

**The Coalition Model Advocating for School Counselors' Role in Improving Youth  
Mental Health**

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### **Abstract**

All too often policymakers have called upon teachers to attend to youth mental health in the classroom and school counselors have largely been left out of the discussion. The American School Counseling Association (ASCA) Model (2019) advocates for the practicing role of school counselors in providing direct service to youth. The Coalition model presented in this paper is a way for communities to support school counselors, and vice versa, in providing mental health services to youth in schools.

*Keywords:* School Counselors, Youth Mental Health, Advocacy

## **The Coalition Model Advocating for School Counselors' Role in Improving Youth Mental Health**

Over the past two decades, there has been growing concern regarding youth mental health, and scholars have discussed the psychosocial aspects of learning and student life at length, including: student violence/safety (Benbenishty, Astor, & Astor, 2005), belonging in schools (Slaten et. al., 2016), depression/anxiety (Herman, Merrell, Reinke, & Tucker, 2004; Weisz, Sandler, Durlak, & Anton, 2005), bullying (Swearer, Espelage, Vaillancourt, & Hymel, 2010), substance use/abuse (Williams & Wang, 2000), and suicidality (King et. al., 2001). Based on these concerns, there has been a concerted effort to prevent some of these mental health concerns through multi-tiered systems of support (MTSS; Stoiber & Gettinger, 2016), response to intervention (RTI; Johnson, Mellard, Fuchs, & McKnight, 2006), positive behavior supports and interventions (PBIS; Bradshaw et. al., 2008), and most recently social-emotional learning (SEL; Weissberg et. al., 2015). Often, these strategies are focused on teachers being the facilitators of interventions within the schools, who are already overwhelmed with too many tasks in the classroom (Grayson & Alvarez, 2008).

School counselors are uniquely equipped to aid in the mental health needs of the youth in their schools. Unfortunately, school counselors are often overlooked in mental health intervention facilitation and research even though they are experts in the area (Slaten et. al., 2013). Rather, school counselors are often assigned menial support tasks labeled as other duties as assigned that are in the way of their ability to provide mental health services to students in schools. The school counseling profession has evolved to delineate the roles that school counselors have in fostering youth academic,

career, and social-emotional well-being through comprehensive school counseling programs (ASCA, 2019). Even though their training is most closely aligned with the concepts of counseling and mental health when compared to their colleagues, they often have limited opportunities to perform therapeutic interventions in their school buildings (Slaten et. al., 2013; Baskin & Slaten, 2014).

One of the most prominent of these programmatic approaches to school counseling practice is the ASCA National Model (2019). While the ASCA model approach is detailed and specific in what is involved in each of these activities and how much time should be devoted to each, new school initiatives that intersect with school counseling roles provide further opportunities to define and understand the roles. One such initiative that schools across the country are grappling with is how best to support the mental health of students in schools. With the growing prevalence of youth mental health concerns, many schools struggle with how best to identify and support student mental health needs with limited resources (Durlak et. al., 2011). As social, emotional, and behavioral health advocates for students, school counselors are well positioned to help lead school approaches to student mental health. To do so effectively, however, school counselors must be clear about their roles and skills that they bring to bear to address these issues.

In this paper, we provide an overview of school mental health and the importance of school counselors playing a salient role. We then describe a promising county-wide school mental health initiative for national dissemination as one potential way to enhance mental health interventions, prevent mental health issues, and advocate for school counselors to perform their role as counselors in the schools. Within this model

program, we describe the optimal roles for school counselors and how these roles intersect with the Comprehensive School Counseling Program framework (Gysbers & Henderson, 1997) embedded in the ASCA national model (2019). This discussion adds to the growing literature on bringing scholars and practitioners together for the well-being of the students that they serve (Savitz-Romer, et. al., 2019)

### **School Mental Health and School Counselors**

One potential barrier to the widespread implementation of school mental health programs and school counselor involvement in these programs is the confusion and misunderstanding about the term mental health. Mental health is not simply the mere absence of mental disorder, and effective mental health interventions and supports do not just focus on the treatment of existing disorders. In our work, we adopt the World Health Organization's (2004) holistic definition of mental health, "A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." This definition aligns well with the ASCA model's focus on supporting the social, emotional, career, and academic developmental needs of youth (ASCA, 2019). Thus, school counselors have an essential role in supporting the mental health of students. Effective mental health supports address the continuum of interventions from health promotion to prevention and early intervention and to intensive intervention (Stormont, Reinke, & Herman, 2010). As mental health providers in schools, school counselors do not typically have time and resources to deliver intensive interventions, but they have an essential role in providing health promotive, preventive, and early interventions.

The literature examining outcomes of school-based mental health interventions is robust, suggesting that when educational personnel or those outside of the school building provide prevention or interventions regarding mental health topics, they improve students associated mental health outcomes as well as their academic achievement at a similar rate (Baskin, Slaten, et. al., 2010). However, Baskin et al (2010) found in their meta-analytic review that the vast majority of researched mental health interventions in schools were facilitated by non-school counselors. There is very little rigorous research (i.e., RCTs) examining interventions (i.e., classroom, group, or individual) that were facilitated by school counselors. The few comprehensive meta-analytic works that have been completed in the field indicate that school counselors demonstrate a moderate effect size on student mental health and academic outcomes (Carrell & Hoekstra, 2014; Reback, 2010; Whiston & Quinby, 2009; Whiston et. al., 2011). In sum, advocating for school counselors providing mental health services is still needed given the scarcity of research in the area but the noted impact that school counselors can have on mental health and academic outcomes. Further, these mental health services can be done utilizing reliable and valid measures and empirically-based interventions in collaboration with university scholars, community agencies, and professional school counselors.

One of the goals of screening, prevention, and early intervention of mental health concerns is to reduce the population prevalence of social, emotional, and behavioral problems that interfere with the mental health and developmental needs of youth. Comprehensive epidemiological reviews indicate that the lifetime prevalence of mental health disorders as defined by the Diagnostic and Statistical Manual of Mental Disorders

(DSM) nears 1 of every 4 youths (Costello, Mustillo, Keller, and Angold, 2004) and national estimates indicate 1 in 10 out meet criteria for a significant emotional disturbance that impairs functioning (NIMH, 2007). Recent surveillance data from the Center for Disease Control suggests these prevalence estimates are only continuing to climb in the recent decade (Centers for Disease Control and Prevention, 2013). Moreover, literature consistently documents that a large portion of lifetime mental health disorders begin in childhood and adolescence highlights the need for attention to support the mental health of school-age youth (e.g., Cree et al., 2016; Kim-Cohen et al., 2003).

Currently, many youths do not receive access to supports for mental health needs due to barriers to access (Essau, 2005; Karaoke, Zhang, & Wells, 2002). Despite efforts of mental health professionals in schools to refer identified students for outpatient care in the community, a gap continues to exist in those families and youth that are successful in accessing such care due to a range of barriers (e.g., cost, transportation, etc.). As schools continue to be the primary context for the development of social functioning during childhood and adolescence, schools are an ideal setting for which to maximize efforts to reach all youth in efforts to reduce risk and development of mental health disorders. Consistently documented, the development and exacerbation of risk factors associated with mental health continue to take a toll on our youth's academic achievement. For example, the presence of aggressive behavior in early school aged years has been demonstrated to predict later substance use and antisocial behavior that is associated with school dropout or failure and criminal activity (Schaeffer Petras, Ialongo, Poduska, & Kellam 2003). Other findings provide support for difficulty in

learning as a predictor for the development of symptoms of mood disorders (Herman, Lambert, Reinke, & Ialongo, 2008; Schwartz, Gorman, Duong, & Nakamoto, 2008). Such examples of the intersection between academic behavior and social, emotional, and behavioral functioning highlights that the risk in one domain can influence the development in the other. Therefore, it is not surprising that research documents high prevalence rates of co-occurring academic and mental health problems exhibited in school-aged youth (Herman & Ostrander, 2007; Bradshaw, Buckley, & Ialongo, 2008; Reinke, Herman, Petras, & Ialongo, 2008), thus calling for action in the improvement of social, emotional, and behavioral functioning as a means to addressing academic needs of students.

A commitment to the increased attention to effective implementation of evidence-based interventions to target social and behavioral functioning can be seen through federal policies such as the Individuals with Disabilities Education Act (IDEA, 2004). Furthermore, the ASCA National Model's fourth edition explicitly states that the objective of school counseling is to help students overcome barriers to learning (ASCA, 2019), making school counselors uniquely positioned and qualified to assist school's existing models to address youth mental health needs. It is vital that school's progress in their ability to address co-occurring needs of students by maximizing existing mental health professional's roles in schools to overcome barriers of the ineffectiveness of relying on community mental health support to tame the mental health epidemic of youth.

Public health prevention models capitalize on the school setting as an ideal context for the integration of multiple evidence-based programming for prevention, early

intervention, and treatment of existing mental health concerns to occur in an ideal setting. Such models of school-based prevention maximize the ability to address multiple risk factors and identified pathways for mental health disorder development through a continuum of services provided at the primary, selective, and indicated levels, thus increasing the number of students receive intervention. Such public health models are consistent with modern day tiered delivery systems such as MTSS, RTI and PBIS, designed to provide appropriate supports to all students universally and early intervention for at-risk youth, thus mitigating the overall development of impaired social and academic functioning. Research indicates that when implemented with fidelity and rigor, such models can increase social and behavioral functioning and academic achievement of youth. The employment of such models allows us to utilize existing settings, frameworks, and roles to be more adept in addressing the development of mental health disorders that begins plaguing our nation in early childhood and adolescents. The ASCA model explicitly calls for school counseling programs to model effective MTSS models in the delivery of services across all tiers of intervention and for school counselors to play an integral role in providing mental health services.

### **The Coalition Model**

Given that there is a significant need for mental health services for youth in school buildings and school counseling educators and scholars have been advocating for their role in providing these services for decades with little progress, other potential tools and strategies need be generated and discussed. One possible approach is a comprehensive school mental health screening intervention model created and used by the County Schools Mental Health Coalition. The Coalition model allows for the early

identification of students with social and emotional concerns providing school counselors the opportunity to deliver brief intervention services for these identified students, conducting work that they have been trained to do.

The County Schools Mental Health Coalition formed in 2012, shortly after the community passed a sales tax to support youth mental health. The tax generates approximately \$6 million a year and is administered by a Children's Services Board. When the tax initiative passed, our county schools were inundated with phone calls from local mental health providers offering to provide services at schools. In response, the superintendents of all six public schools in our county convened a meeting and invited faculty from a local university to consult with them on how to proceed in accessing some of these tax monies and using them to best meet the needs of their students. In partnership, the Coalition of these superintendents and faculty members proposed a comprehensive school mental health model based on a prevention science and public health approach and were awarded funding in 2014 to enact the plan.

The cornerstone of the Coalition school mental health model is the systematic and efficient screening of youth three times per year for indicators associated with future risk for social, emotional, behavioral, and academic challenges. In this regard, the Early Identification System (EIS) was developed and includes a teacher rating report for grades Kindergarten to 12<sup>th</sup> grade, and a student self-report survey for students in grades 3 to 12 (Huang et al., 2019; Reinke et al., 2018). The items for both teacher and student versions of the EIS were devised based on a systematic review of literature highlighting key risk factors for present and future mental health concerns. The EIS can identify risk across a series of domains, including internalizing problems (i.e., depressed

mood; anxiety), externalizing problems (i.e., aggression, defiance), peer relationship problems, attention and academic issues, emotion dysregulation, and school disengagement. A key innovation for the teacher scale is that it reduces total administration time for an entire classroom of elementary students to about 10 minutes. The student report takes between 3-10 minutes to complete. Both measures are administered online.

Once completed, the EIS populates user-friendly reports. Data are presented back so that items or domain areas turn red (areas with risk), yellow (areas with some risk), and green (areas with no risk), making it easy to see areas to target for interventions. School problem solving teams have access to the data as soon as the assessments are complete and can view the data from various perspectives. First, schools can quickly identify youth most at risk for challenges and in which domains. These data allow teams to plan specific supports for individual students. Second, schools can aggregate and disaggregate the data at various levels including whole school and grade levels to quickly discern the population prevalence of risk factors for their building and for specific subgroups. These school level/ grade level reports allow teams to plan universal prevention supports based on the needs that are identified. For instance, several of our middle schools found that high percentages of their students were having challenges in the domain of attention and academic issues, particularly in the area of organization and planning. Rather than delivering individual supports to each student (an infeasible proposition in buildings where more than 20% of students were deemed at risk in this domain), the schools decided to provide whole classroom instruction on organization skills.

Locally, our schools are supported by a regional coordinator, who is also a school-based mental health provider and assigned to multiple school buildings, to help administer and interpret the data reports and plan supports related to these data. School counselors typically take leadership roles in their buildings in working with the regional coordinator, teachers, and administrators in their building to review the data and determine supports to be put in place based on the data. Further, school counselors aid in working directly with youths that have been identified as having some risk from the screener. Each of the domains of the EIS is linked to specific evidence-based prevention and interventions and strategies that can be delivered in schools. Schools can review the EIS data reports and identify evidence-based interventions from a menu of options that are directly linked to areas of risk, allowing for efficient and accurate decisions on what interventions to put into place across universal, selective, and indicated levels within a tiered model of support. The Coalitions also provides training and resources for schools to access materials related to these interventions when needed.

As part of the Coalition, we provide biannual reports on our progress to our funder toward targeted goals. A key proximal goal was to simply effectively administer the surveys triannually across all 54 buildings in our County. In the most recent year, every building successfully completed surveys for over 90% of students; nearly all buildings screened 95-100% of students. Another key indicator is the amount and type of supports that are administered in response to survey results. Approximately, 2,000 youth in our county schools (approximately, 10%) receive prevention or intervention supports each year directly related to the results of the survey (Thompson et al., 2017).

Finally, responses to interventions are monitored via pre and post rating scales specific to each identified problem area. For instance, if a social skills group is delivered to students identified as having peer relationship problems, students and/or teachers complete pre and post social competence rating scales and the response to the intervention is documented. Evidence suggests that youth have statistically significant improvements in response to these interventions.

### **EIS and Advocacy for School Counseling**

The ASCA model highlights key roles in which school counselors can engage for effective implementation of school counseling programming including: Program Planning, Direct Student Services, and Indirect Student Services. Each of these primary responsibilities and roles, in alignment for a call to mirror tiered systems of support for mental health, aligns well with the Coalition model.

School counselors are uniquely positioned to engage in the model of the Coalition beginning with initial use of screening data to maximize the efficiency by which they engage in their primary roles of delivery (e.g., direct and indirect services to students). The ASCA model suggests that program planning hinges on data-informed practices. In particular, the model calls for counselors to engage in a review of school existing data sources to guide intervention efforts. School wide social emotional and behavioral screening data is a prime example of an existing data source that can easily align with and be incorporated into school counseling programming planning.

For example, the EIS can quickly identify and differentiate what youth are in need of responsive services through teacher and staff informant methods, reducing the need for additional data collection via teacher nominations, parent referrals, or other

information that do not already exist within school-wide datasets. By identifying at-risk youth via the EIS, counselors can not only quickly identify groups of students that would benefit from intervention, they can also identify the area(s) of need for each of these students, thus streamlining the organization of group service efforts that can decrease delivery efficiency. For example, the EIS allows counselors to quickly identify a small number of youths that may be at risk for developing internalizing symptoms such as anxiety. Armed with this information, counselors can efficiently identify a curriculum that addresses anxiety symptoms and begin implementation and delivery. Increasing the efficiency by which students with risk are identified and provided appropriate services in a group format, allows counselors to provide responsive services to not only high-risk youth, but to youth that are at risk for developing more serious social, emotional, or behavioral problems. Furthermore, the EIS allows counselors to quickly identify the most at-risk youth in their buildings across domains and more quickly engage in individual counseling and supports consistent with identified areas of risk, thus mirroring the streamlined ability to initiate matched supports to student's identified needs through previously gathered data. As the ASCA model explicitly states, the decision making of service to students in a systematic fashion should be 'data driven'. The model of using EIS data to streamline the decision making of school counselors arguably decreases the indirect time spent assessing, learning, and gathering relevant information necessary to select at-risk students.

One of the most salient aspects of the Coalition model for school counselors, is that it allows for structured areas for assessment. For example, common risk domains and areas for intervention provide common areas for evaluating outcomes of direct

services in a consistent manner. For example, within the model, school counselors can identify common assessment methods for each domain of intervention (e.g., internalizing, self-regulation), thus creating a systematic way of measuring and monitoring student progress that can be combined and evaluated across the school year and across students to demonstrate effectiveness of programming. By consistently evaluating outcomes across areas, counselors can more efficiently engage in the 'management and accountability' of their programming, thus reducing non direct service delivery time.

Beyond responsive services and evaluation of the effectiveness of services, school counselors strive to provide equitable access to education for all students. Engaging in the model of the Coalition allows for the provision of universal supports and curriculum to all students, contributing to the overall prevention efforts of the ASCA National Model. The EIS data, as collected, identifies universal areas of risk and need, providing an optimal platform for school counselors to adjust and tailor their universal programming to match school needs. School contexts and structures may present various areas of risk due to contextual risk factors such as the influence of: neighborhoods, socioeconomic status, community violence, etc. Thus, the Coalition model presents the opportunity for school counselors to tailor guidance curriculum to match population needs. The EIS data offers ongoing review of data across time for schools, providing information about areas of risk that can be addressed through tailoring curriculum or universal supports guidance counselors already engage in through their role.

School counselors must advocate for an increase in the efficiency of their indirect roles to ensure the recommended space for 80% of time spent in the delivery of services directly to students. Thus, the collection of ongoing screening data presents the ability to more efficiently and accurately identify what services are necessary for all students and to maximize outcomes.

### **Conclusion and Future Directions**

As an emphasis on school mental health continues to be at the forefront of school personnel, policy makers, and educational researchers, it is imperative that the school counseling profession is advocating for their role in the process. School counselors have the expertise and background knowledge to support youth mental health, duties that are often given to educational personnel or referred out. The Coalition model provides a promising assessment, prevention and intervention framework that can capitalize on school counselor training and expertise.

Further, the Coalition model adds value and supports the ASCA National Model (2019). The Coalition model can help facilitate the “manage” component of the ASCA model, aiding in school counselors being able to collect data to ascertain how their work is impacting mental health outcomes. ASCA (2019) encourages school counselors to find supplemental data sources to gather information and identify student issues and concerns, something that the Coalition supports. These data associated with the Coalition model can assist school counselors in the ongoing process of creating goals, activities, and interventions for students. Further, the Coalition model can help support the referral process for school counselors as well as provide resources to support school counselor and other mental health professionals work in the schools.

Furthermore, the findings from these data on mental health concerns could help with advocating for additional school counselor hires in districts as well as the need for more school counselor time allocation towards direct counseling service to students.

Finding opportunities for University, school, community, and school counselor collaborations can bring resources to schools and support the move for school counselors to be leaders and advocates for supporting youth mental health in schools. The Coalition offers a model for such collaboration and provides guidance as to how school counselors can be active and effective practitioners toward improving the outcomes of youth in their school buildings. Comprehensive school mental health approaches like the Coalition model offer a systematic approach for school counselors to play a key role in reducing the population prevalence of youth mental health concerns. In turn, school counselors can maximize their impact in supporting the social, emotional, and behavior health of all students and increase their academic and life success.

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