Exploring Tier 3 Systems for Social, Emotional and Behavioral Support
at
New England PBIS Conference
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Learning Outcomes

1. Participants will increase understanding of a model for Tier 3 systems and practice features for social, emotional and behavioral support.
2. Participants will be shown a protocol for school-based student de-escalation Crisis Response systems.
3. Participants will increase knowledge of products designed to improve access to community mental health supports.
4. Participants will be shown a Tier 3 systems and practice features checklist.
PBIS-NH Tertiary Supports

Supporting Practices and Adults

Supporting Students and Families

OUTCOMES

SYSTEMS

DATA

PRACTICES

Supporting Decision Making
PBIS-NH School-Based Tertiary Systems
Muscott & Mann (2010)

1. Tier III Team
2. School-Based Nomination And Activation Processes
3. De-escalation Response Team
4. Facilitated Referral Processes to Community-Based Supports

Universal Primary Prevention
Targeted Secondary Prevention
SAU/District-wide Administrative Team
PBIS-NH
School-Based
Tertiary Practices
Muscott, Mann
& Berk (2007)

Building Relationships

1. Conflict Cycle
2. Escalating Behavior Cycle
3. Life Space Crisis Intervention
4. Engaging Families
5. Intensive FBA & Behavior Support Plans
6. Wraparound
7. RENEW for HS
PBIS-NH
School-Based Tertiary Data
Muscott, Mann & Berk (2007)

1. Data-Based Decision Making
2. Process Outcomes
3. Implementation with Fidelity
4. Improvements in Youth and Family Quality of Life
5. Improvements in Staff Quality of Life
6. Consumer Satisfaction/Social Validity
PBIS-NH School-Based Tertiary Systems
Muscott & Mann (2010)

1. Tier III Team

Universal Primary Prevention
SAU/District-wide Administrative Team
Targeted Secondary Prevention
School RTI Tier III Oversight Team

1. Meets regularly
2. Leads/Oversees Tier III nomination protocols, T3 systems and T3 supports.
3. Activates T3 supports; coordinates access to interventions.
4. Has capacity to develop (or refer for development of) comprehensive support plans.
5. Has capacity to train, coach, & support school staff to implement academic and social-emotional components of support plans.
6. Able to use data to guide decisions that inform, refine and sustain Tier III systems and practices.
13. Able to progress monitor for fidelity of implementation of plans and efficacy of interventions.
14. Able to communicate with key stakeholders (Tier 1 and 2 teams, parents/families, staff, administrators, community partners).
PBIS-NH
School-Based Tertiary Systems
Muscott & Mann (2010)

2. School-Based Activation Processes

Universal Primary Prevention
SAU/District-wide Administrative Team
Targeted Secondary Prevention
What Makes an Effective School-Based Support Activation Process?

The activation process:
- Clearly identifies a sequence of activities (nomination to activation).
- Defines the information needed to make a nomination for support.
- Identifies who is eligible.
- Differentiates one type of service or support from another (e.g., Tier 2 from Tier 3; BSP from Wraparound).
- Is written down on paper in graphic form (e.g., flowchart) and/or narrative form.
- Indicates when/how family communication occurs.
### Inventory of Formal Supports for Students with Intensive Needs

Muscott & Mann (2007)

<table>
<thead>
<tr>
<th>What is the School-Based Support?</th>
<th>Who is the School ‘Lead Person’ for the Support?</th>
<th>What Types of Student Issues are Addressed through this Method of Support?</th>
<th>Is There a Written Protocol for How to Nominate and for Activation Criteria?</th>
<th>What Forms or Information is Necessary to Nominate for this Support?</th>
<th>How are Evidence of Effectiveness and Fidelity of Implementation Assessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual FBA/BSP</td>
<td>Dr. Moses</td>
<td>Functions of Behavior: Access/Escape: Attention Tangible Activity Sensory</td>
<td>Yes (See Dr. Moses)</td>
<td>FBA Referral Form FBA Interview FACTS</td>
<td>Individual BSPs identify specific progress criteria and data plan Individual BSPs identify fidelity of implementation criteria and data plan</td>
</tr>
<tr>
<td>RENEW</td>
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<tr>
<td>Wraparound</td>
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PBIS-NH
School-Based
Tertiary Practices
Muscott, Mann & Berk (2007)

1. Conflict Cycle

Building Relationships
CONFLICT CYCLE
Nicholas J. Long

STUDENT’S SELF CONCEPT
IRRATIONAL BELIEFS

1. A Thought
Unbroken, The Conflict Cycle Spirals Into Crisis
"People are disturbed not by things, but by the views which they take of them."

EPICTETUS, 1st Century A.D.
Darrell suspected someone had once again slipped him a spoon with the concave side reversed.
FOUR REASONS WHY COMPETENT TEACHERS BECOME COUNTER-AGGRESSIVE
Long, Fecser, Deming (2010)

1. Trapped in the Conflict Cycles of Aggressive Students (51%)
2. An Increase of Personal Life Stresses (17%)
3. Students Violate Cherished Beliefs (Values) (13%)
4. Students Expose Unresolved Developmental Issues – Tap-In Reasons (10%)
5. Other (9%)
PBIS-NH School-Based Tertiary Practices
Muscott, Mann & Berk (2007)

2. Escalating Behavior Cycle

Building Relationships
Acting-Out Behavior Cycle

1. Calm

2. Triggers

3. Agitation

4. Acceleration

5. Peak

6. De-escalation

7. Recovery

**Peak**
This phase is characterized by serious disruption and behaviors that often represent a threat to the safety of others. Logical cognitive processes are impaired and impulsive behavior rules.

**Period of Escalation**
A time when the student calls upon existing coping skills to resolve a problem presented by a trigger.

**Period of De-escalation**
This phase marks the beginning of the student’s disengagement and reduction in severity of behavior. Students are still not especially cooperative or responsive to adult influence.

Sources: Colvin (1992); Walker, Colvin, & Ramsey (1995)
De-escalation established (Calm)

Implementation Prevention or Drain-off Strategies:
- Calm
- Supportive Stance
- Empathic/ Non-judgmental
- Affirmations
- Listen for Child’s ‘message’: Validate
- Give Space
- Positive Kinesics
- Set limits calmly

Child escalates Behavior

Child continues concerning Behavior

Tension Reduction established (De-escalated/Calm)

Team Leader Implements LSCI;
Team acts to ensure safety
(Home support or emergency protocol activated if student is unable to de-escalate using LSCI strategies)

Team Leader Identified

Alert De-escalation Response Team

Implement Child Debrief Protocol
Implement Team Debrief Protocol
Implement Communication Protocol

Re-establish therapeutic rapport and positive communications with child

OBSERVE CONCERNING BEHAVIOR
(Mann, 2012)
PBIS-NH School-Based Tertiary Practices
Muscott, Mann & Berk (2007)

3. Life Space Crisis Intervention

Building Relationships
Life Space Crisis Intervention
Long, Wood, Fecser (2001)

- LSCI is a therapeutic, **verbal strategy** that encourages insight and is designed to foster de-escalation.
- LSCI focuses on the crisis that occurs when an incident escalates into a **conflict** between a student and others.
- Note: LSCI strategies can be used during any of the escalating behavior stages.
Life Space Crisis Intervention
Long, Wood, Fecser (2001)

Diagnostic Stages
1. Drain Off; De-escalate the Crisis
2. Create a Timeline
3. Isolate Central Issue and Select Intervention

Reclaiming Stages
4. Develop Insight
5. Address New Skills
6. Get Ready to Resume Activity
Stages of Life Space Crisis Intervention

Stage 1: Crisis
Drain Off

Stage 2: Timeline
Drain Off

Stage 3: Central Issue
Timeline...

Stage 4: Insight
Drain Off

Stage 5: New Skills

Stage 6: Transfer of New Insight and Skills
### The Six Reclaiming Interventions of LSCI

<table>
<thead>
<tr>
<th>Name of Intervention</th>
<th>Central Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Red Flag</td>
<td>Displacement</td>
</tr>
<tr>
<td>2 Reality Rub</td>
<td>Misperceptions</td>
</tr>
<tr>
<td>3 Symptom Estrangement</td>
<td>Justify Harmful Behavior; Empathy Deficit</td>
</tr>
<tr>
<td>4 Numb Values</td>
<td>Self Sabotage; Excessive Guilt Follows Impulsive Behavior</td>
</tr>
<tr>
<td>5 New Tools</td>
<td>Social Skills Deficits</td>
</tr>
<tr>
<td>6 Exploiting Peers</td>
<td>False Friendships; Set-Ups</td>
</tr>
</tbody>
</table>
PBIS-NH
School-Based
Tertiary Systems
Muscott & Mann
(2010)

Universal Primary
Prevention

3. De-escalation
Response Team

SAU/
District-wide
Administrative
Team

Targeted Secondary
Prevention
How Would Your School Respond?

John is in class and begins to get frustrated over a writing task. He begins to throw his books and papers on the floor, then tips over chairs. He makes loud threatening statements when you ask him to stop. He refuses to stop.
De-escalation Response Team

A de-escalation response team is a group of highly trained personnel who are available to respond quickly and effectively to an incident where one or more students are:

(a) exhibiting escalating behavior that is unsafe to themselves and/or others, and

(b) not responding to adult requests to move to an alternative space in the school.
DE-ESCALATION RESPONSE TEAM PROTOCOLS – CALL TO OFFICE FOR SUPPORT

**Urgent (but, not a safety issue)**
- Call Office to Escort Student – “I Need Assistance”
  - One Responder (Principal, Guidance Counselor or Case Manager) Arrival to Scene within 2-5 minutes
  - Implement De-escalation Strategies Per Protocol (LSCI Drain-Off)
  - Student is Responsive
    - Complete Documentation
    - Inform Others as Necessary (Staff, Family, Central Office, Community Partners, …) (Protocol)

**Emergency in a Contained Area (Safety Concern)**
- Call Office For Team Support “I Need Assistance Immediately In the… (Classroom, Café, Gym,…)"
  - De-escalation Team Response is activated. Responders Arrive to Scene Within 2 Minutes.
  - First Responder(s) Assess Need for Full Team; Activate or De-activate Team Response as Needed.
  - Implement De-escalation Strategies Per Protocol (See Emergency Response Protocol)

**Emergency in Uncontained Area and Student ‘In Flight’**
- Call Office to Activate De-escalation Team to Stations “I Need Immediate Assistance – Child in Flight, Child in Flight Towards…, Child in Flight Out…"
  - De-escalation Response Team is Activated for Student In Flight Team Members Go to ‘Stations’ Immediately
  - Fear of Imminent Physical Danger
  - Student Found. Safe and Contained.
    - Call Emergency Services (Police, Fire) Initiate Building Procedures Inform Family Stay with Student
    - Implement De-escalation Strategies Per Protocol
Data Gathering: De-escalation and LSCI

Indicate Which LSCI Interview Stages You Addressed During the LSCI:

- Drain Off (DO)
- Timeline (TL)
- Central Issue (CI) – you identified the LSCI reclaiming intervention (pattern) for the student (you described the dynamics of the self-defeating pattern):
  - Red Flag
  - Reality Rub
  - New Tools
  - Manipulation of Body Boundaries
  - Symptom Estrangement
  - Massaging Numb Values
- Current Issue (Issue) – Student understands the circumstances around the event itself (not an LSCI interview stage)
- Insight (In)
- New Skills (NS)
- Transfer of Training (TT)

Indicate Which Outcomes Were Achieved During the LSCI:

- Student has calmed down (DO)
- Safety is established or no longer a concern (DO)
- Student’s perception of the crisis has been obtained (TL)
- Student understands the circumstances around this crisis and his/her role (Issue)
- Adult identifies and states the Central Issue or self-defeating pattern (CI)
- Student ___hears, ___accepts, ___acts on the self-defeating pattern (In)
- Student is taught and practices new skills (NS)
- Student demonstrates readiness return to program (TT)
Efficient CPI Tracking Form
Mann, 2012

Date: ___/___/____ Student Name: ______________   Staff Member: ____________ Appr duration of Intervention:_______

Stage of Escalating Behavior When CPI Prevention or De-escalation Strategies Began:

- Calm
- Questioning (Emotional Triggers; Agitation)
- Refusal (Agitation/Acceleration)
- Emotional Release (Acceleration/Peak)
- Intimidation (Peak)

Indicate if:

- CPI Transport Position Was Used
- Personal Safety Techniques Were Used
- Non-Harmful Physical Intervention Was Used (Indicate Why):
  - Student Was in Danger of Harm to Self
  - Student Was in Danger of Harm to Others
  - Student Was in Danger of Harm to High-Value Property
  - Student Was in Danger of Flight (off school grounds)

Stage of Escalating Behavior When CPI Supports Ended:

- Questioning
- Refusal
- Emotional Release
- Intimidation
- Tension Reduction (De-escalation; Recovery; Calm)

Follow-up:

Done   To-do

Communication of incident to:________________________________________________________________________
Debrief with crisis response team
Debrief with student
Other:__________________________________________________________________________________

Comments (Optional): (continue on back of page if necessary):

Name of Person Completing CPI and Documentation: ____________________________________________
PBIS-NH
School-Based
Tertiary Systems
Muscott & Mann
(2010)

4. Facilitated Referral Processes to Community-Based Supports

Universal Primary Prevention

SAU/District-wide Administrative Team

Targeted Secondary Prevention
Facilitated Referral Process for Accessing Mental Health Services from a Community Mental Health Center
Process for Addressing Behavioral or Mental Health Concerns in Rochester, New Hampshire Schools

Behavioral or Mental Health Concern: Refer to School-Based Practitioner

Assesses Level of Concern. Includes Determination of Immediate Safety Risk:
- Threats or references to suicide?
- Imminent danger to self/other
- Abuse or neglect?
- Other safety concerns?

Emergency Concern: Safety Risk in School, Home, or Community
- Address safety needs
- Consult with appropriate staff
- Follow suicide prevention procedure
- Notify parent(s)/guardian(s) ASAP

Activate Emergency MH Referral
Activate Referral to Guidance Counselor
Activate DCYF Referral

Develop & Implement Treatment or Support Plan
Monitor Fidelity of Plan & Student Progress

Implement Follow-up Communication Procedures with Key Stakeholders

Non-Emergency Concern No Immediate Safety Concern

Nominate to Community MH Services
Issues within purview of Community MH

Nominate to School-based Support
Issues within purview of school

Informational Referral to Community MH

Referral Information Packet Provided
(Referral Forms, Release of Information Forms, CP Intake Process Description, ‘Supporting Mental Health’ Brochure, CP FAQs, Pre-Intake Forms, and Problem-Solving Checklist)

Facilitate Intake Appointment with Community MH Provider

Complete Referral Information Packet
(Release & Pre-Intake Forms, Problem-Solving Checklist)

Facilitated Referral to Community MH

Continuum of Support

Gather Follow-up Data via Survey
Mental Health Centers
Modalities and Services

1. Individual Therapy: Pre-school, Latency, Adolescent
2. Group Therapy: Pre-school, Latency, Adolescent, Parents/Caregivers
3. Family Therapy
4. Emergency Services/Crisis Stabilization
5. Psychological Testing
6. Prescribe Medication
7. Dispense Medication
8. Administer Medication
9. Admission/Discharge
10. Medical/Psychiatric Screening
11. Case Management/Mental Illness Management Services
12. Adolescent Substance Abuse Services
13. Dialectical Behavioral Therapy Program for Adolescents
14. Respite Care
15. Wraparound
Facilitated Referral From School to Community MH

<table>
<thead>
<tr>
<th>Product</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Process Flowchart</strong></td>
<td>Thumbnail description of process from observing a concern through referral to community MH supports</td>
</tr>
<tr>
<td><strong>Cultural and Linguistic Competency Self-Assessment</strong></td>
<td>Self-Assessment used to remind In-school or community-based MH provider to account for cultural and linguistic considerations</td>
</tr>
<tr>
<td><strong>Problem-Solving Checklist</strong></td>
<td>Front-loads problem-solving for common barriers to MH support or treatment</td>
</tr>
<tr>
<td><strong>Pre-intake Family Form</strong></td>
<td>Data gathering tool completed by family. Helps family to identify treatment concerns and goals</td>
</tr>
<tr>
<td><strong>Pre-Intake School Form</strong></td>
<td>With family permission, data gathering tool used to identify school personnel perspective on treatment concerns and goals.</td>
</tr>
<tr>
<td><strong>Follow-Up Survey</strong></td>
<td>Data form and process guide to encourage procedural follow-up whenever a recommendation for community MH support is made to parents</td>
</tr>
<tr>
<td><strong>FAQ</strong></td>
<td>Frequently Asked Questions for Families</td>
</tr>
<tr>
<td><strong>Community MH Brochure</strong></td>
<td>Addresses specific reasons for treatment and possible treatment outcomes at community MH center</td>
</tr>
</tbody>
</table>
6. Wraparound

7. RENEW for HS

PBIS-NH
School-Based
Tertiary Practices
Muscott, Mann
& Berk (2007)

Building Relationships
What is Wraparound?

Wraparound is a collaborative planning process with a trained facilitator who works first with a family and later with a family-selected team to:

a) Discover family strengths
b) Discover major needs of the family
c) Set goals, and
d) Develop a strength based plan to meet those goals
Wraparound can Work For Families with Children At-Risk

- Children with multiple needs across home, school, and community
- Children at risk of change in placement (children not responsive to a school’s current systems/practices)
- Children who have not been responsive to universal and targeted level interventions in their school
- Children in need with adults in their life who have not yet effectively engaged in comprehensive planning
4 Phases of Wraparound

Phase I - Engagement and Preparation
- Family and facilitator explore strengths, needs, culture, goals and what has worked/ not worked
- Facilitator engages a team identified by family and prepares for first team meeting

Phase II - Develop Initial Plan
- Team learns about family’s strengths, needs, and vision
- Needs are prioritized and action plan developed
  - Plan strategies to meet the family’s needs and goals

Phase III - Plan Implementation
- Team meets regularly, reviews progress; makes adjustments to the plan
- Family and team work together to implement the plan

Phase IV – Transition
- Celebrate successes and include plan to re-start wraparound process if needed
RENEW is a Student-Centered Planning Process for Adolescents

Phases of RENEW

Youth is identified: Emotional and behavioral support needs

Phase 1: Engagement Futures Planning

Phase 2: TEAM Convenes and Initial Plan is developed. Decisions about program made

Phase 3: Implementation and Monitoring

Classes chosen with behavior supports in place

Placement into alternative classes as needed

Other Options/Supports Considered

Extended Learning Opportunities
Work-based Learning
Employment

Collaboration with community agencies:
Community mental health
Vocational rehabilitation

Phase 4: Transition to Adult Life
PBIS-NH
School-Based Tertiary Practices
Muscott, Mann & Berk (2007)

5. Intensive FBA & Behavior Support Plans

Building Relationships
Intensive Behavior Support Plans (BSP)

1. FBA development is assigned to qualified professional
2. Identify functional hypothesis and complete assessment
3. Function-Based BSP developed, includes:
   1) Student Perspective: Beliefs, Thoughts, Feelings, Goals
   2) Effective Adult Prevention Strategies
   3) Teaching of replacement behaviors
   4) Effective Adult Response Strategies
   5) De-escalation and Crisis Response Plan (as needed)
   6) Success/Progress Indicators
4. BSP implemented with fidelity
5. Progress Monitoring
6. Data-guided Decisions
Comprehensive Planning Could Mean:

- Multiple Functions in Multiple Contexts
- Individualized Crisis Intervention Planning
- Multiple Systems Coordination and Communication
- Progress Monitoring Across Multiple Domains and Contexts
PBIS-NH
School-Based Tertiary Data
Muscott, Mann & Berk (2007)

1. Data-Based Decision Making
2. Outcomes
3. Implementation with Fidelity
4. Improvements in Youth and Family Quality of Life
5. Improvements in Staff Quality of Life
6. Consumer Satisfaction/Social Validity
Resources
