6C Enhancing Multi-tiered Systems of Support to Create Effective Systems of Crisis Response & Recovery

Presenters:
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- **Topic:** Mental Health/Social-Emotional-Behavioral Well-Being
- **Keywords:** Trauma, Screening, Behavior

Learning Objectives

- Learn about ISF
- Learn about the phases of disaster/crisis response and recovery
- Discuss how to adapt the system to support the increased social-emotional-behavioral needs of youth and adults

Secretary Cardona

“We cannot look at mental wellbeing as something to do, if there’s time. We need to make it the foundation on which we are building academic support & recovery. We have to address where students are emotionally before we access bandwidth for learning.”

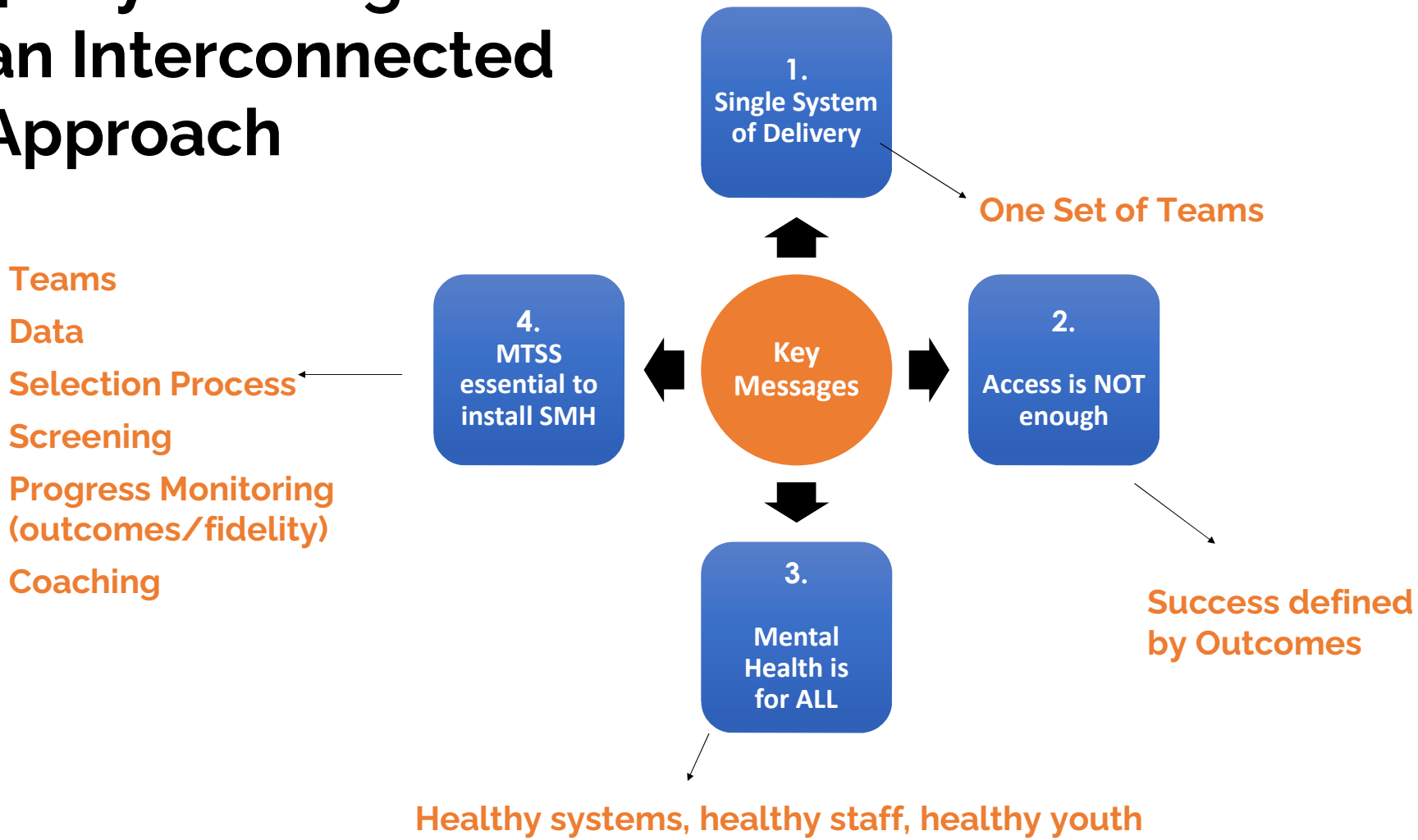
Expanding PBIS to include MH with ISF Interconnected Systems Framework

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

guided by key stakeholders in education and mental health/community systems

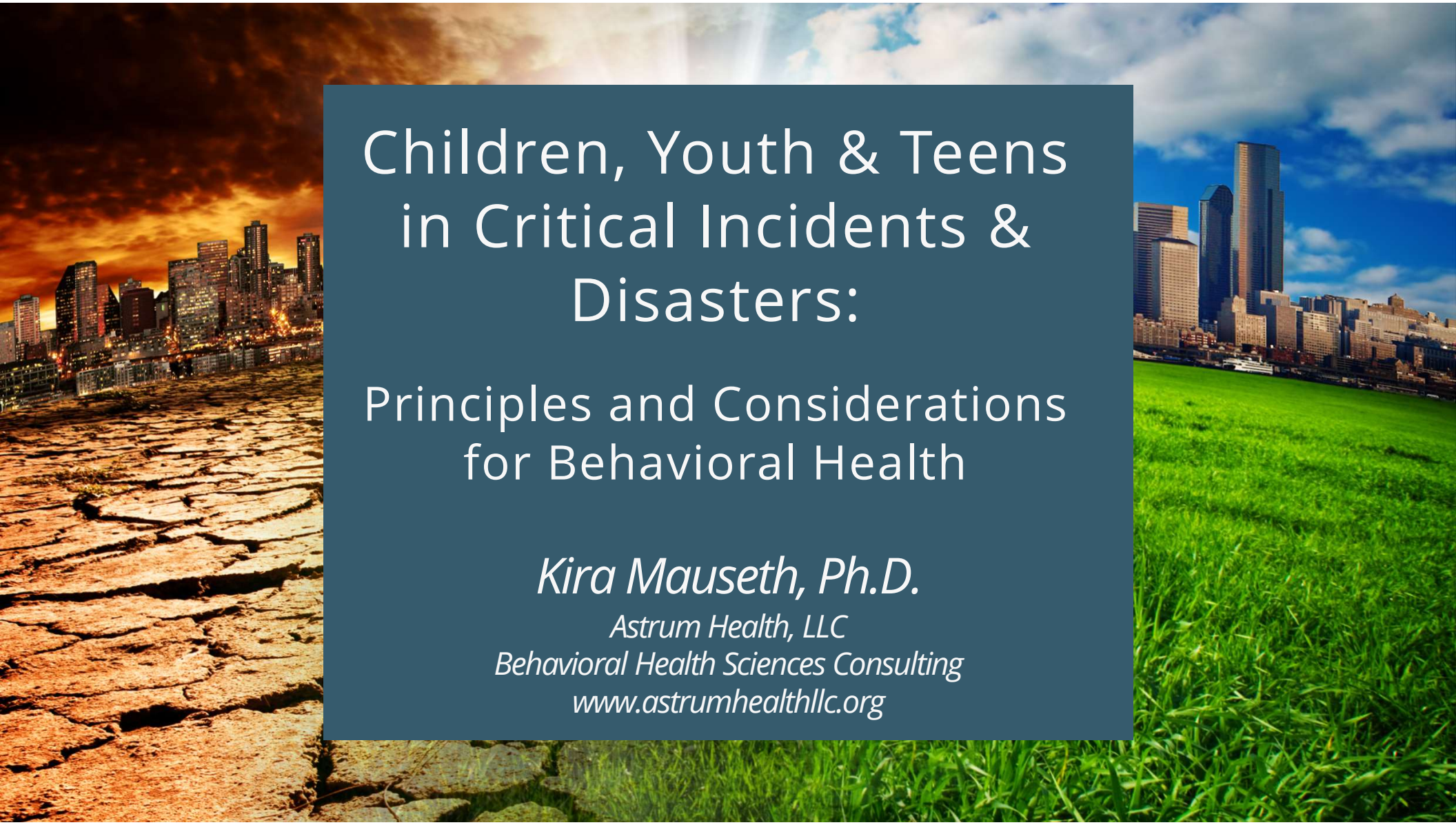
who have the authority to reallocate resources, change role and function of staff, and change policy.

4 Key Messages of an Interconnected Approach



What are the ways we are designing a healthy environment for all ?

- **Effective teams** that include **youth, family and community mental health providers (expand opportunity and access for members who historically have been excluded)**
- **Data-based** decision making that include school data beyond ODRs **and community data**
- **Formal processes** for the selection & implementation of ***evidence-based practices (EBP)*** across tiers with team decision making **and customized to fit culture/context/strengths/needs of community.**
- **Early access** through use of comprehensive and equitable approach to screening, which **includes uncovering strengths, story & internalizing and externalizing needs**
- Rigorous progress-monitoring for both fidelity & effectiveness of all interventions **regardless of who delivers**
- Ongoing **coaching at both the systems & practices** level for **both school and community employed professionals (e.g., continuously examining the "health" of the system and the strengths and needs of the caregivers and helpers in the system)**



Children, Youth & Teens in Critical Incidents & Disasters:

Principles and Considerations for Behavioral Health

Kira Mauseth, Ph.D.
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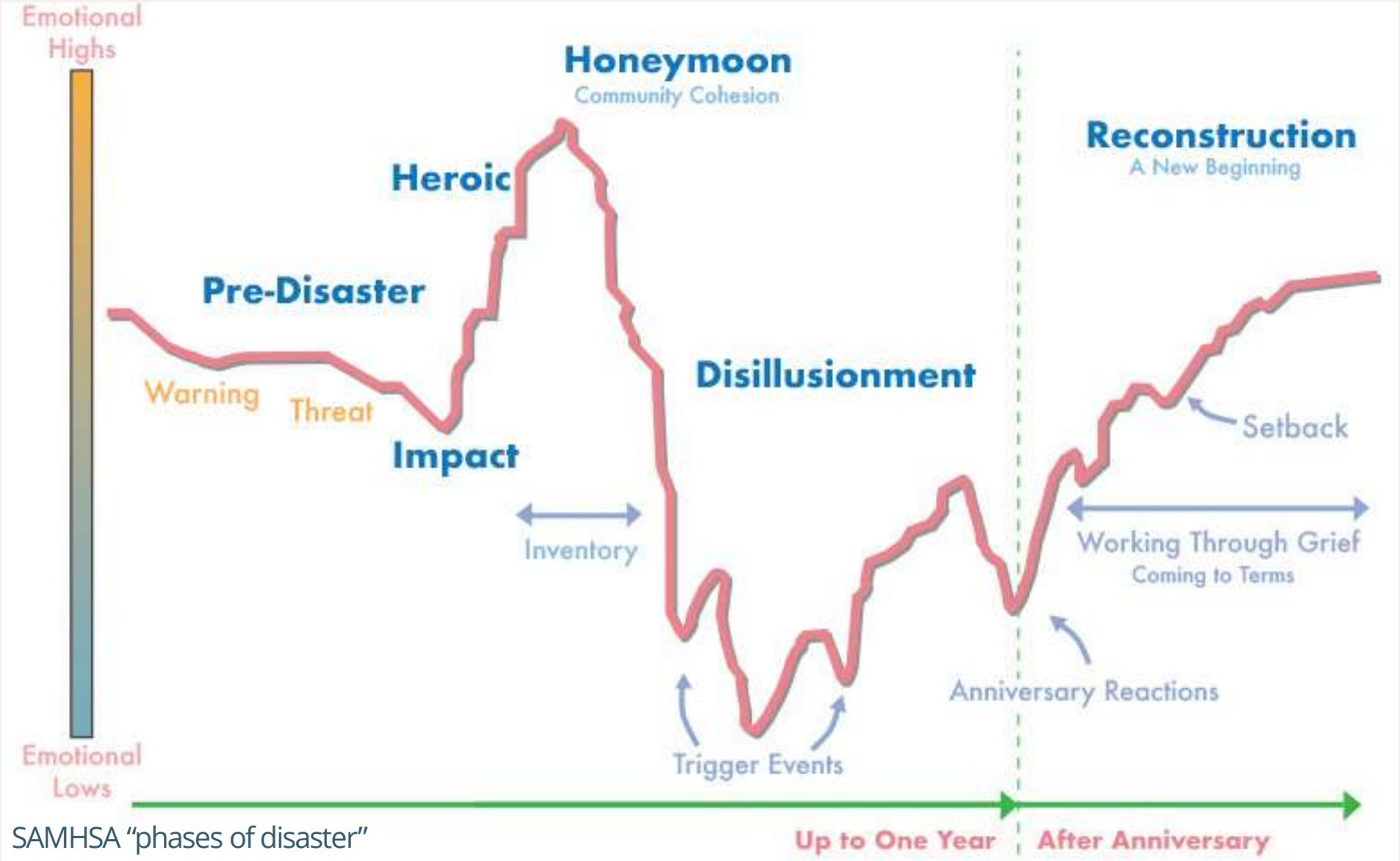
Agenda

- Disaster phases and timelines
- Population Exposure Model
- Common Symptoms and Experiences
- Effective Interventions
- Resilience Building



SAMHSA "phases of disaster"

Phases of Disaster

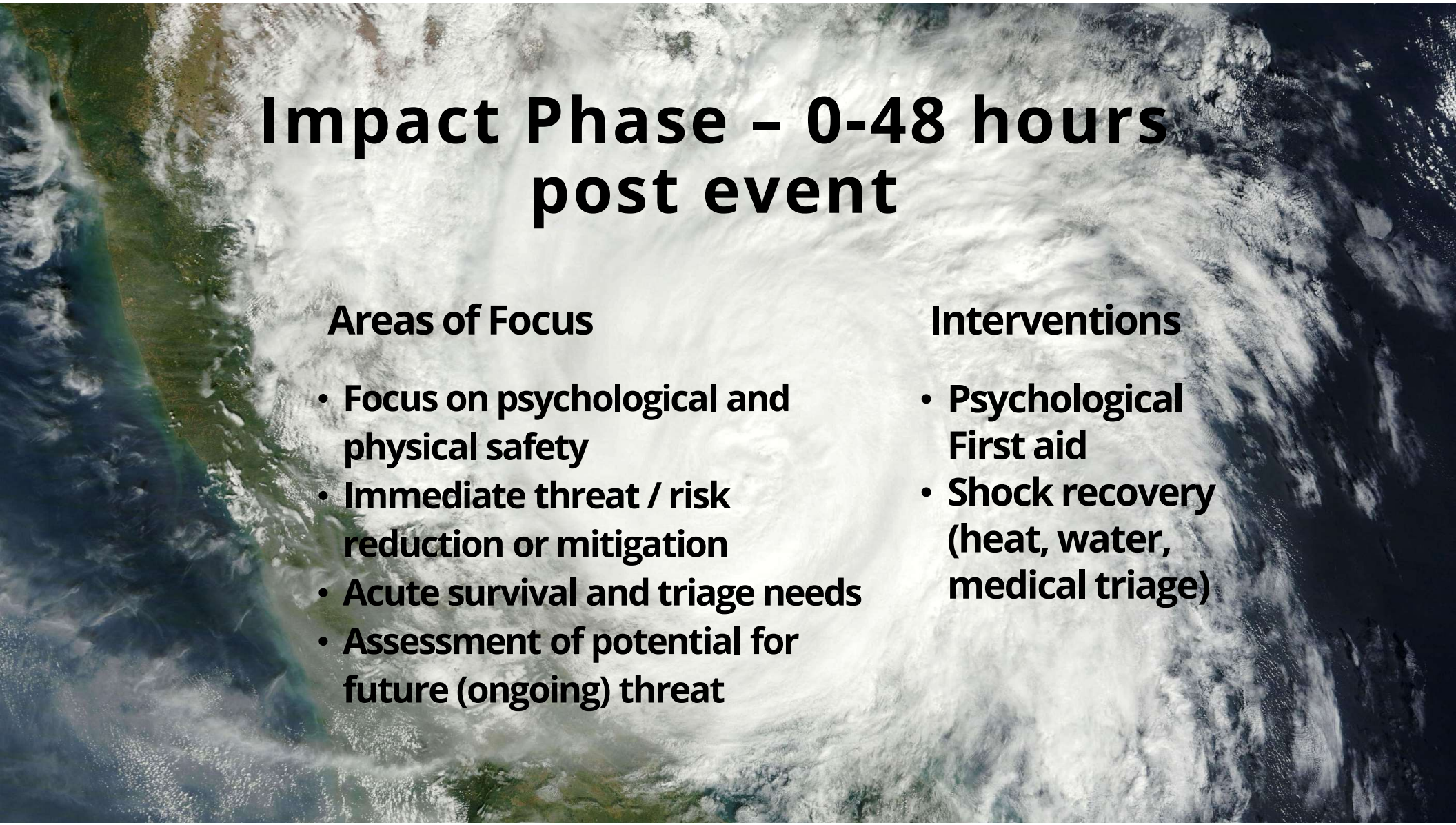
Impact Phase
- 0-48 hours post-event. Focus is on safety, communication, assessment of ongoing threat.

Rescue Phase
- 0-1 week post – event. Primary goal is to adjust. Psychological issues: resiliency *vs.* exhaustion and orientation around what has happened.

Honeymoon Phase
- 1- 4 weeks post-event. Community leaders are promising support, bonding and support is high, Sense of relief for survivors, Unrealistic expectations of recovery and denial of the impact.

Disillusionment Phase
- 1 month to 9 months post-event (usually about 6-9 months post impact) Limits of disaster assistance become more clear; reality of the extent and impact of the disaster become evident.

Reconstruction & Recovery
- 3 months to ongoing; Community on the way to healing, May continue for years; survivors begin to realize they will need to solve the rebuilding issues themselves, May develop sense of empowerment.



Impact Phase – 0-48 hours post event

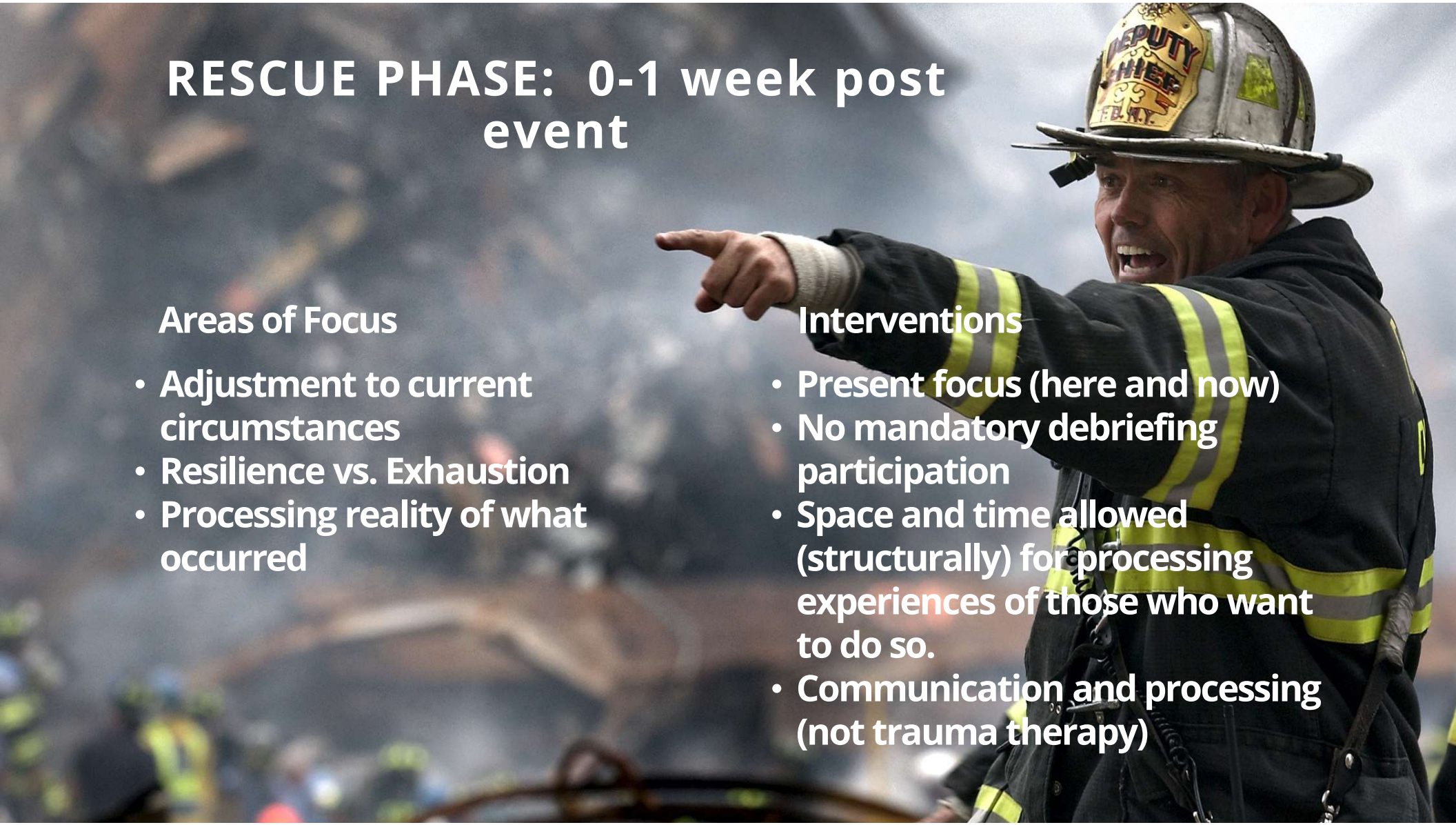
Areas of Focus

- Focus on psychological and physical safety
- Immediate threat / risk reduction or mitigation
- Acute survival and triage needs
- Assessment of potential for future (ongoing) threat

Interventions

- Psychological First aid
- Shock recovery (heat, water, medical triage)

RESCUE PHASE: 0-1 week post event



Areas of Focus

- Adjustment to current circumstances
- Resilience vs. Exhaustion
- Processing reality of what occurred

Interventions

- Present focus (here and now)
- No mandatory debriefing participation
- Space and time allowed (structurally) for processing experiences of those who want to do so.
- Communication and processing (not trauma therapy)

Honeymoon phase: 1-4 weeks post event

Areas of Focus

- High community bonding
- External supports are high / strong
- Expectations about recovery or denial of impact may be strong

Interventions

- Appropriately harnessing motivation to increase long-term resilience
  - Establishing med to long term behavioral health supports within the community or structure
  - Training volunteers on psychological supports
- Re-prioritizing focus away from "waiting until things get back to normal" and on to empowerment for intentional cultural shifts / change

Disillusionment phase: 1-9 months post event (usually about 6 mos)

Areas of Focus

- Limits of external assistance become clear
- Hopelessness around reality of event can set in
- Coming to term with losses

Interventions

- Active coping skills
- Sensory interventions
- Harm reduction related to impulsive or high-risk behaviors
- Suicide intervention training & support for survivors

Reconstruction and Recovery

Areas of Focus

- Active coping to internalize long term
- Post-Traumatic Growth

Interventions

- Active resilience building (Purpose, Connection, Adaptability & Hope)
- Meaning-Making activities
- Connection to things larger than self (social interest)

Factors that influence the reconstruction / recovery pathway

OR may result in the experience of a "disaster cascade" depending on the nature of the secondary impact

- Social marginalization
- Discrimination
- Economic status
- Access to resources and healthcare
- ACES (Adverse Childhood experiences)
- Previous experiences in disasters or critical incidents
- Sociopolitical climate
- Additional waves of infection / illness / restrictions that result

Disaster cascades:

Defined as : more than one large-scale impact that occurs during the recovery window (18-24 months) from the original impact.

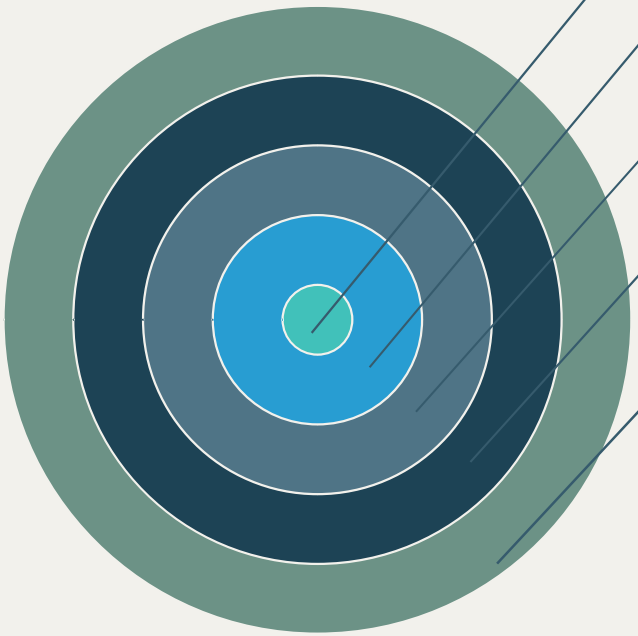
- Tax already depleted mental, emotional and physical resources
- Re-start the disaster recovery cycle, but at a lower baseline
- Extend the recovery cycle
- Increase acuity of symptoms

Trauma, Stress and Resilience

- All trauma is stressful, but all stress isn't necessarily traumatic
  - (ducks and birds)
  - Stress can build up over time
- The ability to function effectively CAN be compromised by either one.
  - Emotionally, Cognitively, Behaviorally, Physically, Socially, Spiritually
- Long term moderate to severe stress affects the brain in ways similarly to traumatic events
  - Large-scale disasters as well as smaller-scale critical incidents
- Resilience can be developed intentionally, or can come about as a result of adverse experiences

Population Exposure Model

Those closest to the "epicenter" of the disaster in terms of immediate and severe impact are most likely to be affected psychologically.



A) loss or serious injury of friends/family

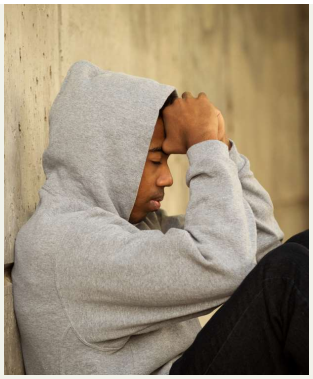
B) Exposed to the incident and disaster scene but not injured

C) Knows persons who are bereaved, live in area where homes are destroyed, first responders, medical examiner's staff, professionals immediately involved.

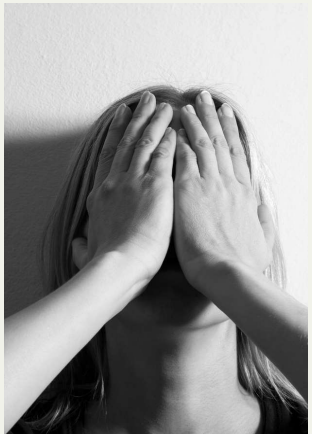
D) behavioral health and crime victim assistance, clergy and chaplains, hospital personnel, govt officials, media

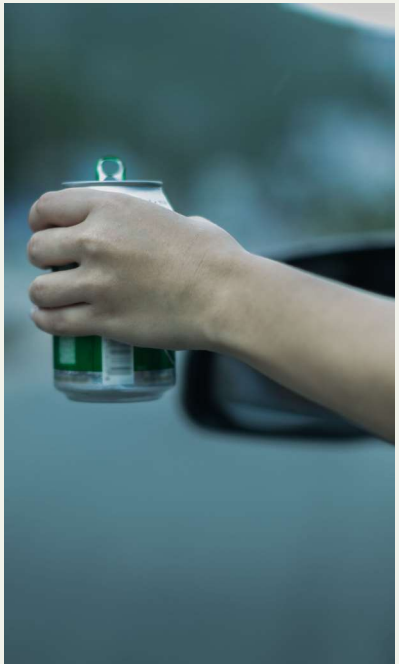
E) Groups that identify with the victim / survivor group, businesses with financial impact, community at large, distant communities exposed via media

Adapted from : U.S. Dept of Heatlh and Human Services. (2004). Mental Health Response to Mass Violence and Terrorism: A Training Manual. DHHS Pub. No. SMA 3959 Rockville, MD; Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. p. 11.



COMMON EXPERIENCES OR CHALLENGES





Structures of Note:

Prefrontal cortex:

higher-level functioning, planning, organization, details, filtering.

Limbic system:

emotion, impulse, pleasure and safety, memory, defense, protection (fight, flight or freeze).
Includes the Amygdala & Hippocampus

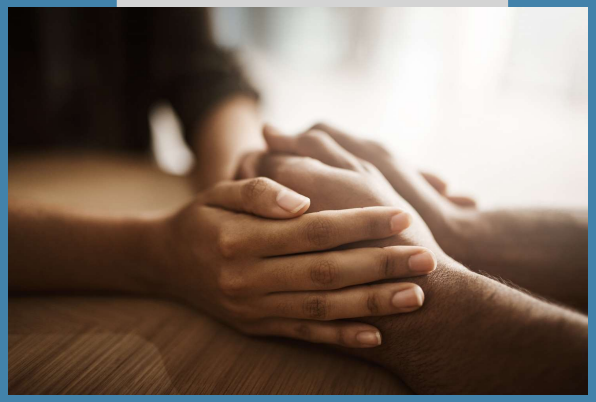
We are all still (at least slightly more) limbicly activated.

Best Practices in Disaster / Critical Incident Recovery

What children, youth & teens NEED

01

Safety & Security



02

Purpose & Meaning

03

Trust & Hope

Effective Interventions

Active Coping

- Sensory engagement (sight, touch, taste, smell or sound)
- Movement
- Structure / schedule
- Goals that are the right scale / scope
- Culturally relevant and appropriate suggestions!!!!
    - Do your homework if you are working with a family where you may be unfamiliar with norms.

Active Listening - be aware of high and low context cultures

Non-Verbal Communication

Open Ended questions

Clarifying Questions

Seek to deeply UNDERSTAND (not to fix or problem solve).

Express Empathy

More please: *in a healthy way*

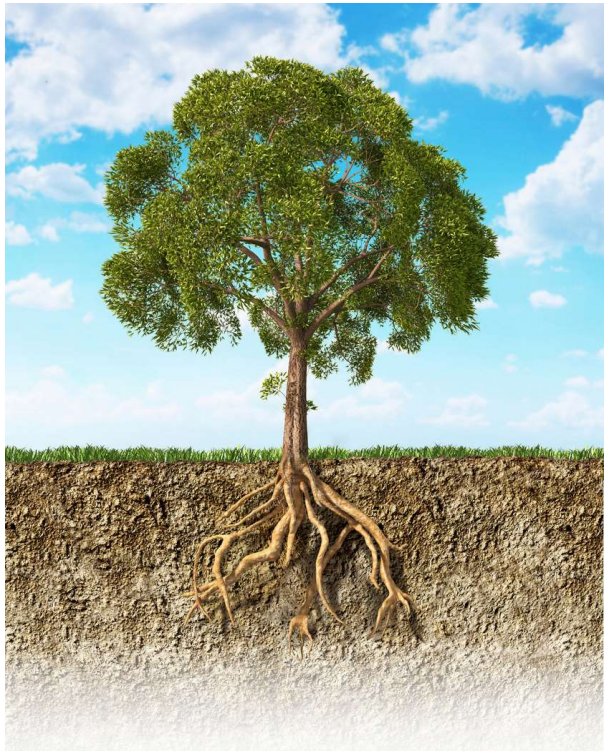
Serotonin

- Movement / exercise
- Sun exposure
- Massage
- Hot / Cold showers
- What makes them feel ***comfortable and secure***?

Dopamine

- Movement / exercise
- Task achievement (to-do lists, long term goals as well)
- Creating something – music, art, writing
- What is ***fun or rewarding*** for them?

Resilience Development



Purpose
What motivates you? What is important to you? What are you striving for, or what helps you move forward?

Adaptability
How can you make adjustments that are needed, to time, space, fun, expectations, etc? How can you respond with curiosity?

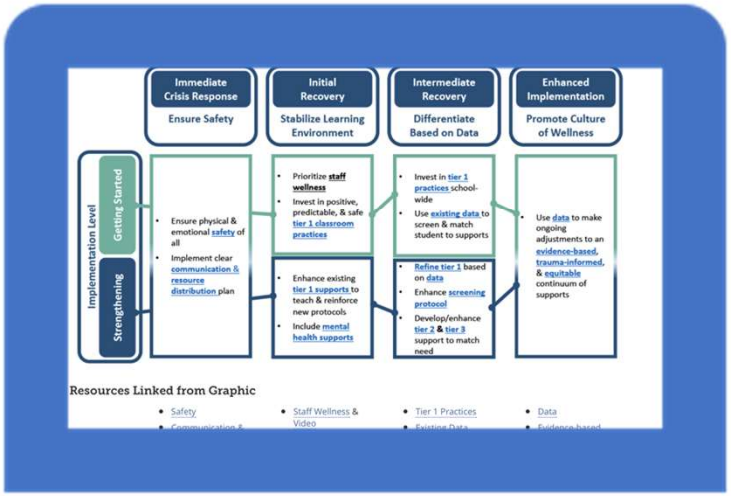
Hope
How can you shift your thinking from 'threat' to 'challenge' and what are the realistic opportunities you have?

Connection
To whom or what are you connected? Connection can be anything that prevents isolation.

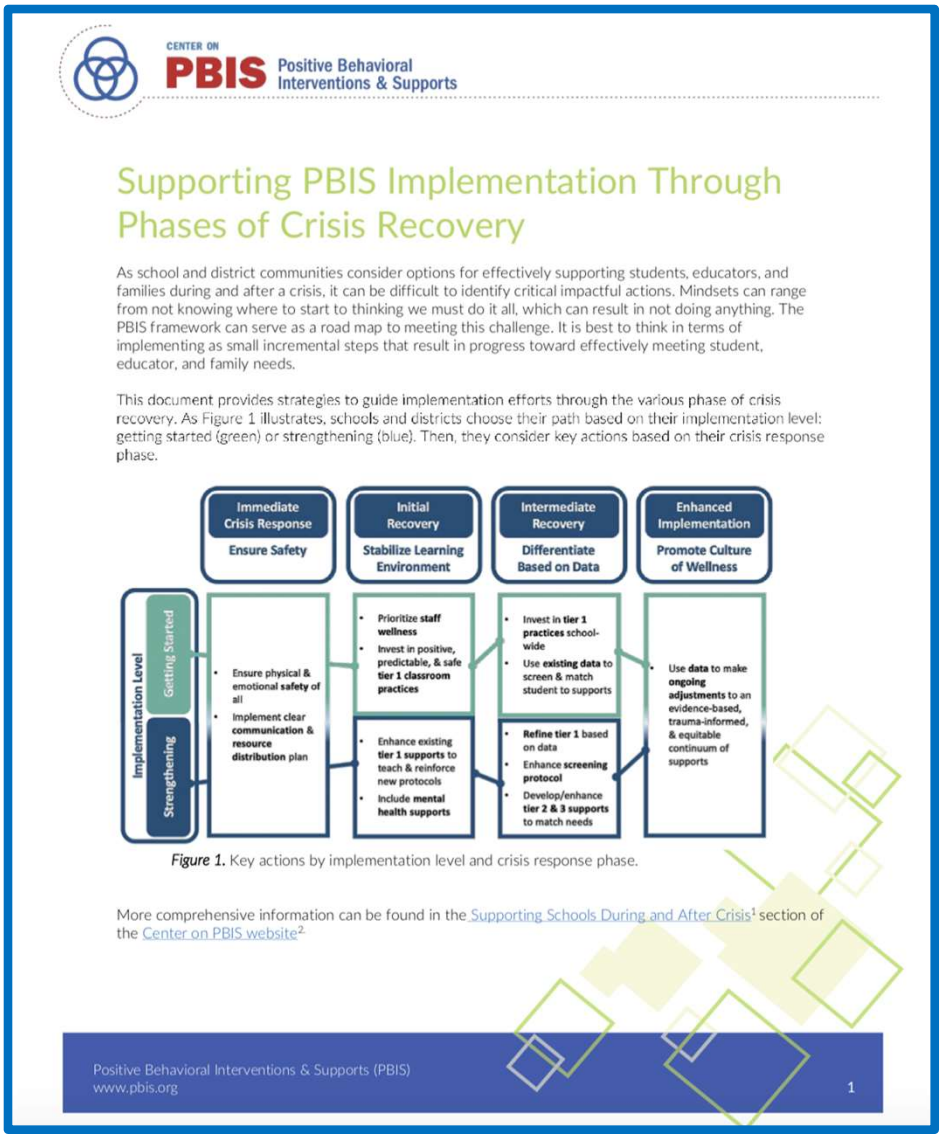
Check out our Practice Brief on

Supporting PBIS Implementation through Phases of Crisis Recovery

https://www.pbis.org/resource/supporting-pbis-implementation-through-phases-of-crisis-recovery



https://www.pbis.org/current/returning-to-school-during-and-after-crisis



CENTER ON PBIS Positive Behavioral Interventions & Supports

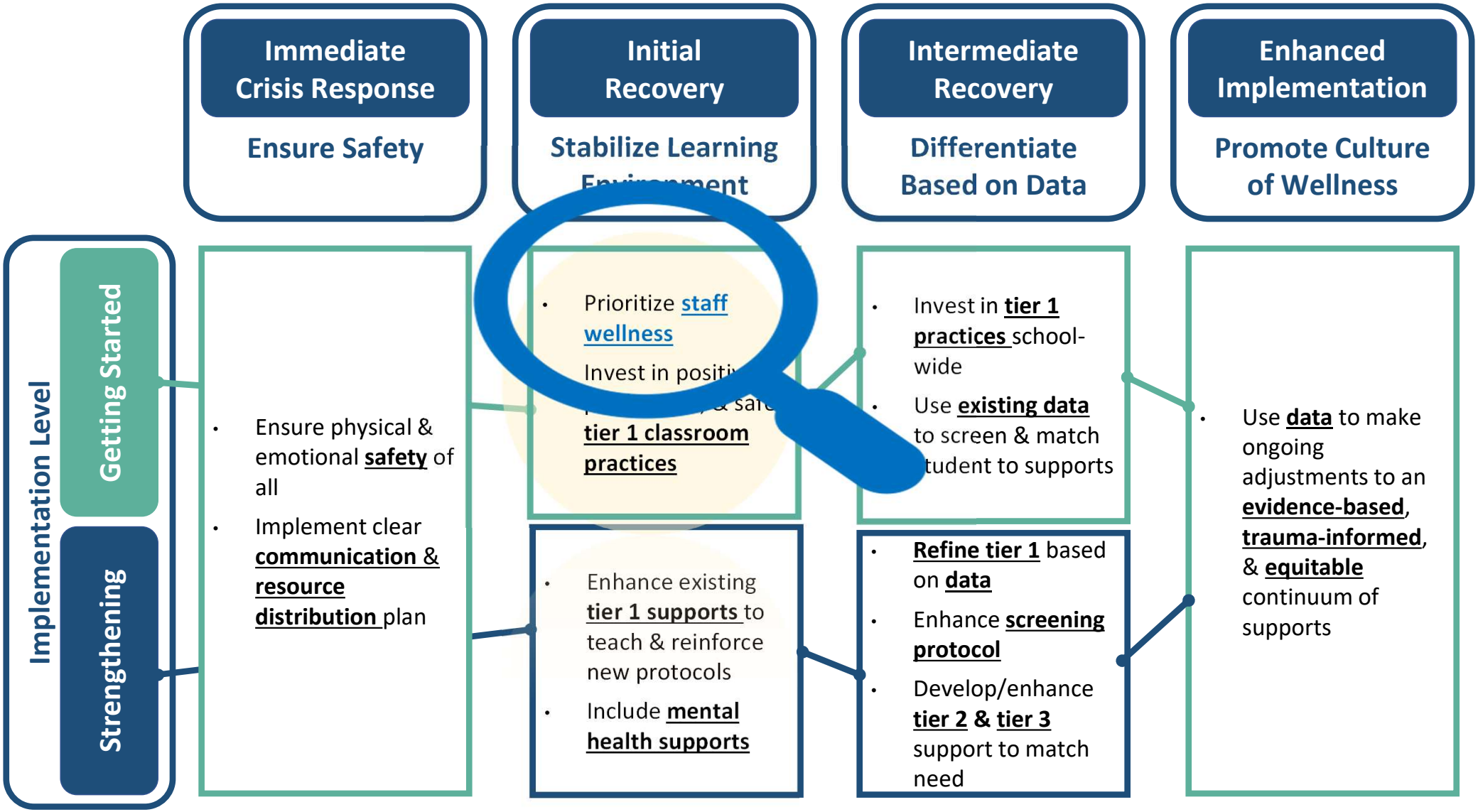
Supporting PBIS Implementation Through Phases of Crisis Recovery

As school and district communities consider options for effectively supporting students, educators, and families during and after a crisis, it can be difficult to identify critical impactful actions. Mindsets can range from not knowing where to start to thinking we must do it all, which can result in not doing anything. The PBIS framework can serve as a road map to meeting this challenge. It is best to think in terms of implementing as small incremental steps that result in progress toward effectively meeting student, educator, and family needs.

This document provides strategies to guide implementation efforts through the various phase of crisis recovery. As Figure 1 illustrates, schools and districts choose their path based on their implementation level: getting started (green) or strengthening (blue). Then, they consider key actions based on their crisis response phase.

Figure 1. Key actions by implementation level and crisis response phase.

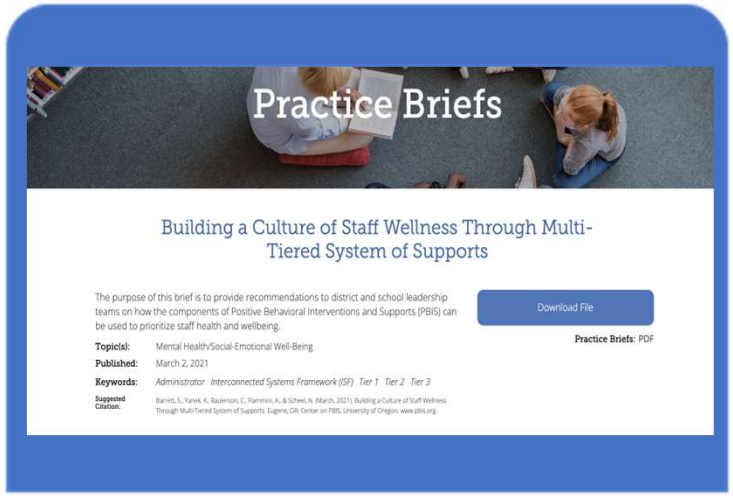
More comprehensive information can be found in the Supporting Schools During and After Crisis[1] section of the Center on PBIS website[2].

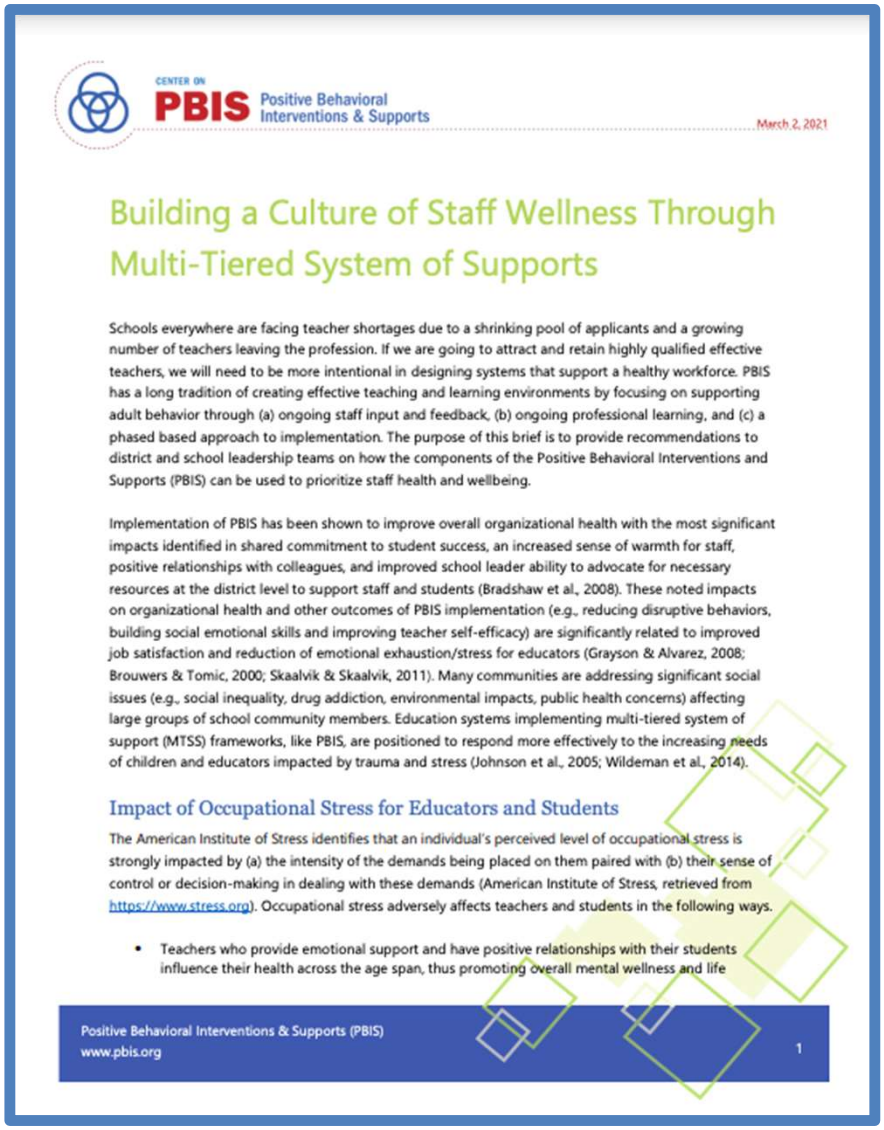

Immediate Crisis Response
Ensure Safety
Initial Recovery
Stabilize Learning Environment
Intermediate Recovery
Differentiate Based on Data
Enhanced Implementation
Promote Culture of Wellness
Implementation Level
Getting Started
Strengthening
Ensure physical & emotional safety of all
Implement clear communication & resource distribution plan
Prioritize staff wellness
Invest in positi
tier 1 classroom practices
Enhance existing tier 1 supports to teach & reinforce new protocols
Include mental health supports
Invest in tier 1 practices school-wide
Use existing data to screen & match tudent to supports
Refine tier 1 based on data
Enhance screening protocol
Develop/enhance tier 2 & tier 3 support to match need
Use data to make ongoing adjustments to an evidence-based, trauma-informed, & equitable continuum of supports

Check out our Practice Brief on

Building a Culture of Staff Wellness Through a Multi-Tiered System of Support

https://www.pbis.org/resource/building-a-culture-of-staff-wellness-through-multi-tiered-system-of-supports





CENTER ON PBIS Positive Behavioral Interventions & Supports

March 2, 2021

Building a Culture of Staff Wellness Through Multi-Tiered System of Supports

Schools everywhere are facing teacher shortages due to a shrinking pool of applicants and a growing number of teachers leaving the profession. If we are going to attract and retain highly qualified effective teachers, we will need to be more intentional in designing systems that support a healthy workforce. PBIS has a long tradition of creating effective teaching and learning environments by focusing on supporting adult behavior through (a) ongoing staff input and feedback, (b) ongoing professional learning, and (c) a phased based approach to implementation. The purpose of this brief is to provide recommendations to district and school leadership teams on how the components of the Positive Behavioral Interventions and Supports (PBIS) can be used to prioritize staff health and wellbeing.

Implementation of PBIS has been shown to improve overall organizational health with the most significant impacts identified in shared commitment to student success, an increased sense of warmth for staff, positive relationships with colleagues, and improved school leader ability to advocate for necessary resources at the district level to support staff and students (Bradshaw et al., 2008). These noted impacts on organizational health and other outcomes of PBIS implementation (e.g., reducing disruptive behaviors, building social emotional skills and improving teacher self-efficacy) are significantly related to improved job satisfaction and reduction of emotional exhaustion/stress for educators (Grayson & Alvarez, 2008; Brouwers & Tomic, 2000; Skaalvik & Skaalvik, 2011). Many communities are addressing significant social issues (e.g., social inequality, drug addiction, environmental impacts, public health concerns) affecting large groups of school community members. Education systems implementing multi-tiered system of support (MTSS) frameworks, like PBIS, are positioned to respond more effectively to the increasing needs of children and educators impacted by trauma and stress (Johnson et al., 2005; Wildeman et al., 2014).

Impact of Occupational Stress for Educators and Students

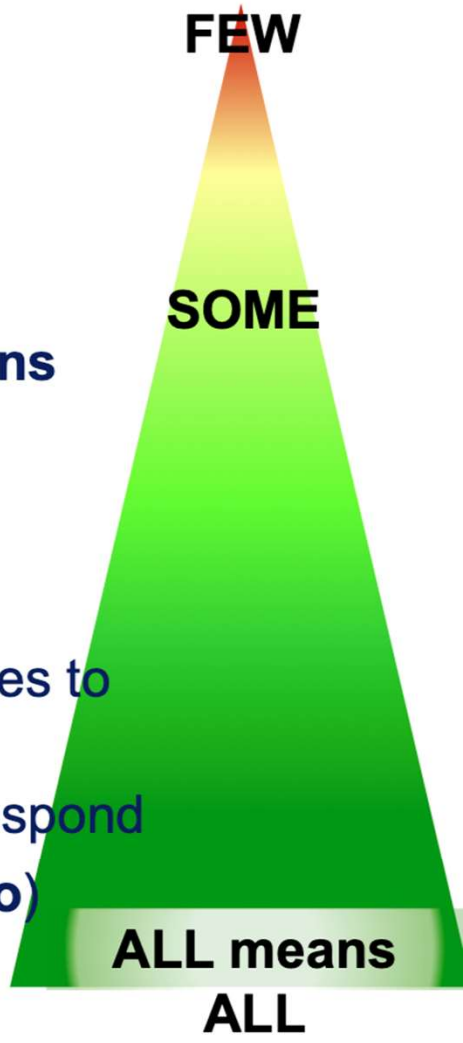
The American Institute of Stress identifies that an individual's perceived level of occupational stress is strongly impacted by (a) the intensity of the demands being placed on them paired with (b) their sense of control or decision-making in dealing with these demands (American Institute of Stress, retrieved from https://www.stress.org). Occupational stress adversely affects teachers and students in the following ways.

- Teachers who provide emotional support and have positive relationships with their students influence their health across the age span, thus promoting overall mental wellness and life

https://www.pbis.org/resource/supporting-students-with-disabilities-in-the-classroom-within-a-pbis-framework

Top Ten Tier 1 Practices to Support *ALL* Students' *Social, Emotional, and Behavioral Wellbeing*

1. Design & adapt the **physical environment**
2. Develop & explicitly teach **routines**
3. Post, define, & teach 3-5 positive **expectations**
4. Promote active **engagement**
5. Provide **prompts**
6. Actively **supervise**
7. Use behavior-specific **praise** & other strategies to acknowledge
8. Use **error correction** & other strategies to respond
9. Use more positives than correctives (**5:1 ratio**)
10. Collect & use **data**

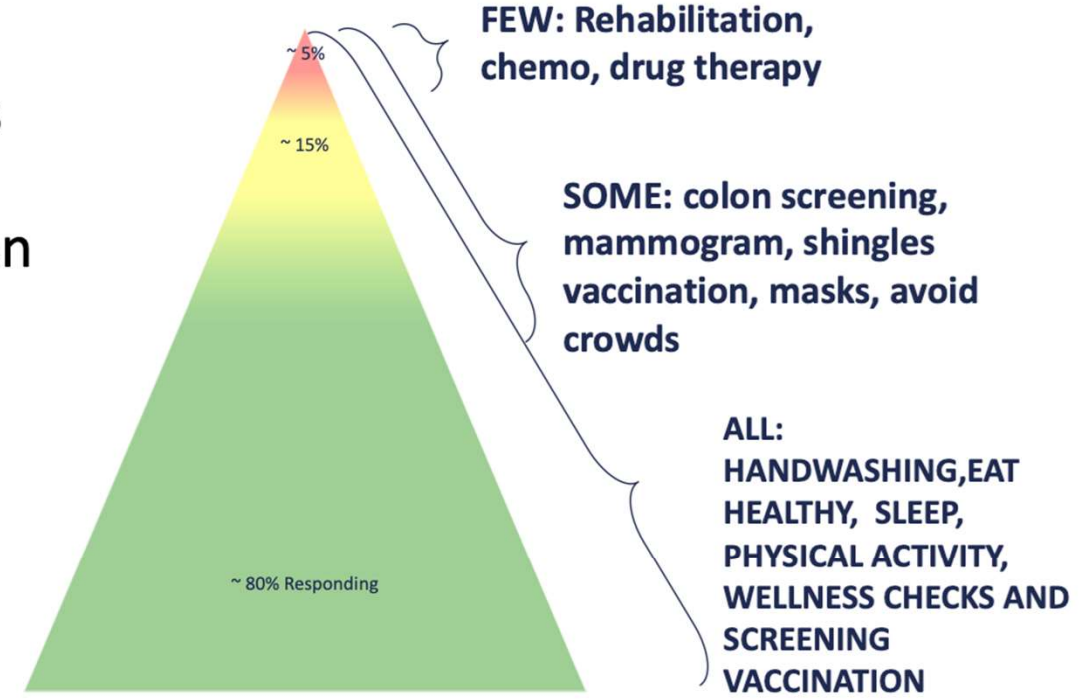


Teaching and Learning Practices

Warm Welcome/Positive Greetings	Active Listening	Press Pause/ Neutralizing Routines Space between behavior and response
Box Breathing	Movement to increase neural integration	Using Social Media Responsibly

Public Health Model

- Prevention
- Focus on Specific Behaviors across population
- Ensure widespread adoption
- Layered and connected
- Ensure vast majority are healthy- data system and modify as needed



Questions and Discussion

What questions do you have? What examples can you share?

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