

Addressing Children's Mental and Behavioral Health Needs in the Schools

Texas Association of School Psychologists

John Kelly, Ph.D.

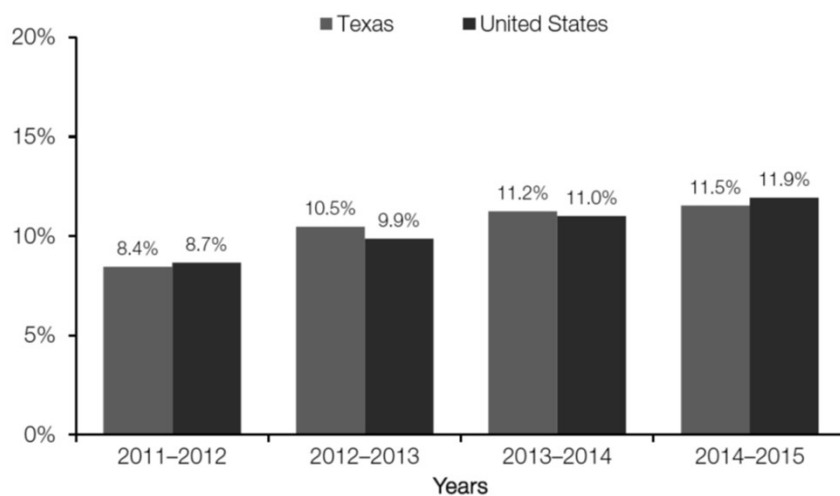
Risk factors that create "Barriers to Learning"

- Poverty
- Exposure to violence or drug use
- Historical trauma or institutional racism
- Absent or infirm parents
- Behavioral and cognitive disabilities
- Court-involved – juvenile justice
- Foster care

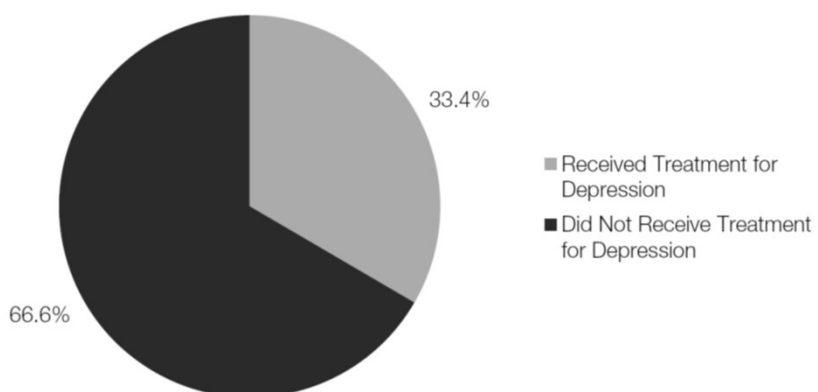
Failure to address multiple problems early on can lead to
systems spillover.

Schools are victim of **systems spillover.**

Past Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17 in Texas



Percent who received treatment



Children in Texas with Severe Emotional Disturbance

- diagnosable mental, behavioral, or emotional disorders in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities
- Texas children and youth ages 17 years and younger with SED is 519, 368

Texas Statewide Behavioral Health Strategic Plan - 2016

- Gap 2: Behavioral Health Needs of Public School Students
- "it is difficult for the behavioral health infrastructure in school districts statewide to meet the identified need and disseminate best practices in early intervention and early detection across campuses and districts"

- The continuum of care for children with mental health needs in Texas is broken. Several promising initiatives exist, but there are infrastructural and funding challenges that get in the way of families trying to access care

Need for Mental Health Supports

- Approximately 1 in 3 students report being bullied each year
 - Bullying and harassment is associated with increased depression and anxiety for bullies, victims, and bystanders
- Approximately 2.2 million adolescents aged 12 to 17 reported a major depressive episode in the past year
- Nearly 6 out of 10 of these adolescents did not receive any treatment
- Overall, **1 in 5 of children and adolescents in the U.S. experience signs and symptoms of a mental health problem** and 5% experience “extreme functional impairment”

Need for Mental Health Supports



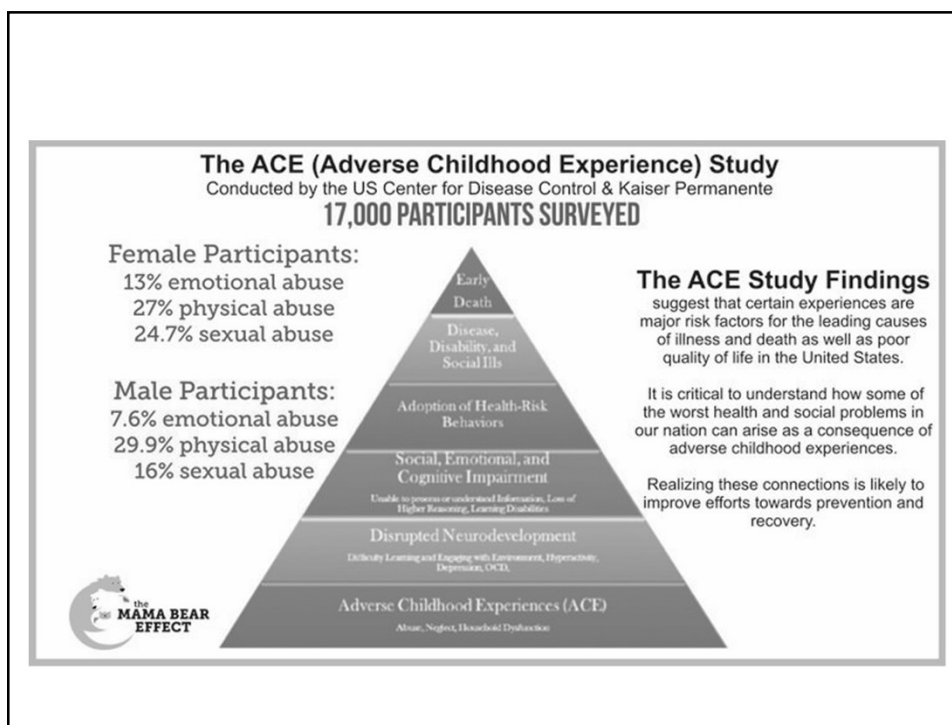
- Divorce
- Financial difficulties
- Homelessness
- Sickness
- Violence
- Deployment
- Death
- Unemployment
- Bullying
- Academic difficulties

Adverse Childhood Experiences (ACE) Study

- **traumatic events** such as abuse, neglect, and exposure to domestic violence experienced early in life frequently have **destructive effects** that can last into adulthood
- **powerful relationship** between our **emotional experiences** as children and our **physical and mental health** as adults
- it is the **number of ACEs experienced**—not the type—that predicts a child's likelihood to experience health problems in adulthood
- ACEs are “the **most important determinant** of the health and wellbeing of our nation.”

As the number of ACEs increases so does the risk for the following

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement



What is Mental Health?



- Mental health is not simply the absence of mental illness but also encompasses social, emotional, and behavioral wellness and the ability to cope with life's challenges.

Why Mental Health in Schools?

- Students are substantially **more likely to seek help** when school mental health services are available
- Schools are already the **major providers of mental health** services to children
- The Carnegie Council Task Force on Education of Young Adolescents concluded that, while school systems are not responsible for meeting every need of their students, ***schools must meet the challenge when the need directly affects learning.***

The Good News!

- School mental health programs **improve student mental wellness, behavioral functioning, and academic achievement.**
- School mental health programs improve educational outcomes by **decreasing absences, discipline referrals and improving test scores.**
- Expanded school mental health services in elementary schools have been found to:
 - **reduce special education** referrals
 - improve aspects of the **school climate**
 - **produce declines** in disciplinary referrals, suspension, grade retention, and special education referrals and placement among at-risk students

Multi-Tiered System of Supports

- Mental and behavioral health services fall on a continuum and are increasingly provided within a multi-tiered system of supports
 - Tier I: promotion of mental and behavioral wellness and prevention of mental and behavioral health problems
 - Tier II: direct and indirect services to address emerging mental and behavioral health problems and prevent risky behaviors
 - Tier III: direct and indirect services to address identified mental and behavioral health problems
- **services provided by at all three levels are considered mental and behavioral health services**

Importance of Addressing Social & Emotional Needs

- “A study estimating the relative influence of 30 different categories of education, psychological, and social variables on learning revealed that ***social and emotional variables exerted the most powerful influence on academic performance*** .” -CASEL, 2003

Contrasting Perspectives

Focus of Intervention

Education System

Behavior Management,
Skill Development,
Academic Improvement



Mental Health System

Insight,
Awareness,
Improved Emotional Functioning



Perspectives

Common Focus

Education / Mental Health System

Improving Social and Adaptive Functioning.

Importance of and Need to Increase Availability, Access,
and Range of Services



Refocus School-Based Mental
Health Services On the Core
Foundation of Schools:

To Promote Learning

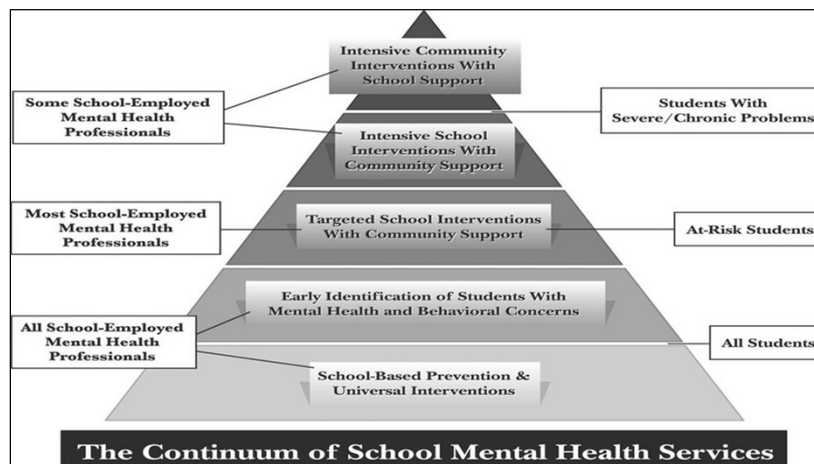


The Refocused Role of Mental Health Services



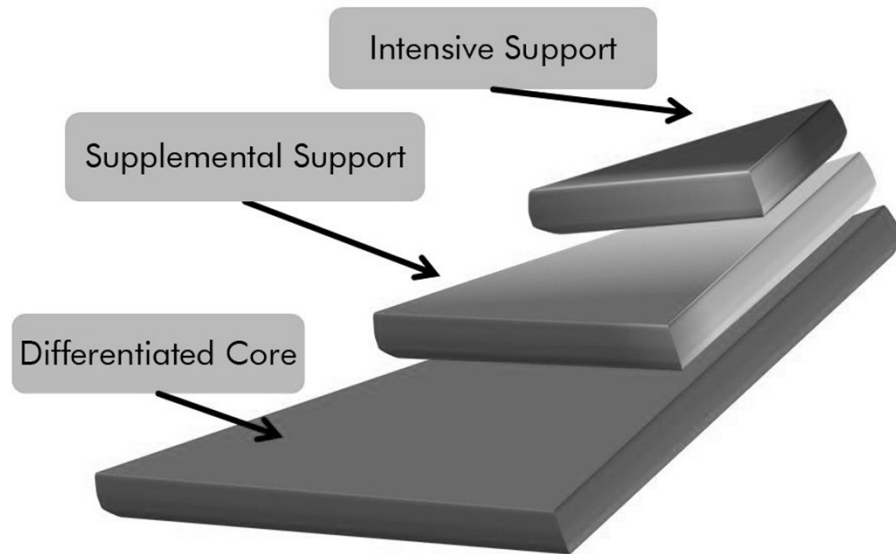
- Support Teachers: the *Primary Change Agents*
- Mental Health Providers Become: “*Educational Enhancers*”
- Serve the Core Function of Schools
- Promoting Social/Emotional Development, no Longer Tangential

Model of School Mental Health Services



Adapted from "Communication Planning and Message Development: Promoting School-Based Mental Health Services" in *Communique*, Vol. 35, No. 1, National Association of School Psychologists, 2006.

Layering of Support



Tier 1 - Universal

- Interventions that target the entire population of a school to promote and enhance wellness by increasing pro-social behaviors, emotional wellbeing, skill development, and mental health.
- This includes school-wide programs that foster safe and caring learning environments that, engage students, are culturally aware, promote social and emotional learning and develop a connection between school, home, and community.
- Data review should guide the design of Tier 1 strategies such that 80-90% of the students are expected to experience success, decreasing dependence on Tier II or III interventions.
- The content of Tier 1/Universal approaches should reflect the specific needs of the school population.
- For example, cognitive behavioral instruction on anger management techniques may be part of a school-wide strategy delivered to the whole population in one school, while it may be considered a Tier 2 intervention, only provided for some students, in another school.

Tier 2 - Secondary

- Interventions at Tier 2 are scaled-up versions of Tier 1 supports for particular targeted approaches to meet the needs of the roughly 10-15% of students who require more than Tier 1 supports.
- Typically, this would include interventions that occur early after the onset of an identified concern, as well as target individual students or subgroups of students whose risk of developing mental health concerns is higher than average.
- Risk factors do not necessarily indicate poor outcomes, but rather refer to statistical predictors that have a theoretical and empirical base, and may solidify a pathway that becomes increasingly difficult to shape towards positive outcomes.
- Examples include loss of a parent or loved one, or frequent moves resulting in multiple school placements or exposure to violence and trauma.
- Interventions are implemented through the use of a comprehensive developmental approach that is collaborative, culturally sensitive and geared towards skill development and/or increasing protective factors for students and their families.

Tier 3 - Tertiary

- Interventions for the roughly 1-5% of individuals who are identified as having the most severe, chronic, or pervasive concerns that may or may not meet diagnostic criteria.
- Interventions are implemented through the use of a highly individualized, comprehensive and developmental approach that uses a collaborative teaming process in the implementation of culturally aware interventions that reduce risk factors and increase the protective factors of students.
- Typical Tier 3 examples in schools include complex function-based behavior support plans that address problem behavior at home and school, evidence-based individual and family intervention, and comprehensive wraparound plans that include natural support persons and other community systems to address needs and promote enhanced functioning in multiple life domains of the student and family.

Advantages of MTSS

- Provides instructional and behavioral assistance in a timely fashion (e.g., not a wait to fail model)
- Helps to ensure a student's poor academic performance is not due to:
 - poor instruction
 - inappropriate curriculum
 - lack of expectations
- Informs teachers and improves behavior and/or instruction because data are collected and closely linked to interventions.

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Evidenced-based Programs

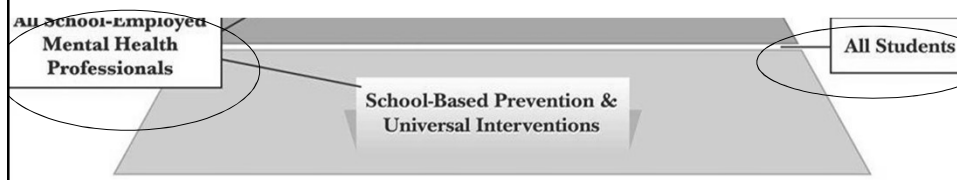
- Have been evaluated and research produces the expected results which are attributed to the program rather than other factors
- Have been evaluated by experts in the field other than the creators of the program
- Have been declared as evidence-based by a federal agency or a respected research group or registry

Difficult in schools

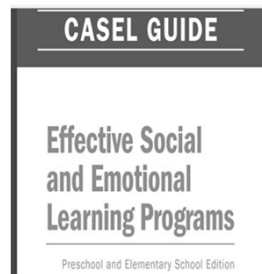
- implemented with fidelity
- involvement of heterogeneous populations
- high caseloads
- types of services beyond the immediate interventions
- the organization of the setting
- the culture and climate of the setting
- the motivation of those who will implement programs.

Prevention and Universal Interventions

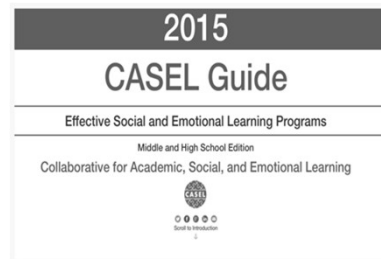
- Prevention and wellness promotion through -
 - Trauma sensitive practices
 - Classroom guidance lessons
 - Social Emotional Learning
 - Positive behavior interventions and supports
 - Effective discipline policies and practices
 - Bullying/Violence Prevention
 - Crisis prevention and intervention teams
 - Fostering positive relationships among students and staff



Collaborative for Academic, Social, & Emotional Learning Guides



casel.org/wp-content/uploads/2016/01/2013-casel-guide-1.pdf



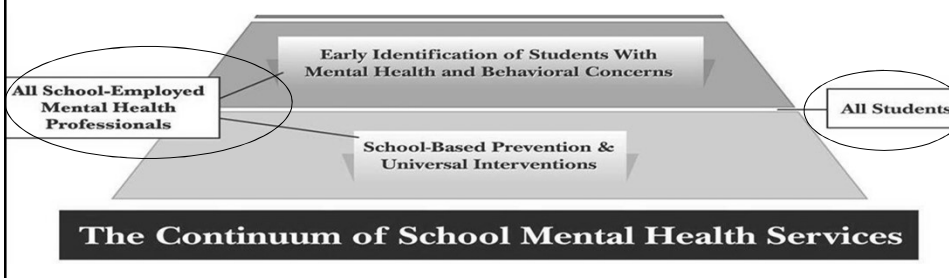
casel.org/middle-and-high-school-edition-casel-guide/

Early Identification, Screening, and Progress Monitoring

- To avoid a reactive approach to addressing unmet student needs, an **early identification system** must be established
- The school must establish procedures to identify students early on who may need additional mental health supports
- **Teacher identification** can be used to determine students with the greatest challenges
- **Existing school data** on these students can be used to help determine what additional supports might benefit them

Early Identification

- Connectedness Surveys
- Teacher surveys/screeners
- Behavioral Data
- Attendance Data
- Staff development/Mental Health First Aid
- Suicide Risk/Threat Universal Screening
- Protocols for Responding to Bullying
- Self-Reporting
- Anonymous Reporting



Connecticut Child Trauma Screening

The screenshot shows the website for the Connecticut Child Trauma Screening (CTS). The header includes the CHDI logo (Child Health and Development Institute of Connecticut, Inc.) and navigation links: ABOUT CHDI, OUR WORK, PUBLICATIONS, and IN THE NEWS. A search bar and social media links are also present. The main content area is titled 'Screening Children for Trauma' and describes the CTS. It states that many children suffer from trauma in silence and that screening can help identify those in need. It mentions that CHDI joined with the Connecticut Department of Children and Families and Yale to develop the CTS, formerly called the Connecticut Trauma Screen. The CTS is described as a brief (10 items), free to use, and evidence-based screening tool. A sidebar on the left lists various programs under 'OUR WORK', including Mental Health, Trauma-Informed Initiatives, School-Based Mental Health, and Early Childhood.

<http://www.chdi.org/our-work/mental-health/trauma-informed-initiatives/ct-trauma-screen-cts/>

Child Trauma Screener

CTS
Child Report (Age 7+)

Child ID: _____ Date Completed: _____ Administered By: _____

Gender: ☐ Male ☐ Female Age: _____

EVENTS: Sometimes, scary or very upsetting things happen to people. These things can sometimes affect what we think, how we feel, and what we do.

	Yes	No
1. Have you ever seen people pushing, hitting, throwing things at each other, or stabbing, shooting, or trying to hurt each other?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has someone ever really hurt you? Hit, punched, or kicked you really hard with hands, belts, or other objects, or tried to shoot or stab you?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has someone ever touched you on the parts of your body that a bathing suit covers, in a way that made you uncomfortable? Or had you touch them in that way?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has anything else very upsetting or scary happened to you (loved one died, separated from loved one, been left alone for a long time, not had enough food to eat, serious accident or illness, fire, dog bite, bullying)? What was it?	<input type="checkbox"/>	<input type="checkbox"/>

REACTIONS: Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how you have been feeling and thinking recently.

How often did each of these happen in the last 30 days?

	Never/Rarely	1-2 times per month	1-2 times per week	3+ times per week
5. Strong feelings in your body when you remember something that happened (sweating, heart beats fast, feel sick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Try to stay away from people, places, or things that remind you about something that happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble feeling happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Hard to concentrate or pay attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Feel alone and not close to people around you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

- ☐ **Academic Difficulties**
 - ☐ Drop in academic performance
 - ☐ School tardiness
 - ☐ School truancy
- ☐ **Aggressive (or Threats of) Behaviors**
 - ☐ Toward animals
 - ☐ Toward others (e.g. physical, verbal, or relational bullying)
 - ☐ Toward self (e.g., cutting, burning, scratching)
 - ☐ Toward the property of another person
- ☐ **Avoidance Behaviors**, such as avoiding:
 - ☐ Activities the student once found enjoyable
 - ☐ School, in general
 - ☐ Social situations
 - ☐ Specific objects, situations, or places
- ☐ **Irregular/Consuming Thoughts**, such as:
 - ☐ Anger/irritability
 - ☐ Death or dying
 - ☐ Extreme perfectionism
 - ☐ Fear of gaining weight
 - ☐ Flight of ideas (racing thoughts)
 - ☐ Grandiosity (inflated sense of self-importance)
 - ☐ Guilt
- ☐ **Eccentric behaviors**, such as:
 - ☐ Engaging in high-risk behaviors
 - ☐ Excessive engagement in pleasurable behaviors
 - ☐ Excessive talkativeness
- ☐ **Excessive Sadness**, such as:
 - ☐ Excessive crying
 - ☐ Feelings of hopelessness/helplessness
 - ☐ Loss of interest
- ☐ **Excessive Worrying**, such as:
 - ☐ Worrying about everything and anything most of the time
 - ☐ Worrying surrounding a specific object, place, event, or situation
- ☐ **Inattentive Behaviors**, such as:
 - ☐ Being easily distracted
 - ☐ Being fidgety
 - ☐ Difficulty with concentration or keeping attention for long periods of time
 - ☐ Not being able to remain seated
 - ☐ Not following directions or completing assigned tasks (like homework)
 - ☐ Not listening or responding
 - ☐ Speaking out of turn/interrupting others

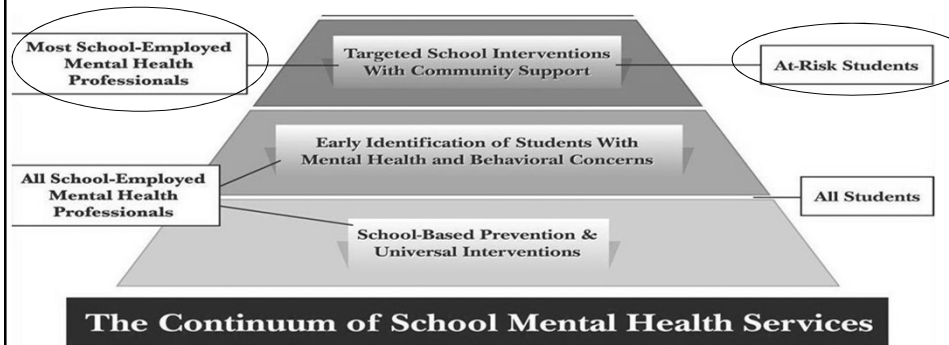
University of Nebraska

School SBIRT

- SBIRT stands for Screening, Brief Intervention, and Referral to Treatment
- SBIRT offers an efficient, evidence-based, and comprehensive service to address selected behavioral health concerns among adolescents
- <http://www.wishschools.org/resources/schoolsbirt.cfm>

Targeted Interventions

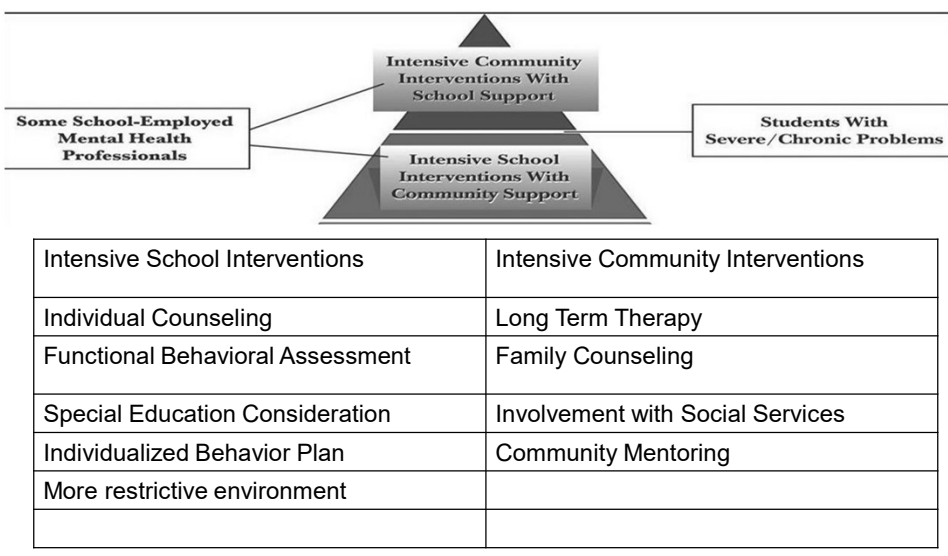
- | | |
|-----------------------|-------------------------------|
| · Co-Planning Session | · Behavior Plans |
| · Wellness Plans | · Mentoring |
| · Check-In Check Out | · Teacher/Family Consultation |
| · Group Counseling | |

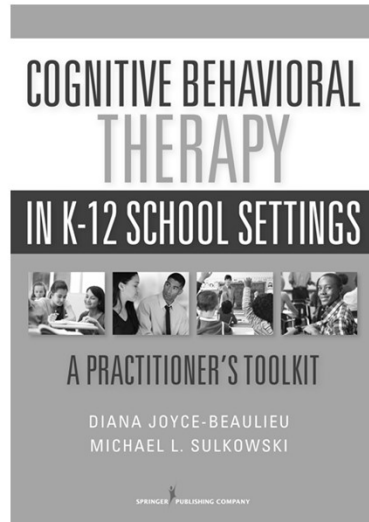


Intensive Level of Supports for a FEW Students

- When prevention and early interventions do not meet students' needs, other interventions should be used. Intensive and individualized interventions should be linked with the system of care principles

Intensive School and Community Supports





1. Effectively Integrating CBT Counseling Into School Services
2. What Is Cognitive Behavioral Therapy?
3. Understanding Internalizing Problems
4. Cognitive Behavioral Therapy for Internalizing Problems
5. Understanding Externalizing Problems
6. Cognitive Behavioral Therapy for Externalizing Problems

Examples of Ineffective Secondary/Tertiary Structures

- Referrals to Special Education seen as the “intervention”
- FBA seen as required “paperwork” vs. a needed part of designing an intervention
- Interventions the system is familiar with vs. ones likely to produce an effect

We Know the Practices that Work at Tier 3...

- Proactive, strength-based; “set students up” to experience success
- High rates of consistent, supported instruction; teach/practice/reinforce

We Know the Practices that Work (cont.)...

- Predictable and consistent environments
- Know unique “why?” for each student/problem
- Contextual fit: Strategic use of natural supports, and settings

We Know the Practices that Work (cont.)...

- Careful monitoring of data over time with ongoing revisions to guide incremental improvements in quality of life

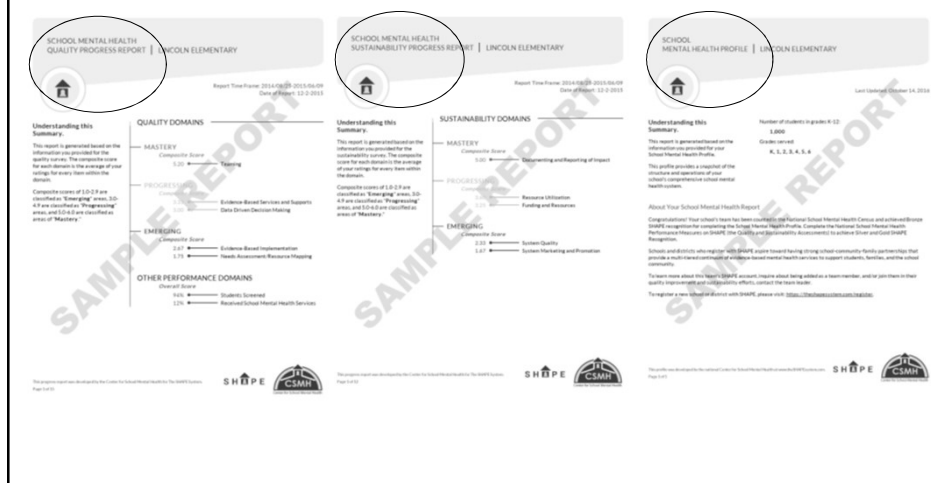
Center for School Mental Health – U of MD

- School Health Assessment and Performance Evaluation(SHAPE) System
- free, private, web-based portal that offers a virtual work space for your school mental health team to document, track, and advance your quality and sustainability improvement goals
- comprehensive school mental health systems can access the census and performance measures, as well as obtain customized school and district level progress reports and useful resources to improve system quality and sustainability

Strategic Team Planning

- **School Mental Health Quality Assessment Tool** is designed for your school to self-assess your system's quality
- **School Mental Health Sustainability Assessment Tool** is designed for your school to self-assess your system's sustainability

Customized Reporting



Additional SHAPE Features

- Access to a comprehensive repository with up-to-date, public access **resources**
- Use the repository to **generate ideas for action steps** related to your own improvement goals
- By engaging with The SHAPE System in any way, your school or district mental health system will become a part of the **National School Mental Health Census**

I Recognize . . .

- Shortages of school-employed mental health professionals and available community resources limits services provided
- Some school psychologists are limited in their ability to provide mental and behavioral health services due to other demands of their role in the schools or administrative decisions
- Some may need professional development to strengthen their competencies
- Perceptions related to the provision of these services need to be challenged at both the graduate preparation and practitioner level, as well as at the administrative and policy making level

Creating Connections Initiative

- The Creating Connection Initiative seeks to develop collaborative relationship between NASP, State Education Agencies, and State School Psychology Associations to combine information and resources in an effort to address individual factors within states that contribute to the school psychology workforce shortages.
- NASP Assistance to States (ATS) Committee will be the primary committee responsible for the initiative
- NASP will utilize a “Leading by Convening” Framework

Leading by Convening



- Groups with authority over the issue join with groups that have influence in the field.
- Persons with expertise and/or experience share knowledge and skills.

Phase I

- Identify states that have existing research and data related to school psychology workforce shortages
- ATS Committee will reach out to the leadership of the state school psychology association
- Appropriate state education officials will be identified
- Engage in a Leading by Convening process
- States will serve as a model for Phase II

Phase II

- Designed to assist state school psychology associations in developing the capacity to engage state level stakeholders in collaborative efforts to collect data related to school psychology workforce shortages
- NASP will serve in a consultant role to develop this research
- Once state level data is available, a similar process as Phase I “Leading by Convening” will be implemented.



Key ESSA Definition:

School Based Mental Health Services Provider

- **School-based mental health services provider:** “..includes a State-licensed or State-certified school counselor, school psychologist, school social worker, or other State licensed or certified mental health professional qualified under State law to provide mental health services to children and adolescents.

Key ESSA Definition: *Specialized Instructional Support Personnel (SISP)*

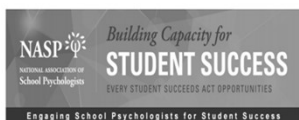
Specialized Instructional Support Personnel means "(i) school counselors, school social workers, and school psychologists; and "(ii) other qualified professional personnel... involved in providing assessment, diagnosis, counseling, educational, therapeutic, and other necessary services (including related services ...) as part of a comprehensive program to meet student needs."

- Replaces "pupil services personnel"
- Is intended to reflect the similarities between pupil services (as defined in ESEA) and 'related services' as defined by IDEA
- ESSA explicitly references (and in some cases mandates) specialized instructional support personnel and services more than 40 times in policies regarding state and district school improvement plans; identifying and supporting students most at risk of school failure; improving student literacy; addressing school climate and school safety; supporting the mental and behavioral health of students, among others.



ADDITIONAL RESOURCES

NASP Resources on ESSA: Handouts for Administrators & Policy Makers



SCHOOL PSYCHOLOGISTS IMPROVE SCHOOL AND STUDENT OUTCOMES

The Every Student Succeeds Act (ESSA) presents significant opportunity for school leaders to shape the systems and services necessary to genuinely improve outcomes for all students. Specifically, the law provides for much greater emphasis on and flexibility in decision-making and funding options related to:

- supporting student mental and behavioral health,
- improving school climate and safety,
- implementing meaningful assessment and accountability systems, and
- enhancing the coordination of comprehensive service delivery to help students succeed.

Tapping the expertise of specialized instructional support personnel (SISP), such as school psychologists, can be an incredibly powerful resource in addressing these critical areas of school improvement. In fact, ESSA equips meaningful consultation with SISP in the development of Title I plans and other school improvement efforts. School psychologists, in particular, have specific expertise in mental health, learning, and behavior; positive school climate, safety, and crime prevention and response; consultation and collaboration; data collection and interpretation at the individual and systems levels; and program evaluation. School psychologists help foster partnerships among families, teachers, school administrators, and other professionals to create safe and supportive learning environments that strengthen connections between home, school, and the community. The following highlights key areas for which school psychologists can help school leaders improve school and student success.

Effectively engaging your school psychologist is a smart step in the successful implementation of ESSA to improve learning and success for all students.

- Engaging SPs for Student Success
- Engaging SPs to Improve Assessment and Accountability Systems
- Engaging SPs to Improve Multi-tiered Systems of Support
- Engaging SPs to Create Safe and Supportive School Climates
- Comprehensive School Mental and Behavioral Health Services

NASP ESSA Implementation Resources:

<http://www.nasponline.org/research-and-policy/current-law-and-policy-priorities/policy-priorities/the-every-student-succeeds-act/essa-implementation-resources>

A Framework for Safe and Successful Schools



<http://www.nasponline.org/resources/framework-safe-and-successful-schools.aspx>

A Framework for School-Wide Bullying Prevention and Safety



National Association of School Psychologists

Helping children achieve their best.
In school. At home. In life.



http://www.nasponline.org/resources/Bullying/Bullying_Brief_12.pdf

Home > Standards & Certification > NASP Practice Model

NASP Practice Model Implementation Guide

In This Section

Using the NASP Practice Model Implementation Guide

Section I: NASP Practice Model Overview

Section II: NASP Practice Model Implementation & Service Delivery

Section III: NASP Practice Model Organization and Management of School Psychological Services

Section IV: Evaluating School Psychological Services Utilizing the NASP Practice Model

Section V: Advocacy Steps for Promoting the NASP Practice Model



Using This Guide

This guide is designed to help move toward the implementation of the NASP Practice Model by setting goals that best meet the needs of your school building, district, or state. The suggestions and resources within can be adapted to your school's specific context.

I. Practice Model Overview

The NASP Practice Model lays out the range of knowledge and skills that school psychologists possess across 10 domains of comprehensive practice to meet the needs of youth, families, and schools, as well as organization principles of effective schools.

II. Implementation

By identifying and addressing pressing needs in your school or district, you and your colleagues can move toward a comprehensive service delivery model to ensure that all students are achieving their best academically, socially, and emotionally.

III. Organization & Management

Six organizational principles are articulated in the NASP Practice Model to describe the conditions necessary to ensure effective delivery of school psychological services. While conditions

IV. Evaluating Services

Embedding principles of the NASP Practice Model in the evaluation of school psychological personnel and services can help schools implement a system of continuous improvement in service delivery at both the individual level and system-wide.

V. Advocacy Steps

Consistent adoption of these standards ensures the public that students can access needed services wherever they live. School psychologists must be able to communicate the value of national standards in improving outcomes, and the importance of their adoption.

Putting Standards Into Practice

This guide is designed as an online resource to help schools adopt and implement the NASP Practice Model.




Download Print Version

<http://www.nasponline.org/standards-and-certification/nasp-practice-model>

NASP White Paper: School Psychologists Mental and Behavioral Health Role

- School psychologists are qualified MBH providers
- NASP training and practice standards encompass MBH services
- School psychologists are recognized in ACA and ESSA as qualified providers

https://www.nasponline.org/assets/Documents/Research%20and%20Policy/Position%20Statements/WP_Qualified_Mental_and_Behavioral_Health_Professionals.pdf



White Paper

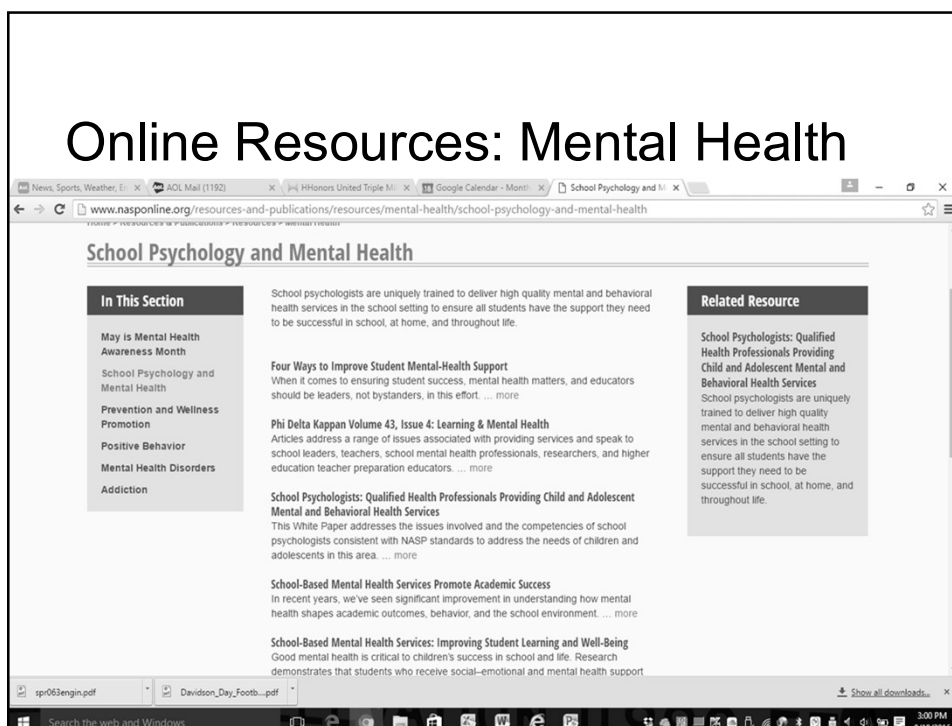
School Psychologists: Qualified Health Professionals Providing Child and Adolescent Mental and Behavioral Health Services

School psychologists are uniquely trained to deliver high-quality mental and behavioral health services in the school setting to ensure all students have the support they need to be successful in school, at home, and throughout life.

School psychologists are uniquely positioned in schools to facilitate the development, delivery, and monitoring of prompt, effective, and culturally responsive mental and behavioral health services of prevention and intervention. As Hughes and Mink (2014) have observed, "school psychologists are situated in real time in the biopsychosocial system where children spend 35 hours or more a week" (p. 29). School psychologists' broadly focused preparation as academic, mental, and behavioral health service providers, coupled with their engagement in and familiarity with schools' organizational and cultural contexts, equips them to play a primary role in multilevel and responsive school-based mental and behavioral health programs.

The mental and behavioral health of students is a necessary, appropriate, and critical focus of education for individuals birth to age 21. Mental and behavioral wellness is directly linked to overall positive student achievement, school climate, high school graduation rates, and the prevention of risky behaviors, disciplinary incidents, and substance abuse (Center for Health and Healthcare in Schools, 2014). These factors, in turn, are associated with such important life outcomes as improved interpersonal relationships, higher earnings, greater employment stability, and lower likelihood of involvement with the criminal justice system (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004).

School psychologists are uniquely positioned to provide mental and behavioral health services in schools.

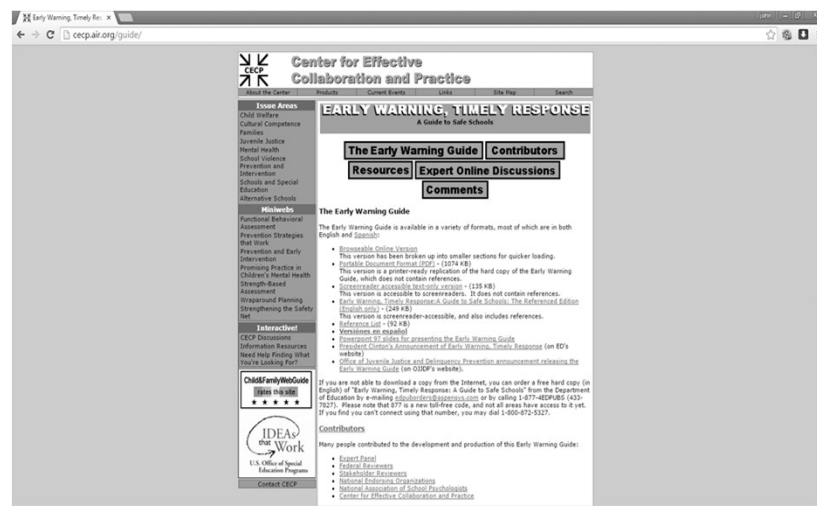


Counseling & Mental Health (nasponline.org)

- Podcasts
 - *Through a New Lens: Transforming EBD Identification Through Culturally Responsive Approaches*
 - *Bridges to Support Behavioral Health Services in Schools, Universities, and Hospitals*
 - *Continuum of DBT Services for School-Based Settings to Address Emotional Regulation Skills*
 - *Taking the 'Pole' out of Bipolar: Disruptive Mood Dysregulation Disorder*
 - *Meta-Analysis of Mindfulness-Based Interventions for Youth and Caregivers*
 - *Tough Kids, Cool Counseling: Top Techniques for Influencing Challenging Students*
 - *Individual Counseling With LGBTQ Students: Ethical and Affirmative Practices*
 - *Universal Screening to Inform Interventions for Behavioral and Emotional Concerns*
 - *Peers Promoting School Success: Protection Against Bullying*
 - *NASP Dialogues: Group Counseling*
- Online Learning Center
 - *Assessing and Remediating Student Test Anxiety*
 - *Multicultural Counseling: Culturally Responsive Approaches in the Era of Evidence-Based Interventions*
 - *Individual Counseling With LGBTQ Students: Ethical and Affirmative Practices*

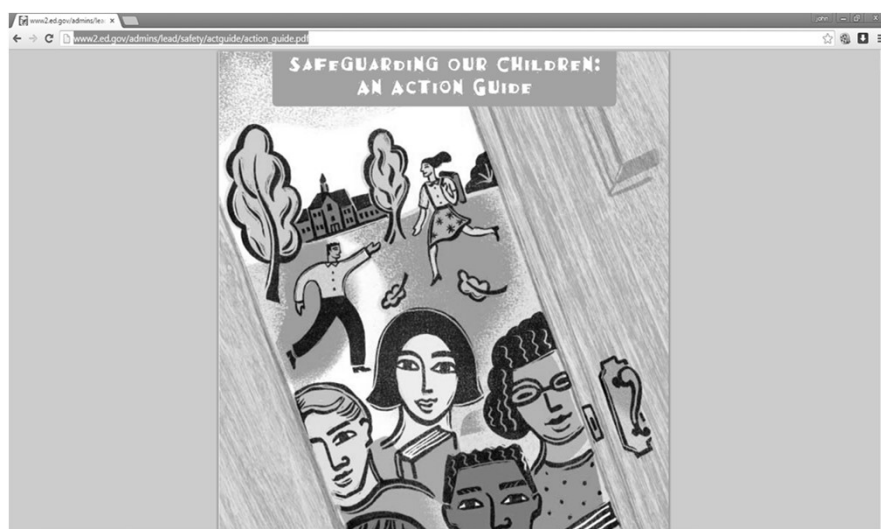
Early Warning, Timely Response

<http://cecp.air.org/guide/>



Safeguarding Our Children

http://cecp.air.org/guide/AIResearch01%28Frev%29Action_Guide_SP.pdf



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