

# The Society for Clinical Child and Adolescent Psychology (SCCAP): Initiative for Dissemination of Evidence-based Treatments for Childhood and Adolescent Mental Health Problems

With additional support from Florida International University and The Children's Trust.



Center for  
Children and  
Families

# Keynote

## Schooling and Mental Health: What Works Best?

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Center for  
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# Presentation Goals

- Review of dominant SBMH models
  - School-Based Counseling
  - Social Emotional Learning
  - Positive Behavioral Intervention Supports
- Modest effects and concerns with current system of mental health care indicate need for new model
- Promotion of alternative public health model of mental health services based on education as a keystone behavior

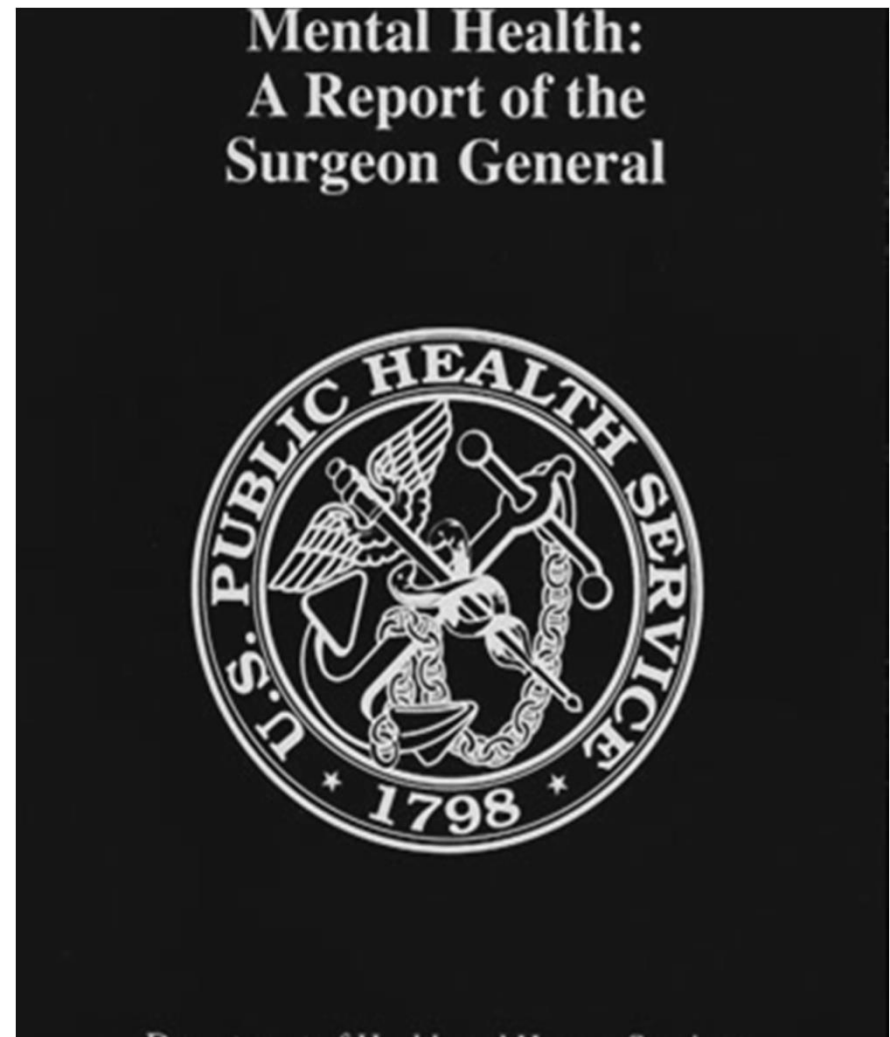
# National Focus on Children's Mental Health

First ever Surgeon General report on mental health (1999)

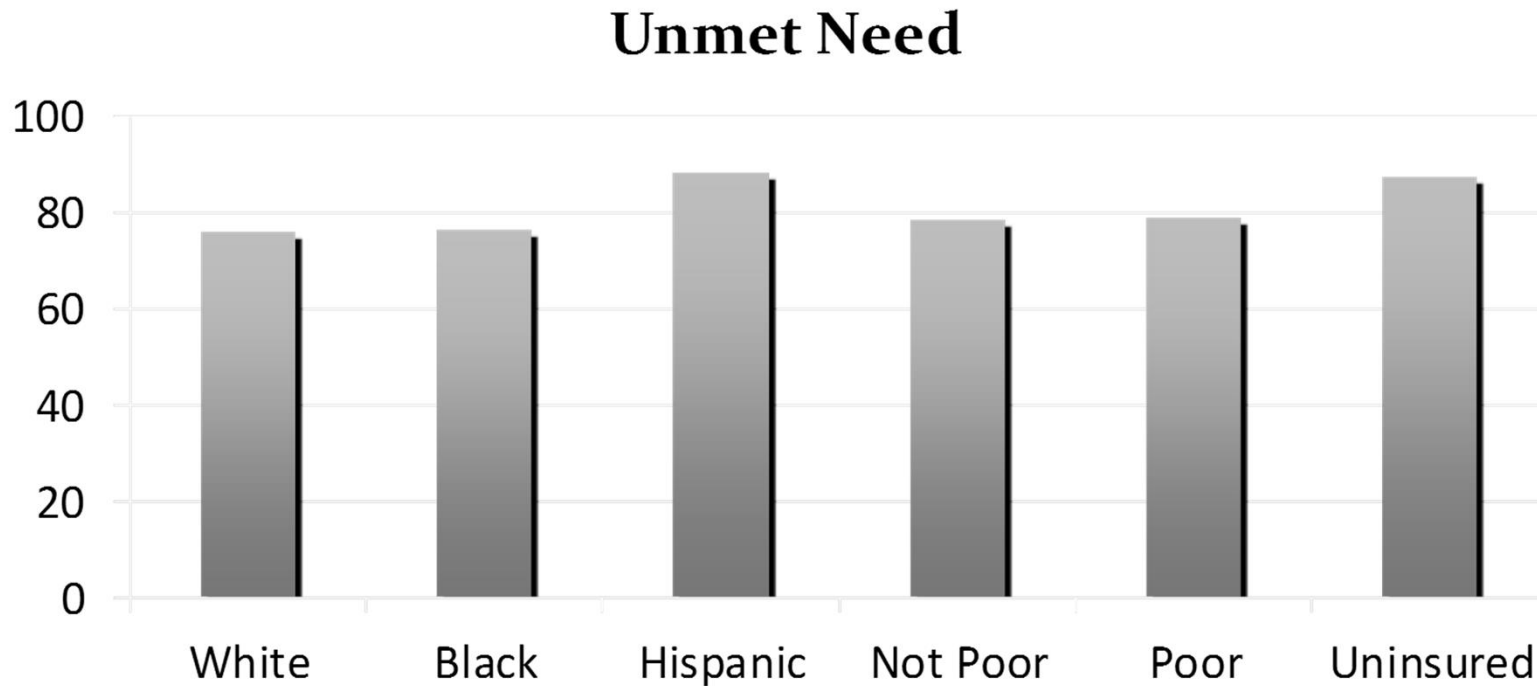
- Children's mental health a national priority
- Current system inadequate to meet needs

President's New Freedom Commission on Mental Health (2003)

Mental health services  
“fragmented, disconnected,  
and inadequate.”



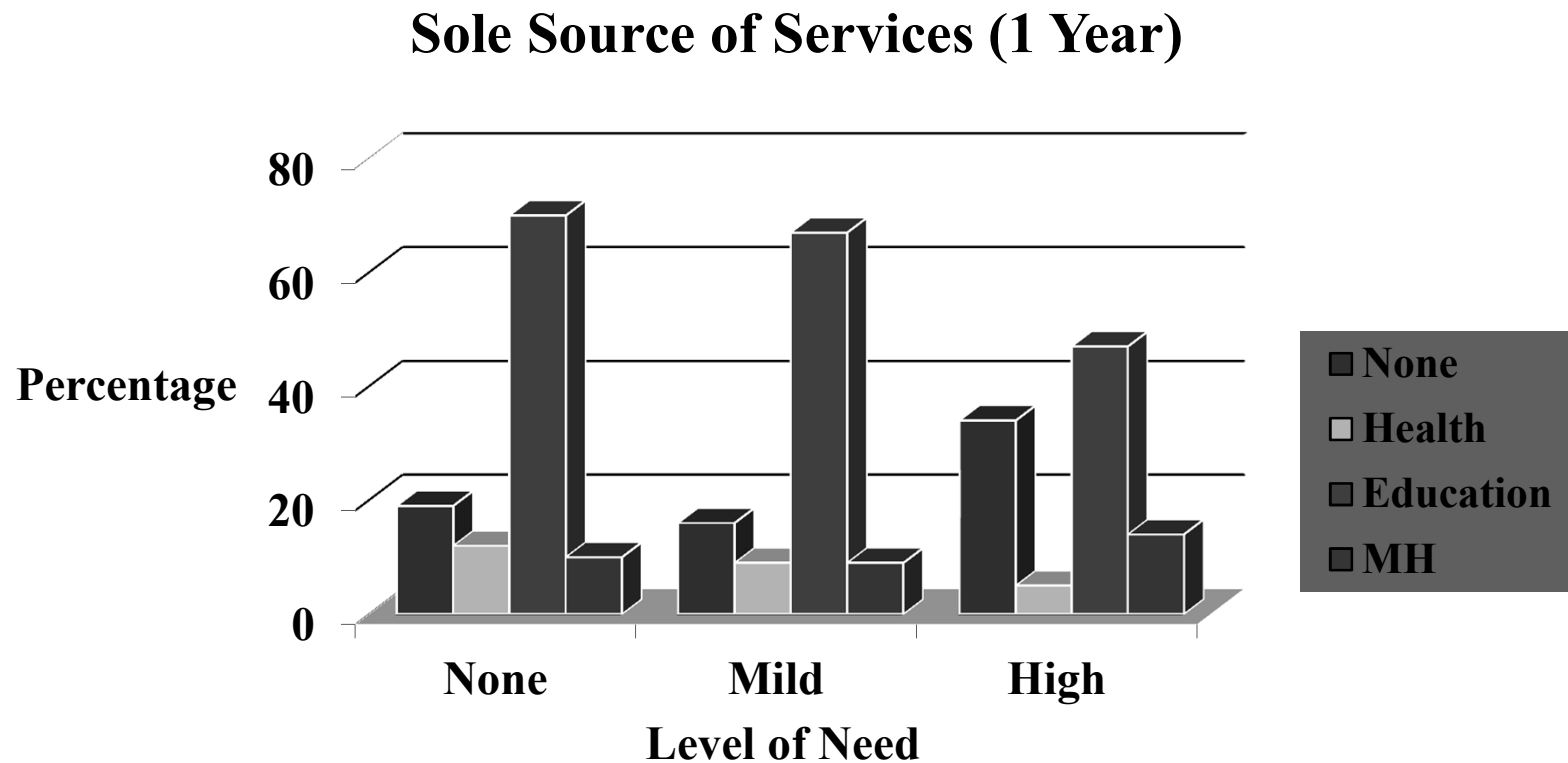
# 7.5 Million U.S. Children with Unmet Mental Health Need



Kataoka et al. *Am. J. Psychiatry* 2002; 159:1548-1555

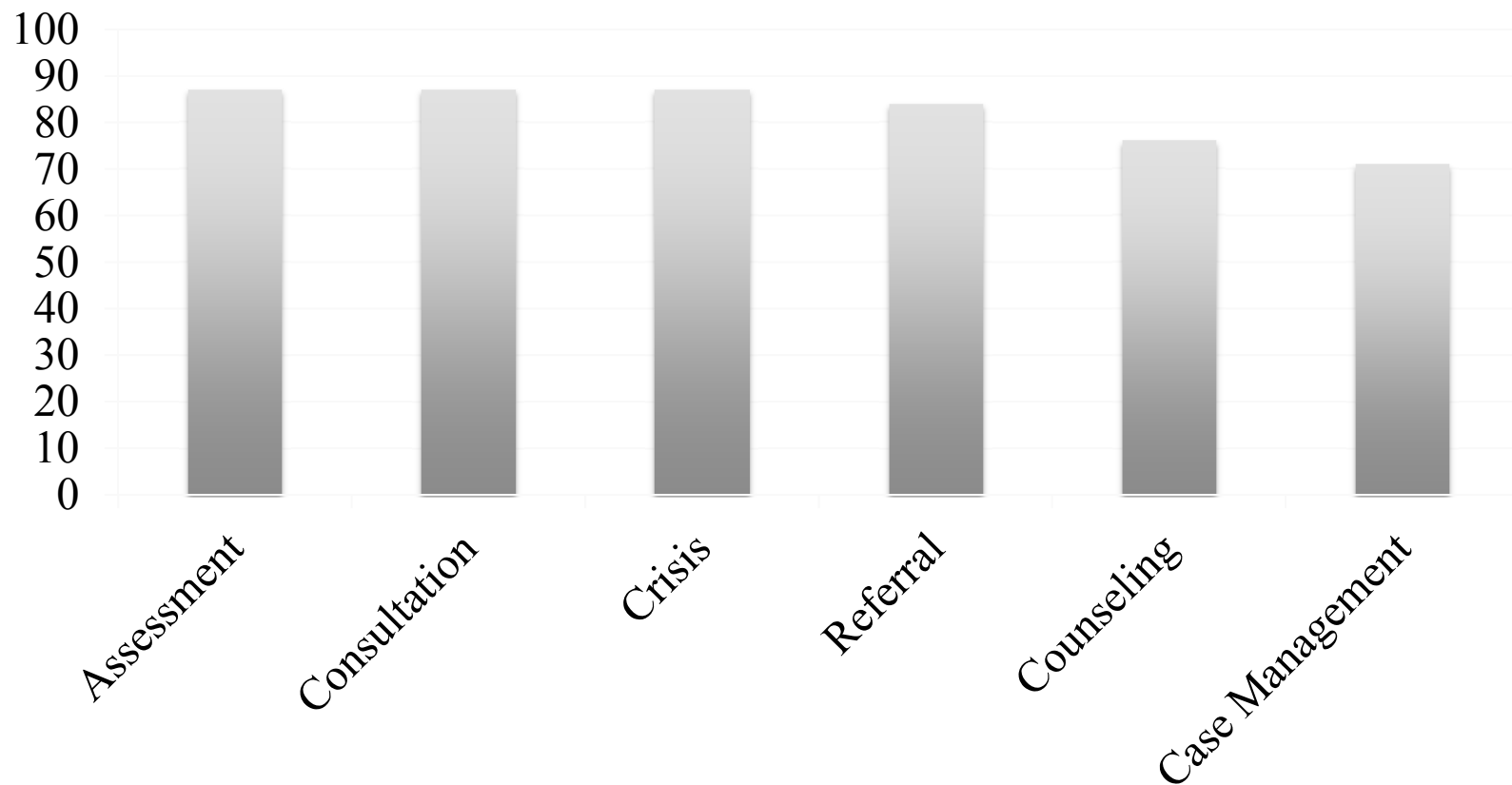
# Service Use by Sector

## Great Smokey Mountain Study



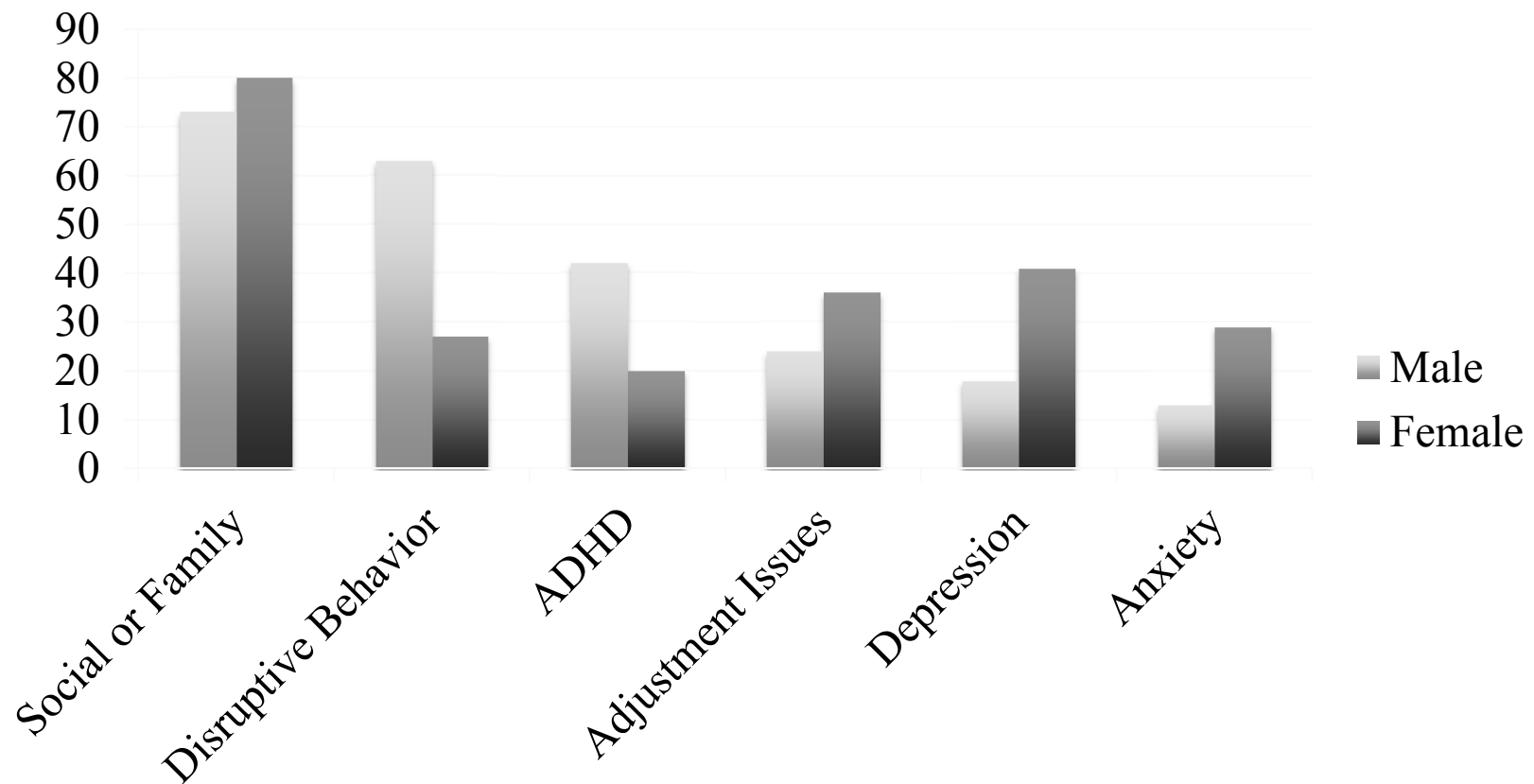
Burns et al., 1995

# Mental Health Services Provided by Schools



*School Mental Health Services in the United States, 2002-2003. SAMHSA, 2005*

# Mental Health Problems Identified by Schools

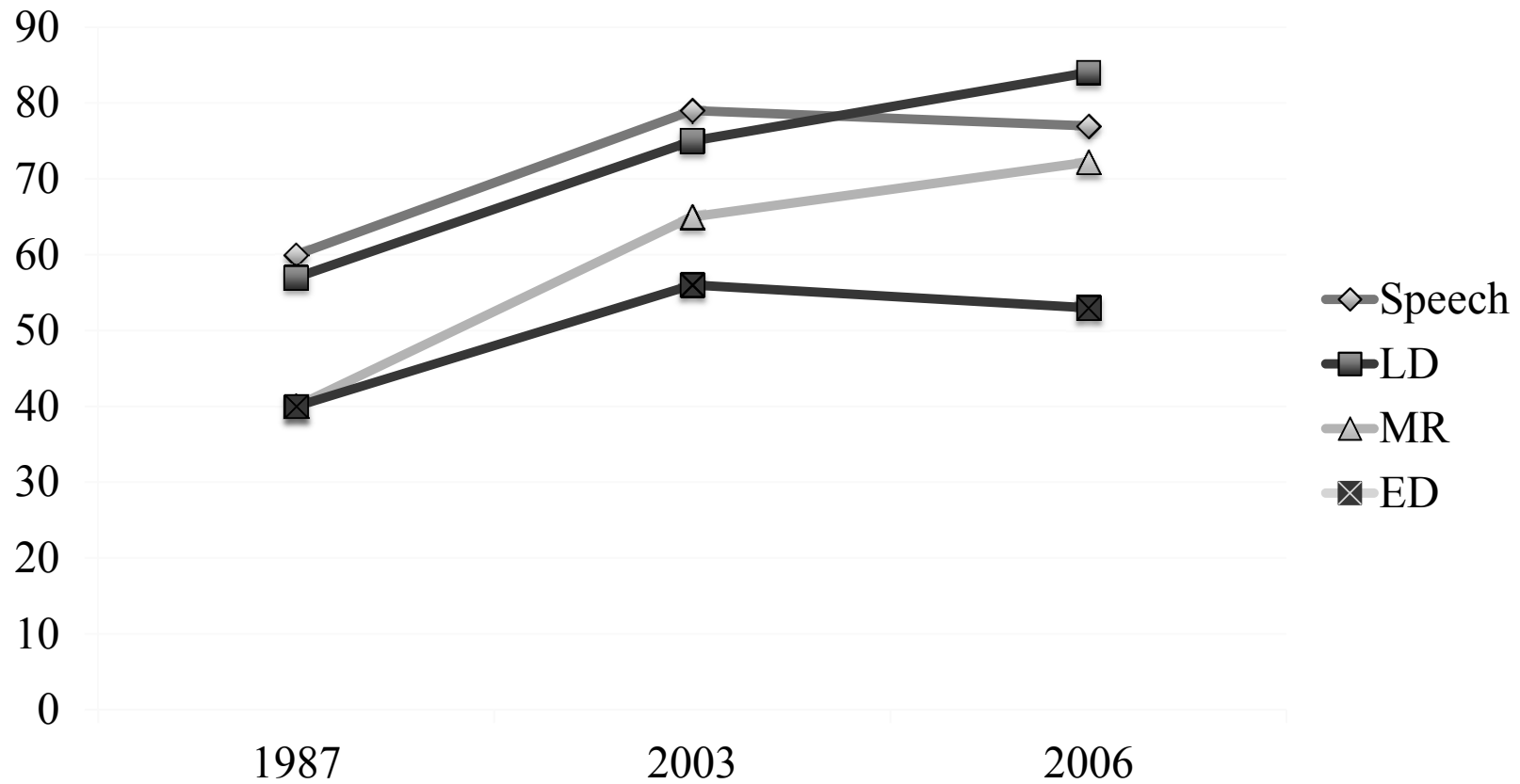


*School Mental Health Services in the United States, 2002-2003. SAMHSA, 2005*



# High School Graduation

## Students with Disabilities



IES National Center for Education Statistics

# School-Based Mental Health Service Models

- Clinic within schools (Medical Model)
  - Counseling (50% of NYC Special Education)
  - Not appropriate for most needs
- High need students (Special Ed Model)
  - Targeted or intensive services
  - Self-contained or mainstreamed
- School-wide reform (Whole School Model)
  - Difficult to implement and sustain
  - Mental health resources rarely involved

# School Based Counseling

- Dominant model for school staff and agencies in schools. Very little data.
- Evaluation of Vanderbilt S-B counseling model showed no benefits over tutoring at 2 year follow-up (Catron et al., 1998)
- 1998 meta-analysis found large effects (1 sd) but only for groups and primarily on youth self-report (Prout & Prout, 1998)

# Prevention

## Social Emotional Learning

- Promoted by CASEL to enhance children's social cognitive skills and peer and adult relationships
- Important counter to NCLB over-emphasis on test scores
- Well-aligned with educators longstanding concern for children's emotional adjustment

# Social Emotional Learning (SEL)

- A process for helping children and adults develop the fundamental skills for life effectiveness
- Implementation: Sequenced, Active, Focused and Explicit
- CASAL has identified over 80 programs that meet criteria for effectiveness focused on:
  - Self-awareness
  - Self-management
  - Social awareness
  - Relationship skills
  - Responsible decision-making

Collaborative to Advance Social Emotional Learning ([www.casel.org](http://www.casel.org))

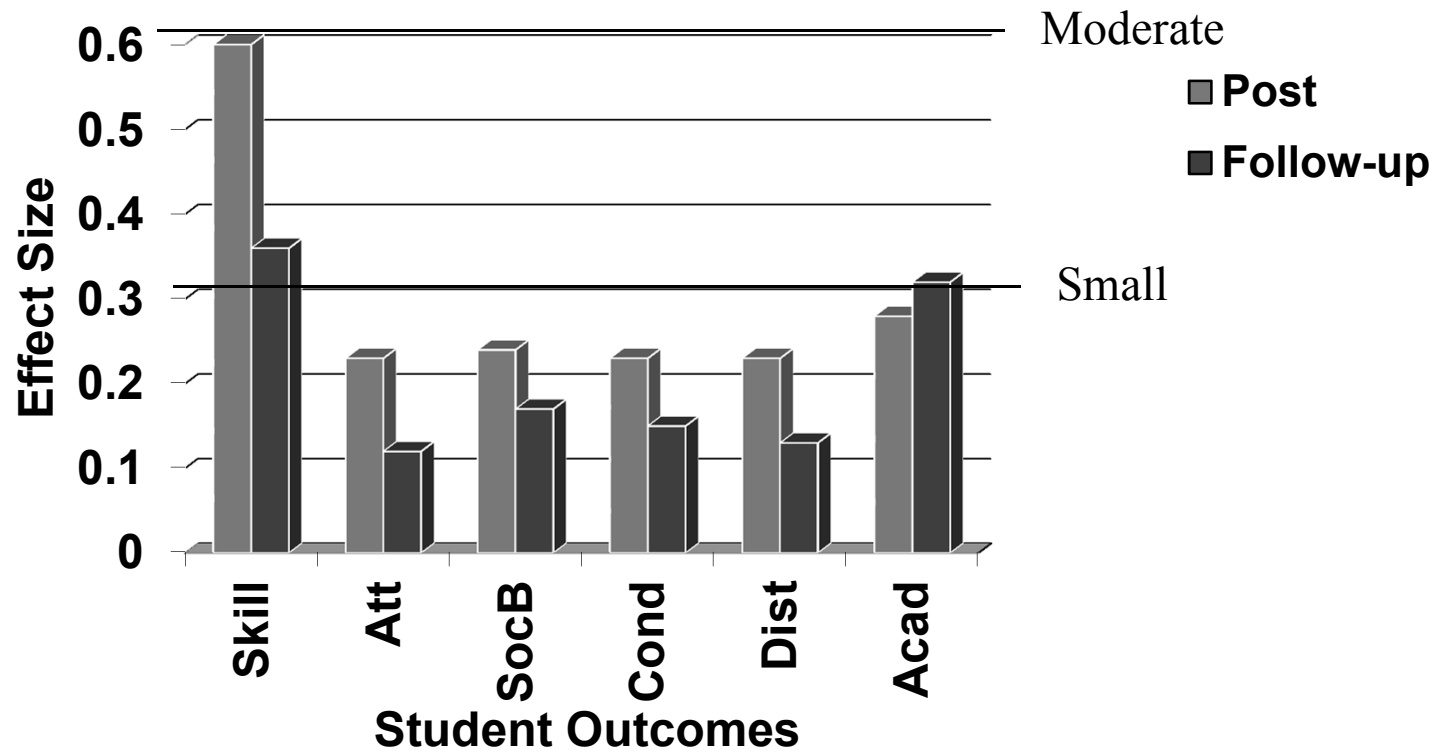
# CASEL Meta-analysis

- Meta-analysis
  - Combines results of several studies to determine an overall *effect size* controlling for relevant contextual variables
- Effect size - measure of strength of relationship
  - $ES = (\text{Mean program A} - \text{Mean program B}) / \text{pooled standard deviation}$
  - $ES < .30 = \text{small}$
  - $ES > .30 \text{ and } < .60 = \text{moderate}$
  - $ES > .60 = \text{strong}$

# Reviews

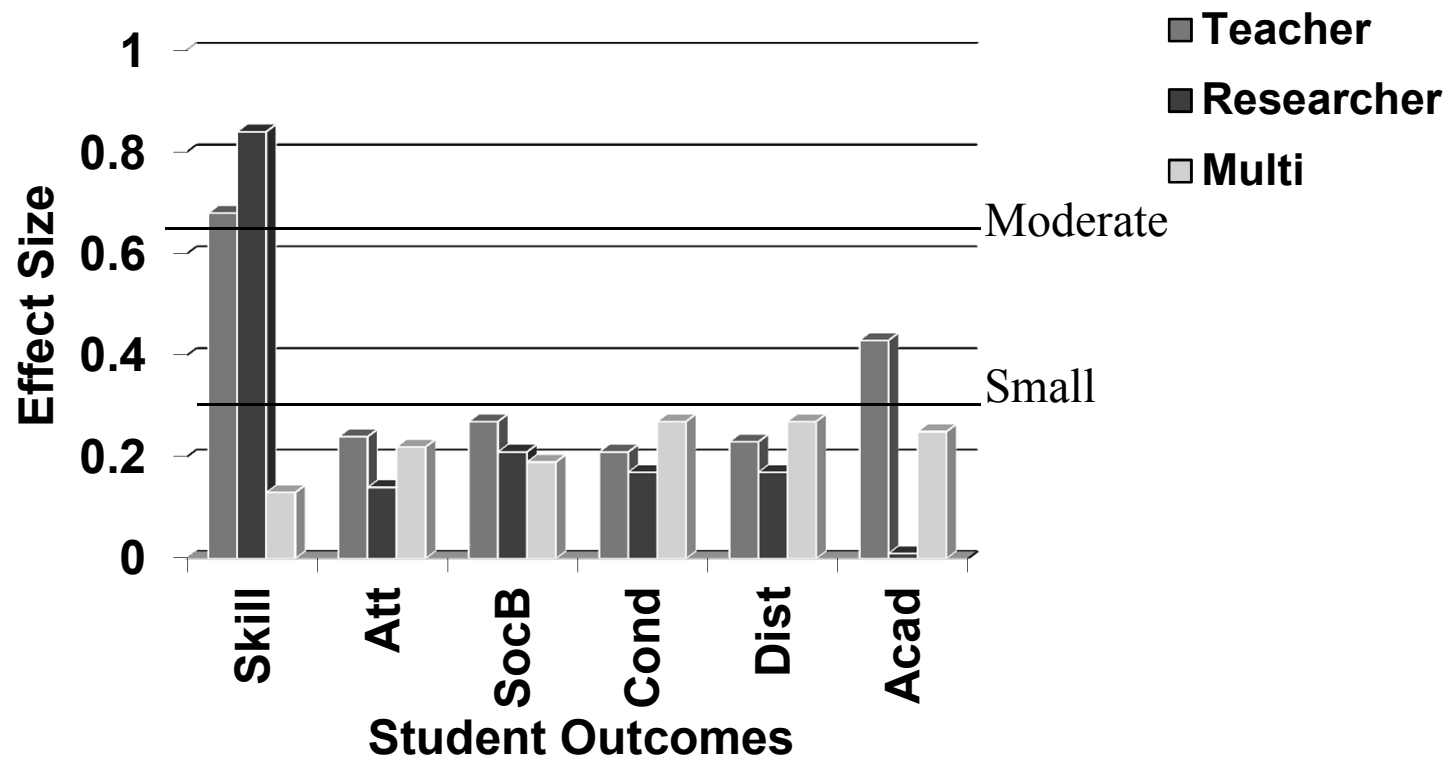
- Universal
  - All students
  - 180 school-based studies; 277,977 students
- Indicated
  - At-risk but not in special education
  - 80 studies; 11,337 students

# Universal Results

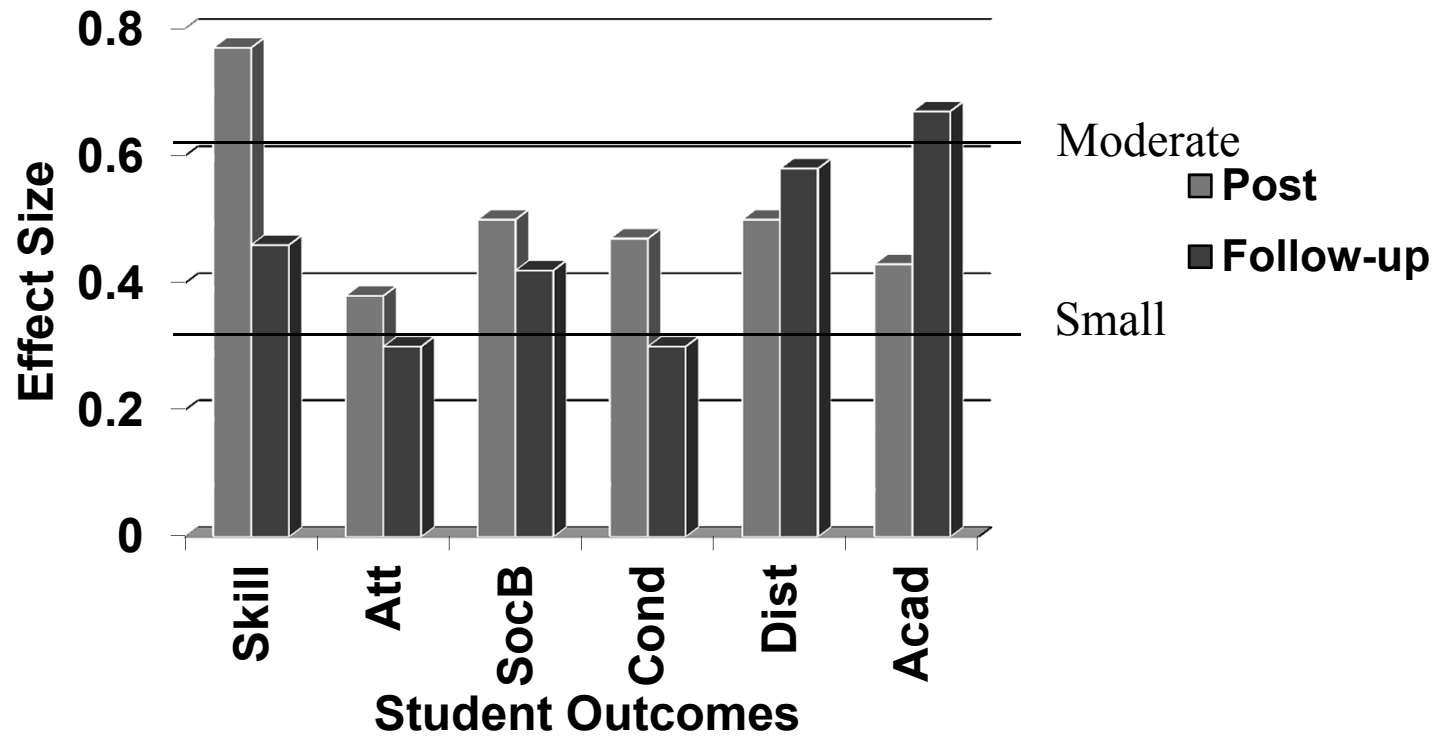




# Universal Results



# Indicated Results



# Conclusions

- SEL programs produce positive results for most children, and best results for children at-risk for behavioral and emotional problems
- However, program content and implementation quality highly varied, with small effect sizes for most outcomes
- Does not provide information on which programs work best for which students under which conditions

# IES Social and Character Development (SACD) Study

- 7 research teams selected from 90 applications to evaluate one SACD universal program of their choosing
- 84 schools with random assignment to SACD program or control
- 3 year evaluation with both program-specific and study-wide evaluation
- 6,567 third graders at start and 6,249 fifth graders at end (95%)

U. S. Department of Education, National Center on Education Research  
NCER 2011-2001

# SACD Study Evaluation

- 20 outcomes in 4 domains
  - Social and emotional competence (3)
  - Behavior (9)
  - Academics (2)
  - School climate (6)
- Self Report
  - Child, Primary Caregiver, Teacher

# SACD Study

## Results

- On combined program analysis, two positive program effects (perceptions of school climate) of 60 tested
- On individual program analysis, nine positive effects, seven negative program effects, of 420 tested
- Lack of positive results not due to subgroup differences (gender or SES), or differential program impacts

# SACD Study

## Conclusions

- No improvement on student outcomes when considered together, individually by program, or for specific subgroups
- Combined- and individual-program analysis found fewer significant impacts than expected by chance
- “In sum, the SACD combined-program evaluation provides no evidence that the seven universal, schoolwide programs improved students’ social and character development.”

# Example: Second Step Program-Specific Evaluation

- Summaries of the data on program implementation imply that the program was exceptionally well implemented.
- No consistent pattern of positive effects was found across any outcome examined.
  - Occasional significant effects were not replicated for other cohorts or other years.
- “The results provide little support for the use of this particular instructional program to prevent problem behavior or promote social competency.”

Gottredson et al., SREE Conference, 2008



# SACD Study

## What Went Wrong?

- Maybe schools did not implement correctly?
  - But no evidence for fidelity effects on outcomes
- Maybe control schools also using SACD programs?
  - But intervention schools reported higher use of SACD strategies
- Maybe SACD programs make the most sense for those students who need them most? One size does not fit all?

# Another Example

## Fast Track Project

- 7,606 students from 55 schools and 401 1st grade classrooms of whom 845 were high risk
- All students received universal intervention (PATHS curriculum also in SACD study)
- At-risk students received tutoring, social skills training, and parent education
- Random assignment and 3 year evaluation

Conduct Problems Prevention Research Group

# Fast Track

## Y1 Results for At-Risk Youth

- Social Cognitive: 6 of 8 significant
- Peer Relations: 2 of 5 significant
- Parenting: 4 of 13 significant
- Learning: 1 of 2 significant
- Child Behavior: 4 of 12 significant
- **Summary - 17 of 40 (43%) significant**

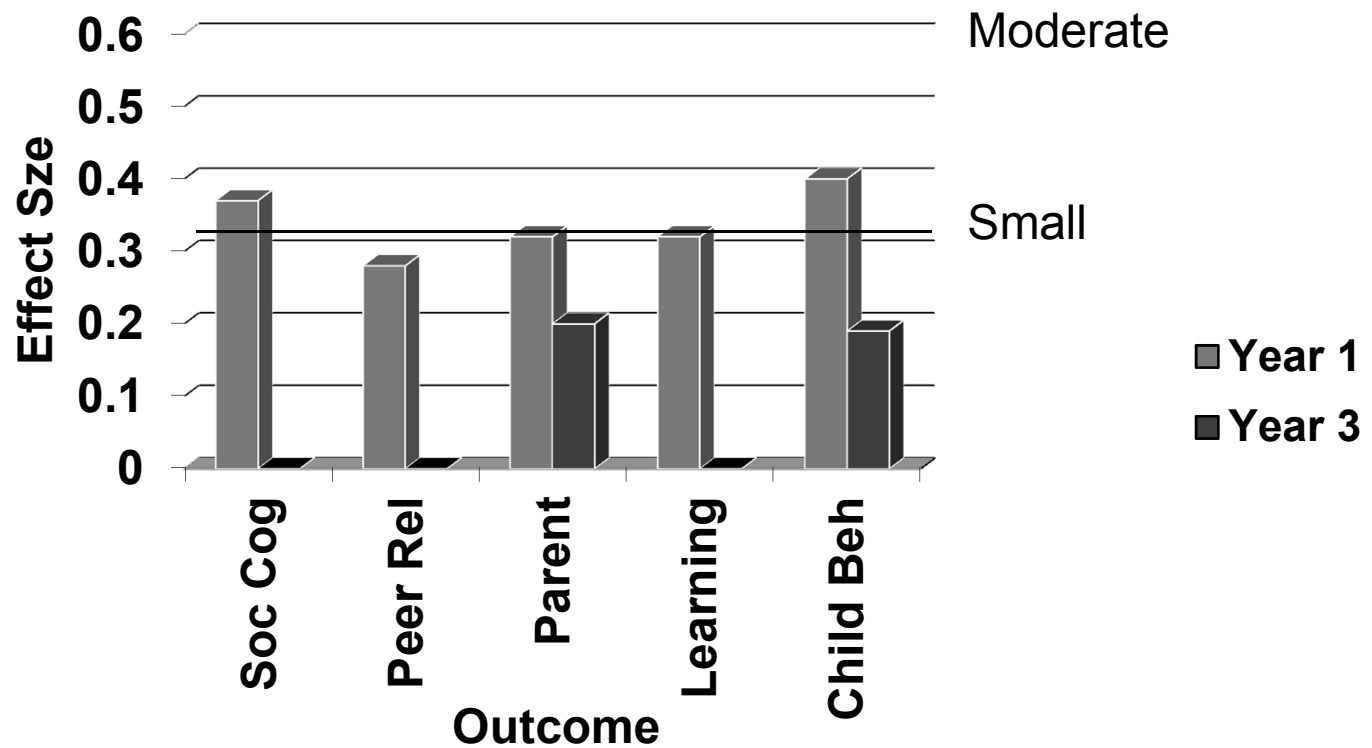
*Journal of Consulting and Clinical Psychology, 1999, 67, 631-647*

# Fast Track

## Y3 Results for At-Risk Youth

- Social Cognitive: 0 of 2 significant
- Peer Relations: 0 of 2 significant
- Parenting: 2 of 4 significant
- Learning: 0 of 3 significant
- Child Behavior: 5 of 8 significant
- **Summary - 7 of 19 (37%) significant**

# Fast Track: Effect Size of Significant Results

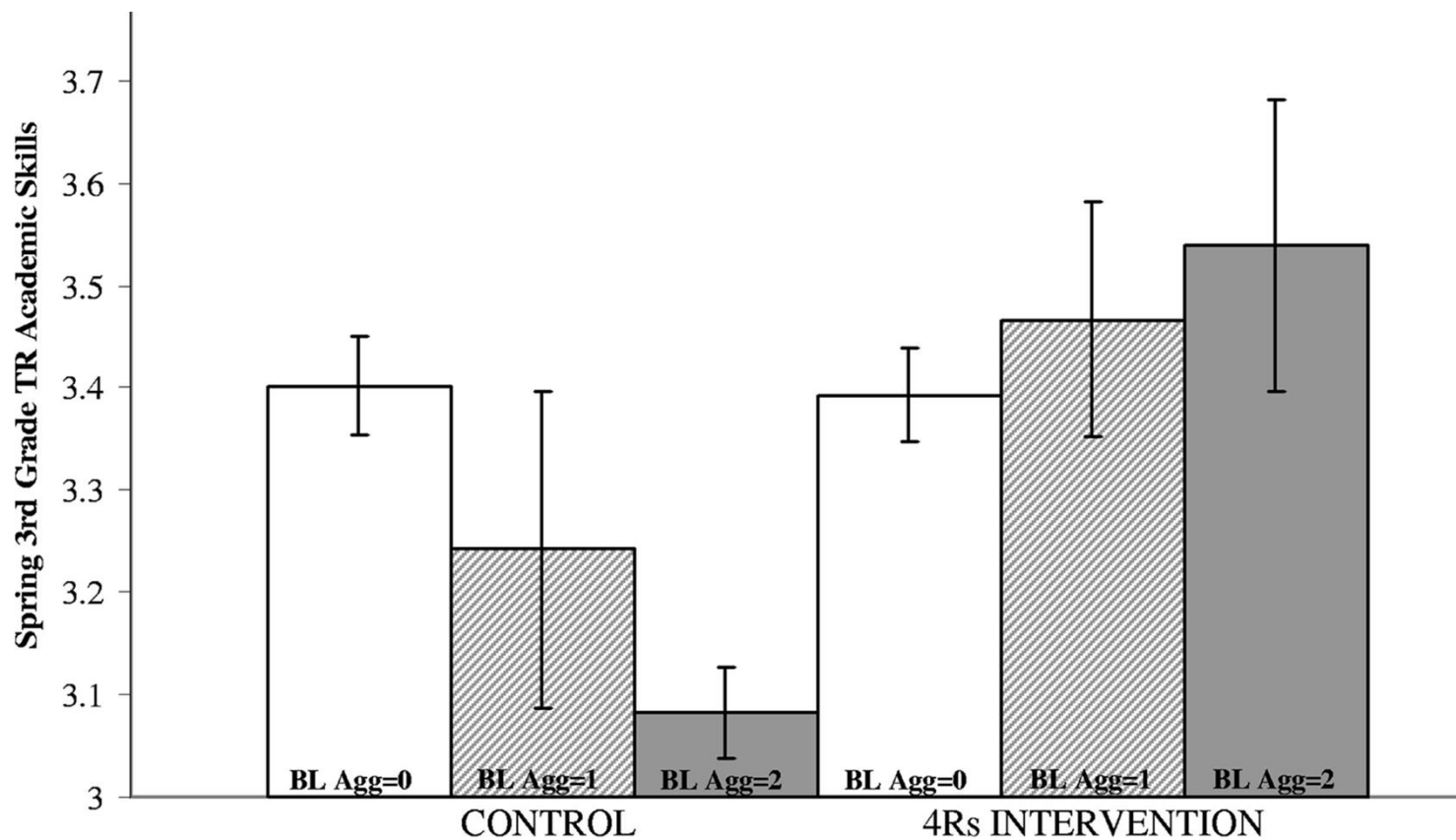


# New Critique of SEL Strategies Not Programs

- Promotes integration of SEL strategies into routines and daily interactions
- Need for programs that take less time, are less expensive, and are integrated with academic skills
- Need to involve all adults in the building (not just teachers) and focus on adult SEL skills
- Promotes adult networking and continuous improvement

Jones & Bouffard (2012). *Social Policy Report*, 26:4

# Integrated SEL and Literacy Program (ES = .20)



Jones et al. (2010). *Journal of Consulting and Clinical Psychology*, 78:8, 829-842

# Another Critique of SEL Effects

- Changing settings or changing individuals?\*
- Settings of convenience or all settings?
- Person X setting interaction? If so, which persons and which settings?
- **Key question: What works for whom under which set of circumstances?**

\*Trickett, E. (1997). *American Journal of Community Psychology*, 25:2,197-205



# Ecology

*Study of reciprocal relations among natural elements in an environment*

- Able to be maintained at a certain rate or level
- Conserving an ecological balance by avoiding depletion of natural resources
- Able to be upheld or defended



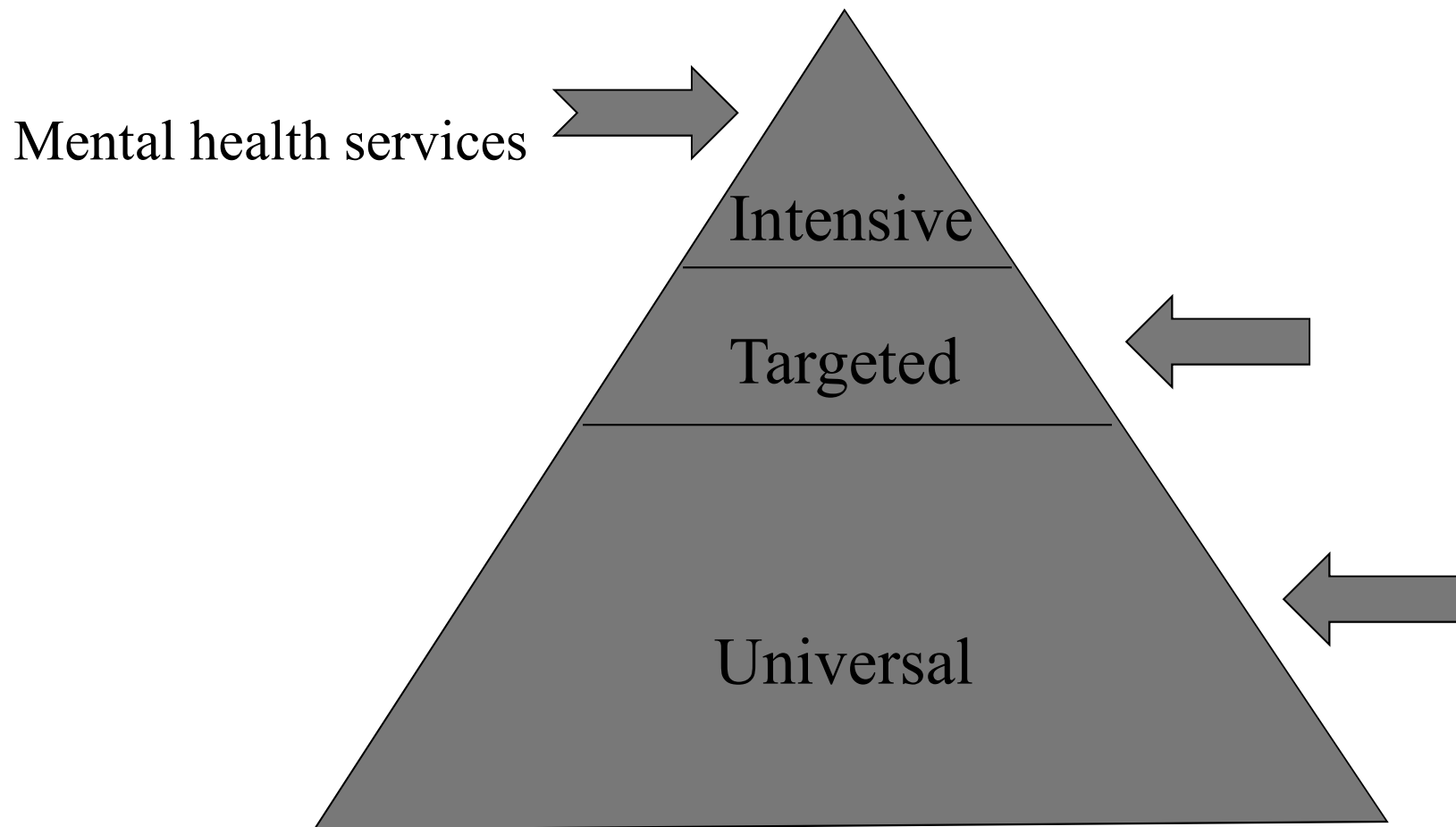
# Ecological Models

## Intervention Implications

- Goal is to understand behavior in context and as influenced by multiple levels of the ecological environment
  - Behavior is understood as adaptive given specific contexts
- Enhancing local resources and serving community development
  - Intervention driven by local norms and values
- Sustainability occurs when interventions are valued by those within a setting

# Public Health Model

## Building a Base



# Response to Intervention (RtI)

- Modification to IDEA that allows districts to determine special education need based on non-response to intervention
- Requires documentation of effective strategies
- Most districts adopt 3-tier model
- Releases school psychologists for consultation and treatment

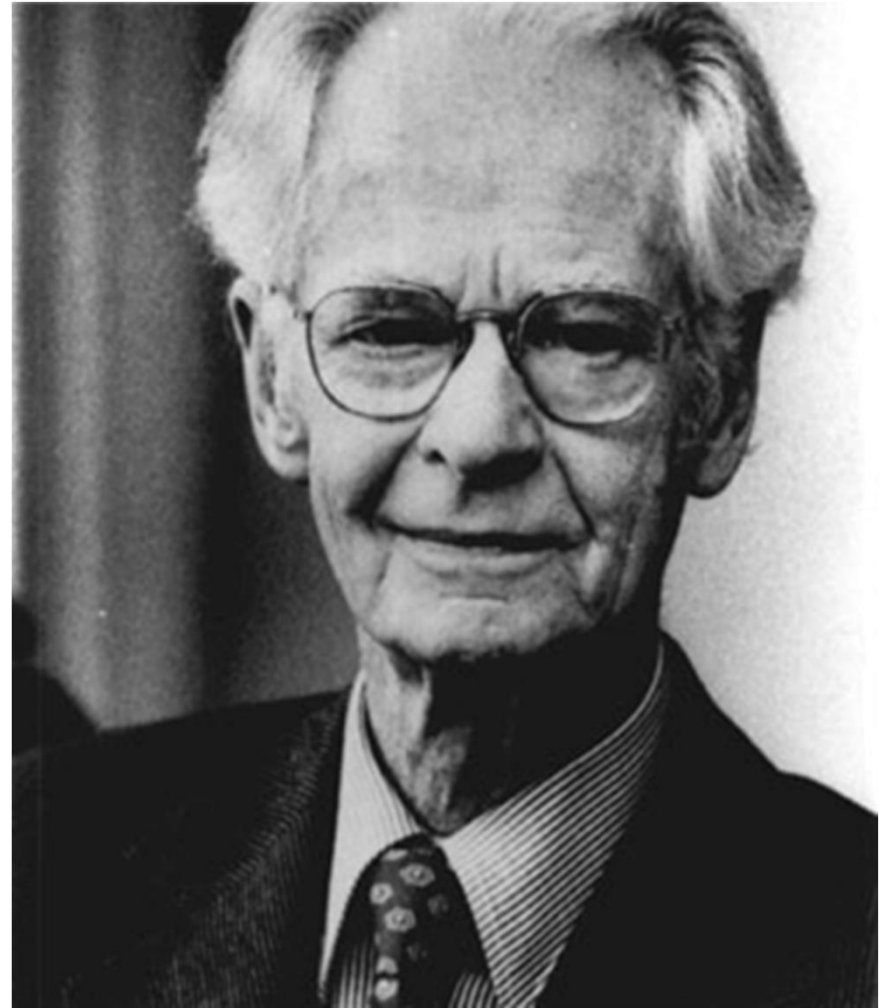


- Series of studies at University of Oregon in 1980's to disseminate effective behavioral interventions for students with behavior disorders
- National center established in 1997 in the reauthorization of IDEA to promote dissemination
- As of 2010, over 9,000 schools implementing nationwide



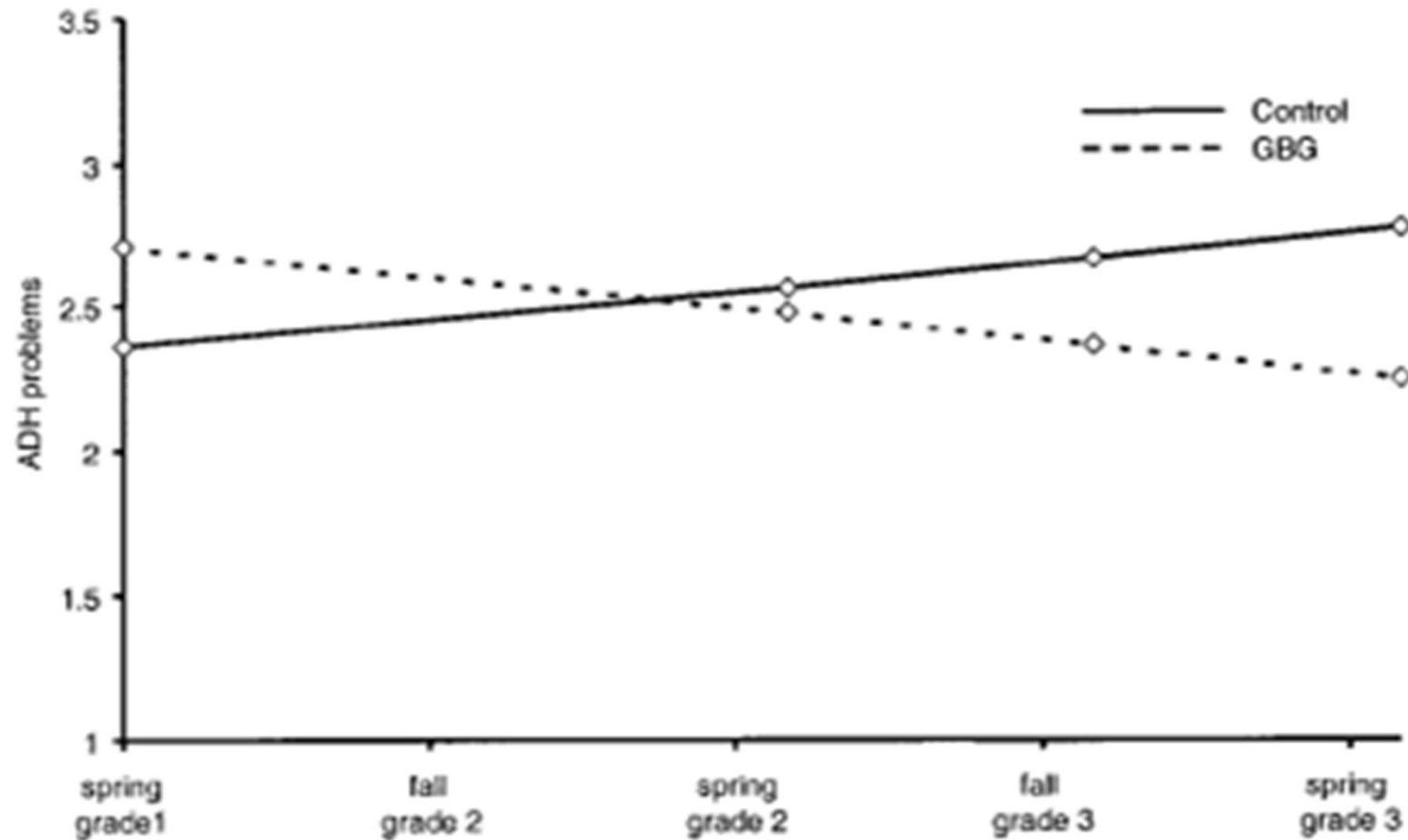
# Interventions to Decrease Disruptive Classroom Behavior

- Meta-analysis of studies to decrease disruptive classroom behavior
- Most were single subject classroom behavior modification
- 223 studies yielded effect size of .78
- Classroom observations yielded greater effects than teacher observations



Stage & Quiroz (1997). *School Psychology Review*, 26:3, 333-368

## Good Behavior Game Effects on ADHD Problems

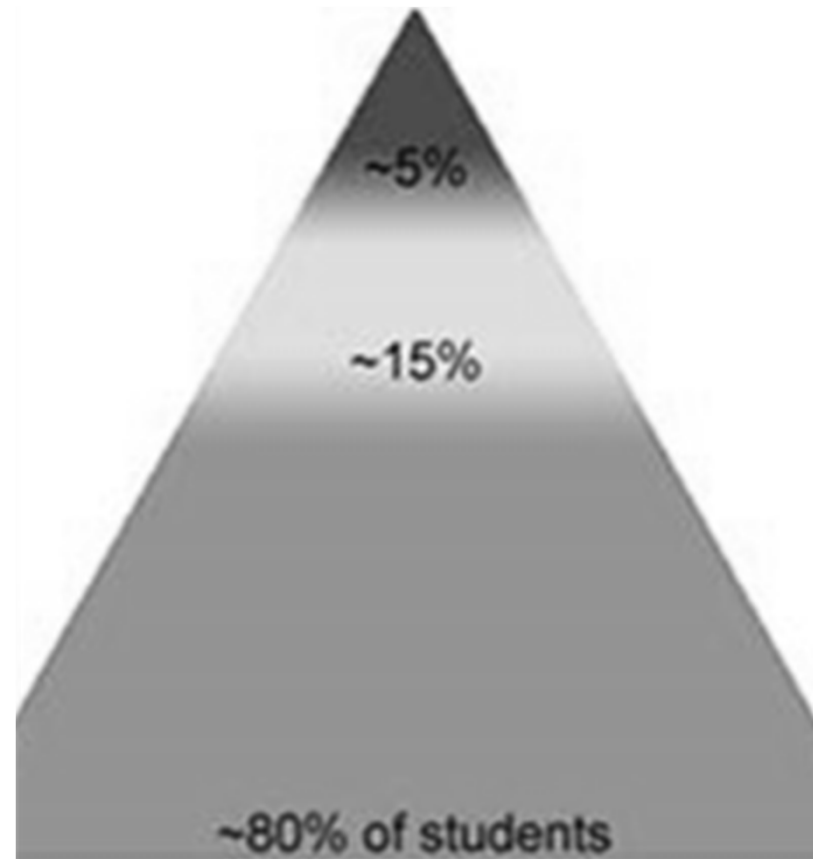


1. Results of the multiple group analysis: developmental trajectories for control group children and Good Behavior Game (GBG) children. ADH = attention-deficit/hyperactivity.

# PBIS

## A Framework Not A Program

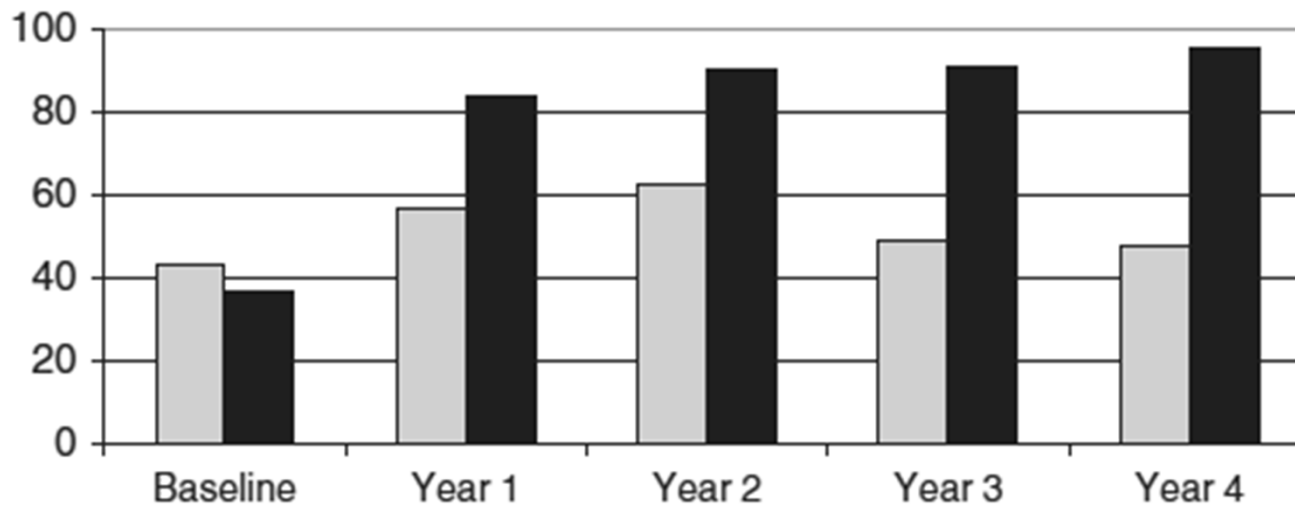
- Implementation framework promotes data-based decision making
- Focus on preventing problems by identifying hotspots and promoting school wide rules and routines
- Uses three tier public health model





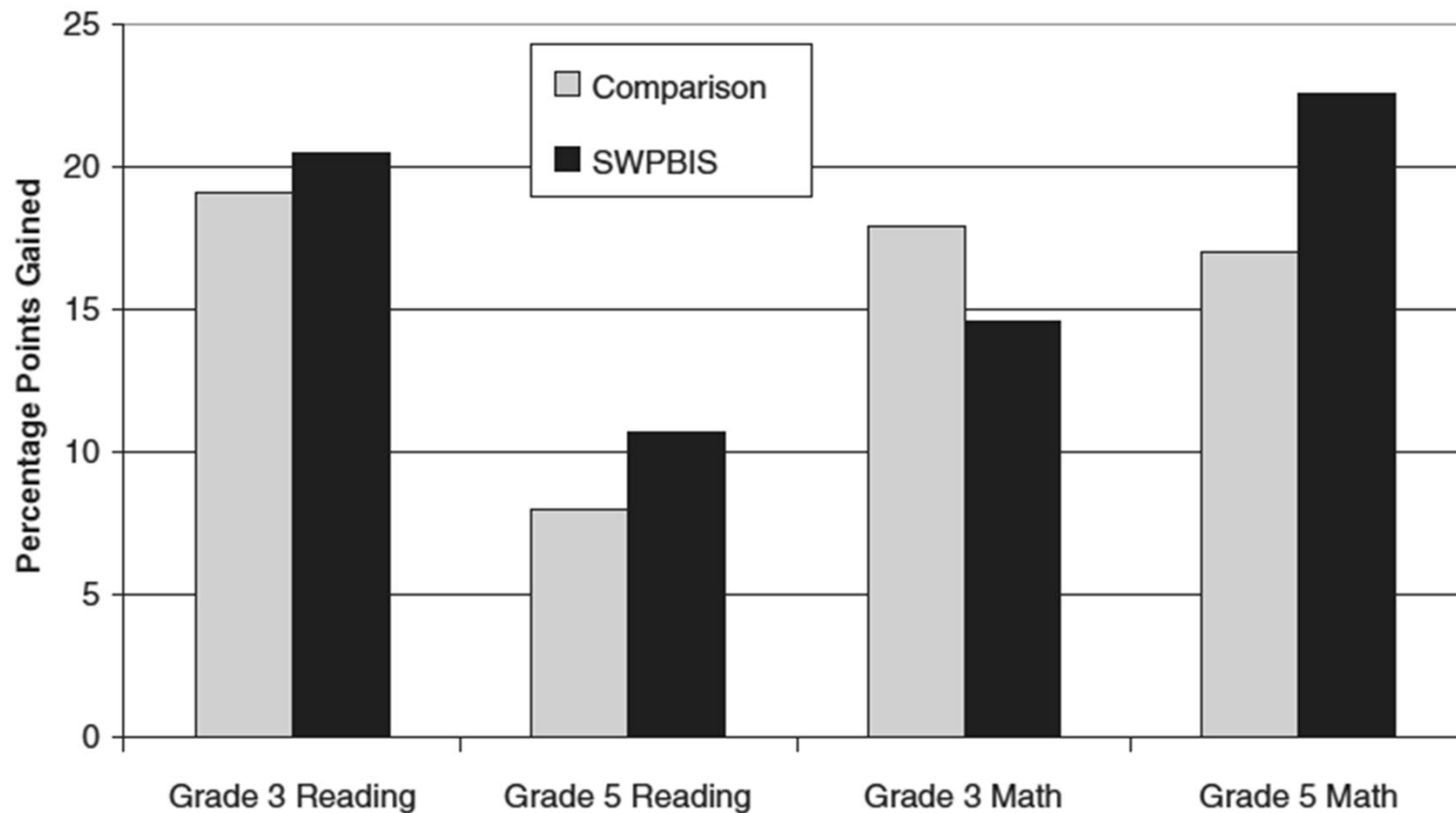
# PBIS Effectiveness Implementation Quality

Overall SET Scores for 21 PBIS and 16 Comparison Schools



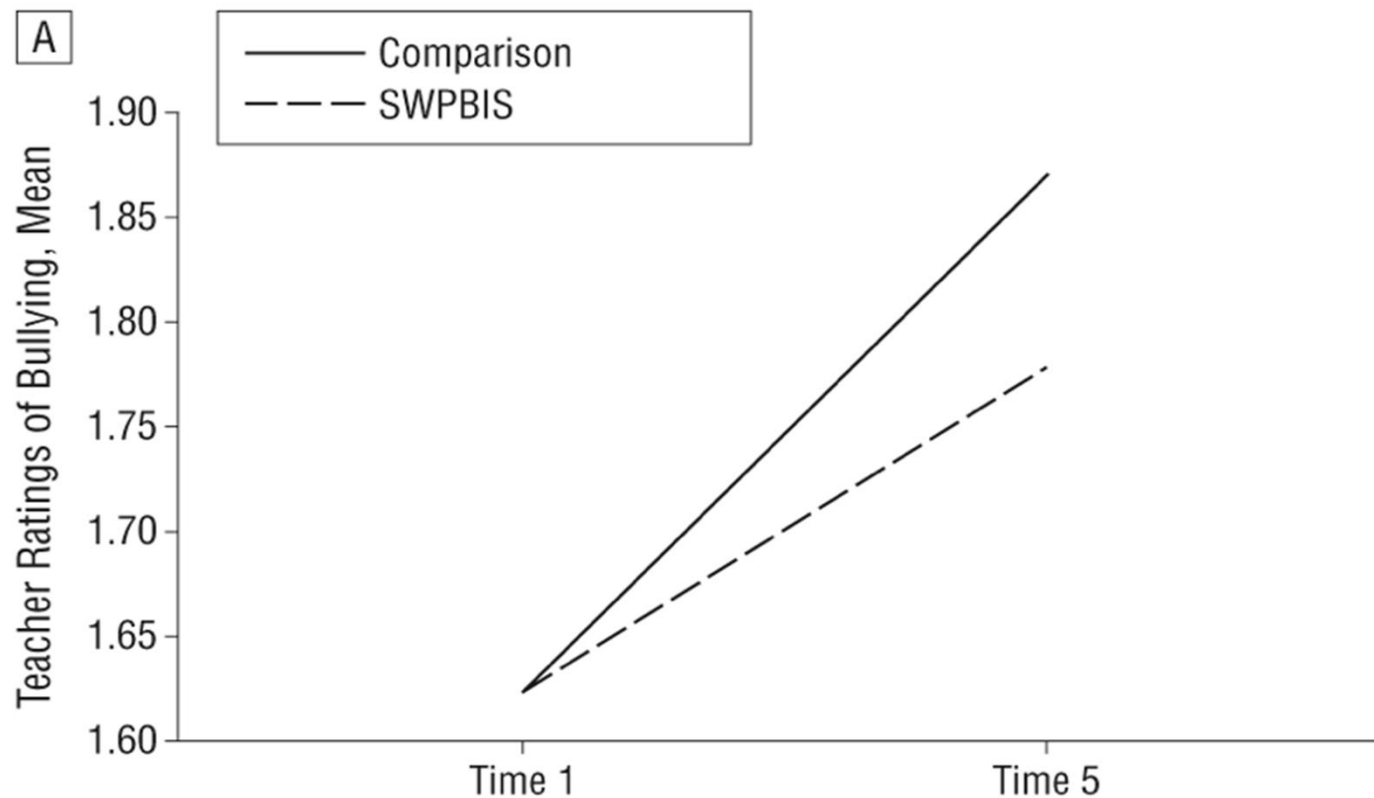
Bradshaw et al., *J. of Pos Beh Interventions*, 2010, 12:3, 133-148

# PBIS Effectiveness Math and Reading



Bradshaw et al., *J. of Pos Beh Interventions*, 2010, 12:3, 133-148

# PBIS Effectiveness Bullying (N = 12,344)



Waasdorp et al., *Arch Pediatr Adolesc Med*, 2012, 166:2, 149-156

# PBIS

## Summary

- PBIS disseminating rapidly and promoting effective school wide practices
- Implementation quality varies widely with overall model effectiveness
- Along with RtI establishes framework for public health model

# Advancing Public Health Model: Taking Settings Seriously

- Expanded mental health workforce
  - From a limited number of trained professionals to include the key people most important to children's development
- Realigned mental health resources
  - To effect the key predictors that promote successful adaptation
- Allow settings to adopt programs at their pace
  - Programs not adopted could indicate that this program is not meeting key setting goals
- A natural extension from prevention to intervention
  - Prevention to enhance natural setting goals
  - Intervention to promote positive adaptation

# School Goals Are Mental Health Goals

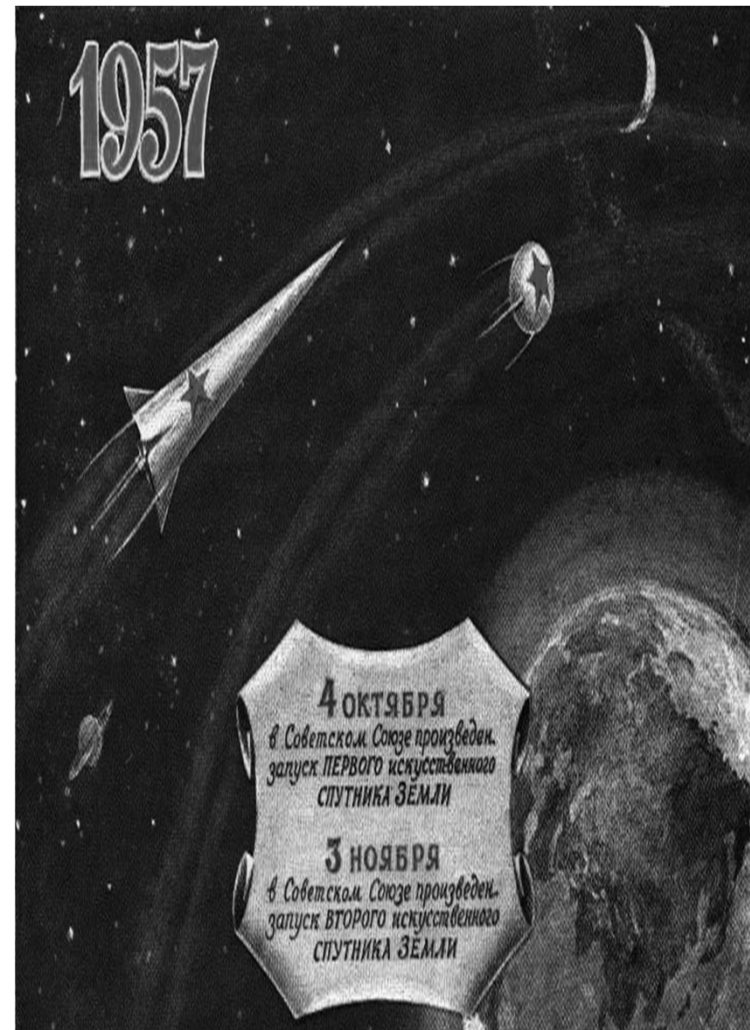
- Predictive of delinquency:
  - Academic failure
  - Low school bonding
  - Truancy
- Low grades and aggression in first grade highly predictive of not graduating high school (ES = .78)\*
- Academic achievement protective for urban children



\*Ensminger & Slusarcick (1992). *Sociology of Education*, 65, 95-113.

# National Spotlight on Schools

- No Child Left Behind
  - No Child Left Untested
- U.S Ranking of 30 Countries
  - 25th in Math
  - 21st in Science
- School Reform
  - Teacher competency
  - School violence



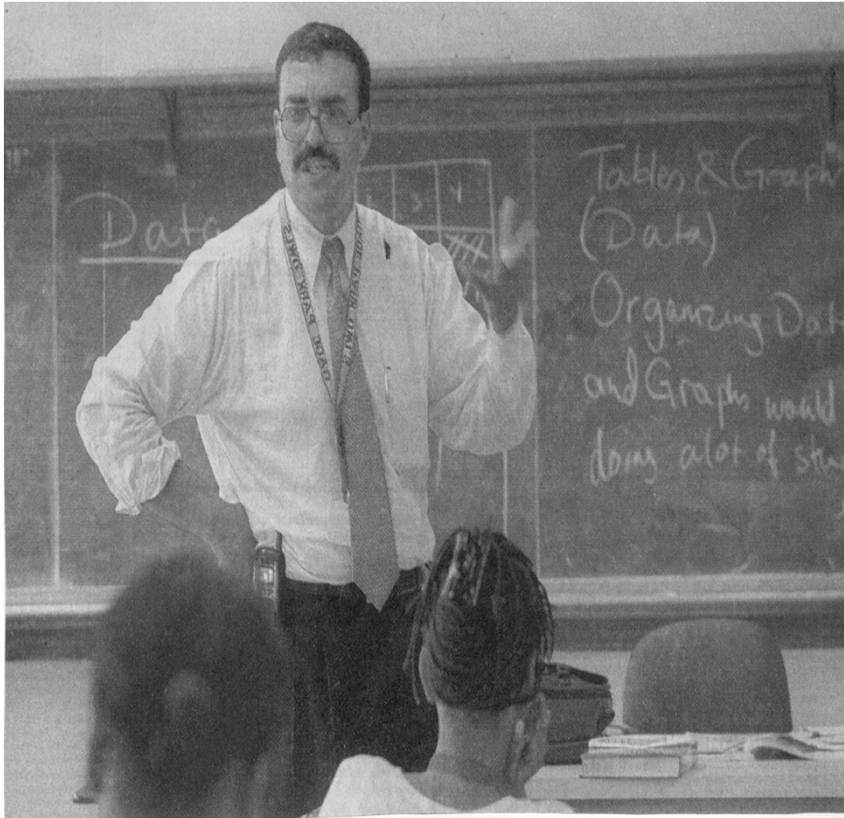
# Effective Schools

	<b>Low Communality</b>	<b>High Communality</b>
<b>Low Academic Press</b>	<i>No one succeeds here, no matter how hard they try</i>	<i>Everyone succeeds here, whether or not they try</i>
<b>High Academic Press</b>	<i>Not everyone succeeds even if they try</i>	<i>Everyone succeeds here as long as they try</i>

Boyd & Shouse, 1997



# Teacher Stress

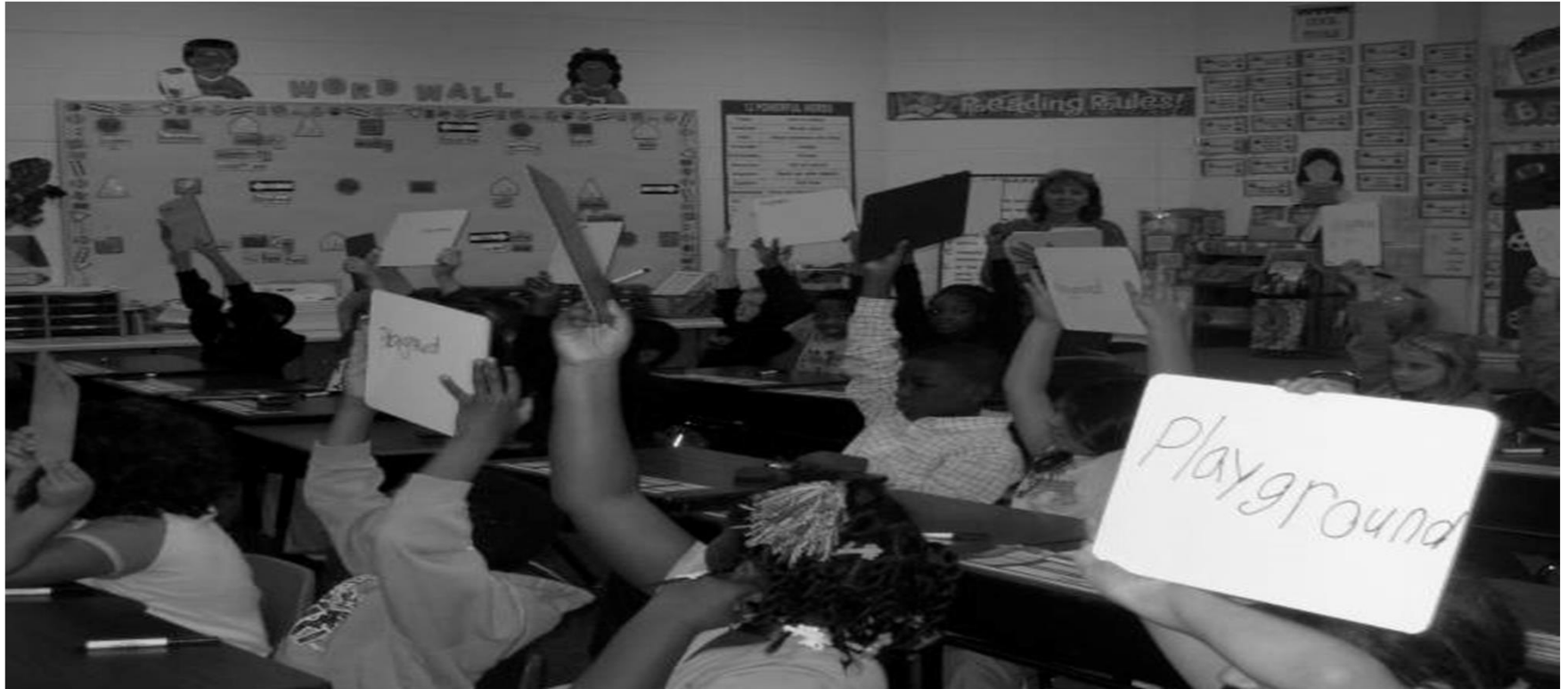


“Low morale, depressed, feeling unfairly blamed for the ills of society? You must be a teacher.”

- NY Times  
Educational  
Supplement (1997)

50% of teachers in high poverty schools leave within 3-5 years (20% of all teachers)

Shernoff et al. *School Mental Health*, 2011, 3:59-69



- Teacher shortages due to migration and attrition
- Up to 20% of public school teachers leave within their first 5 years
- New teachers often placed in hardest-to-staff schools

(Barnes, Crowe & Schaefer, 2007; Guarino et al., 2006; Smith & Ingersoll, 2004)

# Enhancing School Engagement

## National Academies 2003

- Redesign high school courses to increase adolescent engagement and learning
- Ongoing classroom assessment of students' understanding and skills
- Enhanced teacher preparation both preservice and ongoing on adolescent development and pedagogy
- Foster personalized learning environments that enhance student-teacher relations
- Diffuse school guidance and counseling services among staff, including teachers, with support of mental health professionals

# New Goals for School-Based Mental Health Programs

- Expanded mental health workforce
  - Refocus programs and services to enhance teacher-student and parent-teacher relations
- Realigned mental health resources
  - To promote positive school adjustment by enhancing the key predictors of academic, social, behavioral success
- Revised program goals
  - To enhance the diffusion of effective practices through the unique networks of teachers, parents, and students
- Reduce the silos of mental health and schools
  - To align whole school and classroom universal programs with targeted and intensive interventions for students at high risk

Atkins et al. (2010). Towards the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research*, 37:40-47.

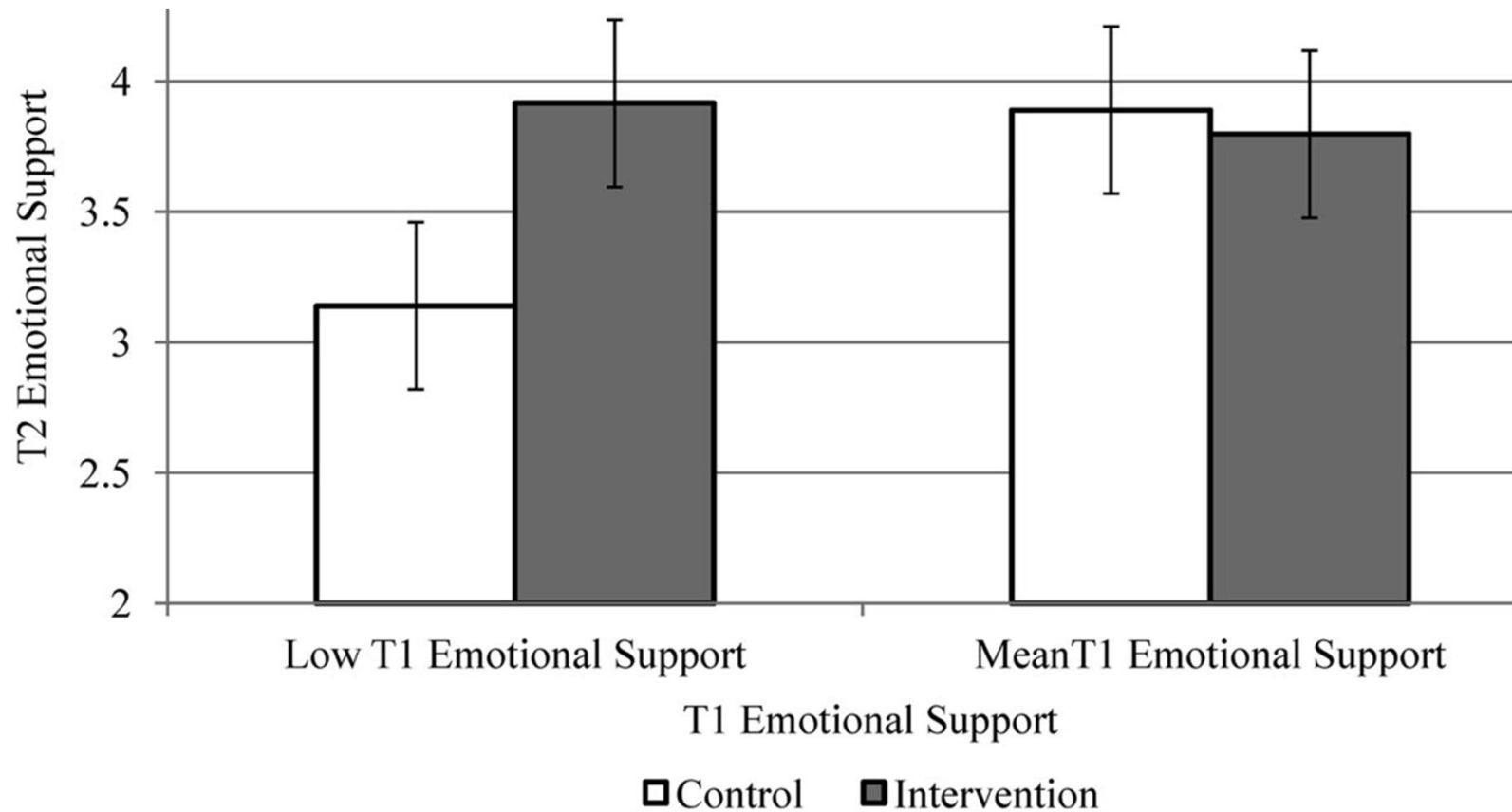
# Project Bridge

- Trained community mental health providers in NYC public schools on:
  - Class wide universal and targeted mental health programs (Links to Learning – L2L)
  - Web-based teacher instruction for classroom organization, emotional climate, & student relations (MyTeachingPartner - MTP)
- Random assignment: MTP or MTP + L2L
  - 36 classrooms (K to 5<sup>th</sup> grade), 364 students
  - Implementation January through April



Cappella et al. *Journal of Consulting and Clinical Psychology*, 2012; 80:4, 597-610

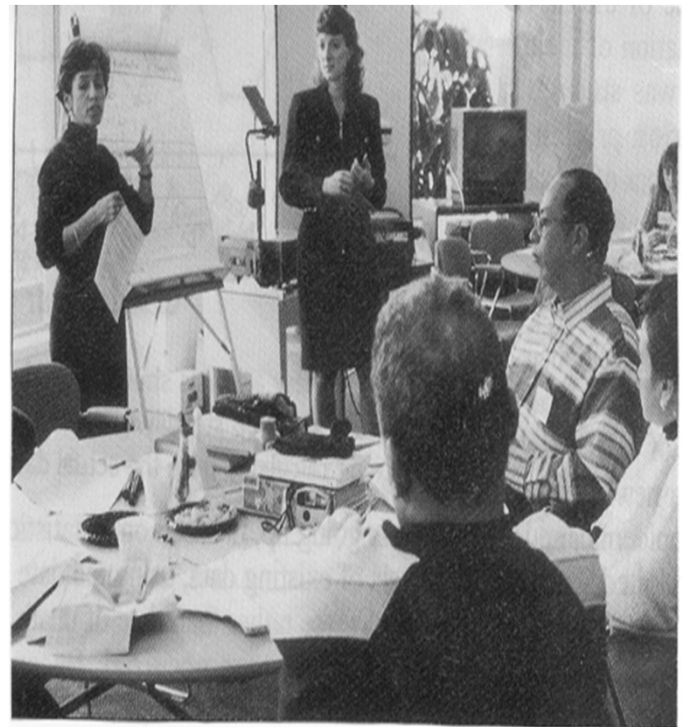
# Project Bridge



Cappella et al. *Journal of Consulting and Clinical Psychology*, 2012; 80:4, 597-610

# Professional Learning Communities

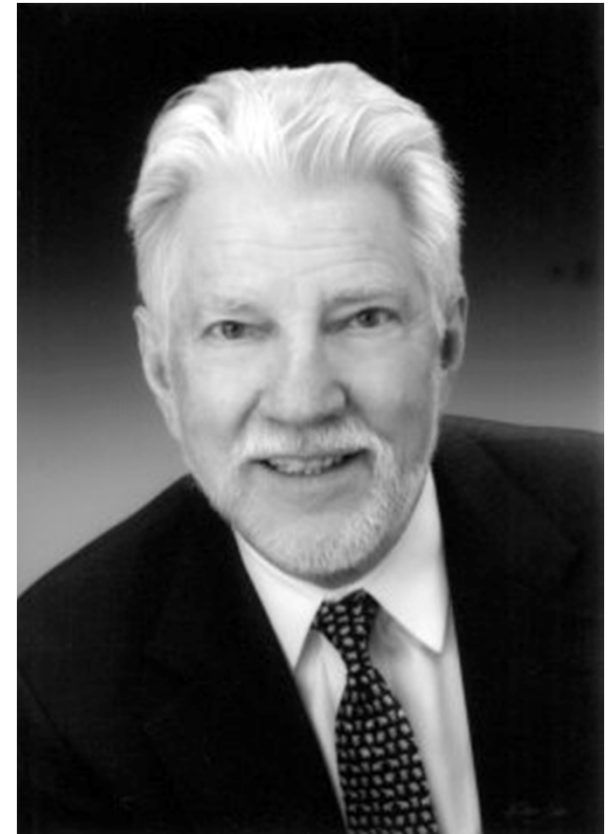
Groups of teachers  
working collaboratively  
to enhance student  
outcomes by improving  
their own classroom  
practices



E. Shernoff (PI), IES R305A090085

# Diffusion of Innovation

- Innovative interventions initiated by a relatively small segment of opinion leaders
- Via modeling, innovations are diffused through the population, influencing others
- Rogers (1983) noted that despite their knowledge, professional change agents often have little or no influence





# Rely on Indigenous Resources

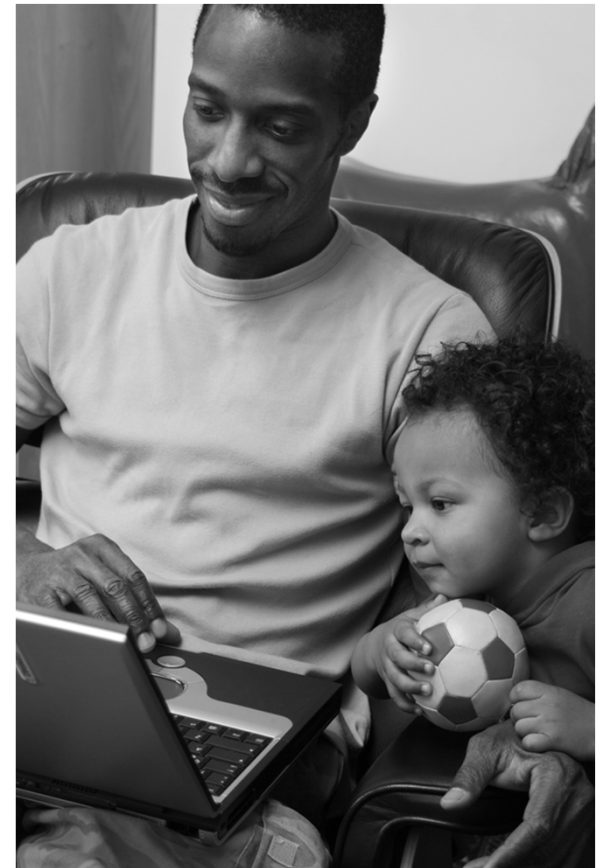


# Parent Support for Schooling

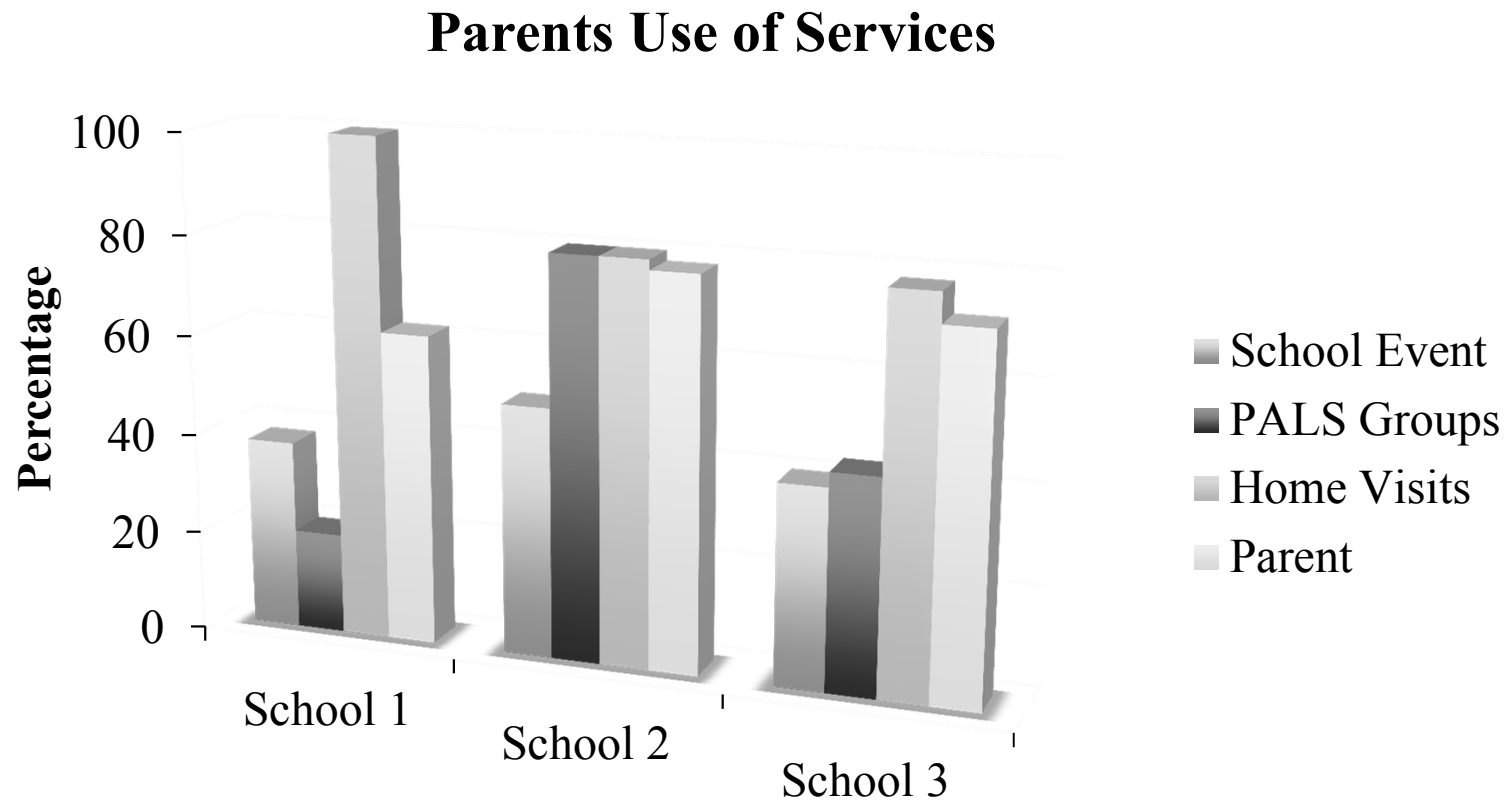
MHP-Parent teams

promote:

- Homework support
- Consistent routines
- Healthy meals
- School-home notes
- Social support (parent cafes)

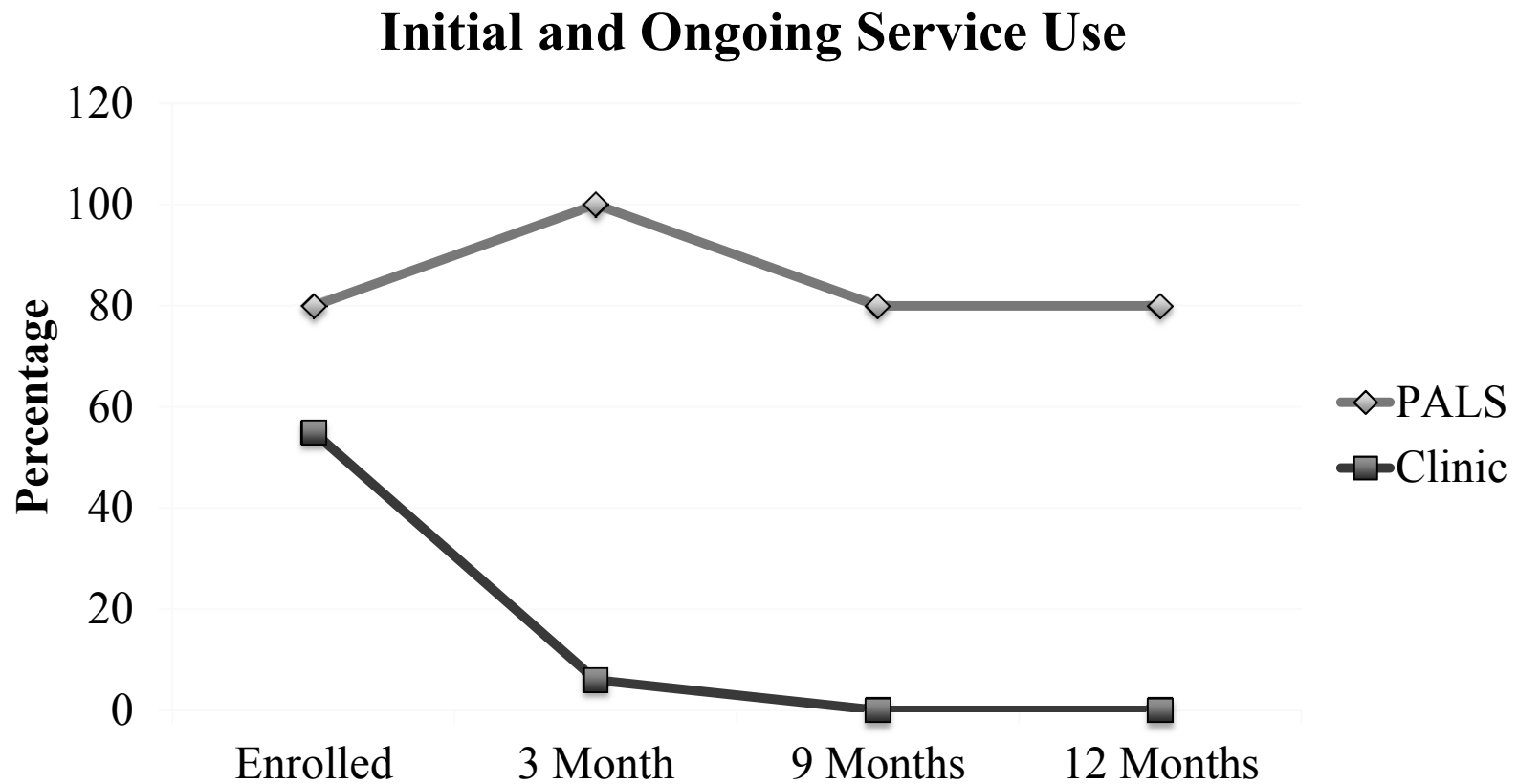


# Mental Health Service Use



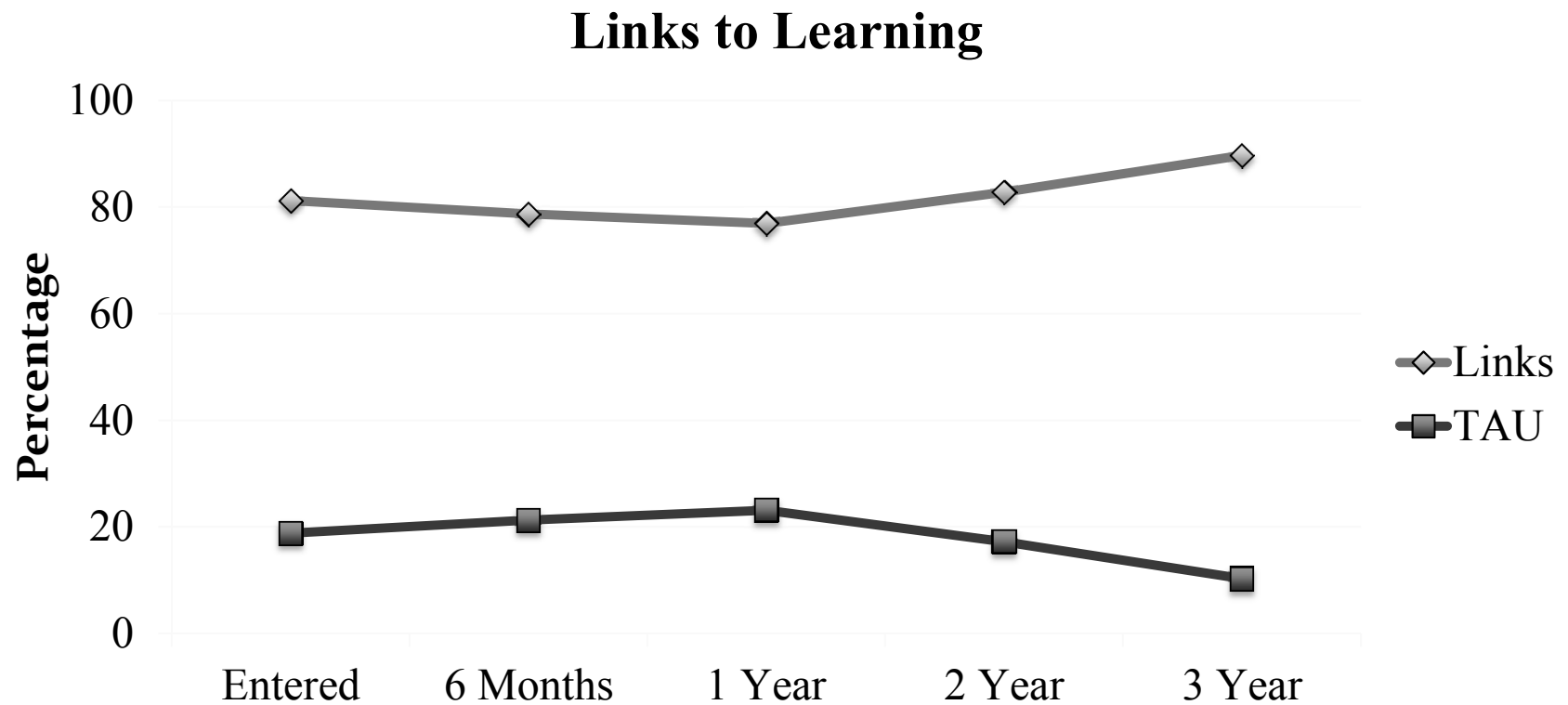
Atkins et al. *Administration and Policy in Mental Health*, 2006, 33:2, 146-159

# Mental Health Service Use



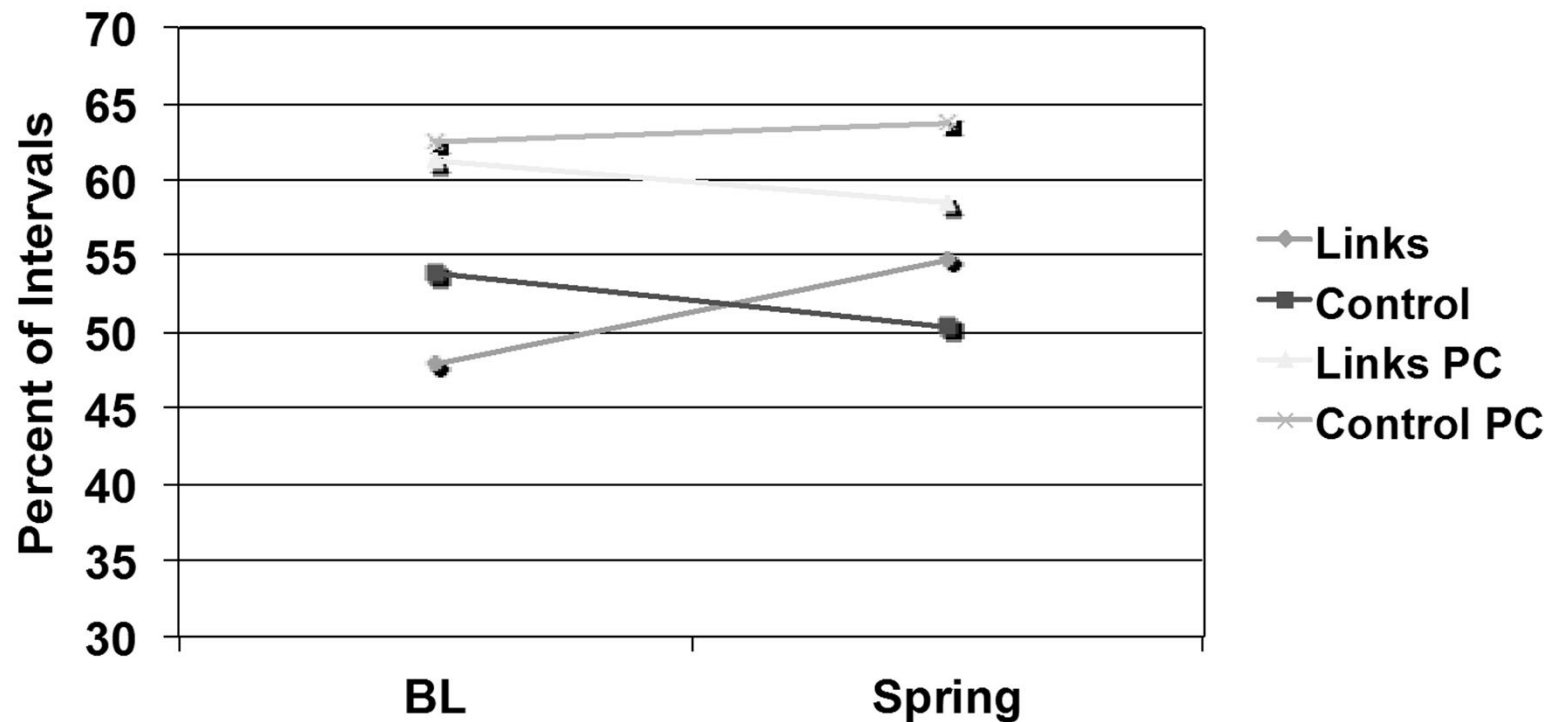
Atkins et al. *Administration and Policy in Mental Health*, 2006, 33:2, 146-159

# Mental Health Service Use



# Classroom Observations: Academic Engagement

*Links to Learning*



# Summary

- School based mental health services are the leading service setting for children and youth
- SEL and PBIS indicate strong support for mental health goals although results are highly variable across schools
- Ecological models can enhance effects and improve outcomes by focusing on schooling as key mental health goal

# Conclusion

## How to Get There From Here?

By attending to the unique characteristics that inform and promote school success

And the activation of indigenous resources to support and sustain school goals

Not to make mental health services the job of schools, but to make successful schooling the job of mental health services





For more information, please go to the main website and browse for workshops on this topic or check out our additional resources.

## **Additional Resources**

### **Online resources:**

1. Society of Clinical Child & Adolescent Psychology: <http://effectivechildtherapy.com>
2. Collaborative to Advance Social Emotional Learning: [www.casel.org](http://www.casel.org)

### **Peer-reviewed Journal Articles:**

1. Atkins, M.S., & Frazier, S. (2011). Expanding the toolkit or changing the paradigm: Are we ready for a public health approach to mental health? *Perspectives on Psychological Science*, 6, 483-487.
2. Atkins, M.S., Frazier, S., Birdman, D., Adil, J.A., Jackson, M., et al. (2006). School-based mental health services for children living in high poverty urban communities. *Administration and Policy in Mental Health*, 33(2), 146-159.
3. Atkins, M.S., Hoagwood, K.E., Kutash, K., & Seidman, E. (2010). Towards the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research*, 37, 40-47.
4. Bradshaw, C.P., Mitchell, M.M., & Leaf, P.J. (2010). Examining the effects of schoolwide positive behavioral interventions and supports on student outcomes: Results from a randomized controlled effectiveness trial in elementary schools. *Journal of Positive Behavior Interventions*, 12(3), 133-148.
5. Cappella, E., Hamre, B.K., Kim, H.Y., Henry, D.B., Frazier, S.L., et al. (2012). Teacher consultation and coaching within mental health practice: Classroom and child effects in urban elementary schools. *Journal of Consulting and Clinical Psychology*, 80(4), 597-610.
6. Shernoff, E.S., Metha, T.G., Atkins, M.S., Torf, R. Spencer, J. (2011). A qualitative study of the sources and impact of stress among urban teachers. *School Mental Health*, 3, 59-69.

