

# School Psychologists as Mental Health Advocates, Providers, and Implementation Intermediaries

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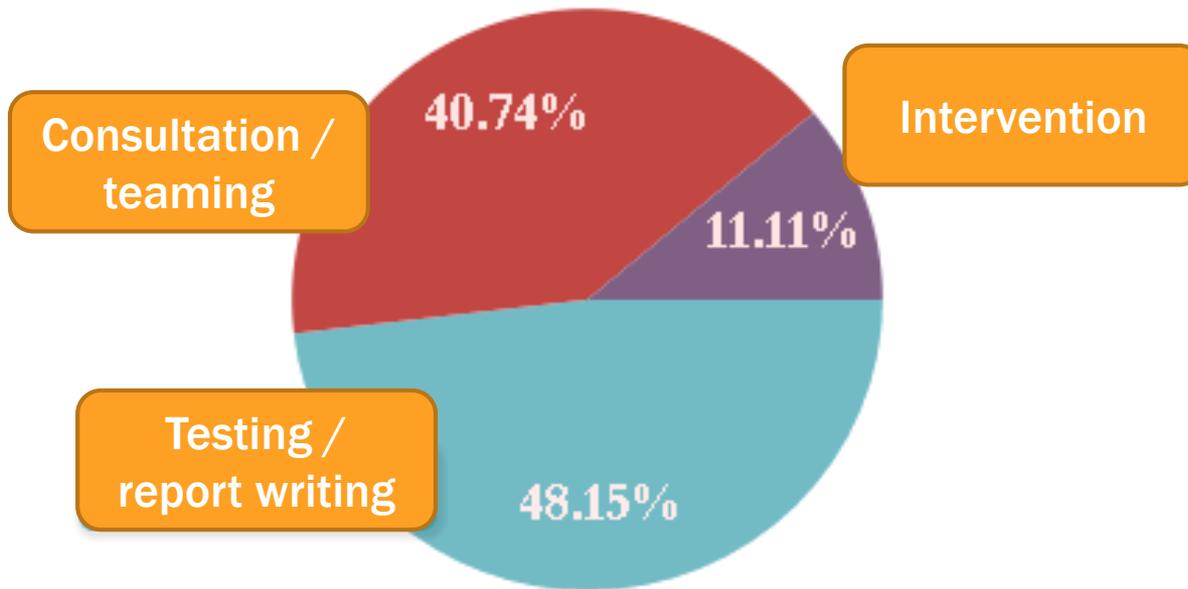


INSTITUTE FOR  
TRANSLATIONAL  
RESEARCH  
in Children's Mental Health



@ClayCook\_PhD

## How I spend my time at work?





# IS MENTAL HEALTH SOMETHING THAT STUDENTS AND STAFF CAN HANG UP AT THE SCHOOL HOUSE DOOR?



# WHAT IS MENTAL HEALTH?

- Does mental health involve thoughts?
- Does mental health involve feelings/emotions?
- Does mental health involve behavior?
- Does mental health involve relationships?

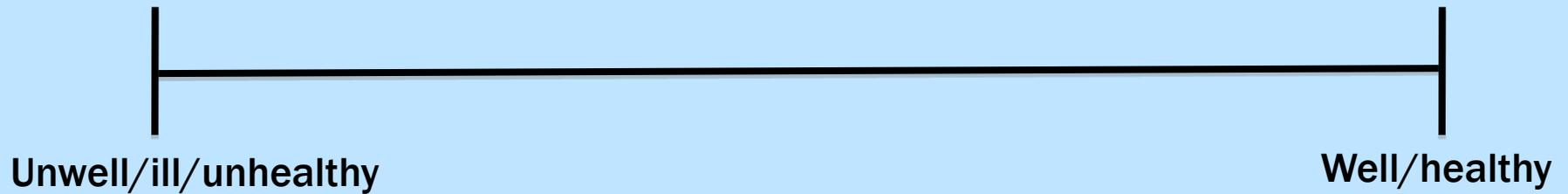
# MENTAL HEALTH DEFINED

“Mental health is... how a person thinks, feels, and acts when faced with life’s situations... This includes handling stress, relating to other people, being able to concentrate, and making responsible decisions.”



# OLD VIEW OF MENTAL HEALTH

Old View of Mental Health



# DUAL CONTINUA OF MENTAL HEALTH

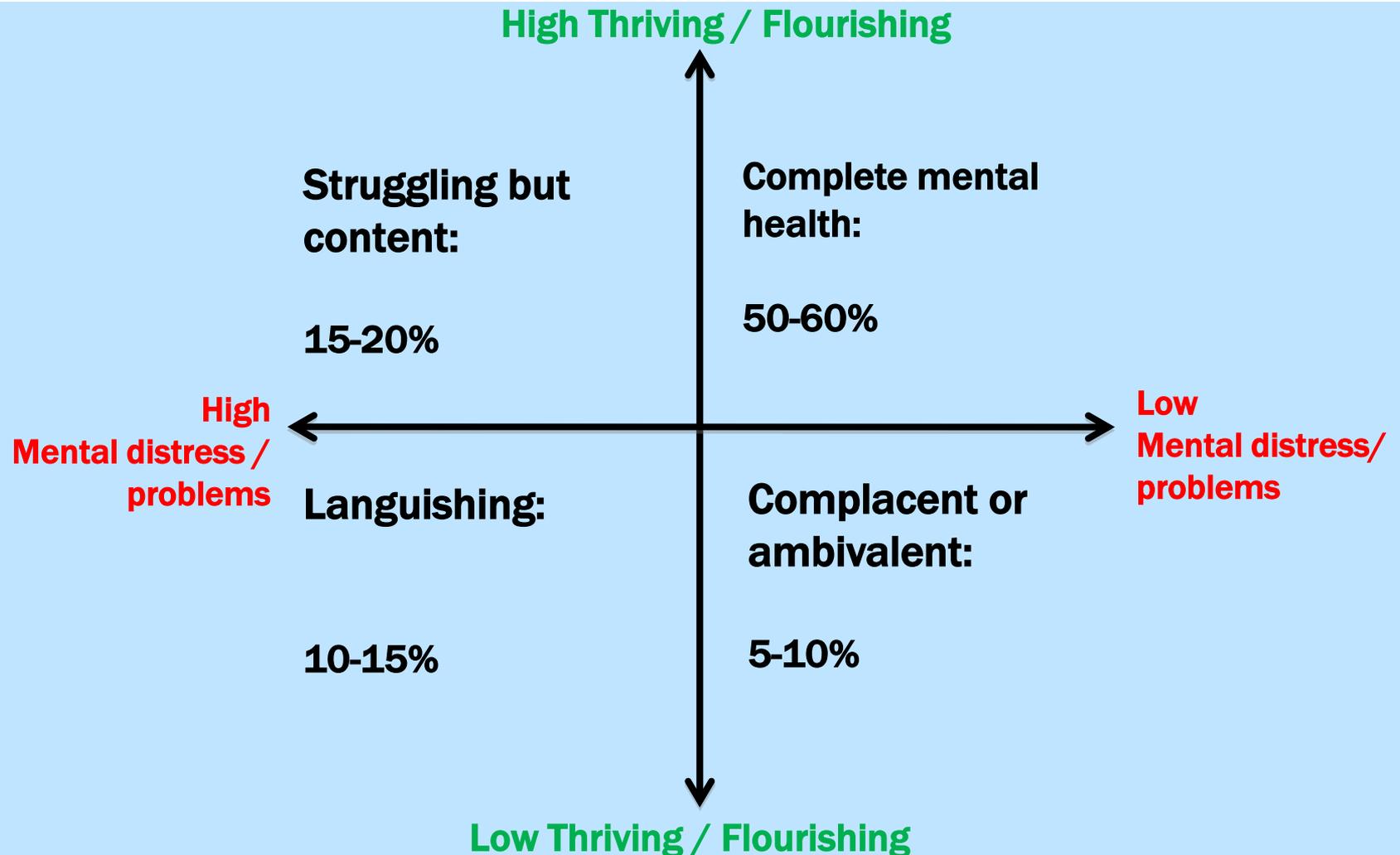
## Dual Continua View of Mental Health



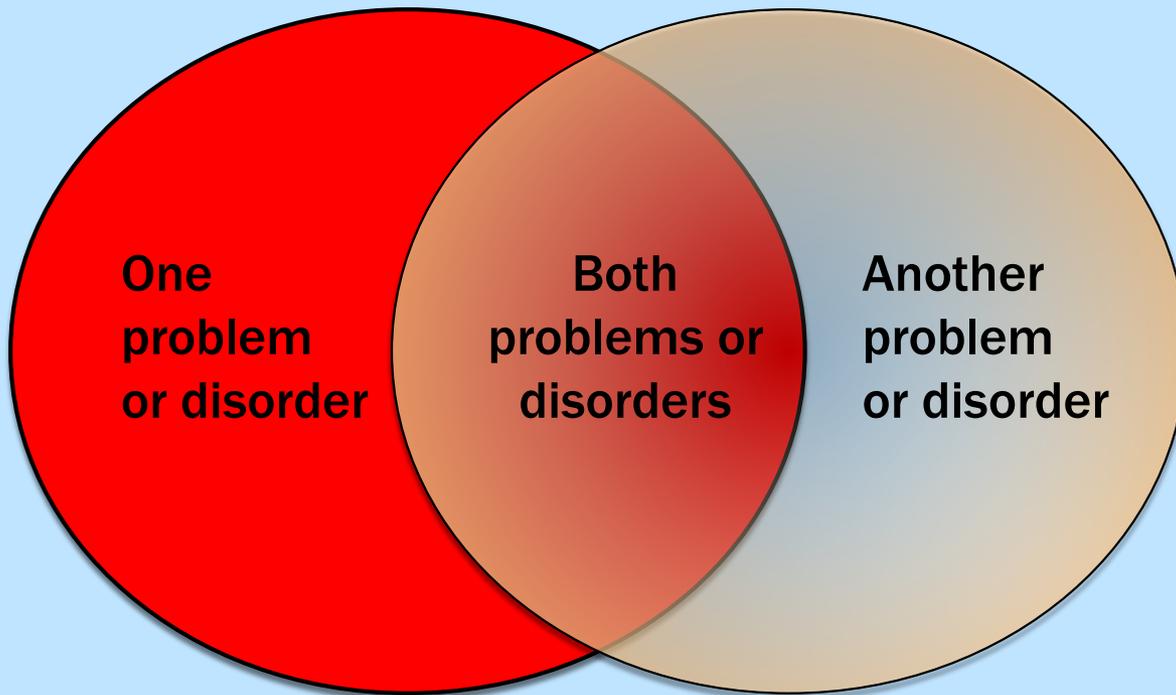
# Dual Continua of Mental Health



# Breakdown of the Dual Continua of Mental Health

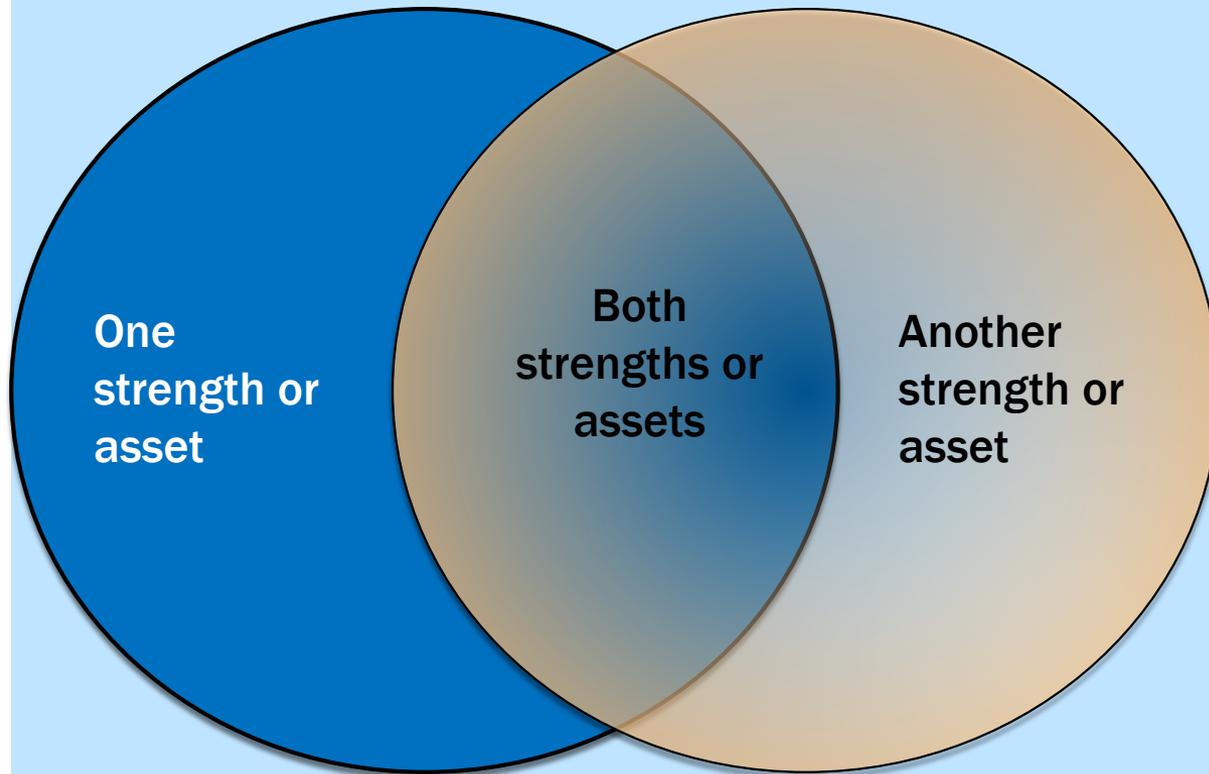


# CO-MORBIDITY



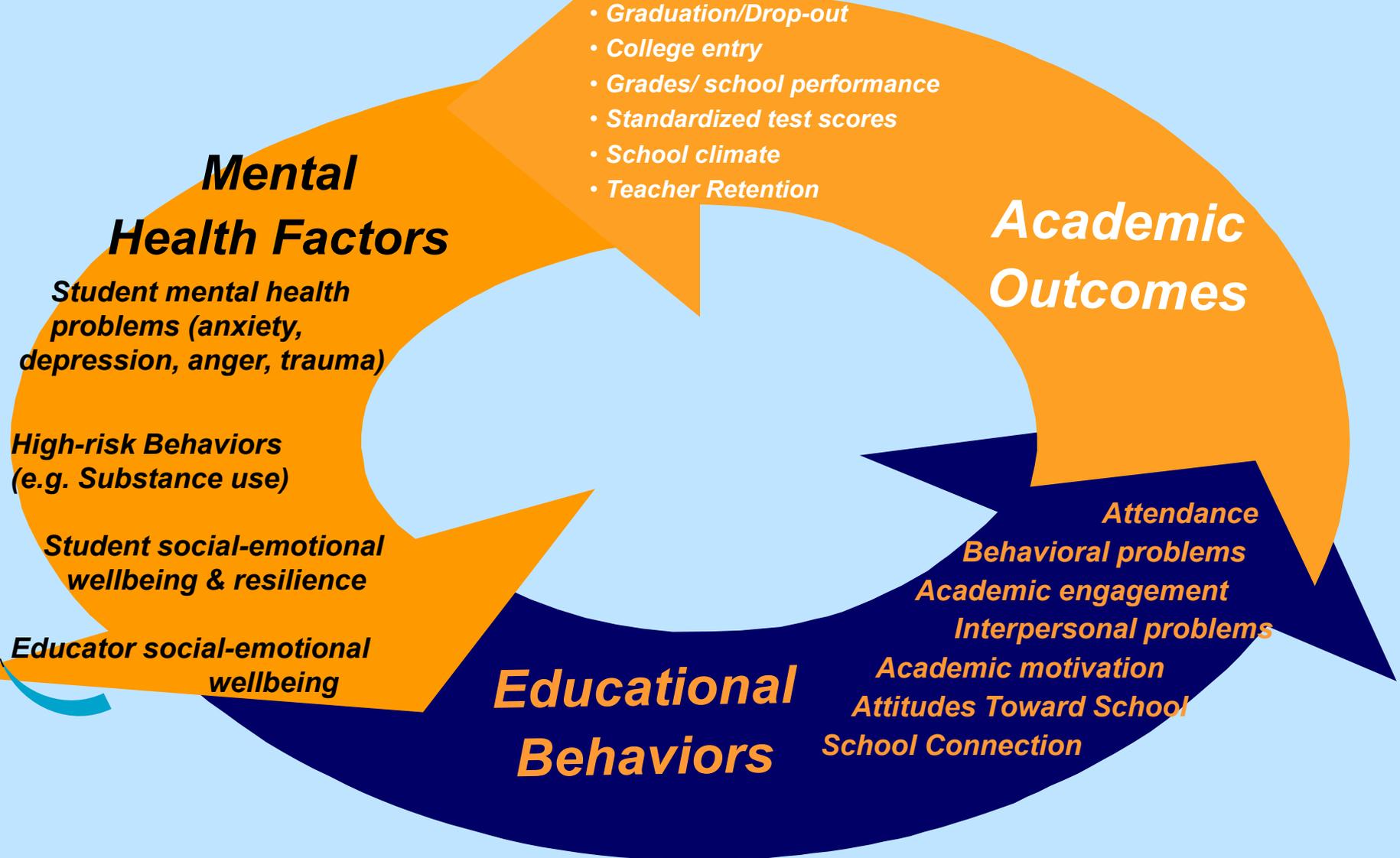
**When problems or disorders combine to increase the likelihood of negative outcomes**

# CO-VITALITY



**When strengths or assets combine to increase the likelihood of positive experiences and outcomes**

# MENTAL HEALTH AND ACADEMIC OUTCOMES



ADAPTED FROM: Geierstanger, S. P., & Amaral, G. (2004). School-Based Health Centers and Academic Performance: What is the Intersection? April 2004 Meeting Proceedings. White Paper. Washington, D.C.: National Assembly on School-Based Health Care.

**ARE WE OBJECTIVELY SEEING A PROBLEM  
WITH CHILDREN'S MENTAL HEALTH THAT  
CALLS FOR ALL HANDS ON DECK?**



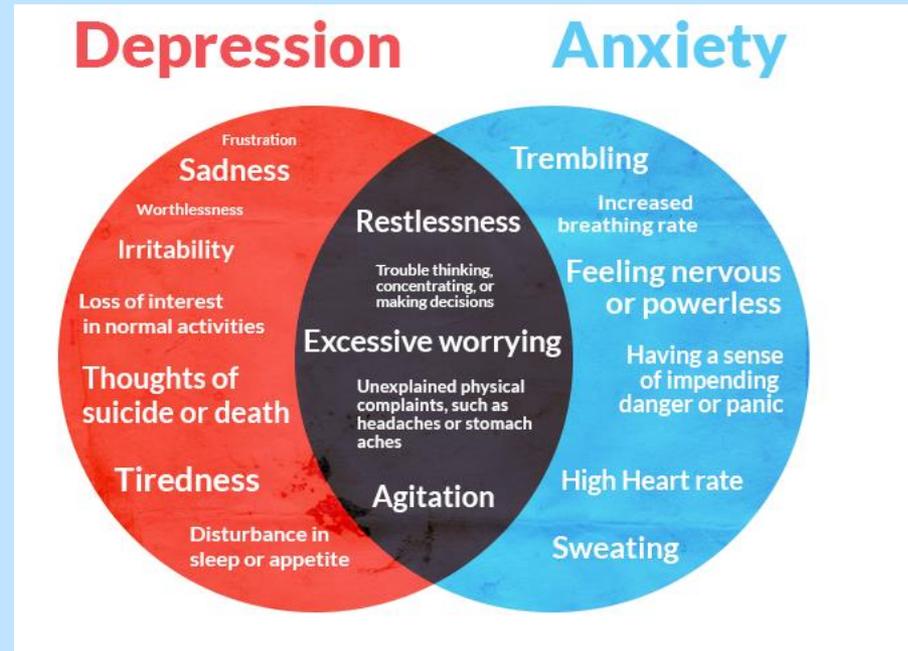
# THE PROBLEMS THAT NECESSITATE CHANGE

- 1 out of 4 children experience social, emotional, and behavioral needs that interfere with their academic functioning
- Vast majority of students with a mental health need will never access proper care



# MOST COMMON PROBLEMS

- Depression and anxiety are the leading causes of illness among adolescents
- Anxiety and disruptive behaviors are the most common problems that primary care physicians hear from parents about their kids





# ADVERSE CHILDHOOD EXPERIENCES

## ABUSE

18%

Physical

34%

Emotional

7%

Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

**ACEs** are  
**ADVERSE  
CHILDHOOD  
EXPERIENCES**

**33% Report  
0 ACES**

**With 0 ACESs**

**1 in 16 smoke**

**1 in 69 are alcoholic**

**1 in 480 use IV drugs**

**1 in 14 has heart disease**

**1 in 96 attempts suicide**

**51% Report  
1-3 ACES**

**With 1-3 ACESs**

**1 in 9 smoke**

**1 in 9 are alcoholic**

**1 in 43 use IV drugs**

**1 in 7 has heart disease**

**1 in 10 attempts suicide**

**16% Report  
4-10 ACES**

**With 4-10 ACESs**

**1 in 6 smoke**

**1 in 6 are alcoholic**

**1 in 30 use IV drugs**

**1 in 6 has heart disease**

**1 in 5 attempts suicide**

# The Science of Human Behavior

Stressed and fatigued

## Setting Events

An event that increases the likelihood that the trigger will provoke the behavior



Instructed to do unwanted work

## Triggering Antecedents

The immediate event that provokes the behavior



Refusing to do academic work

## Problem Behavior

The main behavior of concern



Avoid unwanted academic work

## Maintaining Consequences

The purpose or reason why the problem behavior occurs (i.e., function)



# SETTING EVENTS

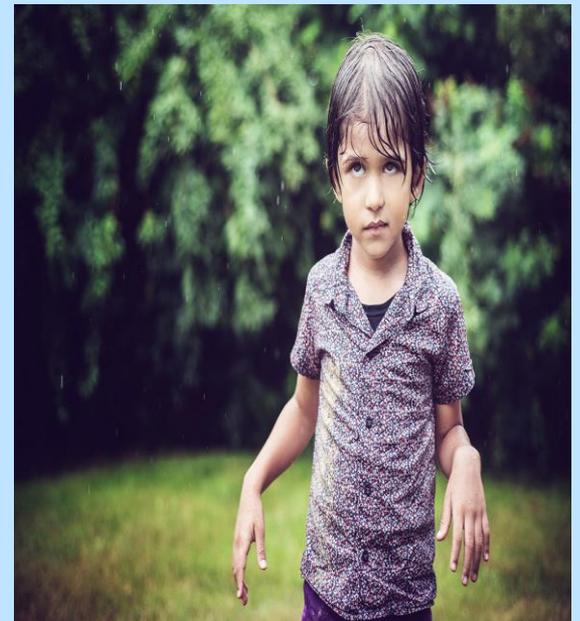
- Factors outside the immediate situation that increases the probability that a given situation will provoke a behavior



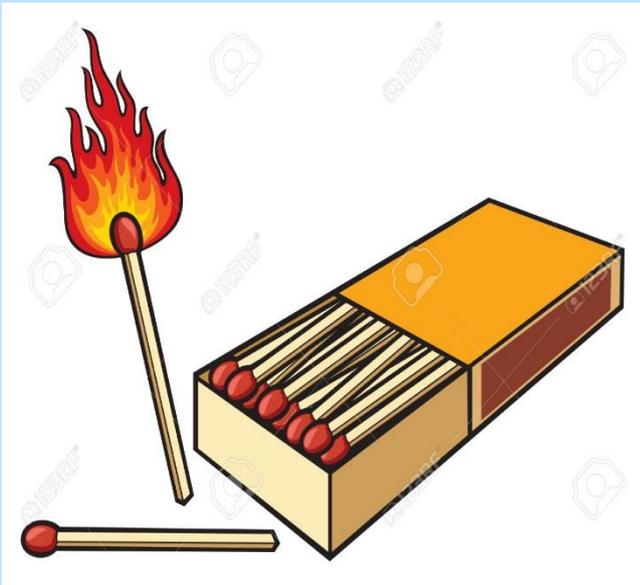
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# SCHOOL IS FILLED WITH MATCHES



=

Unanticipated  
changes in  
routine

Academic  
requests /  
activities

Certain social  
interactions

Noises

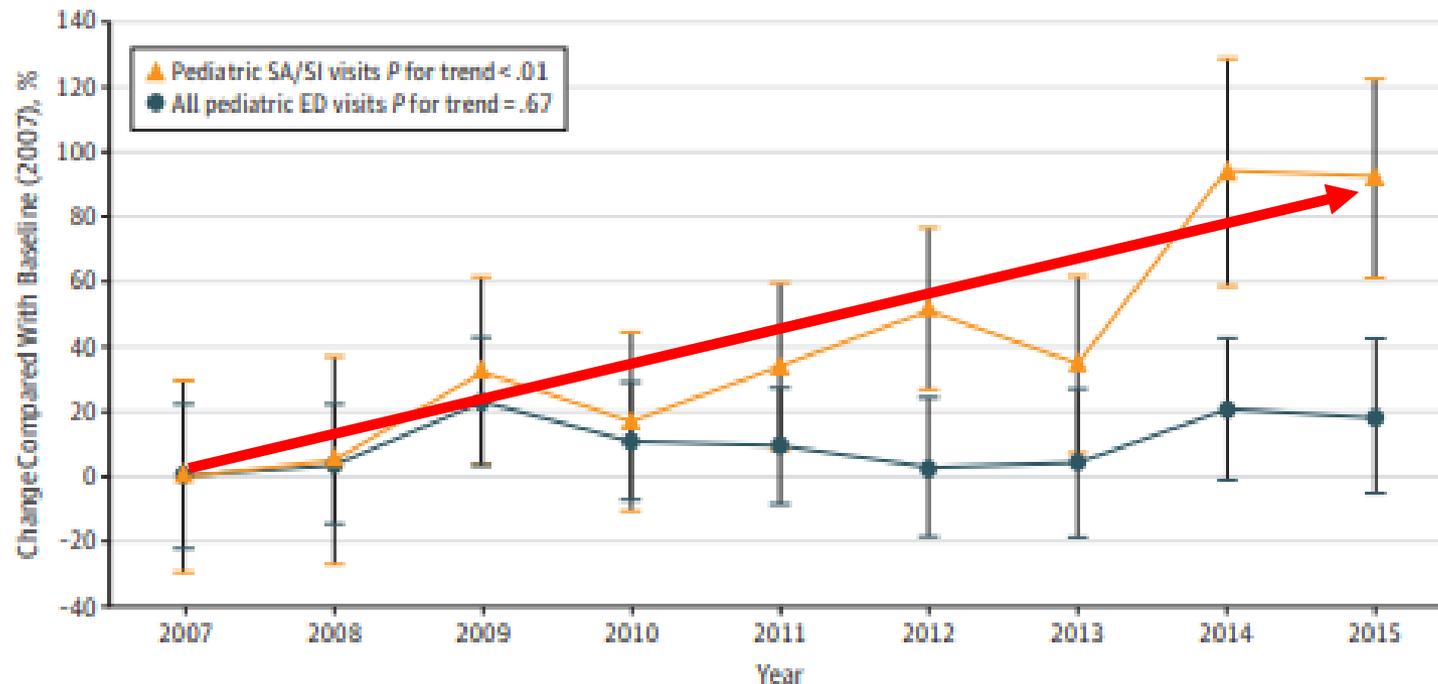
Preferred to  
non-preferred  
transitions

Availability of  
attention

# HOSPITALIZATIONS SUICIDAL IDEATION & ATTEMPTS

JAMA Network™

Figure. Associated Changes in Pediatric Emergency Department (ED) Visits for Suicide Attempts (SA) and Suicidal Ideation (SI)

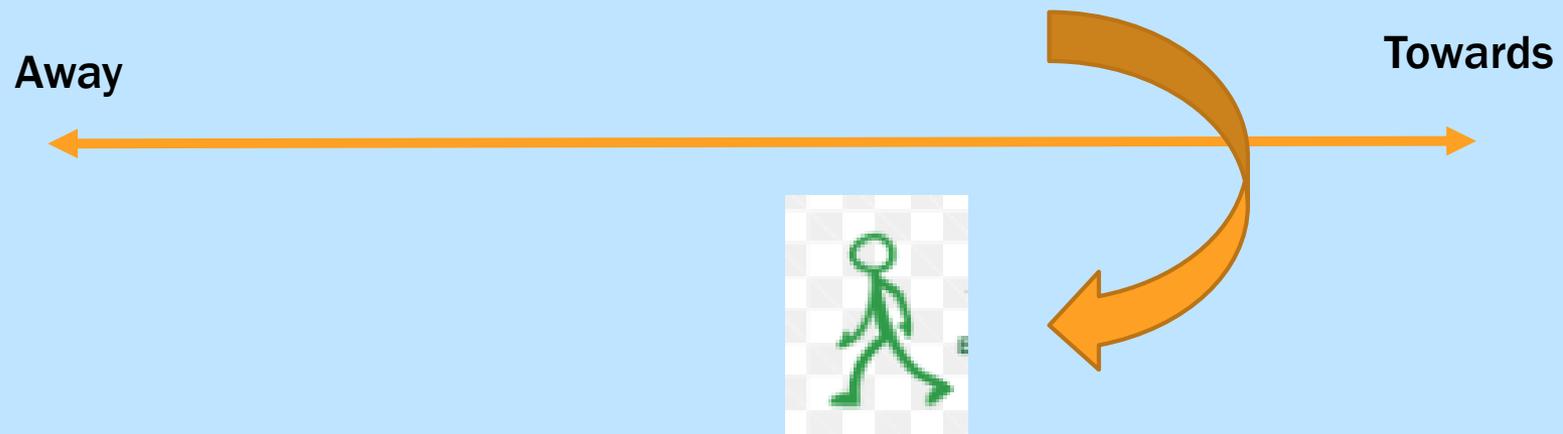


**100%**  
increase over  
8 years

**Biggest**  
increase  
among 6-11  
year olds

# MOST MENTAL HEALTH PROBLEMS

- **Experiential avoidance**
  - attempts to avoid unwanted thoughts, feelings, memories, physical sensations, and other internal experiences that cause impairment in short- and long-term

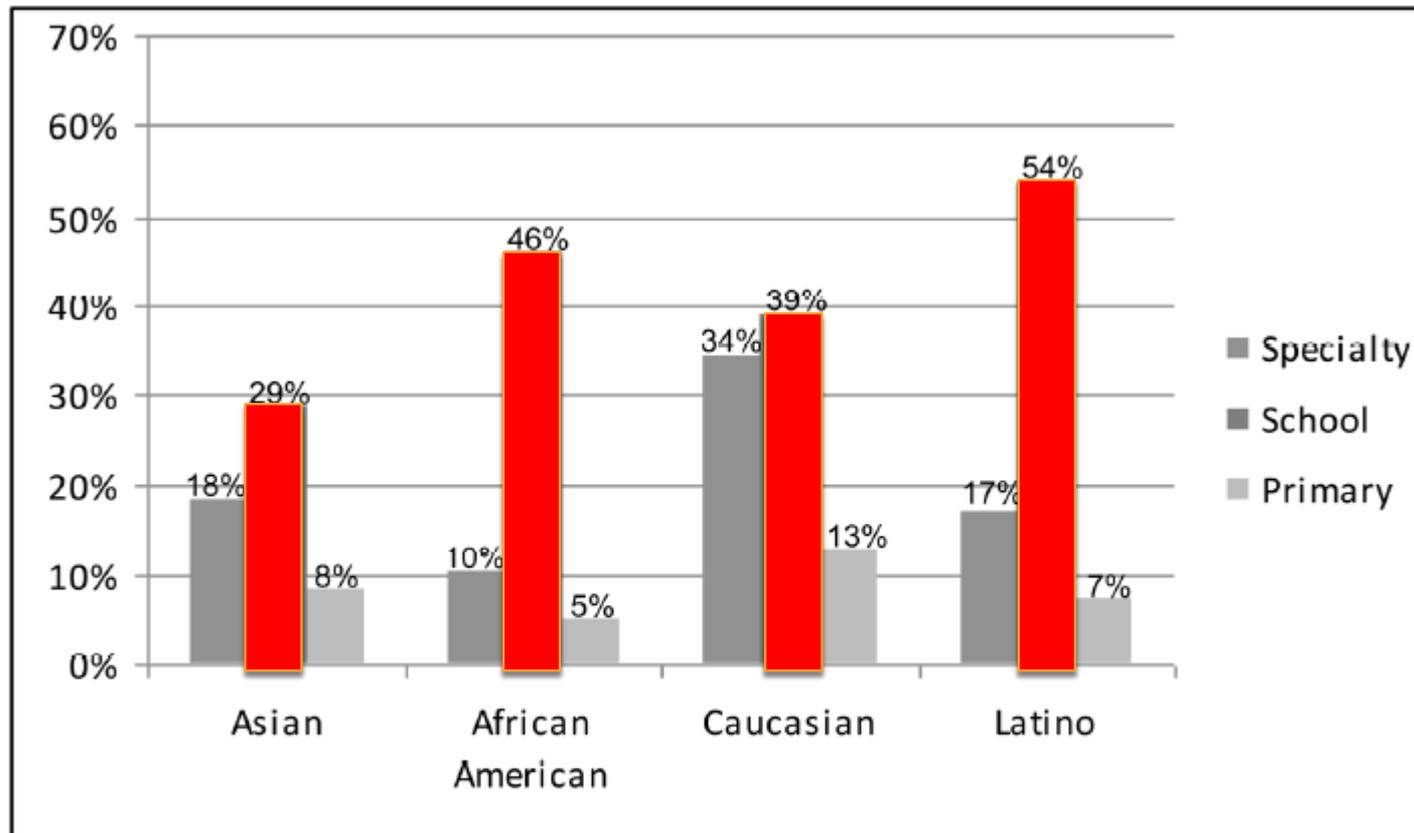




# THE PROBLEMS THAT NECESSITATE CHANGE

- **Longstanding disparities** for students living in poverty and from historically marginalized groups
  - Less likely to have secure relationships with educators
  - Less likely to receive effective services
  - More likely to receive exclusionary discipline
  - More likely to be referred for special education under EBD and placed in restrictive settings

# SCHOOLS IMPROVE SERVICE ACCESS FOR UNDERSERVED YOUTH (LYON, COOK ET AL., 2013)



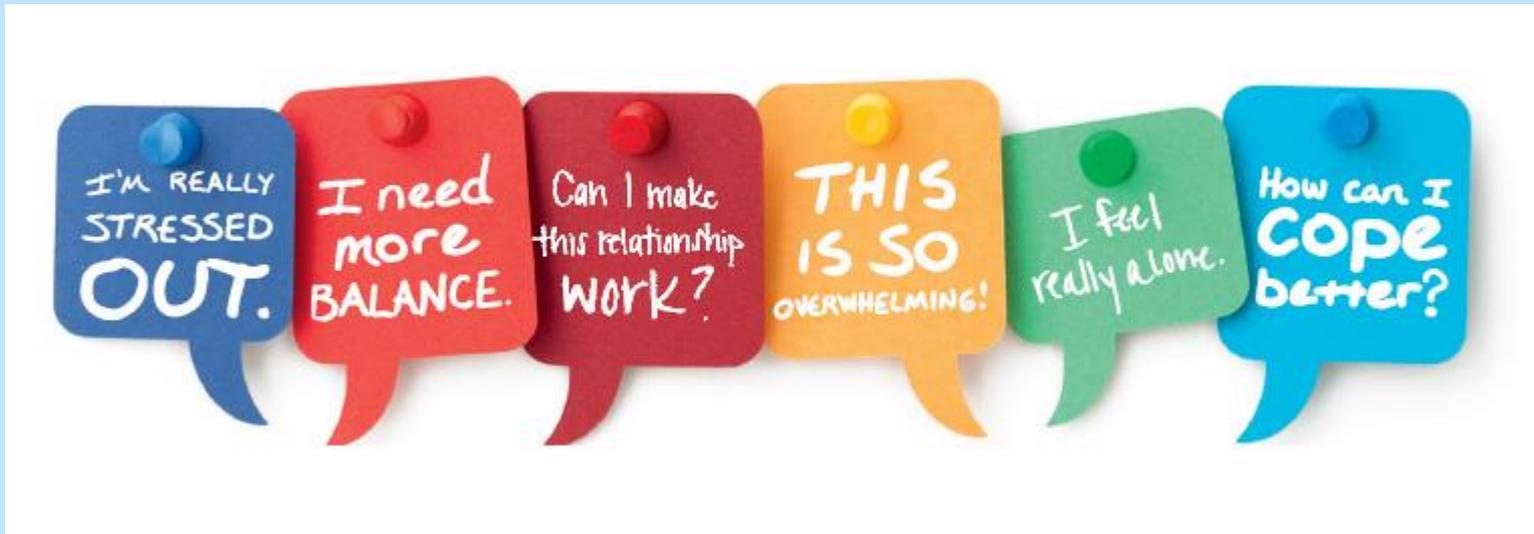
**Figure 2.**  
Parent reported youth service utilization by ethnicity and service sector (specialty, school, primary)

# HIGH PERFORMING SCHOOLS

- Now listed as one of the most potent risk factors for the development of mental health problems

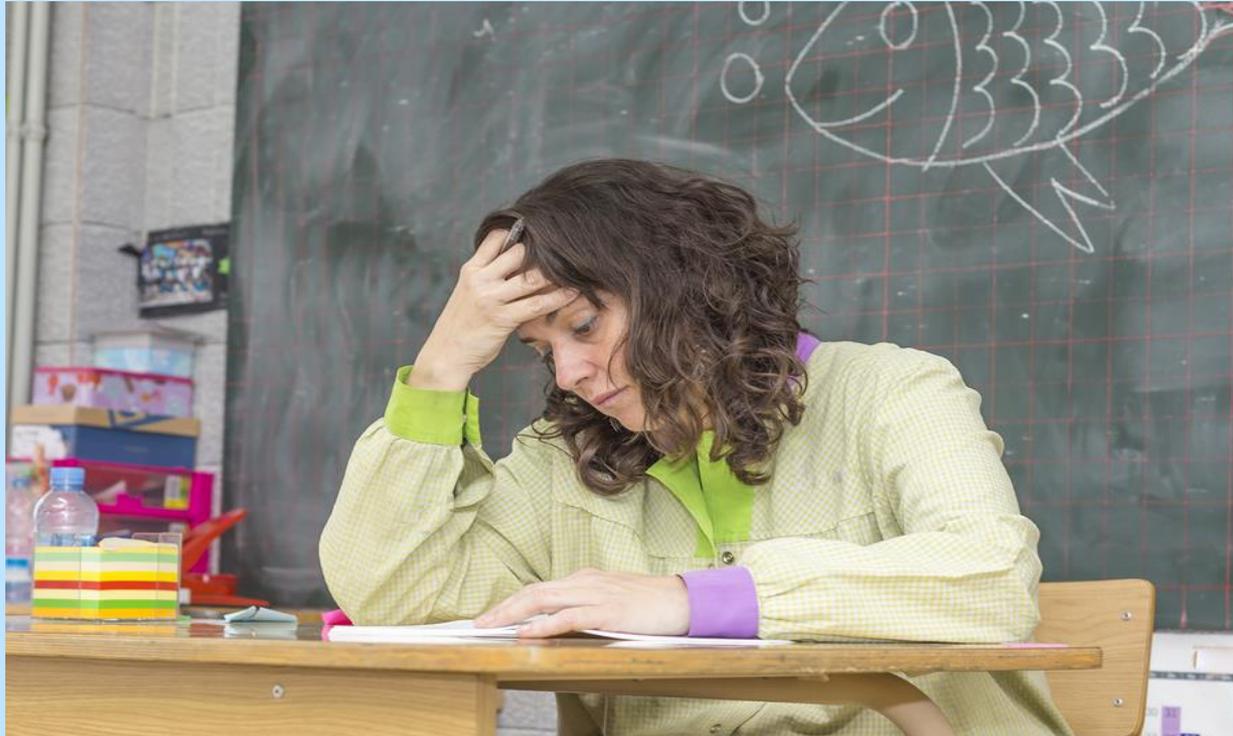


# CRISIS ON COLLEGE CAMPUSES

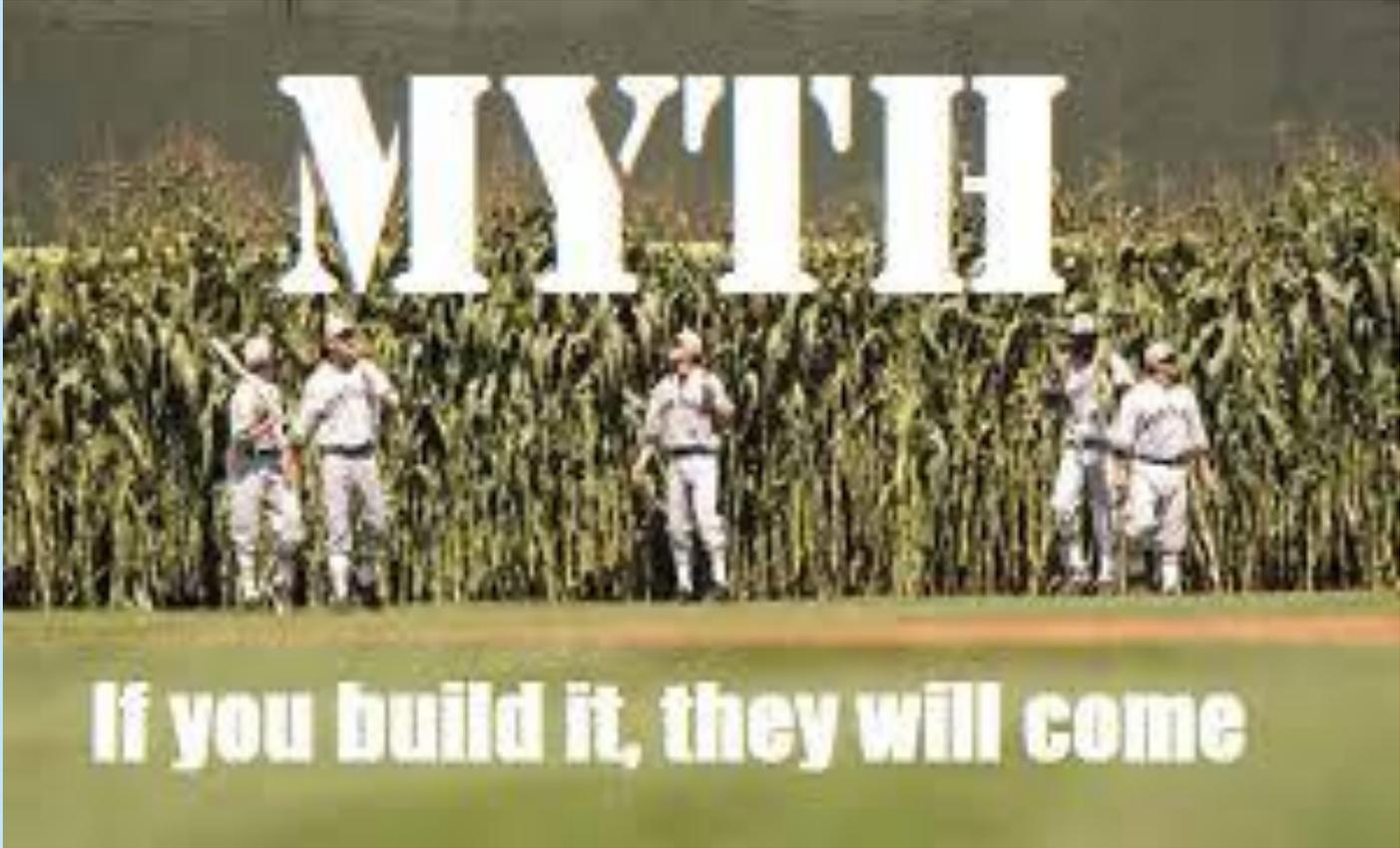


- Counseling centers are overwhelmed w/ need
- 30% dropout of 4-year institutions

# STRESS AND BURNOUT



- **Top sources**
  - Students with challenging behavior
  - Limited self-efficacy to meet the needs of students with social, emotional, behavioral needs
  - Implementation overload

A photograph of a baseball team standing in a cornfield. The word "MYTH" is written in large, white, serif capital letters across the top of the image. The players are wearing white uniforms and are positioned in a line across the middle ground. The background consists of tall corn stalks under a clear sky.

**MYTH**

**If you build it, they will come**

# WHERE DO KIDS NATURALLY EXIST?



# SCHOOLS AS THE DE FACTO MENTAL HEALTH SETTING

■ Student accessibility



■ Reduced stigma



■ Affordability



■ Coordination of care



# NASP STATEMENT

- “School psychologists are uniquely positioned in schools to facilitate the development, delivery, and monitoring of prompt, effective, and culturally responsive mental and behavioral health services of prevention and intervention.”
- “School Psychologists: Qualified Health Professionals Providing Child and Adolescent Mental and Behavioral Health Services”

# BIG QUESTIONS FOR THE FIELD



- How do school psychologists have an actual measurable influence on the mental health outcomes of children and adolescents?
- How can school psychologists optimize the impact they have on the mental health outcomes of children and adolescents?



**Are school psychologists taking up  
the torch of mental health?**



Where we are now

School psychologists are in a key position to advance school mental health, but research suggests that the majority of school psychologists are not assuming this role

(Curtis, Grier, & Hunley, 2003; Friedrich, 2010; Cook et al., 2017)

# SO, WHAT CAN WE DO TO TAKE UP THE TORCH OF CHILDREN'S MENTAL HEALTH?



# ROLES WE CAN PLAY

- Mental health advocacy
- Mental health provider
- Mental health implementation intermediary



# MENTAL HEALTH ADVOCACY

- Strategic support for a particular cause
  - Outcomes of advocacy = awareness, knowledge, and motivation



# MENTAL HEALTH ADVOCACY

- **Advocacy to influence local and state policy**
  - **District policy that allocates money, protected time, and supports**
  - **Levy-funding dedicated to school mental health**
  - **Lobbying for state level policy**

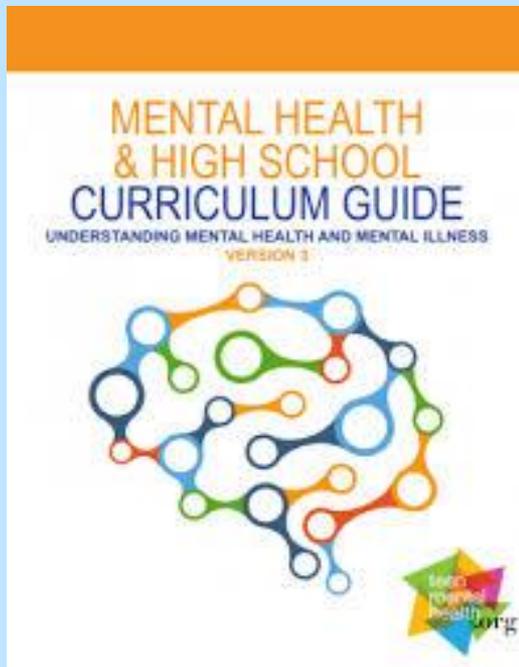


# MENTAL HEALTH LITERACY

- **Advocacy to promote mental health literacy**
  - defined as understanding
    - how to obtain and maintain positive mental health;
    - understanding mental health problems and their treatments; decreasing stigma related to mental health problems; and, enhancing help-seeking efficacy.



# MENTAL HEALTH LITERACY



# SCHOOL-BASED MENTAL HEALTH PROVIDERS

## ■ Who are these people?

Social worker

Counselor

Co-located mental health provider

School psychologist???

# SCOPE OF PRACTICE AND COMPETENCE

- **Scope of practice**
  - The range of activities that a qualified practitioner of an occupation may perform
- **Scope of competence**
  - Developing the competence to perform certain activities through learning,



# REPERTOIRE OF EVIDENCE-BASED PRACTICES

## ■ Tier 2

- Small group & brief therapeutic interventions

## ■ Tier 3

- Function-based behavior intervention planning
- Cognitive behavior therapy
  - Trauma, anger, anxiety, depression
- Evidence-based parent training intervention

# Function-based Behavior Intervention Programming

## Prevention/Proactive Supports

## Teaching Skills

## Consequent Strategies

### Setting Events

An event that increases the likelihood that the trigger will provoke the behavior

### Triggering Antecedents

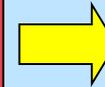
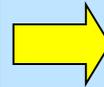
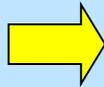
The immediate event that provokes the behavior

### Problem Behavior

The main behavior(s) of concern

### Maintaining Consequences

The purpose or reason why the problem behavior occurs (i.e., function)



# Pathway Chart

**Key question:**  
Does the student have the prerequisite skills to go the upper pathway when faced with the trigger?

**3. Setting Events**  
An event that increases the likelihood that the trigger will provoke the behavior

**2. Triggering Antecedents**  
The immediate event that provokes the behavior

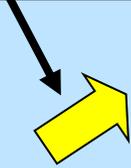
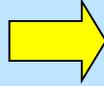
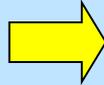
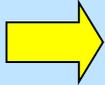
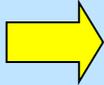
**1. Problem Behavior**  
The main behavior of concern that is having a negative impact

**4. Maintaining Consequences**  
What happens after the behavior that maintains it (i.e., function)

**7. Socially, acceptable FERB**  
A functionally-equivalent replacement behavior that is socially acceptable

**5. Desired Alternative**  
In the presence of the trigger, what we want all students to do

**6. Typical Consequence**  
What the naturally available consequences (i.e., typical payoff) are for exhibiting the desired behavior



# STRATEGIES WE SELECT AND USE

Setting Event  
Strategies

Antecedent  
Strategies

Teaching  
Strategies

Consequence  
Strategies

enter  
bility

# THE COGNITIVE BEHAVIORAL MODEL

## CBT STRATEGIES

**Situation**

Awareness of triggers &  
exposure activities



**Thoughts &  
Meaning Making**

Cognitive restructuring (helpful  
vs. unhelpful thoughts)



**Reaction**

Teaching skills:  
relaxation, coping,  
problem-solving

**(Emotional, Behavioral and Physiological)**



**Consequences  
(Perceived and actual)**

Contingency  
management &  
reactive strategies

Typical child



Darn it! I stepped in dog poop. I better clean it off so I can go to school.



Depressed child



Of course, I step  
in dog CRAP.  
How symbolic. I  
can't do anything  
right. I am a  
piece of crap.



Anxious child



OMG! This is horrible! I can't go to school. Everyone will call me stinky dog poop boy!!!



Aggressive child



@#\$%# dog!! I bet  
the owner made  
the dog poop here  
on purpose. If I  
saw the owner, I'd  
kick his butt.



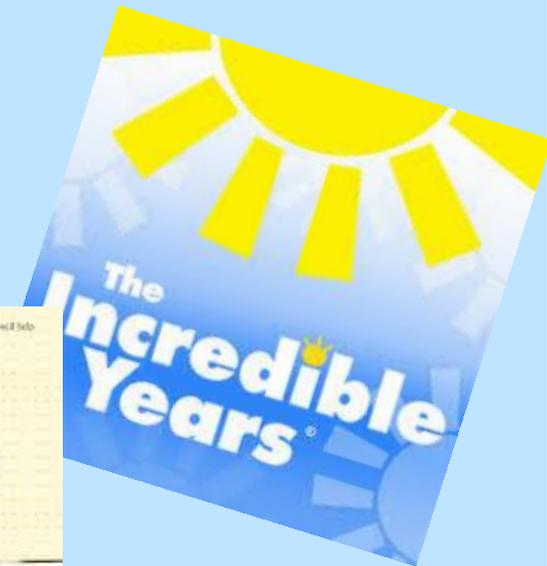
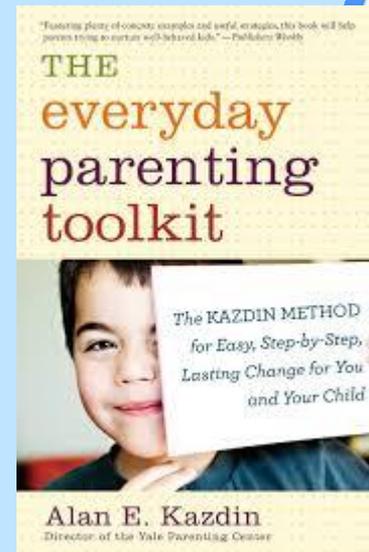
Child with ADHD



Hmmm..something  
felt squishy. Oh  
look at that bird.

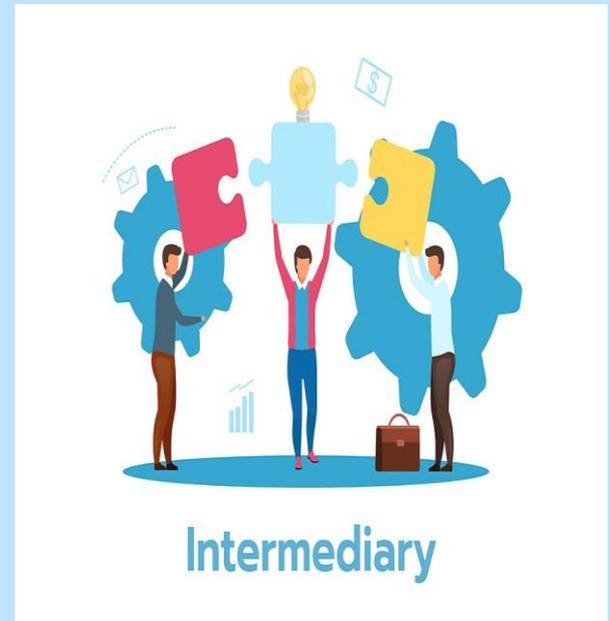


# EVIDENCE-BASED PARENT TRAINING



# IMPLEMENTATION INTERMEDIARY

- A person with expertise in implementation who is able to work with and through others to influence the successful adoption, delivery, and sustainment of evidence-based programs and practices
- Translates implementation science into everyday implementation practice



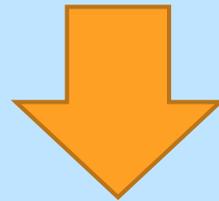
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EVIDENCE-BASED  
PRACTICE REQUIRES  
EVIDENCE-BASED  
IMPLEMENTATION

- Jeremy Grimshaw

”

On one hand.....School Psychs **cannot** carry the burden of knowing all the existing evidence-based practices to prevent and address social, emotional, behavioral needs.



On the other hand....School Psychs **can** carry the burden of having a deep understanding of the science of implementation to apply it in practice to support the successful implementation of evidence-based practices

# LET TALK ABOUT “THINGS”



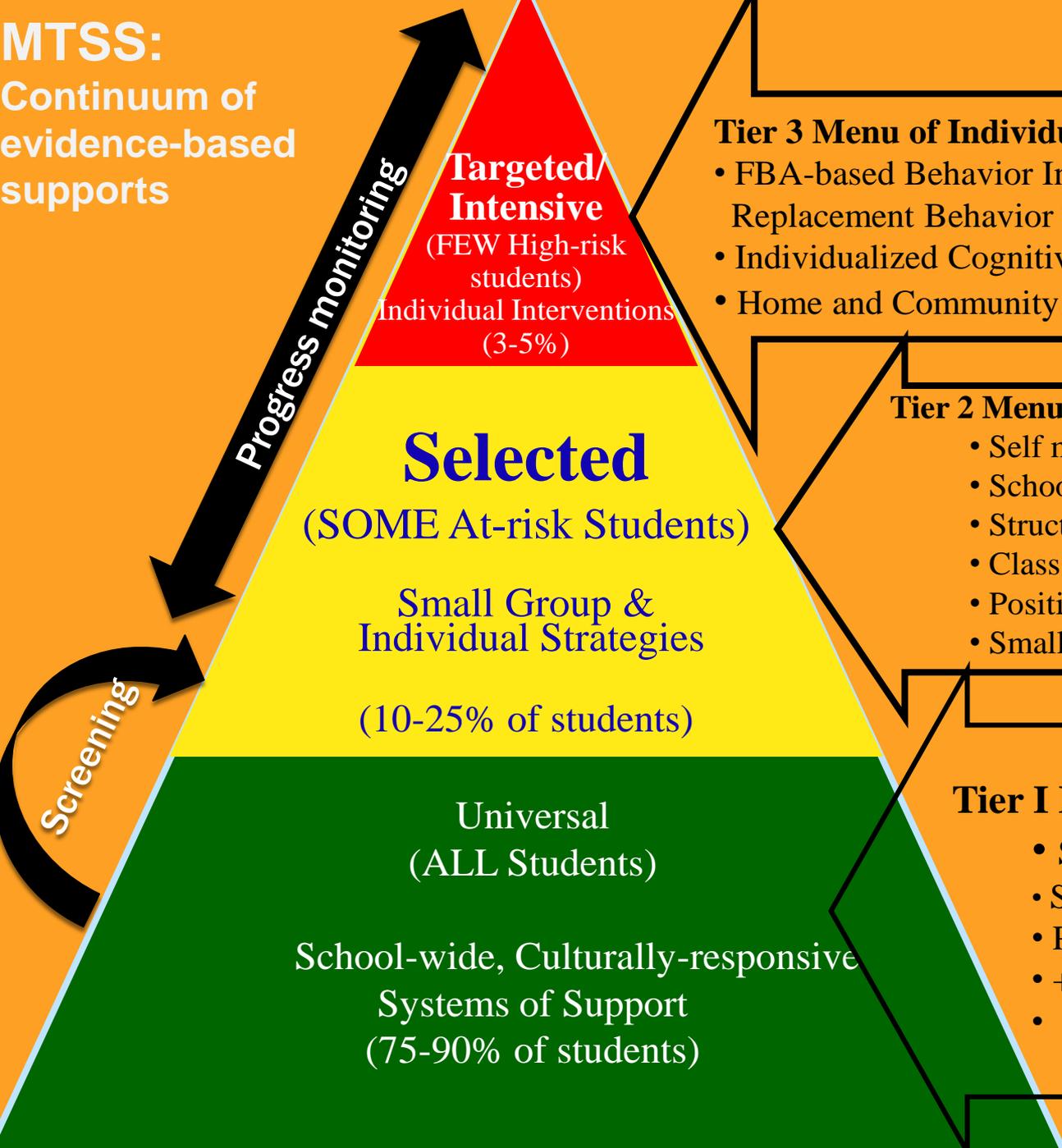
- Programs (e.g., SW-PBIS; SEL curriculum)
- Practices (e.g., positive greetings at the door)
- Principles (e.g., equity, early intervention)
- Procedures (e.g., screening for behavior)
- Products (e.g., FastBridge; Aimsweb)
- Policies (e.g., alternative to suspension)
- Processes (e.g., problem-solving process)

# WHAT 'THINGS' CAN BE INTEGRATED TO PROMOTE STUDENT MENTAL HEALTH?



# MTSS:

Continuum of evidence-based supports



**Targeted/  
Intensive**  
(FEW High-risk students)  
Individual Interventions  
(3-5%)

### Tier 3 Menu of Individual Supports for a FEW:

- FBA-based Behavior Intervention Plan w/ Replacement Behavior Training
- Individualized Cognitive Behavior Therapy
- Home and Community Supports

**Selected**  
(SOME At-risk Students)

Small Group &  
Individual Strategies

(10-25% of students)

### Tier 2 Menu of Default Supports for SOME:

- Self monitoring
- School-home communication system
- Structured mentor-based program
- Class pass intervention
- Positive peer reporting
- Small group SEL & SST

Universal  
(ALL Students)

School-wide, Culturally-responsive  
Systems of Support  
(75-90% of students)

### Tier I Menu of Supports for ALL:

- School-wide PBIS
- SEL curriculum & instruction
- Proactive classroom management
- + Relationships w/ ALL Students
-

# ENABLING CONDITIONS FOR POSITIVE MENTAL HEALTH

- Relationships with others that cultivate a sense of belonging
- Environments characterized as positive, safe, predictable, and structured
- Intentionally taught social-emotional skills
- Basic needs met – sleep, food, physical activity,

# DISSEMINATION AND IMPLEMENTATION

Methods and strategies to help people/places DO THE 'THING'



# SOME ADDITIONAL STUFF ABOUT THE ‘THING’

- Dissemination is the stuff we do to increase people’s AWARENESS, KNOWLEDGE, AND MOTIVATION about the ‘THING’
- Implementation strategies are the stuff we do to try to HELP PEOPLE/PLACES DO the ‘THING’
- Implementation outcomes are HOW WELL people PERCEIVE and DO THE THING



# WHAT IS IMPLEMENTATION?

# IMPLEMENTATION DEFINED

- **Implementation** – the process of supporting the successful adoption, delivery, and sustainment of known effective “THINGS” to improve the quality of and outcomes associated with routine practice
  - Successfully implementing = fidelity
    - **Adherence** – delivering the core steps/components
    - **Dosage** – delivering the right amount
    - **Competency** – delivering it skillfully & in an engaging way

# WHY DOES FIDELITY MATTER?



**Engineer**



**Mechanic**



**Pilot**



**Farmer**



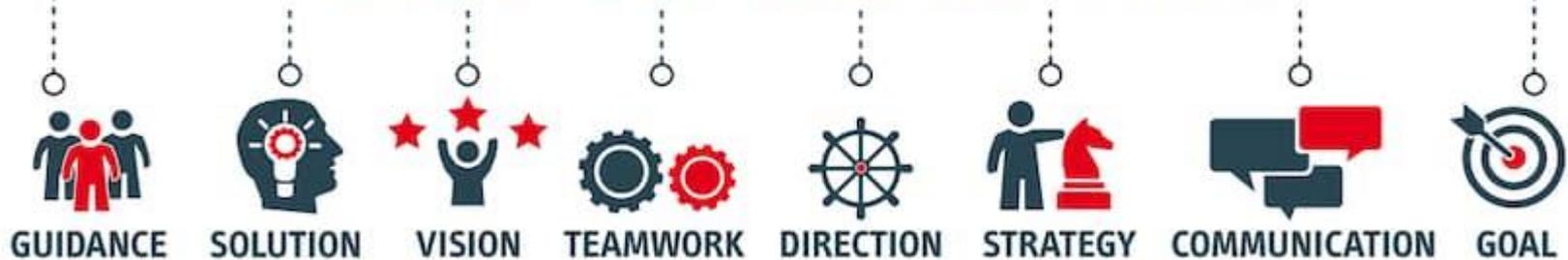
**Physician**



**Educator**

# MAKING IT HAPPEN: LEADERSHIP

## LEADERSHIP



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# MAKING IT HAPPEN: ALLOCATING TIME, ATTENTION, AND RESOURCES

- That which gets allocated, gets implemented
- Allocation of what:
  - *Protected time for reflection*
  - *Resources: materials, professional development*



*Don't tell me what you value, let me see what you're allocating time and resources to and I'll tell you what you value.*

# MAKING IT HAPPEN: DISSEMINATION & IMPLEMENTATION TEAMS

- Purposeful, active, and effective implementation work (making it happen) is done by *Dissemination & Implementation Teams*



# RECIPE FOR IMPLEMENTATION SUCCESS

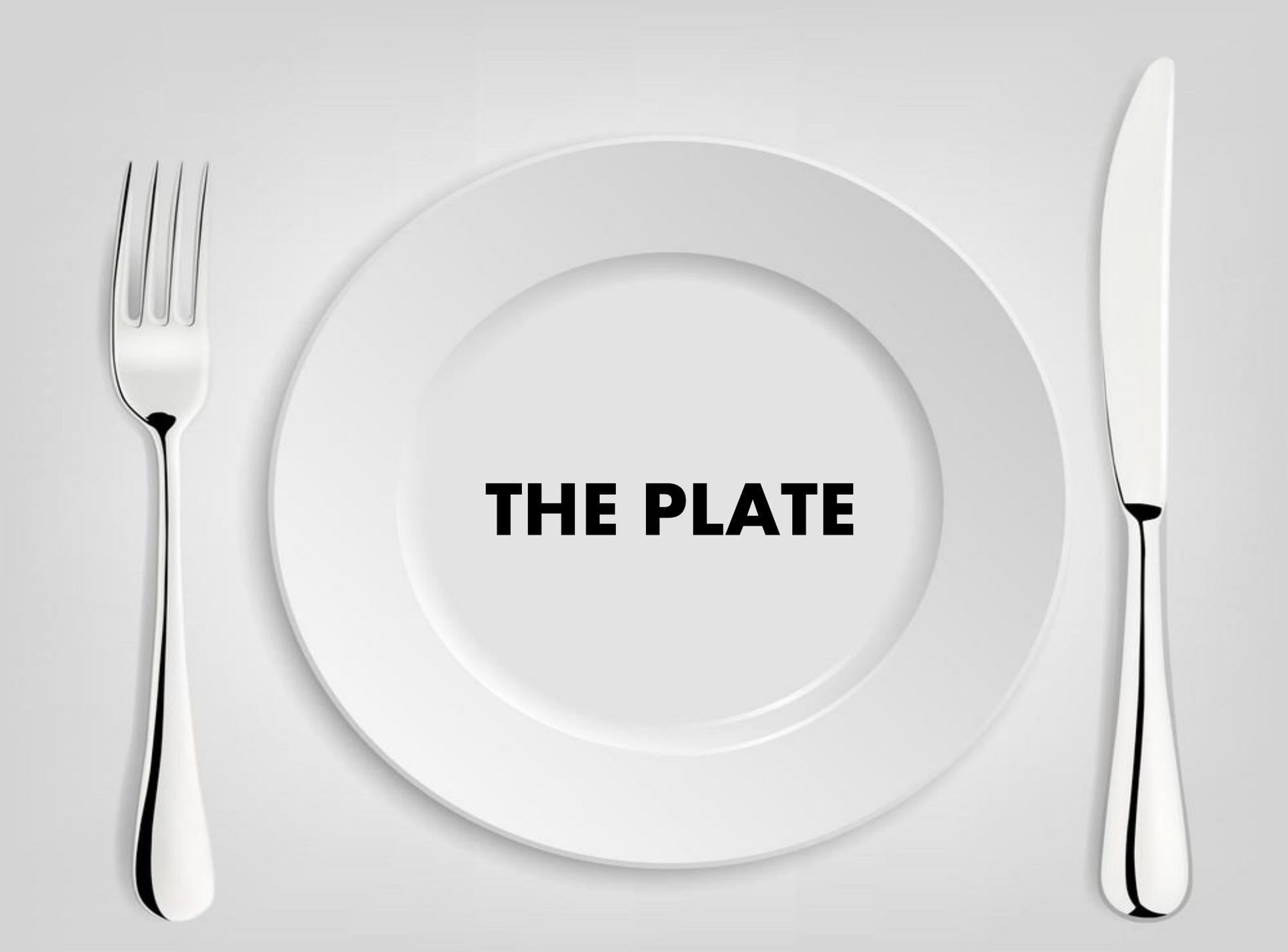


# SITED-BASED DISTRIBUTED LEADERSHIP TEAM



# SCHOOL PSYCHS CAN TRANSFORM THE LANDSCAPE OF CHILDREN'S MENTAL HEALTH

- **Mental health advocate**
- **Mental health provider**
- **Mental health implementation intermediary**

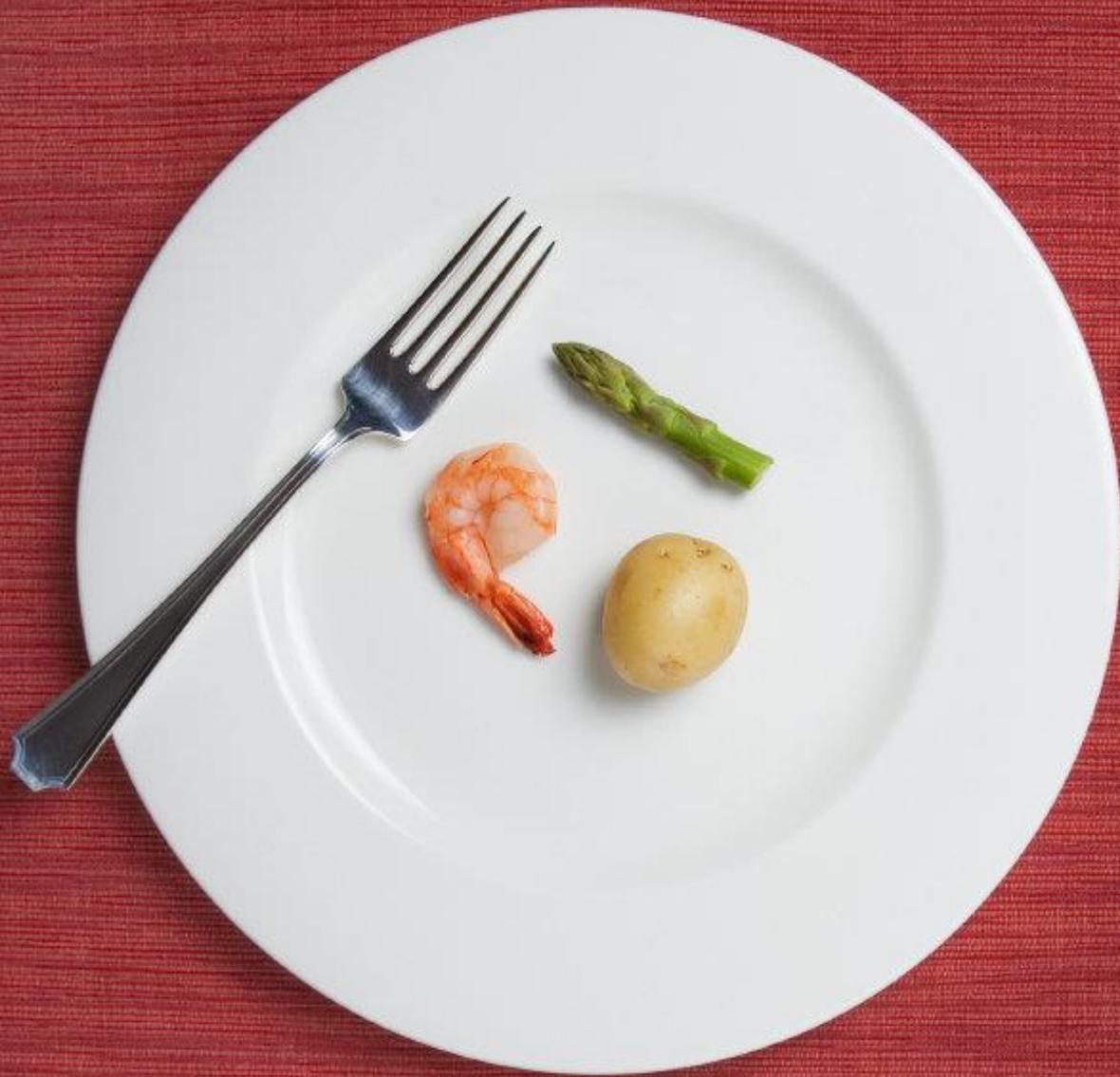
A top-down view of a white ceramic plate set on a light gray surface. The plate is centered and has a subtle rim. To the left of the plate is a silver fork, and to the right is a silver butter knife. The text "THE PLATE" is printed in a bold, black, sans-serif font in the center of the plate's surface.

**THE PLATE**



**MY PLATE IS FULL OF FOOD**

**AND IM NOT AT THE END OF THE BUFFET  
LINE YET**





# SCHOOL PSYCHOLOGISTS



# WHAT SHOULD GO ON OUR PLATES?

