Additional Resources

SMHI Clearinghouse www.regionalk12smhi.org

NREPP: www.nrepp.samhsa.gov

CEBC: www.cebc4cw.org

Colorado Blueprints: www.colorado.edu/cspv/blueprints/

OJJDP: www.ojjdp.gov/MPG

Active Implementation: http://implementation.fpg.unc.edu

PBIS: www.pbisapps.org

California Mental Health Service Act: http://calmhsa.org/

Kognito: http://california.kognito.com/

SAMSHA: www.samhsa.gov

Active Implementation Hub: http://implementation.fpg.unc.edu/

California Association of School Psychologist: http://www.casponline.org/

California Department of Education: http://www.cde.ca.gov/ls/cg/mh/

Providing Mental Health Services within a Multi-Tiered System of Supports

By Kelly Vaillancourt, Katherine C. Cowan, & Anastasia Kalamaros Skalski
National Association of School Psychologists

Supporting children's mental health is critical to their success in school and life. Mental health services for children and youth are most effective when provided as a continuum of care that integrates schools, families, and communities. This continuum of care is most commonly known as a *multi-tiered system of supports* (MTSS). School-based and community-based providers bring specific expertise and levels of service to the process, and MTSS keeps the focus on meeting student needs within the right settings, with the right services, and with the best qualified personnel. The MTSS framework encompasses prevention and wellness promotion, universal screening for academic and behavioral barriers to learning, implementing evidence-based interventions that increase in intensity as needed, monitoring the ongoing progress of students in response to implemented interventions, and engaging in systematic decision making about programming and services needed for students based upon specific student outcome data.

School mental health professionals can be effective advocates for moving toward an MTSS approach for school-based mental health services at the systems level. Knowing and being able to articulate the benefits of MTSS and the steps toward implementation is critical to such advocacy.

BENEFITS OF AN MTSS FRAMEWORK FOR SCHOOL MENTAL HEALTH SERVICES

Multi- tiered systems of support that include prevention and intervention services improve behavior. Teachers frequently cite student behavior as a barrier to effective instruction. Among teachers who leave the profession, a significant percentage cites student discipline problems (Ingersoll, 2001) as a reason for their dissatisfaction and decision to leave. Positive behavioral interventions and supports is one example of an evidence-based multi-tiered system of support in which students have access to a wide range of behavioral and mental health interventions by highly trained school-employed and community-based personnel. This type of whole-school intervention has been shown to decrease behavior problems while improving academic success (Luiselli, Putnam, Handler, M. W., & Feinberg, 2005; Nelson, Martella, & Marchand-Martella, 2002). When students are engaged and demonstrating appropriate behavior, teachers are able to focus on what they do best, which is to provide high quality and rigorous instruction to students.

Multi-tiered systems of support improve access to needed services and resources. Comprehensive and collaborative mental health services within an MTSS model involves collaborating with a variety of professionals, including community-based professionals. Although schools do have a responsibility to address mental health concerns that impede a student's ability to learn, there may be circumstances in which a continuum of supports are necessary that include both school-based services and services within the community. Sometimes these services are co-located within the school. Sometimes they are located at community mental health agencies or other community settings. In either case, in an MTSS model, these services are collaborative and involve active coordination between school- and community-employed professionals. Implementing MTSS in the school increases student access to school-based services, and provides an avenue for identification of available resources in the community. Coordination of these services and resources can address additional needs of students and families and help them be successful in all aspects of their lives.

Multi-tiered systems of support improved engagement and collaboration. The very nature of MTSS encourages collaboration among the home, school, and community. In fact, many models mentioned in this chapter emphasize the role of the community in determining specific services needed at each individual school.

MTSS improves collaboration among staff members in the school and with parents. One key component of a response-to-intervention (RTI) framework is creating partnerships between the school and family. Research indicates that family–school partnerships positively impact children's school success (Christenson, 2004) and that school–based behavioral consultation helps to remediate both behavioral and academic difficulties for children (MacLeod, Jones, Somer, & Harvey, 2001).

One of the best ways to attain buy-in for a new initiative or for changes in existing programs is to seek input from all those who will be effected by the change. MTSS is not driven by one person's opinion about what may work. All teachers, administrators, specialized instructional support personnel, and other staff are involved in identifying students who may need extra support, collaborating with parents to determine the most appropriate interventions, and monitoring the progress of the

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intervention. Utilizing this framework helps to make sure everyone's voice is heard and ultimately results in better outcomes for all students.

Service delivery within a multi-tiered system of supports increases student engagement and improves achievement. The ultimate goal of building principals and district superintendents is to maximize achievement so that students can achieve scholastic and career goals. Comprehensive school-based mental health programs provide a wide range of prevention and intervention services that are based on student need and that address students' behavioral, emotional, mental, and social functioning. Rigorous instruction and effective leadership contribute to student achievement; however, students who receive social–emotional support and prevention services achieve better academic outcomes (Greenberg et al., 2003). These types of whole-school interventions, delivered within an RTI framework, have also been shown to improve school climate. Improving school climate and student engagement and connectedness is associated with increased achievement in reading, writing, and math (Spier, Cai, & Osher, 2007).

TIPS FOR BUILDING AN MTSS MODEL

Understanding the benefits of an MTSS model is only valuable when the model is adopted and implemented in reality. There are several important steps for advocates of this model to consider in the quest for its adoption.

1. **Convene an MTSS Community of Practice (COP) with a shared commitment of working toward the implementation of a comprehensive and coordinated system of learning supports.** Given the complexity of relationships involved in developing effective partnerships across complex systems (schools and communities), it is necessary to utilize a model for working together that can bring together a variety of stakeholders on a level playing field. Based on the work of Wenger (2006), a community of practice brings together a group of people who share a concern or passion for something they do and, through their interactions with one another, learn how to do it better. A key feature of establishing the COP is engaging a broad base of stakeholders impacted by this work and empowering them as collaborative decision makers.
2. **Assess existing needs, resources, and conduct a gap analysis.** The COP will examine the existing needs and resources in the system and then analyze these data to determine where needs are not matched by available resources.
3. **Determine the infrastructure goals, objectives, and desired outcomes.** After studying the assessment and analysis, the COP can set a shared mission, vision, and goals to drive their work. These goals should speak to the current and needed investments of the systems and what it will take in order to achieve the desired outcomes.
4. **Determine strategies for effective collaboration.** One critical feature of an effective MTSS system is that the services and supports are truly collaborative and coordinated. These services should include investing in the school's infrastructure while also supplementing the existing resources and services available in the schools. Open communication, active coordination, shared decision making, and shared accountability are all critical elements to effective collaboration.
5. **Implement comprehensive and coordinated services and supports.** Most systems adopting an MTSS approach will benefit from having written agreements (Memorandums of Understanding/MOU) that will guide the collaborative work. These MOUs could include agreements related to a variety of issues including finances, settings, services, roles, and responsibilities.
6. **Monitor progress and evaluate system strengths and needs. Revise and reevaluate as warranted.** An effective MTSS system will include regular monitoring of student and program outcome data and analyses focused on continual improvement. This process will be ongoing and adopted within the operations of the COP as normal part of interacting.

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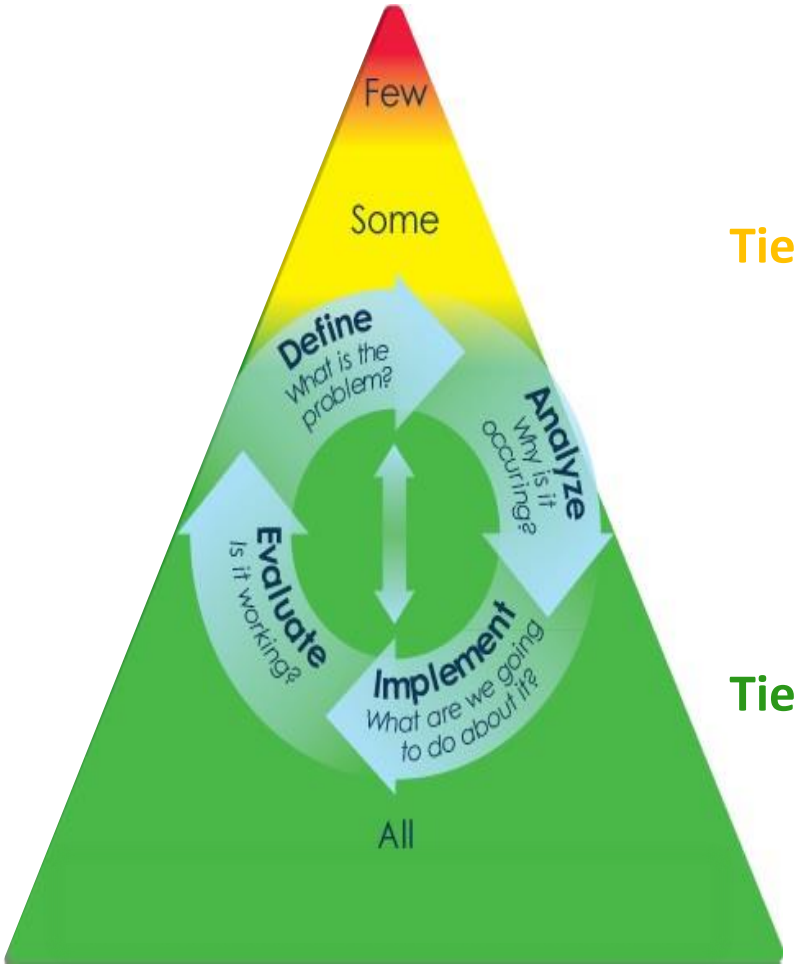

Tier III: _____

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Tier II: _____

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Tier I: _____

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Multi-tier System of Supports for Student Wellness

Considerations for Practices Across Implementation Tiers and Contexts

	SCHOOL	CLASSROOM	INDIVIDUAL	HOME/COMMUNITY
Tier I (All)	• School and mental health professionals work together for indicated prevention programming (e.g., bullying, substance use, pregnancy) • Explicit instruction of positive expectations within all school settings, based on a school-wide matrix	• Effective instructional and classroom management practices for all • Positive and high expectations for all students • Explicit instruction of positive expectations within all classroom routines, based on classroom matrix	• All students, including students receiving Tier II and III interventions, access supports included in Tier I • Students' Tier II and III plans should be developed to align with Tier I or school-wide supports	• Implement strategies to engage all parents and families. Consider the following examples: Parent workshops, where parents-trainers work with other parents, electronic or web-based resources available for all families, "mental health first-aid training" • Increase opportunities for positive communications with families
Tier II (Some)	• A school-wide team meets regularly, reviews data to identify students who require additional support, selects among evidence-based Tier II interventions, and monitors staff members' implementation	• Mental health supports push-in to classroom setting to assist students who are at-risk • Teachers implement classroom components of Check-In Check-Out (CICO) or other Tier II practices with fidelity	• Targeted-group interventions (e.g., CICO) implemented by in-school and community-based providers • Teachers provide indicated behavioral interventions for students identified as needing them (e.g., daily report cards, organization interventions)	• Invest in interventions that build and strengthen the link between home and school (e.g., CICO) • Increase the frequency of family contacts, and provide supports required for families to effectively engage with school and vice versa • Staff develop enhanced relationships with parents of those students exhibiting problems

Adapted From
ADVANCING EDUCATION EFFECTIVENESS:
INTERCONNECTING SCHOOL MENTAL HEALTH
AND SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT (2013)

Considerations for Practices Across Implementation Tiers and Contexts

Tier III (Few)	• A school-wide team meets regularly, reviews data to identify students who require additional support, selects among evidence-based Tier III interventions, and monitors staff members' implementation	• Teachers implement classroom components of function-based behavior support plan or other plan components developed through a wraparound process	• Intensive, individualized, function based behavioral interventions that include antecedent, instructional, and consequence strategies • School mental health professionals provide evidence-based treatment services to indicated students (e.g., cognitive behavioral therapy) • Additional student and family supports developed through a wraparound process	• Actively engage families in positive activities (e.g., cookouts) • Engage families in developing function based or other supports through person-centered planning and/or wraparound processes • Staff member with established relationship with parents of identified students, work closely and communicate regularly about services and progress

*Although the practices identified in Table may apply to many schools, they may not be necessary, feasible, or contextually relevant for all schools. Thus, administrators, educators and school mental health professionals should engage in a data-driven process to select appropriate practices for their schools.

Adapted From
ADVANCING EDUCATION EFFECTIVENESS:
INTERCONNECTING SCHOOL MENTAL HEALTH
AND SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT (2013)

PBIS: Multi-tiered Supports for Students - Example

School Site: Washington Middle School

Tier Intervention	**Define** What the Problem is? Data Source/Evidence	**Analyze** Why it is Occurring?	**Implement** What are we going to do about it? G=Gap C= Community F= Family S= School	**Evaluate** Is the solution working?
Tier I	Inconsistent expectations & consequences	Staff didn't have consistent framework/policies/agreements.	(SF)PBIS Implementation: Expectations/Teaching/ Recognition/Consistent Consequences/Data & Evaluation	Yes; 85% of the students are receiving 0-1 ODR's
Tier Intervention	**Define** What the Problem is? Data Source/Evidence	**Analyze** Why it is Occurring?	**Implement** What are we going to do about it?	**Evaluate** Is the solution working?
Tier II	Small group of students having difficulty on the playground: aggression/disrespect Group of students having difficulty at the beginning of the day Group of students needing social skills instruction	Students need more training & supervision Difficult transition to school; need more attention Need training on positive ways to access peer attention	(S) Recess Club (S) Breakfast Club (S) Social Skills group	Monitor referrals at recess Pre-post student and teacher survey Pre-post student and teacher survey Monitor ODRs
Tier Intervention	**Define** What the Problem is?	**Analyze** Why it is Occurring?	**Implement** What are we going to do about it?	**Evaluate** Is the solution working?
Tier III	Decreased attendance among small group of Latino Students.	3 Latino students decreased attendance due to familial cultural differences about school. High conflict related to cultural issues.	(C) Refer students and family to Functional Family Therapy (FFT) (C) Refer to Latino Leadership Council	Monitor pre-post attendance patterns Monitor ODR Pre-Post student & family survey

PBIS: Multi- Tier Supports for Students

School Site_____

Tier Intervention	**Define** What the Problem is? Data Source/Evidence	**Analyze** Why it is Occurring	**Implement** What are we going to do about it? G=Gap C= Community F= Family S= School	**Evaluate** Is the solution working?
Tier I				
Tier Intervention	**Define** What the Problem is? Data Source/Evidence	**Analyze** Why it is Occurring	**Implement** What are we going to do about it?	**Evaluate** Is the solution working?
Tier II				
Tier Intervention	**Define** What the Problem is?	**Analyze** Why it is Occurring	**Implement** What are we going to do about it?	**Evaluate** Is the solution working?
Tier III				

Tier 2 Intervention Inventory

Leataata Floyd Elementary

Tier 2 Intervention	Capacity (# of students at one time)	Coordinator	Description of students intervention is an appropriate fit	Evaluative Data to be Used	# of students		Maintain, Revise, or Cancel?
					Referred	Successful	
Check-in, Check-out	15-25	M. Blanton	Students who engage in problem behavior in order to obtain adult attention or who find adult attention reinforcing	SWIS Data Charts, Student/Family/Teacher interview			
Social Skills Groups	6-8 (up to 3 groups)	R. Webb	Students who have trouble making or maintaining appropriate friendships, following basic school rules, attention difficulties, or engage in attention-seeking behaviors	Pre/Post survey of teachers/students			
50 Acts of Leadership	3-5 per group	City Year	Students not meeting behavior expectations, and students who model meeting expectations	Journal entries, teacher and student survey			
Homework Club	<10	Teachers or Staff	Students who struggle academically or lack the organizational skills or self-management to complete homework independently	Homework/classwork completion, academic scores			
Lunch Bunch	<5	Teachers or Staff	Students who are relationship driven and may benefit from behavior coaching or relational skills	Student survey, referral data			
Burst Groups	<6 per group	Teachers, City Year, Paraprof	Students below proficiency levels in ELA as diagnosed by DIBELS assessments	DIBELS, TRC, and Burst data			

Tiers*	
Description	**Services**
Tier 1: Primary Wellness services that primarily help students prevent negative academic, social and health outcomes or mitigate acute problems related to those outcomes. Tier 1 includes school-wide activities and services accessed and available universally to all students without self- or staff-referral. [NOT RESOURCE-DEPENDENT IN THE SENSE THAT ANY STUDENT CAN ACCESS WITHOUT INCREASING RESOURCE BURDEN]	• Wellness Center Safe Space • School-wide Health Education & Promotion Activities • School-wide Awareness of Wellness Support Services (including the professional development and consultation with teachers and other school staff) • Health education & awareness materials (Brochures, etc.) in Wellness Center and throughout school • Community Referral Resource • Referral to SAP • CAP • Freshman Orientation & Support
Tier 2: Secondary A constellation of group-based and one-to-one Wellness services that provide short-term support for students who have begun to present symptoms of negative academic, social and health outcomes. Tier 2 services are accessed by a selected number of students who self-refer or have been referred by a staff person. [LIMITED RESOURCES; NOT EVERYONE IN SCHOOL CAN RECEIVE]	• Clinical Needs Assessment (such as HEADSSS) • Support and Empowerment Groups • Youth Outreach Leadership Program • Short Term Individual Services (mid-level risk, mid-level intensity, solution-focused brief interventions) • Referrals to community-based organizations for students & families • Tier 2 nursing Services (intervention for alcohol & tobacco, obesity, nutrition, etc.) • Acute Crisis Intervention & Support • SST/Family Meeting • BIS • Sensitive Services (referrals for STI & pregnancy testing; sexual health decision making) • Alternatives to suspension (restorative practices, etc.) • Mentoring Programs (such as Mentoring for Success)
Tier 3: Tertiary A constellation of group-based and one-to-one Wellness services that provide long-term, highly engaged support to students who have experienced or are currently experiencing serious negative academic, social and health outcomes or mitigate acute problems. Tier 3 services are accessed by an indicated number of students who are self-referred (?) or have been referred by a staff person. [LIMITED RESOURCES; NOT EVERYONE IN SCHOOL CAN RECEIVE]	• Mandated Reporting • Clinical Groups (such as Trauma, Grief & Loss) • Individualized Therapy • Tier 3 Nursing Services (management of chronic diseases ie: diabetes/asthma/medication monitoring) • Case management • Referrals to community-based organizations for students & families • Acute Crisis Intervention & Support (such as suicide assessment, 5150 evaluation, medical emergency, etc.) • Home Visit • Sensitive Services (pregnancy option counseling) • Eating disorder & Self-injurious Behavior interventions & referrals

The Hexagon Tool: Exploring Context

Adapted with permission by
The State Implementation & Scaling-up of Evidence-based Practices Center (SISEP)

Based on the work of
The National Implementation Research Network (NIRN)

Frank Porter Graham Child Development Institute

nirn National Implementation Research Network

State Implementation &Scaling-up of Evidence-based Practices

The Hexagon Tool helps states, districts, and schools systematically evaluate new and existing interventions via six broad factors: needs, fit, resource availability, evidence, readiness for replication and capacity to implement.

Broad factors to consider when doing early stage exploration of Evidence-Based Practices (EBP)/Evidence Informed Innovations (EII) include:

- **Needs** of students; how well the program or practice might meet identified needs.
- **Fit** with current initiatives, priorities, structures and supports, and parent/community values.
- **Resource Availability** for training, staffing, technology supports, curricula, data systems and administration.
- **Evidence** indicating the outcomes that might be expected if the program or practices are implemented well.
- **Readiness for Replication** of the program, including expert assistance available, number of replications accomplished, exemplars available for observation, and how well the program is operationalized
- **Capacity to Implement** as intended and to sustain and improve implementation over time.

A thorough exploration process focused on the proposed program or practice will help your Implementation Team(s) have a productive discussion related to the six areas listed above, and to arrive at a decision to move forward (or not) grounded in solid information from multiple sources. That information will assist you in communicating with stakeholders and in developing an Implementation Plan.

There are a number of discussion prompts listed under each area of the hexagon. These prompts are not exhaustive, and you may decide that additional prompts need to be added. The prompts direct you to relevant dimensions that your team may want to discuss before rating the factor.

For example, under the area labeled ***Fit,*** you are reminded to consider:

- How the proposed intervention or framework 'fits' with other existing initiatives and whether implementation and outcomes are likely to be enhanced or diminished as a result of interactions with other relevant interventions
- How does it fit with the priorities of your state, district, or school?
- How does it fit with current state, district, or regional organizational structures?
- How does it fit with community values, including the values of diverse cultural groups?

Recommendations for Using the Hexagon Tool

The following are SISEP recommendations for using the tool:

1. Assign team members to gather information related to the six factors and to present the information to the decision-making group or relevant Implementation Team. Following report-outs related to each area and/or review of written documents, team members can individually rate each area on a 1 to 5 scale, where 1 indicates a low level of acceptability or feasibility, 3 a moderate level and 5 indicates a high level for the factor. Midpoints can be used and scored as 2 or 4.
2. You can average scores for each area across individuals and arrive at an overall average score, with a higher score indicating more favorable conditions for implementation and impact. However, cut-off scores should not be used to make the decision.
3. The scoring process is primarily designed to generate discussion and to help arrive at consensus for each factor as well as overall consensus related to moving forward or not. The numbers do not make the decision, the team does. Team discussions and consensus decision-making are required because different factors may be more or less important for a given program or practice and the context in which it is to be implemented. There also will be trade-offs among the factors. For example, a program or practice may have a high level of evidence with rigorous research and strong effect size (Evidence), but may not yet have been implemented widely outside of the research trials[1]. This should lead to a team discussion of how ready you are to be the "first" to implement in typical educational settings in your area. Or the team may discover that excellent help is available from a developer, purveyor, or expert Training or Technical Assistance, but that ongoing costs (Resource Availability) may be a concern.
4. We recommend that after reviewing information related to each factor, individually scoring each factor, summarizing ratings, and discussing the strengths and challenges related to each factor of the proposed intervention, that the team members decide on a process for arriving at consensus (for instance, private voting or round-robin opinions followed by public voting).

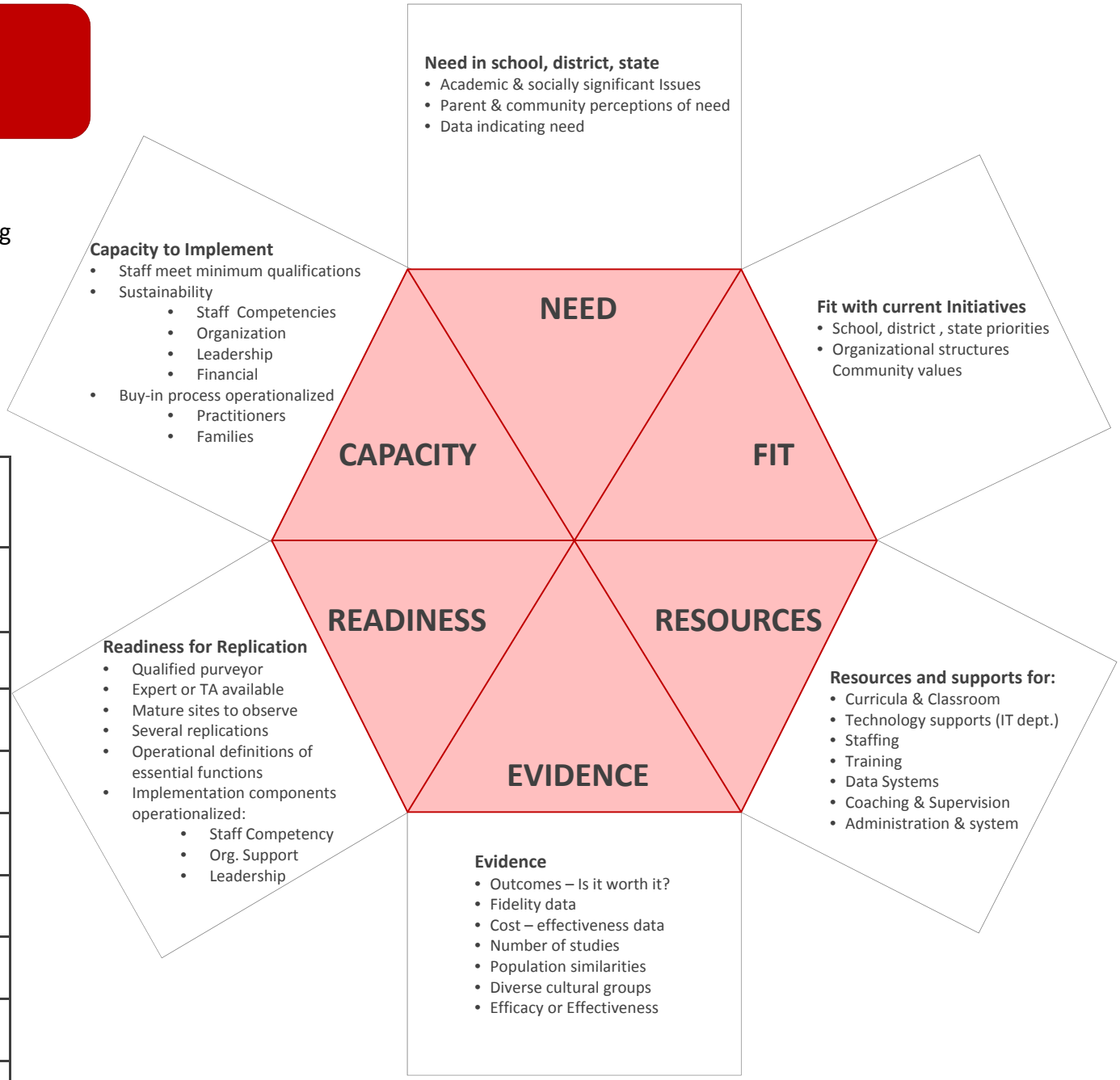
[1] Usable Interventions - To be usable, it's necessary to have sufficient detail about an intervention. With detail, you can train educators to implement it with fidelity, replicate it across multiple settings and measure the use of the intervention. So, an intervention needs to be teachable, learnable, doable, and be readily assessed in practice.

The Hexagon Tool
Exploring Context

The Hexagon Tool can be used as a planning tool to evaluate evidence-based programs and practices during the Exploration Stage of Implementation.

See the AI Modules Resource Library
http://implementation.fpg.unc.edu

EBP:			
5 Point Rating Scale: High = 5; Medium = 3; Low = 1. Midpoints can be used and scored as a 2 or 4.			
	High	**Med**	**Low**
Need			
Fit			
Resource Availability			
Evidence			
Readiness for Replication			
Capacity to Implement			
Total Score			



Adapted from work by Laurel J. Kiser, Michelle Zabel, Albert A. Zachik, and Joan Smith at the University of Maryland

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About

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The mission of the National Implementation Research Network (NIRN) is to contribute to the best practices and science of implementation, organization change, and system reinvention to improve outcomes across the spectrum of human services.

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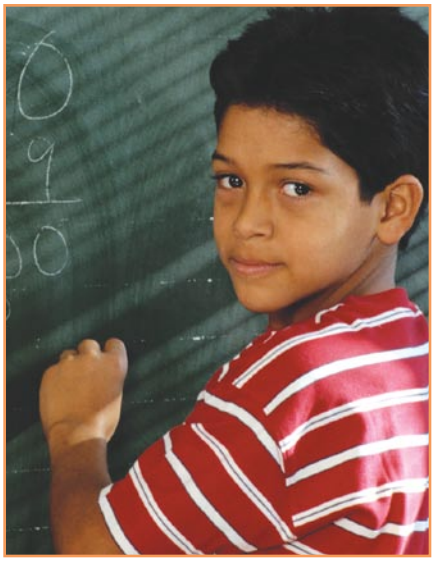
FAQ on School Mental Health

for School-Based Occupational Therapy Practitioners

School mental health

(SMH) is generally understood as any mental health service provided in a school setting (Kutash, Duchnowki, & Lynn, 2006). More specifically, SMH can be thought of as a framework of approaches that expand on traditional methods to promote children's mental health by emphasizing prevention programming, positive youth development programming and school-wide approaches (SchoolMentalHealth.org, n.d.). This framework promotes collaboration among mental health providers, educators, related service providers and school administrators in order to meet the mental health needs of all students. Mental health is recognized as a state of personal well-being associated with successful mental functioning resulting in productive activities, fulfilling relationships with people, and the ability to adapt to change and cope with adversity (Surgeon General's report, 1999; World Health Organization, 2007).



Over the past two decades there has been a national movement to develop and expand SMH services due to the high prevalence of mental health conditions among youth and an awareness that more youth can be reached in schools. Also contributing is prominent federal initiatives, including the No Child Left Behind Act and the President's New Freedom Commission on Mental Health (Kutash, et al., 2006). Schools must be active partners in the mental health of children because it is currently accepted that a major barrier to learning is the absence of essential social-emotional skills and not necessarily a lack of sufficient cognitive skills (Koller & Bertel, 2006).

Who might benefit from SMH services?

All children can benefit from efforts to promote mental health, especially through activities designed to foster social emotional learning and prevent behavioral problems. Children at risk for or diagnosed with mental health disorders may also benefit from SMH efforts. Approximately one in every five children and adolescents has a diagnosable emotional or behavioral disorder. The most common are anxiety, depression, conduct disorders, learning disorders, and attention deficit hyperactivity disorder (ADHD) (Koppelman, 2004). Many other youth experience social and emotional difficulties that do not meet symptom criteria for diagnosis. Emotional and behavioral disorders can adversely affect a child's successful participation in a range of daily occupations, including classroom work, social interaction with peers and adults, and play. Unfortunately, approximately 70% of children in need of mental health care do not receive services, which results in further emotional pain, school challenges, social isolation, and impaired social relationships (Koppelman, 2004; Kutash et al., 2006; Masia-Warner, Nangle, & Hansen, 2006; Weist & Paternite, 2006).

What is the public health model of School Mental Health?

Although the mental health field has traditionally been viewed as the domain of mental health specialists, it is now recognized that addressing mental health issues is far too complex to relegate to a small number of professionals. Leaders in SMH and education have called for a paradigm shift to better prepare all school personnel (teachers, administrators, psychologists, social workers, and related service providers) to proactively address the mental health needs of all students (Koller & Bertel, 2006). Teachers and other frontline personnel, including occupational therapists, play a critical role in the development of children, not only from an academic perspective, but from personal, social and emotional ones as well.

Because the failure to adequately provide mental health services for children has been viewed as a major public health concern, leaders in the field have proposed a **public health model** of service delivery to address the needs of all children (Koller & Bertel, 2006). Such a model supports a systemic change from the traditional, individually focused, deficit-driven model of mental health intervention to a school-wide, strength-based model that focuses on prevention and the early intervention and integration of services for all children. Three major tiers of service are promoted: *universal or school-wide interventions; selective or targeted interventions;* and *intensive, individualized interventions* (see Figure 1). This model is consistent with the response

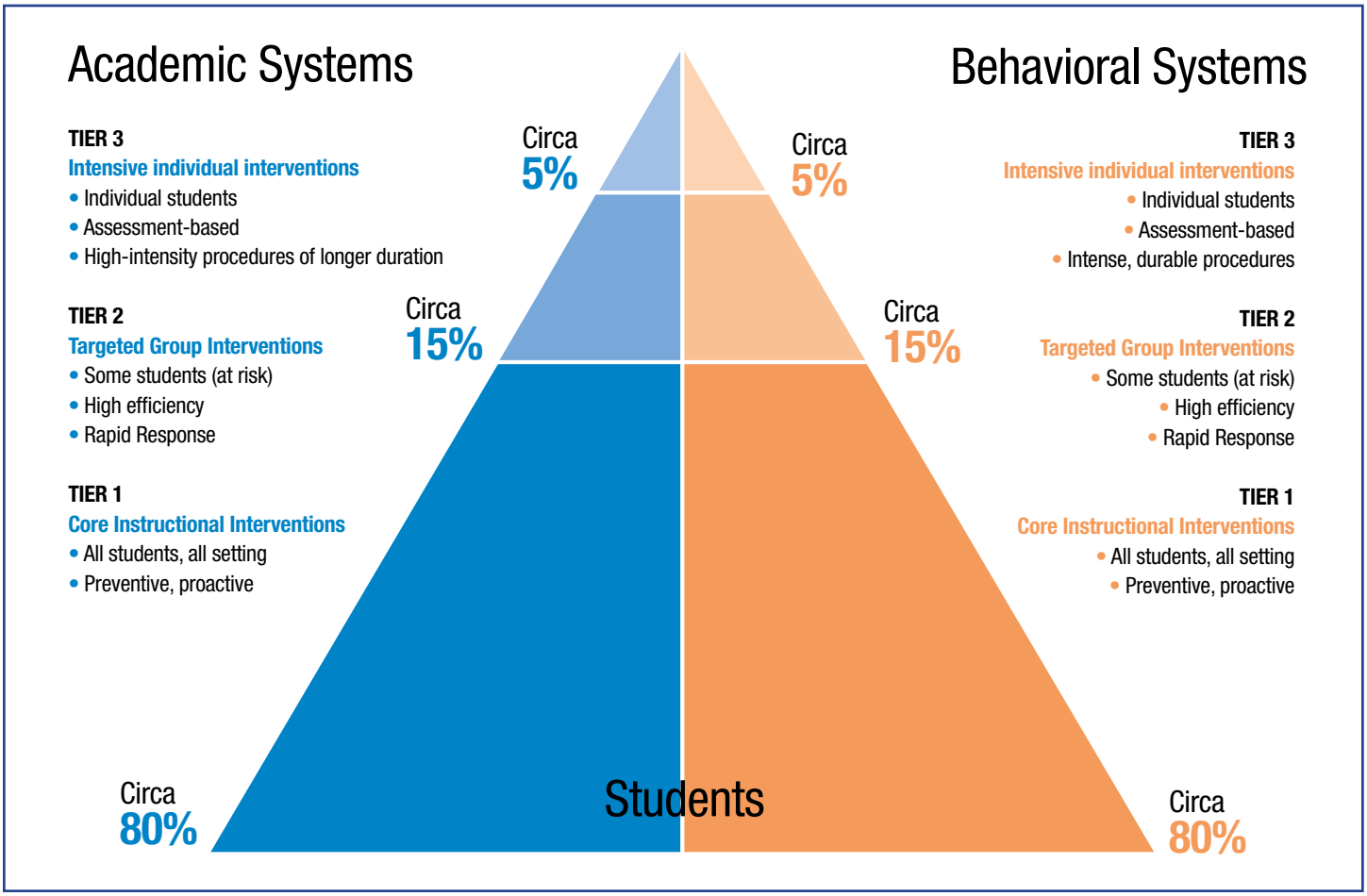
to intervention (RtI) initiative designed to promote early identification and intervention of academic problems using a similar three-tiered model (Jackson, 2007).

At the **school-wide level (Tier 1)**, services are geared toward the entire student body, including the majority of students who do not demonstrate behavioral or academic problems and who are served in general education (~80%). At this level, the emphasis is on promoting social emotional learning and preventing behavioral problems. **Selective or targeted intervention (Tier 2)** is geared toward students at risk of academic, behavioral, or mental health problems (~10–15%). Students at this level are generally not identified in need of special education and may include children with mild mental disorders, ADHD, and those living in stressful home environments. General education students demonstrating behavioral or learning difficulties because of such mental health conditions may be provided "coordinated early intervention services," even if special education is not needed according to the 2004 amendments to the Individuals With Disabilities Education Act (IDEA). For some students with mild mental disorders, accommodations provided under Section 504 are sufficient for enhancing school functioning. When targeted interventions do not meet the needs of students (~5%), **intensive interventions (Tier 3)** are developed to address behaviors that are highly disruptive, dangerous, or prevent learning. The process of functional behavior assessment (FBA) and behavioral intervention planning (BIP) form the foundation for services at this level. At the intensive level, the student's team typically includes family members, school professionals, and community members who meet regularly to develop, implement, and monitor an individualized plan of support (Kutash, et al., 2006).

What is the role of occupational therapy in advancing school mental health?

Occupational therapy practitioners have specialized knowledge and skills in addressing psychosocial and mental health issues, and thereby are well-positioned to contribute to all three levels of prevention and intervention. Occupational therapy can provide a continuum of services aimed at social emotional and mental health promotion, prevention of problem behaviors, early detection through screening, and intensive intervention. Such services could involve occupational therapy practitioners working directly with students; providing professional development for school personnel; and, in all cases, working in collaboration with school personnel and parents. According to IDEA, school districts can use a portion of their funds to help students who have

Figure 1: Three-tier model of school supports



Source: National Association of State Directors of Special Education (NASDSE). 2005. *Response to Intervention: Policy Considerations and Implementation*. Available at www.nasdse.org. Used with permission.

not qualified for special education but who need additional academic and behavioral supports to succeed in the general education environment (IDEA 2004, 513[f]). However, it is important for occupational therapy practitioners to know their state regulations governing screening, evaluation, and intervention.

What distinguishes occupational therapy from other educational and mental health professionals is its use of *meaningful occupations* in intervention to promote the student's participation in relevant areas of school life and routines, including social participation. Jackson and Arbesman's (2005) evidence-based literature review indicates that activity-based interventions help improve children's peer interactions, task-focused behaviors, and conformity to social norms. One example of an activity-based approach is analyzing activity requirements for school function and modifying tasks to ensure successful participation. Several other traditional occupational therapy approaches can be used to evaluate and address the psychosocial needs of children, including sensory processing and social learning theory. A *sensory processing* approach can assist practitioners in identifying how a student's unique sensory needs influence behavior in order to develop sensory strategies to enhance attention, behavioral organization, and everyday functioning (Williams & Shellenberger, 1996). *Social learning* theory guides therapists in designing group interventions to promote social competence (Williamson & Dorman, 2002).

Two other approaches developed in the fields of psychology and education warrant the attention of occupational therapy practitioners: positive behavior supports (PBS) and social emotional learning (SEL). Over the past two decades, both approaches have gained widespread use by multiple members of educational teams, making knowledge of them critical for practitioners.

- **Positive Behavior Support (PBS):** PBS reconizes that a number of relevant factors can influence a student's behavior including those existing within the individual as well as those reflected in the interaction between the child and the environment (Safran & Oswald, 2003). PBS interventions are designed to prevent problem behaviors by proactively altering a situation before problems escalate, and by concurrently teaching appropriate alternatives. School-wide positive behavior support (SWPBS) systems support all students along a continuum of need based on the three-tiered PBS prevention model described in an earlier section and depicted in Figure 1. For students receiving services under the Individuals with Disabilities Education Act, PBS is mandated for students whose behavior impedes the child's learning or that of others (Sec. 614[d][3][B][i]). The primary education and training Web site on PBS is the Office of Special Education Programs (OSEP) Technical Assistance Center on Positive Behavioral Interventions and Supports (http://www.pbis.org/main.htm).

- **Social Emotional Learning (SEL):** Social and emotional learning was developed as a conceptual framework in 1994 and focuses on the emotional needs of children and address the fragmented programs meant to address those needs (Greenberg et al., 2003). SEL is defined as "the process of acquiring the skills to recognize and manage emotions, develop caring and concern for others, make responsible decisions, establish positive relationships, and handle challenging situations effectively" (Collaborative for Academic, Social, and Emotional Learning, n.d.). Programs that foster SEL help children recognize their emotions, think about their feelings and how one should act, and regulate their behavior based on thoughtful decision-making (Elias, et al., 1997). The Collaborative for Academic, Social, and Emotional Learning (CASEL) focuses on the development of high-quality, evidence-based SEL as a necessary part of preschool through high school education. In a relatively short amount of time, significant progress has been made. The state of Illinois, for example, has developed and implemented social and emotional learning standards. The CASEL Web site provides a comprehensive review of their projects, training materials, and publications (http://www.casel.org/).

What are sample activities provided by occupational therapy under a public health model of SMH?

Within a three-tiered public health model, occupational therapy practitioners can provide a continuum of services geared toward mental health promotion, prevention, early

Table 1: Sample activities provided by occupational therapy under a public health model of SMH

Tier 3 Intensive interventions for high-risk students	■ Analyze the student's unique sensory needs and develop intervention strategies to promote sensory processing and successful function in multiple school contexts (e.g., classroom, cafeteria). ■ Identify ways to modify or enhance school routines to reduce stress and the likelihood of behavioral outbursts. ■ Provide individual or group intervention to students with serious emotional disturbance (SED), either through special education or Section 504, to enhance participation in education, social participation, play and leisure, and activities of daily living. ■ Assist teachers in modifying classroom expectations based on the student's specific behavioral or mental health needs. ■ Collaborate with the school-based mental health providers to ensure a coordinated system of care for students needing intensive interventions. ■ Assist in the implementation of the Functional Behavior Assessment (FBA) and development and implementation of the Behavioral Intervention
Tier 2 Selective or targeted intervention; at-risk students	■ Assist in early identification of mental health problems by providing formal or informal screenings of psychosocial function to at-risk students (e.g., Social Skills Rating Scale). ■ Recognize symptoms of illness at their onset and create intervention or modifications in order to prevent acute illness from occurring. ■ Evaluate social participation with peers during all school activities, including recess and lunch. ■ Analyze the sensory, social and cognitive demands of school tasks and recommend adaptations to support a student's participation. ■ Provide early intervening services or Section 504 accommodations for students demonstrating behavioral or learning difficulties because of mild mental health disorders or psychosocial issues. ■ Consult with teachers to modify learning demands and academic routines to support a student's development of specific social-emotional skills. ■ Provide parent education on how to adapt family routines or activities to support children's mental health especially with high-risk children. ■ Develop and run group programs to foster social participation for students struggling with peer interaction. ■ Provide an in-service to school personnel, including the mental health providers, about occupational therapy's unique role in the promotion of mental health and intervention for mental health dysfunction.
Tier 1 School-wide, universal	■ Evaluate lunch and recess for factors that may impede social participation for any student. ■ Assist teachers and other school personnel in developing and implementing school-wide PBS for various contexts, such as the classroom, hallways, lunchroom, playground, and restrooms (e.g., establish clear rules, foster a positive classroom environment, and so on). ■ Informally observe all children for behaviors that might suggest mental health concerns or limitations in social-emotional development. Bring concerns to the educational team. ■ Provide in-service training to teachers and staff on the following topics: • Sensory Processing–How to adapt classroom practices based on students' varying sensory needs to enhance attending and behavior regulation (e.g., The Alert Program) • SEL–How to embed SEL activities within classroom routines and activities (e.g., identifying feelings, thinking about how feelings influence behavior, perspective taking, and so on) • Psychoeducation—Partner with teachers and other professionals about recognizing the early signs of mental illness and developing proactive, strength-based prevention strategies. • Tips for promoting successful functioning throughout the school day, including: transitioning to classes; organizing work spaces, such as desk and locker; handling stress; and developing strategies for time management ■ Consult with teachers to help them recognize the student's most effective learning styles. Ensure that students are able to meet classroom demands and create modifications if needed. ■ Clearly articulate the scope of occupational therapy practice as including social participation, social-emotional function, and mental health (all tiers).

identification, and intervention. Occupational therapy services focus on engagement in occupation to support participation in a variety of areas related to school function including: social participation, education, work, play, leisure, activities of daily living, and instrumental activities of daily living. Efforts to integrate intervention strategies into the student's classroom schedule, school routines, and curriculum are recommended. Doing so requires close collaboration with the student's teacher and other school personnel (Jackson & Arbesman, 2005). Occupational therapists are uniquely skilled at understanding the relationship between task demands and student's abilities and then developing an intervention plan to promote successful school participation. Sample occupational therapy activities for each tier of the public health model of SMH are depicted in Table 1. These activities should draw on scientifically-based evidence to the greatest extent possible.

Where can I learn more about SMH?

Major SMH research and training Web sites

- **Center for School Mental Health**
  http://csmha.umaryland.edu/
  The University of Maryland at Baltimore Center for School Mental Health Assistance offers technical assistance, online access to their newsletter, and a list of Center-produced resources.
- **Center for Mental Health in Schools**
  http://smhp.psych.ucla.edu/
  University of California, Los Angeles Center for Mental Health in Schools has a very large, information-packed site that provides access to many of their own publications, resources in their clearinghouse, a free quarterly newsletter, and a search service. There is also a free monthly online newsletter (called "ENEWS"), to which you may subscribe, and it highlights recent publications, grant opportunities, and conferences.
- **Collaborative for Academic, Social, and Emotional Learning (CASEL)**
  http://www.casel.org
  Offers information and resources on social emotional learning.
- **OSEP Center on Positive Behavioral Interventions and Support**
  http://www.pbis.org/main.htm
  Provides information and training materials on how to implement PBIS in schools.
- **School Mental Health**
  http://www.schoolmentalhealth.org/index.html
- **IDEA Partnerships**
  http://www.ideapartnership.org/work4cfm?communityid=5
  Community of Practice, Collaborative School Behavioral Health focuses on the non-academic barriers to achievement by the collaborative work of diverse stakeholders to create a shared agenda across education, mental health, and families. Twelve states, 23 national organizations, 6 technical assistance centers, and 10 practice groups work together in this Community.
- **Research and Training Center for Children's Mental Health**
  http://rtckids.fmhi.usf.edu/default.cfm

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