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

- Received Treatment for Depression: 33.4%
- Did Not Receive Treatment for Depression: 66.6%
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 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

The ACE (Adverse Childhood Experience) Study
Conducted by the US Center for Disease Control & Kaiser Permanente
17,000 PARTICIPANTS SURVEYED

The ACE Study Findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery.
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

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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
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.

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/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

Child Trauma Screener

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
- Wellness Plans
- Check-In Check Out
- Group Counseling
- Behavior Plans
- Mentoring
- Teacher/Family Consultation
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.
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.
NASP Resources on ESSA: Handouts for Administrators & Policy Makers

• 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:

A Framework for Safe and Successful Schools


A Framework for School-Wide Bullying Prevention and Safety

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

## Online Resources: Mental Health

### 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/AlResearch01%28Frev%29Action_Guide_SP.pdf