

SUPPORTING FAMILIES to Support Students

Collaboration with parents should be built into the tiers of schools' mental health intervention systems.

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Tiffany was a star softball player in high school. She played catcher and was known for her ability to manage the game, her agility behind the plate, and her toughness when opposing players tried to score. So it surprised her parents when she announced in spring of her junior year that she no longer wanted to play softball. Tiffany had played since she was a little girl, but now she was adamant that she no longer had the desire to play and simply wanted to focus on her schoolwork. Despite their disappointment, Tiffany's parents supported her decision.

Throughout the spring, Tiffany withdrew from her friends and, contrary to her intention to "focus on her schoolwork," her grades began to slip. The school counselor contacted Tiffany's parents to discuss her struggles, yet her parents believed that Tiffany was just "worn out" and that the summer would be a good opportunity for her to rest. Unfortunately, summer only brought further withdrawal. By August, Tiffany was staying in her room, refusing to eat or



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bathe. Her parents needed help, but didn't know where to get assistance.

Adolescence is a time of tremendous change and development. One hallmark of teenage behavior is the inconsistency and unpredictability of teens' actions. Moods fluctuate, impulsive decisions are made, and changes in friends, clothing, and hair styles are common. Much of this falls within the continuum of appropriate development. However, adolescence is also the time when many mental health issues begin to emerge. Parents like Tiffany's are often left wondering whether sudden changes in behavior are "normal" or signify the beginning of a mental or behavioral health problem. They may feel reluctant, scared, or embarrassed to reach out to family or friends. They might lack access to qualified mental health providers.

Schools can play a significant role

in providing families reliable information, offering school-based services, reducing barriers to getting support, and helping families connect to community services.

Home-School Collaboration and Tiered Support

Home-school collaboration is an essential component to promoting student mental and behavioral health. Research suggests that school-based mental health interventions are more effective when family caregivers are involved in implementing them (Shucksmith, Jones, & Summerbell, 2010). Genuinely collaborative partnerships between families and educators are based on mutual trust, respect, shared goal setting, as well as problem solving, openness, common access to information, and a focus on the needs of the child.

Many schools structure their

mental and behavioral health services using a Multi-Tiered System of Supports (MTSS) framework. Such a framework, sometimes referred to as a three-tiered model of service delivery, is designed to establish schoolwide or classroom-wide supports for all students that increase in intensity based on need. The MTSS framework uses three levels:

- Tier 1 focuses on universal supports, prevention, and promoting mental wellness and behavioral health for all students (such as through positive behavioral supports, resiliency skills, or social and emotional competencies).

- Tier 2 provides targeted supports to address emerging problems.

- Tier 3 provides more intensive, often individualized supports for students with significant issues. These services may include community involvement.

Families can and should be involved at all three tiers, although making that happen requires intentional efforts from the school. Schools are often at capacity in their ability to provide supports to students and families, so it's generally better to "do differently" rather than "do more." Identifying one new step or approach to adopt each academic year can make a significant difference. Let's look at some ways schools, and particularly school-employed mental health professionals, can involve families at the different tiers.

Tier 1: Let Families Know Help Is Available

The goal of Tier 1 supports is to give all students opportunities to develop skills and competencies that promote emotional wellness and positive social and emotional adjustment. Schools can involve families in Tier 1 supports in several ways. They should ensure that parents are aware of the schools' mental health professionals, how to reach them, and the services they provide, perhaps through sending information home or making presentations at back-to-school night. Invite families to free presentations by school-employed mental health professionals (offered after school or in the evening) on varied topics, such as *promoting resiliency in adolescents*, navigating conflicts at home, or understanding mental health and when to ask for help. The school might partner with a community provider for these events. Provide child care or simply invite all family members so you can accommodate families that otherwise couldn't attend.

At the beginning of the year, ask families their preferred method of communication (such as email, letters, or phone calls) and preferred language. Identify cultural and linguistic brokers to help connect with families from different cultural

School Psychologists: An Untapped Resource

School psychologists are uniquely qualified members of school teams with expertise in mental health, learning, and behavior. They are equipped to provide direct support and interventions to students, consult with staff, families, and community providers, engage in data analysis and program evaluation, and improve schoolwide practices and policies. Yet schools often use school psychologists primarily for making decisions about special education eligibility and compliance.

Schools could better utilize school psychologists' skills in the service of mental health. They might start by examining how their school psychologist's role aligns with the *Model for Comprehensive and Integrated School Psychological Services* (National Association of School Psychologists, 2010).¹ Schools could also:

- Enlist school psychologists in identifying strengths and gaps in existing mental health services and supports.

- Involve them in team planning and problem-solving meetings related to student mental health issues.

- Have them provide training for school staff and families on mental health issues, preventing mental and behavioral health problems, and providing supports.

- Empower the school psychologist to lead collaborative efforts with community mental health providers.

backgrounds. Throughout the year, communicate with families about new initiatives, policies, and opportunities for involvement, such as schoolwide wellness activities and efforts to promote positive behavior. Invite families to offer input on school policies related to social-emotional health (such as discipline or bullying policies) so they feel their voices are valued.

It's good practice to develop a section of the school website that provides information about how to contact the school's mental health professionals, along with fact sheets and online resources about various topics. Maintain an updated list of vetted community supports to share with families as needed.

However, disseminating information on school-based mental health supports might not be enough to reach all families who could benefit. For instance, Tiffany's parents never thought they would need social or emotional help for her. They thought Tiffany was developing "normally" and paid little attention to programs and information the school provided on parenting or "healthy development." It was only when serious problems emerged that they realized they needed guidance about the changes happening with Tiffany and turned to the school.

Consider developing a mechanism for more personalized outreach, such as making an individual phone call or email to each family at regular intervals. This could happen once per month or once per year, and could simply focus on inviting the family to contact the school at any time with concerns about their child.

Tier 2: Intervene When Problems First Emerge

As Tiffany's parents reflected on the progression of her problems, they realized she had displayed some changes that preceded her decision to

quit the softball team. She had been much less diligent in her off-season workout routine and had mentioned caring less about her physical conditioning. During the winter months, she seemed more tired than usual and slept more. Tiffany's parents had attributed these peculiarities to normal teenage behavior, and even commiserated with friends. However, they began to wonder whether these changes had been warning signs of emerging problems.

Tier 2 supports provide interventions for students who are beginning to display emerging social, emotional, or behavioral problems—like Tiffany in the months before she quit softball. The goal is to provide supports early enough to prevent these issues from intensifying or becoming chronic.

There are many options for involving families in Tier 2 supports. It's helpful to create a mechanism through which families can express concerns or seek support and advice about their child, without having to go through the formal special education referral process. Schools often have building-level "teams" that meet regularly to address both academic and social, emotional, and behavioral issues. Schools generally have an established process whereby parents can seek support for their child or input from that team (such as by contacting the child's school counselor or building administrator who can refer the child to the team). Other mechanisms to suggest to parents may include communicating with the school mental health professionals (by email or direct office numbers) and expressing concerns to a student's teacher in writing. Schools might host open houses for parents to meet with support staff during nonschool and nonwork hours for a chance to air concerns.

Regardless, schools should communicate this process clearly to families.



Make information widely available on common social, emotional, and behavioral problems that children and adolescents experience (such as anxiety or depression), including symptoms to be alert for.

To get families connecting with one another and with the school as a source of support, help create networks of families in the district around areas of identified need and commonalities (such as a network of immigrant families). Such networks can help you connect families with available community resources. You might arrange for mentoring opportunities for students in transition—such as refugee students, homeless students, or those in military families—with a focus on the unique mental and behavioral health needs those experiences often bring.

In launching activities like these, it's important to acknowledge different cultural or religious views on mental health, the role of schools, and the role of families in schools. Invite families to share their views and those of their cultural group.

Make sure that caregivers understand what additional supports, if any, (like group counseling or behavioral assistance) their child is receiving and why. Ask for their feedback. Provide families regular updates about how their child is responding to supports.

Consider conducting an environmental scan of the experience of a family who engages with the school around a mental health issue. Asking for feedback from a family who has gone through this process with the school can provide valuable information. This type of feedback is generally gathered by a school staff member who has served as the primary contact for the family. Get the families' perspective on questions like these—and use what you learn to improve your processes.

- Is it clear how to contact someone at the school?

- When a family member first arrives at the school, what's the experience like? Is there ample parking? Is the school accessible by public transportation? Does someone greet them?

■ Are staff and administrators responsive to phone calls, email, or other communications?

■ During meetings with school personnel, how much time do family members spend listening to school staff speak versus speaking or asking questions themselves?

■ When a family enters a meeting with a group of strangers there to talk about their child, what is that experience like? How could that experience become less intimidating, especially

when discussing issues related to mental health?

Tier 3. Individualized Help for Serious Problems

By the beginning of the school year, Tiffany's emotional state had deteriorated to the point of rarely attending school and barely functioning at home. Her previously robust social life had ceased to exist. Her parents were desperate for help and deeply concerned about her well-being.

Tier 3 supports are designed for students whose behavior or emotional state has reached a critical point. Supports at this level individualize interventions to address ongoing or severe problems. Because many families lack access to supports in the community, the school becomes an essential resource for providing services and connecting the family to local services.

It's important to engage families in Tier 3 supports. School-employed mental health professionals may be

Handling Kids in Crisis With Care

Local schools, law enforcement, and mental health providers can collaborate to be there for kids facing trauma.

Cari Bushinski

As educators, we pride ourselves on our knowledge of teaching, learning, academic interventions, and behavior supports. However, considering the life events some of our students face, no matter how well-trained we are, we can't help them enough if our efforts remain individual and isolated. If we join forces with community partners, we stand a chance.

I discovered how true this is when Jackson County in south central Michigan, where my school district is located, implemented an initiative called Handle With Care (www.handlewithcaremi.org). This initiative gives schools a "heads up" when a child has been identified at the scene of a traumatic event—such as a house fire, domestic violence situation, or drug raid—so school staff members know to be ready to give that child extra care and support.¹

Jackson's Handle With Care is a collaboration between the law enforcement community, every school in the county, local mental health agencies, and the Michigan Department of Health and Human Services' Jackson County Office. We noticed a complex problem affecting our students' mental health that couldn't be solved by one agency alone. Jackson County is home to the Michigan State Prison

and has a violent crime rate of quadruple the national median.² The county is also facing an opioid epidemic; drug misuse is the top killer of young white men, according to an analysis of the county's 1,713 deaths in 2015 and 2016.³ "Our kids face stressful and traumatic situations at home," says Zoe Lyons, director of the Michigan Department of Health and Human Services' Jackson County Office. "[We needed to] break down our agency silos to help kids who are facing trauma."

How It Works

The three components to Handle with Care are law enforcement, school districts, and mental health providers. When police officers are on the scene of a disturbing or traumatic event, they see if any children are present and determine their names and where they go to school. Before school starts the next day, a designated law enforcement official sends the school district an email stating, in total, "Handle (child's name) with care."

The district notifies counselors and principals in that child's school that he or she may have experienced an upsetting event as reported by law enforcement, and a counselor tells the student's teacher(s). Teachers watch for

able to help the family connect with community mental health providers and facilitate communication among the family and any providers they're working with. Involve families in any therapeutic services that school mental health professionals provide the student by contacting caregivers frequently and reporting on the student's progress. Such communication should focus on both gains and areas needing further development. Reassure families that their child has a process

for seeking support, such as an agreed-on way to let their teacher or counselor know they are feeling shaky, and a designated adult he or she can go to during the school day, if necessary. Ensure that information is provided in a language the family understands.

When families attend meetings about their child, conduct them in ways that encourage participation and help family members feel valued. Before any meeting, share information about the meeting's goals and the

agenda. Emphasize that caregivers play a valuable role at the gathering. Facilitate dialogue and joint decision-making (rather than just providing recommendations for the family to approve or disapprove) and offer many opportunities for families to share input during and after the meeting. Encourage families to invite someone within their network who may act as an interpreter or "cultural broker." It's also good to acknowledge that families may be experiencing multiple stressors.



signs of distress in that student. They don't treat him or her differently, ask questions, or press for information about the event; they just remain aware and treat that learner gently.

If the student seems to need more care, he or she is referred to a school counselor or social worker. In some cases, the school (with parental consent) provides a student trauma-focused assessment and therapy at the school through Family Services and Children's Aide, a private community agency. This "third tier" resource has only been needed in about 10 percent of cases; in the other cases, a teacher or counselor responding to the student in a trauma-informed manner was enough to keep that student comfortable in the learning environment.

As of September 2017, Jackson County Handle With Care has assisted 271 students from 18 different school districts. Some 26 other Michigan counties are now considering implementing the program.

Feedback about the initiative has been positive, and anecdotes and survey results show excellent results. One superintendent reported that a Handle With Care student came to school tired and having extreme difficulty focusing. The teacher noticed and referred her to the building counselor. The counselor took the girl to the counseling office and showed her extra attention, letting her play with clay and color while just talking about whatever was on her mind. The student then returned to class and had a normal, nonconfrontational day. Without Handle With Care, the teacher would not have had the insight to keep an eye on this child. The girl could have displayed troubling behavior—or fallen through the cracks.

Handle With Care helps children struggling with the effects of trauma by giving teachers awareness into what's happening in their lives. As school counselor Michelle McBean notes, "Additional patience from the teacher or other staff members responsible for educating that child provides a stable, caring atmosphere that can allow a student the opportunity to recover from a traumatic experience." ¹

¹The Handle with Care program was developed by the West Virginia Center for Children's Justice. More information is available on their website (www.handlewithcarewv.org). Special thanks to center director Andrea Darr.

²Neighborhood Scout (2016). Jackson MI Crime Analytics. Retrieved from www.neighborhoodscout.com/mi/jackson/crime

³Clark, N. (2017, June 14). Drug abuse is No. 1 killer of 30-something white men in Jackson County. Retrieved from MLive newssite at www.mlive.com/news/jackson/index.ssf/2017/06/drug_related_deaths_in_jackson.html

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Invite families to offer input on school policies related to social-emotional health so they feel their voices are valued.

related to both their child's difficulties at school and other life problems

Sometimes school staff, not families, are the first to note that a student might be struggling with a mental health problem. For example, teachers or coaches might observe changes in behavior or effort level, poor concentration, increased conflicts with peers or staff, withdrawal, or absenteeism. In some cases, a student may reach out to a staff person for help. Schools should ensure that all staff members are aware of signs and symptoms that could indicate a mental health problem and know how to connect with and refer the student to a school mental health professional for additional assessment and supports. Typically, the school mental health professional or an involved administrator should contact the family to share observed concerns, invite their input, and discuss possible next steps—ideally in the context of established lines of communication with the family. Always inform the student that the school will contact his or her family and who will do so. The goal is to create a collaborative, cohesive system of support that facilitates the family's ability to meet the student's mental health needs.

School Mental Health

Professionals: Key Team Members

School psychologists, school counselors, and school social workers provide the vast majority of school-based mental and behavioral health services—and are a crucial resource for teachers and school staff supporting students with mental health issues. These school-employed professionals are specially trained to provide mental and behavioral health services in the learning context using a Multi-Tiered System of Supports framework.

They understand learning and how school systems function, as well as how students' behavior and mental health affects their ability to succeed in school. This knowledge and their collaborative team orientation enables school mental health professionals to effectively help teachers link mental health supports to improved learning, address classroom and behavior management, and make referrals for students to receive supports like individual and group counseling.

Because school staff are accessible and familiar to most students and families, school-employed mental health professionals can serve as a natural bridge between families and schools when addressing a mental health problem. In many communities, they may be the only mental health provider to which a family has access. These school-based professionals can help parents understand their child's mental health challenges, explain interventions available to their child at school (like stress management strategies), reinforce parents' ability to implement consistent strategies at home, and reassure caregivers that there is a trusted adult to whom their child can go when feeling anxious or vulnerable.

These professionals can be invaluable in helping families navigate the complex, sometimes daunting maze of community mental health services. When a child is struggling, families are already under stress, they can be overwhelmed at the idea of finding (and paying for) a private mental health provider or conveying recommended interventions to school staff. School-employed mental health professionals can (with permission) communicate directly with a clinical provider and then share observations or clarify recommendations with

the school.

Collaboration between schools and community mental health providers is essential to meeting the full continuum of a student's needs. The more integral school mental health professionals are to this collaboration, the easier it is for families and school staff to be on the same page, creating more seamless, comprehensive service delivery. This not only reduces gaps, redundancy, and conflict, but it also reduces stress on families and supports their roles as primary decision makers regarding their child's development.

Natural Sources of Support

Tiffany's story is not atypical. Her parents' response to her emerging problems and ultimate crisis doesn't reflect bad parenting; it simply reflects a lack of knowledge about depression and lack of connection to services offered in the school setting. Luckily, as soon as Tiffany's parents contacted the school's counseling department, the school psychologist met with her and recognized the signs of depression. He connected the family with a community therapist who began to treat Tiffany's mental health problem. The school psychologist continued to support Tiffany in school to help her cope with stressors related to her work, monitor the impact of her treatment, and consult with her teachers so they understood the effect of Tiffany's depression on her learning. Although Tiffany never returned to the softball team, she began engaging in her social life again, graduated high school, and attended the local university to study sports medicine.

Parenting is a difficult job. There is no "manual" that guides parents, yet all parents need supports and resources to help their child grow in a

socially, emotionally, and behaviorally healthy manner. Sometimes this development can go awry, and the child and family need additional help. Schools are natural places to provide both kinds of support, because children spend much of their day at school and families have ready access to professionals in the school. Although it's not always easy to establish such a system, when schools have tiered levels of support available for students and families based on their needs, they can provide what all students and families need to lead healthy lives. **E**

¹Schools or districts should consider aligning their evaluation of school psychologists with the *Framework for the Personnel Evaluation of School Psychologists Utilizing the NASP Practice Model* (National Association of School Psychologists, 2012).

Author's note Tiffany is a pseudonym, and her story is a composite of several cases

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