. Student-initiated, shared decisions with adults

7. Student-initiated, student-led decisions

6. Adult-initiated, shared decisions with students

5. Students informed and consulted

4. Students informed and assigned

3. Students tokenized

2. Students are decoration

1. Students manipulated

Degrees of Participation

Degrees of Non-participation

Adapted by A. Fletcher from R. Hart (1994).
Children's Participation: From Tokenism to Citizenship.
New York: UNICEF.

Family-School-Community Alliance

https://fscalliance.org

Traditional Paradigm

- Mental health "experts" identify "pathology" in youth and families, and take an expert stance, telling them what to do about it

- Families and youth feel "shame and blame" about mental health problems

BIASED PERCEPTIONS

- The general public links mental health challenges in children and adolescents with their potential for violence (Pescosolido et al., 2008)

- The label of "emotional disturbance" negatively affects teacher perceptions and is associated with self-fulfilling prophecies (Levin et al., 1982)

- People rate children's behavior worse and tend to focus on weaknesses vs. strengths when they first hear the child has a diagnosis (Critchley, 1979)

STIGMA

- Diagnosis is associated with stigmatization of children and adolescents even by mental health professionals (Heflinger & Hinshaw, 2010)

- The consequences of perceived stigma by children lasts into adulthood for them (Pescosolido et al., 2007)

- Perceived stigma and potential embarrassment are *the most prominent barriers* for children and youth seeking mental health services (Gulliver et al., 2010)

- 90% of adolescents taking psychiatric medication experience stigma from taking the medication (Kranke et al., 2010)

STUDY ON THE TERM, "PSYCHOPATHOLOGY"

- Weist, M.D., McWhirter, C., Fairchild, A., Bradley, W., Cason, J., Miller, E., & Hartley, S. (2018). Assessing acceptability of the term – "Psychopathology" among youth aged 18 to 25. *Community Mental Health Journal*, https://doi.org/10.1007/s10597-018-0306-0

TERM IS PREVALENT

- For example, see:

    American Psychopathological Association

    Society for Research in Psychopathology

    International Society for Research in Child and Adolescent Psychopathology

- Prominently used as a label for courses in graduate courses in universities

    MW advocacy led to change of title in course at USC from *Lifespan Psychopathology* to *Psychological Problems and Resilience*

METHOD

- 486 young adults, aged 18-25 completed brief survey, including Likert ratings and open ended comments on their perceptions of the term, "psychopathology"

- Participants were from the University of South Carolina and a local family and youth advocacy organization

- 39% of participants had received prior mental health services

FINDINGS

- 64% of young adults who had not received mental health services expressed that psychopathology was an appropriate term

- But only 49% of young adults who had received mental health services expressed that psychopathology was an appropriate term, a significant difference, Chi Square = 9.87, p = .002, with Bonferroni correction, p = .017

FINDINGS, CONT

- Frequent terms that were associated with the term, "psychopathology" -- *crazy/insane* (68 responses), *psycho/psychopath* (60 responses), *killer/serial killer* (12 responses)
- Other terms/concepts associated with it -- *lack of empathy, harsh mental health care, murder, mass shootings, excruciating pain, deranged criminals, straight jacket, cushioned room crazy, killers like Charles Manson*

OTHER CONCERNING TERMS

- Diagnoses of:

  - Borderline Personality Disorder

  - Narcissistic Personality Disorder

  - Bipolar Disorder

  - Conduct Disorder

Aggressive
Manipulative
Dependent
Co-Dependent

Mental Health & High School Curriculum Guide: Training Program for Trainers

**Developed By: Dr. Stan Kutcher (MD, FRCPC, FCAHS)
& Dr. Yifeng Wei (Med; PhD)
August 21, 2019**

The Guide

- Teacher-delivered mental health literacy curriculum for middle and high schools

- Focused on educating students about mental health to reduce stigmatizing attitudes about having mental health challenges and seeking help

Kutcher and Wei; 2014; Kutcher, Bagnell and Wei; 2015;
Kutcher, Wei and Coniglio, 2016.

PSW
PARTNERING FOR STUDENT WELLNESS

MENTAL HEALTH & HIGH SCHOOL CURRICULUM GUIDE
UNDERSTANDING MENTAL HEALTH AND MENTAL ILLNESS
VERSION 3 (USA EDITION: WASHINGTON STATE)

teen mental health.org

MENTAL HEALTH LITERACY:
the FOUR components

- Understand how to obtain and maintain good mental health

- Understand and identify mental disorders and their treatments

- Decrease stigma

- Enhance help-seeking efficacy: know where to go; know when to go; know what to expect when you get there; know how to increase likelihood of "best available care" (skills and tools)

teen mental health .org

ROLE OF A TEACHER

- Teach and promote students mental health literacy

- Recognize a potential problem

- Refer appropriately – linking WITHIN the school

- Work effectively in the classroom and with other professionals – support not counseling or therapy

- **Do not diagnose** – describe what you see!

- Do not prescribe/suggest specific treatments (know where to find out about treatments)

teen
mental
health
.org

Teacher Stress Impacts Students

- Teachers who are stressed demonstrate greater negative interactions with students:
  - Sarcasm
  - Aggression
  - Responding negatively to mistakes

- *Classrooms led by a teacher who reported feeling overwhelmed (high burnout) had students with much higher cortisol levels*

  Oberle & Schonert-Reichl (2016)

Teacher Stress

Student Misbehavior

Teacher Stress
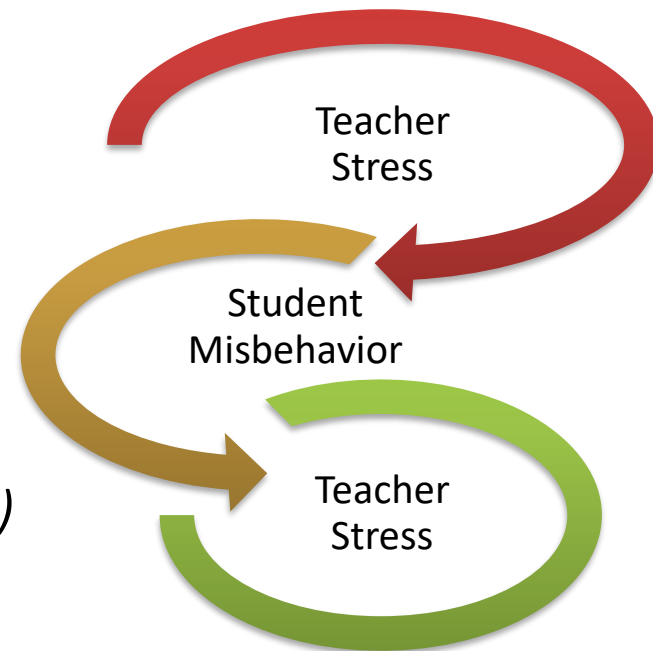
SCHOOL STAFF WELLNESS MATTERS

Key Wellness Strategies

- Stress reduction, reframing of stress and abilities to cope with it*
- Social support* (connect together)
- Decreasing cell phone and social media use
- Sleep
- Mindfulness
- Zen involvement in nature
- Exercise
- Nutrition
- Cognitive coping

Goal Oriented Thinking

- What is my goal?

- Is what I am doing right now helping me to reach my goal?

- If not what should I be doing?

Disproportionality in School Discipline (UO slides from Kent McIntosh)

Out of School Suspension Risk Index
2013-14 US Schools (n = 95,507)

	Risk Index
All	5%
American Indian	7%
Asian	1%
Black	13%
Hispanic/Latino(a)	4%
Multiracial	5%
Pacific Islander	5%
White	3%
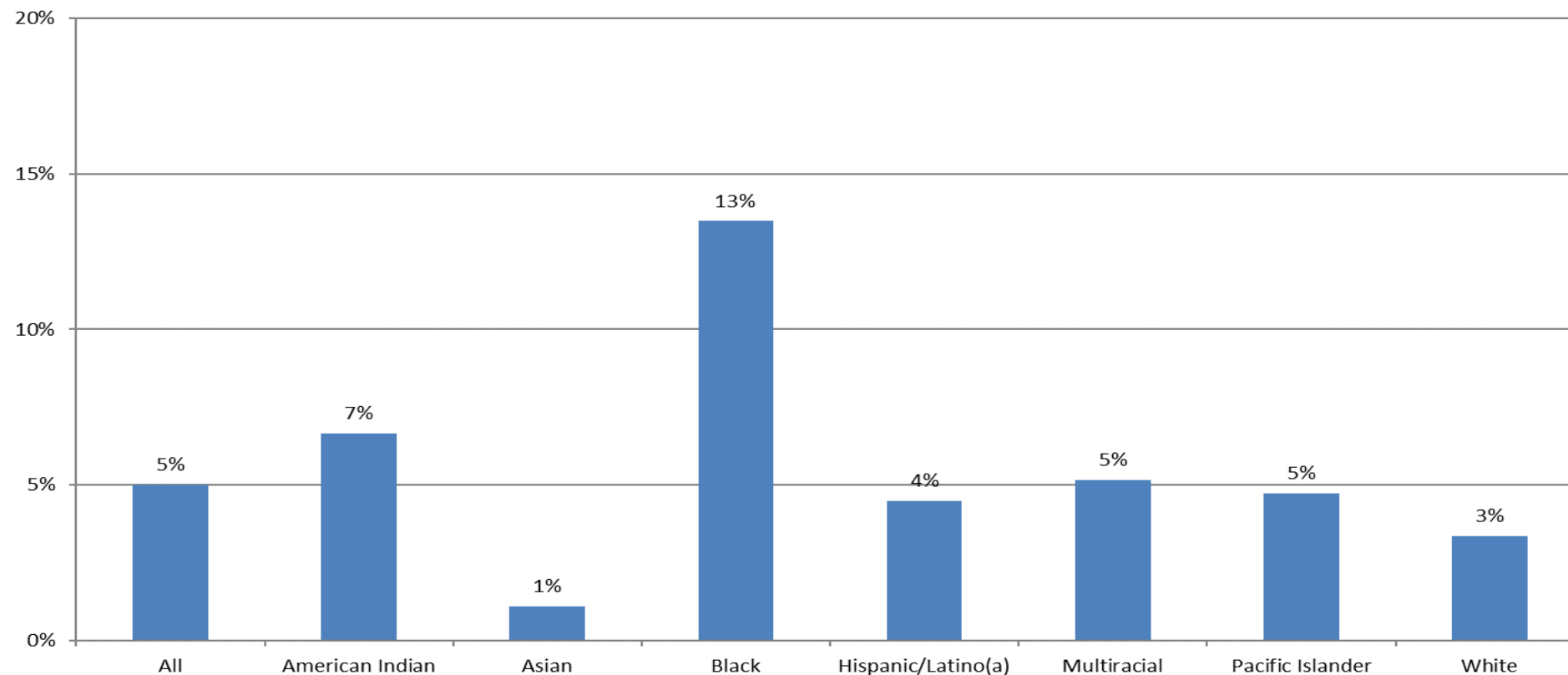
Project RISE

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- Katrina Taylor, Director, School Behavioral Health
- Raijah Hayes, Supervisor, Grants
- Michele Johnson, ISF Coach
- Cristina Van Gaasbeek, MSW, BOOST Clinician

Project RISE BOOST Training/Coaching Elements

▶ **Data-based decision making for staff**

▶ **Teacher wellness and stress reduction**

▶ **Addressing teacher unintentional racial/ethnic bias**

▶ **Addressing student unintentional racial/ethnic bias**

What is a Vulnerable Decision Point (VDP)?

- A specific decision that is more vulnerable to effects of implicit bias
- Two parts:
  - ☐ Elements of the **situation**
  - ☐ The person's **decision state** (internal state)

VDPs from National ODR Data

- Subjective problem behavior
  - Defiance, Disrespect, Disruption
  - Major vs. minor
- Non-classroom areas
  - Hallways
- Classrooms
- Afternoons

AMBIGUITY

LACK OF CONTACT

DEMANDS? RELATIONSHIPS?

FATIGUE

Neutralizing Routine: Examples

- If this is a VDP…,
  - ☐ **Delay decision until I can think clearly**
    - "See me after class/at the next break"
    - Ask the student to reflect on their behavior/feelings
    - Am I acting in line with my values?
  - ☐ **Reframe the situation**
    - "I love you, but that behavior is not ok"
    - "How do we do that at school?"
    - Picture this student as a future doctor/lawyer
    - Assume student's best effort at getting needs met
    - Respond as if the student was physically injured
  - ☐ **Take care of yourself**
    - Take two deep breaths
    - Recognize my upset feelings and let them go
    - Model school-wide "reset" strategy

SAVE THE

DATE

OSEP Technical Assistance Center on PBIS

2020 National PBIS Leadership Forum

October 22-23, 2020

Chicago, Illinois

More info in March 2020
www.pbisforum.org

This two-day forum for school, state, district, and regional Leadership Teams and other professionals has been designed to increase the effectiveness of PBIS implementation.

Sessions are organized by strands that support initial through advanced implementation in a full range of education settings, and assist state level planning to improve school quality and student success. Featuring sessions specific to Juvenile Justice, Alternative Educational Settings, Mental Health, and Family partnerships.

Mark Your Calendar Now for 2021!
October 21-22, 2021

The National PBIS Leadership Forum is a technical assistance activity of the OSEP Technical Assistance Center on PBIS and provides an opportunity for the Center to share information on the latest applications of PBIS.

PBIS Positive Behavioral Interventions & Supports
OSEP TECHNICAL ASSISTANCE CENTER

Resources - pbis.org

National Center for School Mental Health

- http://csmh.umaryland.edu

- www.theshapesystem.com

- Next annual conference, Baltimore MD, October 29-31, 2020

SOUTHEASTERN SCHOOL BEHAVIORAL HEALTH COMMUNITY

SOUTHEASTERN SCHOOL BEHAVIORAL HEALTH CONFERENCE

April 30-May 1, 2020
Myrtle Beach, SC

Thank you

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