

## Using What Works in School Settings: Lessons Learned from a Comprehensive School-Based Mental Health Initiative

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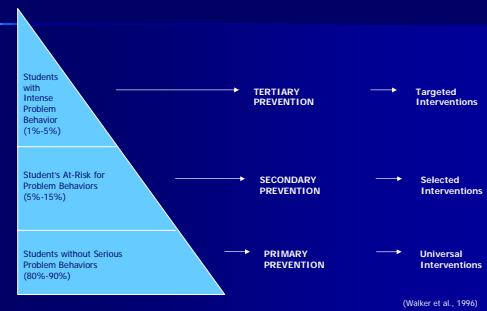
## Healthy Students, Healthy Schools Project Overview

- 3<sup>rd</sup> year of project focused on implementing evidence-based assessments and treatments in schools with health and mental health clinics
- Funded by the Office of Mental Health, State Education Department and Department of Health
- Center for the Advancement of Children's Mental Health at Columbia University responsible for technical assistance and evaluation components

## Healthy Students, Healthy Schools Project Sites

School	Borough	Grades
A	Brooklyn	K-5
B	Bronx	K-5
C	Manhattan	6 - 8
D	Manhattan	6 - 8
E	Queens	6 - 8
F	Brooklyn	6 - 8
G	Bronx	9 - 12

## Theoretical Perspective



## Universal Intervention Positive Behavioral Interventions and Supports

### What is PBIS?

- "Team-based, comprehensive, and proactive system for facilitating and maintaining student success across settings" (Scott, 2001, p.88)
- Targets multiple systems in a school (e.g., classroom, non-classroom, school-wide, etc.)
- **Not** a curriculum or canned program
- Individualized, data-driven process
- Identification, teaching and reinforcement of school-wide behavioral expectations is the foundation of PBIS

## PBIS Implementation Status

	Year 1	Year 2	Year 3
A	No commitment		
B	Active		
C	Active		Inactive
D	No commitment		
E	No commitment		
F	Active	Inactive	
G	No commitment		

## Implementing PBIS Lessons Learned

- PBIS does not work without:
- Demonstrated administrative support
  - Representative PBIS team
  - School ownership
  - Family involvement

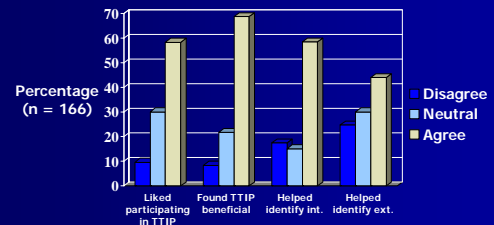
## Selected Intervention Teaching Teachers to Identify Program (TTIP)

- Adaptation of Systematic Screening of Behavior Disorders (SSBD) developed by Walker & Severson (1990).
- Teaches teachers to recognize student behaviors that are indicative of potential internalizing or externalizing disorders.
- Gives teachers the opportunity to complete brief questionnaires about students they feel may have an internalizing or externalizing disorder.
- Encourages the referral of at-risk students to the appropriate school personnel (social worker, guidance counselor, etc.).

## TTIP Results

- Implemented in 5 project schools during the 2003-2004 school year
- 536 students screened
- 61% (n = 327) identified as exhibiting **externalizing** symptoms
  - 63.9% of these students (n = 209) met criteria for a potential externalizing disorder
- 39% (n = 209) identified as exhibiting **internalizing** symptoms
  - 52.2% of these students (n = 109) met criteria for a potential internalizing disorder

## Teacher Satisfaction with TTIP

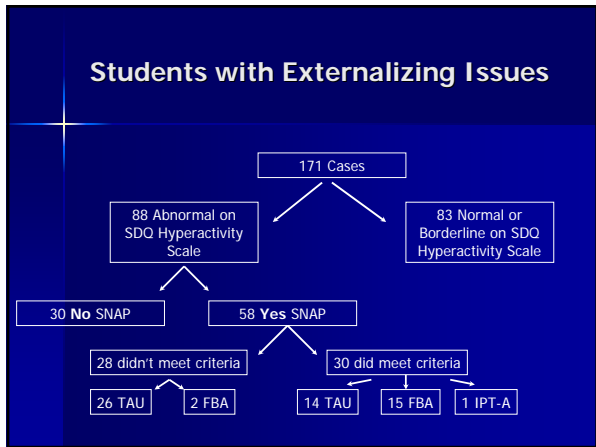
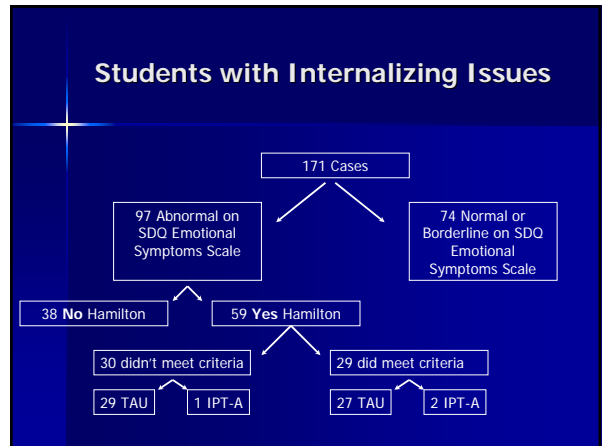
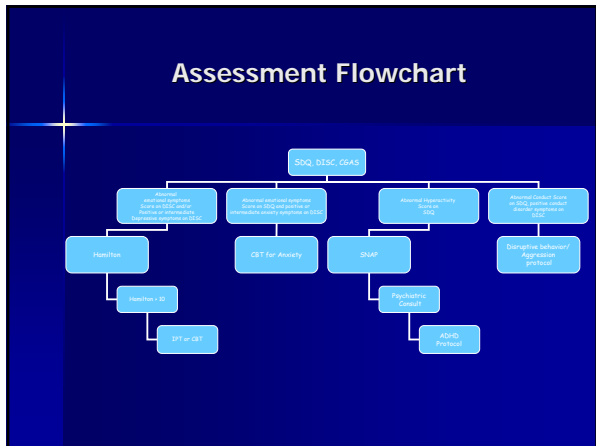


## Implementing TTIP Lessons Learned

- TTIP requires:
- Strong administrative support
  - Creative and flexible scheduling
  - Small teacher groups
  - Follow-up

## Targeted Intervention Evidence-Based Assessment Measures

- Strengths and Difficulties Questionnaire (SDQ)
- Diagnostic Interview Schedule for Children (DISC)
  - Depression module
  - Anxiety module
  - Substance Abuse module
- Children's Global Assessment Scale (C-GAS)
- Hamilton Rating Scale for Depression
- SNAP



- ### Preliminary Outcome Data SDQ Mean Difference Scores
- Teacher Ratings (n = 96):
    - No significant differences between baseline and latest follow-up scores on any SDQ scale
  - Parent Ratings (n = 132):
    - Significant differences between baseline and latest follow-up score on prosocial scale (t=2.55, p=0.01)
  - Youth Ratings (n = 123):
    - Significant differences between baseline and latest at follow-up score on the following scales:
      - Total difficulties scale (t=-4.61, p<0.0001)
      - Emotional symptoms scale (t=-4.01, p=.0001)
      - Conduct problems scale (t=-2.32, p=0.02)
      - Hyperactivity scale (t=-2.08, p=0.04)
      - Peer problems scale (t=-4.15, p<0.0001)

- ### Preliminary Outcome Data % Normal, Borderline & Abnormal SDQ Total Difficulties Scores
- Overall, results show modest but positive change on the SDQ from intake to latest follow-up.
    - Parent Ratings (n = 61)
      - Fewer students had total difficulties scores in the borderline/abnormal range at follow-up (68%) than baseline (74%)
    - Teacher Ratings (n = 35)
      - Fewer students had total difficulties scores in borderline/abnormal range at follow-up (60%) than intake (74%)
    - Student Ratings (n = 93)
      - Fewer students had total difficulties scores in borderline/abnormal range at follow-up (26%) than intake (45%)

- ### Preliminary Outcome Data CGAS and SNAP Mean Difference Scores
- CGAS
    - The mean difference between CGAS scores at baseline and latest follow-up period was significant (t=4.20, p<0.0001, n=65)
  - SNAP
    - Parent Informant
      - The difference between scores for the Oppositional Defiant scale was significant (t = -2.71, p = 0.1)
    - Teacher Informant
      - No significant differences were found

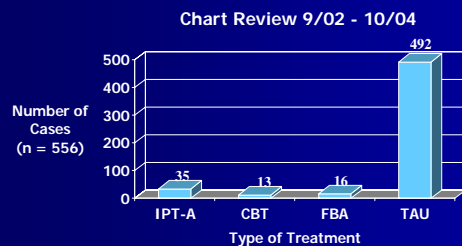
## Preliminary Outcome Data Hamilton

- Mean Hamilton score at baseline was in mild range (mean score=11.86)
- Mean scores at each follow-up period were also in mild range (mean score=6.36)
- Difference between Hamilton Scores at baseline and the latest follow-up date was significant ( $t=-5.42$ ,  $p < .0001$ )

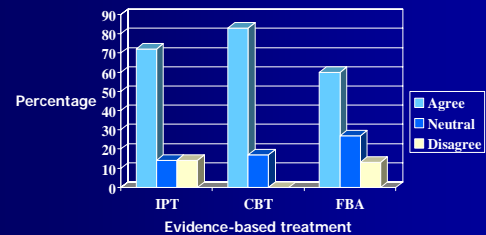
## Evidence-Based Treatments Implementation

- Each clinic offered training in their 1<sup>st</sup> or 2<sup>nd</sup> choice EBT
- Training included 1-2 days of didactics plus weekly on-site consultation around specific cases
- Clinicians encouraged to use treatment with all appropriate cases, not just cases for which they received consultation

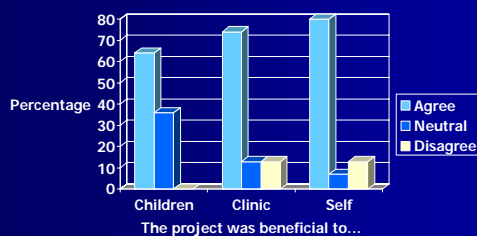
## Use of EBTs by Clinicians



## Clinician Satisfaction Ratings Helpfulness of EBTs



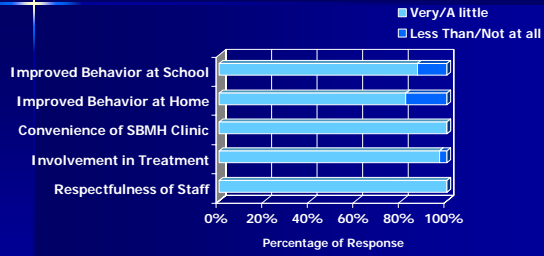
## Clinician Satisfaction Ratings Project Benefits



## Preliminary Parent Satisfaction Data

- To date, 32 parents (21.2%) completed the survey. Efforts to contact the remaining parents (n=119, 78.8%) are ongoing.
- The majority of parents (65.6%) reported their child received **individual** therapy in the SBMH clinic.
- Parents reported that therapy targeted:
  - behavioral problems (62.5%, n=20)
  - emotional problems (46.9%, n=15)
  - learning problems (34.4%, n=11).
- Overall, parents were highly satisfied (93.8%) with the services they received and felt that SBMH clinic services contributed to positive outcomes for their children.

### Preliminary Parent Satisfaction Data



### Implementing E-B Treatments Lessons Learned

- Outreach to teachers and parents essential for identifying internalizing cases
- Staff turnover makes it difficult for clinics to fully adopt EBTs
- Application of EBT without ongoing consultation limited
- Change is hard!