Improving School Climate and Connectedness: The Role of School Counselors

WEBINAR QUESTION AND ANSWER SUMMARY

On September 24, 2015 the National Center on Safe and Supportive Learning Environments (NCSSLE) and The U.S. Department of Education hosted a Webinar entitled “Improving School Climate and Connectedness: The Role of School Counselors.” The webinar discussed effective strategies that school counselors can use when improving school climate and student connectedness. The first presenter, Sandy Williamson, Project Director for the NCSSLE, provided an overview and update on the field of school climate. Kevin Dwyer, Associate Principal Research Scientist at American Institutes for Research, our second presenter, discussed effective strategies for addressing school climate via a school team. Next, Dr. Nancy Lever, Co-Director of the Center for School Mental Health explained the powerful connection between school climate and community-partnered school mental health. Our final presenter, Connie Pohlgeers, Director of School Improvement at Campbell County Public Schools (KY), described the important role school counselors have in addressing school climate.

During each section of the Webinar, the presenters received several questions from the audience. Since the presenters could not answer all of the questions during the event, the Center has prepared the following Webinar Question and Answer Summary with responses to each question raised during the event. For additional information, please email or call the Center (NCSSLE@air.org; 1-800-258-8413).

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| *Please note the content of this summary was prepared under a contract from the U.S. Department of Education, Office of Safe and Healthy Students to the American Institutes for Research (AIR). This Q/A summary does not necessarily represent the policy or views of the U.S. Department of Education, nor does it imply endorsement by the U.S. Department of Education.* |

**Q1. Can you talk a bit about some of the experiences and examples you’ve seen implemented by school counselors and working in each of the three tiers mentioned during your presentation?**

**Nancy Lever**: The figure below highlights some of the evidence-based programs that our University of Maryland School Mental Health clinicians have implemented within our schools, often in collaboration with school counselors, social workers, and psychologists.



To learn more about evidence-based programs that are part of national registries, be sure to check out SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP) <http://www.nrepp.samhsa.gov/Index.aspx>. NREPP offers a searchable online registry of over 330 substance abuse and mental health interventions that was developed to help the public learn more about evidence-based interventions that are available for implementation.

You can also refer to the Annie E. Casey Foundation’s Blueprints for Healthy Youth Development

<http://www.blueprintsprograms.com/>**.**  The Blueprints registry has a specific focus on positive youth development and child and adolescent well-being. It includes programs from prevention programs to highly-targeted programs. Summaries of programs include the description of the intervention, costs, funding strategies, and detailed evaluation abstracts.

In addition to these registries, check out the links listed by Connie below.

**Connie Pohlgeers**: We use an evidence-based program for grades K-12 called “Student Success Skills” for Tier I. For Tier II we run small groups using “Student Success Skills”, some “Why Try,” and/or other research-based interventions related to the student’s identified need/s such as chronic absenteeism, anger management, etc. The key for us is that interventions are always research-based and ALWAYS involve instruction. In addition, we progress monitor and meet regularly with building level teams to determine student progress. A few good links to check out include:

* **The What Works Clearinghouse**: <http://ies.ed.gov/ncee/wwc/>
* **Intervention Central:**  <http://www.interventioncentral.org/>
* **CASEL:** [www.casel.org](http://www.casel.org)

**Q2. What is the Good Behavior Game?**

**Webinar Participant:** The Good Behavior Game is from Paxis Institute. Dr. Dennis Embry was the initial developer. It is based on evidence-based kernels from recent social research.

**Kevin Dwyer:** The [Good Behavior Game](http://goodbehaviorgame.air.org/) is an evidence-based behavioral classroom management strategy that helps children learn how to work together to create a positive learning environment. It promotes each child’s positive behavior by rewarding student teams for complying with criteria set for appropriate behavior, such as working quietly, following directions, or being polite to each other.Click [here](http://www.air.org/topic/p-12-education-and-social-development/good-behavior-game), for more information.

**Nancy Lever:** In addition to the website listed above, information about the Good Behavior Game and its effectiveness can be found on the following two evidence-based registries,

<http://www.interventioncentral.org/behavioral-interventions/schoolwide-classroommgmt/good-behavior-game>

<http://www.nrepp.samhsa.gov/Viewintervention.aspx?id=201>

**Q3. What website has researched-based social emotional curriculum?**

**Webinar Participant:** You can find research-based social emotional curriculum at [www.casel.org](http://www.casel.org).

**Sandy Williamson:** In addition to the CASEL products, this document is focused on young children:

Powell, D., & Dunlap, G. (2009). ***Evidence-Based Social-Emotional Curricula and Intervention Packages for Children 0-5 Years and Their Families*** (Roadmap to Effective Intervention Practices). Tampa, Florida: University of South Florida, Technical Assistance Center on Social Emotional Intervention for Young Children. www.challengingbehavior.

<http://challengingbehavior.fmhi.usf.edu/do/resources/documents/roadmap_2.pdf>

**Kevin Dwyer:** CASEL (<http://www.casel.org/>) has reviewed many SEL programs and rates them on a best practice continuum. It is important in the selection process to determine if the program you review and select is both a “best practice” and a “best fit” for your school community**.**

**Nancy Lever:** CASEL is a great resource. Also check out the Center on the Social and Emotional Foundations for Early Learning which has a primary focus on promoting the social emotional development and school readiness of young children birth to age 5 <http://csefel.vanderbilt.edu/>

CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country and can be of value to pre-K and kindergarten staff.

**Connie Pohlgeers:** I agree with Kevin. CASEL is a great start for finding the best SEL program to meet your specific needs.

**Q4. Where can I find the training modules mentioned by Dr. Lever? I’d like to review them in the future.**

**AIR Staff:** You can find them here: [www.mdbehavioralhealth.com/training](http://www.mdbehavioralhealth.com/training). You will also find this link in the reference section of the PowerPoint.

**Nancy Lever:** See the list of modules below and other series that are available

**Modules in the Community-Partnered School Behavioral Health Series include:**

*1: Community-Partnered School Behavioral Health: An Overview*

*2: Operations: An Overview of Policies, Practices, and Procedures*

*3: Overview of School Language and Policy*

*4: Funding Community-Partnered School Behavioral Health*

*5: Resource Mapping*

*6: Teaming*

*7: Evidence-Based Practices and Programs: Identifying and Selecting EBPs*

*8: Implementation Science: Lessons for School Behavioral Health*

*9: Data Informed Decision Making*

*10: School Behavioral Health Teacher Consultation*

*11: Psychiatry in Schools*

*12: Starting Early: Supporting Social Emotional Development and School Readiness*

*13: School Behavioral Health Program Evaluation 101*

*14: Ten Critical Factors to Advance State and District School Behavioral Health Objectives*

*15: Working with State Leaders to Scale-Up School Behavioral Health Programming*

The Community-Partnered modules are free and offer continuing education credit opportunities. In addition to the above series, there are also free modules on the same website on youth co-occurring disorders, mental health for educators and school-based staff, mental health training intervention for health providers in schools, and early intervention for psychosis.

**Q5. We would love to work with community mental health agencies, but we are in a rural area. We are so overloaded with students and families or families have to drive 1-2 hours to get to services. Any suggestions for communities like this?**

**Kevin Dwyer**: Technology and innovative practices should be resourced into practices in rural areas. The goal should always be addressing the barriers to ease access. Many systems have also used technology to enable mental health providers to participate in school meetings like student support teams. Coordination might also be enhanced by having the school counselor involved in supporting (even as a co-therapist) and reinforcing the therapy. This would involve a Memorandum of Understanding (MOU) regarding parent and student consent.

**Nancy Lever**: We’ve been making a tremendous amount of progress with Tele-Mental Health where people are using Tele-Health equipment. So basically you’d be able to partner with a university, medical center, or an outpatient center that may not be in close proximity to you to set up a MOU/MOA that allows you to have time with their professionals to provide sessions or consultation through distance technology. In our clinical program at the University of Maryland, our psychiatry team has been able to use that technology to enhance their capacity by providing treatment to individual and families and consultation to school staff and the school-based clinicians.

**Connie Pohlgeers**: I definitely recommend that you check into tele-psychiatry. You may want to check out this article: <http://health.usnews.com/health-news/patient-advice/articles/2015/01/15/telepsychiatry-the-new-frontier-in-mental-health>

**Q6. Where can I find more information about the ASCA model program?**

**Connie Pohlgeers:** The American School Counseling Association model can be found at [www.schoolcounselor.org](http://www.schoolcounselor.org). There are hard copy guides available through ASCA to help you design your program. Click here for the direct link: <http://www.schoolcounselor.org/school-counselors-members/asca-national-model>

**Q7. What screening tools are being used in Campbell County?**

**Connie Pohlgeers**: We use the GAIN Short Screener for grades 6-12. You can find out more about it by clicking here: <http://www.gaincc.org/GAINSS>

At the elementary level (grades K-5) we are using the Systematic Screening for Behavior Disorders (SSBD). You can find out more about it by clicking here: <https://pacificnwpublish.com/products/SSBD-Portfolio.html>

Finally, we hope to begin using the **Multidimensional Students' Life Satisfaction Scale for grades 3-12 in the early spring of 2016. You can find out more about it by clicking here:** <http://www.psych.sc.edu/faculty/Scott_Huebner>

**Q8. Can you give us some of the research-based materials that you use in your elementary, middle and high schools?**

**Sandy Williamson:** There are direct links on the NCSSLE website to the National Registry of Evidence Based Programs and Practices:

<http://safesupportivelearning.ed.gov/resources/national-registry-evidence-based-programs-and-practices-nrepp-0>

**Kevin Dwyer**: Many of the SEL programs have fidelity measures listed, again check <http://www.casel.org/>. Also check AIR’s [study](http://www.air.org/resource/social-and-emotional-learning-makes-news-and-sense), “Results From an Evaluation of a Demonstration Program to Build Systemic Social and Emotional Learning in Eight Large Urban
School Districts**.”**

**Nancy Lever**: Please check out CASEL and the evidence-based registries that are listed above in question 1.

**Connie Pohlgeers**: Again, check out CASEL at [www.casel.org](http://www.casel.org).

**Q9. Could you tell us more about the training materials you use for counselors and those who do the trainings?**

**Sandy Williamson**: Please check the online training modules on the NCSSLE website. There is great information there on bullying prevention, engaging students in positive relationships, and providing supports to students who are experiencing teen dating violence.

 <http://safesupportivelearning.ed.gov/training-technical-assistance/training-products-tools/training-toolkits>

**Nancy Lever**: For more information on training, please check out the website, [www.mdbehavioralhealth.com](http://www.mdbehavioralhealth.com) and also be sure to check out some excellent free trauma trainings available:

[**Trauma-Focus Cognitive-Behavioral Therapy Web (Medical University of South Carolina)**](http://tfcbt.musc.edu/)
A free web-based learning course for Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT).

[**Childhood Traumatic Grief Web (Medical University of South Carolina)**](http://ctg.musc.edu/)
A free web-based learning course for using TF-CBT with Childhood Traumatic Grief.

[**Learning Center for Child and Adolescent Trauma Speaker Series (NCTSN)**](http://learn.nctsn.org/course/category.php?id=3)
A collection of free, online series and on-demand presentations related to child and adolescent trauma.

**Connie Pohlgeers**: We have used a variety of resources. We have had trainers from *Reclaiming Youth International,* local universities, The National Association of School Psychologists (etc.) as well as various local presenters. We do a lot of book studies. Some of our book studies include, but are not limited to: *Evidence-based School Counseling* (Dimmit, Carey, Hatch, 2007), *Mindset: The New Psychology of Success* (Dweck, 2006), *Fostering Grit* (Hoerr, 2013) and *Absenteeism and Truancy: Interventions and Universal Procedures* (Jenson, Sprick, Sprick, Majszack and Phosaly, 2013).

**Q10. Do you have state or county policy that dictates your screening practices?**

**Sandy Williamson**: Participants may find the resources developed by the state of Minnesota helpful as an example of one state’s approach to screening:

<http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_149102>

**Connie Pohlgeers**: We do not have a state policy. We have local procedures including parental consent forms, referral forms, etc.

**Q11. What is the name of the threat assessment tool you are using?**

**Connie Pohlgeers**: This is a locally developed tool that was vetted by several mental health professionals including Dr. Melissa Reeves, president elect of the National Association of School Psychologists.

**Q12. Is there a way to get sample copies of the screening tools you use?**

**Nancy Lever**: The Center for School Mental Health has compiled a list of, and links to, free assessment measures. [http://csmh.umaryland.edu/uploadedFiles/Z-CSMH/Center\_for\_School\_Mental\_Health/docs/Summmary%20of%20Free%20Assessment%20Measures%205.12.15(1).pdf](http://csmh.umaryland.edu/uploadedFiles/Z-CSMH/Center_for_School_Mental_Health/docs/Summmary%20of%20Free%20Assessment%20Measures%205.12.15%281%29.pdf)

**Connie Pohlgeers**: You may find samples at the links provided above.

**Q13. How do you connect students to their survey questions? Is each screener uniquely assigned to individual students who are displaying red flags?**

**Connie Pohlgeers**: In the state of Kentucky each student has a unique student identification number. We code the students using this number.

**Q14. Connie, you used the grant to reduce the counselor to student ratios. How do you plan to keep ratios low?**

**Connie Pohlgeers**: I am hopeful we will pursue and obtain future grants. We are always on the lookout for these! We are in year two of our largest grant, so we are working hard to brainstorm ways to sustain these ratios.

**Q15. What is RAMP?**

**NCSSLE:** RAMP stands for Recognized ASCA Model Program. For more information on RAMP, click [here](https://www.schoolcounselor.org/school-counselors-members/recognized-asca-model-program-%28ramp%29).

**Q16. Do you obtain parent permission to administer the screeners?**

 **Connie Pohlgeers**: Yes. We do obtain parent permission before ever screening.

**Q17. Who does the screening? Is it the Counselor or the Psychologist?**

 **Connie Pohlgeers**: School counselors conduct the screening of students in our district.

**Q18. Is the Systematic Screener for Behavior Disorders used as a risk assessment tool or can it be used as a universal screener?**

**Sandy Williamson**: The SSBD is proactive and incorporates three gates, or stages. The screening takes into consideration both teacher judgments and direct observations in order to identify students at-risk for developing ongoing internalizing and externalizing behavior concerns. Stage 1 of the SSBD involves teacher nomination. Stage 2 requires that teachers complete a Critical Events Inventory and a short adaptive and maladaptive behavior checklist for each of the nominated students. Students whose scores on these checklists exceed the established cut off are then candidates for Stage 3. This final stage involves a 15-minute interval observation in both the classroom and on the playground to determine a student’s actual performance in social and classroom interactions. Systematic screening is not designed to make a definitive diagnosis about whether a student qualifies for special education services under the category of emotional disturbance (ED) under IDEA. It also should not be seen as a tool for making a mental health diagnosis or to replace other sources of data or professional expertise from other disciplines that should be taken into account in any assessment process.

**Connie Pohlgeers**: SSBD is used for students presenting red flags, a conclusion that’s reached using multiple data sources, of course. I do think it is advertised as a universal screener if you so choose.