School Psychologists as Mental Health Advocates, Providers, and Implementation Intermediaries

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How I spend my time at work?

- Testing / report writing: 48.15%
- Consultation / teaming: 40.74%
- Intervention: 11.11%
IS MENTAL HEALTH SOMETHING THAT STUDENTS AND STAFF CAN HANG UP AT THE SCHOOL HOUSE DOOR?
WHAT IS MENTAL HEALTH?

- Does mental health involve **thoughts**?
- Does mental health involve **feelings/emotions**?
- Does mental health involve **behavior**?
- Does mental health involve **relationships**?
“Mental health is... how a person thinks, feels, and acts when faced with life’s situations... This includes handling stress, relating to other people, being able to concentrate, and making responsible decisions.”
OLD VIEW OF MENTAL HEALTH

Old View of Mental Health

Unwell/ill/unhealthy  Well/healthy
DUAL CONTINUA OF MENTAL HEALTH

Dual Continua View of Mental Health

HIGH distress/problems

LOW flourishing/thriving

LOW distress/suffering

HIGH flourishing/thriving
Dual Continua of Mental Health

Keyes (2011)
Breakdown of the Dual Continua of Mental Health

- **High Thriving / Flourishing**
  - Complete mental health: 50-60%
  - Complacent or ambivalent: 5-10%

- **Low Thriving / Flourishing**
  - Struggling but content: 15-20%
  - Languishing: 10-15%

**High Mental distress / problems**

**Low Mental distress / problems**
CO-MORBIDITY

One problem or disorder

Both problems or disorders

Another problem or disorder

When problems or disorders combine to increase the likelihood of negative outcomes
CO-VITALITY

When strengths or assets combine to increase the likelihood of positive experiences and outcomes.
MENTAL HEALTH AND ACADEMIC OUTCOMES

Mental Health Factors
- Student mental health problems (anxiety, depression, anger, trauma)
- High-risk Behaviors (e.g. Substance use)
- Student social-emotional wellbeing & resilience
- Educator social-emotional wellbeing

Educational Behaviors

Academic Outcomes
- Graduation/Drop-out
- College entry
- Grades/school performance
- Standardized test scores
- School climate
- Teacher Retention
- Attendance
- Behavioral problems
- Academic engagement
- Interpersonal problems
- Academic motivation
- Attitudes Toward School
- School Connection

ARE WE OBJECTIVELY SEEING A PROBLEM WITH CHILDREN’S MENTAL HEALTH THAT CALLS FOR ALL HANDS ON DECK?
THE PROBLEMS THAT NECESSITATE CHANGE

- 1 out of 4 children experience social, emotional, and behavioral needs that interfere with their academic functioning.
- Vast majority of students with a mental health need will never access proper care.
Depression and anxiety are the leading causes of illness among adolescents.

Anxiety and disruptive behaviors are the most common problems that primary care physicians hear from parents about their kids.
ADVERSE CHILDHOOD EXPERIENCES

ABUSE
- 18% Physical
- 34% Emotional
- 7% Sexual

NEGLECT
- Physical
- Emotional

HOUSEHOLD DYSFUNCTION
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce
<table>
<thead>
<tr>
<th>ACEs Reported</th>
<th>incidence of health outcomes</th>
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<tbody>
<tr>
<td>0 ACES</td>
<td>1 in 16 smoke</td>
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<tr>
<td></td>
<td>1 in 69 are alcoholic</td>
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<td></td>
<td>1 in 480 use IV drugs</td>
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<td></td>
<td>1 in 14 has heart disease</td>
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<td>1 in 96 attempts suicide</td>
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<td>1-3 ACES</td>
<td>1 in 9 smoke</td>
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<td>1 in 43 use IV drugs</td>
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<td>1 in 7 has heart disease</td>
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<td>1 in 10 attempts suicide</td>
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<td>4-10 ACES</td>
<td>1 in 6 smoke</td>
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<td>1 in 6 are alcoholic</td>
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<td>1 in 30 use IV drugs</td>
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<td></td>
<td>1 in 6 has heart disease</td>
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<td>1 in 5 attempts suicide</td>
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The Science of Human Behavior

**Setting Events**
An event that increases the likelihood that the trigger will provoke the behavior

**Triggers Antecedents**
The immediate event that provokes the behavior

**Problem Behavior**
The main behavior of concern

**Maintaining Consequences**
The purpose or reason why the problem behavior occurs (i.e., function)

- Stressed and fatigued
- Instructed to do unwanted work
- Refusing to do academic work
- Avoid unwanted academic work
Factors outside the immediate situation that increases the probability that a given situation will provoke a behavior
SCHOOL IS FILLED WITH MATCHES

- Unanticipated changes in routine
- Certain social interactions
- Preferred to non-preferred transitions
- Academic requests/activities
- Noises
- Availability of attention
HOSPITALIZATIONS
SUICIDAL IDEATION & ATTEMPTS

Biggest increase among 6-11 year olds
100% increase over 8 years
Experiential avoidance

- attempts to avoid unwanted thoughts, feelings, memories, physical sensations, and other internal experiences that cause impairment in short- and long-term

MOST MENTAL HEALTH PROBLEMS
40% of middle school students report lack of sense of belonging
THE PROBLEMS THAT NECESSITATE CHANGE

- **Longstanding disparities** for students living in poverty and from historically marginalized groups
  - Less likely to have secure relationships with educators
  - Less likely to receive effective services
  - More likely to receive exclusionary discipline
  - More likely to be referred for special education under EBD and placed in restrictive settings
SCHOOLS IMPROVE SERVICE ACCESS FOR UNDERSERVED YOUTH (LYON, COOK ET AL., 2013)

Figure 2.
Parent reported youth service utilization by ethnicity and service sector (specialty, school, primary)
Now listed as one of the most potent risk factors for the development of mental health problems
Counseling centers are overwhelmed w/ need
30% dropout of 4-year institutions
STRESS AND BURNOUT

- Top sources
  - Students with challenging behavior
  - Limited self-efficacy to meet the needs of students with social, emotional, behavioral needs
  - Implementation overload
MYTH

If you build it, they will come
WHERE DO KIDS NATURALLY EXIST?
SCHOOLS AS THE DE FACTO MENTAL HEALTH SETTING

- Student accessibility
- Reduced stigma
- Affordability
- Coordination of care
“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.”

“School Psychologists: Qualified Health Professionals Providing Child and Adolescent Mental and Behavioral Health Services”
BIG QUESTIONS FOR THE FIELD

- How do school psychologists have an actual measurable influence on the mental health outcomes of children and adolescents?

- How can school psychologists optimize the impact they have on the mental health outcomes of children and adolescents?
Are school psychologists taking up the torch of mental health?
School psychologists are in a key position to advance school mental health, but research suggests that the majority of school psychologists are not assuming this role (Curtis, Grier, & Hunley, 2003; Friedrich, 2010; Cook et al., 2017)
SO, WHAT CAN WE DO TO TAKE UP THE TORCH OF CHILDREN’S MENTAL HEALTH?
ROLES WE CAN PLAY

- Mental health advocacy
- Mental health provider
- Mental health implementation intermediary
Strategic support for a particular cause
- Outcomes of advocacy = awareness, knowledge, and motivation
MENTAL HEALTH ADVOCACY

- Advocacy to influence local and state policy
  - District policy that allocates money, protected time, and supports
  - Levy-funding dedicated to school mental health
  - Lobbying for state level policy
Advocacy to promote mental health literacy
  - defined as understanding
    - how to obtain and maintain positive mental health;
    - understanding mental health problems and their treatments; decreasing stigma related to mental health problems; and,
    - enhancing help-seeking efficacy.
Who are these people?

- Social worker
- Counselor
- Co-located mental health provider
- School psychologist???
SCOPE OF PRACTICE AND COMPETENCE

- **Scope of practice**
  - The range of activities that a qualified practitioner of an occupation may perform

- **Scope of competence**
  - Developing the competence to perform certain activities through learning,
REPERTOIRE OF EVIDENCE-BASED PRACTICES

- Tier 2
  - Small group & brief therapeutic interventions

- Tier 3
  - Function-based behavior intervention planning
  - Cognitive behavior therapy
    - Trauma, anger, anxiety, depression
  - Evidence-based parent training intervention
Function-based Behavior Intervention Programming

Prevention/Proactive Supports

Setting Events
An event that increases the likelihood that the trigger will provoke the behavior

Triggering Antecedents
The immediate event that provokes the behavior

Teaching Skills

Problem Behavior
The main behavior(s) of concern

Consequent Strategies

Maintaining Consequences
The purpose or reason why the problem behavior occurs (i.e., function)
Pathway Chart

1. Problem Behavior
   The main behavior of concern that is having a negative impact

2. Triggering Antecedents
   The immediate event that provokes the behavior

3. Setting Events
   An event that increases the likelihood that the trigger will provoke the behavior

4. Maintaining Consequences
   What happens after the behavior that maintains it (i.e., function)

5. Desired Alternative
   In the presence of the trigger, what we want all students to do

6. Typical Consequence
   What the naturally available consequences (i.e., typical payoff) are for exhibiting the desired behavior

7. Socially, acceptable FERB
   A functionally-equivalent replacement behavior that is socially acceptable

Key question: Does the student have the prerequisite skills to go the upper pathway when faced with the trigger?
STRAATEGIES WE SELECT AND USE

- Setting Event Strategies
- Antecedent Strategies
- Teaching Strategies
- Consequence Strategies
THE COGNITIVE BEHAVIORAL MODEL

Situation → Awareness of triggers & exposure activities

Thoughts & Meaning Making → Cognitive restructuring (helpful vs. unhelpful thoughts)

Reaction (Emotional, Behavioral and Physiological) → Teaching skills: relaxation, coping, problem-solving

Consequences (Perceived and actual) → Contingency management & reactive strategies
Typical child

Darn it! I stepped in dog poop. I better clean it off so I can go to school.
Depressed child

Of course, I step in dog CRAP. How symbolic. I can’t do anything right. I am a piece of crap.
OMG! This is horrible! I can’t go to school. Everyone will call me stinky dog poop boy!!!
Aggressive child

@#$%# dog!! I bet the owner made the dog poop here on purpose. If I saw the owner, I’d kick his butt.
Child with ADHD

Hmmm..something felt squishy. Oh look at that bird.
EVIDENCE-BASED PARENT TRAINING
A person with expertise in implementation who is able to work with and through others to influence the successful adoption, delivery, and sustainment of evidence-based programs and practices.

Translates implementation science into everyday implementation practice.
EVIDENCE-BASED PRACTICE REQUIRES EVIDENCE-BASED IMPLEMENTATION

- Jeremy Grimshaw
On one hand.....School Psychs cannot carry the burden of knowing all the existing evidence-based practices to prevent and address social, emotional, behavioral needs.

On the other hand....School Psychs can carry the burden of having a deep understanding of the science of implementation to apply it in practice to support the successful implementation of evidence-based practices.
LET TALK ABOUT “THINGS”

- Programs (e.g., SW-PBIS; SEL curriculum)
- Practices (e.g., positive greetings at the door)
- Principles (e.g., equity, early intervention)
- Procedures (e.g., screening for behavior)
- Products (e.g., FastBridge; Aimsweb)
- Policies (e.g., alternative to suspension)
- Processes (e.g., problem-solving process)
WHAT ‘THINGS’ CAN BE INTEGRATED TO PROMOTE STUDENT MENTAL HEALTH?
MTSS: Continuum of evidence-based supports

Tier 3 Menu of Individual Supports for a FEW:
- FBA-based Behavior Intervention Plan w/ Replacement Behavior Training
- Individualized Cognitive Behavior Therapy
- Home and Community Supports

Tier 2 Menu of Default Supports for SOME:
- Self monitoring
- School-home communication system
- Structured mentor-based program
- Class pass intervention
- Positive peer reporting
- Small group SEL & SST

Tier I Menu of Supports for ALL:
- School-wide PBIS
- SEL curriculum & instruction
- Proactive classroom management
+ Relationships w/ ALL Students

Targeted/Intensive
(FEW High-risk students)
Individual Interventions
(3-5%)

Selected
(SOME At-risk Students)
Small Group & Individual Strategies
(10-25% of students)

Universal
(ALL Students)
School-wide, Culturally-responsive Systems of Support
(75-90% of students)
ENABLING CONDITIONS FOR POSITIVE MENTAL HEALTH

- Relationships with others that cultivate a sense of belonging
- Environments characterized as positive, safe, predictable, and structured
- Intentionally taught social-emotional skills
- Basic needs met – sleep, food, physical activity,
Methods and strategies to help people/places DO THE ‘THING’
Dissemination is the stuff we do to increase people’s AWARENESS, KNOWLEDGE, AND MOTIVATION about the ‘THING’

Implementation strategies are the stuff we do to try to HELP PEOPLE/PLACES DO the ‘THING’

Implementation outcomes are HOW WELL people PERCEIVE and DO THE THING
WHAT IS IMPLEMENTATION?
Implementation – the process of supporting the successful adoption, delivery, and sustainment of known effective “THINGS” to improve the quality of and outcomes associated with routine practice

- Successfully implementing = fidelity
  - Adherence – delivering the core steps/components
  - Dosage – delivering the right amount
  - Competency – delivering it skillfully & in an engaging way
WHY DOES FIDELITY MATTER?

Engineer
Mechanic
Pilot
Farmer
Physician
Educator
MAKING IT HAPPEN: LEADERSHIP
That which gets allocated, gets implemented

Allocation of what:
- Protected time for reflection
- Resources: materials, professional development
Purposeful, active, and effective implementation work (making it happen) is done by Dissemination & Implementation Teams.
RECIPE FOR IMPLEMENTATION SUCCESS

Distributed Leadership Team

Secure Staff Commitment

Expectations, recognition, and support

Allocating protected time & resources

Gathering fidelity data as part of continuous improvement process

Training & Coaching

Recipe for Successful Implementation
SITED-BASED DISTRIBUTED LEADERSHIP TEAM

1. Secure and Maintain Staff Commitment
2. Allocate Time and Resources
3. Training and Coaching
4. Gather fidelity to drive continuous improvement
5. Expectations, recognition, & support
SCHOOL PSYCHS CAN TRANSFORM THE LANDSCAPE OF CHILDREN’S MENTAL HEALTH

- Mental health advocate
- Mental health provider
- Mental health implementation intermediary
THE PLATE
MY PLATE IS FULL OF FOOD

AND IM NOT AT THE END OF THE BUFFET LINE YET
WHAT SHOULD GO ON OUR PLATES?