

Testimony on Student Behavioral Health
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Chairwoman Hogan, members of the Legislative Management's Human Services Committee, good morning. My name is Kirsten Baesler. I am the state superintendent of public instruction.

Yesterday you heard many important pieces of information from experts in our state who assist our young people with mental health and behavioral health issues. Today you will hear from additional professionals who are working in our K-12 school systems. They will tell you about programs that have achieved some success. But they will also tell you about the significant challenges we continue to face, and that we see increasing throughout our state.

K-12 educators cannot solve this problem alone. As you heard yesterday, this is a complex issue that can only be improved through a system of support. Our education system plays a big role in the solution. Our educators need to know the risks to students who are having mental health difficulties – and ways to protect them. They have to be familiar with treatment and intervention options. They need to know where to turn for help and support for their students.

Later on today, you will receive a report from Department of Public Instruction staff about a new law that says all elementary, middle and high school teachers and administrators must receive at least eight hours of training every two years on student mental health issues. Each school's support staff – the cooks, custodians, secretaries, teachers' aides, and others – are also encouraged to take part in this training.

Before I became superintendent of public instruction, I worked for 23 years in the Bismarck public school system. During my last several years in the Bismarck system, I served as a vice principal at Will-Moore Elementary, just a few blocks south of here. It was my job to deal with disciplinary and behavioral problems in the school. I saw firsthand the problems that mental health issues were causing in the classroom. I saw more cases of mental health problems, and they were showing up in younger students.

This is an issue we must address to ensure all of our students will be at their best while they learn. We must give them the best chance for the richest and the most productive life they can have.

When I first began my job as vice principal at Will-Moore, most of my disciplinary issues were caused by fifth and sixth graders. They were spreading their wings a bit as they prepared for middle school.

At the end of my time as Will-Moore vice principal, the majority of my time was spent with kindergarteners, first graders and second graders.

I was working with primary grade classroom teachers, developing behavior plans for individual students and safety plans to protect other students when a violent outburst occurred.

I am certain you will hear specifics about these types of outbursts from the elementary, middle school and high school principals who will be speaking here today.

It is important to spell out what we mean when we're talking about the wide range of mental health problems that we see in K-12 schools.

A kindergartener who lost her favorite dog could be having a short-term crisis. A third grader may be living in a home with domestic violence. A fifth grader may be depressed because his parents are divorcing. A freshman in high school could be having trouble coping with her new environment. A high school senior could be bipolar and need medication to manage his mental illness.

These conditions are very different. But they all affect student learning. When the crisis and exposure to traumatic experiences is continuous and prolonged, the damage to a student's learning is more extensive.

During my time as a vice principal, the educators at our school gathered for some professional development that we thought was important because we had students who were experiencing mental health issues and behavioral issues and we wanted to know how to help them.

We learned that when a student experiences trauma, or a crisis, even if it is an isolated event – if they're afraid, or there is trauma in their home or in their world – their brain has a chemical change that occurs.

Depending on the severity of the incident, it can take from 12 to 48 hours after the trauma happens for the student's brain to return to normal.

We learned that when the chemical imbalance is happening in that student's brain, *he or she is not ready to learn*. The receptors in the brain aren't open to receiving new information until the chemical balance in the brain returns.

As we looked at the behavior of our students, we noticed there were more outbursts on Monday mornings, and more outbursts on Friday afternoons. We also learned that as a student anticipates going into an unstable or potentially traumatic situation, his or her brain starts to chemically change in anticipation of going into that environment.

That is how we explained the more frequent outbursts on Monday mornings, Thursday afternoons and Friday mornings.

So we made a conscious decision at our school that we wouldn't introduce any new information to teach on Mondays. We realized that many of our students – a great majority of our students sometimes – were not able to receive that new information and store and process it in the way they needed to do for effective learning.

So we spent Mondays reviewing and reaffirming what we had done the week before, and we began introducing new information on Tuesday. But we also knew that we couldn't introduce new information on Friday, because many of our students had already begun to go into survival mode.

So, essentially, our days of instruction had been reduced from a five-day week, down to Tuesday, Wednesday and Thursday. But we committed to do that as an education team, because then we had to do far less re-teaching to our students, because we had allowed their brains to return to a chemical balance where they were open to new learning. These are the types of situations that impact our students.

I don't think that adults are so different from children here. If any of us sit and think about if we've had an argument with our spouse, or if we've had a rocky time getting our kids off to school that morning, as

we go to our work place, many of us also are distracted by what occurred, and we can't really give our full attention to things.

Children are that way, just as we adults are. But children don't have the coping skills we have learned as adults to manage those things and to process those things.

This is where schools and community support need to work together to help students learn those skills. Kindergartners, first graders, second graders simply don't have those coping skills, and they're dealing with situations that they don't know how to deal with, other than to act out in outbursts.

That is why the behaviors that I saw did reach into those lower grades, because they had fewer coping skills and they were exposed to more things.

Today you're going to hear presentations from educators in the front line – from pre-kindergarten through high school.

They'll have important information for you about how a student's mental health affects his or her ability to learn. We'll have suggestions about how schools can work together to provide the comprehensive services that are needed for our students to learn and be successful.

In this effort our educators and human services professionals will be working together to provide services based in the schools.

We can cooperate to provide better information and training. We can improve the communication between our students who are in need and their parents, their educators and other partners who want our students to succeed.

The Number One goal here is to promote emotional wellness among the students in our schools.

This system will take time to develop. We recognize that and our goal is to have slow and steady progress. We need a strong foundation, and we will concentrate on providing that. We need a comprehensive and long-term approach.

This means we need teachers and administrators who have the expertise to identify a student who has mental health problems, and the knowledge to refer that student for assistance.

We need services that students can access readily without feeling any stigma if they take the important step of seeking help.

We need mental health providers who can see the students who need help in a timely fashion.

Madam Chair, I heard you on public radio the other day comparing this situation to a thousand-piece puzzle. We heard that comparison in testimony yesterday. I think that is an excellent analogy.

We have several dozen pieces of the puzzle now. But we need many more, and it will take time to gather them and put them together.

We know the job we have to do. We have some ideas about how to get it done. We also recognize this will take collaboration and time. We need to develop a strategy for getting where we want to go. This committee is doing important work in drafting a plan and strategy.

Madam Chair, we look forward to working with you as you draft your recommendations for the 2017 Legislature. Any committee member who wants more information should not hesitate about contacting our office.

Thank you for your time and your foresight in addressing this problem. Your work will also earn you the gratitude of our students who have mental health problems and who need our help.

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