Whole School, Whole Community, Whole Child: A Discussion on Challenges and Opportunities in Putting the Model in Action for School Mental Health

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October 20th, 2017- Presentation at the 22nd Annual Conference on Advancing School Mental Health
Presentation Goals

- Provide a Rationale for Integrating Health and Learning Sectors
- Summarize WSCC Model Features and Key Components
- Discuss Factors of Influence for Integration and Implementation of the WSCC Model
- Identify Opportunities and Next Steps in Professional Contexts for WSCC Initiatives
Student Health and Academic Outcomes

Student Health

Academic Outcomes

(Michael, Merlo, Basch, Wentzel, & Wechsler, 2015)
Separate Initiatives

CDC

ASCD

(ASCD & CDC, 2014; Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015; Michael et al., 2015)
Traditional School-Health Initiatives

- Past models developed with a *singular focus* – health or education

- Increased push for meeting *short-term, academic based goals*

- Uncoordinated leadership → *poor collaboration* between school and community agencies
Health and Academic Outcome Research

**Student Health**

Health Related Issues Negatively Impact:
- Academic Achievement (test scores/grades)
- Attendance
- Connectedness
- Engagement

**Academic Outcomes**

Proficient Academic Skills are associated with:
- The practicing of health-promoting behaviors (exercise, healthcare checkups/screenings)
- Lower rates of risky behaviors
- Longer life expectancy
- Decreased risk of incarceration

(Basch, 2010, 2011a, 2011b; Bradley & Green, 2013; Case, Fertig, & Paxson, 2005; Eide, Showalter & Goldhaber, 2010; Institute of Medicine, 2015; Michael et al., 2015)
Whole School, Whole Community, Whole Child Model (WSCC)

- Developed in joint partnership by the ASCD and CDC in 2014.

- **Student Centered**: Collaborative research is critical toward informed policy, processes, and practices that address the whole child.

- **Evidence Grounded**: 10 components help key stakeholders organize and prioritize efforts.

- **Ecological**: Community plays a crucial role in implementing and sustaining practices across all components.

(http://www.cdc.gov/healthyschools/wsc/index.htm)
Counseling, Psychological & Social Services

- Mental, Behavioral, and Social-emotional health prevention and intervention supports for students within the educational setting.

Couns., Psych, and Soc. Services are associated with:

- Improved attendance
- Improved classroom behavior
- Increased tests scores and GPA
- Decreased suspension rates

The Goal: to identify and address student barriers to learning using a team of educational and mental health professionals who, alongside support staff, caregivers, and the community, work to provide students with direct and indirect services.

(Becker, Brandt, Stephan, & Chorpita 2013; Borders & Drury, 1992; Wells, Barlow, & Stewart-Brown, 2003)
Social Emotional Climate

- The psychological and social aspects of a school and how these culminate to influence student engagement, relationship building, and learning.

A positive social and emotional climate has been associated with:
- Increased attendance
- Appropriate classroom behavior
- Appropriate grade level
- Decreased peer victimization
- Decreased substance abuse

The Goal: To develop a positive climate that promotes a safe and rewarding learning environment where student health, growth, and development is encouraged.

(Thapa, Cohon, Guffey & Higgins D’ Alessandro, 2013)
Plugging in the Model
The WSCC Blueprint Project

**Primary Goal:** To build a comprehensive and usable document to support districts in WSCC Implementation

**New Haven Project:**

- To better understand strengths, challenges, and opportunities for WSCC Implementation.

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<th>4 - Focus Groups</th>
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<td>37 NHPS Wellness Coordinators</td>
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<td>12 School Principals</td>
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<td>30 Members from Connecticut Association of Administrators of Health and Physical Education</td>
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<th>21 - Semi-Structured Interviews</th>
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<td>(NHPS Central Office Administrators and Community Organizations)</td>
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Defining and Connecting the WSCC Model

➢ When you hear/say “meeting the needs of the whole child”, what does it mean to you?

➢ How do you think about the link between learning and health in your work?
Knowledge of Whole Child and Health-Academics Link

➢ Overall, participants broadly acknowledged the “whole child” as the social, emotional, physical, and academic needs of the child.

➢ Participants also acknowledged the connection between health risks and student academic outcomes.

Responses included...

“…making sure that children in the New Haven Public School system are being taken care of intellectually, emotionally, and physically”

“If faculty and teachers can’t address their emotional and physical health, how can they teach the kids?”

“…health is not just something you do by taking care of yourself physically. If you don’t take care of yourself emotionally, psychologically, spiritually it’s for naught. So, I think you need to have a totally integrated approach”
Integrating Health and Learning

WSCC model emphasizes that integrating learning and health sectors is critical to success in meeting needs of the whole child.

– Fundamentally, do you believe this is aspirational, actionable, or both?
Integrating Health and Learning

**Aspirational**
“In a great place in comparison to others. Being in such a large district how do you make it systemic in 47 schools?”

“I think it’s aspirational working together is definitely a way to give kids more opportunities. I think they’re ready to do it and I think it’s going to be a really good step but as everything, as any kind of change, it all takes time....”

**Actionable**
“Structures are in place, we’re ready but not everyone is in action mode.”

“I think it needs to be actionable, but I think it’s a precedent that needs to be set and it needs to be managed from the top down and it needs to be one who sets it. “

**Both**
“It’s got to be both because on the one end you’ve got to have a vision, right? And then you’ve got to have creative ways of bringing about that vision and it’s the creative ways that makes it actionable”
Readiness for Implementation of WSCC

In what “Stage of Change” are:

- You
- Your Setting

What Barriers are Preventing Change?

What would be needed to overcome these barriers?
Current “Stage of Change”

Stages varied widely depending on the specific WSCC Component. Factors influencing the current state were:

- Time
- Administrator Buy-In
- Teacher Buy-In

“I think at first there’s going to be a lot of hesitation…I think it can happen, but I think it’s going to take a very long time to happen just because educators are so used to the idea that it’s only about academics.”
Barriers to Implementation

Support, Staffing, and Challenges to Implementation...

“Some faculty are so stressed that they can’t think conceptually about the whole student when you are struggling yourself.”

“I think a major challenge is lifting this issue up as a district level priority… and devoting resources to this, the same way we devote resources to our academic priorities…”

“If faculty and teachers can’t address their emotional and physical health how can they teach the kids?”
Overcoming Challenges

Changes to Prioritize Whole Child Efforts:

- Have administration recognize importance of social emotional and physical health
- Work with administrators who have implemented successful health-learning initiatives
- Professional development focused on the impact of health on math and literacy outcomes

“I think it starts at the top, becomes a priority when the leadership says it’s a priority.”

“Including this work in on the strategic plan...pay attention to health.”

“Have a formal department that is committed to this work.”
Overcoming Challenges

Summary of identified Needs For Prioritization:

- More time in classroom, with families in the home
- Support and backing at the district level
- Each school to have a liaison for wellness
- Full-time nurse in every building
- PD for all stakeholders
- Inclusion of family and student voices
- Financial support
Project Recommendations

- **District Leadership**
  - Building level supports, Clarified policies, Increased collaboration across stakeholders

- **Professional Development for all Staff**
  - Training in embedding WSCC Model in teaching, In collaborative use of data, Support employee wellness

- **Expanding Voices**
  - Increase engagement of family and students when building actionable plans, Embrace the community and changing community characteristics.

- **Embracing Differences Across the District**
  - Formative assessment of needs and building specific flexibility, Use data to help prioritize
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