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

- 3rd 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

<table>
<thead>
<tr>
<th>School</th>
<th>Borough</th>
<th>Grades</th>
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<tbody>
<tr>
<td>A</td>
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</tr>
<tr>
<td>G</td>
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Theoretical Perspective

- Students with Intense Problem Behavior (1%-5%)
- Students At-Risk for Problem Behaviors (5%-15%)
- Students without Serious Problem Behaviors (80%-90%)

PBIS Implementation Status

<table>
<thead>
<tr>
<th>School</th>
<th>Year 1</th>
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<th>Year 3</th>
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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

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## 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

![Teacher Satisfaction Chart]

<table>
<thead>
<tr>
<th>Liked participating in TTIP</th>
<th>Found TTIP beneficial</th>
<th>Helped identify int.</th>
<th>Helped identify ext.</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
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<tbody>
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<td>70</td>
<td>60</td>
<td>50</td>
<td>40</td>
<td>30</td>
<td>20</td>
<td>10</td>
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## 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
**Assessment Flowchart**

**Students with Internalizing Issues**

1. Abnormal emotional symptoms
   - Score on DISC and/or positive or intermediate depressive symptoms on DISC
2. Abnormal emotional symptoms
   - Score on SDQ and positive or intermediate anxiety symptoms on DISC
3. Abnormal hyperactivity
   - Score on SDQ
4. Abnormal conduct score
   - Score on SDQ, positive conduct disorder symptoms on DISC

**Students with Externalizing Issues**

1. Abnormal on SDQ hyperactivity scale
2. Normal or borderline on SDQ hyperactivity scale

**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 follow-up scores on the following scales:
  - Total difficulties scale (t=4.61, p<0.0001)
  - Emotional symptoms scale (t=4.01, p=0.0001)
  - 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)

**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: The difference between scores for the Oppositional Defiant scale was significant (t = -2.71, p = 0.1)

**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**

**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 1st or 2nd 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**

- **Chart Review 9/02 - 10/04**

<table>
<thead>
<tr>
<th>Type of Treatment</th>
<th>Number of Cases</th>
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<tbody>
<tr>
<td>IPT-A</td>
<td>15</td>
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<tr>
<td>CBT</td>
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</tr>
<tr>
<td>FBA</td>
<td>14</td>
</tr>
<tr>
<td>TAU</td>
<td>492</td>
</tr>
</tbody>
</table>

**Clinician Satisfaction Ratings**

**Project Benefits**

- **Agree**
- **Neutral**
- **Disagree**

**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

- Respectfulness of Staff
- Involvement in Treatment
- Convenience of SBMH Clinic
- Improved Behavior at Home
- Improved Behavior at School

Preliminary Parent Satisfaction Data

0% 20% 40% 60% 80% 100%
Percentage of Response

Very/A little
Less Than/Not at all

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!