Welcome to the Wellness Center!

![Image of the Wellness Center]

**STOP**

Do you have a call slip or pass from your teacher?

YES I DO. Great! Please sign in and have a seat.

NO I DON'T, I AM DROPPING IN. Okay, but during an assigned class students MUST first report to class and get a pass to visit the Wellness Center. Go do that, come back and sign in.

BUT IT'S AN EMERGENCY! Okay, let the receptionist or another staff member know and sign in. Have a seat and someone will be with you shortly.
School Based Wellness Centers: How to Make it Happen at Your School

Alisa Crovetti, Ph.D. and Maedeh Golshirazi, M.A.
Piedmont Unified School District/UC Berkeley

The Ambitious Plan for Today’s Presentation

1. Why Wellness Centers?
2. Formation of PUSD Wellness Center
3. Clinical Supervision and Recruitment
4. Stakeholder Buy-In and Funding
5. Evolution of a Wellness Center
6. Confidentiality and Consent Issues
7. Reducing Stigma
8. Photos!
9. Successes
10. Critical Feedback From Students
11. Future Directions
Why Wellness Centers?

- Theoretically grounded
- Empirical data indicates need for increased mental health support for youth
- Outcome data

Why Wellness Centers?

- Theoretical Frameworks Supporting SBWCs
  - Core competency model
  - Response to intervention
  - Risk and protective factors
  - Ecological systems theory
Core Competencies Addressed

- Core Competencies for Youth Development
  - (Guerra and Williams, 2003)
- 1. Positive Identity
- 2. Personal Agency
- 3. Self-Regulation
- 4. Social Relationship Skills
- 5. Pro-social System of Beliefs

Tiered Service Delivery

- Benefit from intensive, individualized supports
  - Few
  - 1 to 7 percent
- Benefit from targeted supports
  - Some
  - 5 to 15 percent
- Benefit from universal system of school-wide supports
  - All
  - 80 to 85 percent
Tiered Service Delivery

- Tier 1: Available to all students: Drop in counseling and referrals for normative adolescent stressors, reception area with tea and snacks, printed psychoeducational materials available, workshops, (e.g., stress management, study strategies, mindfulness), lunchtime activities, staff provides interviews to students for I Search, Journalism, and Social Psychology projects.

- Tier 2: Targeted interventions for referred students showing risk factors or in crisis: Short-term weekly or bi-weekly individual and group counseling.

- Tier 3: DIS Counseling: Ongoing or short-term weekly or bi-weekly individual counseling or group counseling.

Waiting Room Annex
Waiting Room Annex

Waiting Room
Prevention and Response to Risk Factors

• Risk/Protective Factors
  • Promote mental health, don’t just confront problems
  • Value of talking to a trusted adult
  • Accessibility for ALL students
  • Create a welcoming and inclusive environment

Waiting Room
Reception Desk

Systems Approach

• Ecological Considerations
  • Addresses Multifaceted Problems Students Face
  • Interdisciplinary collaboration: teachers, counselors, parents, therapists, nurses, community supports, coaches
  • Addressing the “whole” child: interpersonal, emotional, medical, academic, etc.
Meeting Needs of Whole Child

• “The kindness of the people working there and choosing to help run it. They show support for students in the most wholly-encompassing way, and show that PHS does care about students beyond their performance in academics. The Wellness Center takes the time to show that students can be fully human -- sensitive, learning, and engaged in a full life -- beyond just school and assignments and tests.”

Increasing need for Adolescent Mental Health Support

• Monitoring the Future Study – in the last decade adolescents endorse...
  • Lowest rates of happiness
  • Lowest rates of life satisfaction
  • Highest rates of feeling lonely
  • Highest rates depressed thoughts

• Alarming Adolescent Suicide Rates
• Flooded College Counseling Centers
• High School CHKS Data
California Health Kids Survey

- 2017-18 PHS Data
- 12.5% of 9th and 10th graders seriously considered suicide in the past 12 months
- 20% of 9th graders and 45% of 10th graders reported current alcohol use
- 17% of 9th graders and 32% of 10th graders reported binge drinking
- 10% of 9th graders and 10% of 10th graders reported abuse of prescription medications

California Health Kids Survey

Percent of respondents, by grade, who reported experiencing bullying at school within the last 12 months. PHS 2017-18

<table>
<thead>
<tr>
<th></th>
<th>9th Graders</th>
<th>10th Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latinx</td>
<td>53</td>
<td>50</td>
</tr>
<tr>
<td>Asian</td>
<td>31</td>
<td>32</td>
</tr>
<tr>
<td>White</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td>Mixed</td>
<td>27</td>
<td>38</td>
</tr>
<tr>
<td>Black</td>
<td>No respondents</td>
<td>No respondents</td>
</tr>
</tbody>
</table>
California Health Kids Survey

Percent of respondents, by grade, who reported chronic sad or hopeless feelings within the last 12 months. PHS 2017-18

<table>
<thead>
<tr>
<th></th>
<th>9th Graders</th>
<th>10th Graders</th>
</tr>
</thead>
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</tr>
<tr>
<td>Mixed</td>
<td>31%</td>
<td>32%</td>
</tr>
<tr>
<td>Black</td>
<td>No respondents</td>
<td>No respondents</td>
</tr>
</tbody>
</table>

PUSD Wellness Center High School Drop In Clients

- During the past 5 school years an average of 87 new clients dropped in for services each year.
- 47% stated anxiety or stress as the primary reason for their visit.
- 15% stated interpersonal relationship difficulties.
- 10% stated depression.
- 7% stated suicidal ideation (6%) or attempt (1%).
- 3% state each: grief, normal adolescent identity concerns, other.
- 2% stated non-suicidal self-injury.
Percent of drop in H.S. students from 2013-18 stating each concern.

Reported Drop in Concern n=435

- Stress or Anxiety
- Relationship Difficulties
- Depression
- Suicidal Ideation/Attempt
- Identity Concerns

Breakdown of Anxiety and Stress Drop-in Presenting Concerns 2013-18.

Anxiety or Stress Concern n=204

- Anxiety or Panic
- Academic Stress
- Family Stress
- Social Stress
PUSD Wellness Center

2 part-time in-house clinical supervisors
  • Licensed psychologist (.5 FTE)
  • Licensed clinical social worker (.5 FTE)
1 part-time administrator (.2 FTE)
1 Health Clerk (.8 FTE clerical and reception support)
2 part-time district nurses (.5 FTE each)
6 clinicians in training
  1 MFT trainee (volunteer)
  1 school psychology pre-doc intern (volunteer)
  3 MFT associates (stipend)
  1 clinical psychology practicum pre-doc (volunteer)

2017-18 Student Use of Services

• Over 2500 sessions with students in 2017-18 school year
• 50% saw counselor 1-3 times
• 10% saw counselor 4-9 times
• 40% saw counselor >10 times
• Approximately 25% of high school students use WC services each year
  • Middle School ~ appx. 600 students, High School ~ appx. 800 students, Alternative High School ~ appx. 70 students
Formation of PUSD WC

- 2005 WASC review criticized the PHS for high levels of student stress and failure to address it. District reviewed CHKS data, which also showed a need.
- 2006 Superintendent and Principal urged Director of Student Services (DSS) to start a Wellness Center.
- 2006 DSS researched WC’s at BHS, AHS, and EHS—all different models with access to state funding that PHS cannot access due to demographics.
- 2006 Parent Steering Committee created—helped with research and fundraising
  - Walk-through registration raised 25k in first year (very strong community support)
  - Funding initially only guaranteed through 1st year.
- 2007 Wellness Center Opened Doors
  - Staffing: 1 PUSD Administrator; 1 Contracted LCSW, 5 MFT/LCSW Trainees/Interns, 1 health educator, 1 middle school guidance counselor liaison
  - Low cost because trainees and interns were volunteers
  - Governed under HIPAA because supervisor was not in-house

Supervision Model

- Board of Behavioral Sciences
  - LSCW
    - Trainees
    - Associates
  - MFT
    - Trainees
    - Associates

- Board of Psychology
  - Pre-doctoral psychologists
  - Post-doctoral psychologists
Who May Supervise

<table>
<thead>
<tr>
<th>SUPERVISEE</th>
<th>HIRING STATUS</th>
<th>LMFT</th>
<th>LCSW</th>
<th>Licensed Psychologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFT or LCSW Trainees and Associates</td>
<td>Volunteer</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Salaried Employee</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Independent Contractor</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Psychologists Pre-doctoral and Post-doctoral</td>
<td>Psychological Assistant</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Salaried Employee</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Independent Contractor</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

Recruitment

- Application and Interview Process
- Attending Trainee/Intern Fairs
- Relationships/MOUs with Training Institutions
  - Wright Institute MFT
  - UC Berkeley School Psychology
  - University of San Francisco
Obtaining and Maintaining Stakeholder Buy-In

- Parent Steering/Support Committee
- 9th grade Orientation
- Parent Education Series
- Community Open House
- Staff Open House
- Staff Meetings
- Parent Network Meetings
- Wellness Center Sponsored Workshops
  - Parent Education
  - Student Workshops

Waiting Room Annex
### Parent Steering/Support Committee

<table>
<thead>
<tr>
<th>Steering Committee</th>
<th>Support Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create and publish brochures and other publicity materials.</td>
<td>Create and publish brochures and publicity materials.</td>
</tr>
<tr>
<td>Coordinate staff appreciation events for WC staff.</td>
<td>Assist WC staff with events: District-wide open house; community open house; evening workshops</td>
</tr>
<tr>
<td>Provide consultation to director on mental health needs of adolescents and service delivery models.</td>
<td>Coordinate donations of snacks and tea.</td>
</tr>
<tr>
<td>Fundraising support—grant writing soliciting donations from community</td>
<td>Fundraising support—grant writing, FallFest 5k, Wellness Challenge, soliciting donations from community</td>
</tr>
</tbody>
</table>

### Budget and Fundraising

- **First year (2007-08) total budget = 100,000**
- **Sources of funding:**
  - 7-12 Counseling State Funding (40%)
  - Anonymous Grant (15%)
  - Site Council Grant (40%)
  - Principal’s Fund (5%)
Current Expenses

- Administrative Director
- Clinical Supervisors
- Therapists
- Lunch Activities
- Therapist Materials
- Other Supplies
- Hospitality
- Tea and snacks

Sources of Funding 2018-19

- Alameda County Behavior Health Care Services Grant $60,000 per year
  Partial clinical supervisor salaries
- Special Ed. Grant from Philanthropic Ventures Foundation $500
  Therapy materials
- Registration Donations $8500
  Stipends for associates/interns
- Annual Fundraiser $12,000
  Stipends for associates/interns
- Other Donations and Fundraisers $2750
  Lunch time activities and food
Evolution of a Wellness Center

- Need for more interdisciplinary collaboration within school, e.g., lack of communication between special ed., guidance counseling, and WC.
- Need for more formalized trainings
- Need for formalized procedures, forms, etc.
- Need for more diverse WC staff
- Need to reduce stigma
- Need for streamlined referral system

An Evolving Program: Changes Since Inception

- In-house clinical supervisor
- HIPAA → FERPA
- Post-graduate interns/associates receive pay
- Increased diversity in WC therapists
- Formalized training program (audiotape review, case presentations, didactic, consultants)
- Training manual*
- Formal Tier 1 and Tier 2 referral system*
- Formal DIS counseling referral system (Tier 3)
- Formal APA compliant record keeping*
- Created consent and release of information forms
- Change to staff meeting format
- Formal Suicide Protocol
- Screening Questionnaires to track symptoms*
- Client Satisfaction Questionnaires*
- Call slip, check in, and attendance issues addressed
- Brief Model
### WHY FERPA?

<table>
<thead>
<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increases collaboration between school staff to treat multifaceted student problems</td>
<td>May discourage students from using services</td>
</tr>
<tr>
<td>Supervisors more integrated into school system and have better understanding of staff and school cultures</td>
<td></td>
</tr>
</tbody>
</table>

### Staffing Improvements

<table>
<thead>
<tr>
<th></th>
<th>Original Staffing</th>
<th>Current Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Director</td>
<td>1 part time</td>
<td>1 part-time</td>
</tr>
<tr>
<td>Clinical Supervisor</td>
<td>1 part-time contracted LCSW</td>
<td>District Employees: 1 part-time licensed psychologist 1 part-time LCSW</td>
</tr>
<tr>
<td>Clinicians in Training</td>
<td>4-6 MFT/LCSW trainees and/or interns</td>
<td>3 MFT Associates 1 MFT Trainee 2 Pre-doctoral Psychologists</td>
</tr>
<tr>
<td>Front Desk Clerk/ Administrative Support</td>
<td>Volunteer Student TA's</td>
<td>Full-time Attendance Secretary</td>
</tr>
<tr>
<td>Other Staffing</td>
<td>1 Health Educator No nurses on site</td>
<td>2 part-time nurses on site</td>
</tr>
</tbody>
</table>
Current Staff Posted in Waiting Room

Nurse and Health Clerk
Employment/Pay Status of Trainees, Interns, Associates

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-doctoral Psychology Interns</td>
<td>Hired as Psychological Assistants under BOP, unpaid</td>
<td>Hired as paid employees at an APA accredited site</td>
</tr>
<tr>
<td>MFT and LCSW Trainees</td>
<td>Unpaid volunteers</td>
<td>Unpaid volunteers</td>
</tr>
<tr>
<td>Post-doctoral Psychology Interns</td>
<td>Hired as Psychological Assistants under BOP, paid for non-clinical, non SPE hours as independent contractors</td>
<td>Hired as paid employees at an APA accredited site</td>
</tr>
<tr>
<td>MFT and LCSW Associates</td>
<td>Unpaid volunteers for SPEs, paid for non-clinical, non-SPE hours as independent contractors</td>
<td>Hired as paid employees or continue as currently</td>
</tr>
</tbody>
</table>

Changes to Training Program

- Training Manual*
- Formal Didactic Component
- Formal Case Presentations
- Group Supervision Format*
- Audiotape Supervision
- Additional Supervisor
## Didactic Program

<table>
<thead>
<tr>
<th>Annual</th>
<th>Bi-Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Prevention and Response</td>
<td>Eating Disorders</td>
</tr>
<tr>
<td>Substance Abuse Intervention</td>
<td>Cognitive Behavioral Techniques for Anxiety</td>
</tr>
<tr>
<td>Solution-Focused Techniques</td>
<td>Family Systems Approaches</td>
</tr>
<tr>
<td>IDEA, Special Education, Psychological Reports, IEPs, Neurodevelopmental Disabilities</td>
<td>Mindfulness for Therapy and Self-Care</td>
</tr>
<tr>
<td>Psychopharmacology</td>
<td>Sandtray Therapy and Field Trip</td>
</tr>
</tbody>
</table>

## Referrals

- New system allows careful tracking
- Eliminated referrals “falling through the cracks”
- Increased ease of creating counseling groups
Record Keeping

- APA Compliant
- Client confidentiality
- Personal musings vs. process notes
- Added fields for tracking cross-cutting symptoms, depression, anxiety, OCD, ACEs, and “critical issues”
- Choice of record keeping programs
  - Zoho
  - Titanium

Forms

- Consent to Supervision
- Consent to Receive Services
  - FERPA specific
- Release of Information
- Screening Forms*
  - Beck
  - Burns
  - Yale-Brown
  - ACE Questionnaire
### Staff Meeting

<table>
<thead>
<tr>
<th>Past</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal = Increase interdisciplinary collaboration, build understanding of mental health services in schools</td>
<td>Goal = Increase interdisciplinary collaboration, build understanding of mental health services in schools</td>
</tr>
<tr>
<td>Members: All WC staff, middle and high school guidance counselor, administrator</td>
<td>Add: nurse, middle and high school school psychologist, ERMHS coordinator</td>
</tr>
<tr>
<td>Full group discussion of administrative and student-specific clinical issues – issues arose regarding inefficiency and confidentiality</td>
<td>Full group discussion of administrative issues; Break out into dyads or small groups to discuss specific clients</td>
</tr>
<tr>
<td>Weekly</td>
<td>Monthly</td>
</tr>
<tr>
<td>Was calculated as group supervision time</td>
<td>Separate from group supervision time</td>
</tr>
</tbody>
</table>

### Suicide Intervention Protocol

- Resource folder in every office
- Characteristics of each level of risk clearly outlined: low, moderate, high, extreme
- Specific actions for each level of risk clearly outlined
- Copies of ASQ Screening Tool*
- Sample Suicide Assessment Questions*
- Checklist for Clinician *
- Blank Sample Safety Plans*
- Sample Safety Plan*
- Crisis Support Handouts with hotlines and text lines*
### Tracking Results

- Beck Anxiety Screening
- Burns Depression Screening
- Yale-Brown OCD Scale
- CSI
- Cross-Cutting Symptoms
- “Critical Issues”
- Client Satisfaction Inventory

### Benefits of SFT

- Evidence-based
- Facilitates goal development and increases motivation to change
- Strengths-based approach
- Increases sense of accomplishment and decreases dependency in client
- Students place increased value on therapy sessions
- Students less likely to no show when sessions are not unlimited
- Allows WC to serve more students and reduce length of waitlist
- Reduces size of WC caseloads, which historically have been too high
- Reduces feelings of stress in new therapists resulting from overload
- Ultimately allows therapists to provide better service
Confidentiality and Consent

- Who may refer?
- Who may consent?
- When to notify a parent?

Confidentiality and Consent: Who May Refer

- Parent referrals by phone screened by a supervisor.
- Teacher, counselor, other staff referrals online.
- Students referring other students.
- Student self-referrals.
- IEP Team referrals for DIS counseling must be approved by School Psychologist Liaison to WC.
Confidentiality and Consent: Who may Consent

• Minors age 12 and older may consent to outpatient mental health treatment when the following conditions are met:
  
  • 1. Therapist deems the minor mature enough to participate in treatment
  
  • 2. The minor would present a risk of serious physical or mental harm to self or others without the treatment OR is a victim of child abuse or incest.


Confidentiality and Consent: Who may Consent

• Provider must make reasonable efforts to inform and involve parents in treatment (unless doing so is deemed in appropriate by provider) and document those attempts.

• Provider has right to notify and involve parents without minor’s consent.

• Provider must get written consent from minor to disclose any written record to parent.
Minor Confidentiality and Consent: HIPAA vs. FERPA

- FERPA doesn’t counteract minor’s right to consent to treatment but does remove their right to confidentiality of the written record and even their right for parents not to know.

- Wellness Center Response:
  - Clear explanation of limits of confidentiality in consent form.
  - Always working toward family involvement in treatment
  - Encouraging parents to seek information directly from their child and not from therapist

Confidentiality and Consent: When to involve a parent

- “I haven’t gone this year to talk to someone because the last two times I did, my mother was told about it and I did not say anything about feeling depressed or like I was going to hurt myself or others. It makes the Wellness Center seem quite untrustworthy.”
Confidentiality and Consent: When to involve a parent/guardian

- Always making reasonable efforts to involve a parent/guardian.
  - Encourage client to tell parent about tx
  - Encouraging general communication between student and parent
  - Exploring how therapist contacting parent might help or hurt

- With certain presenting issues, therapists more insistent but only contact parent with consent of student:
  - Substance abuse
  - Significant anxiety, depression
  - Victim of bullying or harassment (may require reporting to administration, which will involve parent)
  - Victim of sexual assault or rape (results in CPS report that might ultimately involve parent)
  - Pregnancy
  - Eating Disorders

- Without minor’s consent
  - Imminent risk of harm to self or others

Reducing Stigma

- Welcoming waiting area
- Tea and snacks available throughout the day
- Microwave available for students
- Non-therapy lunchtime activities and free lunch
- WC sponsored workshops on study skills, stress management, mindfulness
- Journalism students report on WC in student paper
Reducing Stigma

<table>
<thead>
<tr>
<th>We're doing a good job!</th>
<th>Or are we?</th>
</tr>
</thead>
<tbody>
<tr>
<td>“It's very inviting. There's no stigma with seeing a counselor there, which is the best way for it to be in the eyes of the school community.”</td>
<td>“Look towards rectifying the social stigma surrounding seeing a counselor for help.”</td>
</tr>
<tr>
<td>“There is no stigma around going there because everyone knows they’ve either been or needed to go at some point.”</td>
<td>“There’s still a lot of stigma around it, like: &quot;Oh, you're going to the Wellness Center, hmm&quot;. It would helpful to reduce this and make it easier to break the barrier of going.”</td>
</tr>
</tbody>
</table>

Posted at Main Entrance

Welcome

If you are here for an appointment and the door is closed and the clerk is away, please have a seat. The next available therapist will come out as soon as their current session is completed.

If you are here for a drop in, please come back when clerk is in. If this is an emergency, please go to the counseling office located upstairs near the main office.

Sorry for any inconvenience
- Wellness Center Staff -
Main Corridor

Interchangeable Name Placards on Doors

Mark Abelson
MFT trainee
Office #3

Office # 4: Group Supervision Room, Sandtray Room
Sandtray Materials

Office #5
Outcomes

- Increased interdisciplinary collaboration
- Increased support of WC by teachers
- Increasing referrals from teachers, parents, students
- Increasing drop ins
- High Student Satisfaction

Student Satisfaction

- 2017-18 Student Survey (n=60) showed:
  - 93% satisfied with WC overall
  - 81% satisfied with WC counselor

  Satisfaction = rating of 7 or higher on scale of 1-10
Student Comments  
2017-18 Student Survey

“I was able to leave yearbook every Monday and just chill out and talk about life with my guy Matt which was pretty cool I was apprehensive because I thought I’d be wasting the wellness center's time if I didn't really have a "problem" that I needed help working through but it ended up being a nice place to discuss life and the future.”

Student Comments  
2017-18 Student Survey

“The best thing about the Wellness Center is the counselors even though I mainly see Matt there have been some moments where I needed help and Matt was not there and the other counselors where quick and very helpful. Then when I did meet with Matt the other counselors would let him know what was going up with me. This gave me comfort and trust with everyone there.”
Student Comments
2017-18 Student Survey

“That it gives a place for students who are dealing with way too much stress to decompress, and talk about ways to live in a more sustainable way with their stress.”

“I’ve come to the wellness center when I’m anxious, stressed, or just don’t feel good. I like that it’s a safe environment where everyone is respectful and supportive. I also appreciate their tea :)

Student Comments
2017-18 Student Survey

“They listen.”

“They always listen.”

“The calming space and ability to go in and get a break from your class if even for a moment.”

“It is very calming, and it is a nice place to relax and play guitar during brunch or lunch.”

“The wellness center is a warm community no matter who I talk to I feel like I am understood and receive positive advice.”
**Student Comments**

**2017-18 Student Survey**

“Having the wellness center is like having a safety blanket at school, knowing that if you can't handle something or become too stressed out, you have a place you can go to just breathe or talk through things. Piedmont High is extremely lucky to have the Wellness Center.”

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**2017-18 WASC Review**

- The Western Association of Schools and Colleges (WASC) representatives commendations from 2018 visit:
  1. The school’s efforts to reduce student stress and promote student well-being.
     - a. Wellness Center
     - b. Later start finals
     - c. 10 minute passing period
     - d. Late start two days a week
  2. The culture of high student academic achievement and performance.
  3. Engaging projects, as noted in Science, History, English, and World Languages.
  4. Professional, skilled staff who sincerely and actively care about students and their success.
  5. Strong staff collegiality and mutual support as professionals.
  6. Strong and positive parent and community involvement.
  7. Safe, well-maintained, and welcoming campus.
     - a. Park-like feel
     - b. Open campus with student freedom of movement
  8. School’s efforts to work towards equity, diversity, and social justice in the school community.
  9. Strong sports and Visual and Performing Arts programs that connect and enrich the community.
  10. Outstanding student clubs and organizations that offer wide variety of student experiences based on student interests.
  11. Special education department that supports all students and staff.
  12. Outstanding graduation rate and college matriculation.
The Problem with Success: “If you build it, they will come.”

- Increased Tier 2 and Tier 3 referrals
  - 60% of caseload is DIS counseling
- Increased Drop Ins
- Increased caseloads for Tier 2 services
- Waiting lists by late fall for Tier 1 and Tier 2
- Difficult for supervisors to oversee so many clients

Response to Increasing Referrals and Drop Ins

- Additional supervisor
- Brief SFT model for Tier 2 services
  - 10 sessions
  - Option to extend in cases of:
    - Ongoing stressors without option to refer to private clinician
    - Immediate crisis
    - For leverage with unmotivated clients
Need to Address Student Concerns

- Lack of information about how to access and/or lack of ease in accessing: e.g.,

“At the beginning of the year, maybe send out an email saying what the wellness center is for and what you can do if you want to go there. I’m a little newer to the school, and I am still confused on what to do if I want to go to the wellness center to relax during class if i’m not feeling well, or simply need to take a break from class.”

Need to Address Student Concerns

“The system of having to be approved by your teacher to go to the Wellness Center isn't the best. There were times this year when I needed to go to the Wellness Center because my anxiety was out of control and I needed to calm myself down in another environment, but I felt scared to ask the teacher to go. I've heard the same thing from quite a few of my friends. I understand the need for accountability, but at the same time having fear impede people from getting help is a serious problem.”
Need to Address Student Concerns

“Get a tuner for the guitar! And maybe more paper/pencils to color with in the waiting room.”

“A pool table would be nice, idk.”

“Have a guitar chord book on the dresser.”

Wish List

• Updated record keeping system
• Continue to address stigma and accessibility issues
• Formal data analysis and publishing
• APA Internship Consortium Accreditation
• Renovation: Nursing facility with sink and bed, two-way mirror for training observation, improved sound-proofing
Questions?

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References


References