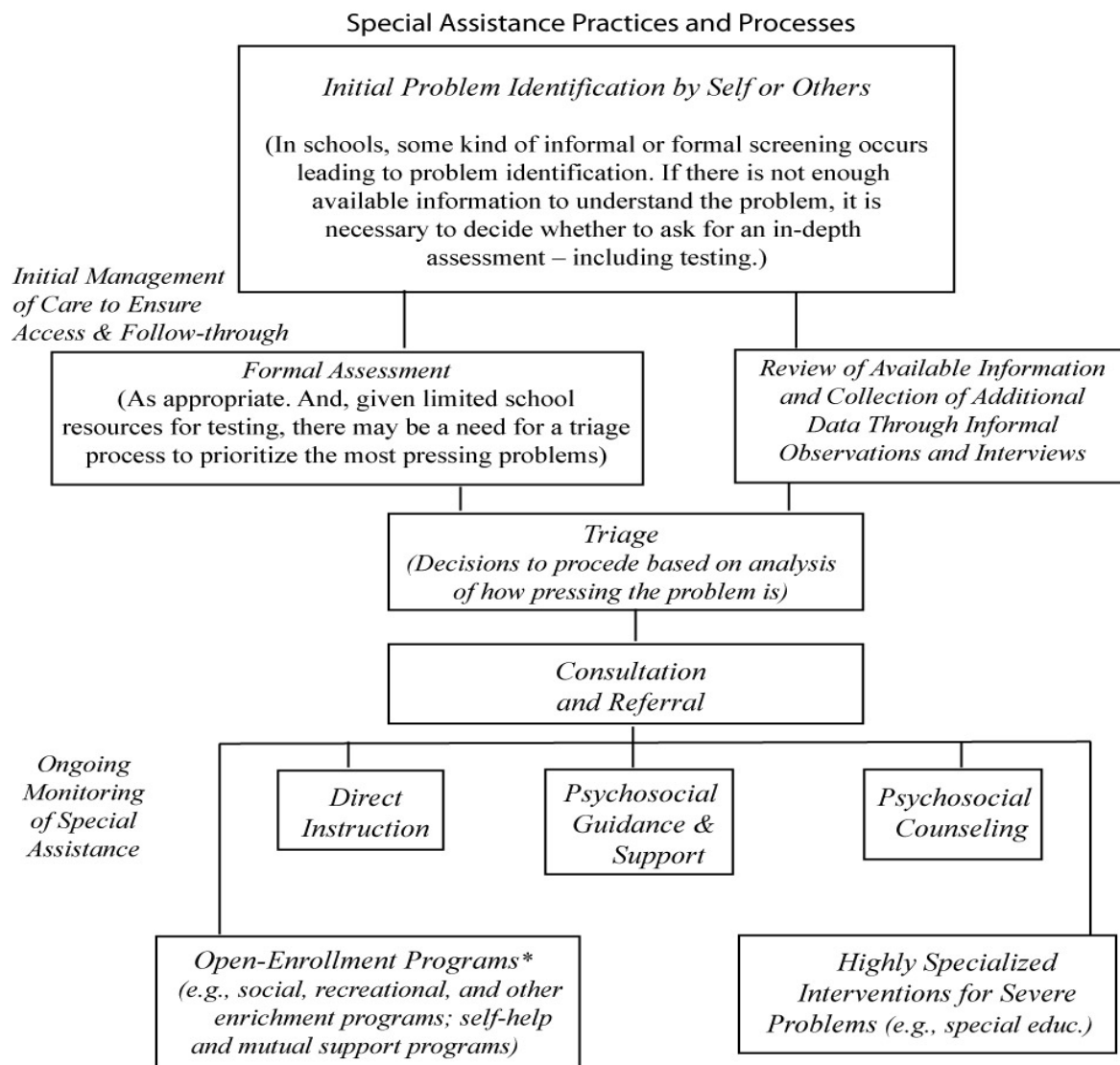


Mental Health Assistance at Schools: Forms of Corrective Interventions

(<http://smhp.psych.ucla.edu/pdfdocs/correctivemh.pdf>)

The Exhibit below outlines a flow chart of the types of mental health assistance that schools could provide students who have significant mental health problems. This set of guidance notes discusses the five forms of corrective intervention outlined toward the bottom of the Exhibit: (1) open- enrollment programs, (2) direct instruction, (3) psychosocial guidance and support, (4) psychosocial counseling, and (5) highly specialized interventions for severe problems.



**The various types of special assistance are not mutually exclusive. Problems that are mild often can be addressed through participation in open-enrollment programs that do not require special referral and triage for admission.*

(1) *Open-enrollment Programs* – Schools can offer a variety of open-enrollment programs designed to foster and enhance positive mental health and socio-emotional functioning. These encompass a host of recreation, community service, and work opportunities. Examples include after school clubs and intramural sports; service learning and job shadowing programs; music, drama, art, and crafts classes. Students can take leadership roles in welcoming programs for new students and families and in peer tutoring, mediation, counseling, and mentoring programs. They can also help establish strategies to change the school environment in ways that make it safer, more inviting, and accommodating.

(2) *Direct Instruction* – To enhance coping with mental health problems, this form of intervention uses didactic approaches to teach specific knowledge, skills, and attitudes and compensatory strategies. The work is done individually or in a small group and in or out of the classroom. Manuals are available detailing cognitive and metacognitive strategies.

(3) *Psychosocial Guidance and Support* – Each day many students require a small dose of personalized guidance and support to enhance their motivation and capability for coping with stressors. Others involved in therapeutic treatment (e.g., personal counseling, psychotherapy, psychotropic medication) need someone who understands the treatment and can deal with related concerns that arise at school.

Personalized guidance and support is best provided on a regular basis in the classroom and at home. Student support staff can (a) help teachers function in ways where they directly provide such support or do so through use of various activities and peer support strategies and (b) mobilize and enhance support from those in the home.

Student support personnel also are logical staff for a student to contact if something is amiss between a student's therapeutic regimen and what else is happening at school. Such staff also are good resources for interfacing with a student's off-campus counselor or therapist. In general, they can assume the role of school-site care manager, providing coordination between the school's efforts to teach and any treatment the student is receiving.

Guidance and support involves a range of potential activity:

- Advising
- Advocacy and protection
- Providing support for transitions (e.g., orienting new students and connecting them with social support networks, facilitating students with special needs as they transition to and from programs and services)
- Mediation and conflict resolution
- Promoting and fostering opportunities for social and emotional development
- Being a liaison between school and home.
- Being a liaison between school and other professionals serving a student

Note: Special considerations and concerns arise related to students taking psychotropic medications (see end of the chapter for some resources on this topic).

(4) *Psychosocial Counseling* – Good counseling builds on caring, which is a foundational aspect of helping relationships. Also encompassed are the fundamentals of any good working relationship. In general, counseling requires the ability to carry on a productive dialogue, that is, to talk with, not at, others. This begins with active listening and not prying and being judgmental. It also encompasses knowing when to share information and appropriately relate one's own experiences.

Counseling also requires the ability to create a working relationship that quickly conveys to the student

- *positive value and expectation* (that something of value can and will be gained from the experience)
- *personal credibility* (that the counselor is someone who can help and can be trusted to keep his or her word, be fair, and be consistent, yet flexible)
- *permission and protection to engage in exploration and change* (that the situation is one with clear guidelines making it okay and safe to say what's on one's mind).

All this enables the counselor to elicit a student's concerns. Then, the process requires the ability to respond with

- *empathy, warmth, and nurturance* (e.g., the ability to understand and appreciate what others are thinking and feeling, transmit a sense of liking, express appropriate reassurance and praise, minimize criticism and confrontation)
- *genuine regard and respect* (e.g., the ability to transmit real interest, acceptance, and validation of the other's feelings and to interact in a way that enables others to maintain a feeling of integrity and personal control).

Personal counseling for students aims at enabling them to increase their sense of competence, personal control, and self-direction – all with a view to enhancing ability to relate better to others and perform better at school.

When a counseling relationship is established, care must be taken not to undermine it by allowing the student to become dependent. Ways to minimize dependency include

- Giving advice rarely, if at all
- Ensuring that a student takes personal responsibility for dealing with problems and assumes credit for progress
- Ensuring that the student doesn't misinterpret efforts to help or lose sight of the limits of the relationship
- Helping the student identify when to seek support and clarifying a wide range of ways to do so
- Planning a careful transition for termination

Most counseling at a school site is short-term. Some is informal B brief encounters with students who drop-in or are encountered somewhere on campus. All encounters are potentially productive as long as one attends to student motivation as key antecedent and process conditions and as an important outcome concern.

Regardless of how long a student is seen for counseling, if a relationship has been established, it eventually must end. In effect, such termination is a transition. It involves discussing the fact that the counseling is coming to an end, exploring any anxiety the student has about this, and reassuring the student about how to deal with subsequent problems (e.g., by establishing a connection with staff, peers, family who agree to be a support network). If feasible, an invitation is extended to the student to share periodically how things are going. If the student is referred for more counseling, support is provided for a smooth transition, including clarifying what should be shared with the new counselor and by whom.

(5) *Highly Specialized Interventions for Severe Problems* – Any and all of the above can apply to students who have severe mental health problems. In addition, such students require extensive accommodations and specialized, intensive help.

Legislation spells out the rights and entitlements of such students to access appropriate special assistance. For example, Section 504 of the 1973 Rehabilitation Act (anti-discrimination, civil rights legislation) provides a basis for a school not only to provide special accommodations for any student identified as having some physical or mental impairment that affects a major life activity, such as learning at school. Section 504 protects all school-age children who qualify as disabled: (1) has or (2) has had a physical or mental impairment which substantially limits a major life activity or (3) is regarded as disabled by others. The disabling condition need only limit one major life activity in order for the student to be eligible. Children receiving special education services under the Individuals with Disabilities Education Improvement Act are also protected by Section 504.

Accommodations should be considered when

- a student shows a pattern of not benefiting from instruction
- retention is being considered
- a student exhibits a chronic health or mental health condition
- a student returns to school after being hospitalized
- long-term suspension or expulsion is being considered
- a student is evaluated and found ineligible for Special Education services or is transitioning out of Special Education
- substance abuse is an issue
- when a student is "at risk" for dropping out
- when a student is taking medication at school

Accommodations to meet educational needs focus on the curriculum, classroom and homework assignments, testing, grading, and so forth. Such accommodations primarily are offered in regular classrooms.

A school's student review team provides a major mechanism for ensuring that appropriate accommodations are planned. A 504 plan provides:

- an evaluation based on current levels of performance, teacher reports, and documentation of areas of concern
- development/implementation of an accommodation plan which specifies "reasonable" modifications in order for students to benefit from their educational program
- procedural safeguards for students and parents including written notification of all District decisions concerning the student's evaluation or educational placement and due process
- review and re-evaluation of modifications and placement on a regular basis and prior to any change in placement.

If special education services and/or placements are considered, a school's Individual Education Planning (IEP) team comes into play. Whenever special education placements are considered, attention must be given to inclusion and transitions. Appropriate inclusion for students with special needs begins with ensuring that only those who cannot be helped effectively in the mainstream are referred to special placements. When data indicate that a person is not making progress, whatever the cause, special services and placements are considered. Such a decision often includes the profound move of transferring an individual out of a mainstream setting into a special environment. The decision usually is based on whether the person's problem is viewed as mild to moderate or severe and pervasive, and whether it affects learning, behavior, emotional, or physical functioning.

Most mild to moderate problems belong in mainstream settings. This is feasible through modifying the physical setting, instituting special accommodations, and/or adding extra (ancillary) services. Ancillary assistance include: (1) extra instruction such as tutoring, (2) enrichment opportunities such as pursuit of hobbies, arts and crafts, and recreation, (3) psychologically oriented treatments such as individual and family therapy, and (4) biologically oriented treatments such as medication.

Persons with severe and pervasive problems often are placed in specialized settings such as remedial classrooms, "alternative" schools, and institutions. Even when special placements are made, students must have the opportunity to spend part of the time in regular classrooms and other "mainstream" programs in which they can function with appropriate accommodations and assistance.

Placement decisions focus first on major intervention needs, then on which, if any, extra assistance seems indicated. In many instances, decisions about secondary ancillary interventions are best made after primary interventions are given an adequate trial and found insufficient. In all instances, appropriate attention must be given to inclusion and transitions. And, when decisions are made to include psychotherapy or behavior change interventions, increasing attention is given to empirically supported treatments.

ABOUT THE CENTER FOR MENTAL HEALTH IN SCHOOLS at UCLA

The center at UCLA is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA.

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