



# Wellness and Mental Health in the Fair Haven School District

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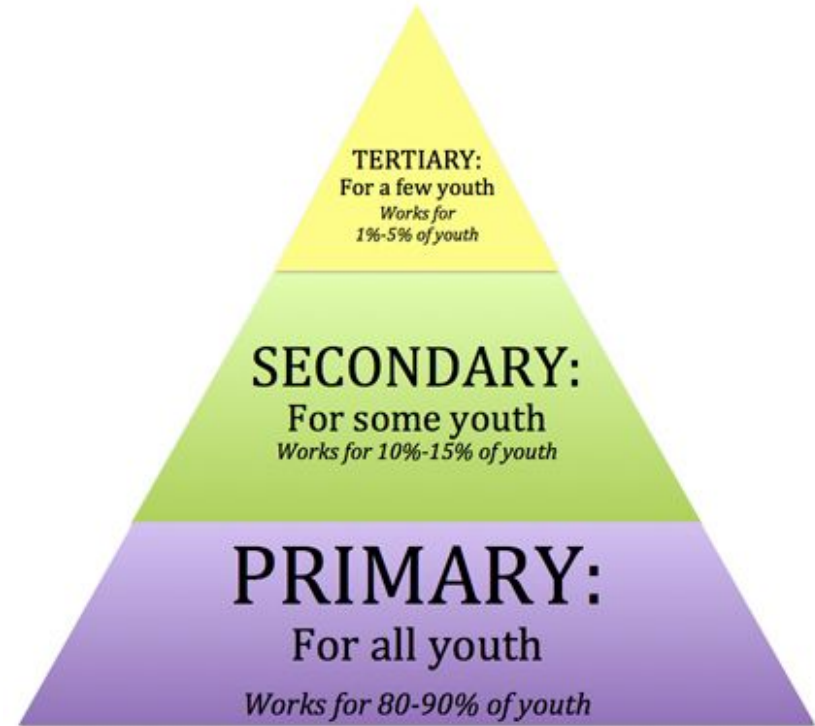
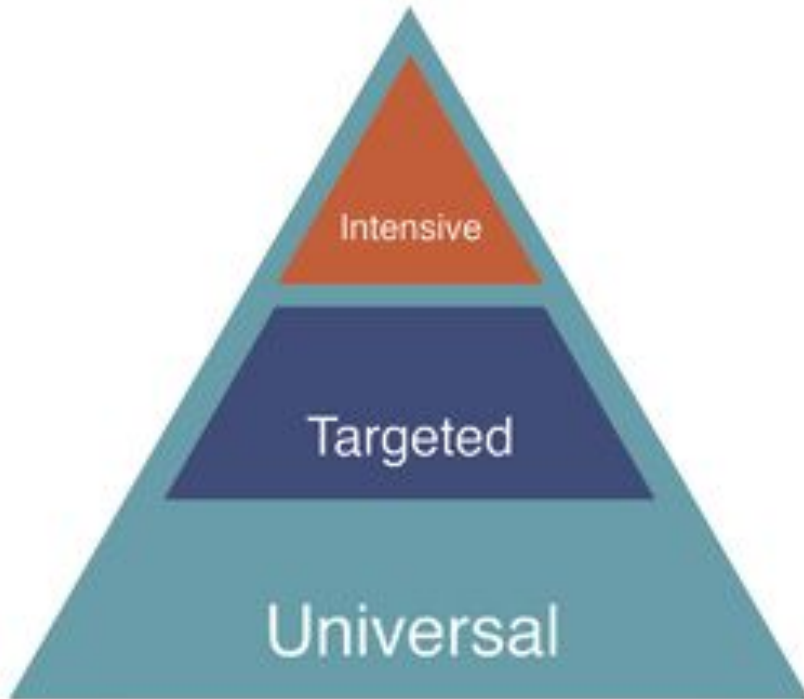
In my world there are  
**NO BAD KIDS,**  
just impressionable,  
conflicted young people  
wrestling with  
**emotions & impulses,**  
trying to communicate  
their  
**feelings & needs**  
the only way  
they know how.

- Janet Lansbury

No Significant  
LEARNING  
Occurs without  
a significant  
RELATIONSHIP!

- Dr. Comer

# Tiered Model



# Why use a tiered model?

- ◎ Benefits all students vs. just targeting high need students
- ◎ Provides support early on, we don't have to “wait to fail”
- ◎ Helps identify students who need more support

# Tiers in Practice

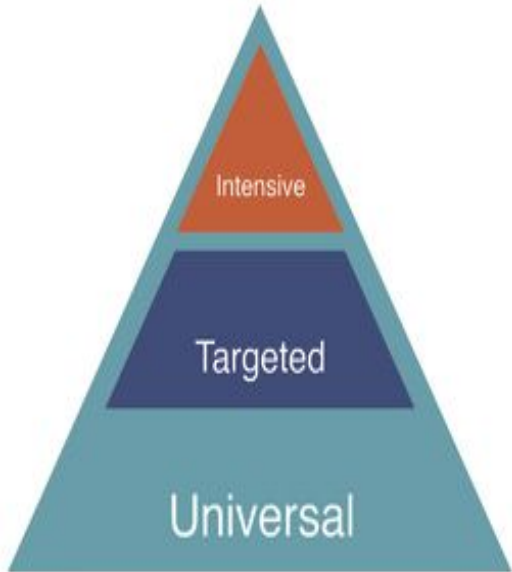
Tier 1: All, teacher directed, in class

Tier 2: Some, support staff guided, in class

Tier 3: Few, support staff directed, pull out



# Tier 1: Universal, Whole School, Whole Class



# Tier 1

- © **Emphasis:** broad, school/class-wide efforts to promote positive behavior and mental health.
- © **Goal:** creating physical and social environments and activities that are enjoyable for all students and embedding strategies and activities that help children/youth cope with challenges

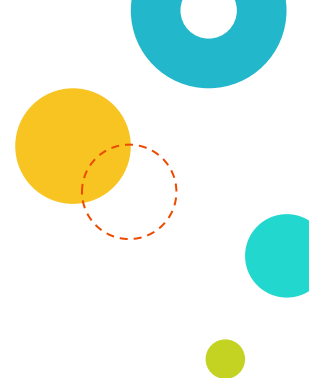
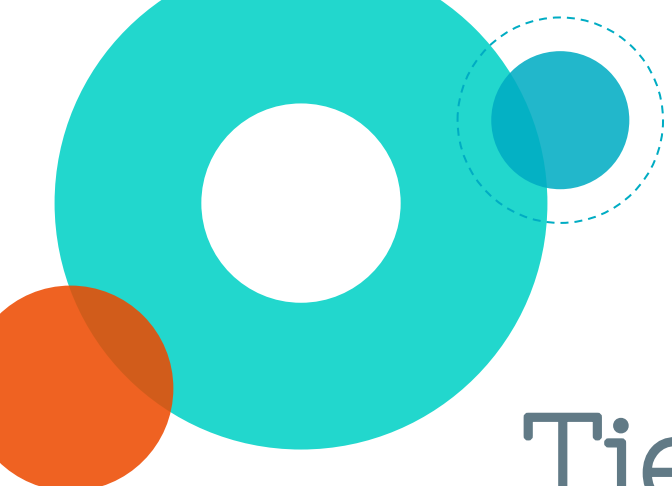


# Sickles Tier 1 Strategies

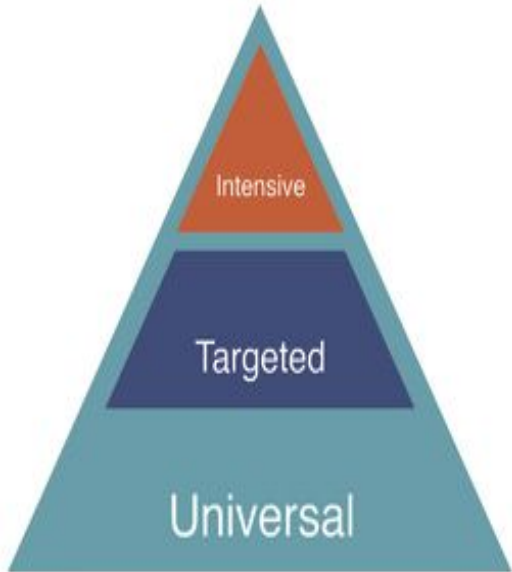
- ◎ Responsive classroom
  - Currently being studied
- ◎ Behavior committee
- ◎ OT designed hallway breaks
- ◎ Kindness announcements
- ◎ Freeze dance friday
- ◎ Mindfulness built into the schedule

# Knollwood Tier 1 Strategies

- ◎ Classroom counseling lessons (4-5)
- ◎ Lifelines Prevention Program (6-8)
- ◎ Tri-district Stress Survey & Wellness Plan (4-8)
- ◎ Schoolwide prevention assemblies
- ◎ Morning Mindfulness - Mindfulness Recess Club
- ◎ Sensitivity Trainings
- ◎ Knight Challenge (6-8)
- ◎ Schoolwide MegaSkill Observance



# Tier 2: Targeted interventions for students at-risk



# Tier 2

- © **Emphasis:** SOME students that need more support than a school/class wide system. Generally not identified as needing special education.
- © **Goals:** Consult with colleagues who have found ways to make the student successful, consult with related service providers, modify learning demands and academic routines to foster successful participation

# Sickles Tier 2 Strategies

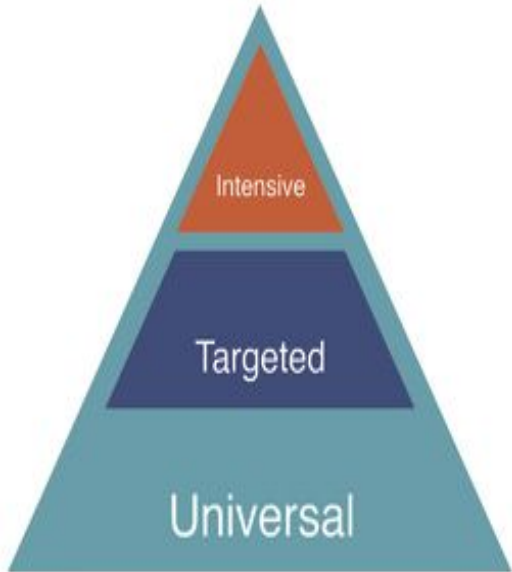
- ◎ Student specific modifications
  - ◎ Scheduled hallway breaks
  - ◎ Quick/frequent check ins
  - ◎ Breaking down school assignments and giving one part at a time to minimize anxiety
- ◎ Consultation with providers
- ◎ Directly teaching relaxation strategies
- ◎ Use of evidence supported resources
  - ◎ [PBIS world](#)

# Knollwood Tier 2 Strategies

- ◎ Parent, teacher, or student referral/request for counseling check in
- ◎ Consultation/collaboration with outside providers (therapists, psychiatrists, etc)
- ◎ Student specific modifications
  - Ex: I&RS plans or 504 accommodations



# Tier 3: Intensive interventions for identified students



# Tier 3

- ◎ **Emphasis:** More intensive, individualized interventions for students experiencing a mental health/behavioral challenges.
- ◎ **Goals:** Collaborate with relevant providers to modify expectations to help the student function successfully in all school contexts



# Sickles Tier 3 Strategies

- ◎ Individualized behavior intervention plans (BIPs)
- ◎ Direct intervention from providers
- ◎ Pull out groups

# Knollwood Tier 3 Strategies

- ◎ Direct intervention from providers
- ◎ School based counseling (on-going support)
  - ◎ Individual or Small Group Counseling

# Referral Process

- © Teachers follow a tiered model of intervention, starting with implementing strategies in the classroom.
- © Parents should follow the chain of command, starting with the classroom teacher.
  - © If there is a sensitive issue they can reach out directly to the school counselor or school psychologist.
    - © Not all issues are appropriate to address in school, sometimes the recommendation from us will be that the child could benefit from outside of school services.

# Teacher Referral Process

*Typically occurs within the I&RS process*

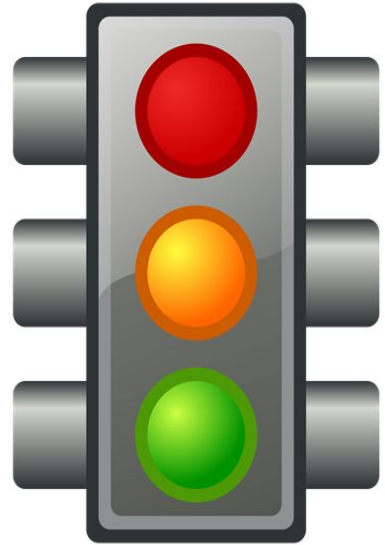
1. Teacher identifies child with behavioral/emotional need
2. Teacher implements and monitors T1 interventions
3. If T1 interventions are not successful teacher consults with provider(s) to design T2 interventions
4. T2 interventions implemented and monitored
5. If T2 interventions are not successful teacher consults with provider(s) to design/provide T3 interventions

# When to Ask For Help

**RED** - Warning Signs

**YELLOW** - Risk Factors

**GREEN** - Protective Factors



# Warning Signs = FACTS

**F**eelings

**A**ctions

**C**hanges

**T**hreats

**S**ituations



# Warning Signs

- ◎ **Changes** in appearance, mood, eating habits
- ◎ Student **isolated** in cafeteria, at recess, group work
- ◎ **Bullying** behavior- even as a bystander
- ◎ Frequent visits to **school nurse**
- ◎ Actual **threats** or suicide notes
- ◎ Disturbing **themes** in school assignments
- ◎ Unusual pattern of **absences** or **tardiness**
- ◎ **Cutting classes** or leaving school early
- ◎ Concerns expressed by **other students**

# Risk Factors

- ◎ Family history of mental health concerns
- ◎ Difficulty with problem solving
- ◎ Substance use
- ◎ Lack of connection with peers, family, school, etc.
- ◎ Never having the opportunity to struggle and learn from struggling
- ◎ Learning difficulties
- ◎ Exposure to violence
- ◎ Lack of mental health care (waiting for stage 4)



# Protective Factors

- ◎ Connections to a trusted adult
  - Family, school, peers
- ◎ Engaging in school and community activities
  - Developing a sense of belonging
- ◎ Parental supervision/support
  - Tell Me More
- ◎ Teaching problem solving skills
- ◎ Supporting learning without fixing the problem
- ◎ Reducing exposure to violence
- ◎ Early identification and treatment when necessary

# School Based Counseling vs. Private Therapy

## SBC

- ⊙ Educational model
- ⊙ Educational impact necessary
- ⊙ Goals should relate to educational impact
- ⊙ Typically short term
- ⊙ Not all topics are appropriate to discuss at school

## PTx

- ⊙ Medical model
- ⊙ No educational impact necessary
- ⊙ Goals can be anything
- ⊙ Can be long term

# Outside Providers

- ◎ Finding someone
  - Where to look
  - Types of therapists
  - Types of therapy
- ◎ Consulting/collaborating with the school
  - Consent/Release form required

# RFH Competent Community

- ◎ Foster and sustain resiliency to provide for the protection and wellness of individuals that live and work in Rumson and Fair Haven
- ◎ By involving the broadest community coalition possible we can build a strong safety net and response for critical incidents, community trauma, and at risk populations.
- ◎ Create formal and informal networks of relationships (within and outside the community)
- ◎ Increase the awareness of the many resources available to the community.
- ◎ Provide prevention awareness and support during a traumatic events by empowering our community.



# Questions?

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