



**30 years  
& counting**

**School Practitioner  
Listserv**

**A Weekly Community of Practice Network  
for Sharing and Interchange**



**June 13, 2016**

**Concerns from the Field:**

**>How much treatment/intervention should take place within the school v. out in the community in coordination with the school? What evidence is there for making these decisions?**

- Center Response
- Responses from Colleagues in the Field

**For Your Information**

**>About the Effectiveness of Treatment for Depression in Children and Adolescents**

**Featured Set of Center Resources:**

**>Strengthening the intervention continuum**

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**Please forward this to a few colleagues you think might be interested. The more who join, the more we are likely to receive to share.**

**For those who have been forwarded this and want to be part of the weekly exchange, send an email to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)**

**For previous recent postings of this community of practice, see <http://smhp.psych.ucla.edu/practitioner.htm>**

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*Note:* In keeping with the *National Initiative for Transforming Student & Learning Supports*,\* this community of practice network has expanded in number of participants and topics discussed. The thematic emphasis is on (1) daily concerns confronting those working in and with schools, (2) the transformation of student and learning supports, and (3) promoting whole child development and positive school climate.

**C**oncern from the Field: *How much treatment/intervention should take place within the school v. out in the community in coordination with the school? What evidence is there for making these decisions?*

**C**enter Response: Schools are in a position to cover a full continuum of supports to students, staff, and families. They also provide ready access for and to students and have established mechanisms for reaching families. Of course, what schools actually provide is rather limited and quite complicated by policy decisions that determine a school's role and resources related to addressing learning, behavior, and emotional problems.

*What can schools feasibly Do?* One already can find interventions in any major school district that are designed to (a) promote healthy development, (b) prevent problems, (c) minimize the severity of commonly occurring problems, and (d) assess the need and make referrals for special education and treatment of chronic and severe problems.

*What about community interventions?* Throughout each level of the continuum, one can find similar and complementary interventions in the surrounding community.

*And there are initiatives that have connected community services to schools.*

Continuing challenges are to

- develop school-community collaborations that include a focus on braiding some school and community resources together to strengthen interventions and fill critical gaps
- establish effective mechanisms for coordination when schools refer students and families for assistance in the community.

Many schools designate the intervention continuum as a Multi-tiered System of Supports (MTSS). Some places are including the continuum as one facet of a unified, comprehensive, and equitable learning supports system.

Whatever term is used, the unfortunate reality is that student and learning supports remain, at best, a secondary concern in most districts' improvement plans and practices. Another unfortunate reality is how sparse school and community resources are in low-income neighborhoods. And even when interventions are available, there is the problem that many in need are reluctant to seek help.

*As to evidence to guide decision making* – that remains a long-standing hole in the research literature.

There are, however, many resources related to improving how schools and communities work together. See the Center Quick Find on:

> *School-Community Collaboration* – [http://smhp.psych.ucla.edu/qf/p1201\\_01.htm](http://smhp.psych.ucla.edu/qf/p1201_01.htm) .

And here are a few recent articles specifically related to schools and communities working together to provide services for mental health concerns:

> “School Mental Health Resources and Adolescent Mental Health Use”  
by Green, McLaughlin, Alegría, et al. (2013).  
<http://www.sciencedirect.com/science/article/pii/S0890856713001500>  
Discusses connecting resources for better decision making related to school and community treatment.

> “School Community Alliances Enhance Mental Health Services”  
<http://pdk.sagepub.com/content/96/4/57.full.pdf+html>  
This 2014-15 article in the *Phi Delta Kappan* discusses practices placing community providers in schools.

- > “School-Related and Social-Emotional Outcomes of Providing Mental Health Services in Schools” by Ballard, Sander, Klimes-Dougan (2014).  
<http://link.springer.com/article/10.1007/s10597-013-9670-y>  
Discusses an evaluation of student outcomes related to interventions by community mental health clinicians working on-site in schools to identify and treat children.

**R**esponses from Colleagues in the Field: We asked a few colleagues to share their perspectives on the above concerns; here’s a sample of what we heard from them.

- (1) “I have a couple thoughts on this.

First, if a school employs a school social worker or counselor they should have tools (screenings, assessments) to determine the level of mental health support a student needs. (Plus they should be able to ascertain based on their own professional discretion and comfort level.) Typically SSW and School Counselors don't do ‘therapy’ with students, it's more classroom behavior/behavior modification based.

That leads me to the next thought. In our state, we are working to set up/help schools use the ever-loved three tiered model in thinking about school mental health. Everyone gets support, education in Tier 1 (including SEL skills and training for teachers/educators/school staff re: mental health-trauma-etc). Then for Tier 2 schools can either utilize their own student support staff depending on the need/qualifications of the staff and/or bring in community resources to conduct groups and/or provide individual services. Students who need Tier 3 support would typically be referred to the community agencies that can meet those needs.

Schools would need to determine their own ‘rubric’ for identifying where students needs would best be met. Tier 1, 2 or 3. Again that will be determined by who they have employed and the qualifications of that staff, etc. So I would think this ‘rubric’ would be individualized by building.

So short answer is ‘I think it depends on the need of the student and who is available in the building to meet that need.’ Preferably students stay in school and get as much support there as possible (as we know parents have limited resources to get students that help outside of school- in many situations). BUT if the student needs more support than the school can provide then they should be ‘warm-hand-off’ referred if possible and/or bring the community resource to the student at the school.

Hope that makes sense and helps. Let me know if there is any add'l follow up clarification needed. Happy to help!”

- (2) “I shared your question with the director of special education here in our state. She confirmed what I suspected about ‘evidence’ (there is none that we’re aware of). As we talked, we both agreed that guidance counselors are in the best position to help but that too often schools have assigned them other duties that leave them with little or no time to work on mental health issues. I was taught that counselors should devote 1/3 of their time to universal, planned curricula or student educational planning, 1/3 to planned intervention groups (children of divorce, alcoholics, bullied students, etc.) and 1/3 to unplanned interventions. This is where counselors need to have the freedom and flexibility to make the connections with community-based services or get the services into the school to help the students that don’t have access, or do whatever it takes to help a student. That said, school counselors should not be put in the position of providing a mental health intervention as they are not trained or equipped to do that. They are, however, trained enough to recognize symptoms and should know who in the community

can help the student and their family. They should be a facilitator of the intervention and be there to help a student navigate the educational system during and after their treatment.

So I would answer the question of ‘how much should be provided’ with another question: ‘How much is needed?’ If services can’t be provided to a student in the community, they need to be provided by a mental health professional in the school.

Maybe it’s not being concerned with setting up a mental health collaboration as much as building relationships that ensure students get what they need when they need it, and that ‘someone’ is there to follow their progress and address challenges so that students can be successful. For example, do counselors have relationships with mental health professionals in the community? Can they get on the phone to talk to someone if they have questions? Are they familiar with the payment/insurance/pro-bono services that are available? How do counselors learn about and work with students receiving interventions and what are the policies in place around student supports for mental health issues? What can counselors do to help teaches help a student in their classroom? Will administration allow counselors to leave the school to meet with mental health professionals or go with the family to make sure they get the student to their sessions?

I just think that schools need to do whatever they can to support students and have them ready to learn. Sound familiar? I wish I had better answers. Hope this helps.”

- (3) “This is a good question. In discussing this with our new MH providers who are co-locating on our campuses, we are discussing that the Screening, Brief Intervention, Referral to Treatment (SBIRT) Model might be the way schools start with mental health services.

Below is how SAMHSA’s website (<http://www.samhsa.gov/sbirt>) outlines SBIRT:  
“*Screening* quickly assesses the severity of substance use and identifies the appropriate level of treatment.  
*Brief intervention* focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.  
*Referral to treatment* provides those identified as needing more extensive treatment with access to specialty care.”

This way, students can receive services, but also have access to a clinician who can determine if services should be away from the campus when intensity mandates. In all cases, transportation concerns should also be considered, at which case by case would mandate treatment on campus.

For school settings, in all the years we have been doing services, we find that ‘stabilizing emotions and minimizing symptoms’ is a rule of thumb for MH in the schools. More intensive treatment options should be the prerogative of parents and students together and under parent supervision until appropriate age of consent at a location appropriate for treatment.”

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**Invitation to listserv participants:** *What’s your take on all this?* When do you decide that a referral to a community provider is needed? Any lessons learned to share? Comments? Recommendations? What’s happening locally? Send your responses to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)

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## **F**or Your Information

### **>About the Effectiveness of Treatment for Depression in Children and Adolescents**

Here is the conclusion from the Cochrane Common Mental Disorders Group Review of “Psychological therapies versus antidepressant medication, alone and in combination for depression in children and adolescents”

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008324.pub3/abstract>

*There is very limited evidence upon which to base conclusions about the relative effectiveness of psychological interventions, antidepressant medication and a combination of these interventions. On the basis of the available evidence, the effectiveness of these interventions for treating depressive disorders in children and adolescents cannot be established.*

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## **F**eatured Set of Center Resources

### **>Strengthening the intervention continuum**

Introduction into federal policy of response to intervention (RTI) and positive behavior intervention and supports (PBIS) led to widespread adoption and adaptation of the three tier intervention pyramid. As originally presented, the pyramid highlights a continuum of three different levels of intervention and suggests the percent of students at each level. Currently, schools are referring to this continuum as a Multi-tiered System of Supports (MTSS).

While the focus on levels has made a positive contribution, it is time to move beyond the limitations of current MTSS thinking to develop a unified, comprehensive, and equitable system of student and learning supports. Such a system has two facets:

*>a continuum of school-community interventions* consisting of subsystems for

- promoting effective schooling and whole child development
- preventing problems experienced by teachers and students
- addressing such problems as soon as feasible after they arise
- providing for students who have severe and chronic problems.

and

*>a cohesively organized and delimited set of “content” arenas* for addressing barriers to learning and teaching and re-engaging disconnected students in the classroom and school-wide. These arenas encompass the range of concerns a school copes with each day.

The following Center resources provide guidance on strengthening the intervention continuum and framing it with a cohesively organized and delimited set of "content" arenas.

*>Moving Beyond the Three Tier Intervention Pyramid Toward a Comprehensive Framework for Student and Learning Supports* – <http://smhp.psych.ucla.edu/pdfdocs/briefs/threetier.pdf>

- > *Embedding Mental Health into a Learning Supports Component: An Essential Step for the Field to Take Now* – <http://smhp.psych.ucla.edu/pdfdocs/embeddingmh.pdf>
- > *Introduction to a Component for Addressing Barriers to Student Learning* – <http://smhp.psych.ucla.edu/pdfdocs/briefs/introductionbrief.pdf>
- > *Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System* – <http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf>
- > *30 minute Introductory webinar on Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System* – <http://smhp.psych.ucla.edu/powerpoint/briefintroslicesrec.pptx>  
 Accompanying PDF handouts – <http://smhp.psych.ucla.edu/pdfdocs/intropphandouts.pdf>

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**\*For information about the**  
***National Initiative for Transforming Student and Learning Supports*, see**  
<http://smhp.psych.ucla.edu/newinitiative.html>

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***THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS COMMUNITY OF PRACTICE BECOMES!***

Send resources ideas, requests, comments, and experiences to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)

We post a broad range of issues and responses to the *Net Exchange* on our website at <http://smhp.psych.ucla.edu/newnetexchange.htm> and to *Facebook* (access from the Center's home page <http://smhp.psych.ucla.edu/> )