

(12/7/22) **This resource is from the national Center for MH in Schools & Student/Learning Supports at UCLA**

Featured:

>How should a community-based psychologist respond to a school's call for help after a crisis?

>Student Transitions: An often neglected domain of student/learning supports

>Time for Straight Talk about Mental Health Services and MH in Schools

>Links to a few other relevant shared resources

For discussion and interchange:

>How should a community-based psychologist respond to a school's call for help after a crisis?

A clinical psychologist recently posted the following on a professional listserv

"I was asked to help a local school (junior high) address the mental health needs of their students and faculty following a mental health incident (a student engaged in pretty serious self-injury on campus in such a way that was witnessed by several students). I was wondering if anyone has resources to share who has helped schools with this kind of thing before. Any and all resources would be helpful!"

Center Comments:

We were concerned about how many responses to this request provided information on crisis response without discussing the importance of analyzing why the request was made and how to assess the situation so that an outside professional could be most effective.

Based on experiences Center staff in similar situations, here's what we suggested:

- > Talk with the person who "invited" you in to better understand why the current student support staff and school crisis team felt they needed an outside expert. Whether they and the student's teachers need support themselves.
- > If possible, meet with key administrators and student support staff at the school to see how they might work with you to gauge students/faculty/staff needs:
 - What does the student who self-injured need now (from the school/district support staff, from family, from health/mental health providers)
 - Identify others who are close to the student to see what they need (if possible have school support staff meet with these students in a small group to share their concerns/reactions/needs)
 - Identify students who witnessed or who are most upset about the incident meet in a small group with student support staff to share their reactions, provide information about this mental health behavior)
 - Find experts in the area (therapists, researchers) who have expertise on self-injuring to meet with the school staff to provide general information on how to better understand the problem and get help to students in need.

We also asked colleagues how what they would add. Here is a sample of what they suggested

1. "I think you've just about covered it. [To elaborate a bit]
 - > Find out more about what happened. What happened, when and how was the situation addressed (with both the student and witnesses)? Who from the school staff was involved in helping these students? Were parents engaged, in what way and what was their reaction? If I were heading into this school, I'd want all the details I could collect in advance.

- > What is the immediate concern? What is the current status of the student, her/his classmates, school staff, family, etc. And, is there a concern about this student self-harming now? If so, what precautions have been taken to mitigate the likelihood this action will be repeated? (both at school and at home)
- >What do they need from the clinical psychologist? After collecting this information, I would do as you suggested and ask why the school crisis team felt they needed an outside expert. In other words, what benefits do they expect from an outside expert? And, has there been an effort to contact anyone else? Anyone locally?

My best guess is that maybe the school staff doesn't have any experience with this type of behavior. They may feel the need for an outside expert because they don't know what else to do. Some education for staff is probably in order - and that could be provided by this clinical person, or another local expert. If this is the case, it may come to light when asking questions above. And if true, I'd go to the school with a few short articles in hand: one targeted for staff and one for parents of the student body.

Overall, the staff/administration needs to think about the 3 levels of intervention - the individual student, the group of witnesses/classmates close to the student, and the larger student body. One clinical psychologist won't be able to meet all these needs but could help staff think about their own approaches to support students now and in the future. They need to know how important they are to this healing process and be reassured that their behavior/reactions to this incident is just as important to the student body as the clinical psychologist is to that individual student and his/her family.”

2. “I like your ideas. People with training and experience probably wouldn’t inadvertently add to the problem, but they do need to know the backstory and expectations. One thing I would add is to look for brothers/sisters of the student, and their friends, even if they were in other schools nearby, to offer them service and find out how far the impact had spread..

The first thing I would do at a new school is ask to see their crisis response plan. It should provide some answers to the questions you pose.

This happened to me once. When I asked for the crisis response plan, they said they knew they had one around here somewhere. Nobody had refreshed it. Some of the names and phone numbers in the plan were no longer around and the phones didn’t connect with working numbers

Admin remembered they were supposed to call the response team, but they didn’t have one any more. So they called in anybody who could swing by. I didn’t sense any real interest in working with me. They just wanted me to fix it and then go away so they could go back to the usual routine.

Initially, we tried to make everybody comfortable with snacks and introductions. We set up a safe room but nobody understood the purpose and didn’t know who to send to it. Staff thought students who wanted to go were just trying to get out of work, so they wouldn’t let them out,. I called around for people to work with the family and the teachers of the student. We had an after-school meeting for staff. Student had been suspended, so I talked with the principal about other ways to handle the matter, but I don’t think I made an impression. Basically, I think the school staff just wanted to be able to say that they “did something” by calling in a mental health person and then return to the routine. I stressed the importance of knowing the plan and working the plan. They had a pretty good plan but it needed updating. They didn’t know when they would have the time to do that, but said they would.

A few students and staff were helped, and the family was to be connected with help in a few days. Not a complete bust, but not very satisfying, either. Really revealed the importance of advance planning and rehearsing.”

For more resources for understanding and intervening with students who self-harm, see

- >Why School-owned Student Support Staff are So Important
<http://smhp.psych.ucla.edu/pdfdocs/school-ownedstudentsupportstaff.pdf>

- >Self-reported school experience as a predictor of self-harm during adolescence
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4286629/>
- >Rates of non-suicidal self-injury in high school students
<https://pubmed.ncbi.nlm.nih.gov/19813109/>
- >Helping self-harming students <https://www.ascd.org/el/articles/helping-self-harming-students>
- >Understanding and responding to students who self-mutilate
<https://naspcenter.org/principals/understanding-and-responding-to-students-who-self-mutilate/>
- >Cutting and Self-Harm Factsheet (for Schools)
<https://kidshealth.org/en/parents/cutting-factsheet.html>

Is this topic being discussed in your locale?

Please let us know so we can share the info widely. Send to ltaylor@ucla.edu

About Domains of Student/Learning Supports

As schools address concerns about learning loss and mental health, those that have adopted an MTSS framework now need to rethink student and learning supports. MTSS highlights that a full continuum of interventions is essential. However, addressing barriers to learning and teaching also requires organizing the supports cohesively into a well-designed and delimited set of interventions that reflect a school's efforts to provide student and learning supports in the classroom and schoolwide.

Our analyses indicate the supports can be grouped into the following six domains.

- *In-classroom supports*
- *Supports to increase home connections and engagement with the school*
- *Crises assistance and prevention*
- *Supports to increase community involvement and engagement with schools*
- *Facilitating student and family access to special assistance*
- *Supports for transitions*

In the most recent issues of the Center's Practitioner, we featured the first five domains listed. This week we focus on *Supports for Transitions*.

>Student Transitions: An often neglected domain of student/learning supports

Students and their families are confronted with a variety of transitions every day and throughout each year of schooling (e.g., starting school, changing schools, moving to the next grade, getting to school, lunchtime, after school). Many schools pay too little attention to providing supports for transitions. When this is the case, opportunities are missed for promoting healthy development, addressing barriers to learning, and preventing learning, behavior, and emotional problems.

The long winter break allows students/families and school staff a much deserved rest. But the new year brings the challenges of transitions back to school. In many schools, students and teachers already are anticipating the end of the first semester of the school year and a new semester with new schedules, new classmates, new teachers for secondary students. And big transition decisions are facing high school students (e.g., whether to apply for college or career training programs).

Transitional problems can be viewed as stemming from external or internal factors or both. Transition stressors can be barriers to school adjustment, learning, and teaching; they also can exacerbate other factors that interfere with learning at school. Such stressors can lead students and their families, especially those who are particularly vulnerable, to behave in counterproductive ways and can have life-shaping consequences.

A comprehensive approach to providing transition supports requires interventions within classrooms and schoolwide, among schools, and with the community. The activity overlaps the other five intervention arenas of a unified, comprehensive, and equitable system of learning supports. Immediate goals are to prevent and address transition problems. Transition periods also provide opportunities to promote whole child development, increase positive attitudes and readiness skills for schooling, address systemic and personal barriers to learning and teaching, and (re)engage disconnected students and families.

Key Transition Concerns and Examples of Supports for Transitions

- >Daily transitions -- before school, changing classes, breaks, lunch, afterschool
(Examples of interventions: preventing problems by ensuring positive supervision and safety; providing attractive recreational, enrichment, and academic support activities; using problems that arise as teachable moments for enhancing social- emotional development)
- >Matriculation challenges – new classrooms, new teachers; grade-to-grade; elementary to middle school; middle to high school; in and out of special education programs; school-to-career/higher education transition
(Examples of interventions: information; academic, vocational, and social-emotional counseling and related supports; pathway and articulation strategies; mentor programs; programs to support moving to post school living and work)
- > Lengthy periods away from regular instruction – summer, intersession, hospitalization
(Examples of interventions: supports for maintenance and catching-up, recreation and enrichment programs, service and workplace opportunities)
- >Newcomers to a school – new students and their families, new staff, volunteers, visitors
(Examples of interventions: comprehensive orientations, welcoming signs, materials, and initial receptions; social and emotional supports including peer buddy programs; accommodating special concerns of those from other countries and those arriving after periods of hospitalization)

Reports of early outcomes from transition interventions indicate reductions in tardies, vandalism, and violence at school and in the neighborhood. Over time, transition programs reduce school avoidance and dropouts, as well as enhancing school adjustment and increasing the number who make successful transitions to higher education and post school living and work. And, initial studies of programs for transition in and out of special education suggest the interventions can enhance students' attitudes about school and self and can improve their academic performance. It also is likely that transition supports add to perceptions of a caring school climate.

For more on student support for transitions, see our online clearinghouse topic pages on

- >Transition Programs http://smhp.psych.ucla.edu/qf/p2101_01.htm
- >Transition from adolescence http://smhp.psych.ucla.edu/qf/transition_from_adolescence.htm
- >Transition to College <http://smhp.psych.ucla.edu/qf/transitiontocollege.htm>

Also see:

- >Supports for Transitions <http://smhp.psych.ucla.edu/pdfdocs/book/ch5trans.pdf>
- >Self-study survey: supports for transitions
<http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/transitionssurvey.pdf>
- >Transitions: Turning Risks into Opportunities for Student Support
<http://smhp.psych.ucla.edu/pdfdocs/transitions/transitions.pdf>

>Transitions to and from Elementary, Middle, and High School

<http://smhp.psych.ucla.edu/pdfdocs/transitionstoandfrom.pdf>

>Transition Support for Immigrant Students

<http://smhp.psych.ucla.edu/publications/transitionsupportforimmigrantstudents.pdf>

Time for Straight Talk about Mental Health Services and MH in Schools*

When you hear the term Mental Health in Schools or School Mental Health, what comes to mind?

Probably you think about students who have psychological problems, about what services they need, and how schools don't provide enough of such services. This is not surprising given the widespread tendency for the term mental health to be thought of as referring to mental disorders (illness) and for relevant interventions to be seen as *services* (e.g., counseling/therapy).

As a result, many well-intentioned initiatives and policy reports limit discussion to expanding mental health services in schools. This is especially the case as a result of the increased concern about the mental health impact of the COVID-19 pandemic.

This trend is having unfortunate consequences.

Bluntly stated, advocacy for more mental health services in schools often detracts from efforts to address the full range of mental health concerns confronting school staff, students, and their families. Providing clinical *services* continues to be too narrow a focus for meeting the nature and scope of student-related problems manifested at schools each day. And it often undercuts the importance of enhancing wellness (e.g., promoting social emotional learning and development).

Our analyses of school improvement policies and practices stress that a narrow agenda for MH in schools works against enhancing every student's civil right to equity of opportunity for success at school and beyond. Our research stresses the following matters as key to advancing a broad approach to mental health in schools that is fully embedded in school improvement efforts.

- The concept of mental health needs to be framed broadly so that it encompasses not only psychopathology but also (a) addresses the wide range of psychosocial and educational problems schools are confronted with on a regular basis and (b) encompasses promoting healthy development (i.e., positive social and emotional development).
- In this context, schools have a role to play in ensuring there is a full continuum of interventions designed to (a) promote positive mental health, (b) prevent learning, behavior, and emotional problems, (c) intervene as early as feasible when such problems arise, and (d) help in the treatment of severe and chronic problems.

*Excerpted from one of the Center's policy notes. For the rest of this discussion, go to <http://smhp.psych.ucla.edu/pdfdocs/mhinschools.pdf>. And for related Center discussions, go to "About MH in Schools & Learning Supports" <http://smhp.psych.ucla.edu/aboutmh/aboutmhover.htm>

>Links to a few other relevant shared resources

Engaging peers to promote well-being and inclusion of newcomer students
<https://onlinelibrary.wiley.com/doi/10.1002/pits.22623>

Early intervention for self-harm risk
<https://www.verywellmind.com/early-intervention-for-self-harm-risk-5090233>

National guidelines for child and youth behavioral health crisis care
<https://store.samhsa.gov/product/national-guidelines-child-and-youth-behavioral-health-crisis-care/pep-22-01-02-001>

Teachers Can Make a Difference in Bullying: Effects of Teacher Interventions on Students' Adoption of Bully, Victim, Bully-Victim or Defender Roles across Time
<https://link.springer.com/article/10.1007/s10964-022-01674-6>

Family-Focused Interventions to Prevent Substance Use Disorders in Adolescence
<https://nap.nationalacademies.org/resource/26662/interactive/index.html>

Examination of the COVID-19 Pandemic's Impact on Mental Health From Three Perspectives: Global, Social, and Individual
<https://www.psychologicalscience.org/sage>

Be Yourself: The Relative Importance of Personal and Social Norms for Adolescents' Self-Presentation on Instagram
<https://journals.sagepub.com/doi/full/10.1177/20563051211033810>

10 Tips for Raising Grateful Kids
https://childmind.org/article/10-tips-raising-grateful-kids/?utm_medium=email&utm_source=newsletter&utm_campaign=pub_ed_nl_2022-11-22&utm_content=10-tips-raising-grateful-kids

Laying the Foundation to Better Support Black Girls
<https://www.ascd.org/blogs/laying-the-foundation-to-better-support-black-girls>

Lessons learned from digital learning
https://corp.smartbrief.com/original/2022/11/lessons-from-digital-learning?utm_term=0B799F61-1A94-4498-9A91-7031F8CD7941&utm_content=1CAF06E1-2794-4546-8CBB-8133BCBD546F&utm_source=brief

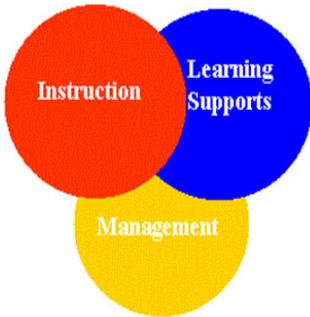


"At home I have The History Channel, Discovery Channel, Smithsonian Channel, Science Channel, Biography Channel, Animal Planet, and PBS. School is interfering with my education!"

A Few Upcoming Webinars

For links to the following and for more webinars, go to the Center's Links to Upcoming/Archived Webcasts/Podcasts – <http://smhp.psych.ucla.edu/webcast.htm>

- 12/7 When kids lead
- 12/8 Peer Mentoring - Creating a Culture of Youth Empowerment
- 12/8 Mental health and the holidays
- 12/8 Building bridges to equity: part five
- 12/8 McKinney-Vento School Selection Rights
- 12/12 Resolving Disputes Through the Special Education Process
- 12/14 Promoting Community Based Violence Intervention Success: Meaningful Measures and Effective Communication
- 12/20 Supporting the Education of Unaccompanied Students Experiencing Homelessness



For information about the

National Initiative for Transforming Student and Learning Supports

go to <http://smhp.psych.ucla.edu/newinitiative.html>

Equity of opportunity is fundamental to enabling civil rights; transforming student and learning supports is fundamental to promoting whole child development, advancing social justice, and enhancing learning and a positive school climate.

Invitation to Listserv Participants:

Everyone has a stake in the future of public education. This is a critical time for action. Send this resource on to others. Think about sharing with the growing number who are receiving it. AND Let us know about what we should be including.

Send to Ltaylor@ucla.edu

THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS RESOURCE BECOMES!

For new sign-ups – email Ltaylor@ucla.edu

Also send resources ideas, requests, comments, and experiences for sharing.

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 on Facebook (access from the Center's home page <http://smhp.psych.ucla.edu/>)