

## **Statement from the National Association of School Psychologists May 2007**

Thank you for this opportunity to speak on behalf of the role of school-based mental health services in both mental health promotion and prevention of mental health problems in children and youth.

My name is Dr. Stacy Skalski and I am the Director of Public Policy at the National Association of School Psychologists. I work with school psychologists, national policy makers, state leaders, educational and health professionals, and elected officials to advocate for expanding school-based mental health services for children and youth. I have nearly twenty years of experience as a practitioner, professor, school administrator and advocate for children's mental health.

Dr. Joan Bohmann is the Director of Professional Standards and Continuing Professional Development at NASP. She has twenty-five years of experience in the schools as a practitioner and administrator.

The **National Association of School Psychologists** (NASP) represents more than 25,000 school psychologists throughout the United States and abroad. NASP promotes children's healthy development and learning through programs and services that prevent social, academic, and emotional problems.

School psychologists work in schools with students, parents and educators to improve student learning and social, emotional, and behavioral functioning. School psychologists believe strongly in a team approach to problem solving and service delivery because we know that the best outcomes for children are achieved through collaboration and integration that focus on the needs of the whole child (Canter, Page, Roth, Romero & Carroll, 2004; Margo, Powell, & Elias, 2002; Payton et al., 2000). We work closely with teachers, school administrators, our fellow school-employed mental health providers such as school counselors and school social workers, and community-employed mental health providers. Additionally, NASP strongly believes school-based services are an essential part of the full continuum of mental health services for children and youth that seamlessly connect school-based and community-based services around the child and in full collaboration with families (Canter et al., 2004; Huang et al., 2005; Shinn, Walker, & Stoner, 2002; Thomas & Grimes, 2002; Weisz, Sandler, Durlak & Anton, 2005).

In broad terms school psychologists work with parents and educators to promote and deliver:

- Individualized strategies that promote student success in school and in life
- Prevention and promotion services
- Early, targeted and intensive intervention services for students at risk and in need
- Safe, healthy classroom and school environments
- School-wide mental health, behavior, and academic supports
- Home-school-community collaboration

Our services include screening and assessment, resilience and wellness promotion, prevention and intervention, individual and group counseling, crisis response, consultation, case management, progress monitoring, program design, and evaluation (Bear & Minke, 2006; Shinn, Walker, & Stoner, 2002; Thomas & Grimes, 2002).

### **Does your organization have a position on mental health promotion or prevention?**

NASP strongly believes that good mental health is critical to success in school and life. It is a foundational principle in all of our work and the work of our members. We also believe that schools are critical for both promotion and prevention in terms of supporting student's mental health and resistance to substance abuse. Two NASP position statements clearly address the importance of these issues:

- Position Statement on Interagency Collaboration to Support the Mental Health Needs of Children and Families  
[http://www.nasponline.org/about\\_nasp/pospaper\\_iac.aspx](http://www.nasponline.org/about_nasp/pospaper_iac.aspx);
- Position Statement on Mental Health Services in the Schools  
[http://www.nasponline.org/about\\_nasp/pospaper\\_mhs.aspx](http://www.nasponline.org/about_nasp/pospaper_mhs.aspx).

Schools play a unique role in providing an array of protective factors. This includes the importance of school success in reducing risk behaviors, connectedness with caring adults, and the ability of schools to incorporate resilience and wellness promotion into the curriculum. In your packet there is a handout called "Children's Mental Health" that talks about the role of school mental health providers in building these developmental assets (Brown, Catalano, Fleming, Haggerty & Abbott 2005).

Schools form a natural bridge between home and community that includes access to and comfort with services that create a synergy between prevention efforts and the learning environment. Research demonstrates that students who receive social-emotional and mental health support achieve better academically (Fleming et al., 2005).

Indeed it makes good sense that many mental health and prevention programs are developed for school-based delivery. Why? Schools are easily accessed, are familiar and comfortable, and are readily available in every community. Students of all ages engage daily in prevention and intervention activities as they learn to communicate, relate, cope, and persist. Additionally, research demonstrates that students are more likely to seek help when school-based mental health services are available in this familiar environment (Rones & Hoagwood, 2000).

NASP advances mental health promotion and prevention on a number of levels (Bear & Minke, 2006; Brock, Lazarus, & Jimerson, 2002; Shinn, Walker, & Stoner, 2002). It is embedded in our strategic plan and our Blueprint for School Psychology III. It is addressed in detail in our Standards, drives much of our advocacy work, and is a significant focus of our professional development activities. All of our programs and services include a heavy emphasis on mental health, including our publications, our

website and our outreach to families and educators. Our overarching emphases are building professional capacity, raising awareness and collaboration among stakeholders, and creating systems within which effective services can be provided to all students. Links to these documents and supporting materials are listed in your packet.

NASP supports skills and practices of school psychologists and allied professionals to provide effective services on a range of issues (Bear & Minke, 2006; Canter et al., 2004; Thomas & Grimes, 2002), including:

- a) Helping children to learn positive coping strategies through problem-solving and conflict resolution programs and social skill development (e.g. positive social interactions, coping with teasing).
- b) Helping schools to build protective factors in children and youth through a sense of belonging, positive recognition and by helping children learn to adapt to change.
- c) Facilitating classroom management and behavior intervention through strategies such as positive behavior supports.
- d) Instituting programs to respond to bullying by teaching educators, parents and students to recognize the warning signs of bullying and to respond through planned steps when bullying happens.
- e) Recognizing and responding to depression through referral and direct service, screening programs and teaching educators and parents the warning signs;
- f) Preventing and responding to school violence and school crises.
- g) teaming with other professionals to identify and support youth at risk for drug, alcohol, and tobacco use.
- h) Linking students and families to community based supports and services as needed.
- i) Promoting mental wellness through asset building and social norming campaigns.

Several of your packet handouts specifically address how parents and teachers can teach students a variety of skills and strategies to help them engage more positively with their peers in schools and classrooms.

The U.S. Surgeon General's report on Children's Mental Health in 2000 noted that 70% of children with mental health needs will not get the support they need. Failure to address these mental health needs is linked to poor academic performance, behavior problems, school violence, dropping out of school, substance abuse, special education referral, suicide and criminal activities. The dropout rate for students with severe emotional and behavior needs is nearly twice that of other students (Lehr, Johnson, Cosio, Bremer & Thompson., 2004).

Students who receive social-emotional support and prevention services achieve better academically in school. (Greenberg et al., 2003; Zins, Bloodworth, Weissman & Walberg, 2004). Again, students who experience school success are at a lower risk for mental health problems and substance abuse. Expanded mental health services in elementary schools have been found to reduce special education referrals, improve aspects of the school climate and produce declines in disciplinary referrals, suspension,

and grade retention (Bruns, Walrath, Glass-Siegel & Weist, 2004; Hussey & Guo, 2003; Jennings, Pearson, & Harris, 2000).

## **What role do evidence-based practice and other relevant research play in your efforts?**

It is essential that programs utilized to address the mental health needs of children and youth be evidence-based. There must be evidence that programs have been field tested in multiple sites with similar outcomes in each site. There is research that demonstrates a poorly implemented intervention or an intervention that does not work can lead to resistance to any intervention on part of the individual we're trying to help. We also know that professionals who are asked to implement programs that don't work will be less likely to attempt future interventions. Given the scarcity of resources and money to address the mental health needs of children, we want to be certain that the resources we do bring to bear have the highest potential for positive change.

School psychologists' training revolves heavily around evidence-based practices. One required component of our training is program evaluation (Kratochwill & Shernoff, 2004; Nastasi et al., 2002). We are taught not only how to review and conduct research to determine whether a program is effective for the school setting but also to attend to the fidelity with which proven programs are implemented at the school level. The NASP Position Statement on Prevention and Intervention Research in the Schools specifically addresses the need for promoting evidenced based practices. Additionally, the School Psychology Review and our online journal are peer-reviewed and feature evidenced based practices appropriate for school based practice

School psychologists are integral to the implementation of Response to Intervention (RTI) models in schools. RTI emphasizes the need for schools to utilize academic, social-emotional, and behavioral research-based interventions and to monitor student progress in response to these interventions. School psychologists aid schools in selecting and implementing these interventions with fidelity and developing ongoing progress monitoring systems capable of evaluating student performance. School psychologists communicate with families about student progress and help families link with essential services. One of the handouts in your packet is written for parents as a tool to understand RTI and it's implications in school.

An example of how NASP utilizes research and evaluation is illustrated in our recently released PREPaRE School Crisis Prevention and Intervention Training Curricula. This curriculum is the first national curriculum developed by and for mental health professionals to increase the capacity of schools to prevent, prepare for, respond to, and recover from crisis. The PREPaRE curriculum was developed over a 4-year period by school psychologists with extensive training and first-hand experience in crisis response. It is grounded in the latest research and proven practices and is peer-reviewed. The training was pilot tested a number of times before being finalized. Earlier this year, we added a Trainer of Trainers component in order to expand the opportunity for school districts to access the training. Built into this curriculum is a component for evaluating the effectiveness of the crisis response with a focus on what could be done better the next time.

## **How are evidence-based practices best translated to your field/service system?**

In general terms evidence-based practice is best translated into practice in the schools through initial training, continuing professional development, access to research and literature, and collaboration among allied professionals. Teaming is essential for teachers, parents, administrators, and other education professionals to maximize learning and development for our students. Prevention must always be linked to early intervention. Our field is constantly growing and education professionals must stay current with this new knowledge. In recognition of that, continuing professional development is required by NASP's Professional Standards and Ethics.

NASP works hard to disseminate information to school psychologists and to our stakeholders in education and mental health, which is why we are here today. We help professionals to stay current by communicating information about evidence-based practice to our members through our journal *School Psychology Review*, our newspaper the *Communiqué*, our electronic journal *School Psychology Forum: Research in Practice*, and via e-newsletters and our website.

Our website [www.nasponline.org](http://www.nasponline.org) is a very robust and important vehicle for evidence-based practice in mental health promotion and prevention. Parents and educators have access to fact sheets and articles that provide information on signs of various mental health concerns as well as prevention and intervention activities. These prevention and intervention activities are designed for home-based and school-based implementation.

For example, NASP promotes suicide prevention by highlighting evidence-based screening programs such as SOS and Yellow Ribbon Suicide Prevention Programs, as well as providing articles and handouts with tips for parents and teachers (Canter et al., 2004). NASP publishes and makes available online handouts that address awareness and steps parents and teachers can take on topics such as depression, self-mutilation, steroid abuse, bullying, PTSD, eating disorders, grief, violence prevention, conflict resolution, social skills, and teaching self-control skills to children (Bear & Minke, 2006; Shinn, Walker, & Stoner, 2002; Thomas & Grimes, 2002).

An important way that NASP translates information on evidence-based practice into service delivery is through professional development at our annual convention and summer conferences, and continuing professional development via online self-study modules.

Our members also have access to an online data bank of journals and peer-reviewed publications. We publish books and multi-media resources by and for school psychologists. Examples are: *Children's Needs III: Development, Prevention and Intervention*, *School Refusal: Assessment and Intervention within the School Setting*, and the new *NASP Toolkit: School-Based Mental Health*.

As an association, NASP models at the national level the kind of collaboration required for effective service delivery in schools. Some of our partnerships include working with the American School Counseling Association, School Social Workers of America, the Learning Disabilities Roundtable, the IDEA Partnership, Reading Rockets, the Guidance Channel, the National Association of Secondary School Principals, School Mental Health Workgroups, and coalitions like the Mental Health Liaison Group, the National Consortium for Child and Adolescent Mental Health, and the National Alliance of Pupil Services Organizations.

### **What are the biggest barriers to the adoption of evidence-based practice?**

The greatest barriers to adopting evidence-based practices in schools primarily relate to the complexity and dynamic nature of the school environment and student populations: no two days are the same, no two students are the same, and no two schools are exactly the same. What *is* the same in many schools, however, is an abundance of layered decision-making coupled with an insufficient level of awareness, training, and resources (time, staff, and funding) directed toward identifying, adapting, and implementing evidence-based practices. Many schools face:

1. A lack of recognition by school leaders of the need for and benefit of evidence-based practices. Leadership is critical to transforming school practice in any meaningful way.
2. Difficulty in providing comprehensive professional development opportunities emphasizing evidenced based practices (Foster et al., 2005).
3. Significant obstacles encountered when conducting empirical research in school settings.

Many school leaders are not familiar with the standards for evidence-based practice or do not have the resources to pursue the products and trainers needed to equip their staff to implement these programs.

There are real barriers within a school system to implementing proven programs and bringing about change (Adelman & Taylor, 2006). There are a limited number of school calendar days set aside for professional development. There are so many mandated in-service topics that little time is left for training on new skills. Educators are under tremendous pressure to focus on academic test scores due to aspects of NCLB that not only result in a narrowing of curriculum but divert attention from professional development that emphasizes the “whole child” and instead focuses strictly on academic skills. The breadth and depth of training to ensure all staff are trained to the degree that proven programs can be adopted and implemented with fidelity takes a great deal of time and money and dedication to the process. School leaders must train all staff (not only classroom teachers) and build in a process for training opportunities that addresses staff turnover in subsequent years. Refresher training is essential after initial implementation to answer questions from educators about aspects of the program, to improve skills and maintain motivation to implement new curriculum.

Finally, we know that schools that engage in research have a greater capacity to implement research. However, it is difficult to design and implement empirical studies in

schools that adequately control potential contaminating variables. This limits the capacities of schools to support empirical research and subsequently limits the availability of proven practices effective for use in school environments.

**Our children need public policy that expands and improves school-based mental health services.** The current system is fractured, overburdened, and unable to meet the growing demand for services (Adelman & Taylor, 2006). Specific goals must be:

- Improved access and availability of quality school mental health services for children and youth
- Improved coordination and leadership between SAMSHA and the Department of Education
- Streamlined/blended funding that follows the child's needs
- Funding for adequate numbers of highly trained school-employed providers, including incentives like loan forgiveness programs to reduce shortages in these professions
- Focus on evidence-based programs and interventions
- Funding for dissemination of information on evidence-based programs
- Funding for implementation of proven programs at the local level

Thank you very much for opportunity to speak with you today about mental health and the work that can be done toward prevention of mental health issues. NASP looks forward to a continuing this collaboration to benefit children, youth, families and educators. In your packets you will find a series of resources on school-based mental health. We have provided you a listing of our position statements on mental health in the schools. You can also find relevant research regarding mental health promotion and strategies for intervention on our web and within our professional publications. You can find many of these resources online at our website [www.nasponline.org](http://www.nasponline.org)

If you have questions please contact Dr. Stacy Skalski, Director, Public Policy [sskalski@naspweb.org](mailto:sskalski@naspweb.org) 301-347-1671 or Dr. Joan Bohmann, Director Professional Standards and continuing Professional Development [jbohmann@naspweb.org](mailto:jbohmann@naspweb.org) 301-347-1674.

## References

- Adelman, H. S., & Taylor, L. (2006). Mental health in schools and public health. *Public Health Reports*, 121(3), 294-298.
- Bear, G. G., & Minke, K. M. (Eds.) (2006). *Children's needs III: Development, prevention, and intervention*. Bethesda, MD: National Association of School Psychologists.
- Brock, S. E., Lazarus, P. J., & Jimerson, S. R. (Eds.) (2002). *Best practices in school crisis prevention and intervention*. Bethesda, MD: National Association of School Psychologists.
- Brown, E. C., Catalano, R. F., Fleming, C. B., Haggerty, K. P., & Abbott, R. D. (2005). Adolescent substance use outcomes in the Raising Health Children Project: A two-

- part latent growth curve analysis. *Journal of Consulting and Clinical Psychology*, 73, 699-710.
- Bruns, E.J., Walrath, C., Glass-Siegel, M., & Weist, M.D. (2004). School-based mental health services in Baltimore: Association with school climate and special education referrals. *Behavior Modification*, 28, 491-512.
- Canter, A. S., Paige, L. Z., Roth, M. D., Romero, I., & Carroll, S. A. (2004). *Helping children at home and school II: Handouts for families and educators*. Bethesda, MD: National Association of School Psychologists.
- Fleming, C. B., Haggerty, K. P., Brown, E. C., Catalano, R. F., Harachi, T. W., Mazza, J. J., & Gruman, D. H. (2005). Do social and behavioral characteristics targeted by preventive interventions predict standardized test scores and grades? *Journal of School Health*, 75, 342-349.
- Foster, S., Rollefson, M., Doksum, T., Noonan, D., Robinson, G., Teich, J. (2005). *School mental health services in the United States, 2002-2003*. DHHS Pub. No. (SMA) 05-4068. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.
- Greenberg, M. T., Weissberg, R. P., Utne O'Brien, M., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist*, 58, 466-474.
- Huang, L., Stroul, B., Friedman, R., Mrazek, R., Friesen, B., Pires, S., & Mayberg, S. (2005). Transforming mental health care for children and their families. *American Psychologist*, 60, 615-627.
- Hussey, D., & Guo, S. (2003). Measuring behavior change in young children receiving intensive school-based mental health services. *Journal of Community Psychology*, 31, 629-639.
- Jennings, J., Pearson, G., & Harris, M. (2000). Implementing and maintaining school-based mental health services in a large, urban school district. *Journal of School Health*, 70, 201-205.
- Kratochwill, T. R., & Shernoff, E. S. (2004). Evidence-based practice: Promoting evidence-based interventions in school psychology. *School Psychology Review*, 33, 34-48.
- Lehr, C. A., Johnson, D. R., Bremer, C. D., Cosio, A., & Thompson, M. (2004). *Essential tools: Increasing rates of school completion: Moving from policy and research to practice*. Minneapolis, MN: University of Minnesota, Institute on Community Integration, National Center on Secondary Education and Transition.
- Margo, M. R., Powell, S. R., & Elias, M. J. (2002). New roles for school psychologists: Addressing the social and emotional learning needs of students. *School Psychology Review*, 31, 43-52.
- Nastasi, B. K., Pluymert, K., Varjas, K., & Moore, R. B. (2002). *Exemplary mental health programs: School psychologists as mental health service providers*. Bethesda, MD: National Association of School Psychologists.
- Payton, J. W., Wardlaw, D. M., Graczyk, P. A., Bloodworth, M. R., Tompsett, C. J., & Weissberg, R. P. (2000). Social and emotional learning: A framework for promoting

- mental health and reducing risk behaviors in children and youth. *Journal of School Health*, 70, 179-185.
- Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child and Family Psychology Review*, 3, 223-241.
- Ross, M. R., Powell, S. R., & Elias, M. J. (2002). New roles for school psychologists: Addressing the social and emotional learning needs of students. *School Psychology Review*, 31, 43-52.
- Shinn, M. A., Walker, H. M., & Stoner, G. (Eds.) (2002). *Interventions for academic and behavior problems II: Preventive and remedial approaches*. Bethesda, MD: National Association of School Psychologists.
- Thomas, A., & Grimes, J. (Eds.) (2002). *Best practices in school psychology—IV*. Bethesda, MD: National Association of School Psychologists.
- Weisz, J. R., Sandler, I. N., Durlak, J. A., & Anton, B. S. (2005). Promoting and protecting youth mental health through evidence-based prevention and treatment. *American Psychologist*, 60, 628-648.
- Zins, J. E., Bloodworth, M. R., Weissberg, R. P., & Walberg, H. J. (2004). The scientific base linking social and emotional learning to school success. In J. Zins, R. Weissberg, M. Wang, & H. J. Walberg, H. J. (Eds), *Building academic success on social and emotional learning: What does the research say?* (pp. 3-22). New York: Teachers College Press.