

Building a Culture of Staff Wellness Through Multi-Tiered System of Supports

Schools everywhere are facing teacher shortages due to a shrinking pool of applicants and a growing number of teachers leaving the profession. If we are going to attract and retain highly qualified effective teachers, we will need to be more intentional in designing systems that support a healthy workforce. PBIS has a long tradition of creating effective teaching and learning environments by focusing on supporting adult behavior through (a) ongoing staff input and feedback, (b) ongoing professional learning, and (c) a phased based approach to implementation. The purpose of this brief is to provide recommendations to district and school leadership teams on how the components of the Positive Behavioral Interventions and Supports (PBIS) can be used to prioritize staff health and wellbeing.

Implementation of PBIS has been shown to improve overall organizational health with the most significant impacts identified in shared commitment to student success, an increased sense of warmth for staff, positive relationships with colleagues, and improved school leader ability to advocate for necessary resources at the district level to support staff and students (Bradshaw et al., 2008). These noted impacts on organizational health and other outcomes of PBIS implementation (e.g., reducing disruptive behaviors, building social emotional skills and improving teacher self-efficacy) are significantly related to improved job satisfaction and reduction of emotional exhaustion/stress for educators (Grayson & Alvarez, 2008; Brouwers & Tomic, 2000; Skaalvik & Skaalvik, 2011). Many communities are addressing significant social issues (e.g., social inequality, drug addiction, environmental impacts, public health concerns) affecting large groups of school community members. Education systems implementing multi-tiered system of support (MTSS) frameworks, like PBIS, are positioned to respond more effectively to the increasing needs of children and educators impacted by trauma and stress (Johnson et al., 2005; Wildeman et al., 2014).

Impact of Occupational Stress for Educators and Students

The American Institute of Stress identifies that an individual's perceived level of occupational stress is strongly impacted by (a) the intensity of the demands being placed on them paired with (b) their sense of control or decision-making in dealing with these demands (American Institute of Stress, retrieved from https://www.stress.org). Occupational stress adversely affects teachers and students in the following ways.

Teachers who provide emotional support and have positive relationships with their students
influence their health across the age span, thus promoting overall mental wellness and life



- satisfaction (Stewart & Suldo, 2011). Teachers who experience high occupational stress tend to demonstrate a lack of emotional support and negative interactions with students (Hamre & Pianta, 2005; Oberle & Schonert Reichl, 2016)
- Marginalized groups, such as African American students (Murray et al, 2016), may be more
 negatively impacted by teacher stress, which may increase the likelihood of vulnerable decision
 points throughout the instructional day, exacerbate the impact of implicit biases, and lead to
 further inequities in discipline and academic achievement (Girvin et al., 2017).

It is imperative that leaders across the implementation cascade (e.g., state, district, school) redesign and reorganize resources to better assess and support all staff to prevent these risks.

Recommendations for Using MTSS to Build a Culture of Staff Wellness

Schools have increasingly invested in MTSS to address the academic and social-emotional-behavioral (SEB) needs of all students. Originating from a public health model, the MTSS framework and core features can be adapted to fit any given context, making PBIS a logical approach to implement tiered supports for staff. PBIS also promotes a proactive, preventative approach by emphasizing the use of a continuum of evidence-based SEB and mental health supports. Teams addressing the mental health and SEB needs of their students might also address and support the needs of their staff by adjusting the core features of their MTSS/PBIS framework to promote wellness through key shifts in strategy, collaboration, and data.

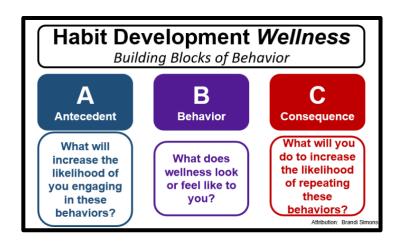
1. A Shift in Strategy: Focus on Universal Prevention to Promote Wellness for All

At the district level, this work should be led by a team that includes cabinet level members who can make decisions to change budgets, policy, job descriptions, professional development, and human resources, including but not limited to staff health plans. At the school level, these efforts can be led by administration and the current Tier 1 leadership team. Establishing a plan to gather, honor, and reflect voice and choice within school and district decision making may require expanding team membership to include broader stakeholder representation and other community partners that support wellness efforts. Teams can start with small, practical goals and action plan steps that are attainable and make a big impact on overall wellness. As part of primary prevention at the universal level, we recommend communicating a priority for staff and student wellness, establishing predictable environments through increased structure and routines, teaching positive expectations that incorporate a focus on wellness (e.g., care for others, self, environment), and celebrating or reinforcing wellness practices for staff and students. To make this shift in strategy, we recommend teams (a) build awareness, (b) promote healthy habits, and (c) invest in systems to support implementation.



Build Awareness: Redefine Mental and Physical Wellness for All and Decrease Stigma Mental wellness at the universal level is built on positive connection and relationships that convey emotional support and care across a district or school campus. Dedicate a portion of professional development to ensure staff understands the warning signs of burn-out, vicarious trauma, and considerations around wellness. Time, space, and sample wellness/self-care considerations and resources (e.g., self-care wheel¹, creating a self-care plan²) might be offered to staff and be a standing priority agenda item during staff meetings to 'check-in' with one another. This may also support de-stigmatizing negative associations or bias around prioritizing time for self-care and accessing help when needed. These experiences may also support staff recognize the importance of their own wellness and their ability to foster resilience in the youth they support. View our webinar³ to see case examples of rebranding to make wellness a priority, including Building a Resilient Community, Project Wellness, Project Care Bear, and The New Three R's: Reopening, Recovery, and Relationships.

Promote Healthy Habits: Create, Normalize, and Prioritize Habits of Physical and Mental Wellness Start by identifying habits that exemplify wellness and stress reduction to you individually, then identify what would make the wellness habit more likely to occur and more likely to sustain or result in habits. The visual below can help promote this individualized habit building for wellness.



Teams can promote habit development systemically through a similar process including promotion through identified and scheduled opportunities for practice, regular time in existing agendas, and integration within existing instructional elements of the current PBIS framework.

Prioritize stress reduction, mental and physical wellness routines such as daily opportunities for
movement, yoga, mindfulness activities, meditation, and any additional calming routines to
promote self-regulation (e.g., lights off, music, breathing, drawing). These routines (a) promote



resilience and health among children who have experienced trauma (Sciaraffa et al., 2018) and (b) reduce stress and increase health and focus among adults. For example, teams may highlight impacts of mindfulness and provide resources (e.g., https://www.apa.org/monitor/2012/07-08/ce-corner)

- Ensure daily connection with others using a regular schedule of communication through various platforms. This could be as simple as implementing <u>positive greetings</u>⁴, having emotional check ins, or using humor in an appropriate way. Reach out to colleagues in multiple formats to model care and emotional support to promote a mentally protective work environment. Consider protecting time in all meeting agendas to check in with others as a simple way to integrate this into daily work. Similarly, classroom staff can focus on building emotional safety in classroom conversations and start their instructional day with greetings/check ins with their students.
- Consider building habits of additional positive and proactive practices (e.g., actively engaging students in learning, using feedback to promote growth), as described in the <u>Habits of Effective</u> <u>Classroom Brief</u>⁵.
- Integrate social and emotional skills into school-wide behavioral expectations and teaching
 matrices. For example, consider the following matrix that incorporates empathy and compassion,
 promotes identification of emotional state, and matches effective strategies to promote self-care
 and reduce stress.

Self Care Expectations	Self Care Behaviors
Safe	Create an emotional support team. Double check on friends. Utilize Employee Assistance Program Resources Ask for help if you feel sense of hopelessness Suicide Hotline: 800-273-8255
Engaged	Be aware of your stress level. Recognize and name the emotions you are experiencing. Pay attention to joy. Recognize and validate grief. Do a body check for areas of tightness, discomfort. Take movement breaks, hydrate.
Respectful	Nurture your body with healthy food. Build calming routines for sleep. Build routine for daily exercise.

Based on ongoing information gathering of needs, teams can create wellness resources customized to fit the culture and context of district or school faculty.

Emphasize Systems to Support Implementation: Establish and Commit to More Progressive Goals To enable educators to prioritize their own and their students' wellness, district and school leadership teams should enhance supports provided within their PBIS framework. Consider the following examples.



District Leadership:

- Prioritize and include ensuring a healthy workforce as part of the district vision and mission statements.
- Support this priority through consideration of budget and allocation formula with staff assignment, workload and context of school needs.
- Commit to integration and alignment of school wide initiatives to organize resources and supports for staff. The <u>Technical Guide on Alignment of Initiatives</u>⁶ may be a helpful resource for teams.

School Leadership:

- Establish a realistic workload and a manageable approach to teaching an aligned and integrated curriculum for academics and SEB instruction. Feeling competent is part of wellness. When teachers feel like they have the skills, resources, and supports to do their job well, they feel less stressed and are able to better meet the needs of their students and families (Grayson & Alvarez, 2008; Shackleton et al., 2019).
- Invest in a small number of evidence-based practices (EBP) matched to student needs. Work to align practices for more efficiency with teaching. For example, support staff to embed SEB instruction within academic lessons with connections to content or instructional strategies such as cooperative learning groups. Review current practices to support students and give permission to stop doing too much. Use the Intervention Mapping to ensure you aren't responding to the crisis by overwhelming the system. Greater efficiency with teaching will reduce feelings of being overwhelmed with too many different instructional tasks that compete for teacher time, energy, and fluency.

2. A Shift in Collaboration

Ensure district and school leadership teams include representatives and direct participation from families, students, and community partners (see <u>ISF Monograph Chapter 4</u>8). Leadership teams meet regularly and use data and the MTSS to organize systems, practices, and data enhancements to prioritize wellness. At the district level, consider regular school board meeting focus and other high-visibility platforms to leverage all resources available and ensure continued commitment to wellness.

Establish a two-way communication system that is valued, supportive, and transparent and provide time for planning and collaboration (e.g., small professional learning communities meet frequently and are supported by district coaches and community partners) for an aligned academic and SEB approach to instruction. Establish a system of support for staff that includes opportunities for collaboration, training, peer coaching, and supportive performance feedback. Consider the following examples.



- Prioritize collaborative planning time for delivery of instruction. Use Communities of Practice
 (COP), Professional Learning Community (PLC), and grade level/core/department team meetings
 to create small systems of support for staff.
- Provide time for debriefing after stressful days.
- Provide quiet space for staff to regroup, reset, and practice neutralizing routines (e.g., if, then statements: https://www.pbis.org/resource/a-5-point-intervention-approach-for-enhancing-equity-in-school-discipline).

3. A Shift in Data Use in Decision Making

Use large data sets (aggregate) at the universal level to guide implementation decisions, and make sure the team has appropriate data to promote wellness for all. The use of data can be one way to help identify protective factors and supports needed in schools or at the district level. Similarly, to using data at Tier 1 to identify and address student needs, universal data can also guide teams to identify staff needs and develop systems of support. Universal indicators of wellness could include:

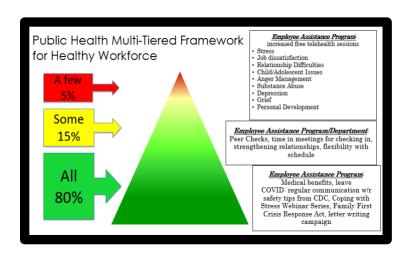
- % of staff who feel connected (within grade level/team and/or school level)
- % of staff who feel like they are managing their changing role
- % of staff who feel like they have skills to manage student needs
- % of staff who feel the workload is manageable
- % of staff who feel they have a voice at the table with school, district, state
- % of staff who feel appreciated by students, families, administration, central office

Teams can inventory naturally occurring data sources that inform protective factors and needs or risks while also identifying any new data sources that inform changes to the current context. Existing data sources that may be useful include staff perception of school climate (e.g., PBIS Applications Staff Climate Survey⁹), staff attendance rates, and focus group information that can provide insight into staff's satisfaction and overall impact from the stress of their work. One example of an additional instrument that may be considered with existing data to gather additional information in promotion of wellness is the Professional Quality of Life¹⁰ measure (Pro-QOL; Hudnall & Stamm, 2009). The Pro-QOL is an example of a free, research-validated measure providing scores to rate positive impact, compassion satisfaction, and negative impact, and compassion fatigue from being in a helping profession such as education. Staff can submit their Pro-QOL scores anonymously and if more than twenty percent have elevated scores in burnout (see manual¹¹ for more guidance), then universal supports for staff could be strengthened to respond to the need. The type of support would need to be determined by staff weighing in on what would be most useful to help reduce burnout. The compassion satisfaction scale of this measure can be another indicator of staff wellness. Another additional sample data source is the Organizational Health Inventory. Elementary¹² (Hoy & Tarter, 1997) and Middle¹³ (Hoy & Sabo, 1998) School Versions can also



be used to assess staff perception of current school health with regard to factors that influence job satisfaction (Bradshaw et al., 2008).

Consider using universal staff surveys/needs assessment data to strengthen and promote access to existing Employee Assistance Programs (EAP). Enhancements may include organizing resources to address identified needs using the continuum of tiered supports as illustrated in the example below. (For additional detail, see related webinar¹⁴).



It may be helpful to invite human resource personnel to the district leadership team to elevate use of EAP across tiers of support in the following ways:

- Increase awareness of the continuum of available supports and define procedures (e.g., description of support, who to contact, what to expect) for accessing supports. For example, staff may need a verbal reminder that EAPs are available to all staff and it can be beneficial to help staff understand the different reasons why a person would access their EAP (stress, grief, relationships, parenting).
- Stress privacy when discussing how to access EAP supports. It will be important for staff to
 understand their privacy rights when accessing EAP support. For instance, one district informed
 their staff that they would know how many people per building were accessing supports, but they
 would never be given names of people who accessed supports.
- Reduce stigma by developing a marketing/communication campaign (e.g., Recognize and Respond) and lead by example when data is illustrating need but lack of access to supports offered through EAP. For example, some districts have incentivized wellness routines such as annual physical exams by offering discounts on health insurance or joining district community wellness offerings and receiving continuing education points.



Across the nation, education systems are working to attract and retain highly qualified effective educators. This practice brief places a focus on prioritizing a robust system of support for staff to strengthen efforts to attract and retain teachers. A healthy workforce is a critical component to supporting student outcomes. Applying the logic of the multi-tiered framework like PBIS, school and district leaders might begin with:

- 1. Examining current efforts to support staff wellness,
- 2. Organizing current efforts within the multi-tiered framework,
- 3. Identifying gaps and ways to enhance current efforts using recommendations provided in this resource,
- 4. Organizing fiscal resources to prioritize staff health and wellbeing (administrators and teachers), and
- 5. Designing an evaluation plan to track impact of staff wellness efforts (e.g., staff turnover, staff attendance) to show return on investment.

For more information, refer to these additional resources:

Webinars:

- Using PBIS to Build a Culture of Wellness for All 15
- Module 4: Leadership, ISF, and Equity: Do Our Systems Harm or Help? 16
- Community Conversations: Using MTSS to Support a Holistic Approach to Staff Wellness¹⁷

Guides:

- Integrating a Trauma-Informed Approach within a PBIS Framework¹⁸
- PBIS Cultural Responsiveness Field Guide¹⁹
- Supporting Schools During and After Crisis²⁰



Embedded Hyperlinks

- 1. https://cmhanl.ca/app/uploads/2019/09/Self-Care-Wheel-Handout-2019.pdf
- 2. https://schools.au.reachout.com/articles/developing-a-self-care-plan
- 3. https://www.youtube.com/watch?v=l6aRleMM3lc
- 4. https://www.pbis.org/resource/positive-greetings-at-the-door
- 5. https://www.pbis.org/resource/habits-of-effective-classroom-practice
- 6. https://www.pbis.org/resource/technical-guide-for-alignment-of-initiatives-programs-and-practices-in-school-districts
- 7. https://drive.google.com/file/d/12neA1en5rwyq_kQgdjClYiBUHFB1sQKd/view
- 8. https://drive.google.com/file/d/1nYx5IYREOGVQPBtY6tfPUi5-g1XeWdan/view
- 9. https://www.pbisapps.org/Resources/SWIS%20Publications/School%20Climate%20Survey%20Suite%20Manual.pdf
- 10. https://progol.org/ProQol Test.html
- 11. https://proqol.org/uploads/ProQOLManual.pdf
- 12. https://www.waynekhoy.com/ohi-e/
- 13. https://www.waynekhoy.com/ohi-m/
- 14. https://www.youtube.com/watch?v=l6aRleMM3lc
- 15. https://www.youtube.com/watch?v=l6aRleMM3lc
- 16. https://mhttcnetwork.org/centers/pacific-southwest-mhttc/isf-west-coast-party-webinars-enhancing-mtss-integrating-student
- 17. https://www.youtube.com/watch?v=rZ7zbJ19Pvs
- 18. https://www.pbis.org/resource/integrating-a-trauma-informed-approach-within-a-pbis-framework
- 19. https://www.pbis.org/resource/pbis-cultural-responsiveness-field-guide-resources-for-trainers-and-coaches
- 20. https://www.pbis.org/current/returning-to-school-during-and-after-crisis





References

Ablanedo-Rosas, J. H., Blevins, R. C., Gao, H., Teng, W. Y., & White, J. (2011). The impact of occupational stress on academic and administrative staff, and on students: An empirical case analysis. *Journal of Higher Education Policy and Management*, 33, 553-564. https://doi.org/10.1080/1360080X.2011.605255

Bradshaw, C. P., Koth, C. W., Bevans, K. B., Ialongo, N., & Leaf, P. J. (2008). The impact of school-wide positive behavioral interventions and supports (PBIS) on the organizational health of elementary schools. *School Psychology Quarterly*, 23, 462. https://doi.org/10.1037/a0012883

Brouwers, A. & Tomic, W. (2000). A longitudinal study of teacher burnout and perceived self-efficacy in classroom management. *Teaching and Teacher Education*, *16*, 239–253. http://dx.doi.org/10.1016/S0742-051X(99)00057-8

Girvan, E. J., Gion, C., McIntosh, K., & Smolkowski, K. (2017). The relative contribution of subjective office referrals to racial disproportionality in school discipline. *School Psychology Quarterly*, *32*, 392–404. https://doi.org/10.1037/spq0000178

Grayson, J., & Alvarez, H. (2008). School climate factors relating to teacher burnout: A mediator model. *Teaching and Teacher Education*, *24*, 1349-1363. http://dx.doi.org/10.1016/j.tate.2007.06.005

Hamre, B. K., & Pianta, R. C. (2005). Can instructional and emotional support in the first-grade classroom make a difference for children at risk of school failure? *Child Development*, *76*, 949-967. https://doi.org/10.1111/j.1467-8624.2005.00889.x

Heath, D. (2020). Upstream: The quest to solve problems before they happen. New York: Avid Reader Press.

Hoy, W. K. & Sabo, D. (1998). Quality middle schools: Open and healthy. Thousand Oaks, CA: Corwin Press.

Hoy, W. K., & Tarter, C. J. (1997). The road to open and healthy schools: A handbook for change, Elementary Edition. Thousand Oaks, CA: Corwin Press.

Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P., & Millet, C. (2005). The experience of work-related stress across occupations. *Journal of Managerial Psychology*. *8*, 147-157. https://doi.org/10.1108/02683940510579803

Luthar, S. S., & Mendes, S. H. (2020). Trauma-informed schools: Supporting educators as they support the children. *International Journal of School & Educational Psychology*, *8*, 147-157. https://doi.org/10.1080/21683603.2020.1721385

Murray, C., Kosty, D., & Hauser-McLean, K. (2016). Social support and attachment to teachers: Relative importance and specificity among low-income children and youth of color. *Journal of Psychoeducational Assessment*, 34, 119–135. https://doi.org/10.1177/0734282915592537



Noltemeyer, A. L., Ward, R. M., & Mcloughlin, C. S. (2015). Relationship between school suspension and student outcomes: A meta-analysis. *School Psychology Review*, *44*, 224–240. https://doi.org/10.17105/spr-14-0008.1

Restrepo, M., Weinstein, M., & Reio Jr, T. G. (2015). Job Structure and Organizational Burnout: A Study of Public School Bus Drivers, Bus Aides, Mechanics, and Clerical Workers. *Journal of Workplace Behavioral Health*, *30*, 251-271. https://doi.org/10.1080/15555240.2015.1027824

Shackleton, N., Bonell, C., Jamal, F., Allen, E., Mathiot, A., Elbourne, D., & Viner, R. (2019). Teacher burnout and contextual and compositional elements of school environment. *Journal of School Health*, *89*, 977-993. https://doi.org/10.1111/josh.12839

Skaalvik, E.M., & Skaalvik, S. (2011). Teacher job satisfaction and motivation to leave the teaching profession: Relations with school context, feeling of belonging, and emotional exhaustion. *Teaching and Teacher Education*, *27*, 1029-1038. https://doi.org/10.1016/j.tate.2011.04.001

Stewart, T., & Suldo, S. (2011). Relationships between social support sources and early adolescents' mental health: The moderating effect of student achievement level. *Psychology in the Schools, 48*, 1016–1033. https://doi.org/10.1002/pits.20607

Wildeman, C., Emanuel, N., Leventhal, J. M., Putnam-Hornstein, E., Waldfogel, J., & Lee, H. (2014). The prevalence of confirmed maltreatment among US children, 2004 to 2011. *Pediatrics*, *168*, 706-713. https://doi.org/10.1001/jamapediatrics.2014.410

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