

Statement of Benjamin S. Fernandez, MS Ed, Lead School Psychologist Loudoun County Public Schools, Virginia

U.S. Senate Hearing: Examining Mental Health: Treatment Options and Trends

My name is Benjamin S. Fernandez, and I am a lead school psychologist for Loudoun County Public Schools (LCPS) in Virginia. I am pleased to have the opportunity to be here today to discuss the critical importance of meeting the mental and behavioral health needs of children and youth and the role schools can play in doing so.

PROFESSIONAL BACKGROUND

I have served LCPS as a school psychologist for 12 years and have been practicing in the field for almost 18 years. In my service to LCPS, like many school psychologists, I provide a broad range of services to support the successful learning and well-being of our students, create a positive school climate, and ensure ongoing collaboration among school, families, and the community to meet the mental and behavioral health needs of children and youth.

What is a School Psychologist?

School psychologists provide comprehensive services at both the district and building levels. Comprehensive school psychological services are defined by the National Association of School Psychologists' practice standards, known as the NASP Practice Model (NASP, 2010). In broad terms, these services include assessment and evaluation, data-based decision-making at the student, classroom and building levels, academic, behavioral and mental health supports, case-management and collaboration with community providers, and consultation with teachers, administrators and families. Specific examples include individual student psychological evaluations, classroom behavior management, supports for positive behavior and discipline, individual and group counseling, mental health screening, social skills development, threat assessment, and crisis intervention. School psychologists serve on a number of multidisciplinary teams with parents and educators to meet the diverse needs of the children and families in our school community. In addition, school psychologists provide critical universal prevention and early intervention services for all students, and deliver targeted interventions for those struggling with academic, behavioral, emotional, and mental health concerns. A former NASP leader may have said it best, "School psychologists are the educators who know the most about psychology and the psychologists that knows the most about education."

Comprehensive School Psychological Services Promote Student Success Mental Health Supports in Schools

Mental health is developed early in life and educators play a significant role in ensuring that students' experiences throughout their school careers contribute to their positive mental health. Access to school-based mental health services and supports directly improves students' physical and psychological safety, social-emotional learning, and academic performance. Mental health issues not only impact students on the individual level, but they also impact school culture and climate, making it imperative that

schools adequately address the mental and behavioral needs of students to ensure that the best possible outcomes for the entire school population. It is estimated that 13-20% of children experience a mental disorder in a given year. However, only 16% of children who need mental health services receive them, and the majority of students who do access mental health services in the school setting. Additionally, students are more likely to seek help if they know school based-services are available. Therefore, it is vital that schools provide the appropriate supports for students and have the resources needed to connect students with significant needs with more intensive community supports. We can best meet the needs of children if we provide prevention, early identification, and targeted intervention for academic, mental health, and behavioral concerns within a multi-tiered system of supports (MTSS). Many school districts are moving to an MTSS model which also aligns with and reinforces successful school-wide initiatives such Positive Behavior Interventions and Supports (PBIS) and Response to Intervention (RtI).

MTSS begins with a universal tier of supports and services provided to all students and that research tells us will meet the academic and behavioral needs of the majority of students. This first tier focuses on prevention, wellness promotion, teaching shared behavioral expectations, and skills building. The second tier focuses on those students who still struggle despite the universal supports and need more targeted interventions. The specific needs of these students are identified through universal screenings; appropriate interventions are delivered and monitored in small groups. An example of such a subset of students might be those who exhibit appropriate behavior most of the time but repeatedly struggle under specific circumstances such as acting out when frustrated, being disruptive during transitions, or having difficulty in social situations. The third tier targets a generally very small population of students who require the most intensive academic, behavioral, or emotional supports. At this level, interventions are often delivered through special education services or other individualized school-based supports. Frequently at this tier, a student is also receiving services from medical and other community providers and ideally school mental health personnel are collaborating closely with them to ensure to continuity and efficacy of the interventions. At all levels of service delivery, the school psychologist collaborates with teachers and families to ensure that the proper services are being delivered and that information about the child is being shared with the appropriate people.

Child Study Process

A common vehicle in schools for facilitating the MTSS process and meet student needs is the Child Study Process. This process is initiated when a teacher, administrator or parent has a concern about a child and it is implemented by the Child Study Team. This is a multi-disciplinary team of professionals who work together to identify causes of academic and behavioral difficulties, develop interventions to address those problems, and monitor their effectiveness. School psychologists play an integral role on this team, and are often the person that provides the targeted interventions, in group and individual settings, for students struggling with behavioral or mental health concerns. To illustrate how this process works and to re-iterate the importance of prevention and early intervention, I would like to share some examples from my experience. (All names have been changed.)

Prevention and Intervention in Elementary School (Amy)

Amy was a young girl being raised along with her brothers by her grandmother. She and her brothers struggled with a variety of behavioral issues, but this girl in particular struggled with defiance, refusal to comply with adult directives, cursing, disrespect, stealing, and aggression. Because of her behavior, she missed a great deal of instruction, peers avoided playing with her, and she was generally unhappy and frustrated with school. There were concerns that Amy was struggling with ADHD and perhaps depression, but she had not been formally diagnosed with either of these.

When the Child Study Team first convened to discuss Amy's difficulties, our collective goal was to help her be more successful at school and to provide advice and supports to her grandmother to help her deal with the challenging behavior at home. Our team included Amy's grandmother, her teacher, the school social worker, the school counselor, and the principal. We created behavior plans, worked with the classroom teachers on how to consistently implement the behavior plan, and how to work with the student. We also determined which type of mental health supports she needed and devised a plan to ensure she received these supports at school while also making sure that she was in the classroom during critical instructional time as much as possible. As she moved through the grade levels, she was placed with teachers who best fit her as a student and would be able to meet her emotional and behavioral needs. Because we were able to identify her needs, and provide Amy with the proper supports, she made continuous academic progress and had a successful transition to middle school. Amy continues to need support but with the supports she was given, she was able to reach her full potential, which included keeping the required GPA to participate on the soccer team.

Schools can provide a number of supports for students to help them cope with behavioral and mental health concerns. Amy received the following supports:

- Small group counseling to address anger management skills with a group of students with similar issues
- Behavior management plan to help her increase her on task time in the classroom
- Individual counseling
- Connection with supports in the community via the social worker

In addition to these individualized targeted interventions, there were universal supports that are available to ALL students but also benefitted Amy. These include:

- Character education for all students
- Mentoring program
- Effective discipline
- Social emotional learning curriculum in the classroom

Prevention at the High School Level (Thomas)

An example of one of the universal prevention initiatives is LCPS's Depression Awareness/Suicide Prevention presentations. Many other school districts also offer this type of prevention programming in their high schools and middle schools. Suicide is one of the leading causes of death in children ages 10–19. This initiative's goal is to teach students the signs and symptoms of depression and the warning signs and risk factors related to suicide. Students are also taught how to seek assistance by telling a trusted adult and that telling a trusted adult is not betraying a friend. These presentations have helped to destigmatize depression and mental health issues allowing for an environment where students feel comfortable approaching by staff when they have concerns about a friend or someone else considering harming themselves. This atmosphere has also assisted with students who have concerns for bullying and student threats. In LCPS, these presentations are conducted in all ninth grade health and PE classes. Within the last few years, Heritage High School—along with a number Loudoun County High Schools—has begun implementing Depression Awareness Booster sessions.

The Case of Thomas

Another example of how this process works at the high school level, involves a student named Thomas. I first met him at when he was a 9th grade student returning to school after his long term suspension for

vandalizing a school bus. Thomas was a student receiving group counseling focusing on social skills, anger management, and coping. Additionally, his mother had health difficulties and there had been a number of deaths within his immediate family that directly impacted him. Overall, he struggled academically, behaviorally, and emotionally. He was frequently late for class, struggled with controlling his temper with peers and adults, and was failing. For Thomas, support and intervention started with staff relationships. This began with his participation in a counseling group that I co-led with a school social worker and with weekly check ins. Through this process, we were able to identify skill areas he lacked and were able to work with him to manage his anger and appropriately engage with adults in the classroom. In addition to this work, Thomas worked closely with a special education teacher to focus on his academic, which helped foster another positive relationship with an adult in the building. Finally, the multi-disciplinary team, which included myself, the school social worker, teachers assigned to the clinical program, a school counselor, and the assistant principal met twice a month to discuss the progress of not only Thomas, but other students who needed behavioral and mental health support. These problem solving meetings focused on student successes and challenges with the goal of supporting these students. These supports followed Thomas through his high school career when he ultimately graduated.

As in the example of Amy above, schools can not only provide a number of supports for students to help them cope with behavioral and mental health concerns, but deliver them at all grade levels. Thomas received the following supports:

- Small group counseling to address social and anger management skills with a group of students with similar issues
- Behavior management plan to help him increase his on task time and display of appropriate behaviors in the classroom
- Individual counseling
- Direct collaborative and attentive relationships with his teachers and other adults within the school

In addition to these individualized targeted interventions, there were also universal supports at the high school level that are available to ALL students as well as Thomas. These include:

- Character education for all students
- Mentoring program
- Effective discipline
- Social emotional learning curriculum in the classroom

Role of Diagnoses and Medication in School Services

It is important to note that in the school setting, we do not routinely diagnose disorders, nor are we restricted to a specific diagnosis in order to provide services. Certainly if a student has a diagnosis, we take it into account, just as we assess how the classroom and school environment, social interactions, and family factors might also contribute to behaviors or cause academic learning barriers. Our focus is always on what intervention and supports will help the student best regardless of the cause. If a student is having trouble with outbursts and impulsivity, what matters more in the child study process is which interventions help him or her learn to understand and control their behavior.

In this vein, we also do not “treat” students in schools; rather we provide interventions and supports to them. This is both a terminology difference and a perspective. Treatment implies a medical model that is usually diagnosis specific and focused on that diagnosis only. Cognitive behavioral therapy provided in

school isn't different than cognitive behavioral therapy provided in a clinic but we call it an intervention, not a treatment, and it is almost always just one of number of strategies being used. Additionally, as noted earlier in the child study process, school-based interventions almost always engage multiple people in the student's life, such as teachers, parents, and other key adults, in order to fully support the student's progress in all relevant settings.

In terms of medication, schools do not recommend or prescribe medication. In fact many states have laws prohibiting school personnel from even raising it in conversation with families. The decision to use medication rests entirely with the parents and child, in consultation with medical professionals. When the student needs to take medication during the school day, the school nurse would be in charge of administering it, with explicit permission from the parents or guardians. Research indicates that certain medications can be a part of a highly effective treatment modality for many students with ADHD, depression, and other mental health issues. I personally have seen this with certain students. However, behavioral interventions, counseling, and other supports have also been shown to be effective and this is where my focus is as a school-based mental health professional.

Sometimes parents raise the issue of medication with us, in which case we can share information, but we do not give advice. We encourage parents and families to work with their doctor to make the decision that is most appropriate for the child. Ultimately, it is the parents' decision to share information related to their child's medical status. In some cases, the school will not know because the parent has decided. In other instances, a parent chooses to share that their child is prescribed medication. In these instances, if the parent gives permission, the school nurse and school psychologist may maintain contact with the doctor to make sure that teachers and other staff are aware of any potential side effects of medication that may impact the student at school. Regardless, school psychologists collaborate with other members of the child study team to ensure that the student is receiving the necessary supports he/she needs to be successful at school.

CONCLUSION

Students come to school with more than a backpack and a lunchbox. Some come to school with behavioral, social, emotional, or mental health issues that impede their ability to be successful. Providing access to school employed mental health professionals, and allowing them to function in the broad role in which they are trained, can ensure that the behavioral and mental health needs of all students are met.

References

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