A8 - Layering Mental Health Interventions within PBIS

Placer County Office of Education

Key Words:
High School, Mental health, Systems Alignment
Text LUKEANDERSON567 to 37607

Poll Everywhere

Which Intervention do you recommend?

- Prevent
- Teach
- Reinforce

Wraparound

When poll is active, respond at PollEv.com/lukeanderson567 or text LUKEANDERSON567 to 22333 once to join.
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Special Acknowledgments
Objectives

Participants will...

1. Understand how the PBIS framework and implementation science can be used to support a broader mental wellness and suicide prevention MTSS structure

2. Identify several evidence based programs that support mental wellness and suicide prevention within MTSS

3. Walk away with specific tools for addressing the behavioral, social, and emotional needs of all students within a multi-tiered structure
What is PBIS?

Positive Behavioral Interventions and Supports

Shoulder partner:
1) What do you already know about SW-PBIS and Student Mental Wellness?
What is the purpose of PBIS?
to make schools more effective and equitable learning environments for ALL students.
Figure 1. Integrating Schoolwide Positive Behavior Support and culturally responsive practices. Vincent, C.G., Randall, C., Cartledge, G., Tobin, T.J., & Swain-Bradway, J. (2011).
Universal Prevention
All Students
• Core Instruction
• Preventive
• Proactive
• Common Rules and Expectations
• Common Referral System
• Acknowledgment Based Behavior System

PBIS Framework

Intensive Intervention
• Individualized
• Function-based
• High intensity

Targeted Intervention
Groups with similar needs
• Preventative
• Easily Accessible
• Academic or Behavioral
Why should schools address mental wellness?

Imagine you are talking to a skeptical stakeholder. How would you frame this in 1 minute or less?
Students have complex needs!

- Mental health challenges are common and treatable.
- Most children and youth, even those with insurance, do not have access to services.
- Mental health challenges affect brain development and learning.
- Poor mental health symptoms are a big concern of teachers and schools.
Prevalence of Student Mental Health Concerns in California

- Of children aged 9 to 17, 21 percent have a diagnosable mental or addictive disorder that causes at least minimal impairment.

- Translates to approximately 1.3 million California children with mental health needs

- Only 24,000 are designated “Emotionally Disturbed” in their IEPs
Trauma in Children
10 Adverse Childhood Experiences

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce
# Health Effects of High ACE Scores

## Behavior
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

## Physical & Mental Health
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs

## Other Medical Conditions
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones
Other types of trauma

- Acute
- Historical/Generational/Insidious
- Traumatic Grief
- Community/Neighborhood Violence
Pair of ACEs

The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression
Emotional & Sexual Abuse
Substance Abuse
Domestic Violence

Physical & Emotional Neglect
Divorce
Mental Illness
Incarceration

Homelessness

Adverse Community Environments

Poverty
Discrimination
Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

Poor Housing Quality & Affordability

Ellis W., Dietz W. BCR Framework Academic Peds (2017)
Children and Trauma Experiences

Figure 1

Percentage of Children, Ages Birth to 17, with Specific Adverse Experiences: 2011/12

<table>
<thead>
<tr>
<th>Experience</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic hardship*</td>
<td>25.7</td>
</tr>
<tr>
<td>Divorce or separation of a parent**</td>
<td>20.1</td>
</tr>
<tr>
<td>Death of a parent**</td>
<td>3.1</td>
</tr>
<tr>
<td>Parent served time in jail**</td>
<td>6.9</td>
</tr>
<tr>
<td>Witnessing adult domestic violence</td>
<td>7.3</td>
</tr>
<tr>
<td>Victim of or witness to neighborhood violence</td>
<td>8.6</td>
</tr>
<tr>
<td>Living with someone who was mentally ill or suicidal</td>
<td>8.6</td>
</tr>
<tr>
<td>Living with someone with an alcohol or drug problem</td>
<td>10.7</td>
</tr>
<tr>
<td>Being treated unfairly due to race/ethnicity</td>
<td>4.1</td>
</tr>
</tbody>
</table>

*Experienced “somewhat” or “very” often
**Parent refers to a parent the child lived with.
Source: Child Trends’ original analyses of data from the National Survey of Children’s Health.
Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.
Brain development

- Trauma causes brain to adapt in ways that contribute to its survival.

  Adaptations can look like behavior problems in school, community, and other environments.

  ▪ When triggered, “feeling” brain dominates the “thinking” brain.

    Brains in a constant state of arousal could go into flight/flight/freeze/force when encountering “minor” triggers.

  ▪ Students may exhibit internalizing or externalizing behaviors.

    Chronic arousal can interrupt the typical developmental process, affecting learning, planning, emotional regulation, attention, impulse control.
Fight, Flight, Freeze or Force: Dr. Nadine Burke
Here is the goal

Define a model that uses data to support effective systems and practices in a multi-tiered framework.
MTSS Defined

MTSS is a coherent continuum of evidence based, system-wide practices to support a rapid response to student needs, with frequent data-based monitoring to inform decision-making and empower each student to achieve their potential.
Universal Targeted Intensive MTSS Continuum of Support for All Academic RtI + PBIS + Mental Wellness Framework
MTSS Mental Wellness

Teacher Training: Identifying and Responding

Instructional Interventions/Programs Provided to Students

What does this look like at a School Site?
Sample High School: PBIS

- Third year of PBIS implementation
  - Strong implementation at Tiers I and II
  - Partially implementing Tier III (School based Wraparound)

- 50% reduction in office referrals in three years
Sample High School: PBIS

Systems (Supporting Adult Behavior)

- District Leadership Team (guided by DCA)
- 2 district PBIS coaches support 18 schools across the district
- Tier I Teams & Intervention Teams are meeting and functioning
- Team completes Tiered Fidelity Inventory two times per year (Tier I = 84%, Tier II = 75%, Tier III = 34%)
Sample High School: PBIS Practices and Interventions

- **Tier III:** Wraparound
- **Tier II:** Check in Check Out, Peer Mentoring
- **Tier I:** 4 Pos. Rules (SOAR), Rules Defined/Taught-Video, Acknowledgment System, Consistent Consequences, Use of Data, Family Engagement
Sample High School: PBIS

Data (Supporting Decision Making)

- **Outcome data:** Tier I: School Wide Information System (SWIS), Tier II: Check in Check out SWIS, Tier III: Considering Individual - SWIS

- **Fidelity data:** Tiered Fidelity Inventory and Schoolwide Evaluation Tool

![Average Referrals Per Day Per Month - Multi-Year](chart_image)
Sample High School: School Mental Wellness Needs

- High academic performing school with a culturally and socioeconomically diverse student body of 2,000 students.

- California Healthy Kids Survey data indicates that Sample High School's students reflect national trends with approximately 20% (400 students) reporting mental health concerns that are significant enough to cause impairment.

- Administrators, teachers, and school counselors report high numbers of students with symptoms of anxiety and depression, and many students with thoughts of suicide.

*Turn and Talk: What are the behavioral and social-emotional needs of and practices being implemented at your school site(s)?*
Teacher Training: Identifying and Responding to Student Needs
Sample High School: Staff Training in Mental Wellness Support

Tier III: ASIST

Tier II: Mental Health First Aid

Tier I: Eliminating Barriers to Learning (EBL)

Kognito At-Risk
Program Selection & Evaluation

Selection of practices to scaffold to your framework and evaluation of existing practices.
District Initiative Inventory

This tool can be used to guide your team’s review of past and current programs to get a clear picture of successful strategies, and challenges, along with existing mandates and resource commitments.

<table>
<thead>
<tr>
<th>Previous District Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiative</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
</tbody>
</table>

Learn more at: http://implementation.fpg.unc.edu/
Possible Tier I SMW Practices

When Selecting an Evidence Based Practice/Program/Curriculum consider the following:

- **Need** (Data, Perceptions, Social Significance)
- **Fit** (Does the EBP fit our current initiatives, priorities, structures and values?)
- **Resources** (Can we implement the EBP?)
- **Evidence** (Is the EBP likely to work for our needs?)
- **Readiness** (Can we define and implement the EBP?)
- **Capacity** (Can staff implement the EBP?)
## Sample High School California Healthy Kids Data

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Have been Bullied?</th>
<th>Identify as LGBT?</th>
<th>Exp. Chronic sadness?</th>
<th>Considered suicide?</th>
<th>Have a Caring adult at school?</th>
</tr>
</thead>
<tbody>
<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt;</td>
<td>37%</td>
<td>8%</td>
<td>32%</td>
<td>22%</td>
<td>26%</td>
</tr>
<tr>
<td>11&lt;sup&gt;th&lt;/sup&gt;</td>
<td>32%</td>
<td>12%</td>
<td>35%</td>
<td>25%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Source: California Healthy Kids Survey, 2014-15
The Hexagon Tool
Exploring Context

The Hexagon Tool can be used as a planning tool to evaluate evidence-based programs and practices during the Exploration Stage of Implementation.

See the AI Modules Resource Library http://implementation.fpg.unc.edu

<table>
<thead>
<tr>
<th>EBP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Point Rating Scale:</td>
</tr>
<tr>
<td>High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.</td>
</tr>
<tr>
<td>**</td>
</tr>
<tr>
<td>Need</td>
</tr>
<tr>
<td>Fit</td>
</tr>
<tr>
<td>Resource Availability</td>
</tr>
<tr>
<td>Evidence</td>
</tr>
<tr>
<td>Readiness for Replication</td>
</tr>
<tr>
<td>Capacity to Implement</td>
</tr>
<tr>
<td>Total Score</td>
</tr>
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</table>
Choose Tier I SMW Curriculum to Adopt

**Strong Teens**

<table>
<thead>
<tr>
<th>EBP:</th>
<th>Strong Teens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need</td>
<td>X</td>
</tr>
<tr>
<td>Fit</td>
<td>X</td>
</tr>
<tr>
<td>Resource Availability</td>
<td>X</td>
</tr>
<tr>
<td>Evidence</td>
<td>X</td>
</tr>
<tr>
<td>Readiness for Replication</td>
<td>X</td>
</tr>
<tr>
<td>Capacity to Implement</td>
<td>X</td>
</tr>
<tr>
<td>Total Score</td>
<td>22</td>
</tr>
</tbody>
</table>

5 Point Rating Scale:
High = 5; Medium = 3; Low = 1.
Midpoints can be used and scored as a 2 or 4.

**SOS**

<table>
<thead>
<tr>
<th>EBP:</th>
<th>SOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need</td>
<td>X</td>
</tr>
<tr>
<td>Fit</td>
<td>X</td>
</tr>
<tr>
<td>Resource Availability</td>
<td>X</td>
</tr>
<tr>
<td>Evidence</td>
<td>X</td>
</tr>
<tr>
<td>Readiness for Replication</td>
<td>X</td>
</tr>
<tr>
<td>Capacity to Implement</td>
<td>X</td>
</tr>
<tr>
<td>Total Score</td>
<td>26</td>
</tr>
</tbody>
</table>

5 Point Rating Scale:
High = 5; Medium = 3; Low = 1.
Midpoints can be used and scored as a 2 or 4.
Start the presentation to activate live content

If you see this message in presentation mode, install the add-in or get help at PollEv.com/app
Choose Tier I SMH Practice to Adopt

- Pick one
A bit about the Strong Kids Curricula

- Social Emotional Learning Curricula
- 5 Levels (Pre K through 12)
- Targeted to address Internalizing Problems
- Can be delivered by non-mental health providers
- Max duration = 12 weeks
Who Should Teach Strong Kids in classes or small groups?

- Does **not** need to be a mental health worker
- Must be comfortable talking about social-emotional health and mental wellness
- Must have time each week to run group and organize structures
- Must be skilled at working with groups of students
Signs of Suicide
Signs of Suicide

- Secondary school-based suicide prevention program that includes screening and education
  - Students at risk referred for professional support
- Video teaches students to recognize signs of depression and suicide in themselves and others
- Guided classroom discussions about suicide and depression

- Acknowledge
- Care
- Tell
Tier II Supports
Teacher Training in Action

Anna has been struggling to complete her assignments for the past few months and often appears worried in class. Her attendance has been poor, her grades recently declined and Ms. Dennis suspects that Anna may be abusing alcohol or other drugs. Ms. Dennis responds by:

- Checking in with Anna after class and expressing her concern and
- Introducing Anna to her school counselor, Ms. Brown, and
- Referring Anna to Sample High School’s Intervention Team
3-Tiered System of Support in PBIS: Teams and Communication

**Universal Team**
- Staff Implement and Give Feedback on Tier I System
- Other Targeted Interventions
- Each Targeted Intervention has Assigned Coordinator
- Each Determines Student Response

**Intervention Team**
- Plans School-Wide Supports Using TIPS Process
- Uses Process data; Determines Overall Intervention Effectiveness
- Recommends Interventions
- Meets Every other Week
- Processes Request for Assistance Forms
- Uses Data to Identify Students that may Need Tier II & III Interventions
- Progress Monitors Students in Tier II & III Interventions
- Supports and Monitors all Tier II & III Interventions
- Communicates with and trains staff on how to refer students and identify a crisis

**Intervention Team Responsibilities:**
- Meets Every other Week
- Processes Request for Assistance Forms
- Uses Data to Identify Students that may Need Tier II & III Interventions
- Progress Monitors Students in Tier II & III Interventions
- Supports and Monitors all Tier II & III Interventions
- Communicates with and trains staff on how to refer students and identify a crisis
The Intervention Team at Sample High School

- The Intervention Team at Sample High School meets next week. After reviewing the progress on the effectiveness of their Tier II interventions and reviewing progress monitoring data on specific students that have been placed into these interventions, the team begins examining new referrals.

- Ms. Dennis had completed a Request for Assistance Form for Anna and the team begins by reviewing this form.

- Specific concerns included: possible anxiety, possible drug use, frequent absences, withdrawal, and poor work completion.

- The team decides to place Anna into a Tier II Intervention.
## Sample High School’s Tier II Inventory

<table>
<thead>
<tr>
<th>Tier II Intervention</th>
<th>Capacity (# of students at 1 time?)</th>
<th>Who coordinates intervention?</th>
<th>Describe students who would be good fit for intervention</th>
<th>What data is used to evaluate student outcomes?</th>
<th>How many students have been:</th>
<th>Maintain, Revise or Discontinue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check in Check out</td>
<td>25</td>
<td>Mike</td>
<td>Students with emerging behavioral concerns that would benefit from additional structure and that enjoy adult attention.</td>
<td>CICO Daily Progress Notes and ODRs</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Coping And Support Training</td>
<td>2 groups of 10</td>
<td>Kerri + Denae</td>
<td>Students with emerging substance abuse and/or mental health issues</td>
<td>Grades, attendance, and substance abuse reports and Behavior Rating Scale (BRS)</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Strong Teens (Targeted Group)</td>
<td>10</td>
<td>Luke</td>
<td>Students with internalizing concerns and/or social difficulties</td>
<td>Pre and post assessment (Strong Kids Symptom Test)</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Cognitive Behavior Intervention for Trauma in Schools</td>
<td>15</td>
<td>Celeste</td>
<td>Students with histories of trauma and abuse</td>
<td>Pre and post Strengths and Difficulties questionnaire for children</td>
<td>15</td>
<td>10</td>
</tr>
</tbody>
</table>
Choose Tier II SMH Intervention for

Coping and Support Training (CAST) Program

Reconnecting Youth™ Inc.
CBITS is a school-based group and individual intervention. Designed to reduce symptoms of PTSD, depression and behavioral problems
• 5th-12th grade
• Addresses all kinds of trauma
• 10 group sessions + 1-3 individual sessions + 2 group parent sessions + 1 teacher session
• Reduces symptoms of post-traumatic stress, depression and psychosocial dysfunction
• Modified for delivery by non-clinicians
• Free training online
Coping And Support Training (CAST)

Small group intervention intended for at-risk youth
- 8th-12th grade
- 12, 55 minute sessions
- 6-8 students invited to participate
- Can be adapted to be offered at Tiers I and III
- Participating youth demonstrated 65% reduction in suicide risk behaviors; 44% reduction in anxiety; 27-34% reduction in depressive symptoms
The intervention Team Selects CAST for Anna. Below is her response to the intervention after one group cycle:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task Engagement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approx. Bx</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;10 min</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>8-10 min</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>5-7 min</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2-4 min</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>0-1 minute</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Disruptions</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prob. Bx</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10+ daily</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>7-9</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4-6</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2-3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>0-1/day</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

CAST
Intervention Team Meeting: Follow Up

- After several weeks, the Intervention Team reconvened and discussed Anna’s progress to date. They quickly ruled out fading supports and decided to either:
  - Continue her Tier II intervention or
  - Recommend School Based Wraparound
Coping And Support Training (CAST) Program

Reconnecting Youth™ Inc.

Wraparound

Cognitive Behavioral Intervention for Trauma In Schools
School Based Wraparound
Holistic method of engaging with individuals with complex needs

Focus on home, school and community

Process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process

Focus on strength and needs

Development of family and students resources

Begins from the principle of “voice and choice”

School Based Wraparound
Anna’s Wraparound Process

- **Team Members**: Anna, Ms. Dennis, Ms. Brown, Anna’s mom, Pastor, and Family Friend/Previous Girl Scout Leader

- **First Meeting**:
  - Anna and her Mom agree to the Wraparound Process
  - Anna admits to alcohol use and agrees to attend a substance abuse presentation with the Family Friend, Maya

- **Second Meeting**:
  - Anna does not show up for the meeting
    - Maya reports that Anna recently told her that she does not want to participate because she “does not plan on being around for next semester.”
    - Ms. Brown, the school counselor, identifies this as a possible warning sign and arranges to meet with Anna the next day to conduct an ASIST intervention
(ASIST) Applied Suicide Intervention Skills Training
Applied Suicide Intervention Skills Training

- For caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide

- Two-day, highly interactive and practice-oriented workshop (15 hours)

- Develop skills to:
  - Communicate with a person-at-risk
  - Recognize and review risk
  - Intervene to prevent the immediate risk of suicide
  - Understand resources available
Anna’s ASIST Intervention

- Ms. Brown meets with Anna, engages and connects Anna’s warning signs/invitations and asks directly and clearly if Anna is having thoughts of suicide.

- Anna reports that yes she has recently been thinking about ending her life but does not yet have a suicide plan.

- Ms. Brown follows the school’s protocol and notifies Anna’s mom. Ms. Brown provides connections to individual and family counseling in the community and is an ongoing support contact for Anna at school.
Wraparound

- Anna’s Wraparound team continues to meet and after several months, they reevaluate her progress.
- Anna reports she is no longer having thoughts of suicide or abusing alcohol.
- Anna’s attendance has improved.
- Anna has not had a behavioral referral in 6 weeks and she is passing her classes.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPA</td>
<td>1.22</td>
<td>2.40</td>
</tr>
<tr>
<td>School Attendance</td>
<td>60%</td>
<td>75%</td>
</tr>
<tr>
<td>BERS, Teacher rating of student</td>
<td>86</td>
<td>111</td>
</tr>
<tr>
<td>BERS, Parent rating of student</td>
<td>76</td>
<td>94</td>
</tr>
<tr>
<td>BERS, Student rating of self</td>
<td>69</td>
<td>100</td>
</tr>
<tr>
<td>Discipline Violations, Average per month</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>
Some of the most therapeutic experiences do not take place in ‘therapy’ but in naturally occurring healthy relationships” (Bruce Perry, 2011)