

**Behavioral Supports: The CT WSCC Partnership On-Demand Webinar Series Transcript**

Welcome to the behavioral supports on-demand webinar. There are 10 webinars in this series, each corresponding with one domain of the Whole School, Whole Community, Whole Child model. This webinar will focus on the behavioral supports domain, also referred to as counseling, psychological, and social services. We will continue to refer to this domain as behavioral supports. ​Each webinar will begin with an overview of the WSCC model and an introduction to our practice briefs before a deep dive into the WSCC domain of focus.​

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The CT WSCC Partnership is a joint collaboration between the University of Connecticut’s Collaboratory on School and Child Health and the Rudd Center for Food Policy and Health. ​Before we begin, we want to acknowledge our funding partners and share that the content of this webinar does not necessarily reflect the official views of the CDC or the Department of Health and Human Services.​

​Our practice briefs draw on the Whole School, Whole Community, Whole Child Model, which is the CDC and ASCD’s framework for addressing health in schools. The model is student-centered and stresses the need to coordinate policy, processes, and practice across ten domains of student health and well-being to maximize student success. As can be seen in the outermost ring, the model is situated within the community and emphasizes drawing upon community context and expertise to use the model in contextually aligned ways.​The model is not a prescriptive program. Instead, it is a framework for organizing a school or district’s efforts to support the whole child, **facilitate high-quality teaching**, and maximize student **learning** and success. ​

​Today's content comes from our WSCC Practice Brief series. These are freely available on our website at ctwscc.org. If you'd like to learn more about how these briefs were developed and our CDC-funded project, please watch our "Intro to the WSCC Webinar Series" video.​

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What are behavioral supports? Let’s listen to what one of our community partners has to say about the WSCC domain.​

Schools can provide a variety of counseling services. Depending on the needs of this child this could include individual or small-group counseling focusing on emotional regulation, social skills, and executive functioning skills. Schools are also an integral part in connecting families to social services within the community to ensure wraparound services are available when needed. Some examples of behavioral supports in our school include our PBIS system, responsive classroom strategies, a tier 1 SEL curriculum, the use of the zones of regulation, calming corners within each classroom and at a targeted level we have small group or individual counseling services, non-contingent breaks for students, a check in check out system and a behavior chart or token chart for students who may need it.

These prevention and response services can show up as systems level work that addresses the entire school community. This work helps schools and districts to focus less on remediating deficits within an individual and focus more on systemic solutions. These services can also show up as individualized behavioral supports. In both individual and systems-level work, assessments are used to collect data on student behavior which can be used to develop targeted and school-wide interventions. If a student needs more intensive support beyond targeted interventions, school mental health professionals can collaborate with community providers. ​

Why are behavioral supports relevant to child outcomes?​

It is important, its very important to provide behavioral supports in schools because the schools are where the students are. A lot of the time they are recognizing some of the patterns and trends their cohort groups are seeing and we are able to mitigate some of the behavioral health needs that a student may have while we have access to them. And also too a lot of times we’re seeing the behaviors in the school setting and a lot of times it’s because there’s something going on at home, their external environments, their social determinants of health play a factor so when we’re in school buy trusted professionals, they are able to access that very much needed behavioral health services.

It’s important to address students social, emotional, and behavioral needs because mental health difficulties, academic achievement, and long-term health outcomes are all linked. In the classroom, symptoms of mental health difficulties might look like behavior that is disruptive or inattentive, inappropriate social behavior, or emotional dysregulation. All of which are associated with poor academic performance! ​Fortunately, targeted interventions can substantially improve a student’s symptoms, behavior, and academic achievement. Without access to high-quality interventions provided in schools, students may continue to face challenges that impact their well-being throughout their lives.​

Now that we know the why behind behavioral supports, let’s look at some evidence-based strategies that you can use in your practice.​

The strategies are organized by required resource demand to help you choose appropriate initiatives for your setting. ​

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Starting with strategies that require a low resource demand, the first is to promote the use of positive behavior support strategies. These include clear and positively stated classroom expectations, explicit teaching of expectations, reinforcement of appropriate student behavior, and consistent responses to inappropriate behavior. ​School teams also should evaluate use of current behavioral support practices to ensure that evidence-based practices are implemented with fidelity. Examples of evaluation tools include the Tiered Fidelity Inventory, the School-Wide Evaluation Tool, and Benchmarks of Quality. The links to these measures can be found in the WSCC practice briefs.​

A second low-resource strategy is to strengthen universal mental health promotion. Doing so can address a variety of risk factors, including anxiety, depression, suicidal ideation, violence, and aggression, while also enhancing student personal development through lessons and curriculum.​ Schools can increase mental health promotion by implementing school-wide interventions such as social-emotional learning programs, psychoeducation, and mindfulness for all students.​

Now, we move into moderate resource demand strategies. The first recommendation is for school teams to establish an internal process for identifying student need and matching to supports. This process should fit the unique school context, be understood by all school personnel, and be accessible to every student. ​For example, school-based universal screenings of all students can help identify those students needing more targeted support by casting a wider net. These students can then be referred for group or individual interventions to prevent the progression of negative outcomes. Organizations such as the National Center on Intensive Intervention provide a review of available screening tools.​

The second moderate resource strategy is to implement targeted behavioral interventions. These interventions provide secondary prevention and support for students demonstrating social, emotional, or behavioral concerns. School mental health personnel can collaborate with students, teachers, and families to provide evidence-based behavioral interventions that address students’ needs, such as group contingencies, social skills lessons, and behavior contracts. ​When choosing among evidence-based options, school teams should consider issues of intervention usability, including resource availability, ease of use, and relevance to their student population.​ In addition, communication and care coordination with families and community-based providers may strengthen the intervention.​

Next, we transition to the most resource-intensive strategies.​ Cognitive Behavioral Therapy is an effective intervention that can be used in schools to address student responses to trauma, anxiety, depression, and anger management. CBT-based intervention can be efficiently delivered in a time-limited format and has been successfully adapted to engage families across varied contexts. School mental health professionals can utilize CBT-based approaches to address how students interpret their experiences and help students recognize the relationship between their thoughts, emotions, and behaviors.​

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The second high-resource strategy is to use functional behavioral assessments, or FBAs. An FBA, which can be done by a trained behavioral support professional, uses multiple methods like teacher interviews, record reviews, and direct observations to identify aspects of the environment associated with the occurrence of student problem behaviors. Schools can use FBA data to inform strategies and interventions that can effectively reduce a student’s problem behavior. Research suggests that FBA-based interventions are associated with greater reductions in problem behavior than non-FBA-based interventions. ​

If you are interested in learning about additional resources related to the behavioral supports domain of the WSCC model, please see the full behavioral supports WSCC practice brief.​

This brief, among the others, can be found on the Tools page of our website: ctwscc.org. After clicking on our tools, scroll down to Best WSCC practices. Here you will find our practice briefs.​

Thank you for joining us! We hope you enjoyed today’s webinar. To view the other webinars in our WSCC on-demand webinar series, please visit our website at ctwscc.org. If you have any questions about the Connecticut WSCC Partnership, please feel free to contact us at [ctwscc@uconn.edu](mailto:ctwscc@uconn.edu).​

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