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

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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
“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

1. Single System of Delivery
   - One Set of Teams

2. Access is NOT enough

3. Mental Health is for ALL
   - Success defined by Outcomes

4. MTSS essential to install SMH
   - Teams
   - Data
   - Selection Process
   - Screening
   - Progress Monitoring (outcomes/fidelity)
   - Coaching

Healthy systems, healthy staff, healthy youth
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

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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
<table>
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<tr>
<th>Areas of Focus</th>
<th>Interventions</th>
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<tr>
<td>• Active coping to internalize long term</td>
<td>• Active resilience building (Purpose, Connection, Adaptability &amp; Hope)</td>
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<td>• Post-Traumatic Growth</td>
<td>• Meaning-Making activities</td>
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<td>• Connection to things larger than self (social interest)</td>
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Factors that influence the reconstruction / recovery pathway

- 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

OR may result in the experience of a “disaster cascade” depending on the nature of the secondary impact.
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, gov't officials, media
- E) Groups that identify with the victim / survivor group, businesses with financial impact, community at large, distant communities exposed via media

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**


![Diagram](https://www.pbis.org/resource/supporting-pbis-implementation-through-phases-of-crisis-recovery)

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 phases 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 section of the Center on PBIS website.

Immediate Crisis Response
- Ensure Safety

Initial Recovery
- Stabilize Learning Environment
  - Prioritize staff wellness
  - Invest in positive, safe, & stable tier 1 classroom practices

Intermediate Recovery
- Differentiate Based on Data
  - Invest in tier 1 practices school-wide
  - Use existing data to screen & match student to supports

Enhanced Implementation
- Promote Culture of Wellness
  - Refine tier 1 based on data
  - Enhance screening protocol
  - Develop/enhance tier 2 & tier 3 support to match need

Implementation Level
- Getting Started
  - Ensure physical & emotional safety of all
  - Implement clear communication & resource distribution plan

- Strengthening
  - Ensure physical & emotional safety of all
  - Implement clear communication & resource distribution plan

  - Enhance existing tier 1 supports to teach & reinforce new protocols
  - Include mental health supports

  - 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**

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

FEW: Rehabilitation, chemo, drug therapy

SOME: colon screening, mammogram, shingles vaccination, masks, avoid crowds

ALL: HANDWASHING, EAT HEALTHY, SLEEP, PHYSICAL ACTIVITY, WELLNESS CHECKS AND SCREENING VACCINATION
Questions and Discussion

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