Selecting Mental Health Interventions within a PBIS Approach

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Purpose

Many schools and systems are bogged down with too many initiatives/practices and interventions that often lead to poor implementation and an overwhelmed workforce. This consumer guide was designed to help integrated system teams interested in expanding the continuum of behavioral supports and mental health services to invest in formalizing a selection process. It will be important for the system to take an inventory of current practices, examine effectiveness and fidelity of those current practices before investing in new interventions or programs. When a data indicates a need for a new initiative, this guide, checklist and case examples should be used to determine the best fit and will also guide teams to install systems features like data decision systems as well as training and coaching features that increase intervention fidelity and positive outcomes for children, youth and families.

The need for effective mental health services in school populations

- Seventy to eighty percent of children who receive mental health services receive them in school; for many children the school system provides their only form of mental health treatment (Burns et al., 1995).

- Almost one in five youths has a MH "condition" (New Freedom Commission on Mental Health, 2003) and it is reported that about 70% of those get no treatment (Kataoka, Zhang & Wells, 2002).

- Only one to two percent of these students are identified by schools as emotionally impaired. Often these identified students have poor outcomes. (U.S. Department of Education, 2002).

- Schools may be one of the more predictable and structured support systems for children and youth because every neighborhood has a school, teachers provide regular opportunities for guided academic and social behavior success, educators are available to screen and observe student behavior, and schools can serve as resource for information and access to community mental health resources.

- As schools look to improve the effectiveness of their mental health interventions and begin to develop meaningful relationships with community mental health providers within a SW-PBIS model there is a need to identify effective mental interventions/services to be provided within a multi-tiered model.

What type of mental health interventions and services are the most effective?

- Research (Drake et al., 2001) has shown that mental health services and interventions that are evidenced based or empirically supported improve child and adolescent functioning.

- Evidenced based interventions are those for which there is consistent scientific evidence showing that they improve student's outcomes (Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001). The Association for Cognitive and Behavior Therapies (2012) define empirically supported therapies as those therapies that have demonstrated:

  - superiority to a placebo (dummy treatment) in two or more methodologically rigorous controlled studies

  - equivalence to a well-established treatment in several rigorous and independent controlled studies

- efficacy in a large series of single-case controlled designs (i.e., within subjects designs that systematically compare the effects of a treatment with those of a control condition)
- Moreover, the treatments utilized in these studies must be performed according to treatment manuals that specify a reasonably clear "recipe" for how to conduct the intervention

- One methodology to determine effectiveness of evidenced based interventions is a meta-analysis which is a research study that combines the results of several studies to examine the overall effectiveness of interventions. A large recent meta analysis study, (Weisz, Sandler, Durlak & Anton, 2005), found that averaging across the various outcome measures used, the average child **who received evidenced based interventions was functioning better after treatment than more than 75% of children in the control group**. These changes often were found to sustain after treatment termination. There were found larger impacts on those problems particularly addressed in treatment.

- Other meta-analyses have found that where therapists were able to use their clinical judgment to deliver treatment as they saw fit, not constrained by evidence based interventions or manuals, and in which there was a comparison of their treatment to a control condition that **little or no changes in treatment outcomes were seen** (Weisz et al., 2005).

Where to find recommendations whether a mental health treatment is evidenced based?

- There are several web sites that suggest evidenced based treatments. They include:

- American Psychological Association website http://effectivechildtherapy.com/content/ebp-options-specific-disorders
- Evidenced Based Behavioral Practice website funded grant from by the National Institutes of Health http://www.ebbp.org/index.html
- National Association of School Psychologists (www.nasponline.org)
- Center for the Study and Prevention of Violence (www.colorado.edu/cspv)
- What Works Clearinghouse (www.whatworks.edu.gov)
- Center for School Mental Health (www.csmh.umaryland.edu)
- Kutash, Duchnowski, & Lynn, School-based mental health: An empirical guide for decision makers. http://rtckids.fmhi.usf.edu/rtcpubs/study04/SBMHfront-TOC.pdf

How does one select the appropriate mental health intervention?

- Zins, Weissberg, Wang, & Walberg (2004) found that a typical school delivers, on average, 14 separate programs that broadly address social-emotional issues. Of these programs, however, most were not empirically-based. There was found no evidence of a systematic deployment of these programs, but rather, they seem to emerge in response to immediate pressures or trends. School-wide positive behavior support provides this framework for systematic implementation of mental health programs or services.

- An evidenced based mental intervention is necessary but not sufficient for effective practice. The intervention selected should be an intervention that addresses the presenting problem. Mental health interventions should be selected after an appropriate assessment. This assessment could include and should match the function of the problem behavior and/or the skill deficit identified. Examples of the assessments may include:

    - Strengths assessment. i.e.; Strengths and Difficulties Questionnaire (Goodman, 1997)
    - Functional behavioral assessment
    - Social skills assessment (SSIS, SRS)
    - Mental health functioning rating scales (Beck Self-Report Youth Inventories)

- Selection of an intervention that matches the presenting problem

    - Developmental level – The selection of an intervention should match the developmental level of the student, e.g., Coping Cat, an evidenced based anxiety program is designed for students 8-13 years old
    - Expertise of the provider – The educational staff/mental health provider should have expertise in the implementation of the intervention. Fixsen, Blase, Duda, Naoom, & Van Dyke (2010) have suggested that without staff competencies and systems (adequate training, ongoing coaching, performance feedback) on their use, these interventions will not maximize their potential benefits to students. Ganju (2006) reported that training alone, even when it is fairly intensive, appears to increase knowledge but has a limited impact on practice

- Culturally appropriate – The intervention should be culturally appropriate or adapted to meet linguistic/cultural appropriateness of the student (Bal, Thorius, & Kozleski, 2012; Fallon, O'Keeffe, & Sugai, 2012; Sugai, O'Keeffe, & Fallon, 2012)

How does one implement and evaluate the effectiveness of the selected mental health intervention?

- Implementation of mental health interventions requires both a way to evaluate treatment fidelity and an ongoing evaluation system. Suggested questions to assess the implementation of treatment fidelity (accuracy and fluency of intervention implementation) are:

    - When and how often will you assess implementation fidelity?
    - What tool will you use to assess implementation fidelity?
    - For this intervention, what is an acceptable level of implementation fidelity?
    - What will you do if implementation fidelity is below this acceptable level?

- Ongoing outcome measures should be conducted. Several programs have data collection tools as part of the intervention package. For those interventions that do not have suggested data collection tools, progress monitoring is recommended using the following outcome measures:

    - Check-In Check-Out data
    - Daily behavior rating data
    - Mood thermometer data
    - Ongoing use of rating scales

- Enhancing implementation fidelity and study outcomes are also affected by systemic supports, which include the following considerations (PBIS Implementation Blueprints at www.pbis.org 2012):

    - Leadership capacity and coordination
    - Institutionalized policy
    - Sustained and sufficient funding
    - Overt political support
    - Local behavioral expertise
    - Formalized professional development (e.g., training and coaching)
    - Continuous evaluation and action planning
    - High quality implementation demonstrations

- Implementation of evidence-based practices is dynamic process (Fixsen et al., 2010):

    - Implementation phases: exploration and installation, initial and full implementation, adaptation for sustained and scaled implementation
    - Implementation drivers: leadership, training, coaching, selection, and evaluation

http://www.pbis.org/common/cms/files/Current%20Topics/Final-Monograph.pdf