

Installing an Interconnected Systems Framework at the School Level: Recommendations and Examples to Guide School Leadership Teams, Practitioners and Coaches

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This Practice Guide describes and illustrates how schools, with support from coaches and district/community leaders, can benefit from the integration of school mental health (SMH) supports within the Positive Behavioral Interventions and Supports (PBIS) Framework. District/school leaders and coaches can use this information to support the Interconnected Systems Framework (ISF) for SMH and PBIS. This Guide highlights practical strategies from one school's successful experiences, including indications of the impact on students' success. Specific illustrations include how schools can strengthen their PBIS system by including families and community partners. They apply data-based decision-making to an expanded continuum of social-emotional-behavioral supports, focusing on improving outcomes for all students. Suggested Technical Assistance strategies for coaches are also provided.

Context

Schools are charged with supporting the diverse needs of all students, while also providing them with an education that leads to a successful transition into college and/or career. Over the past decade, this task has become more challenging as educators struggle to address non-academic barriers to learning, such as anxiety or depression (Merikangas, et al., 2010) and the impact of trauma. Before the challenge of COVID19, schools were becoming more aware of the increased number of students with mental health needs, many of whom were not identified or supported (Weist, et al., 2018). The problems of these students are likely to be intensified by recent events, and schools can expect a much greater number of students to struggle with learning due to mental health challenges, including those experienced by their siblings, friends, parents and teachers (Weir, K. 2020).

The Interconnected Systems Framework (ISF) is a process to create a more streamlined approach to school mental health and wellness while eliminating barriers inherent in systems that previously have operated

separately. Specifically, ISF is an example of integration within a PBIS framework, blending PBIS and SMH strengths into a single system of delivery focused on prevention and intervention (Barrett, Eber, and Weist, 2013). An initial step towards an ISF is to strengthen family partnerships and expand leadership teams to include community partners as active participants. Using combined school and community data, these interdisciplinary teams select and implement a continuum of evidence-based interventions designed to meet the social-emotional-behavioral (SEB) needs of all students, including those with internalizing mental health needs, such as depression, anxiety and trauma-related. In the same manner that educators monitor academic interventions, implementation of all SEB interventions should be monitored by leadership teams for both fidelity and impact on student outcomes. Professional development and ongoing coaching guide teams through systems development, use of data, and accurate use of practices to focus on sustainability by building the capacity of all staff. The ISF encourages coaching support from both education and mental health as merging systems require bi-directional communication, coordinated planning, and blended service delivery.

ISF Key Messages

1. Single System of Delivery
2. Mental Health is for All
3. Access is Not Enough
4. MTSS Features are Essential

This Practice Guide focuses specifically on effective teaming, active family participation, implementation of evidence-based practices across tiers, and data-based decision-making through on-going coaching. Examples shared are from an elementary school (School A) that participated in a randomized controlled trial, the Project About School Safety (PASS) funded by the National Institute of Justice (please see acknowledgments at the end of this document). The study involved 12 elementary schools in Charleston, SC, and 12 elementary schools in Marion, FL, with one-third of the schools (4 per district) implementing PBIS only, one-third implementing co-located SMH (i.e., no purposeful connection to PBIS), and one third implementing the ISF. Overall major analyses for the study are currently underway, with the first major paper estimated to be completed late in 2020. A summary of the study's methods and measures can be found in Splett, et al. (2018). Preliminary outcome data for this school include decreases in students rated at "extreme risk" and increases in students rated as in the "normal range" for SEB functioning per both student and teacher reports over three years. Additional indications of success include increases in reading and math proficiency across grade levels and concurrent increases in the fidelity ratings of their multi-tiered system of SEB support. This school reached fidelity of the ISF Implementation Inventory (Splett, et al., 2020), a measure designed to measure interconnected SMH-PBIS functioning across the schools' MTSS.

Practical Application Strategies at the School Level

Strategy 1: Expand Team Membership while Structuring Use of Data

A crucial step in installing ISF is the expansion of existing PBIS leadership teams to enhance the voice of families and include school and community mental health clinicians alongside teachers and administrators (Splett, et al., 2017). In addition to mental health providers, other community partners (e.g. law enforcement, parks and recreation) are often recruited to help problem-solve specific needs. Family and community voice broaden the dialogue around data and design of interventions, thus increasing the options and resources for problem-solving for students with internalizing and externalizing concerns (Perales, et al., 2017). The

wider range of perspectives applied to expanded use of data is focused on supporting all students from prevention through intensive support.

School A's interdisciplinary team evolved over time, becoming exemplary in team membership, meeting structure, and data use. The team guides the systems, data, and practices across tiers, meeting bi-weekly with designated time allocated on meeting agendas for each tier. This teaming structure resulted in more frequent meetings and more in-depth discussions about the effectiveness of interventions across tiers. The core team included a school administrator, school psychologist, school counselor, school nurse, teacher representatives, students, parents, and community members (e.g., communities in schools, librarians, school resource officers, and others as relevant to problem-solving). The teams were supported by coaches from both the school district and a partnering mental health agency who supported the team and guided teachers and school staff to provide more specific SEB support in the classroom, facilitate interventions, and reinforce mental health for all.

Family and community representatives, including mental health clinicians, became core team members as the team expanded their data review routine to include reviewing SEB screening results through a community lens (e.g., unemployment rates, homelessness, crime statistics, involuntary hospitalizations, child welfare involvement, suicide rates, etc.). The diverse team membership brought different perspectives to the problem-solving around support for all students. For example, the team was able to respond to families who were reaching out to the school with concerns about a group of girls observed being hurtful to each other through gossip, exclusion, and verbal aggression. The team decided to adapt lessons from the Tier 1 SEB curriculum to design targeted interventions for teaching emotion management and friendship skills. Self-report data indicated that all students showed improvement in regulating emotions or remained in a positive stable mood over four weeks.

School A's attributes its successes to outstanding principal leadership, high rates of team member participation, meaningful discussions among diverse team members, and structured problem-solving across the continuum. For example, improved student attendance was an area of focus for School A, so the team developed an attendance drive intervention led by the Parent Teacher Association (PTA) that encouraged a grade level competition for the highest rate of attendance. Text and recorded phone calls were sent to parents/caretakers with a gift certificate to a local ice cream shop to be drawn. After two years of ISF implementation, tardies dropped from 60% to 20%, and students with unexcused absences reduced from 88% to 35%.

Strategy 2: Ensure Families are Active Partners

Family engagement is a clear priority in PBIS. Schools can engage families and youth by seeking their perspectives and perceptions, encouraging active participation in various activities, and developing two-way communication and collaboration that leads to shared decision-making (Garbacz, et al., 2017). As schools integrate SMH within PBIS, they can enhance family engagement by providing information about mental health to families, ensuring their awareness of interventions available for students, and understanding how to reach out if they are concerned about their child. Partnering with families to develop plans for students identified as needing additional intervention is also encouraged (Perales, et al., 2017).

At School A, selection of family representation initially started by reaching out to parents/caretakers who were already leading initiatives within the school, parent volunteers who exhibited school knowledge,

and/or parents who previously or currently work in a school setting. Once selected, the family members were encouraged to participate by soliciting their opinions as teams addressed school-wide topics such as attendance, school climate, curriculum choices, etc. The addition of families changed the team's conversation. For example, the interdisciplinary team worked with the PTA president to create a matrix of suggestions for families to engage in "WISE Parenting" that supports their children's success in school (Figure 1). During the meeting, teachers suggested using 'Go to bed at a normal time' in the family matrix; however, parents asked them to define a 'normal time.' Family members on the team also raised questions about appropriate amounts of screen time at home. This type of dialogue resulted in the addition of hyperlinks in the matrix for parents to access suggested bedtimes, guidance on screen time, and other helpful information.

Adding a family member to the team was pivotal for the team's transition to a truly integrated group as the school and community members recognized the strength of the interventions designed with family guidance. Additional strategies for strengthening family engagement initiated at School A (summarized in Figure 2) included surveys, focus groups, social media use, and information sharing (e.g., key messages, data). An overall result was a dramatic increase in family participation in school activities. For example, PTA membership increased from 35 members in the 2016-2017 school year, to 154 members in the 2017-2018 school year, and 240 members in the 2018-2019 school year.

Figure 1: Be a Wise Parent

	Be A WISE Parent	Arrival	Dismissal	Family Engagement All the Time!
<u>W</u> We are Respectful	I Can: Read the <i>Parent Handbook</i>	I Can: Make sure my child is on time to school at 8:30 am	I Can: Early check-out to be completed before 2:45 pm	I Can: Be an active partner in my child's education <i>Attend PTA meetings</i>
<u>I</u> I Care	I Can: Be sure my child gets enough sleep <i>Sleep Chart</i>	I Can: Make certain my child is able to independently enter the building	I Can: Access my students daily schedule <i>here</i>	I Can: <i>Come to Coffee Chats with the Principal</i>
<u>S</u> Safety Matters	I Can: Lock away medications in the home <i>Secure Medications</i>	I Can: Refrain from blocking the school entrance	I Can: Verify contact and safety information with the school	I Can: Learn about the <i>additional resources</i> available to my student
<u>E</u> Everyone is Responsible	I Can: Review the student <i>WISE Owl Matrix</i> at home	I Can: Know teachers are engaged in learning and honor this time	I Can: Know students are engaged and learning and honor their time	I Can: Speak positively of Pine Hill <i>Monitor my child's Screen Time</i>

Figure 2: Family Engagement Strategies

Family Voice	Sharing Information	Visuals
<ul style="list-style-type: none"> • Interest surveys • Parent focus groups • Social media (e.g., polls, comments, messaging) 	<ul style="list-style-type: none"> • Informational pamphlets sent home (e.g., school vision and action plan, universal screening data, school report cards, etc.) with data included as much as possible. • Continuum of interventions available and whom to contact for support sent home and posted in the office • A Family PBIS Matrix with strategies for families to use to support their students. Created with parent input & offered to families in paper and electronic format with hyperlinks. • Establish a shared Google drive specifically for parents to facilitate bi-directional information sharing between the school and parents. 	<ul style="list-style-type: none"> • Directory posted in the office: pics of support staff members and their role at the school • Students shared testimonials and pictures through social media with school hashtag relevant to PBIS • Skits performed at PTA meetings on PBIS (What does it mean to be WISE)

Strategy 3: Develop Procedures for Selecting Interventions and Monitoring Progress

Applying MTTs features through teams is a critical step in merging SMH into the PBIS framework. These features include (a) establishing routines and procedures for the team-based selection of evidence-based interventions and (b) progress monitoring fidelity and outcomes of each intervention. School A’s Team expanded its Tier 1 interventions to include a universal SEB curriculum, using data to select specific social-emotional lessons. For example, they began routinely teaching all students emotional regulation and coping skills. As these Tier 1 interventions were provided, the team began discussing and monitoring accuracy (fidelity) and outcomes of school-wide instruction.

Before the start of interventions, teams establish criteria, or decision rules, to determine at which tier(s) specific interventions are needed, the start and end date for interventions, and what data points will be used to assess the fidelity and outcomes of the intervention. The selection of individual SEB interventions at School A became more tailored and specific to student need, and mental health clinicians began using various tools to assess progress, including check-in-check-out trackers, emotional thermometers, and behavior data. As clinicians began more specific monitoring techniques, some clinicians also began using the school data tracking system for progress monitoring of interventions. These monitoring techniques created greater accountability for SEB interventions, becoming more consistent with how academic interventions are monitored. For example, a mental health clinician providing individual support for a student experiencing anxiety (as demonstrated by frequent absences and withdrawal from social interactions) used attendance as one data point to monitor intervention’s progress.

- Core Features of MTSS**
1. Effective Teams
 2. Data-based decision making
 3. Formal processes to select evidence-based practices (EBP)
 4. Early Access through comprehensive screening
 5. Progress-monitoring for fidelity and effectiveness
 6. Professional Development and

Before implementing the ISF, intervention decisions at School A were often made in response to isolated discipline incidents rather than systematically using data to determine student needs. Most students presenting with internalizing concerns were overlooked because they were not disruptive (see Weist, et al., 2018). Through professional development and coaching, teams became more focused using universal data, such as SEB screening data. For example, during a team meeting at School A, a school counselor suggested an anger management group because she heard constant verbal aggression coming from a classroom near her office. At the prompting of the coaches, the team reviewed the universal SEB screening data and determined a more pressing school-wide need to address internalizing concerns. The team developed a tier 1 intervention to teach coping skills within all classrooms to better meet needs of students with internalizing concerns. Mental health clinicians rotated through the classrooms to support teachers as they taught coping skills lessons. Following observations in the classroom near the counselor's office, the teacher was supported with strengthening consistent use of Tier 1, supplemented with specific classroom-based de-escalation strategies.

Suggested Next Steps: Technical Assistance for Coaches

The following technical assistance approaches build on the strengths and progress of School A and are designed to improve student outcomes by a more deliberate application of MTSS features through Tier 2 and Tier 3 teams. These activities and tools can also be used by coaches and leaders in other schools to build a more systematic team approach at the targeted group and individualized levels. A prerequisite for the advanced technical assistance proposed below is implementation of the PBIS Framework including (a) fidelity at Tier 1, (b) functioning leadership team, (c) coaching expertise, and (d) data systems with capacity to track basic fidelity and outcome data. The technical assistance is intended to produce the following changes in team routines and procedures:

1. Descriptions and discussion of interventions will be more specific, focusing on skills being taught instead of methodology. For example, instead of the student is receiving 'counseling' weekly, the team would indicate a student will receive individualized cognitive behavioral therapy to learn to (a) identify triggers to cutting behavior and (b) engage in a safe replacement behavior when those triggers occur.
2. Specifics about how each small group and individualized intervention will be monitored and assessed for fidelity and impact will be determined before interventions are initiated. For example, if a small group intervention was initiated to respond to families raising concerns about how a specific group of girls are interacting (see Strategy #1 on page 3), the team would work directly with the families to determine how to assess progress per behavior indicators raised by the families. Perhaps they would create a simple survey for the families to complete before starting the intervention, periodically during the intervention, after the intervention, and again six months later to check for the sustainability of any change.
3. Rather than discussing each student individually at team meetings, teams focus on systems by routinely reviewing the progress of interventions by type/category. For example, "How many students are receiving cognitive behavioral therapy individually? How many of these students respond to the intervention per pre-determined data point/tool for assessing progress?" (Note: For

students receiving highly individualized support, their progress should be reviewed in detail at individual student/family team meetings.)

Technical Assistance Activity #1: Conduct an Intervention Inventory

Using the School Level Intervention Mapping Tool, a coach guides the team to list each intervention currently being provided individually to students by either agency or school staff. The status of MTSS features per intervention are identified (e.g., entrance criteria, how impact and fidelity are assessed, percent of students responding, etc.). This will allow teams to discuss and plan how to adjust practices to ensure there is clarity about each intervention (e.g., technique, dosage/frequency, assessment methods, etc.). The coach can guide the team towards deciding changes that will improve data-based decisions for matching student needs to appropriate intervention and simultaneously improve the ongoing process of selecting evidenced-based interventions that may be needed or improved in ongoing implementation.

Technical Assistance Activity #2: Create a Routine for Team-Based Intervention Selection

The team adopts a process for selecting evidence-based mental health practices based on students' specific needs (per data), rather than individual clinicians selecting interventions on their own. Coaches can introduce teams to the Consumer Guide for Selection of Evidence-Based Mental Health Services, discussing the examples provided in this Guide that illustrates why the selection of interventions needs to be more discerning, linking demonstrated need to specific evidence-based practices. The coach can also use examples from the Intervention Inventory activity (above) and guide team members to structure the consistency of their selection criteria for mental health interventions and services aligned to presenting problems and evidence for probable success.

Technical Assistance Strategy #3: Focus on Systems at Tier 2/3 Team meetings

The coach introduces a routine for team meetings to ensure teams stay focused on systems and overall effectiveness of categories of interventions during the systems meetings. Using the Tier 2 and Tier 3 Tracking Tool, the coach can guide the team through a process for rigorous progress monitoring of fidelity and effectiveness. This tool's use can structure ongoing monitoring of Tier 2 and 3 interventions with a focus on overall intervention effectiveness for all students and individual student progress. This tool supports the teams to be prepared to accurately progress monitor the impact and fidelity of each intervention with the determination of these evaluation procedures before starting the intervention. The use of the tool will allow confirmation that evaluation procedures were established and support their ongoing review and problem-solving.

Conclusion

The development of a strong leadership team that includes actively engaged family and community partners is an essential strength of School A's ISF experience. Family voice was a noticeable 'game-changer' as team conversations became more specific, focused, and productive. Over two years, family engagement expanded across all aspects of school functioning, positively influencing student outcomes. School A's team continues to prioritize family engagement strategies as they select and implement new or redesigned interventions with a focus on MTSS features. Another notable strength of the ISF effort in this school was how the team, supported by the co-coaching model (from the school district and collaborating mental

health agency), became more confident and competent in their use of data to more accurately identify and address needs.

Through the ISF, schools can implement a model that ensures mental health and physical safety through promoting SEB wellness across all tiers by organizing school personnel, community mental health providers, and families through a single team-based leadership structure. Leadership buy-in to support effective teaming, collaboration, and training from coaches that utilize the resources of education and mental health systems, and family and community engagement are all necessary components of an ISF. These components can lead to more effective intervention selection and implementation through data-based decisions across the continuum of tiers 1, 2, and 3 instruction and intervention support. Merging mental health through multi-tiered systems within the school setting through this integrated model leads to positive outcomes for all staff, students, and their families.

We express appreciation to collaborating partners, the Charleston County, South Carolina (SC) School District; the SC Department of Mental Health; the Marion County, Florida (FL) School District, and the Centers. Please note that Erin Scherder (SC), a co-author of this brief, served as a coach for the school discussed in this brief.

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This Practice Guide was supported by a federal grant from the National Institute of Justice, Interconnecting PBIS, and school mental health to improve school safety: A randomized trial, #2015-CK-BX-0018, 2016-2020 (M., Weist, Principal Investigator).

This document was supported from funds provided by the Center on Positive Behavioral Interventions and Supports cooperative grant supported by the Office of Special Education Programs (OSEP) of the U.S. Department of Education (H326S180001). Dr. Renee Bradley served as the project officer. The views expressed herein do not necessarily represent the positions or policies of the U.S. Department of Education. No official endorsement by the U.S. Department of Education of any product, commodity, or enterprise mentioned in this document is intended or should be inferred.

Suggested Citation for this Publication

Eber, L., Scherder, E., Raulson, C., Abshier, D., Perales, K. (In Press). Installing an Interconnected Systems Framework at the School Level: Recommendations and Examples to Guide School Leadership Teams, Practitioners and Coaches. Eugene, OR: Center on PBIS, University of Oregon.

Integrating a Trauma-Informed Approach within a PBIS Framework

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The purpose of this Guide is to describe how district and school leaders can incorporate trauma-informed practices within a Positive Behavioral Interventions and Supports (PBIS) framework. This ensures that the investments in training school personnel about trauma can be integrated into a system that links these efforts to student outcomes. Recommendations are included for how to adjust the PBIS framework to support trauma-informed practices.

Introduction

Over the past decade, youth-serving systems have increased their focus on childhood trauma and its impact on the mental health of children and youth (Hanson & Lang, 2016). Educators, following the lead of child welfare and mental health organizations, have intensified efforts to ensure that all teachers and administrators work in a system that provides accurate information about the prevalence and impact of trauma, are provided training and coaching around trauma response, and have a clear understanding of their role in supporting students who have experienced trauma. Although schools are investing heavily in professional development about trauma, a recent analysis of the literature found no rigorous evaluations or evidence of the impact of these efforts in educational settings (Maynard et al., 2019; Reinbergs & Fefer, 2018). As with other interventions focused on improving student social-emotional-behavioral (SEB) functioning, trauma-focused interventions are unlikely to work without ongoing analysis of implementation and corresponding refinement of strategies (Kelly et al., 2010). Positive Behavioral Interventions and Supports (PBIS) provides an effective multi-tiered framework for incorporating the knowledge about childhood trauma into an established system of SEB support, rather than focusing on trauma as a separate and perhaps competing initiative. Following the Interconnected Systems Framework (ISF) process for integrating PBIS and school mental health into a single system (Eber et al., 2019), trauma-informed practices become part of one multi-tiered continuum of support, benefitting from the structures that contribute to efficiency and effectiveness.

A Trauma-Informed Approach:

" A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization." (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p. 9).

Context

Over 27,000 schools in the United States implement multi-tiered systems of PBIS to effectively address the needs of students (Horner & Sugai, 2015). The PBIS framework applies the core features of multi-tiered systems of support (MTSS) to improve SEB and academic competencies (Bradshaw, Waasdorp, & Leaf, 2012). Although much of the literature on PBIS focuses on the outcomes surrounding student problem behaviors of an externalizing nature (Bradshaw, Waasdorp, & Leaf, 2012), the framework is recommended for teaching a full range of SEB competencies (Barrett et al., 2018; Chafouleas et al. 2016; Cook et al., 2015). This framework has been expanded to prevent and address internalizing problems such as anxiety and depression (Weist et al., 2018; McIntosh, Ty, & Miller, 2014). The framework applies a whole system response that emphasizes prevention and prioritizes the use of data to evaluate impact, thus enhancing mental health service delivery, including trauma-informed approaches. (Chafouleas et al., 2016; Dunlap et al., 2008). Integrating a trauma-informed approach into the PBIS framework is an example of enhancing the focus on mental health within an existing multi-tiered system, expanding the work of schools in addressing a critical issue that impacts student learning.

Notably, the goals of PBIS and trauma-informed approaches overlap as they are grounded in similar science. Specifically, PBIS establishes a clear and predictable social environment, reduces problem behaviors linked to increased internalizing distress, diminishes classroom distractions and interruptions, and provides an instructional framework for teaching and practicing adaptive social and emotional skills (McIntosh, Ty, & Miller, 2014). As noted in the trauma literature, a safe and positive environment coupled with positive and dependable relationships promotes resiliency and healthy brain functioning in children who have experienced trauma (Sciaraffa, Zeanah, & Zeanah, 2018). PBIS establishes a learning environment that is predictable, consistent, positive, safe, and equitable (Horner & Macaya, 2018). All these qualities are important to the healing of students who have experienced trauma.

Additionally, the structure and purpose of the cognitive behavioral therapy (CBT) approach recommended for children who have experienced trauma (Cohen et al., 2012) is consistent with the behavioral science that supports the PBIS framework. Moreover, interventions within the CBT approach and the PBIS framework are efficient, based on developing skills to change current behaviors, and adaptive to meet the needs of individuals and groups (Chafouleas et al., 2016). The growing awareness of childhood trauma and movement to incorporate a trauma-informed approach in the educational setting (SAMHSA, 2014) in conjunction with the effectiveness of multi-tiered prevention frameworks (Horner & Sugai, 2015) set the stage for integrating evidence-based trauma-informed practices into PBIS.

The ISF for school mental health (SMH) and PBIS emphasize district-level structures, ensuring the consistent application of MTSS features across all services and all tiers regardless of the persons providing the support (e.g., community clinician, school psychologist, teacher; Barrett, Eber & Weist, 2013). This alignment within multi-tiered teams using data can ensure that knowledge gained during professional development is implemented and monitored for accuracy and impact. Following the PBIS Implementation Blueprint, (Center on Positive Behavioral Interventions and Supports, 2015) the integration of a trauma-informed approach occurs within established teams at both the district- and school-level. A district/community-level interagency team establishes consensus among executive-level leaders, ensuring that policies, funding resources, and personnel availability are appropriate and sufficient to ensure effective integration at the school level. This

team makes decisions about when and how trauma-informed practices are used in conjunction with related SEB instruction and support across tiers (i.e., universal, targeted, and intensive supports). At the school-level, one set of cross-system teams reviews data, collaborates the design of interventions, and engages in progress monitoring, both for intervention fidelity and student outcomes. For example, an integrated team does not use separate screening and referral systems to address trauma. Instead, the established universal screening procedures and the request for assistance (RFA*) processes become trauma-sensitive (*note, we do not use the term ‘referral’ as this conveys staff handing off a student issue without assurance that it will get addressed).

Following the logic of the ISF (Barrett et al., 2013; Eber et al., 2019), trauma-informed approaches can be integrated and aligned throughout the MTSS, clarifying the systemic conditions needed for success. For example, the multi-tiered structure can strengthen the trauma-informed approach if the school-level teams have formalized routines for reviewing school and community data and have the authority to re-design a school environment in which all students and staff thrive. As part of a multi-tiered structure, district teams develop one integrated action plan containing professional development and evaluation procedures for all SEB initiatives. Training and coaching addresses needed support for educational staff, which together with community providers and families are focused on establishing a responsive environment and provide trauma-specific supports with an evaluation plan that monitors multiple indicators of success (e.g., training outcomes, school climate, student outcomes; Chafouleas et al., 2016).

Integrating trauma-informed data and practices into the PBIS framework is a practical approach allowing for contextual fit within each district and school. Mapping trauma-informed approaches into the multi-tiered PBIS system ensures that knowledge on effective trauma response is matched to accurate monitoring of implementation and student response, enabling refinements in interventions to increase their effectiveness. The remainder of this Guide describes specific integration strategies designed to strengthen an established PBIS framework and enhance MTSS core components in order to best integrate a trauma-informed approach into a district- and school-level setting.

Recommendations for Integration Trauma-Informed Approaches and PBIS

As described above, PBIS prioritizes prevention and early intervention and allocates resources to efficiently respond to students’ SEB needs through a multi-tiered system of support (MTSS). Including trauma-informed practices in the same MTSS will establish the structures to monitor effectiveness, ensure efficiency, and create sustainability of these practices, versus more typical ad-hoc programming that often occurs in schools (Eber et al., 2019). District/community leadership teams serve as the lead entity to establish the trauma integration procedures and create the supports to assist school teams as they modify their MTSS to be trauma-informed. Figure 1 includes the core features of MTSS with guiding questions for specific applications to strengthen the implementation of trauma-informed approaches. Both district and school-level teams can use these questions to guide the design of their trauma response within a single system.

FIGURE 1: Trauma-Informed MTSS Core Features

Trauma-Informed MTSS Core Features	
MTSS Core Feature	Trauma Enhancement
Teams	Do district and school-based teams include an individual who has knowledge, expertise, and the ability to provide coaching/support about the impact of trauma?
Use of data	Do all staff know what data sources to use to determine which trauma-informed interventions are needed at which tier (i.e., all, some, few)? Is community data and student and family perception data used to provide cultural context?
Ensuring early access	Does the team use a formal screening process to identify children and youth needing additional support? Does the team review community/neighborhood data to determine the magnitude of needs?
A formal process for selecting interventions	Does the team use a formal process to select trauma-informed evidence-based practices, and determine if they can be implemented effectively?
Measuring fidelity and outcomes	When trauma-informed practices are added to the menu of available supports, does the team use the progress monitoring system to inform fidelity, effectiveness, and to guide improvement to implementation?
On-going professional development and coaching	Does the District MTSS professional development plan include opportunities for all staff to learn about trauma, it's impact on youth, and the evidence-based practices that will be integrated across tiers? What types of supports are available for staff who have experienced trauma or are experiencing secondary trauma?

The following section provides further discussion and strategies for expanding the application of these features to ensure trauma-informed practices are embedded in a single system of SEB support.

1. Expand Teams to Ensure Trauma Expertise Guides and Informs Multi-tiered Systems.

As previously discussed, aligning all SEB approaches through one system requires one district leadership team that includes community providers and family/youth representation (see Weist, Garbacz, Lane, & Kincaid, 2017). Similar merged teams should be established at the school level as well, ensuring that all mental health related initiatives are facilitated through one set of teams. District and school-level teams can ensure the capacity to integrate trauma-informed approaches by including individuals who know about trauma, its prevalence, and impact on students and the evidence-based practices for supporting students. Teams should

consider community context when expanding teams. For example, it may be necessary to include personnel with expertise in drug misuse and prevention if the opioid crisis impacts the community. Once trauma expertise is added to teams, they can begin assessing their current structures and using expanded data to determine how to integrate trauma-informed practices into their school-wide instruction.

2. Use Data Sources that Identify the Scope of Trauma

To ensure a trauma-informed system, schools will want to leverage both trauma and behavioral knowledge to ensure desired results. For example, teams may need to expand their data sources to deliberately identify students who are at-risk of or are already exhibiting the typical trauma responses of flight, fight, and freeze. A district and school team may review community ACES data (Anda, Porter, & Brown, 2020; Larkin, Shields, & Anda, 2012) to assess the prevalence of trauma in the community as they consider the need to expand their Tier 1 instruction to prevent and/or mitigate typical responses to trauma. Recognizing that ACES data should not be used to identify individual students in need of support (and not all students who have experienced an adverse childhood experience are necessarily traumatized) other data sources should also be considered. For example, teams should review the amount of time some students spend outside of instruction indicating possible flight behavior (e.g., nurse visits, counselor visits, restroom breaks), or the number of teacher calls for support due to escalated behavior indicating fight behavior. These data allow teams to determine how interventions need to be redesigned or added at different tiers. For example, if ACES data indicate that 40% of students have experienced significant trauma, the Tier 1 curriculum can be expanded to include direct instruction on how and when to use acceptable coping mechanisms while also ensuring that staff are neither triggering nor inadvertently reinforcing inappropriate behaviors that may be due to a history of trauma. This school-wide instruction directed at all students, guided by knowledge about reducing triggers, can prevent trauma responses in some students while reducing symptoms in others (Austin et.al., 2020). Teams also need to identify data trends that indicate which students need more targeted support at Tiers 2/3.

3. Ensure Early Access through Universal Screening.

While ACES data provide an environmental scan of local prevalence rates, SEB universal screeners are essential to identify students in need of support, including those impacted by trauma. The expanded district/community leadership team selects a universal screener and develops procedures and routines to implement the screener in all schools. Trauma-informed school teams will carry out the screening and use the data to design a multi-tiered response as part of the single system of SEB support. With trauma expertise across all teams, the screening and response system can be integrated through one system, eliminating the need for a separate process. Schools teams need to respond quickly, so qualified personnel should be ready to provide additional assessments and a higher level of trauma-informed interventions for some youth identified through the screening.

4. A formal process for selecting trauma-informed evidenced-based practices.

District and school teams are encouraged to resist the temptation to add new practices without considering

how existing efforts can be expanded or repurposed to address the impacts of trauma for all, some, or a few students. For example, before adding new strategies to strengthen relationships, a key to building resilience for youth experiencing trauma (Fergus, & Zimmerman, 2005), teams may want to consider strengthening and repurposing the use of active supervision. Active supervision is a PBIS strategy that prompts staff to scan, move and interact when supervising groups of students during less structured times (i.e., lunch or recess) (National Center on Early Childhood Health and Wellness. 2019). Teams can re-teach active supervision to staff with an emphasis on how all adults can strengthen relationships with students by increasing the number of positive teacher-student interactions. If the team determines that a new, evidence-based intervention is required, they should follow an established procedure for how selection will occur. The Hexagon Tool (<https://nirn.fpg.unc.edu/resources/hexagon-exploration-tool>) exemplifies a process to guide teams to select effective practices that align with current efforts, are matched to a specific need, and can be easily implemented. For example, a team using this tool may select a coping strategy from a social/emotional learning curriculum that teachers are already familiar with and have access to. It is important to consistently use data to guide teams in the selection of interventions as prevalence rates can determine when interventions may be warranted for all students vs interventions only needed for some students indicating active flight, fright or freeze behaviors.

5. Decide How to Assess Fidelity and Impact Before Implementing.

As teams decide to initiate trauma focused enhancements or new interventions, they should be prepared to progress monitor the impact and fidelity of each intervention accurately. These evaluation procedures should be determined and initiated before starting the intervention. Per the active supervision example described above, team members and coaches walked the hallways and lunchroom counting the number of positive teacher-student interactions, ensuring they had baseline data before rebooting the practice. A few weeks after the team retaught active supervision with a focus on relationships, the scans and counts of teacher-student interactions were repeated to assess fidelity. They also administered a student survey at baseline and after three weeks of the intervention to assess student perception of adult-student interactions and overall school climate. The Tier 1 team examined these student self-report data with the direct observation data, to assess impact, and then held a dialogue with faculty about the next steps.

Teams are encouraged to consider the data used to identify students as needing trauma-informed interventions (e.g., office referrals, nurse visits, attendance) as possible progress monitoring and assessment data points. Additional information may be needed to determine if students are using new skills across settings. For example, if students are being taught a calming strategy to replace typical trauma responses, reductions in the specific fight, flight, freeze behaviors may be used to assess impact. If students are taught and given the option of seeking alternative quiet spaces during lunch, the team would monitor student use of alternative lunch spaces relative to reductions in problem behavior. When a trauma-focused strategy (e.g., a self-calming process) is taught to small groups of students, the use of the new skill can be monitored across settings by expanding the daily progress report used with a check-in-check-out process (Crone, Hawken, & Horner, 2010), allowing for continuity of instruction in the classroom. Figure 2 provides a sample of a Layered Daily Progress Report, illustrating how specific skills taught in groups can be added to the daily progress report, allowing teachers to prompt and the reinforce use of the skill as needed in the classroom.

FIGURE 2: Sample - Layered Daily Progress Report

	1st block	2nd block	3rd block	4th block
Be Safe Use calming strategy	2 1 0	2 1 0	2 1 0	2 1 0
Be Respectful Use safe hands	2 1 0	2 1 0	2 1 0	2 1 0
Be Responsible Connect with safe person	2 1 0	2 1 0	2 1 0	2 1 0

The team will also need to develop a process to assess fidelity for new interventions. Measuring fidelity will assist the team in establishing routines for regularly reviewing the quality of effort, the effectiveness of the intervention, and adjustments to training and coaching necessary to meet staff needs and implementation efforts. Schools already implementing PBIS will have experience with monitoring fidelity for their PBIS structures and some of the interventions, for example, the Tiered Fidelity Inventory (TFI) (Algozzine et al., 2019). Some manualized trauma interventions, such as Cognitive Behavioral Intervention for Trauma in Schools (CBITS) (Jaycox, Langley, & Hoover, 2018), will have fidelity measures as part of the curriculum. In contrast, other trauma interventions may not include a fidelity measure. When a team chooses to install an intervention that does not have fidelity measures established, the team will need to develop such a measure. (See <https://bit.ly/ChooseImpFidelityMeasure> for factors for the team to consider in choosing or designing fidelity tools.)

6. Professional Development and Coaching

A hallmark of PBIS efficacy is an iterative professional development process, focused on building fluency and accuracy with new practices. As new professional development content on trauma is introduced, district leaders should ensure that the same team-based logistics and principles of adult learning used for PBIS training are applied (Mezirow, 2000). For example, as teams begin to apply new knowledge about trauma-informed approaches, they should receive ongoing coaching by qualified personnel to ensure they are regularly using data to make decisions about intervention selection, fidelity, and impact. Teams need to have adequate action planning time to make decisions about how to incorporate trauma-based strategies into their existing system, per specific assimilation examples and activities that show team members how to integrate the new content with existing structures and components of PBIS. For example, the training content can teach teams how to examine their current Tier 1 components relative to the features of trauma-informed practices and brainstorm how to improve current practices specifically for students with or at-risk of flight, fright, freeze behaviors. The following section provides two specific activities that can be incorporated into trauma-informed training and coaching to guide teams to integrate a trauma focus into multi-tiered structures of SEB support. Specifically, the PBIS/Trauma crosswalk and expanded teaching matrix activities illustrate specific steps for teams to integrate Tier 1 effort with a trauma-informed approach deliberately.

Logistics for Training:

- 1) team based with administrator participating,
- 2) coaches working with teams during and following training,
- 3) data informed
- 4) repeated cycles of training, and practice.



Conduct a crosswalk of Tier 1 Practices with a Trauma-Informed Features. School leadership teams should conduct a crosswalk of their current Tier 1 components with the features of trauma-informed practices. This process helps the team to determine how each existing Tier 1 practice can a) create a safe, predictable, consistent environment, b) promote belonging and relationship development, c) teach and reinforce SEB competencies, and d) support cognitive, emotional, and behavioral regulation. The crosswalk is intended to bolster or expand practices to be more trauma-informed. For example, team members may determine that using everyday language to teach expectations, rules, and procedures helps provide consistency across locations in the school but needs to be done more consistently in the classrooms.

Additionally, they may decide to teach regulation strategies and coping skills using the same approach that they currently use to teach behavior expectations. The sample crosswalk of Tier 1 components and trauma-informed features in Table 3 illustrates how a Tier 1 Team, after reviewing an existing social/emotional curriculum, decided to select specific lessons focused on self-awareness, regulation, and relaxation strategies to add to their universal instruction for all students. The team organized professional learning groups to allow staff to identify ways to embed the selected instruction into academics. The team also decided to use the existing classroom morning meeting routine for all teachers to teach selected coping strategies using everyday language consistently. A final modification resulted in all students and teachers beginning each day with relaxation techniques and practice of skills that promote resiliency.

FIGURE 3: Crosswalk of Tier 1 Components and Trauma-informed Features

Tier I Trauma Features				
Tier 1 Components	How is Tier 1 component trauma-informed?			
	Creates Safe, Predictable, & Consistent Environment	Building Community or Relationships	Teaching/ Reinforcing Skills	Supports Regulation
Defined and teaching school-wide expectations <ul style="list-style-type: none"> Expand teaching to include coping skills (e.g., identifying feelings, expressing feelings, & managing feelings) Teach social-emotional and behavior lessons in a circle and embed with academic lessons Use morning circle routine across all classrooms to practice new skills and build classroom community 	X	X	X	X
Feedback and acknowledgement system <ul style="list-style-type: none"> Use feedback to increase the use of new skills across locations Teachers model calm response when providing feedback Use the system to prompt all staff to increase positive greetings and positive social interactions across the day 	X	X	X	X
Active Supervision (scan, move and interact with students during transitions and non- classroom locations) <ul style="list-style-type: none"> Team members and coaches conduct direct observations and collect counts of staff interacting with students and during transitions and cafeteria – provide data to staff during grade-level meetings 	X	X		

Expand the Tier 1 Teaching Matrix to Include Trauma-Informed Competencies. Once teams have selected and prioritized trauma-informed competencies to be taught, they can add these skills to their Tier 1 teaching matrix to ensure they are directly taught, modeled, and practiced with students. Figure 4 illustrates how a Tier 1 PBIS school team examined school-wide data (e.g., teacher requests for support, nurse visits) through a trauma lens and decided to teach students how to identify stress and respond productively. Explicitly, this team defined instruction for emotional regulation by adding a routine for “When I feel upset” to their school-wide matrix, created lesson plans for teachers to use with youth, and provided posters as a system to support prompts and consistent language.

FIGURE 4: Sample Tier 1 Teaching Matrix with Trauma-informed Competencies

The Williams HS Way	Classroom Rules	Welcome	Group Work	Online	When I feel upset...
Respectful	<ul style="list-style-type: none"> • Raise hand • Track the speaker • Follow directions 	<ul style="list-style-type: none"> • Greet the teacher and classmates • Talk in soft voices 	<ul style="list-style-type: none"> • Listen to understand • Take turns speaking • Say, “I like that idea, AND...” 	<ul style="list-style-type: none"> • Consider the feelings of others before posting 	<ul style="list-style-type: none"> • Ask for a break • Express feelings by making “I statement”
Organized and Achieving	<ul style="list-style-type: none"> • Walk quietly • Keep hands and feet within your bubble 	<ul style="list-style-type: none"> • Start on opener assignment 	<ul style="list-style-type: none"> • Clean up the area when time is up 	<ul style="list-style-type: none"> • Turn on privacy controls 	<ul style="list-style-type: none"> • Ask my teacher to break down the assignment into smaller chunks. • Talk to someone if it will make you feel better
Responsible	<ul style="list-style-type: none"> • Stay on task • Offer to help • Apologize for mistakes 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • “Jump in” to help others • Manage time carefully 	<ul style="list-style-type: none"> • Double check sources before I post • Pause and reflect before I post 	<ul style="list-style-type: none"> • Use the face chart to identify what you are feeling “I feel...” • Use cool off strategy (walk away, count to 25, deep breaths)

Figure 5 illustrates a Tier 1 teaching matrix that has been further expanded to include trauma-informed staff expectations. The impetus for this addition was student surveys and focus groups that indicated many students did not feel safe during transitions, with hallways and bathrooms cited as areas of concern. Using the student survey data, the team worked with all staff to clearly define the role adults play in directly teaching, modeling, and supporting students.

FIGURE 5: Sample Tier 1 Teaching Matrix with Trauma-informed Staff Expectations

The Williams HS Way	Classroom Rules	Welcome	Group Work	Online	When I feel upset...
Respectful	<ul style="list-style-type: none"> • Raise hand • Track the speaker • Follow directions 	<ul style="list-style-type: none"> • Greet the teacher and classmates • Talk in soft voices 	<ul style="list-style-type: none"> • Listen to understand • Take turns speaking • Say, "I like that idea, AND..." 	<ul style="list-style-type: none"> • Consider the feelings of others before posting 	<ul style="list-style-type: none"> • Ask for a break • Express feelings making "I statements"
Organized and Achieving	<ul style="list-style-type: none"> • Walk quietly • Keep hands and feet to self 	<ul style="list-style-type: none"> • Take your seat 	<ul style="list-style-type: none"> • Clean up the area when time is up 	<ul style="list-style-type: none"> • Turn on privacy controls 	<ul style="list-style-type: none"> • Ask my teacher to break down the assignment into smaller chunks. • Talk to someone if it will make you feel better
Responsible	<ul style="list-style-type: none"> • Stay on task • Offer to help • Apologize for mistakes 	<ul style="list-style-type: none"> • Turn in homework • Put materials in desk • Begin work 	<ul style="list-style-type: none"> • "Jump in" to help others • Manage time carefully 	<ul style="list-style-type: none"> • Double-check sources before I post • Think before I forward 	<ul style="list-style-type: none"> • Use the face chart to identify what you are feeling "I feel..." • Use cool off strategy (walk away, count to 25, deep breaths)
Teacher's Role (Conditions for Learning)	<i>Supervise all areas of the classroom</i>	<ul style="list-style-type: none"> • <i>Greet students warmly</i> • <i>Post bell to bell activity</i> 	<ul style="list-style-type: none"> • <i>Provide relationship opener for groups</i> • <i>Actively supervise small group activities</i> 	<ul style="list-style-type: none"> • <i>Teach and practice routine monthly</i> 	<ul style="list-style-type: none"> • <i>Use Active Supervision to predict triggers</i> • <i>Model calming strategies</i>

Conclusion

Given its prevalence in all school districts in the U.S., understanding childhood trauma and its impact on student SEB and academic functioning is essential for all adults working in schools. However, merely adopting a packaged curriculum and providing trauma training for school staff is unlikely to improve student functioning. Additionally, the lack of evaluation procedures to determine the impact of this type of professional development is a potential detriment to the advancement of trauma-informed approaches in schools. What is needed is to deliberately incorporate trauma knowledge within a framework of teaming, technical assistance, and the use of data to monitor implementation and outcomes. The implementation and instruction systems of PBIS are ideal for embedding trauma-informed approaches into the MTSS and work to support and positive SEB functioning in students. The PBIS process can help all stakeholders identify what competencies and interventions are most needed, teach regulation and coping skills across settings, and ensure that specific trauma-informed approaches are being implemented accurately and with enough intensity to improve student outcomes.

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Additional Resources to Guide the Integration of Trauma-Informed Approaches within a PBIS Framework

1. Integrating Trauma-Informed Support in MTSS --- SCTG webinar recording --
- <https://www.pbis.org/video/integrating-trauma-informed-support-in-mtss-sctg-webinar>
2. The ISF Fact Sheets --- <http://www.midwestpbis.org/interconnected-systems-framework/publications>
3. [Moving from Cloudy to Increasingly Clear: Aligning Explicit Teaching Behaviors with the Core Principles of Trauma-Informed Practice](#). --- (This downloads as a PDF and is from McDowell Institute)
4. Harvard - Center on Developing Child --- <https://developingchild.harvard.edu/science/key-concepts/>

This document was supported from funds provided by the Center on Positive Behavioral Interventions and Supports cooperative grant supported by the Office of Special Education Programs (OSEP) of the U.S. Department of Education (H3265180001). Dr. Renee Bradley served as the project officer. The views expressed herein do not necessarily represent the positions or policies of the U.S. Department of Education. No official endorsement by the U.S. Department of Education of any product, commodity, or enterprise mentioned in this document is intended or should be inferred.

Suggested Citation for this Publication

Eber, L., Barrett, S., Scheel, N., Flammini, A., & Pohlman, K. (In Press). *Integrating a Trauma-Informed Approach within a PBIS Framework*. Eugene, OR: Center on PBIS, University of Oregon.

Installing and Implementing an Interconnected Systems Framework (ISF) at the District/Community Level: Examples and Strategies for Coaches and District Leaders

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This Practice Guide describes and illustrates how district/community leaders can embed mental health supports within the PBIS framework to create a unified and comprehensive system of social-emotional-behavioral (SEB) supports in schools. One district's experience building such an Interconnected System Framework (ISF) is portrayed including how they engaged community partners, families and school personnel. The logic of implementation science (Fixsen, et al., 2005) is used as an organizing structure to guide districts through the change process with a focus on sustainability. This exemplar district's description demonstrates how the sequential movement to a single system of SEB support happens over time, focusing on continuous improvement. Technical assistance strategies and tools for coaches guiding the ISF process in districts/communities and schools are included. (For more information on the ISF process, see the ISF resources listed at the end of this Guide)

Context

Even before the unprecedented force of the COVID19 pandemic, schools were increasingly aware of social-emotional-behavioral (SEB) health as a critical component of students' academic and post-school success. For decades, national mental health data has indicated climbing prevalence rates of anxiety and depression in youth, frequently exacerbated by trauma that is often generational in communities (Bor, et al., 2014; DeAngelis, 2019). The prolonged uncertainty, fear, and social isolation from the world pandemic, combined with social unrest and community violence, has only exacerbated the mental health crisis for schools and communities (Weir, K., 2020). system (Eber, et al., 2020), trauma-informed practices become part of one multi-tiered continuum of support, benefitting from the structures that contribute to efficiency and effectiveness.

ISF Key Messages

1. Single System of Delivery
2. Mental Health is for All
3. Access is Not Enough
4. MTSS Features are Essential

As schools find themselves front and center in addressing these critical needs, they often reach out to community providers to assist, resulting in a proliferation of co-located school-based mental health

systems, which are often disconnected from other school-based SEB initiatives. The Interconnected Systems Framework (ISF) is a process to create a more stream-lined approach to school mental health and wellness by connecting all SEB efforts through one system, while eliminating barriers inherent in systems that previously have operated separately (Eber, et al., 2020).

As schools begin working toward such an interconnected system, they need to secure active leadership from those with authority to change policy, braid funding streams, and re-position personnel and procedures at the school level. Hence, this organizational change level should be initiated and led by executive-level governance from education, mental health, and other partnering agencies through a district/community leadership structure. This district/community leadership team guides the change by first exploring what the shift to an integrated system of SEB support would entail, and making decisions on how to move forward by allocation or repurposing of resources to support the movement from co-located school mental health to a system that can more efficiently meet the needs of a greater range of youth and families. One of the most important functions of the leadership team is to work on alignment of related SEB initiatives/programs. Rather than merely adding new initiatives or additional personnel, the leadership teams focus on changing and aligning system features and routines to focus on efficiency, effectiveness and sustainability. The following sections summarize the ISF process from exploration to implementation, highlighting one exemplar district's experiences.

Exploration to Adoption

As school districts explore the possibility of interconnecting mental health into their PBIS framework, they typically begin by examining current partnerships and initiatives/programs, developing a shared understanding of the ISF among key stakeholders, and ultimately making a decision to adopt or not. The process for each district will unfold differently, but taking a closer look at one district's experiences can help coaches and district leaders make purposeful decisions regarding their own ISF installation.

In Chippewa Falls Area Unified School District, a Wisconsin district of 5,000 students, exploration of the ISF was prompted by a desire to expand mental health services and funding to support the needs of more students. They reached out to their National and State PBIS technical assistance providers who introduced them to the ISF concept as a systemic approach for meeting all students' mental health needs effectively. At the time of their outreach, the district had existing partnerships with seven different community agencies, a unique situation for a district of this size. Although they did not have a District Leadership Team guiding their PBIS implementation, they did

- Exploration Phase**
- a) Establish an exploration team
 - b) Examine current partnerships
 - c) Assess impact of existing initiatives/programs
 - d) Develop a shared understanding of the ISF
 - e) Determine benefit
 - f) Decide to adopt or not

have a designated PBIS Coach who worked closely with the Director of Student Services, guiding the PBIS efforts in the schools while also coordinating the caseload activity of community clinicians in schools. Supported by technical assistance providers, the coach decided to initiate individual meetings with each mental health partner agency, sharing key messages about integrating mental health into their existing PBIS framework. The coach explained the desire to build on existing efforts with teams and intervention procedures in schools, thus aligning all SEB initiatives through one system. These initial conversations with

agency leaders addressed how partnerships could be strengthened and leveraged, and discussing what would be different about working through an integrated model. This dialogue was intended to create a shared understanding across agencies and set the stage for an initial meeting with representatives from the district and the community agencies.

At their first meeting, school and agency leaders agreed to adopt the ISF process and formalize their district/community leadership team structure. Based on their previous meetings with each agency, they developed a shared vision and mission statement and reviewed changes to their Memorandum of Understanding (MOU). The most significant change to the MOUs involved community clinician participation on school-based PBIS teams with an understanding that not all changes were expected in all agencies and schools at the same time. The leadership team agreed to invest the entire school year to plan the launch of the interconnected system in selected schools. They created an action plan to guide the installation, sharing community and school data to ensure their actions were linked to specific prevention and intervention needs. For example, the team discussed community data as well as universal screening data that indicated a need for teaching social-emotional competencies to all students. They also discussed their capacity to increase instructional dosage through small groups for some students, and highly intensive individual supports for a smaller number of students. Over the next two years, this interagency leadership team expanded to include multiple stakeholder voices, including eight family members, a focus on funding and the necessary system supports for successfully integrating the school mental health program into the PBIS framework. These include ongoing coaching to school teams and strengthening communication channels with teachers, families, and clinicians to adapt to the interconnection of PBIS and mental health.

The executive-level team of district/community leaders and families is a critical component of ISF and needs to be in place before initiating any school changes. Transitioning to this integrated leadership structure may happen more quickly for districts that already have an established leadership body than for those creating one for the first time. As the team becomes established, it functions to prevent or remove barriers, including problem solving issues around funding, allocating resources, and streamlining policies and procedures. In addition to setting up formal structures for key stakeholders to meet regularly, establishing an ISF involves continuously assessing the extent to which systems are effective, and allocating or repositioning resources as needed to achieve maximum impact on student outcomes. (To learn more about the installation of an ISF through a district/community leadership structure, see [Chapter 4 of the ISF Monograph Advancing Education Effectiveness: Interconnecting School Mental Health and PBIS, Volume 2: An Implementation Guide](#))

Installation to Implementation

After district/community leaders and partners decide to move forward with the development of an ISF, they need to consider what system features need to be established or strengthened before schools are expected to begin the deliberate movement towards a single SEB support system. For example, the Chippewa Falls team developed an integrated professional development plan to increase competence and confidence in both educators and agency partners to work in tandem to address an expanded range of SEB needs.

Steps to Install an ISF

- a) Establish an exploration team
- b) Assess current status
- c) Enhance MTSS routines and procedures
- d) Develop an integrated action plan

Furthering the integrated approach, the Chippewa Falls leadership team adopted a co-coaching model with the PBIS coach from the school district partnering with an employee of a mental health agency also assigned to function in a coaching role. This arrangement proved beneficial as coaches could identify barriers from the school perspective and share challenges and proposed solutions with the district/community leadership team. For example, coaches became aware that resource allocation was not the same from agency to agency in

each school creating a struggle in some schools. Some agency partners had enough time/funding to participate in team meetings to support the schools effectively. Others appeared to be more limited in their availability to provide similar support. As a result of the integrated coaching model, this concern was quickly brought to the leadership team. It was decided that one central agency would manage and coordinate rate setting for all partner agencies in a “managed care” type of approach.

For Chippewa Falls, as with other districts, moving from a co-located model to an integrated model happens over time with purposeful and intentional communication, requiring patience and a strong commitment from both school and community partners. (See Figure 1: ISF Timeline-Chippewa Falls). A district/community leadership team’s essential functions include prioritizing needs and action steps while ensuring clear and ongoing communication among stakeholder groups including families, teachers, school and community clinicians and all school/district and agency leaders. As previously mentioned, Chippewa Falls adjusted existing MOUs to allow and support clinicians from community agencies to participate in school level systems teams while sharing and using data to make decisions about youth supports. The leadership team also decided to develop a specific communication plan with various stakeholder groups, seeking to expand understanding and commitment to the expanded model for mental health in schools through the ISF. For example, the team decided to send information to all families about the ISF and how it can enhance mental health supports in schools. They included a parent survey that asked about possible interest in their participation on the leadership team. Twelve families responded with interest in participation, and Chippewa Falls was able to add eight family members to their district/community leadership team in the spring of 2019.

MTSS Features

- a) Leadership Teams
- b) Use of Data
- c) Team Selection Process
- d) Early Access
- e) Measure Fidelity & Outcomes
- f) Team-based Coaching

Figure 1: ISF Timeline - Chippewa Falls

Date	Phase of Installation	Action Taken
Spring 2017	Exploration	Chippewa Falls reached out to the network for technical assistance on how to expand their services and funding sources
Fall 2017	Exploration	Key district leaders learn about the Interconnected Systems Framework
Fall 2017	Exploration	District coach reaches out to each individual mental health agency to explain about ISF
Winter 2018	Exploration	District leaders reach out to engage agencies and schools in ISF dialogue
Winter 2018	Adoption	First District Community Leadership Team (DCLT) meeting
Winter 2018	Adoption	Shared mission and vision established
Sept. 2018	Adoption	Re-design of the Memorandums of Understanding (MOUs)
Dec. 2019	Installation	Community agency clinicians begin participating on school-based systems of planning teams
Spring 2018	Installation	Survey sent to family and community members explaining the ISF and asking about interest and participation
Fall 2019	Installation	Additional family representatives join the DCLT
Fall 2019	Installation	Combined Professional Development Opportunities (school, agency partners, community members)
Fall 2019	Implementation	Co-Facilitate Tier 2 Group Interventions (school clinician & partner agency clinician)

Enhance MTSS Features. The ISF deliberately applies the logic and features of multi-tiered systems of support (MTSS) to all mental health supports as they are integrated into the PBIS framework in schools. These include teams using data to select interventions and monitor for fidelity and outcomes. Universal screening and coaching are also important features. In Chippewa Falls, the integrated coaching model guides continuous improvement over time and routinely reviews the district’s universal screening protocol to ensure early access. Additional MTSS features to be considered by the district/community leadership teams include a formal process for school teams to select evidence-based interventions and ensure progress monitoring of both outcomes and fidelity are in place for all interventions.

Moving towards this deliberate integration of teams and applying MTSS features typically includes examining how interventions are currently selected, monitored and assessed for effectiveness. For example, schools with a co-located school mental health program tend to be less specific about how interventions for anxiety and depression are described and evaluated, often describing all interventions as only ‘therapy’ or ‘counseling’, making it more challenging to monitor progress or outcomes specific to each intervention. This type of service delivery often results in weak evaluation protocols, such as considering the number of referrals for mental health services as a primary outcome. Focusing on the ISF key message “Access is not

enough”, school leaders are encouraged to be as precise about describing and evaluating mental health support outcomes as they are about academic interventions. Measuring how many students had access to reading instruction would not be an adequate measure of reading instruction, as schools would want to know which students actually acquired the skills through reading instruction and which reading interventions were effective for specific students’ reading problems. The same specificity levels need to be applied to all SEB interventions, including mental health supports provided individually by clinicians.

Part of clinician participation on teams should include (a) becoming more specific in describing the ‘counseling’ interventions proposed for students, (b) team selection of specific interventions, and (c) determining how to measure student response specific to the various interventions. For example, a clinician may propose a Cognitive Behavioral Therapy (CBT, see Jaycox, et.al., 2018) intervention that teaches a student to recognize when she needs to ask for help and/or apply a specific coping strategy instead of fleeing a situation that invokes fear. This more specific dialogue allows the team to plan how teachers can support the CBT approach in the classroom and how progress will be measured for that student. As schools expand their team-based discussion and decision-making about support for internalizing mental health issues (e.g., anxiety and depression), teachers and other school staff become more fluent about effective interventions for a broader range of mental health issues. These interventions can extend beyond individualized services and be provided and supported at the classroom level as well. The following section describes technical assistance strategies for guiding school teams to (a) discuss and describe all mental health interventions with the same specificity as they do with interventions for externalizing behaviors and academics, and (b) progress monitor those interventions using data to assess fidelity and student outcomes.

Suggested Technical Assistance Strategies. The following technical assistance strategies are intended to deliberately integrate school mental health clinician functions within existing multi-tiered teams that guide behavioral supports. Specifically, these activities are intended to increase the application of MTSS Features to all individualized SEB supports through the following changes to the teaming structures and routines:

1. Clinicians no longer have separate meetings to select and monitor interventions but instead engage with teachers and other school staff to select and monitor interventions through one set of teams. (Note: Clinicians may want to repurpose their current ‘mental health’ meetings as a form of peer clinical supervision where fidelity and accuracy of different evidence-based practices are discussed.)
2. The integrated system moves from a referral (which implies a ‘hand off’ of a student from one team to another) to a request for assistance process, further delineating decision-making through a single set of teams that include both agency and school staff.
3. All interventions, including individualized supports provided by clinicians, are specifically described to include dosage, frequency and the assessment process; progress monitoring, fidelity and outcome measures are agreed upon by teams before initiating interventions.

Technical Assistance Activity #1:

1. To prepare clinicians for the further application of MTSS features through one set of teams, the co-coaches (from the school district and mental health agency) can guide clinicians to assess their current process for designing and monitoring/assessing interventions by using the [School Level Intervention Mapping Tool](#). The coaches guide the clinicians to (a) list each intervention currently

being provided individually to students by either agency or school staff, and (b) identify the status of MTSS features per intervention (e.g., entrance criteria, how impact and fidelity are assessed, percent of students responding, etc.). This review of interventions will allow the clinicians to discuss and plan how to adjust practices to ensure there is clarity of each intervention (e.g., technique, dosage/frequency, assessment methods, etc.). The coach can guide the team towards deciding changes that will improve data-based decisions for matching student need to appropriate intervention and simultaneously improve the ongoing process of selecting evidenced-based interventions that may be needed or improved in ongoing implementation.

2. To address any barriers identified in the above activity, coaches can use the [Changing Role of Clinician Discussion Guide](#) for problem-solving through the District/community leadership team. For example, reexamining MOUs for clarity about addressing confidentiality and funding will eliminate clinician's perceived barrier of not being able to discuss skills being taught or how they are monitoring progress of outcomes within interventions.

Technical Assistance Activity #2:

The coach can discuss with the district/community team (including building representatives and some clinicians) how the request for assistance process is different from making a referral and how it allows the blended teams to ensure a rapid response to all student needs. District and community leaders and coaches can review and discuss the [Sample Request for Assistance Form](#). [Step 4B of the Installation Guide](#) provides prompts and guiding questions to support the team as they establish the request for assistance process. Because this will most likely be a shift for school and community staff, professional development and ongoing coaching will be needed.

Technical Assistance Activity #3:

Guided by an experienced coach or technical assistance provider, the district and community leaders can identify the data sources and target goals for all individualized interventions provided across the district schools.

1. At the system level, using the Tiered Fidelity Inventory (Algozzine, et al. 2014) teams will ensure the correct proportion of students who are receiving Tier 2 and Tier 3 interventions. Items 2.10 and 3.16 of the Tiered Fidelity Inventory (TFI) focus specifically on the goal of between one and five percent of students receiving Tier 3 interventions and between five and fifteen percent of students receiving Tier 2 interventions. Coaches can guide teams through problem-solving on how to achieve a balanced and efficient multi-tiered approach.
2. Leaders and coaches can use the [Tier 2/Tier 3 Tracking Tool](#) with school teams, along with the [Team Initiated Problem Solving \(TIPS\)](#) process to develop data decision rules for deciding when students need a higher level intervention; what data point(s) they will progress monitor during the intervention period; and what data threshold will let them know when the student is ready to exit the intervention.

Conclusion

Developing a strong district/community team with a wide range of stakeholders is an essential strength of the Chippewa Falls experience with ISF. Their history with PBIS across the district, including an established coaching structure, prepared them for expanding team-based leadership and rigorous use of data at the building level. Before taking steps towards an ISF, Chippewa Falls was already tracking general outcomes (e.g., attendance, grades) for students receiving supports from community mental health agencies. Their commitment to continuous improvement has helped them recognize the importance of applying the same level of data-based decision-making to interventions provided by school-based clinicians and agency partners. Following the technical assistance activities described above, they will be able to track outcomes specific to the interventions provided, allowing clinicians and teams to be more accurate about monitoring and improving intervention effectiveness. Through the further application of ISF, students with or at-risk of conditions, such as anxiety and depression, will be identified earlier and receive supports sooner and in natural settings such as the classroom.

We express appreciation to collaborating partners in the Chippewa Falls Area Unified School District (CFAUSD) and their community partners. Jamie Ganske, Director of Mental Health and Resiliency for CFAUSD, leads the ISF work and provided valuable input into this Practice Guide.

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Additional Resources

1. [Recorded Overview of ISF \(video\)](#)
2. [Fact Sheet -- Interconnected Systems Framework 101: An Introduction](#)
3. [Fact Sheet -- Interconnected Systems Framework 201: When School Mental Health is Integrated within a MTSS: What's Different](#)
4. [Fact Sheet -- Interconnected Systems Framework 301: Installing an Integrated Approach](#)
5. [Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide](#)

This document was supported from funds provided by the Center on Positive Behavioral Interventions and Supports cooperative grant supported by the Office of Special Education Programs (OSEP) of the U.S. Department of Education (H326S180001). Dr. Renee Bradley served as the project officer. The views expressed herein do not necessarily represent the positions or policies of the U.S. Department of Education. No official endorsement by the U.S. Department of Education of any product, commodity, or enterprise mentioned in this document is intended or should be inferred.

Suggested Citation for this Publication

Eber, L., Perales, K., Hearn, A. (In Press). *Installing and Implementing an Interconnected Systems Framework (ISF) at the District/Community Level: Examples and Strategies for Coaches and District Leaders*. Eugene, OR: Center on PBIS, University of Oregon.