Leadership for School-Based Mental Health

Objectives:

O Identify common safety and mental health barriers to teaching and learning.

O Discuss the relationship between social/emotional well-being, student engagement (as a protective factor) and school success.

O Describe the provision of school-based mental health services within a multi-tiered system of supports.

O Distinguish policies and practices that when implemented with fidelity create safe supportive schools and meet student mental health needs.

Agenda

O Responding to School Crises

O School-Based Mental Health: FL Perspective and Response

O Mental Health in Schools Survey

O School-Based Mental Health in Florida's MTSS Framework

Responding to School Crises

Balancing Physical and Psychological Safety

Ana Grace Marquez-Greene

A Parent's Response

Ana Grace Marquez-Greene

Killed December 14, 2012

Sandy Hook Elementary School

Now is the Time: President's Plan

O   Making schools safer:
  O   Hire up to 1,000 school resource officers & school counselors.
  O   Ensure every school has a comprehensive emergency management plan.
  O   Create safer school climates.
O   Increasing access to mental health services:
  O   Provide "Mental Health First Aid" to help teachers recognize signs of mental illness and refer them to treatment.
  O   Develop innovative approaches to support young adults with untreated mental health issues.
  O   Break cycle of violence through targeted initiatives to provide students with needed services, like counseling.
  O   Train 5000 more social workers, counselors, & psychologists.

Effective Safety Efforts

O Begin with proactive leadership.

O Provide a team-based framework to facilitate coordination of services and interventions.

O Engage families and community providers as meaningful partners.

O Remain grounded in the mission of schools: teaching and learning.

A Framework for Safe and Successful Schools (2013)

Best Practices for Creating Safe and Successful Schools

O   Integrate services through collaboration.

O   Implement multi-tiered systems of support.

O   Improve access to school-based mental health supports.

O   Integrate school safety and crisis/emergency prevention, preparedness, response, and recovery.

O   Balance physical and psychological safety.

O   Employ effective, positive school discipline.

O   Allow for the consideration of context.

O   Acknowledge that sustainable and effective improvement takes patience and commitment.

A Framework for Safe and Successful Schools, 2013

School-based Mental Health

Florida Perspective and Response

What are school-based mental health services?

O   Broad spectrum of assessment, prevention, intervention, postvention services.

O   Essential to school's ability to ensure a safe and healthy learning environment for all students, support students' social-emotional needs, identify & respond to mental health problems, and promote students academic success.

O   Ideally, school-based services dovetail with community-based services so that children and youth receive the support they need in a seamless, coordinated, and comprehensive system of care.

Who provides school-based mental health services?

O Student Services Personnel (school mental health professionals)
  - O School counselor
  - O School psychologist
  - O School social worker
  - O School nurse
- O Contracted mental health professionals
- O Safe and Drug Free Schools Personnel
- O School Resource Officers

Why school-based mental health?

O Mental health and psychological wellness are integral to school success.

   O Students who receive social-emotional support and prevention services achieve better academically.

   O Left unaddressed, mental health problems are linked to academic and behavior difficulties, dropping out, delinquency, and risk behaviors

O Growing and unmet need for mental health services for children and youth.

O Schools are a natural place to provide services.

O Addressing children's mental health needs a wise investment because prevention and intervention are less costly than negative outcomes of unmet mental health problems.

Prevalence of Mental Health Disorders

O   Approximately 20% of school-age children and youth have a diagnosable mental disorder (Merikangas et al., 2010; Center for Disease Control, 2013);

O   One in five children met criteria for psychiatric disorder at school entry (Carter et al., 2010)

O   Most common mental health disorders (CDC)

  O   ADHD (7%)

  O   Behavior or conduct disorders (3.5%)

  O   Anxiety (3%)

  O   Depression (2%)

  O   Autism (1%)

O   10% of Florida's youth have mental health disorder causing significant functional impairment (*Florida Adolescent Mental Health Fact Sheet*)

FL Youth Risk Behavior Survey (2011)

O **Suicide/Depression**

O 26% experienced significant feelings of sadness or hopelessness

O 21% seriously considered attempting suicide

O 7% attempted suicide at least once during the previous 12 months

O Suicide was the 2nd leading cause of death for 5-14 year olds, and the 3rd leading cause of death for 15-24 year olds in 2011 (*Florida Vital Statistics Annual Reports*)

O **Bullying/Violence**

O 14% were bullied on school property

O 10% engaged in a physical fight on school property

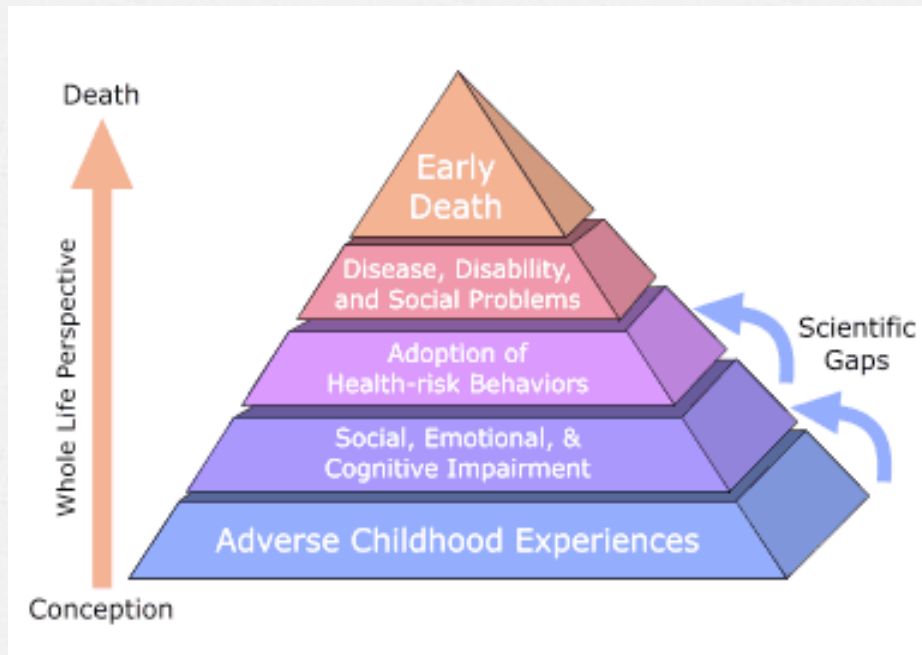O 7% were threatened with a weapon on school property

Total Bullying/Harassment Incidents (FL)
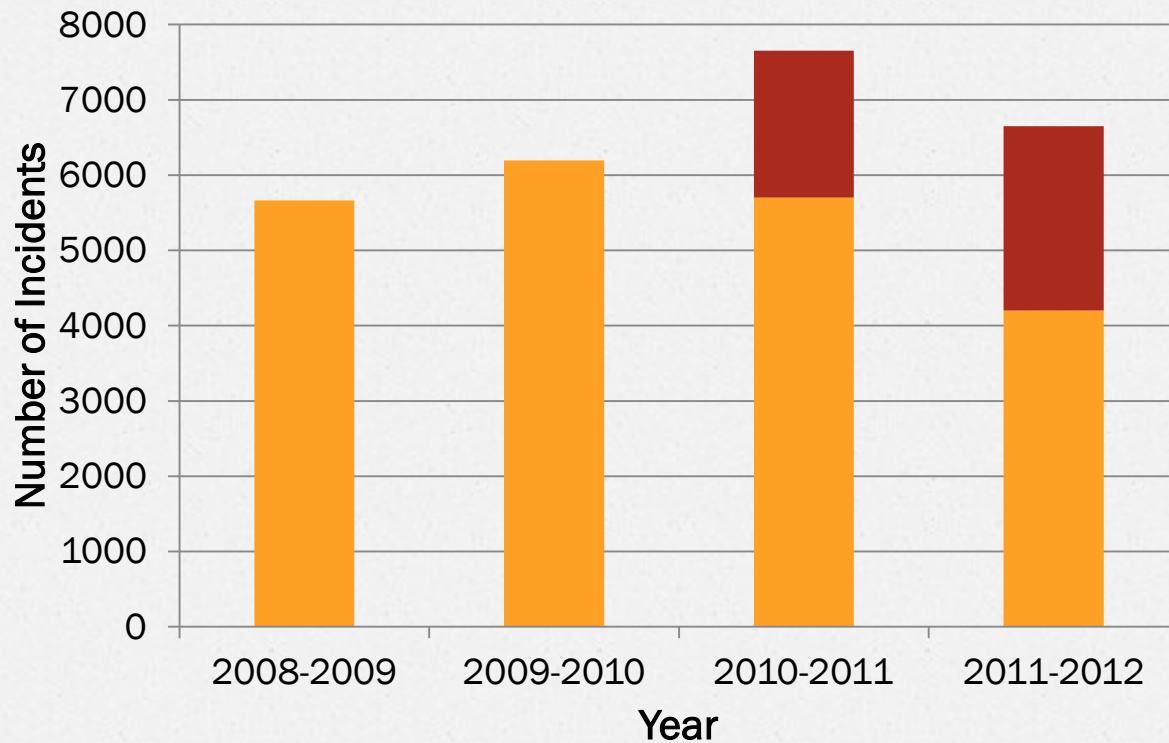
Adverse Childhood Experiences (ACE)

Over 17,000 Kaiser Permanente members participated in a study to find out about how stressful or traumatic experiences during childhood affect adult health.

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional Neglect
- Physical Neglect
- Domestic violence
- Household substance abuse
- Household mental illness
- Parental separation/divorce
- Incarcerated household member

http://www.cdc.gov/ace/index.htm

ACE Category*		Women (N = 9,367)	Men (N = 7,970)	Total (N = 17,337)
Abuse				
	Emotional Abuse	13.1	7.6	10.6
	Physical Abuse	27.0	29.9	28.3
	Sexual Abuse	24.7	16.0	20.7
Neglect				
	Emotional Neglect[1]	16.7	12.4	14.8
	Physical Neglect[1]	9.2	10.7	9.9
Household Dysfunction				
	Mother Treated Violently	13.7	11.5	12.7
	Household Substance Abuse	29.5	23.8	26.9
	Household Mental Illness	23.3	14.8	19.4
	Parental Separation or Divorce	24.5	21.8	23.3
	Incarcerated Household Member	5.2	4.1	4.7

Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

ACE score correlated with Risk

O Alcoholism and alcohol abuse

O Chronic obstructive pulmonary disease (COPD)

O Depression

O Suicide attempts

O Fetal death

O Health-related quality of life

O Illicit drug use

O Ischemic heart disease (IHD)

O Liver disease

O Risk for intimate partner violence

O Multiple sexual partners

O Sexually transmitted diseases (STDs)

O Unintended pregnancies

O Early initiation of sexual activity

O Adolescent pregnancy

O Smoking

O Early initiation of smoking

Student Support Services, Safe Schools, and Emergency Management Partnership

Our Mission & Vision

O   Mission: Maintain an on-going partnership that results in comprehensive, coordinated supports to districts and schools seeking to improve the mental and physical health and safety of all students for maximum student engagement and outcomes.

O   Vision:

  O   Provide coordinated responses to legislative and other policy level requests

  O   Build internal and external consensus for implementing a comprehensive system of supports

  O   Provide comprehensive, data-based, needs-drive supports to stakeholders

Shared Beliefs

O   Universal supports for prevention is the first and most powerful priority.

O   A data-based planning and problem-solving process yields the most effective intervention efforts.

O   A multi-tiered system of supports ensures alignment of available resources to levels of need, so that appropriate resources can be allocated when responding to crisis.

Measuring effectiveness of our partnership?

O Policy level support for comprehensive systems
O Increase in protective factors:
  O Healthy and safe behavior
  O Student engagement
  O Social learning and behavior
  O School climate
O Decrease in barriers to learning:
  O Absenteeism & tardies
  O Discipline referrals/suspensions
  O Bullying & harassment
  O Inappropriate special education referrals & placement
  O Dropout rate

Florida Recommendations

Dialogue with House Healthy Families Subcommittee and Florida Children and Youth Cabinet
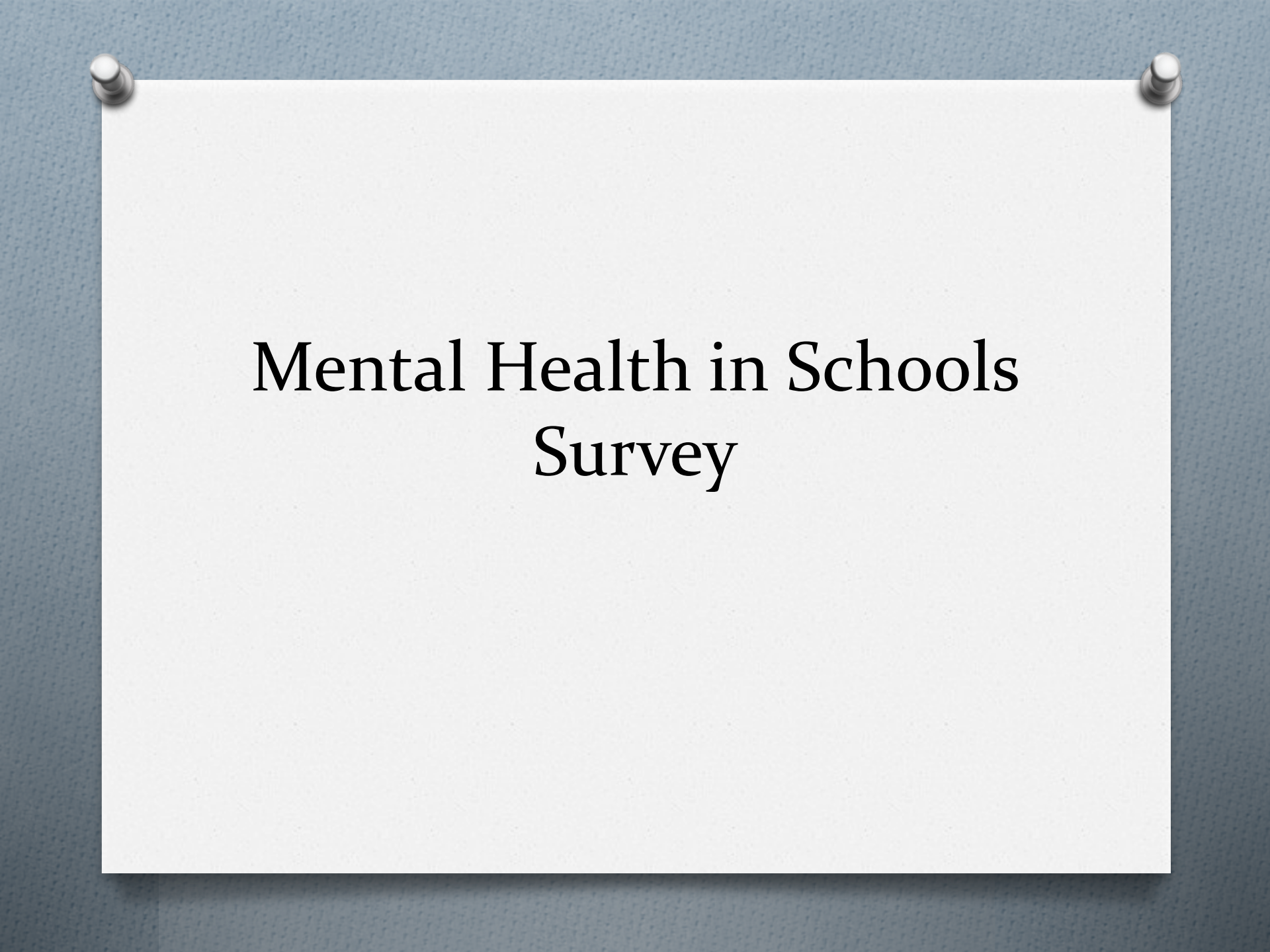
Challenges to SBMH

O   Systematic screening for mental issues is not a common practice.

O   School-based mental health professionals are typically assigned to multiple schools and too often used for *crisis response* as opposed to *crisis prevention*.

O   Limited access to professional development opportunities that address mental health issues.

O   Fragmentation of services within schools and between school and community-based services.

Recommendations for House Healthy Families Committee

O   Require that each district develop and implement a Comprehensive Student Services Plan that supports student mental health with a multi-tiered, prevention/intervention framework.

O   Require that Student Services personnel (school social workers, school psychologists, and school counselors) be used to provide school-based mental health interventions.

O   Require a System of Care approach for coordination and continuity of mental health services among schools, agencies, and community providers, especially for those youth who are involved in multiple agencies.

Recommendations (cont.)

O   Annually assess school climate and require universal screening for mental health and behavioral issues at the school level.

O   Build capacity school staff to promote healthy development and recognize social-emotional/behavioral barriers to learning.

O   Provide *school-wide* programs to promote social-emotional development and enhance resiliency and protective factors.

O   Promote a continuum of services that includes school-wide mental health prevention programming and intensive interventions.

O   Expand school-based mental health services to focus on early identification and use of evidence-based interventions for social-emotional issues.

O   Support professional development and access to relevant trainings for Student Services personnel.
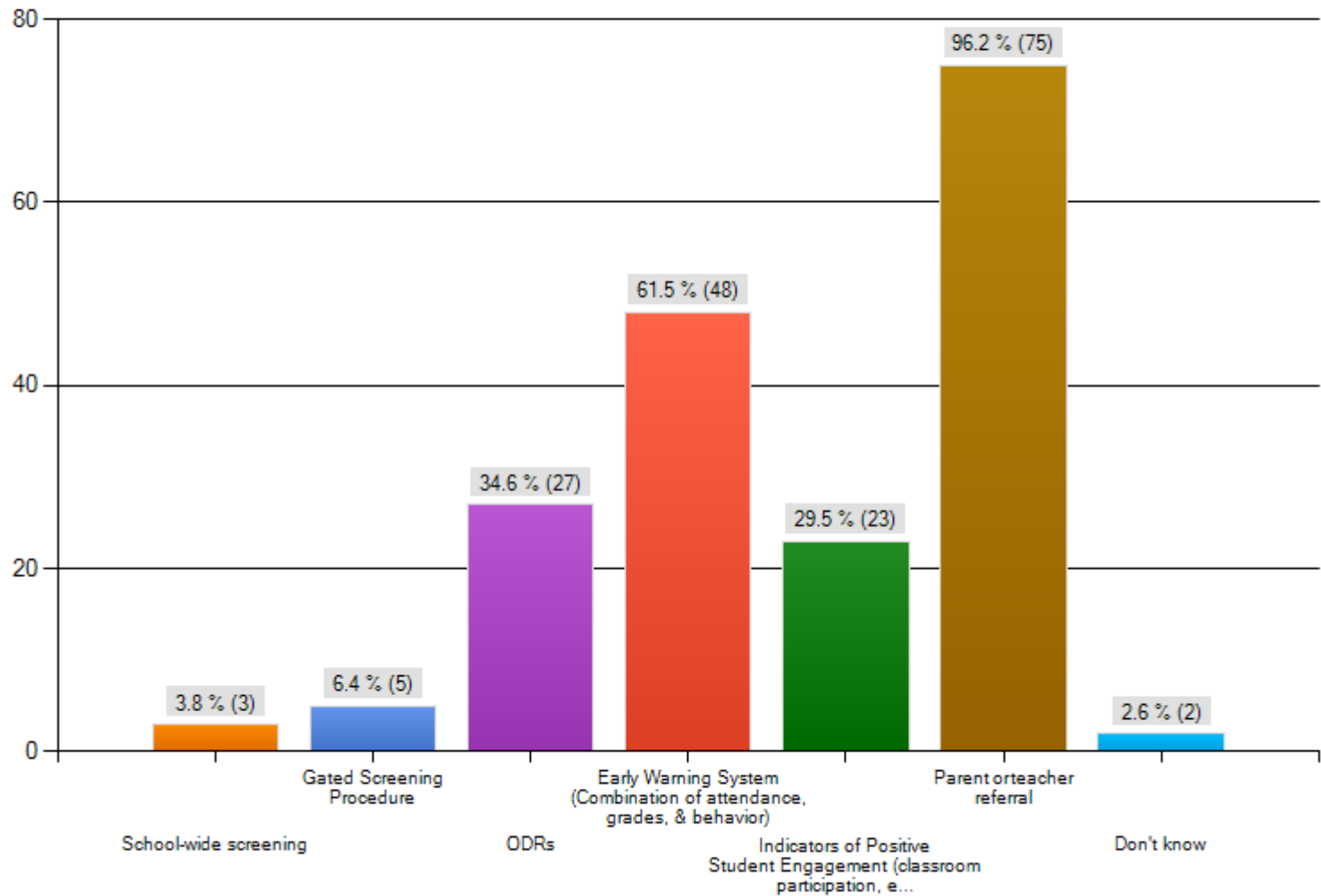
Mental Health in Schools Survey

Data was needed to determine:

1. What part a **multi-tiered system of supports** plays in implementing Mental Health services (prevention; intervention; response) in public schools.

2. If school-based Mental Health services are provided within a **positive student engagement** framework.

3. What **existing services** are provided to public school students (K-12) who have mental health needs or other behavioral issues.

4. What **role student services personnel** play in collaboration among schools, law enforcement, mental health agencies, and other local organizations.

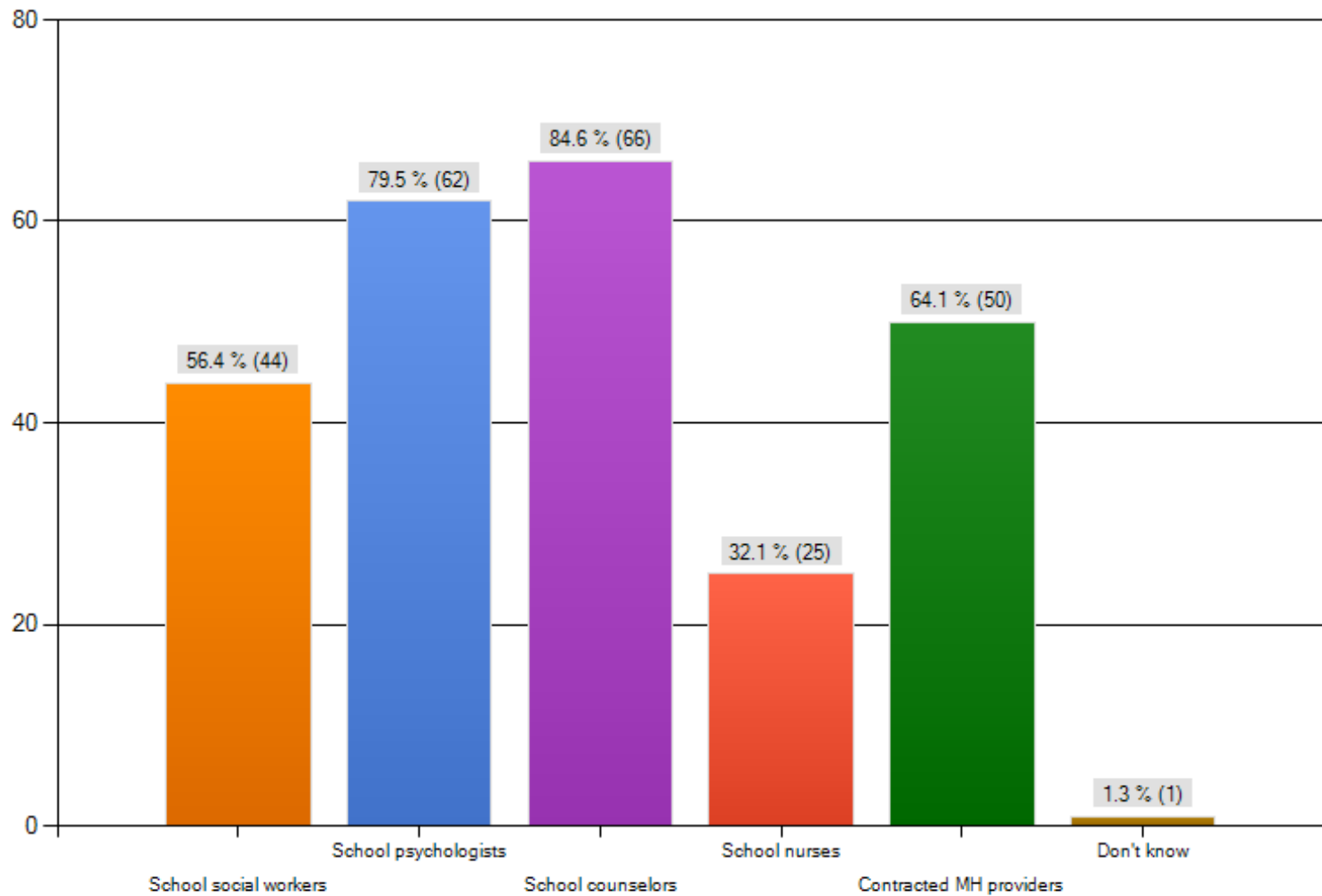5. If students with mental health needs are **receiving mental health services and/or treatment.**

Please rate the school-based mental health services in your district.
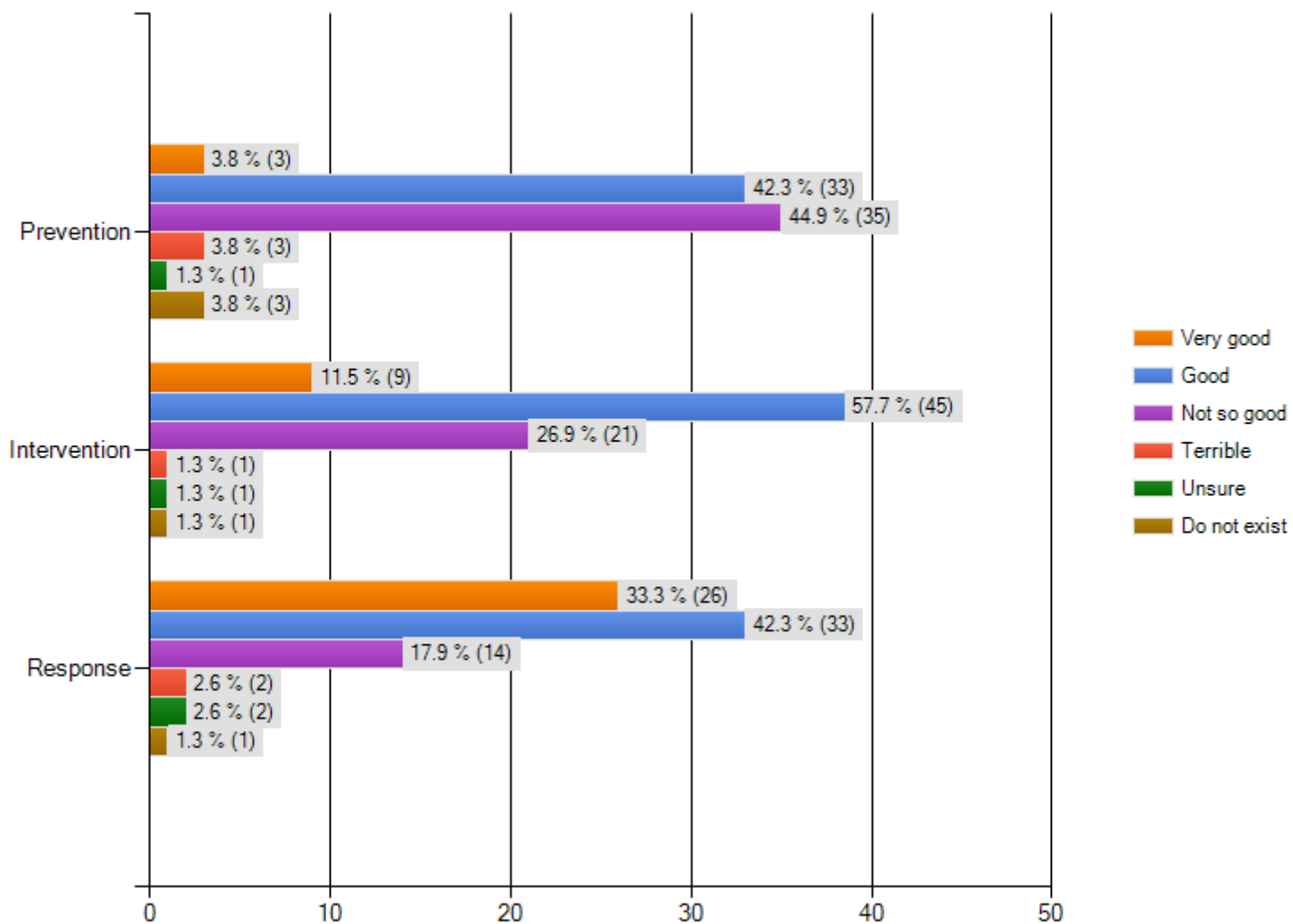
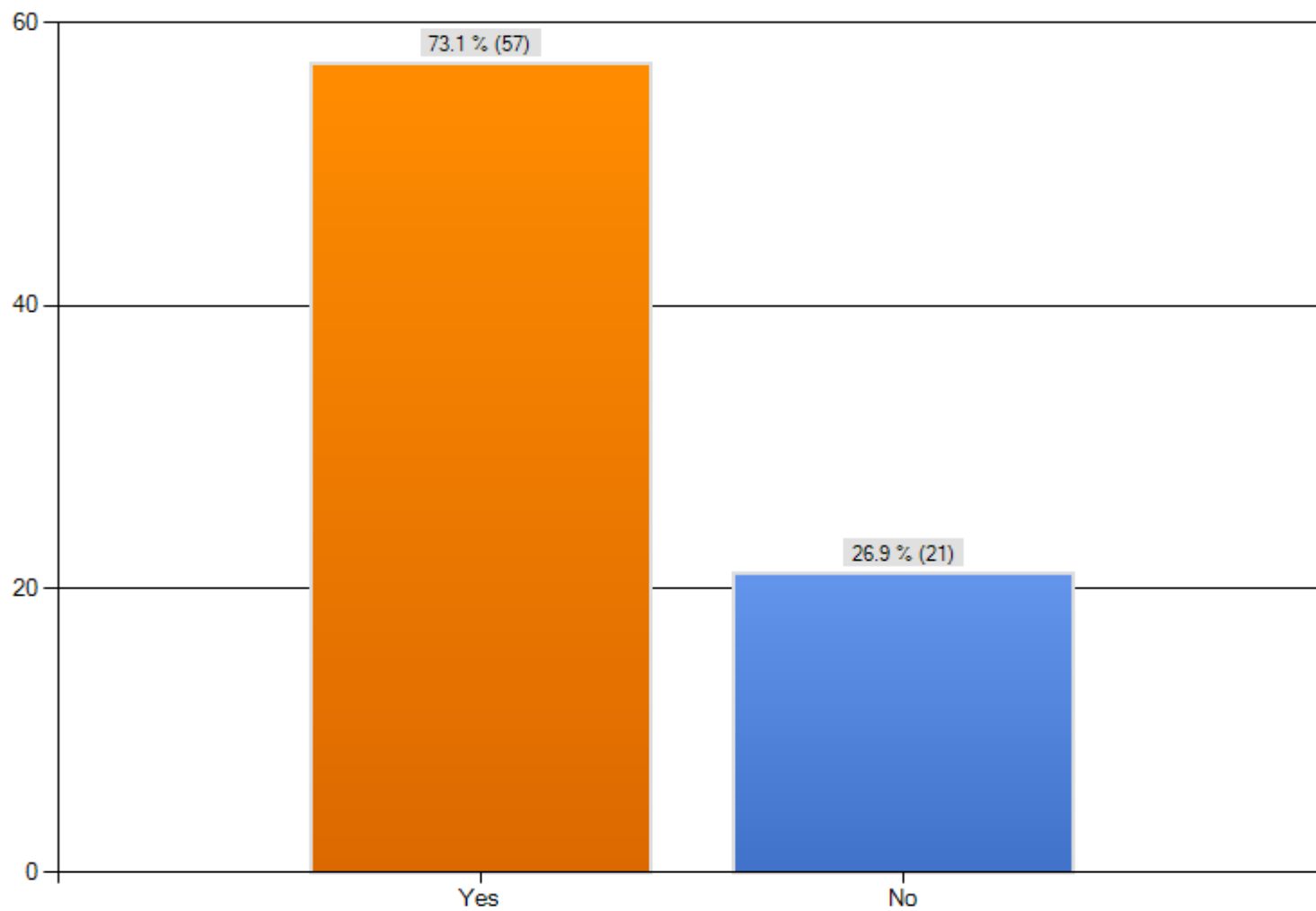Who provides mental health interventions and supports for students in your district? (Please check all relevant providers.)

- School social workers: 56.4 % (44)
- School psychologists: 79.5 % (62)
- School counselors: 84.6 % (66)
- School nurses: 32.1 % (25)
- Contracted MH providers: 64.1 % (50)
- Don't know: 1.3 % (1)

Are mental health services focused on increasing positive student engagement factors?

Mental health *prevention services*

O Multi-tiered supports (schoolwide/universal supports)

O Positive Behavior Support (e.g., PBS, CHAMPS, Tough Kids)

O Developmental guidance program

O Character education programs

O Social skills training (e.g., Skillstreaming, Stop and Think, Too Good for Violence

O Bullying, Suicide, and Substance Abuse Prevention programs (e.g., Silence Hurts Initiative, Be Safe, HOPE curriculum, Kids at Hope)

O Early Warning Systems

O School climate initiatives

O Health education

Is training related to the prevention services provided to school staff?
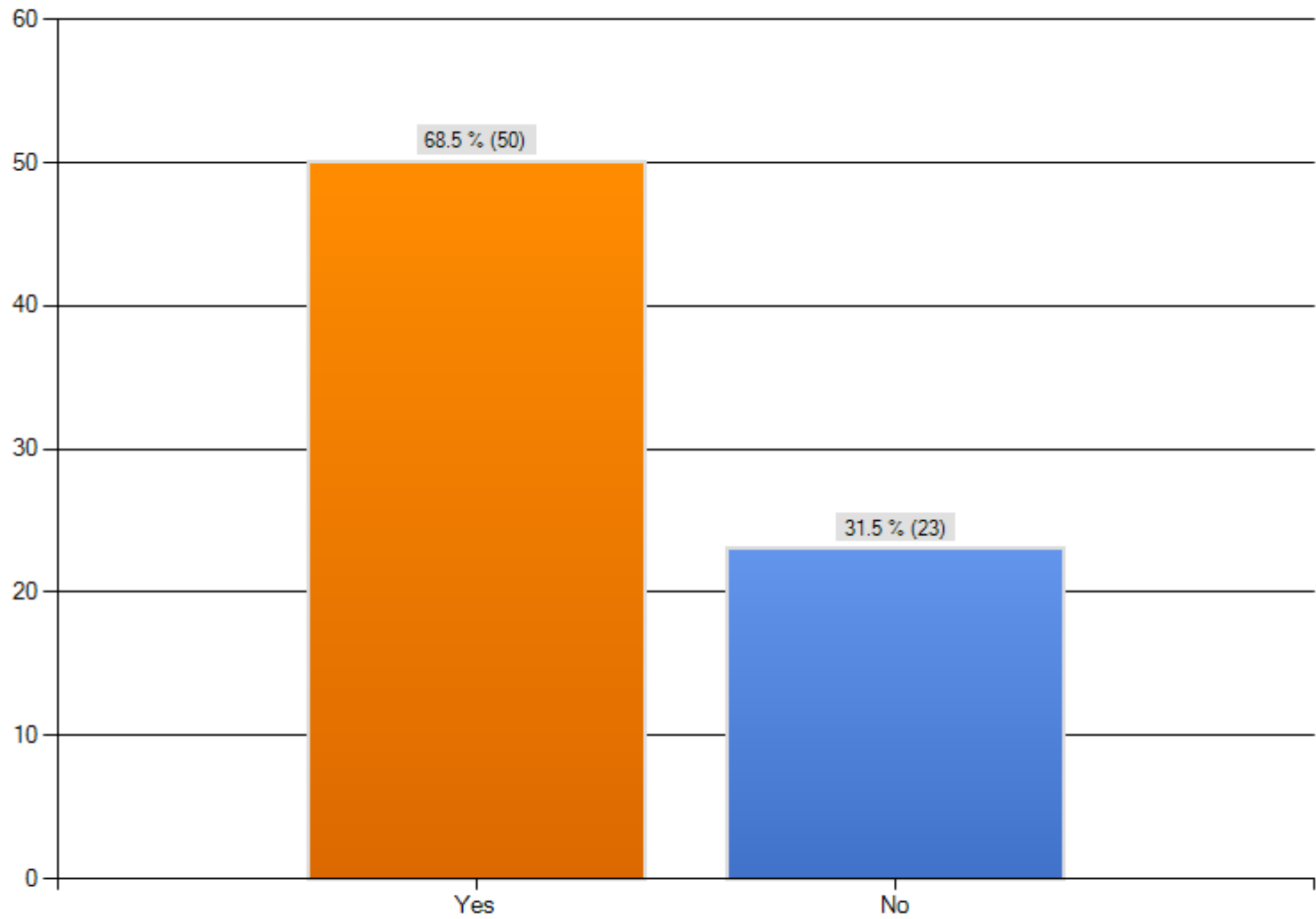
Training for *prevention services*

O Who provides the training?

- O District and school Student Services personnel Community Mental Health Agencies & Outside Mental Health Providers
- O Projects – FLPBS, FDLRS, ISRD, SEDNET
- O District PBS staff and behavior analysts
- O Professional Associations, University, County Health Department
- O Webinars

O Who receives the training?

- O Student services staff
- O School staff (administrators, teachers, support staff)
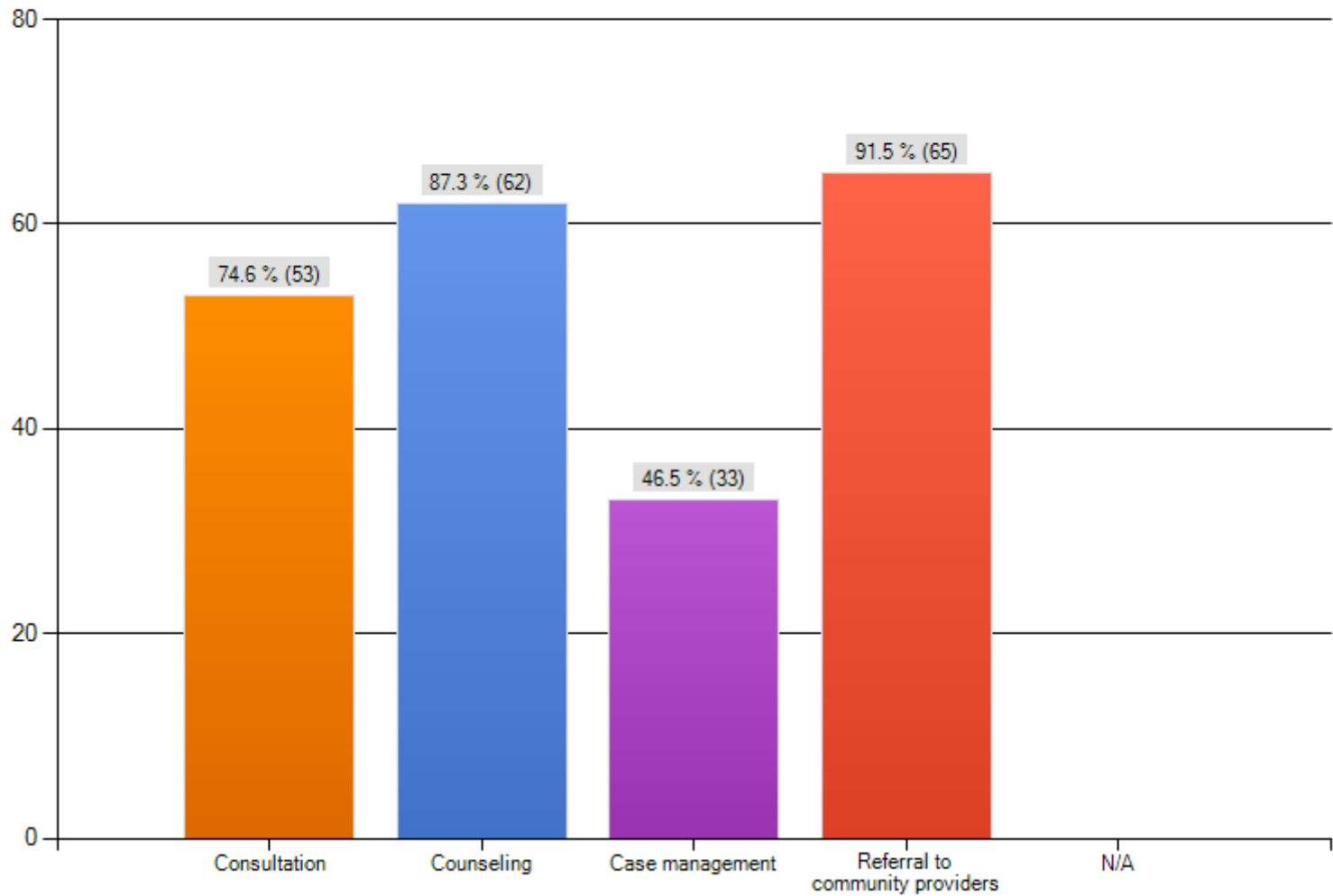- O District employees
- O Students
- O Parents

Is training related to the intervention services provided to school staff?
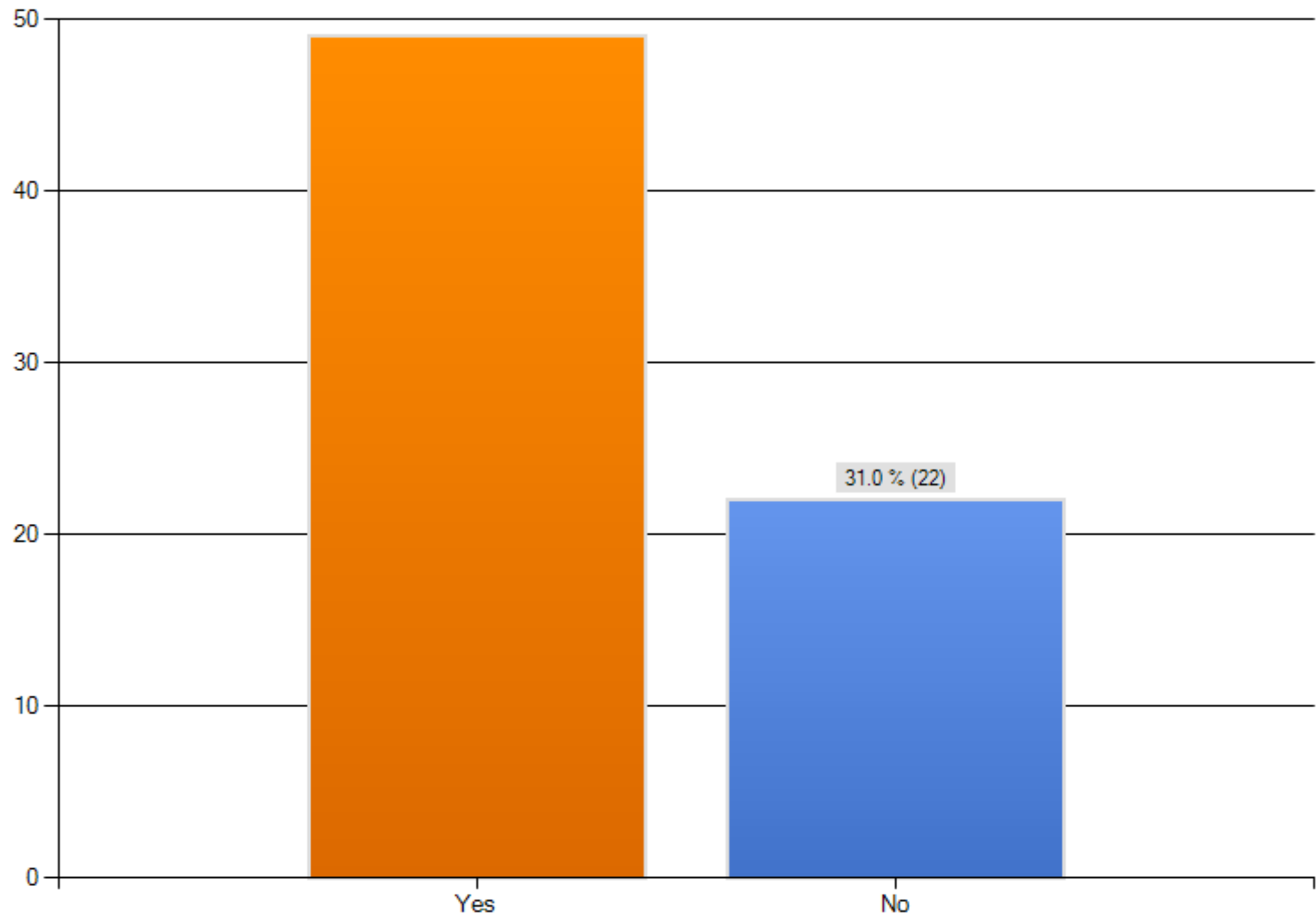
Training for *intervention services*

O Who provides the training?
  - O Student Services staff
  - O District staff (Safe & Healthy Schools, PBS, Health Services)
  - O Community Mental Health agencies & outside professionals
  - O FDLRS, ISRD, PAEC, DCF
O Who receives training?
  - O Student services staff
  - O District staff & administrators
  - O School staff
  - O Contracted mental health providers
  - O Educators & Parents

What mental health response services are provided in your district? (Please check all that apply.)
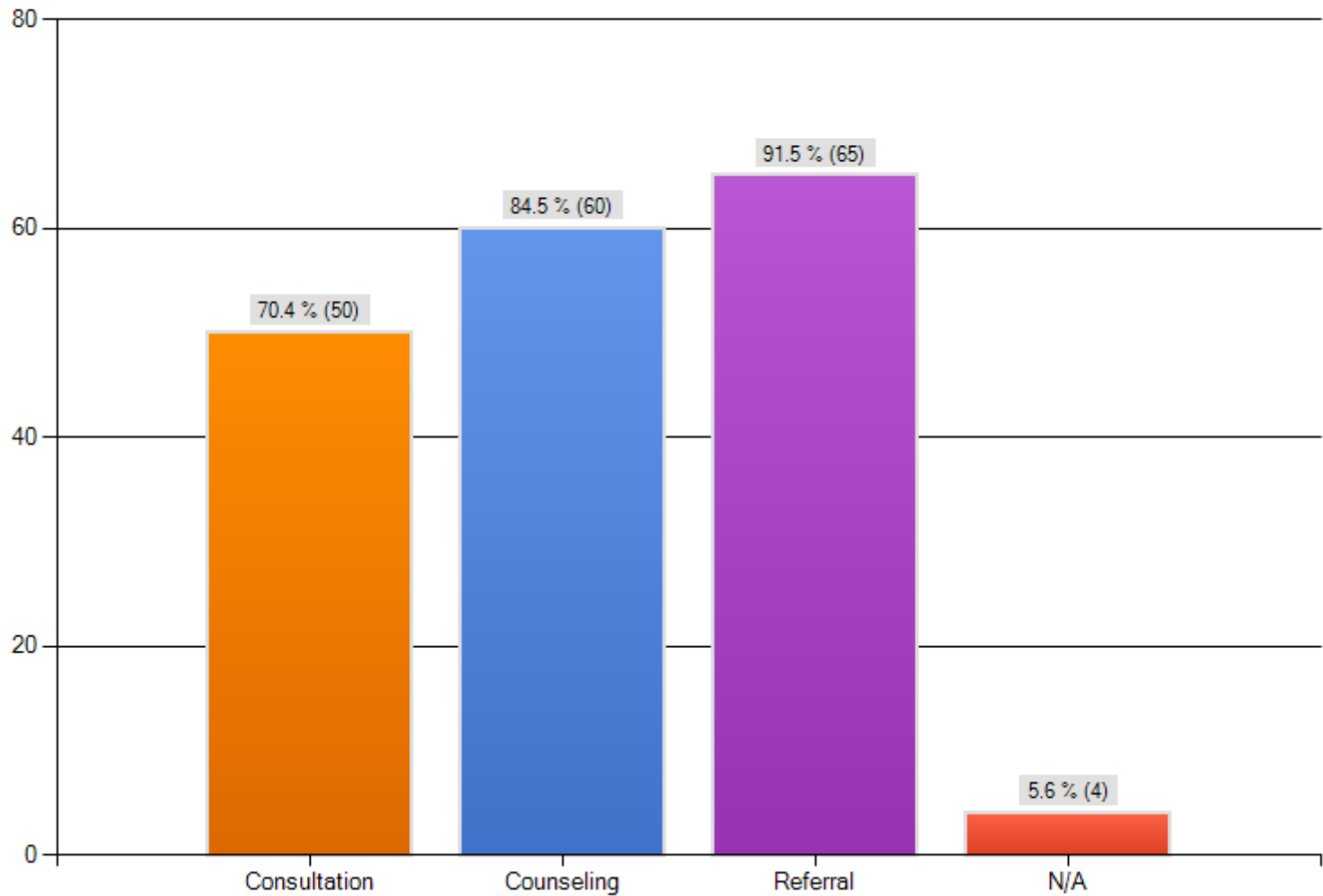
Is training related to the response services provided to school staff?
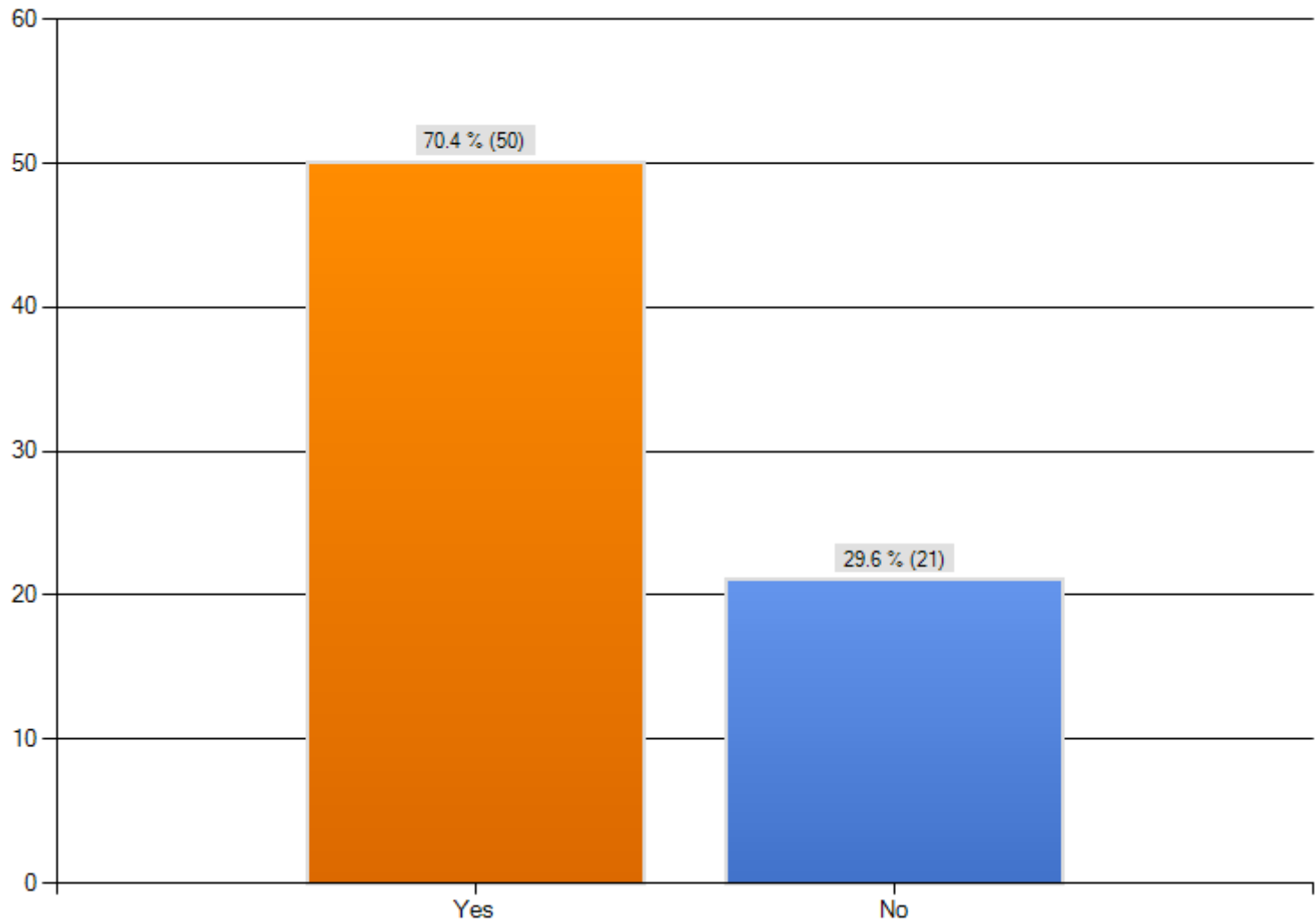
Training for *crisis response services*

O Who provides the training?
  - O Student Services staff
  - O ESE & Student Services staff
  - O District staff
  - O Community mental health and emergency response partners
  - O Outside agencies
  - O Specialized training (NOVA)

O Who receives the training?
  - O Crisis response team
  - O Student Services staff
  - O District staff
  - O School administrators
  - O School staff/teachers
  - O ESE specialists

What trainings are being implemented?

O   Crisis Intervention Training (PREPaRE, NOVA)

O   Bullying and Suicide Prevention Awareness and Training (e.g., Gate Keeper Training, Eight to Great, Early Warning Signs, Silence Hurts)

O   American Red Cross Psychological First Aid

O   Positive Behavior Supports

O   Critical Incident Stress Management

O   Risk Assessment/Threat Assessment Training

Who has been trained in these other tools? (Please check all that apply.)
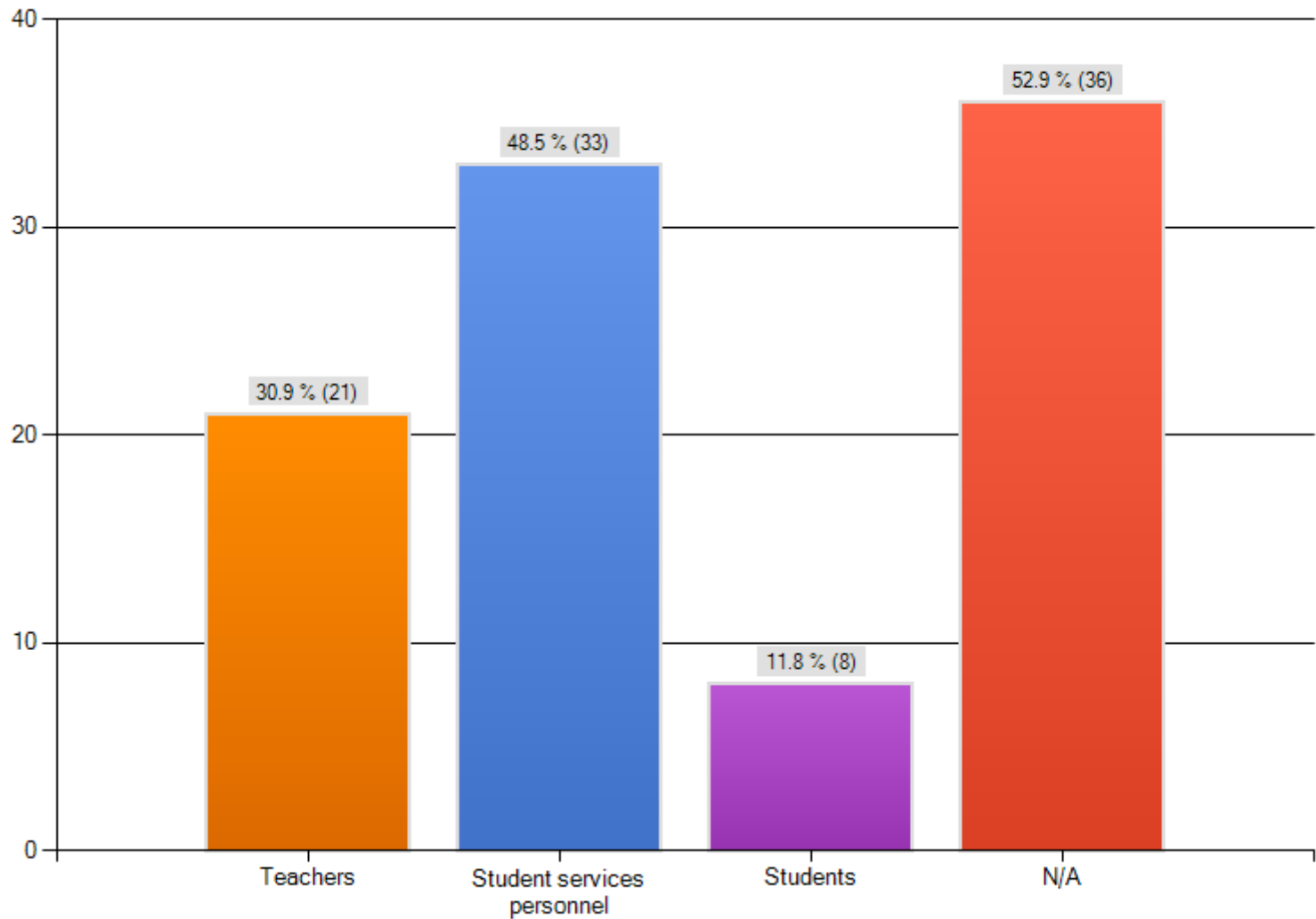
Multi-Tiered Systems of Support & School-based Mental Health

Mental Health Services in Florida's MTSS Framework

Supportive Learning Environments

O   Provide academic and non-academic learning supports.

O   Establish a sense of belonging & connectedness.

O   Ensure that school is a safe place.

O   Foster respectful, supportive relationships among students, staff, and parents.

O   Teach social and emotional learning skills.

O   Support and reward positive social and academic behavior.

Research on Highly Effective Practices

O   The evidence of a transactional relationship (confined, collateral, combined) with reading and behavioral interventions *(Bruhn & Watt, 2013; Cook et al., 2013)*.

O   High quality academic instruction (e.g., content matched to student success level, frequent opportunity to respond, frequent feedback) by itself can reduce problem behavior *(Filter & Horner, 2009; Preciado, Horner, Scott, & Baker, 2009; Sanford, 2006)*.

O   Implementation of school-wide positive behavior support leads to increased academic engaged time and enhanced academic outcomes (Algozzine & Algozzine, 2007; Horner et al., 2009; Lassen, Steele, & Sailor, 2006).

Research on Highly Effective Practices

O   "Viewed as outcomes, achievement and behavior are related; viewed as causes other the other, achievement and behavior are unrelated"

(Algozzine et al., 2011).

O   Children who fall behind academically will be more likely to find academic work aversive and also find escape-maintained behaviors reinforcing (McIntosh, 2008; McIntosh, Sadler, & Brown, 2010).

School-wide Behavior & Reading Support

The integration/combination of the two:

O are critical for school success

O utilize the three-tired approach

O incorporate a team approach at school level, grade level, and individual level

O share the critical feature of data-based decision making

O produce larger gains in literacy skills than the reading-only model

(Stewart, Benner, Martella, & Marchand-Martella, 2007)

Student Achievement
Student Performance

O Academic skills
  O Goal setting tied to state/district standards
  O Common Core State Standards
  O Developmental Standards
O Academic Behaviors - Student Engagement
  O Behaviors associated with successful completion of academic skills
  O On-task, listening, following-directions, ignoring distractions, self-monitoring, goal setting, content of private speech
O Inter/Intra-Personal Behaviors
  O Behaviors that support social skills
  O Social/emotional development

What Elements MUST Be Present to Have an *Integrated* MTSS Model?

O Academic Skills and Academic Behaviors are identified for all students (**Skill Integration**).

O The data are presented in a way that reflects the *relationship* between academic skills and behaviors (**Data Integration**).

O The instruction provided in Tiers 2 and 3 integrates Tier 1 instruction (materials, performance expectations.) (**Tier Integration**).

O The instruction provided in Tier 1 integrates the effective instructional strategies and performance expectations from Tiers 2 and 3 (**Tier Integration**).

Lesson Study

O Method to integrate academic and behavior instruction/intervention into a single system

O Integrate learning goals, instructional strategies, student engagement factors and performance criteria

Characteristics of Effective Planning-Tier 1

O All providers of instruction and support are in attendance at the lesson study-general education, remedial education, special education and appropriate related services

O *Question: At YOUR grade level lesson planning meetings, do ALL providers of instruction attend or just the general education teachers?*

Characteristics of Effective Planning-Tier 1

O The Learning Goal/Standard/Progression levels is/are identified explicitly

O Instructional strategies (evidence-based) for the goal/level and student skill levels are identified

O The explicit student performance behaviors necessary to engage the instruction are identified—GAPS for individual students identified

Critical Questions

O Identify the students who will be successful with only Tier 1 instruction.

O Identify the students who are receiving Tier 2—will they be successful, what do THEY need.

O Identify the students who are receiving Tier 3—will they be success, what do they need?

Characteristics of Effective Planning-Tier 2/3

O Tier 2/3 providers meet separately to lesson plan their instruction within the context of the Tier 1 lesson study meeting.

O Instructional strategies, engagement behaviors, instructional materials that support student success in Tier 1 are identified

Characteristics of Effective Planning-Tier 2/3

O Alignment with the scope and sequence/pacing chart for Tier 1 is always a priority when identifying the focus of instruction on a weekly basis.

O This alignment permits a strategic focus for issues such as vocabulary, background knowledge, pre-teaching/review/re-teaching, etc. that results in "just in time" readiness for students to integrate what they have learned into Tier 1.

Characteristics of Effective Planning-Tier 2/3

O Assessments in Tier 2/3 incorporate characteristics of assessments in Tier 1.

O The goal here is to not only ensure that students strengthen needed skills and accelerate their growth BUT ALSO to ensure that the students can explicitly identify how the instruction in Tiers 2/3 relates to their work in Tier 1.

Characteristics of Effective Planning-Tier 2/3

O Tier 2/3 providers observe their students in the Tier 1 environment to ensure alignment of instruction across Tiers.

O Tier 2/3 providers increasingly take an active role in the Tier 1 Lesson Study to share specially designed instructional strategies and student engagement supports during the Tier 1 Lesson Study meetings.

School-Based Mental Health in the SSPEM

O   Collaborates with teachers and administrators to develop and implement school-wide positive behavior supports.

O   Collaborates with school personnel and students to foster student engagement (e.g., involvement, motivation, persistence, resilience, ownership).

O   Promotes safe school environments.

O   Provides a continuum of crisis intervention services.

O   Provides relevant information regarding child and adolescent development, barriers to learning, and student risk factors.

System of Supports for School-Based Mental Health Services

Few — Intensive, Individualized Interventions

Some — Targeted, Supplemental Interventions & Supports

Small group interventions
Anger management/self-management training
Targeted social skills training
Student Engagement/Attendance
Peer counseling/peer mediation
Adult mentor

All — Schoolwide, Preventive Systems of Support

Schoolwide Positive Behavior Support
Safe & Healthy Schools (School Climate)
Schoolwide Social Skills Training
Social/Emotional Learning
Bullying Prevention

Define — What is the mental health need?
Analyze — Why is the need occurring?
Implement — What are we going to do about it?
Evaluate — Is it working?

Problem-solving Approach to Implementing School-Based Mental Health Systems

1. Surveillance at the population level

What's the problem?

Use systematic data collection to determine specific mental heath challenges and needs.

2. Identify risk and protective factors

What are the causes?

Use information collected on a regular basis and integrate with research literature.

4. Implementation monitoring

Is it meeting the need?

Monitor interventions for proper implementation and measure impact.

3. Develop Interventions

What works and for whom?

Review literature on empirically-based interventions and apply/adapt to local needs.

Adapted from Kutash et al., (2006). *School-Based mental health: An empirical guide for decision makers.*

Intervention for Internalizing Disorders in a Three-tier Model

UNIVERSAL	TARGETED	INTENSIVE
All Students	15-20% of students	about 5% of students
- Effective classroom routines (SEL principles) - Effective policies and responses to bullying - School connectedness - Structured SEL curricula in general education	- Targeted SEL programming - Small group counseling and skill training - Evidence-based group intervention programs	- Individual treatment and case management - Special education - Referral to community based services - Wraparound services - Systems of Care

Adapted from Merrell & Gueldner (2010). Preventive interventions for students with internalizing disorders. In Shinn & Walker (Eds.), *Interventions for Achievement and Behavior Problems in a Three-Tier Model Including RTI.*

Engaging Families across Tiers

Intensive

Parent Training, Family Counseling, Case Management

Targeted

Parent Workshops, Consultation w/ Parents about risk behaviors

Universal

Providing mental health information,
school-wide parent meetings, Newsletters, District policies
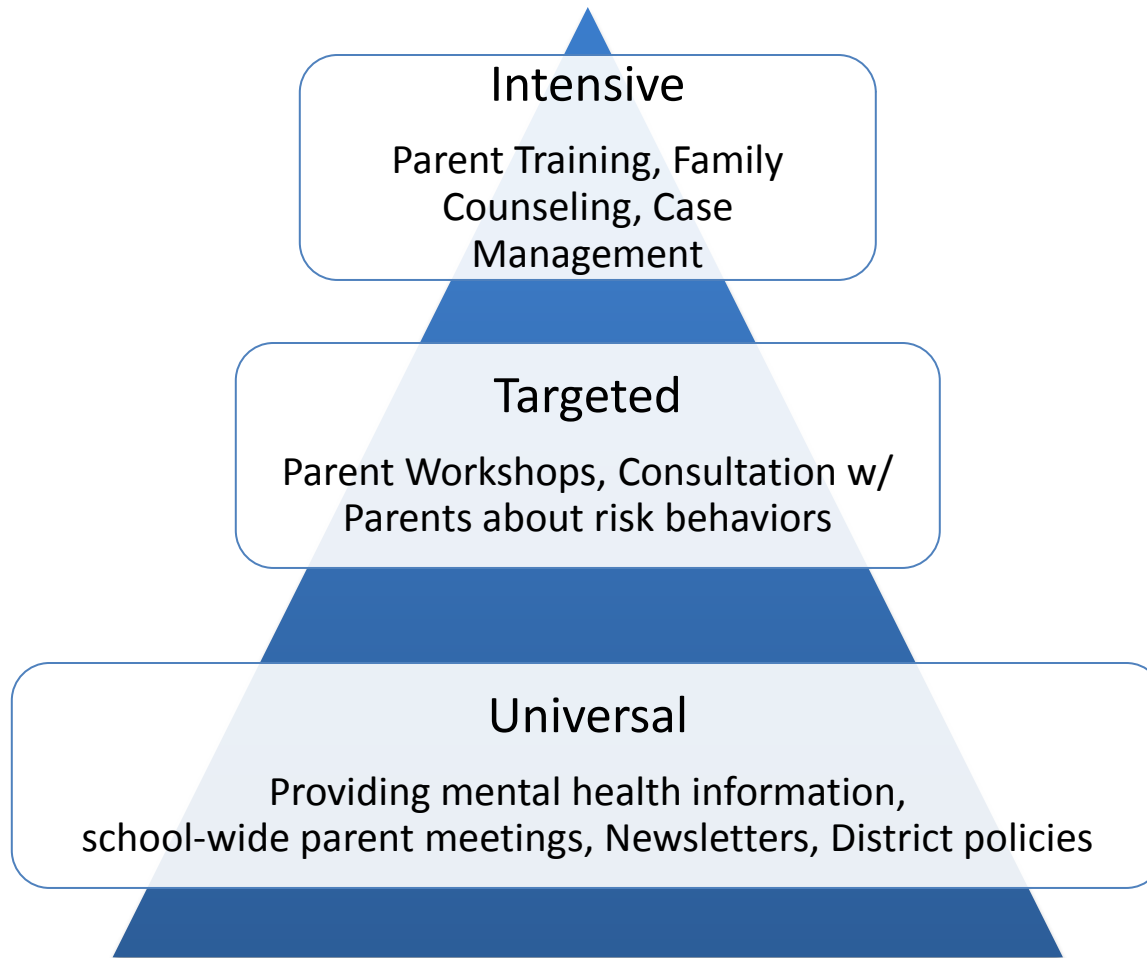
Adapted from Doll & Cummings (2008). *Transforming school mental health services.*

Universal Interventions

O   Focus on prevention.

O   Promote healthy development & skill development.

O   Implemented school-wide.

O   Identify problem areas & intervene systemically based on school-wide data.

O   Identify students needing more support.

Universal Interventions

O   Positive School-Wide Behavior Support (e.g.,   PBS, Safe and Civil Schools)

O   Social-Emotional Learning

O   Bullying Prevention

O   Suicide Prevention

O   School Climate

O   Mental Health Awareness

Florida's PositiveBehaviorSupport Project: A Multi-Tiered Support System

DC CORNER
designed **exclusively** for current **FLPBS District Coordinators** in the state of **Florida**

COACHING CORNER
designed **exclusively** for our **current FLPBS Coaches** in the state of **Florida**

MODEL SCHOOLS
designed exclusively to **showcase** exemplar **FLPBS schools** in the state of **Florida**

CONTACT
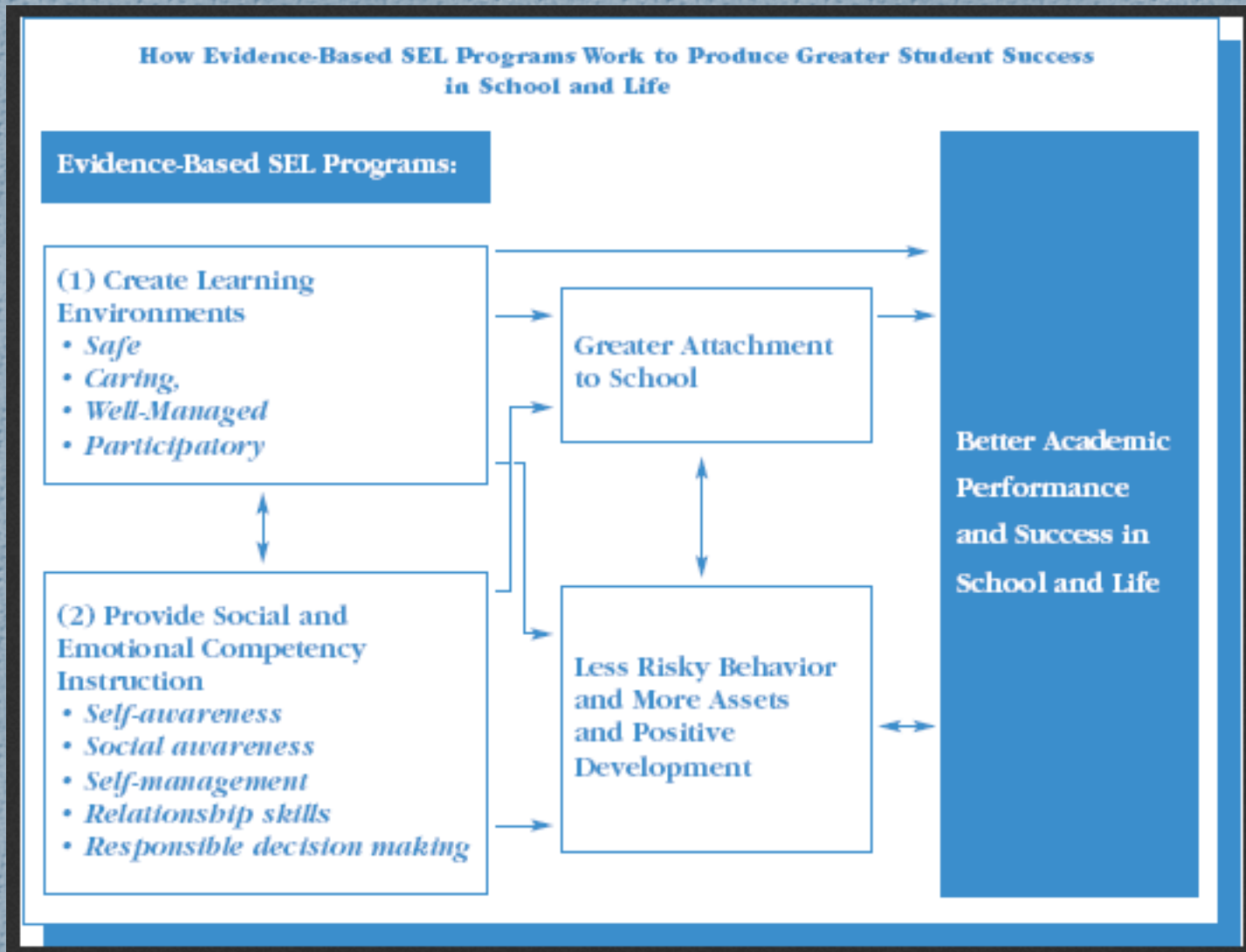*FLPBS* TODAY
813.974.6440
flpbs@fmhi.usf.edu

whatispbs

DEFINITION

Positive Behavior Support (PBS) gives people a new way to think about behavior. PBS is based on understanding why problem behaviors occur - the behavior's function. This approach to behavior can occur on a school-wide level, in a specific setting, classroom, or with an individual student. PBS is the application of evidence-based strategies and systems to assist schools to increase academic performance, increase safety, decrease problem behavior, and establish positive school cultures. On an individual level, PBS uses functional behavior assessments to understand the relationships between a student's behavior and characteristics of his or her environment. The functional behavior assessment identifies multiple strategies to effectively reduce problem behavior including changing systems, altering environments, teaching skills, and focusing on positive behaviors. The PBS process results in the creation of effective intervention plans that will impede problem behaviors, teach new skills, and create support systems for the student.

On a school-wide level, PBS relies on accurate and reliable discipline referral data to understand the behaviors occurring across campus. An analysis of the data allows a school team to identify the problem areas, brainstorm interventions such as where and what to teach, reward the students exhibiting the expected behavior, and communicate findings to the staff, students, and families. The PBS process is a team-based approach that relies on a strong collaboration between families and professionals from a variety of disciplines regardless of the level implemented.

PBS provides a positive and effective alternative to the traditional methods of discipline. PBS methods are research-based and proven to significantly reduce the occurrence of problem behaviors in the school, resulting in a more positive school climate and increased academic performance. PBS is consistent with the Individuals with Disabilities Education Act, which advocates the use of positive behavior interventions and school-based disciplinary strategies that reduce or eliminate the need to use suspension and expulsion as disciplinary options.

Social-Emotional Learning (SEL)

How Evidence-Based SEL Programs Work to Produce Greater Student Success in School and Life

Evidence-Based SEL Programs:

(1) Create Learning Environments
- *Safe*
- *Caring,*
- *Well-Managed*
- *Participatory*

(2) Provide Social and Emotional Competency Instruction
- *Self-awareness*
- *Social awareness*
- *Self-management*
- *Relationship skills*
- *Responsible decision making*

Greater Attachment to School

Less Risky Behavior and More Assets and Positive Development

Better Academic Performance and Success in School and Life

Collaborative for Academic, Social, and Emotional Learning http://casel.org/

Youth Suicide Prevention

School-Based

Guide ©

NSU Institute for Child Health Policy FMHI Louis de la Parte Florida Mental Health Institute USF UNIVERSITY OF SOUTH FLORIDA

Screening & Progress Monitoring

Identifying Students with Mental Health Needs

Systematic Mental Health Screening:

O   Annually assess school climate.

O   Build capacity of school staff to recognize when social-emotional and behavioral barriers to learning are present.

O   Screen for mental health and behavioral issues at the school level:

  O   Assess overall level of risk present in school

  O   Identify students needing intervention

O   Provide support for identified students.

Systematic Screening Methods

O Early Warning Systems

O Gated Screening Methods

   O Systematic Screening for Behavior Disorders (SSBD) – Walker & Severson

   O Adaptive Model of Behavioral Assessment (AMBA) – Volpe

O Screening Scales

   O Student Risk Screening Scale (SRSS) – Drummond

   O Student Internalizing Behavior Screener (SIBS) – Cook

   O Teen Screen – National Center for Mental Health Checkups

O Prosocial Behavior/Positive Psychology scales

O RtI:B Database

Early Warning Systems

O   Researchers have identified key indicators in high school that can reliably and accurately identify youth who are most at risk of academic failure.

O   The intent of EWS is to identify students early and provide them with support so that they can get back on track and graduate from high school.

O   An early warning system uses readily available data to systematically identify students who are at risk & then match then with appropriate interventions to help them get on track for graduation.

Early Warning Indicators

Indicators	Thresholds
Attendance	Student missed 10% of more of instructional time (absences)
Course Performance	Failure in one or more courses Earned 2.0 or lower GPA (4-point scale)
Behavior	Locally validated thresholds (e.g., referrals, in- or out-of-school suspensions, behavior grades)

http://betterhighschools.org/

Student Internalizing Behavior Screener

Directions: Please rate each student on each behavior using the following scale:

0 = Never, 1 = Rarely, 2 = Occasionally, 3 = Frequently

For each student, write the number that corresponds to the frequency rating in each cell.

Student Name	Nervous or fearful	Bullied by peers	Spends time alone	Clings to adults	Withdrawn	Seems sad or unhappy	Complains about being sick or hurt

Targeted Interventions

O Direct interventions for students (Strategic)
  O Identify and intervene with at-risk students regarding specific issues
  O Utilize group format and structured approaches (standard protocol)
O Indirect interventions for adults (Supplemental)
  O Consultation
  O Workshops and In-service
  O Skill building

Evidence-based Interventions

O   National Registry of Evidence-Based Programs (SAMHSA) http://nrepp.samhsa.gov/

O   Evidence-based resilience-enhancing and violence prevention programs http://www.samhsa.gov/grants/content/2002/YouthViolence/evidence_based.htm

O   Suicide Prevention Resource Center – Best Practices Registry http://www.sprc.org/bpr

O   Promising Practices Network http://www.promisingpractices.net/

O   Summary of Recognized Evidence-based Programs http://csmh.umaryland.edu/Resources/ClinicianTools/index.html

O   What Works Clearinghouse http://ies.ed.gov/ncee/wwc/

Intensive Interventions

O Individual intervention/treatment plan

O Functional Behavioral Assessment

O Evidence-based

O Specialized mental health provider

O Wraparound services

O Systems of Care

Systems of Care & Trauma Informed Care

O Systems of Care

  O *A comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families*

  O Core values: child centered and family focused; community based; culturally competent

O Trauma-Informed Care

  O Trauma - Real or perceived event/threat or series of events/threats which are so emotionally painful that the individual's ability to cope may be severely compromised or overwhelmed.

Schools & Trauma-Informed Care

Schools *can* provide effective supports to traumatized students by…

O   Building protective factors…

   O   Cognitive and problem-solving skills
   O   Self-regulation
   O   Strong adult-child relationship

O   Creating school communities with an understanding of trauma can create environments where students…

   O   Feel cared about and safe
   O   Learn and experience academic success

O   Training staff to be aware of the impact of trauma on behavior (**triggers**)

O   Reducing seclusion/restraint and de-escalation of critical incidents

National Child Traumatic Stress Network http://www.nctsnet.org/

Crisis Response

O Engage in activities to reaffirm physical health & student perceptions of safety and security.

O Evaluate the degree to which individuals have suffered psychological trauma.

O Provide crisis intervention and respond to the needs of the school community.

O Examine the effectiveness of crisis intervention and recovery efforts.

The PREPaRE School Crisis Prevention & Intervention Curriculum

The NASP PREPaRE Curriculum provides school-based mental health professionals and other school personnel comprehensive training on how to establish and serve on school safety and crisis teams. Revised in 2011, the second edition of the curriculum integrates the roles of existing school staff and community providers in terms of the four stages of crisis management (prevention, preparedness, response, and recovery), and grounds them in ongoing school safety efforts. The curriculum incorporates basic principles articulated by the U.S. Departments of Education (2007) and Homeland Security (2008), as well as the incident command structure delineated by the National Incident Management System (NIMS).

The PREPaRE model emphasizes the following hierarchical and sequential set of activities:

P—Prevent and prepare for psychological trauma

R—Reaffirm physical health and perceptions of security and safety

E—Evaluate psychological trauma risk

P—Provide interventions

a—and

R—Respond to psychological needs

E—Examine the effectiveness of crisis prevention and intervention

P R E PaR E

Prevent | Reaffirm | Evaluate | Provide and Respond | Examine
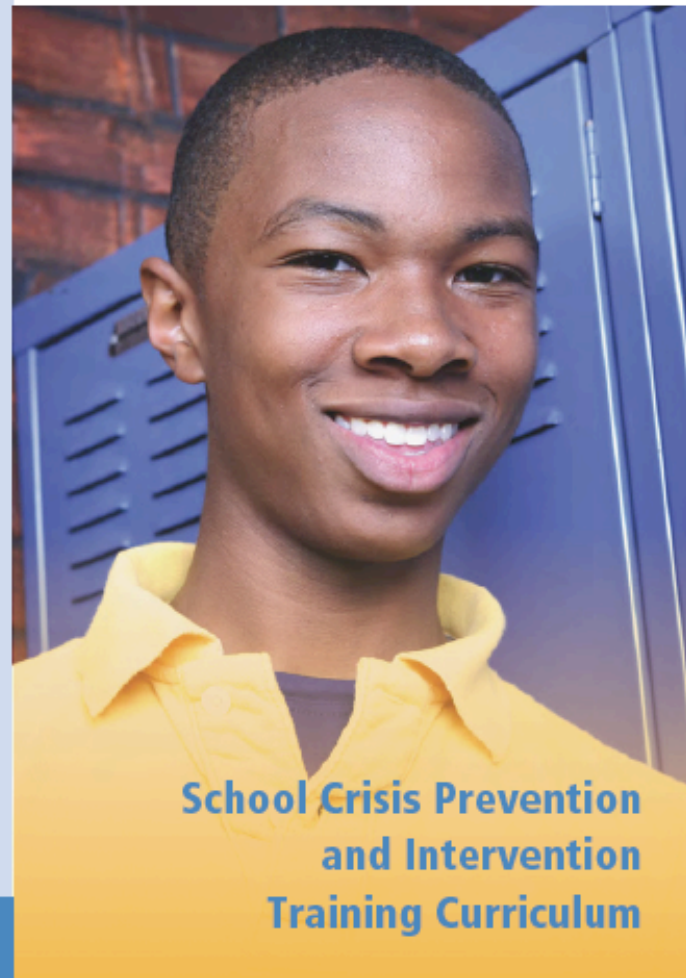
School Crisis Prevention and Intervention Training Curriculum

Helping schools improve their school safety and crisis management capacity using existing resources.

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http://sss.usf.edu/