Multitiered Systems of Support for School Mental Health

Miranda Zahn, PhD

September 13, 2023

SAMHSA
Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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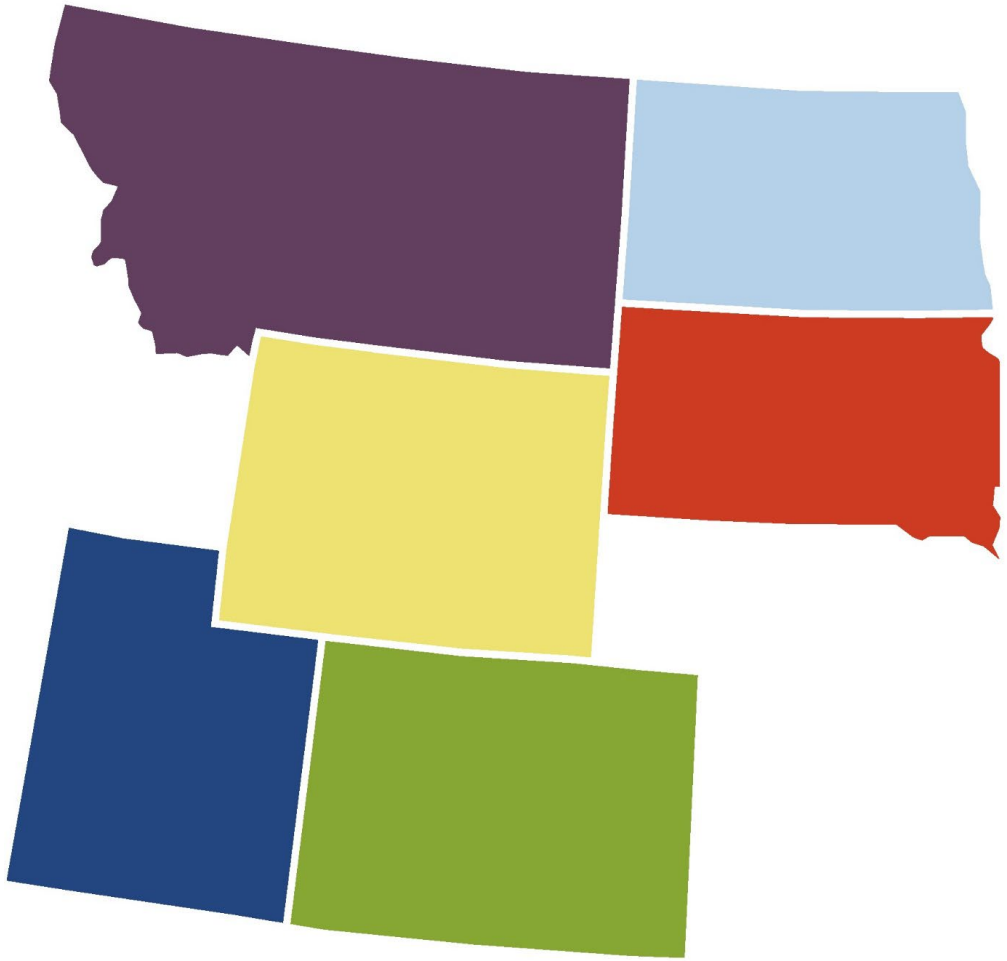
The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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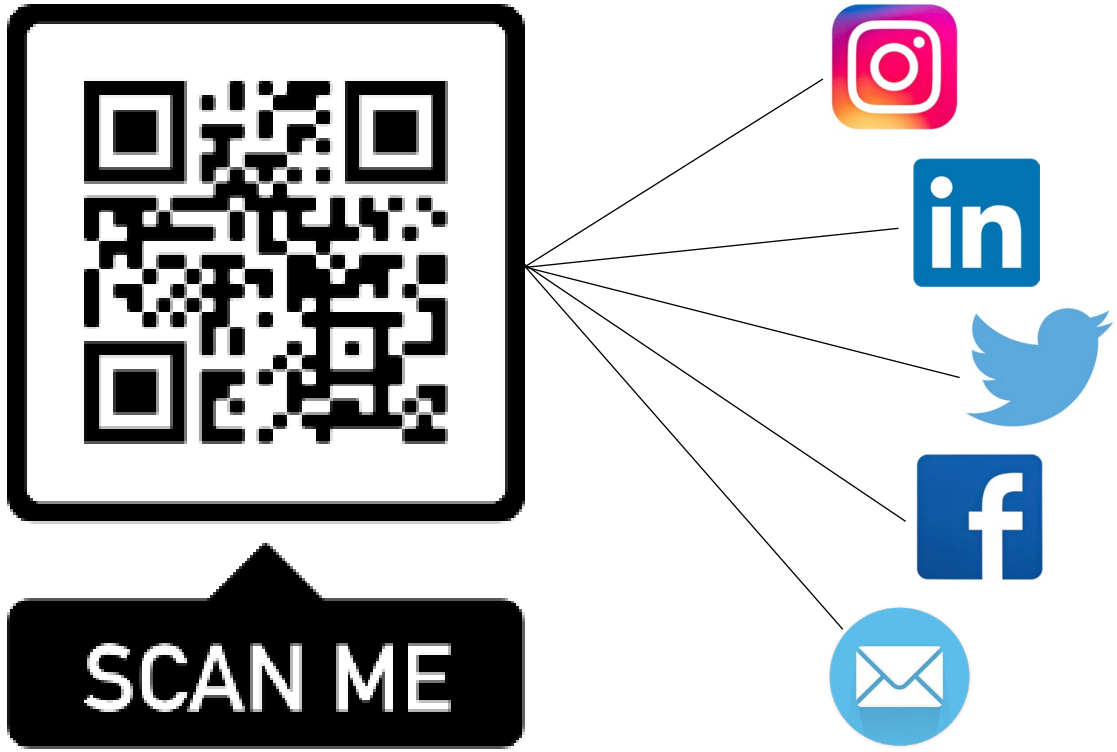
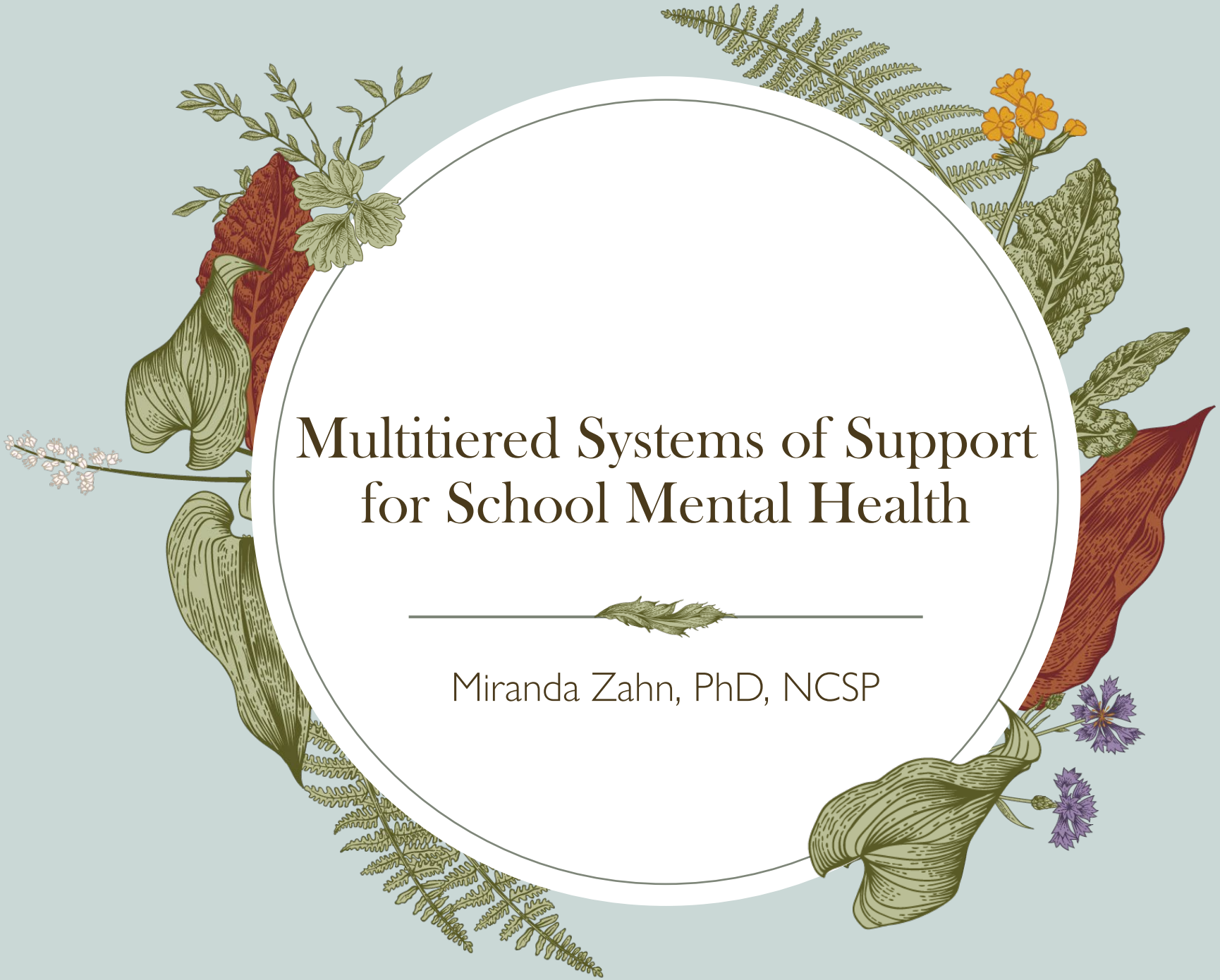




Multitiered Systems of Support for School Mental Health

Miranda Zahn, PhD, NCSP

Miranda Zahn, PhD

My Roles

- **Assistant Professor of School Psychology,** University of South Dakota
- **Consultant,** The National Center for School Mental Health
- **School Mental Health Trainer,** Nebraska Educational Service Unit #1
- **PhD in School Psychology** from the University of Wisconsin

My Lens

- White/Caucasian
- She / her / hers
- Cisgender
- Heterosexual
- Non-religious
- Middle Class
- Non-disabled

Agenda

Intro to School Mental Health

Multi-Tiered Systems of Support

The Importance of Assessment - Screening

MTSS Mental Health Protocol

Youth Mental Health

- 1 in 5 children and adolescents have mental health needs that require intervention

Carter et al., 2010

- 50% of all lifetime mental health conditions begin by age 14

Kessler et al., 2005

- 1 in 8 of MTSS schools engage in universal mental health screening

Bruhn, Woods-Groves, & Huddle, 2014

Youth Mental Health

Social, emotional, and behavioral outcomes that contribute to an individual's well being

- Mental health impacts education, employment, and interpersonal relationships throughout the lifespan
- Mental health contributes to perceived self-efficacy, autonomy, competence, and the ability to realize one's potential

World Health Organization, 2014

Social Emotional Learning: CASEL Big 5

Mental Health Conditions

Disturbance (e.g., excess or deficit) in social, emotional, or behavioral functioning

- Mental health conditions affect a student's cognitions, emotions, moods, and behaviors.
- Mental health conditions cause distress and impact functioning in social, educational, and family activities.
- Examples:
  - Anxiety disorders, depressive disorders, eating disorders, bipolar disorder, personality disorders, schizophrenia

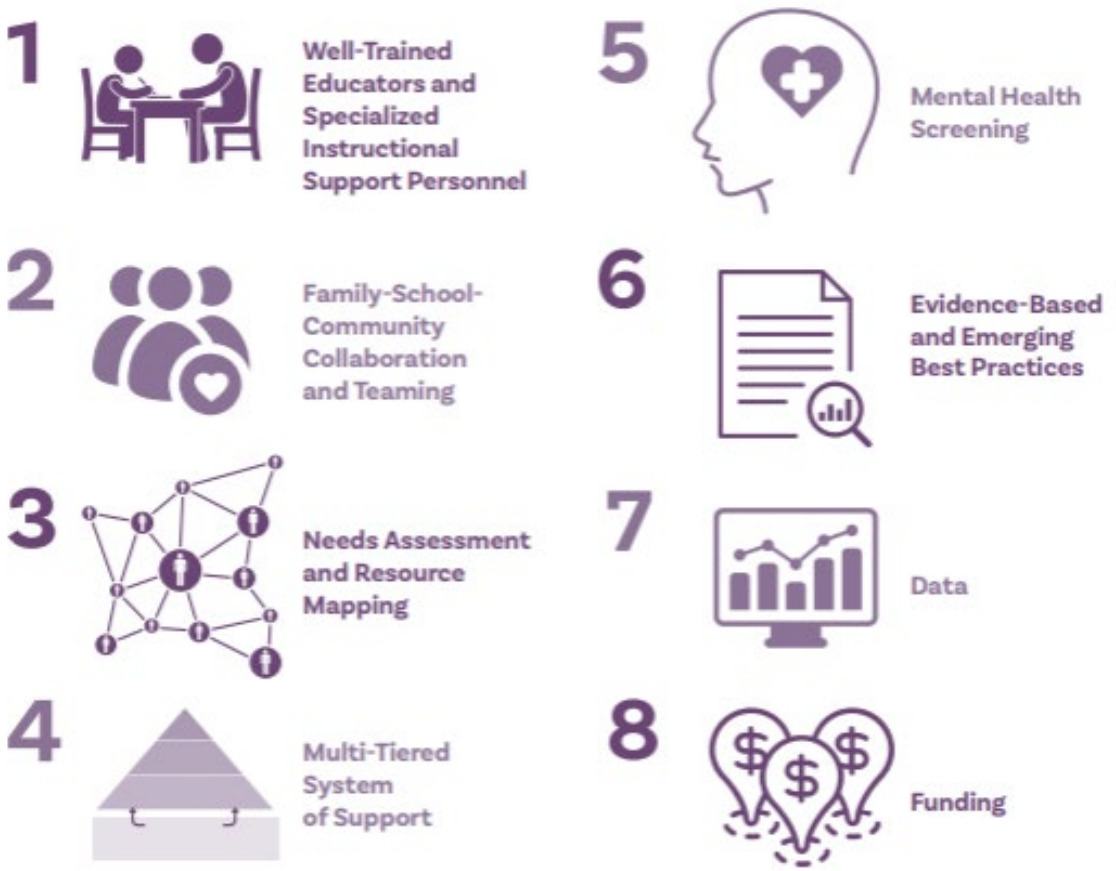
National Alliance on Mental Health, 2018

Cultural Considerations

- Theories, definitions, and practices have emerged from Western cultural traditions and a Western understanding of the human condition

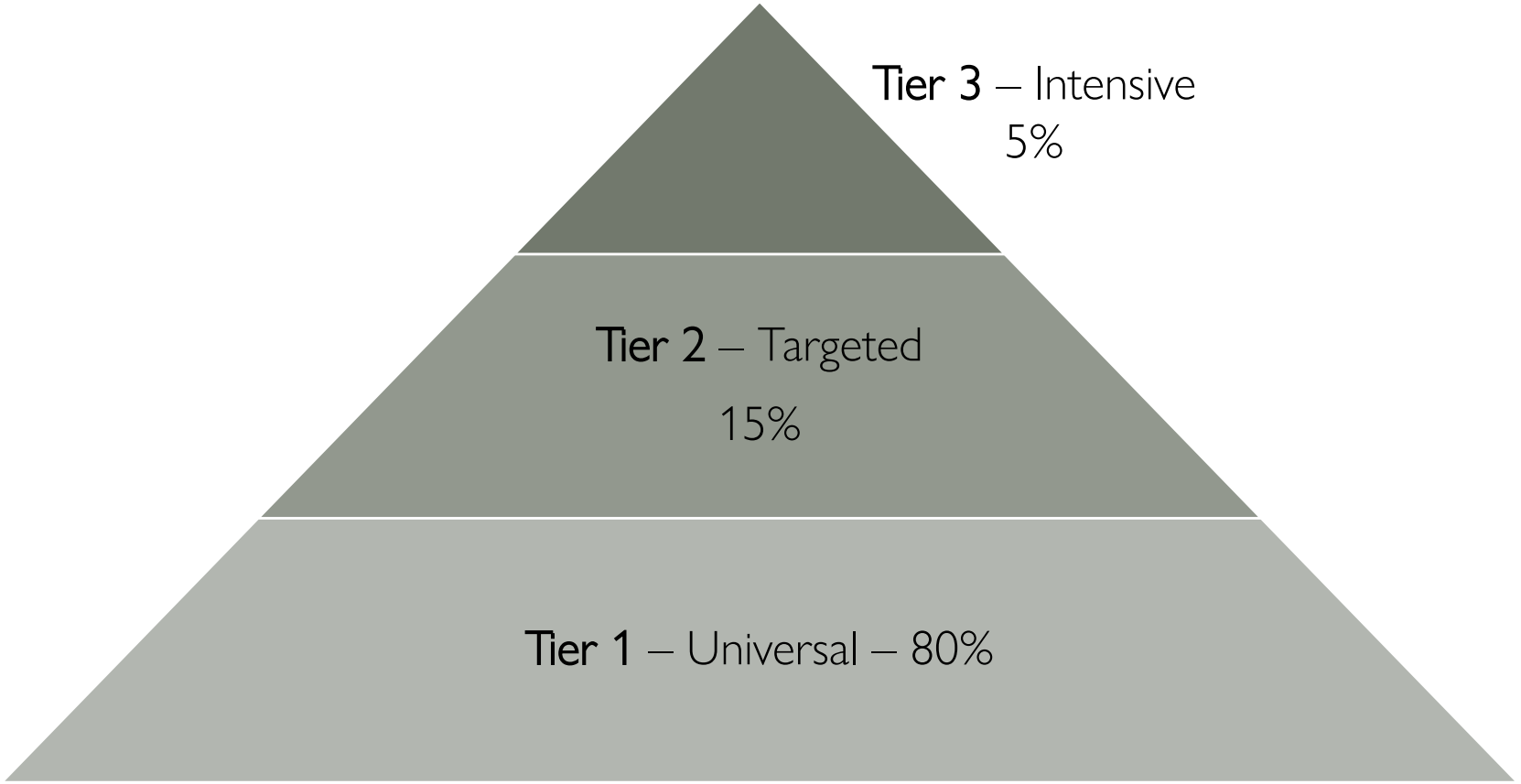
- 5 key components of cultural diversity that have implications for MH
  - Emotional Expression
  - Shame
  - Power Distance
  - Collectivism
  - Spirituality and Religion

Comprehensive School Mental Health Systems

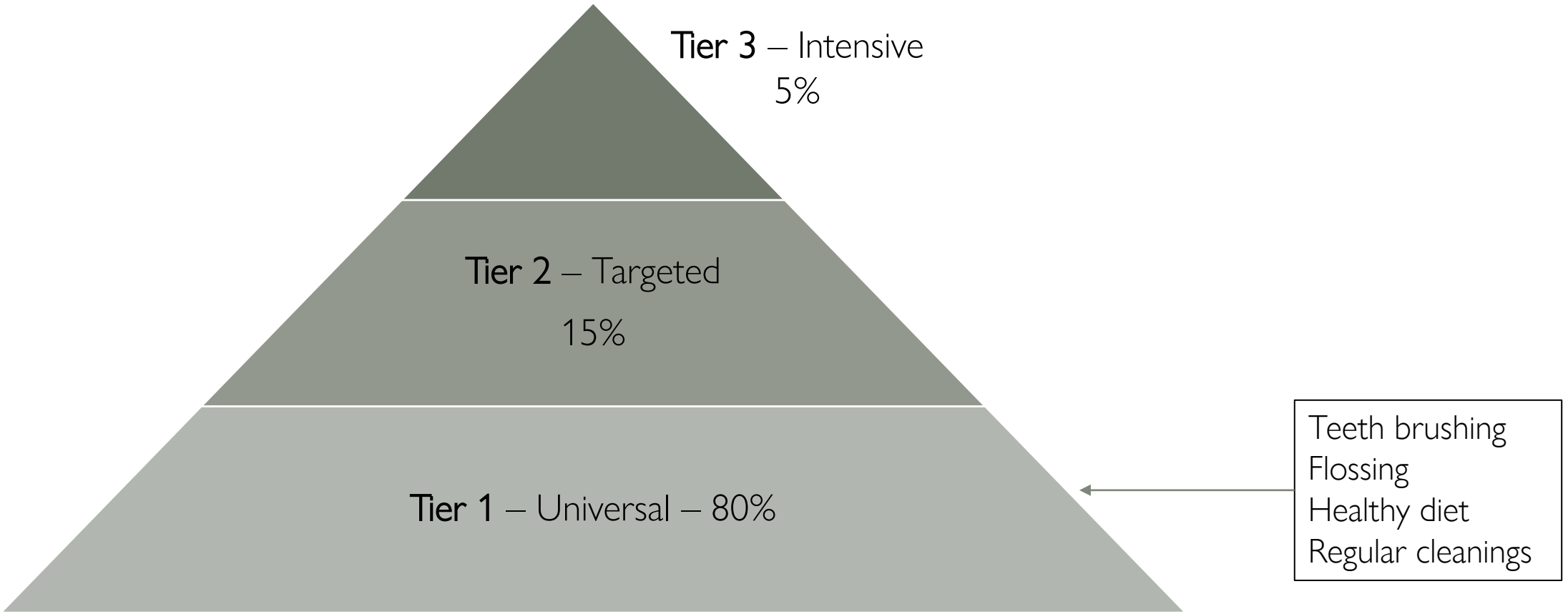


Hoover et al., 2019

Multi-Tiered Systems of Support



Multi-Tiered Systems of Support: Dental Care Analogy, Tier 1



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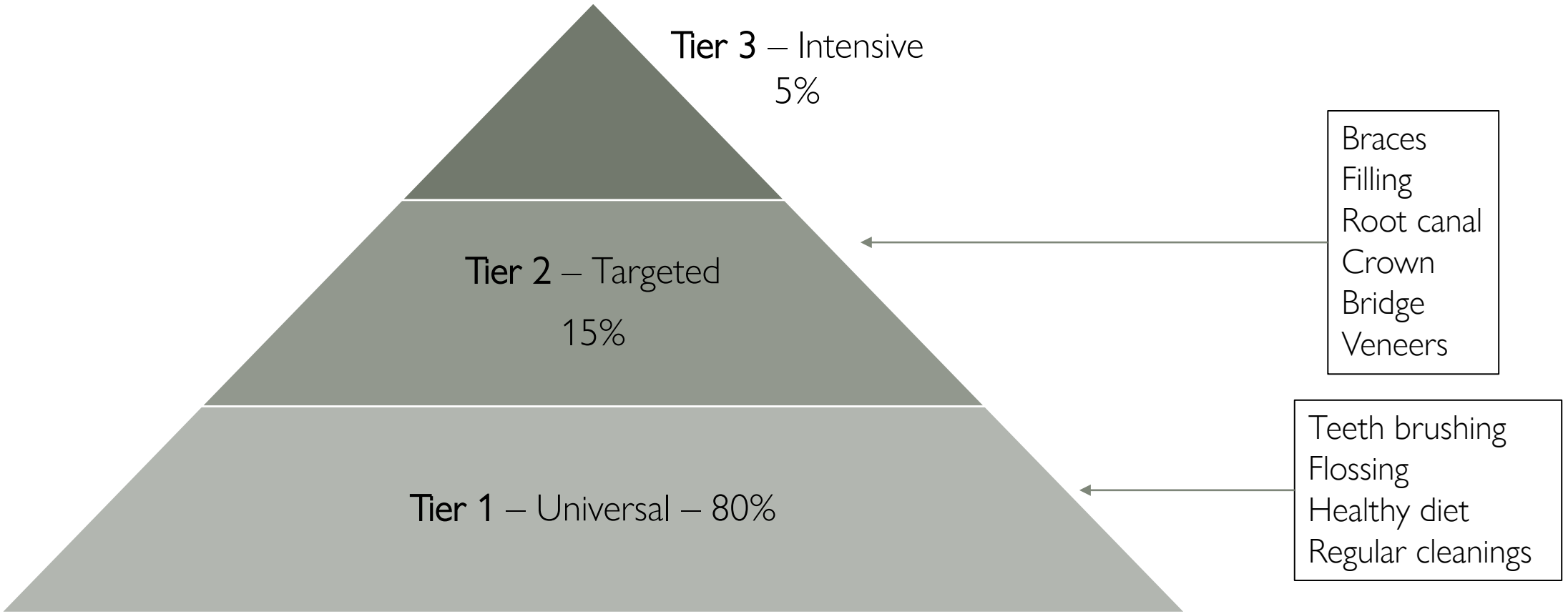
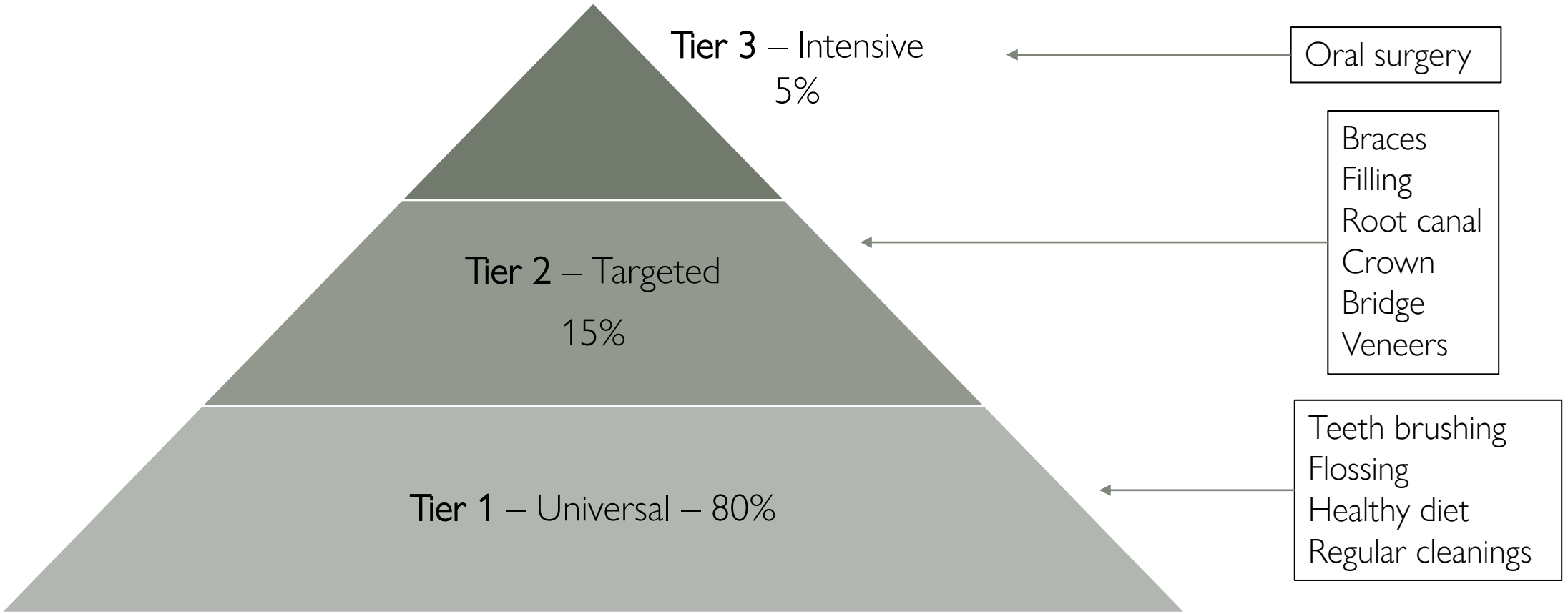
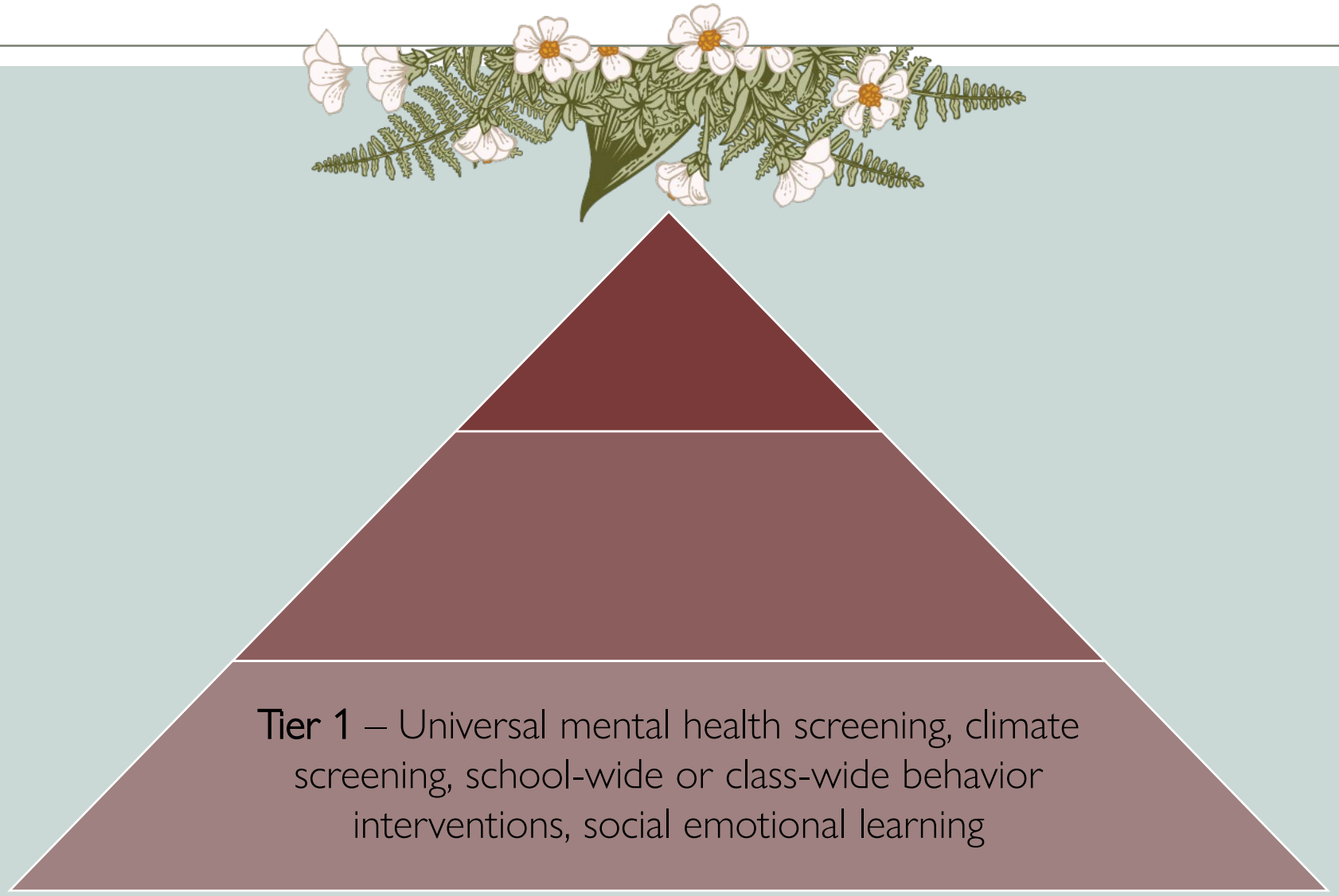


Multi-Tiered Systems of Support: Dental Care Analogy, Tier 3



Mental Health within MTSS



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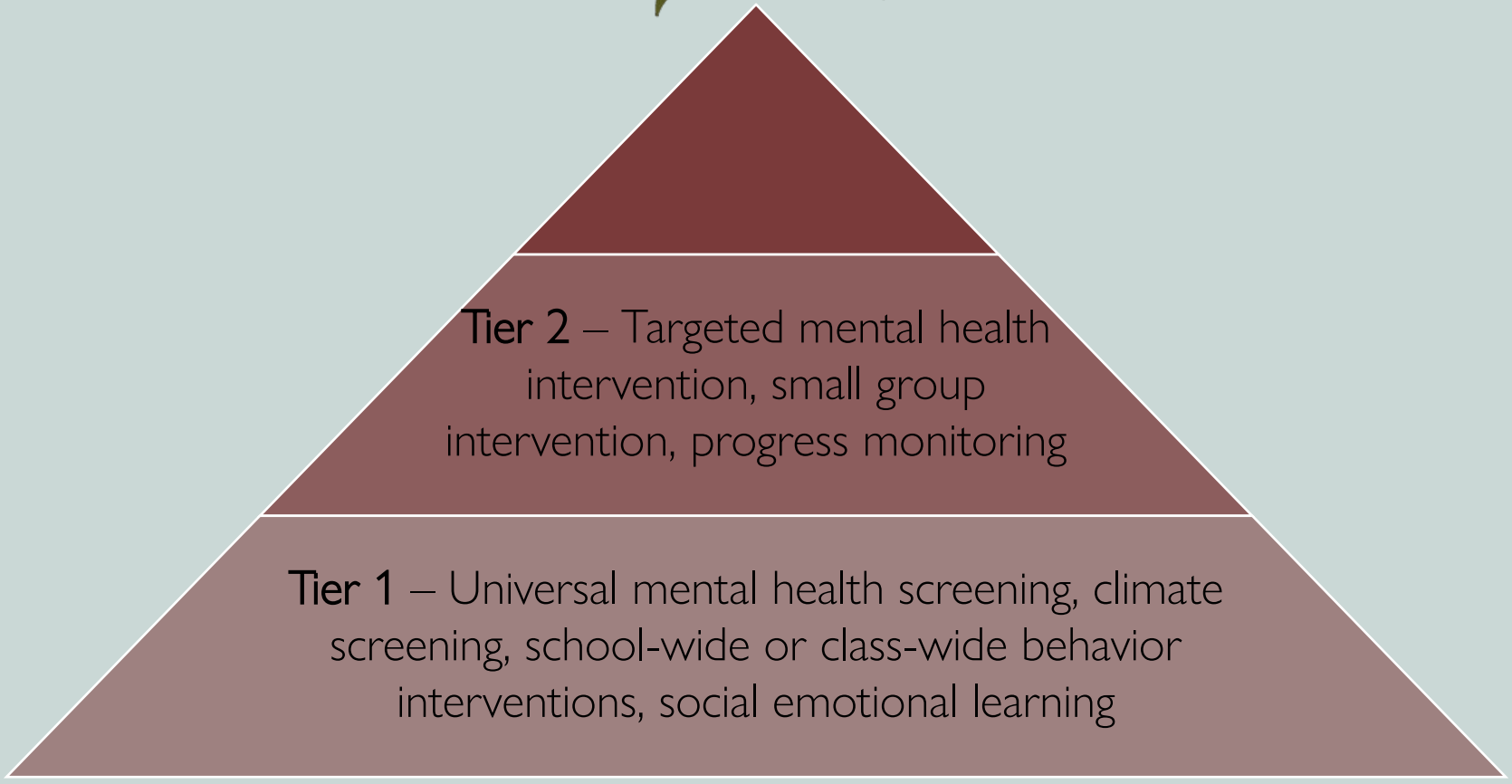

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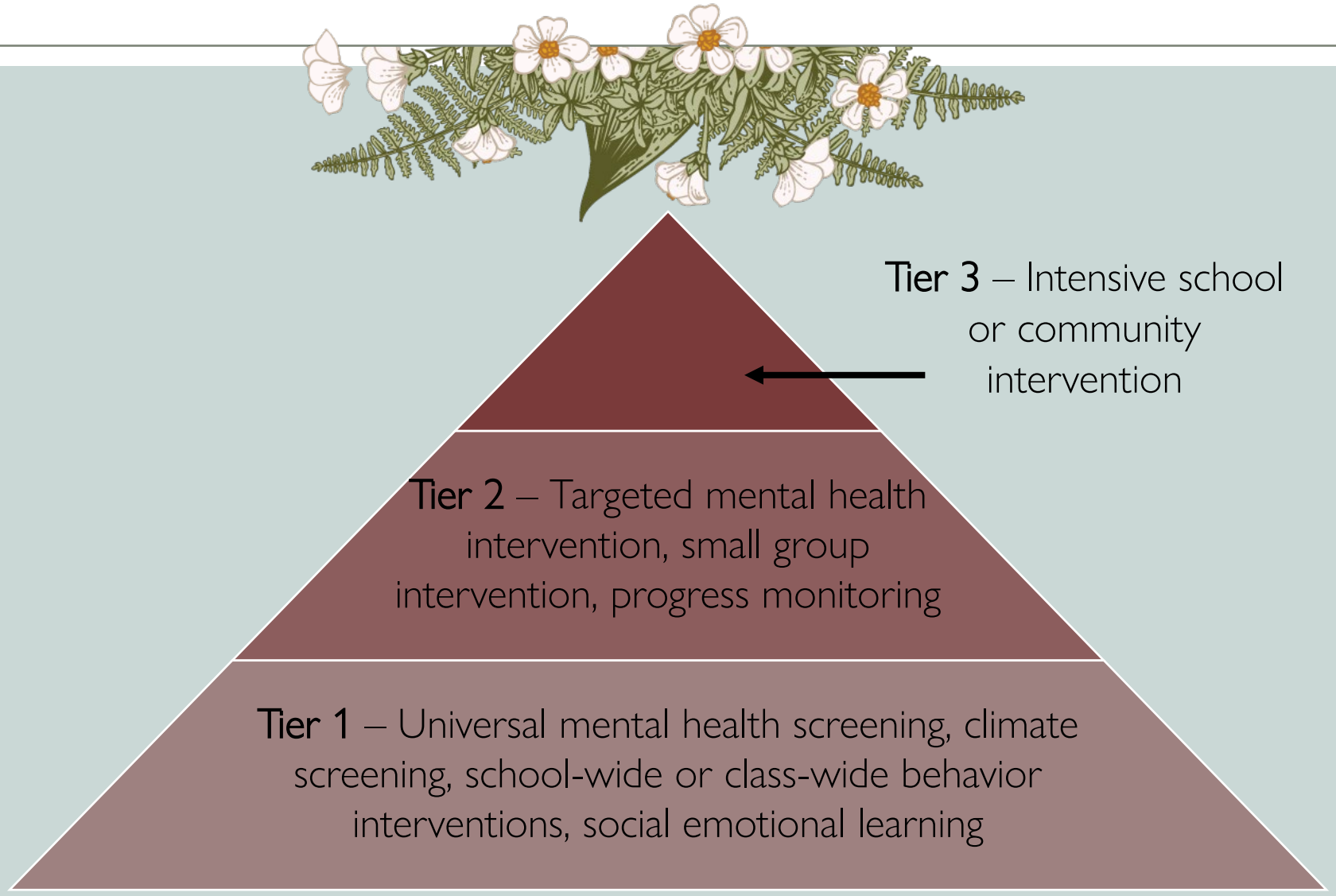


Universal Mental Health Screening

A population-based, preventative procedure to assess an individual's likelihood of developing a mental health condition

- Using the approach, all students are screened and provided the same opportunity for potential early identification and service provision
- Benefits:
  - Reduce risk or impact of mental health conditions
  - Obtain a baseline for future monitoring and assessment
  - Cost efficient approach

Humphrey & Wigelsworth, 2016; O'Connell, 2009

Rationale for Screening: *Time*

- Most screeners can be administered directly to students and only take *less than 30 minutes*
- *Decisions* about student needs could be made *more quickly*
- Prevention and early intervention means *less time spent reacting* to school-based behavior problems in the future

Humphrey & Wigelsworth, 2016

Rationale for Screening: *Money*

- Screening is *more cost effective and accurate* than training teachers to identify hidden warning signs
- Preventing more severe mental health problems through early service delivery means *reduced intervention costs*
- Parents likely to seek outside resources when screening data is presented, *reducing burden on school personnel*

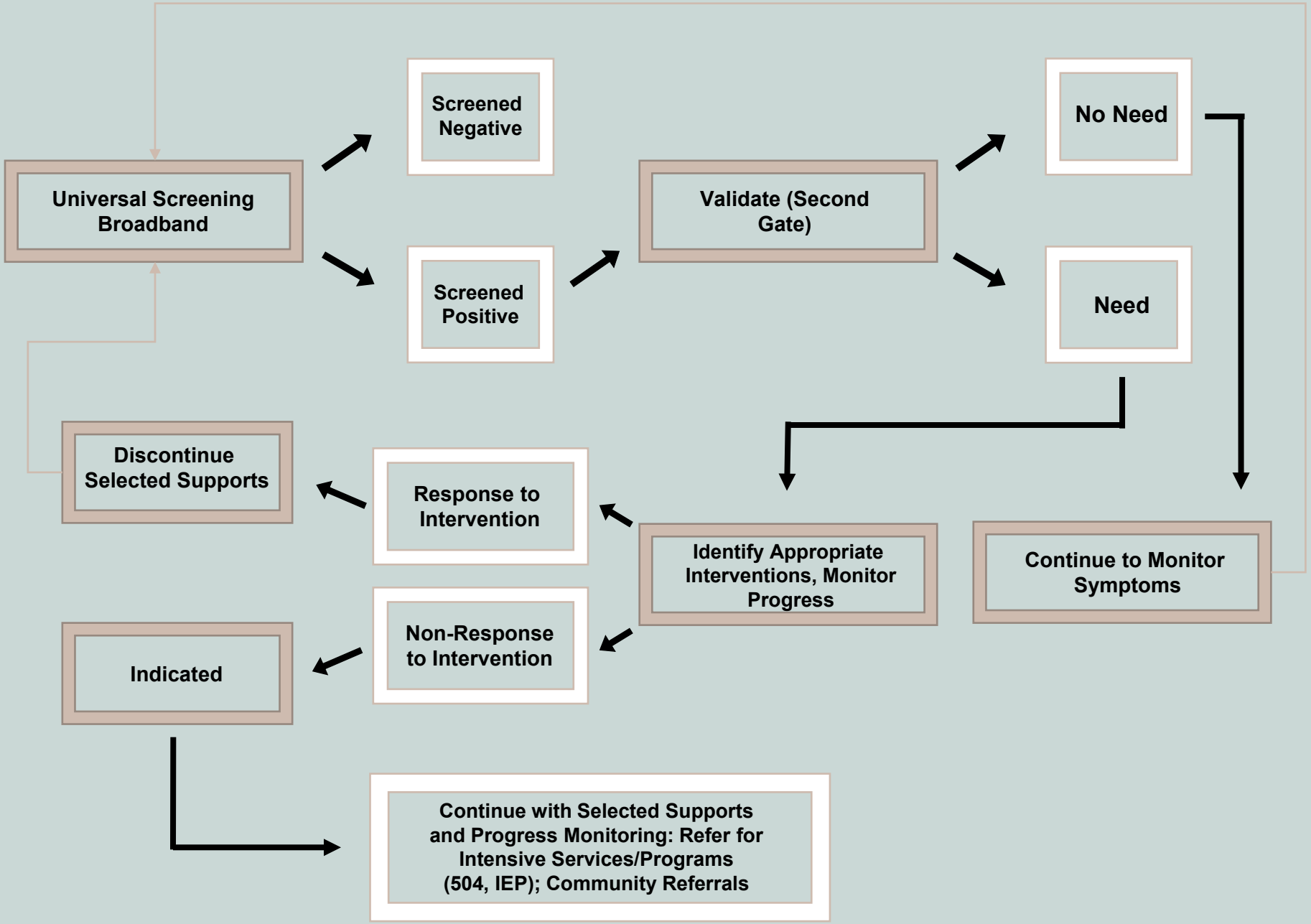
Burke et al, 2013; Kuo & Stoep, 2009

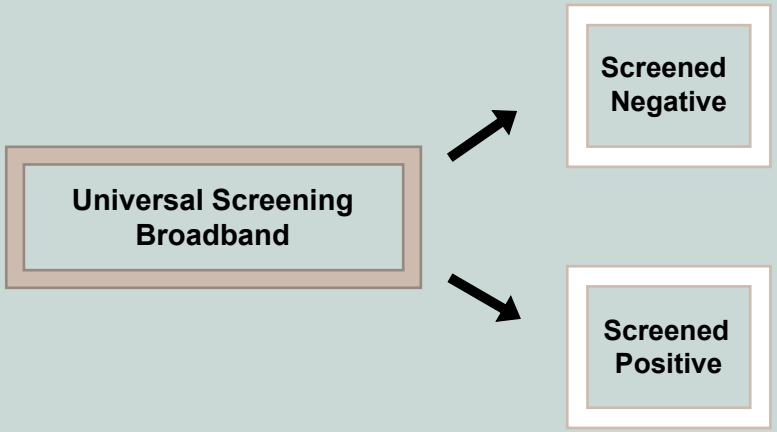
Rationale for Screening: *Outcomes*

- Screening *identifies more students* with mental health challenges - especially internalizing
- 70% of students who screened for mental health problems *began therapy* when recommendations were provided to parents
- Identifying students early means we can *prevent* school-based challenges instead of only reacting to them
- Can inform *student-specific* and *school-wide* practices

Anderson et al, 2019; Gould et al, 2009; Kuo & Stoep, 2009

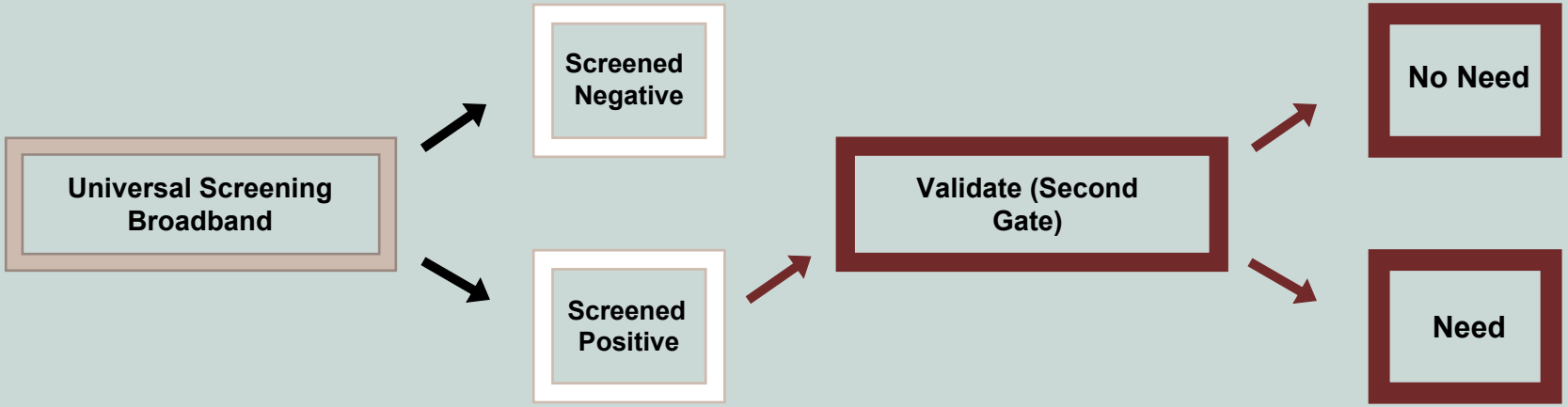
Protocol for Tiered School Mental Health Supports


Universal Screening Broadband
Screened Negative
Screened Positive
Validate (Second Gate)
No Need
Need
Continue to Monitor Symptoms
Identify Appropriate Interventions, Monitor Progress
Response to Intervention
Non-Response to Intervention
Discontinue Selected Supports
Indicated
Continue with Selected Supports and Progress Monitoring: Refer for Intensive Services/Programs (504, IEP); Community Referrals


Universal Screening
Broadband
Screened
Negative
Screened
Positive

Immediate Follow Up

- Follow up immediately–*same day*–when information about risk to self or others is disclosed
  - Know critical items on screeners
  - Review qualitative responses immediately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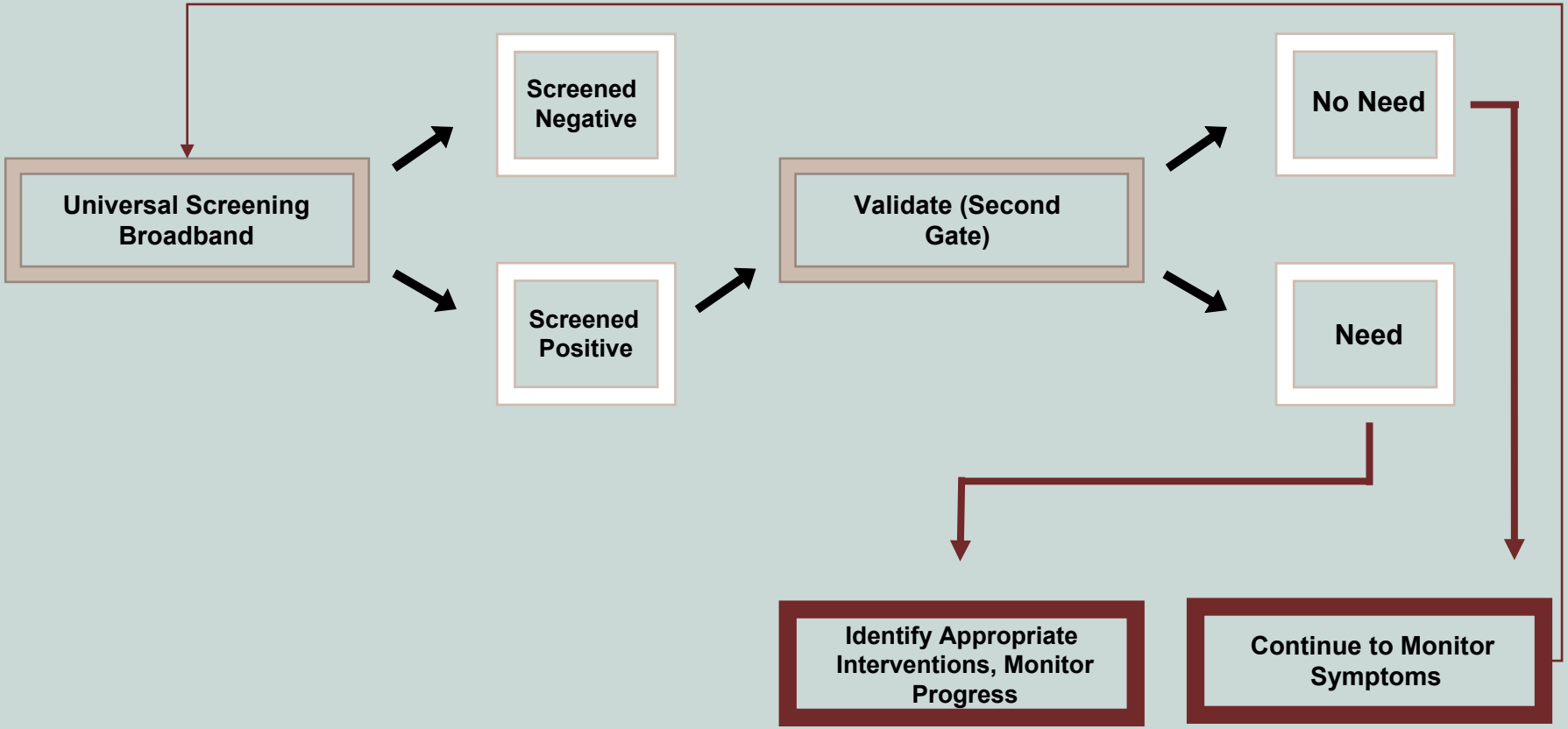
Validate Screening Results: Second Gate

- Narrowband assessment
- Corroborate need with narrative informant input
- Consider fit of student needs with available interventions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Identify Appropriate Interventions, Monitor Progress
Continue to Monitor Symptoms

Select Interventions: Data-Based Decision Making

- Consider local prevalence
- If more than 20% are in the at-risk range, consider universal intervention
  - Classroom, grade, or school level

Tier 1 Interventions When Prevalence is High

Whole School Interventions

- Positive Behavior Interventions and Supports

Classwide Interventions

- Social Emotional Learning (such as Second Step, Conscious Discipline)

Teacher Training

- Embedding SEL in academics (such as ClassroomWISE)

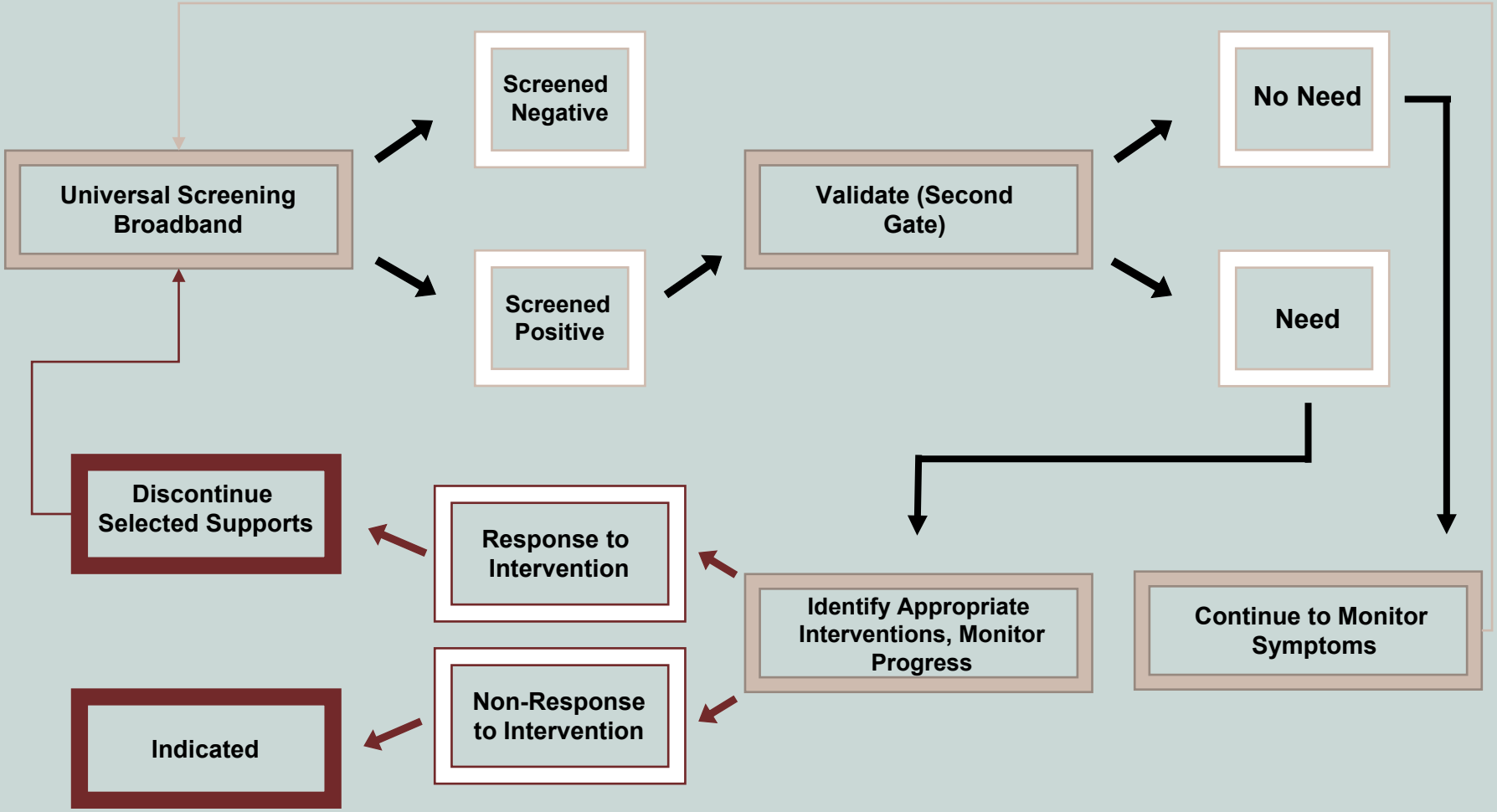
Tier 2 Interventions When Prevalence is Manageable (<20%)

Small Group Interventions with Mental Health Specialist

- school psychologist
- school counselor
- contracted mental health specialist

Connection-building Interventions

- Peer mentoring
- Lunch bunch
- Evidence-based treatment protocols that can be facilitated by school personnel (like SSET)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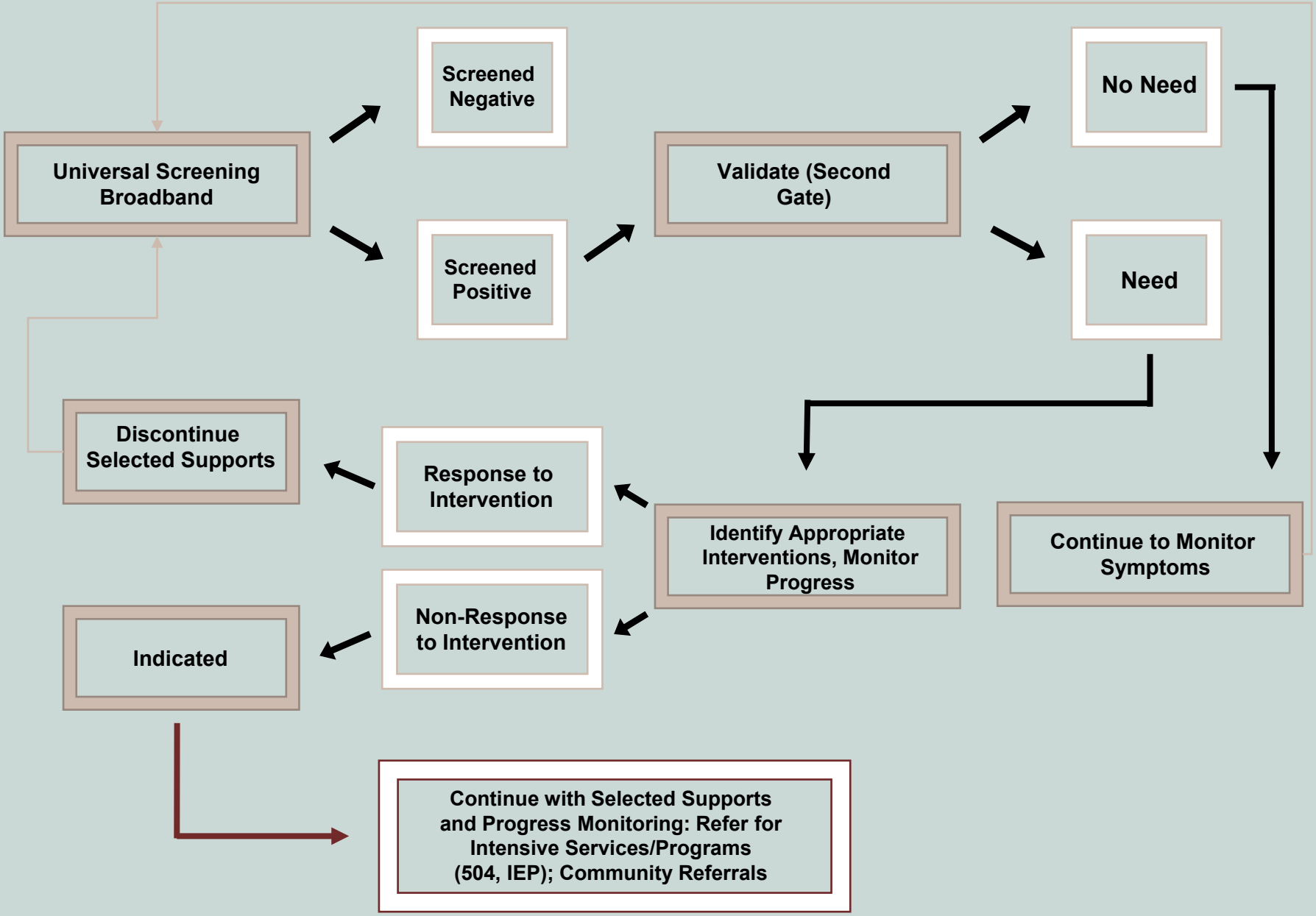
Monitor Progress to Identify Next Steps

- Align data collection to intervention
  - Validated rating scales
  - Behavioral observations
- Collect baseline data
- Set SMART goal
- Graph data
- Assess progress at regular intervals
- Continue, modify, or discontinue intervention based on data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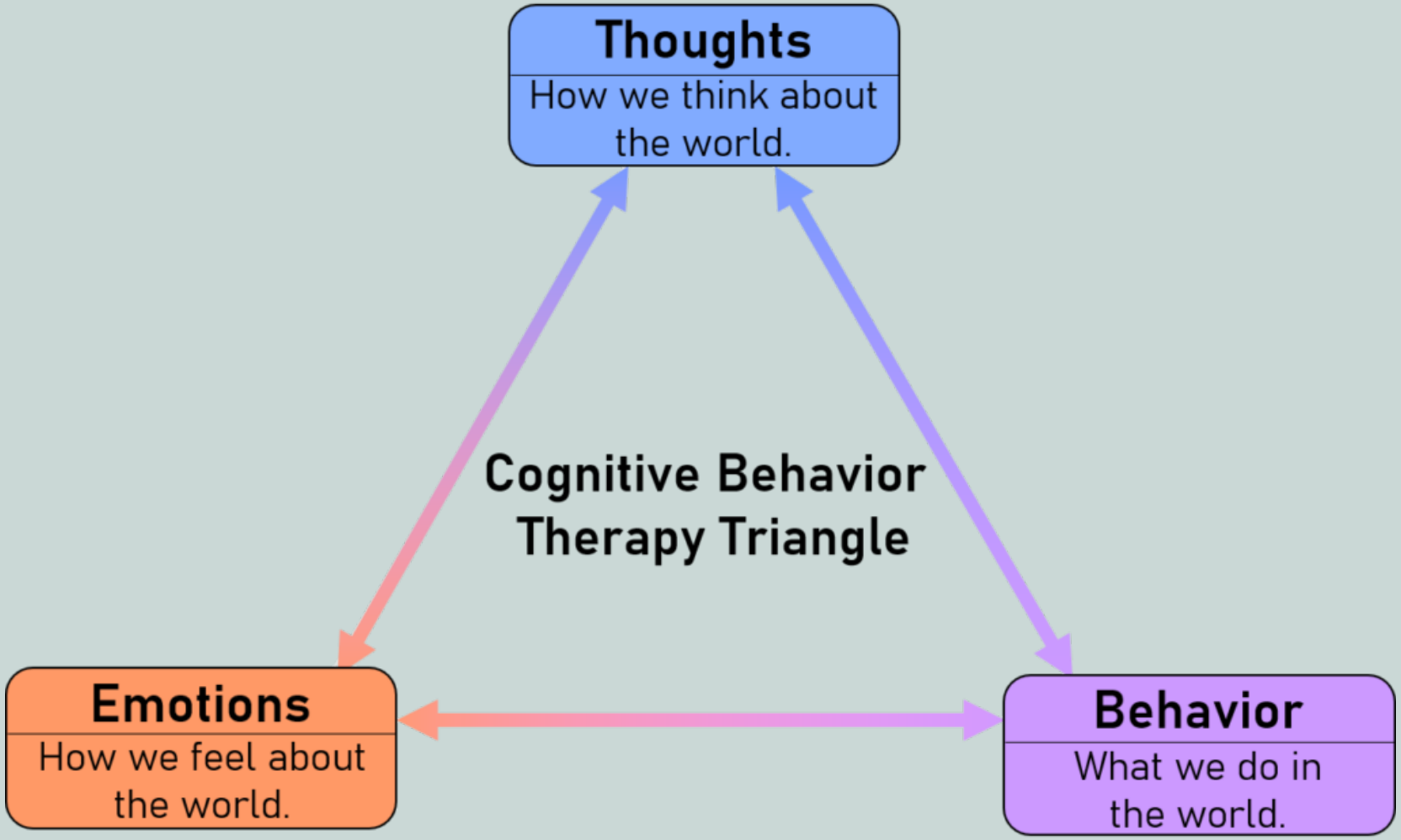
Identify Students With Higher Level of Need

- When insufficient progress is made in tier 2 interventions, consider intensifying supports
- Follow school protocol for individualized supports, assessment, goal-setting, and progress monitoring
- Consider community support referrals

Mental Health Interventions

General Principles: CBT

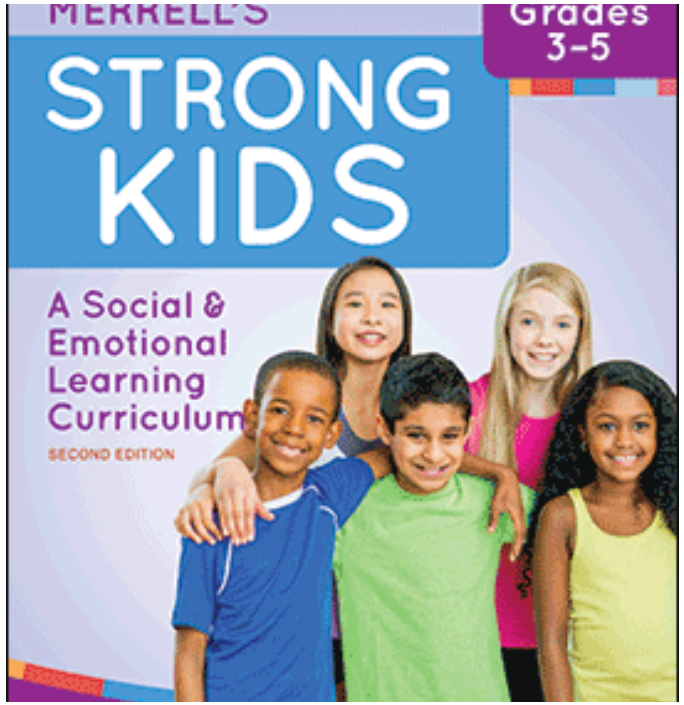


GENERAL PRINCIPLES: COPING SKILLS

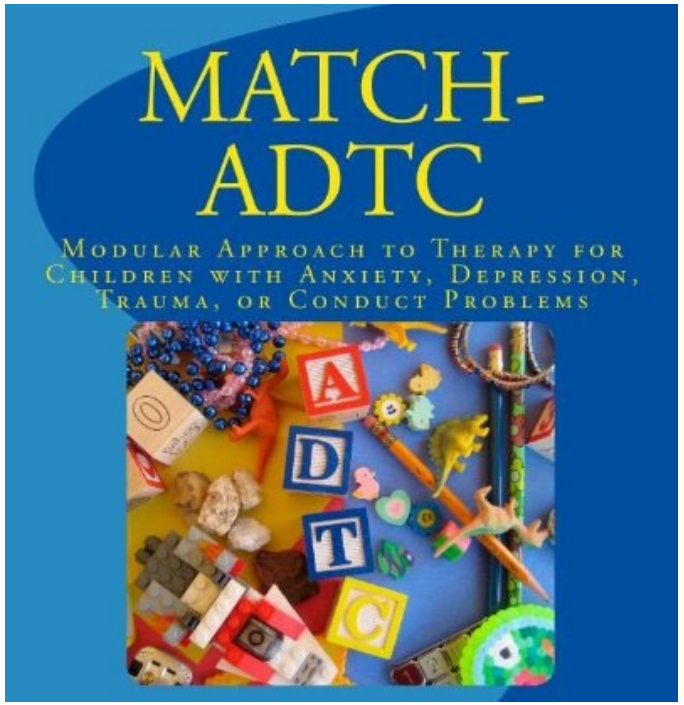
Diaphragmatic breathing	Progressive muscle relaxation	Self-monitoring
Behavioral activation	Cognitive restructuring	Setting and managing goals

Curricular Options Across Mental Health Needs

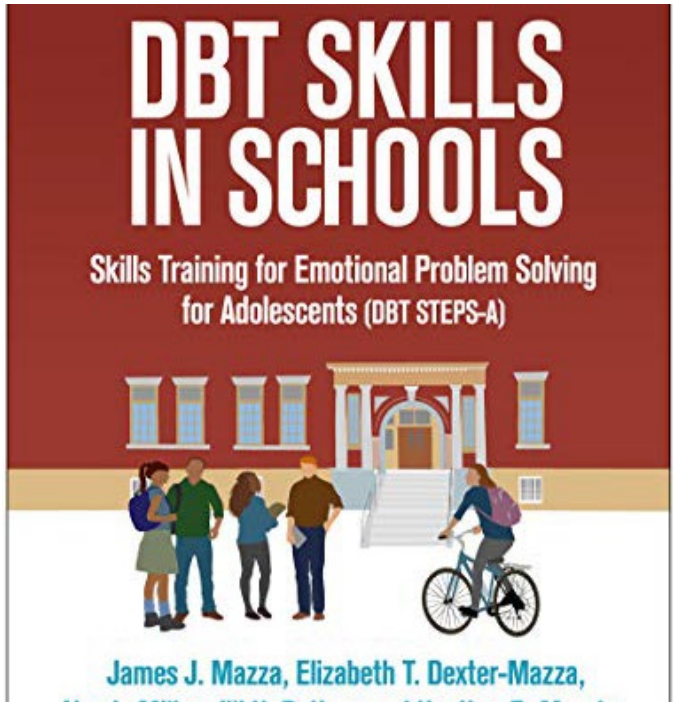
Strong Kids



DBT STEPS-A

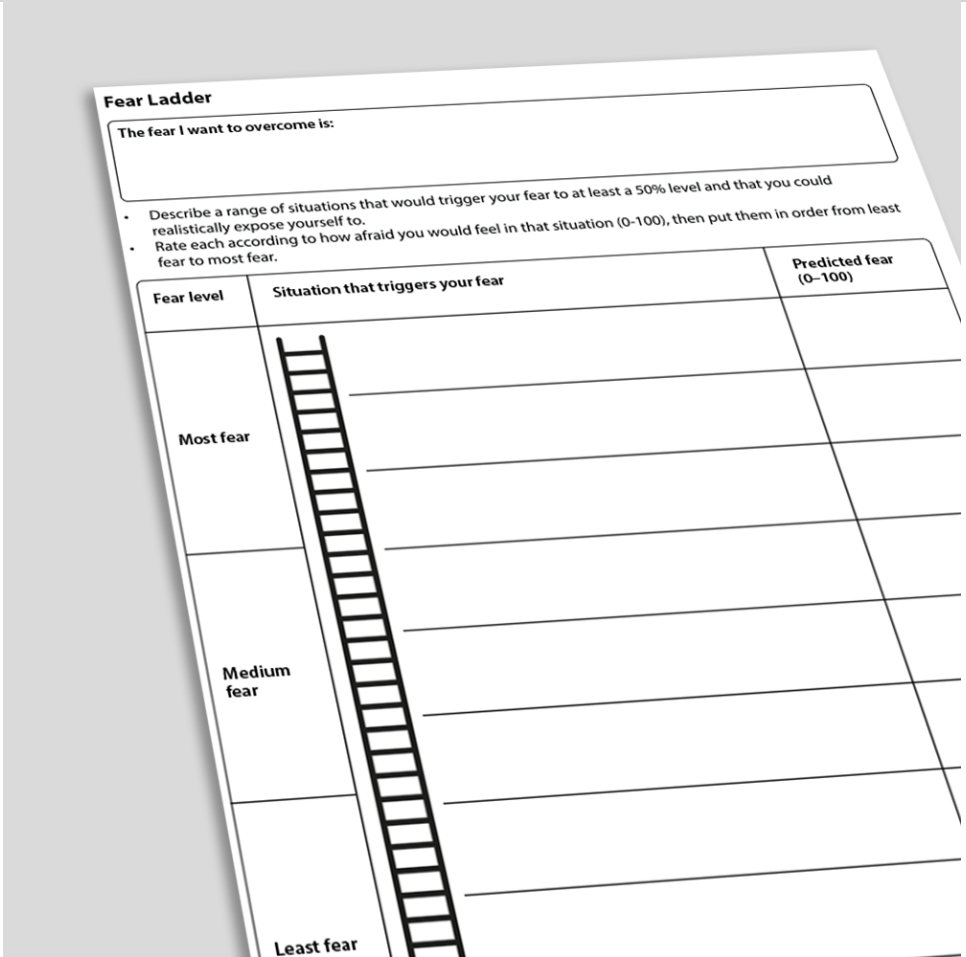


MATCH ADTC



Anxiety

Best Practices for Anxiety: Exposure



Fear Ladder

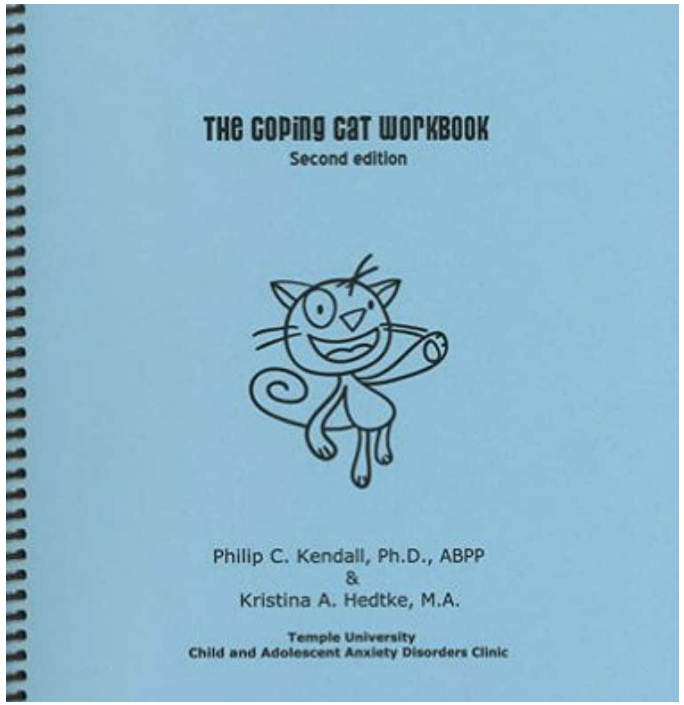
The fear I want to overcome is:

- Describe a range of situations that would trigger your fear to at least a 50% level and that you could realistically expose yourself to.
- Rate each according to how afraid you would feel in that situation (0-100), then put them in order from least fear to most fear.

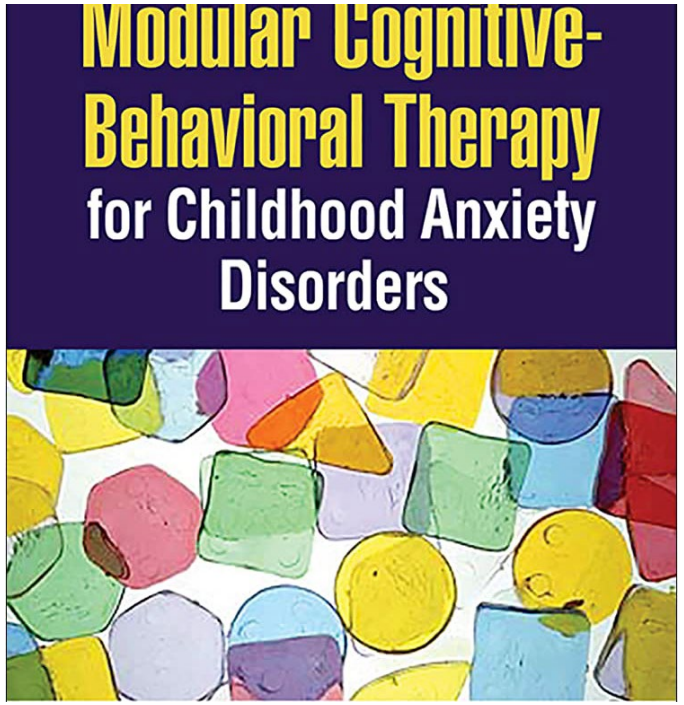
Fear level	Situation that triggers your fear	Predicted fear (0–100)
Most fear		
Medium fear		
Least fear		

Curricular Options for Anxiety

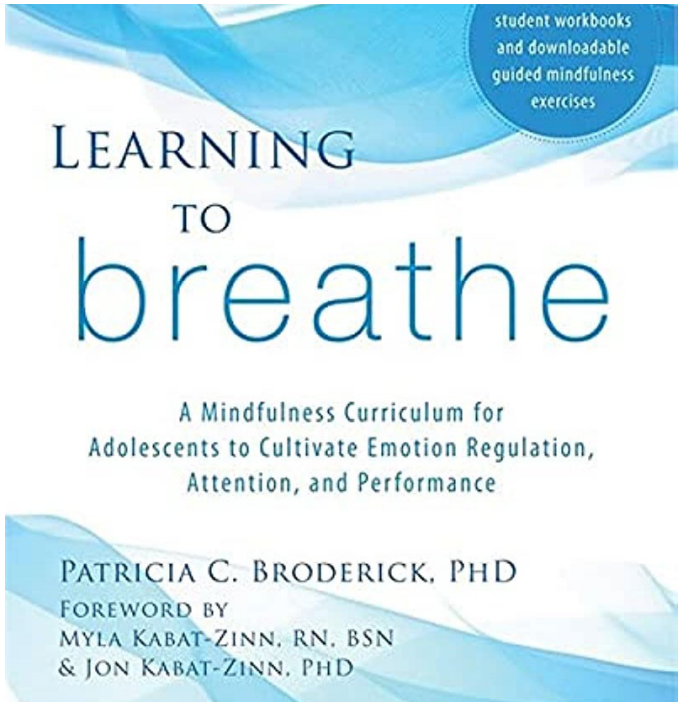
Modular cognitive behavioral therapy



Coping Cat



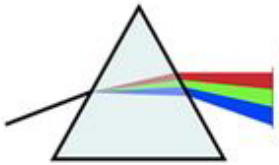
Learning to Breathe



Depression

Best Practices for Depression: Tackling Cognitive Distortions

Selective abstraction



Drawing conclusions on the basis of just one of many elements of a situation.

Minimisation

Downplaying the importance of a positive thought, emotion or event.

Personalisation

"this is my fault"

Attributing personal responsibility for events which aren't under a person's control.

Arbitrary inference

Drawing conclusions when there is little or no evidence

Magnification

"Making a mountain out of a molehill" - blowing things out of proportion.

Overgeneralisation

Making sweeping conclusions based on a single event.

Best Practices for Depression: Distress Tolerance

The ACCEPTS Skill

A — Activities

Engaging in activities

C — Contributing

Doing something for someone else

C — Comparisons

Juxtaposing a previous worse period of your life with your current one

E — Emotions

Generating different emotions than the ones that you're feeling

P — Pushing away

Putting the problem on a shelf

T — Thoughts

Engaging in thoughts that compete with the ones present during the crisis

S — Sensations

Using the five senses in order to ground

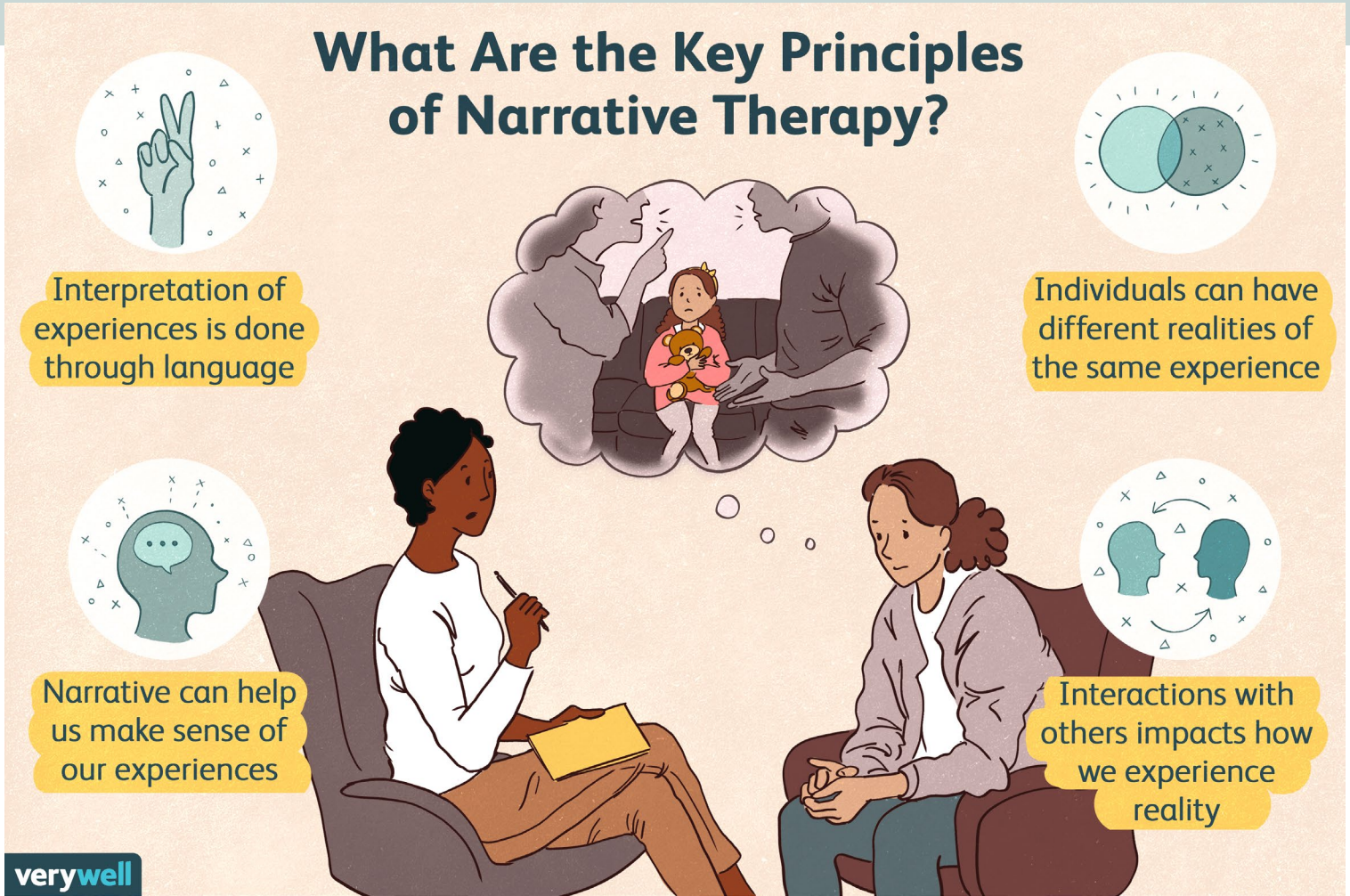
Psychotherapy Academy

Linehan, M. M. (2015). DBT® skills training manual (2nd ed.). New York, NY, US: Guilford Press.

Best Practices for Depression: Behavioral Activation

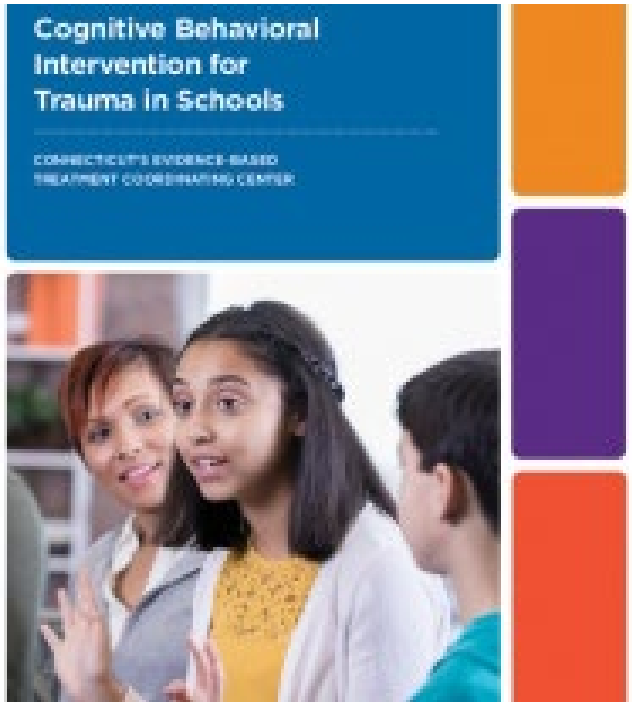
Trauma

Best Practices for Trauma: (Narrative) Exposure

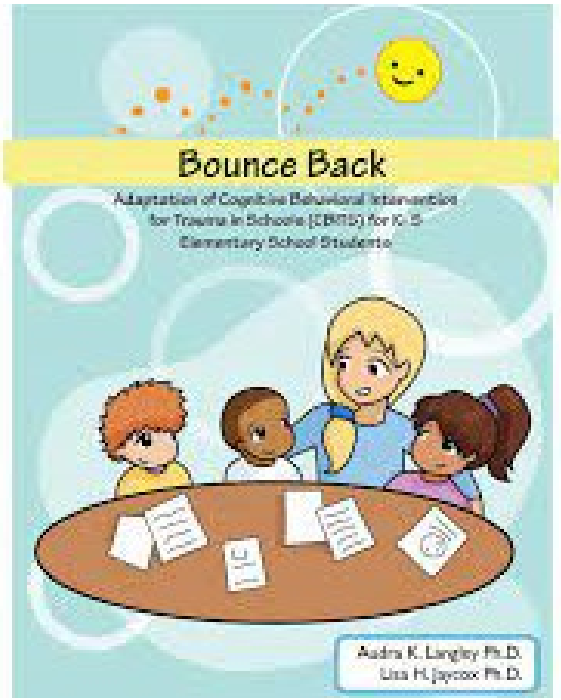


Curricular Options for Trauma

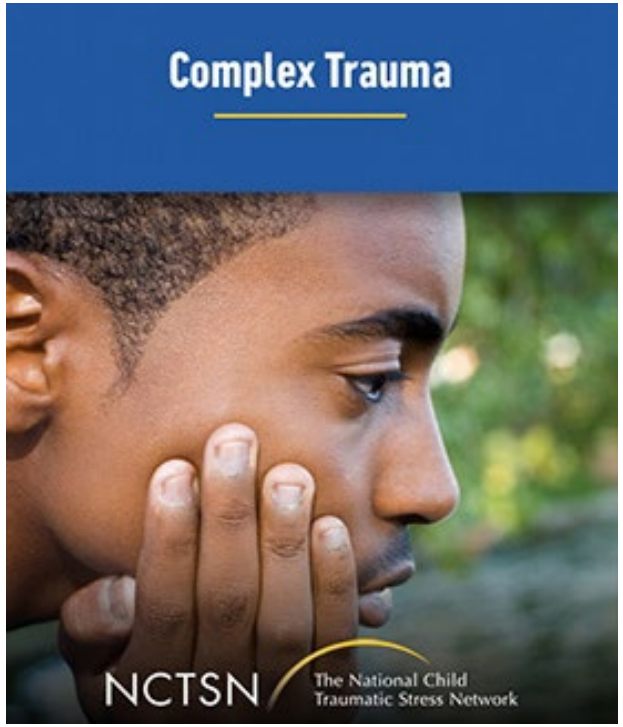
Cognitive Behavioral Intervention for Trauma in Schools

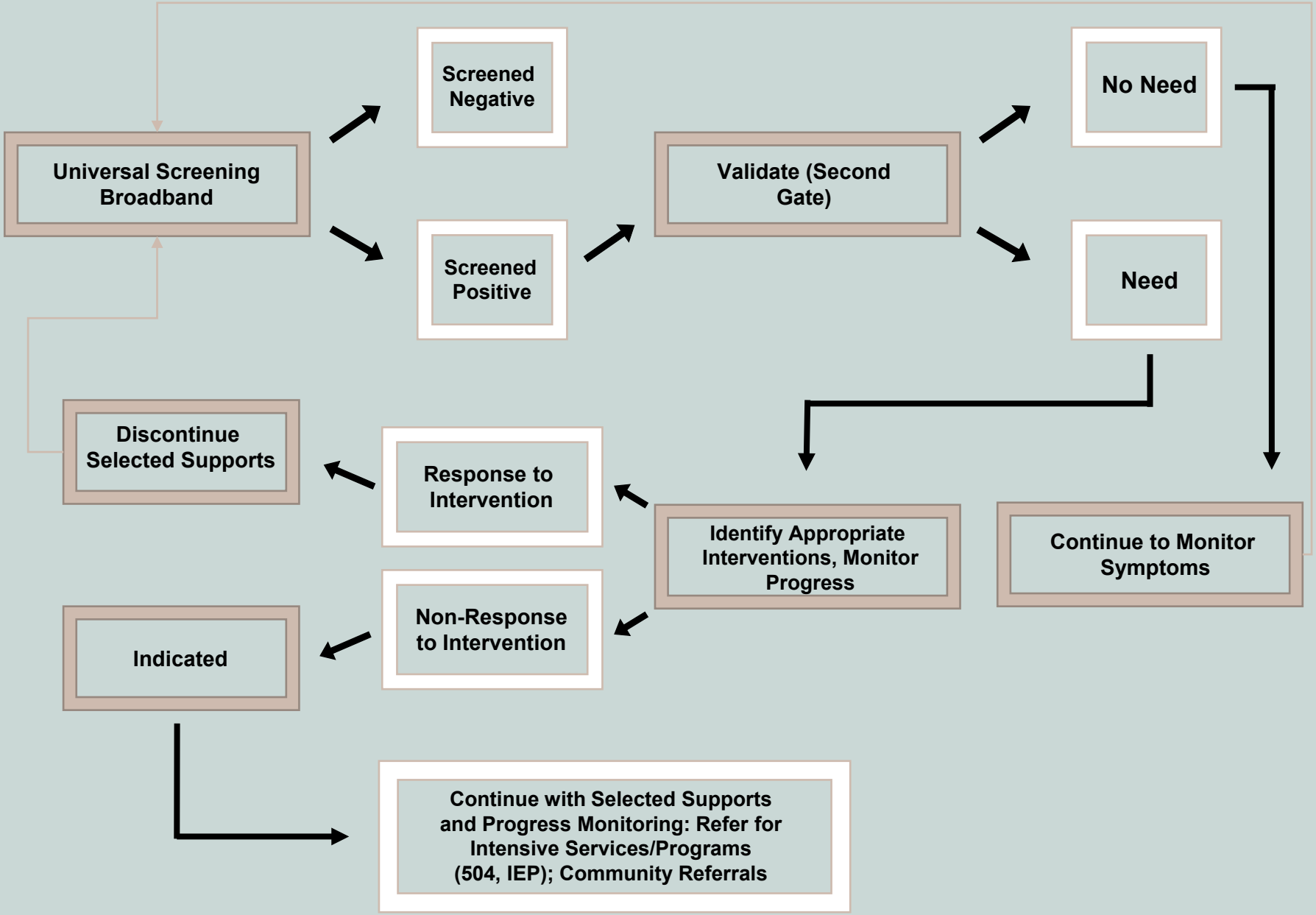


BounceBack



SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress

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