Mark D. Weist
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Editors

Handbook of
School Mental Health

Research, Training, Practice, and Policy

Second Edition

Springer

Issues in Clinical Child Psychology

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Julie Sarno Owens, Ph.D., received her doctorate in clinical psychology from Purdue University and completed her clinical internship at the University of Florida, Health Sciences Center, in the rural/primary care track. Dr. Owens is an Associate Professor in the Department of Psychology at Ohio University and Co-Director of the Center for Intervention Research in Schools. Her research focuses on the development and evaluation of school-based interventions for elementary school-aged youth with attention-deficit/hyperactivity disorder (ADHD) and disruptive behavior problems. Her studies examine (a) the effectiveness and feasibility of transporting empirically supported interventions into schools in underserved rural communities; (b) parents' and teachers' perceptions, satisfaction, and acceptability of such treatments; and (c) factors that either enhance or interfere with the transportation, dissemination, and sustainability of such treatments in rural communities. Dr. Owens is the Director of the Youth Experiencing Success in School (Y.E.S.S.) Program, a school-based mental health program that integrates evidence-based interventions for youth with ADHD into the school setting. The Y.E.S.S. Program, which has developed in the context of a 12-year university-community partnership, involves intervention development and evaluation research, practical training opportunities for graduate and undergraduate students, professional development training for local educators and mental health professionals, and treatment services for youth in our local region. As such, the work emerging from the Y.E.S.S. Program has implications for the research, practice, training, and policy agendas at the local and national levels.

Commentary 1

Infusing the School Mental Health Knowledge Base Into Educational Practice: An Empirical Basis for Positive Change

The editors of this handbook are distinguished by their respective, seminal contributions to the field of school mental health. They have assembled a remarkably accomplished cadre of contributors to this volume whose chapters provide broad coverage of the school mental health landscape. This book is a rich resource for educators and mental health professionals alike, and the field is fortunate to have it.

If we are ever able to achieve the goal of effectively addressing the needs of the approximately 20 % of K-12 students who struggle with serious challenges to their emotional and behavioral health, the application of this handbook's content and methodology will have accounted for substantial parts of its realization. I remain optimistic that school mental health approaches and knowledge will eventually become fully integrated into the service systems of school districts as a matter of course. However, there are powerful forces currently arrayed against such an outcome by educational gatekeepers who remain concerned about costs, potential parent-initiated lawsuits about inadequate services, resistance to assuming ownership of the mental health problems of students, and maintaining territorial imperatives and professional identities. To note just one of the many negative consequences of this state of affairs, the availability of wraparound services and access to family therapy and mental health supports should be routinely available to tertiary-level students identified within school systems—but they are not routinely available by any means. Policy experts in the school and mental health professions need to come together and design collaborative partnerships and mutual support systems that make school settings more responsive to the mental health needs of students while supporting the primary mission of schooling which is academic performance and achievement. This is an enormous challenge that begs for a solution as schools nationally continue to certify less than 1 % annually of the K-12 student population as qualifying for mandated special education services to address their emotional and behavioral problems (Forness, Freeman, Paparella, Kauffman, & Walker, 2012).

It is encouraging to see chapters in the handbook that address key features of this ongoing challenge such as (a) funding models in delivering school

mental health services, (b) the relationship between special education law and mental health issues, and (c) the role of school mental health in supporting students within general educational classrooms. Solving these and related problems associated with appropriate roles for mental health professionals and the services they can deliver is a critical step in forging a workable collaboration among schools and mental health services. The key question in this regard is how these services and supports can be delivered in a manner that does not disrupt the teaching-learning process, leads to educators' acceptance of them, and addresses student needs. The two chapters on mental health consultation in schools and how to do it effectively and seamlessly are of critical importance in this regard. For far too long, we have pressured schools and educators to make adjustments in their ongoing operations and normal routines in order to accommodate delivery of mental health services. Kimberly Hoagwood (see Burns & Hoagwood, 2002) has cogently argued in numerous venues over the past decade that the reason many of our evidence-based interventions fail is because they do not fit well or accommodate these important routines and operations. Students with mental health challenges that disrupt the schooling experience for themselves and others and that lower their quality of life are the victims, and losers, in this ongoing struggle.

There is a clear and largely unmet need for a set of inquiries among intervention developers, and their end users, to study schools and school systems systematically in order to identify those characteristic features of direct interventions that produce educator acceptance and continued use of them. I believe this is a primary reason that the Positive Behavioral Interventions and Supports (PBIS) model or approach has been so successful among educators. In just over 14 years or so, PBIS has been adopted by nearly 20,000 schools in the USA, and it has simultaneously gained the respect of numerous mental health professionals currently working in schools. In developing the PBIS model, Rob Horner, George Sugai, and their colleagues carefully studied school systems, their operations and routines, and importantly their stated needs, values, and priorities. In doing so, they ensured a high level of acceptance from educational consumers and gatekeepers as they systematically took these factors into account in designing PBIS. Further, they adopted and adapted for schools' use the Institute of Medicine's classification of primary, secondary, and tertiary prevention as a delivery framework for PBIS. School administrators particularly resonate to the PBIS' use of universal, selective, and indicated interventions matched to these three types of prevention. In my career, I have seen a number of innovative, groundbreaking approaches develop but never one that approaches PBIS in the scale of its acceptance, adoption, and implementation. The reasons underlying this remarkable development are not elusive or complex but highly predictable if one understands the culture and ecology of schooling.

I want to reemphasize the importance and relevance of the handbook's content. In my view, it covers all the important topics and issues that impinge on the exemplary practice of school mental health in an educational context. Engaging parents and youth in making interventions work more effectively, screening and early identification of at-risk students to allow prevention through early intervention, and describing best evidence-based practices for

targeted problems (ADHD, depression and suicide prevention, bullying, relational aggression, anxiety disorders, and so on) are of critical importance in meeting the needs of K-12 students. Today's students access most of their mental health services through the venue of schooling, but the quality and amount of those services is often abysmal. This handbook provides a compendium of the best knowledge, the best thinking, and the best practices currently available to schools in addressing the challenges of so many students who are exposed to many risk factors in family and community contexts and who have very few offsetting protective factors. It is wonderful to have such a rich and well-developed knowledge base in school mental health as represented by this volume. The great challenge we face is how to connect these at-risk students and their families to effective services and supports based on this information.

This handbook is divided among strategies that can be implemented outside the confines of the school setting to address student mental health problems and disorders and those that require direct intervention within the school setting in order to address this goal. Partnering with families to strengthen mental health efforts to address a student's emotional or behavioral challenges is an example of the former; the school-based treatment of anxiety disorders is an example of the latter. Delivery of both types of strategies can be problematic, but those that require direct intervention in the school setting are especially complex and difficult. I see the material in this handbook as advancing our thinking and efficacy on both these fronts. I congratulate the handbook's editors and the chapter contributors for producing such a high-quality, timely, and much needed resource. Now, we must find a way to deliver and apply this knowledge so that it maximally impacts our most vulnerable students.

Eugene, OR, USA   Hill M. Walker

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Commentary 2

From Collaboration to Integration: The Collective Responsibility for Improving Mental Health Service Delivery

It has been well documented for decades that schools and communities have been under-identifying and underserving youth with or at risk of emotional/behavioral disabilities. Unfortunately, the impetus for change is human suffering inflicted upon many due to untreated needs of youth. The consequences are tragic and include suicides, shootings, and other disasters, some occurring in schools and universities and others that manifest in adulthood. Detention centers and prisons are filled with people with undiagnosed and/or untreated mental health needs, many of which could have been prevented from intensifying over time. The education system has lacked the resources, ability, and confidence to effectively address mental health needs as part of their role, and everyone recognizes that schools cannot meet this challenge alone. Although there is no simple "fix" for such complex issues, the *Handbook of School Mental Health, Second Edition*, is a needed resource to guide the development of an effective system of mental health in schools.

Educators and community mental health providers and families have the same desired outcomes—high school completion, postsecondary education, and employment. These are indicators of healthy, happy, and productive citizens. But we have historically struggled to develop an integrated and, therefore, efficient system that delivers these outcomes for the increasing numbers of youth with demonstrated social/emotional needs. Efforts to collaborate are longstanding as Jane Knitzer's vision of a *System of Care* has been a national focus for the past 20–25 years. But clearly more strategic effort is needed. We need to move beyond agency/school personnel merely becoming familiar with each other's work, perhaps having some staff work with each other at the student/family level or setting up a referral process for each other's separate programs. We recognize these attempts at collaboration fall short as the continuation of separate decision-making and planning structures perpetuates limited service delivery and poor outcomes. I am hopeful that the information in this book can help move us closer to a comprehensive integration of mental health in schools as it represents not only the depth of knowledge needed but outlines progressive systems applications.

The content of this book supports an "Interconnected Systems Framework" in which educators and community providers work through an integrated system with a single (combined) planning and decision-making framework. This involves changes in policy and funding structures to ensure that relevant data guides access to a full continuum of supports at the school and district/community levels. Blended school/community teams need to be constantly looking at progress indicators and making necessary changes in service delivery to make sure "all" youth experience success. This requires systems of prevention where early warning signs trigger immediate support that the youth and families experience as positive and doable within their daily lives and culture. This book provides valuable information to inform the development of such systems. It includes specifics of interventions and collaborations that address the mental health issues that schools need supportive partnerships to effectively address. Chapters specifically address how youth, families, and community representatives need to be active participants in these systems.

Although actualizing integrated systems of mental health care through school and community partnerships has proven to be challenging, I believe we are rapidly moving closer to embracing this essential responsibility. This *Handbook of School Mental Health, Second Edition*, is aptly named as it succinctly addresses the pivotal issues educators and mental health professionals need to confront if more efficient and effective systems of support are to be established. For example, the chapters on prevention and screening in schools, coaching classroom-based interventions, and mental health consultation with teachers outline service delivery directly linked to classrooms and teachers. Chapters on tiered interventions and the integration of school-wide system of Positive Behavioral Interventions and Supports (PBIS) illustrate how existing intervention systems in schools can be enhanced through school mental health participation. And chapters on the specifics of intervening effectively with childhood conditions such as ADHD, anxiety, and trauma-induced depression provide the deeper knowledge educators need to support the full range of mental health needs students bring with them to school every day.

Historically, mental health and social/emotional growth have been considered the job of special educators, mental health providers, and school administrators. But the concepts of expanded school mental health and multi-tiered systems that ensure a wider range of interventions for more youth sooner are helping broaden the context. The editors of this book recognize what needs to change as evidenced by their content and author selections. This book supports the concept that the work of teachers should be augmented by the integration of clinical staff and intervention systems. Teachers should be fully aware of a full continuum of interventions and should be part of decisions about which data points should trigger a defined intervention or support for a student; they should be fully cognizant of and confident in systems that allow them to quickly and efficiently refer students for a range of simple to more complex interventions.

Working in schools is both a vocation and a responsibility. A healthy school climate requires that all adults have an equal commitment to both academic and social/emotional learning for "all" students, including those

who experience mental health challenges. We have reached the point where leaders know, and hopefully expect, that everyone who works in schools has the potential to be a provider of mental health support to students as well as to each other—not just the clinicians and the special education staff but the music teacher, the 5th grade teacher, the school secretary, and the security staff. As described throughout this book, the necessary system structures to make that happen have to be installed. These include integrated funding, data-based decision making, policies, etc. Community/school leaders must be committed to this system development as knowledge about effective interventions can be fruitless if not delivered and monitored in a planful manner where mental health professionals, educators, families, and students work together in teams to use data to solve problems. The barometer of success is if all students, especially those most vulnerable, can experience the benefit of academic as well as social/emotional achievement.

Schools have been recognized as the likely location to ensure the early identification and treatment of youth with mental health needs, and this book provides a much needed road map of how to make that happen. Interventions that work are outlined and specific applications are described. Our challenge is to embrace the organizational and system changes needed to make mental health prevention and intervention part of what schools and communities expect and prioritize.

Springfield, IL, USA   Lucille Eber

Commentary 3

Key Themes for School Mental Health: Organizational Context, Implementation, and Collaboration

As school and school district leaders throughout North America seek timely knowledge to support student mental health and well-being, they will find this edited volume to be a valuable and practical resource that they return to time and again. Each chapter provides state-of-the-art information but also a unique relevant lens on school mental health. The editors have carefully selected topics and contributors that punctuate the necessary integration of science, policy, and practice for effective uptake of evidence-informed practices in schools and districts.

For those wishing to access a current synthesis of research related to common mental health problems observed in school settings, the handbook contains concise summaries of the evidence from leaders in the field related to school-based prevention and intervention for difficulties such as depression, ADHD, and relational aggression. The editors recognize, however, that this is only part of the school mental health story. Also critical to the concept of expanded school mental health is keen attention to (1) organizational conditions, (2) effective implementation protocols, and (3) meaningful collaboration.

Organizational Conditions

In this volume, considerable focus is afforded to organizational receptivity and stage-setting for effective school mental health. Authors discuss the importance of system infrastructure, highlighting, for example, the key issue of funding models and the need for coordinated and consistent protocols for screening, assessment, and early identification. Training, in the form of pre-service preparation as well as ongoing systematic professional development and consultation, is also featured as a foundational element for service delivery in school mental health. As it is often these organizational conditions that facilitate or impede the uptake of high-quality programs and services, school district leaders will benefit from careful consideration of the key principles noted in these chapters.

Related, the editors model a system perspective by including coverage of comprehensive service delivery models, most drawing on a multi-tiered approach. It is imperative that school district leaders and policy officials take this wide lens on school mental health to avoid the all too common phenomenon of adopting a patchwork of disconnected and sometimes duplicative programs and services. Further, a mental health-promoting approach that focuses on universal, whole school/community efforts in supporting wellness is consistent with aligned initiatives in schools, making it easier for leaders to embed positive mental health programming into district and school strategies and planning cycles (Joint Consortium for School Health, 2010; Rowling 2009).

Effective Implementation Protocols

In recent years, substantial research attention has rightly been devoted to knowledge translation and exchange, transportability, implementation with fidelity, and scale-up of evidence-informed programs and strategies within clinical and school settings (e.g., Barwick et al., 2005; Fixsen, Blasé, Horner & Sugai, 2009; Schoenwald & Hoagwood, 2001; Straus, Tetroe, & Graham, 2009). This is an important evolution in our science, as we reach beyond determining what works, to grappling with the tension between existing and ideal conditions for optimizing the uptake of research-based practices. This new focus for study centers on methods for effectively bridging research and practice and has helped us to recognize that *how* we introduce and support mental health promotion, prevention, and intervention programming in schools is a key factor in effectiveness. This understanding has been reflected within the handbook as authors highlight the importance of considering implementation variables when introducing prevention and intervention programs and services in schools. Attention to the unique needs of special populations, like families from ethnocultural communities or the military, is also a part of implementation integrity and is highlighted in this volume.

Meaningful Collaboration

The editors of the handbook clearly recognize that school mental health occurs within a wider context. Key players within schools need the expertise and engagement of family, student, community, and university partners in order to fully achieve the potential of expanded school mental health. Key to this collaborative enterprise is the identification of leaders within school districts who will champion the process and will involve stakeholders in fashioning the vision for school mental health in the district, the comprehensive strategy for achieving core goals, and the coordinated implementation/action plan that includes attention to organizational conditions and protocols for partnership. This volume brings a strong focus on the voices of families and youth, offering an excellent reminder to district and school staff of the

valuable contribution that these stakeholders can bring, if we provide a safe and welcoming space for them.

These categories—organizational conditions, implementation, and collaboration—are somewhat synthetic and are indeed interconnected, but there is value in highlighting that school mental health is more than embedding "what works" in schools. It is about setting the stage to facilitate meaningful, collaborative, and sustained systems of care for our children and youth. The handbook offers state-of-the-art coverage of this broad range of considerations and will be an asset to practice and policy leaders with responsibility for school mental health throughout North America.

Finally, it is important to note that while the knowledge summarized in this volume has been primarily informed by the US experience, it will have equal relevance within Canadian jurisdictions though our health and education systems differ in many ways. The central themes, enablers, and obstacles identified are familiar, and the models and programming recommendations are readily translated and contextualized. In fact, there is particular value in co-learning across countries and journeying together as discoveries are made and experiences shared in the interest of advancing school mental health for all of our children and families.

Hamilton, ON, Canada   Kathy H. Short

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Data-Informed Decision Making and Evidence-Based Programs in Schools: Expanding the Vision, Improving the Practice

Data-driven decision making and evidence-based practice are buzzwords found in almost any commentary on improving educational outcomes, although we prefer the term data-informed decision making because we believe that data can help inform accountable judgment and not replace judgment. While many educators embrace the concepts and endeavor to use data to some extent, their practices are limited when it comes to using data to inform their work. Being data-informed is often reduced to examining end-of-year or end-of-program performance and attempting to use limited data to improve practice for the next go-round. This is too little, too late. Not only does waiting until the end of a program rule out using data to make midcourse corrections, the end-of-year data tends to focus only on outcomes. Data that could have identified antecedents to those outcomes is typically absent and, after the fact, may be impossible to collect. Similarly, some educators consider their choice of programs to be evidence-based because they find a few studies with positive outcomes (often provided by a vendor) before they make the decision to purchase or invest in a program. In these cases, practice in the field falls short of the intent to use data wisely to increase the chances of obtaining successful educational outcomes or improving programs and practices.

When the lack of good evidence in the decision-making process has the likely result of spending time and resources to implement programs that do not work as planned, there are at least two significant consequences. First, there are consequences for students who do not get the benefits that they need, and in the cases of intervention programs, these may be benefits that students desperately need in a timely manner. The time that they lose to ineffective instruction or services is the time irretrievably lost, and sometimes critical to a student's well-being. Second, there are real and opportunity costs that are lost. Investing in a program that does not work is expensive in terms of real monetary and human resource costs and also presents an opportunity cost since the resources being used ineffectively are unavailable for more useful purposes. Moreover, if there is significant expense involved, there is a tendency to continue programs or practices simply because they are paid for, even if they are of dubious effectiveness.

What would improve the status of data-informed decision making and use of evidence-based programs? Educators need to expand their view of being data-informed from a tradition of examining outcomes at the end of a program or intervention to a vision that includes collecting and using data systematically—at key points throughout a project to plan and then continually monitor and adjust programs to increase the likelihood that the desired outcomes will be met. Educators often lack a background in the fundamentals of interpreting data and almost never have a background in research and evaluation that would help them think about how and when data would be helpful to them. Fortunately, the background in research, evaluation, and measurement that school mental health professionals bring to the table can make a significant contribution to improving the practice of using data wisely to inform decisions.

Educators at all levels are inundated with data, but rarely are data needs systematically framed and data collected and presented in ways that efficiently and effectively guide success. Innovation, effective program implementation, and school improvements in general can benefit from data that comes from an evaluation model that provides a stepwise process for planning, implementation, and evaluation (not typical in the commonly held models currently used in schools). Instead of waiting until the end of a program and asking if it worked, the expanded model for data-informed decision making should include a variety of data collected frequently throughout program implementation to increase the chances of the program working as intended. Getting To Outcomes® (GTO®) (the trademark is registered by the University of South Carolina and RAND) provides a framework that can be used at all levels—district, school, and classroom—to identify the kinds of information that will support success and to link data effectively to the change process (e.g., Chinman, Imm, & Wandersman, 2004). This is a model that takes the mystery out of evaluation and accountability and is designed to help achieve results.

GTO provides an evidence-based approach to guide effective change and eventual accountability for outcomes that can serve as an important part of a school's data toolbox. GTO is a comprehensive approach that includes all of the following crucial elements for success: *needs and resource assessment, goals and desired outcomes, evidence-informed best practices, fit and cultural competence, capacity, planning, implementation and process evaluation, outcome evaluation, continuous quality improvement, and sustainability*. It expands the role of using data to inform practice from after-the-fact questions like "Did it work?" and "What do we need to change for the next time?" to proactive questions like "What do we need to know as we go along so that we improve our chances to successfully move forward?" and "How do the answers to our questions inform what we need to do now to make what we are doing even better?"

How might one go about fostering the use of data to increase the chances of a program's success and broaden the definition of informed decision making? Professional development aimed at data use is one component of a solution, but not a sufficient one. Educators need to develop their expertise and their dispositions to use effective data practices. To address both, one course of action that can be taken from almost anywhere in the organization is to model the expanded approach to using data in conjunction with the development

and implementation of a new program or innovation, to team with others in using data well, and to talk with colleagues about the process and its benefits. These conversations are likely to result in both a more successful implementation and a growing awareness among fellow educators about how broader approaches to data use can benefit the educational organization.

The old adage "seeing is believing" applies in school settings: teachers lead by example. Teachers who see how colleagues make good use of data, hear fellow educators attribute some of their success to the benefits of data-informed decision making, and see that understanding and using data for improvement is both beneficial and within their grasp are more likely to do so themselves. Echoing this sentiment, Markle, Splett, Maras, and Weston (this volume) call for increased data-informed decision making among teams that operate within schools. In addition, they note that training in data-informed decision making is needed to help educators identify the appropriate data to collect, design valid and reliable tools for collecting data, analyze the data, interpret the data, and feed the data back into the decision-making process.

Leading by example and modeling desired changes in behavior are good first steps in leading change, but personnel in schools have options to take them a step further. Teachers sometimes model thinking and problem solving for their students using "think-alouds" where the teacher or students verbalize their logic to improve understanding and develop similar thinking strategies. This same approach has the potential to leverage the role of school mental health professionals as leaders for improving data-based decision making in their schools. If you are such a leader, that is, leading by example, imagine yourself expanding that role by performing think-alouds with your colleagues with the intent of helping them think through the GTO steps to learn more about using data well. What could your fellow educators learn from you if, as you rolled out a project, you clearly articulated the *needs and resources* behind it? Would colleagues similarly seek and reach agreements about needs and resources and then set *goals* before embarking on their own projects and programs? What would happen if you reported on your search for *best practices* and your thinking about why they would or would not *fit* your school setting? Would your fellow educators become more critical consumers of programs and practices? Would your example lead others to similarly vet "evidence-based" and "best practice" information for their own programs and changes in practice? What would happen if you carefully articulated your thinking about *capacity* before starting a program and spelled out the time, financial support, and investment of human capital that your project requires? Would modeling this behavior avoid false starts and later difficulties in *sustaining* a program because colleagues would learn to assess capacity as part of their own *program planning* and do it in a more realistic fashion? What would happen if you showed how you *monitored implementation* and made midcourse corrections, clarifying for your colleagues that having that information and acting on it lead to more successful *outcomes*? Would your pattern of behavior, made transparent through your conversations with others, encourage others to do this type of *continuous quality improvement*? Would systematic and regular use of data become *sustained*— "the way we do things around here?"

If data is really going to be used for improvement, educators need to expand the commonplace vision of being data-informed and evidence-based and must then translate that expanded vision into practice. Changing how schools use data calls for both enhancing what educators know about how data can be leveraged for improvement and building into school culture the will to do so. That change in culture begins with visible changes in the practices of individuals. You can lead that change by embracing the change you want to see happen and by making that change transparent enough for others to emulate. Ranging from calls for 21st Century Skills and the Common Core State Standards to customized learning and student-centered schools, demands for change and transformation are everywhere. They make the jobs of educators a lot more complex, a lot riskier, and a lot more exciting. We (an academic/program evaluator and a school administrator) propose that the new mandates make it essential to rethink our approaches to using data. We join the others in this handbook in helping to illuminate how to move forward, and we assert that education requires leadership and vision that can come from many corners, including that of school mental health professionals.

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                                                                        Debra Hamm

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