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The Role of the School Counselor in meeting Student's Mental Health Needs: Overcoming Barriers and seizing Opportunities

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The Role of the School Counselor in Meeting Students' Mental Health Needs: Overcoming Barriers and Seizing Opportunities

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Session Overview

- Barriers that inhibit school counselors from being meaningful players in meeting the mental health needs of K-12 students
- Conceptualizing a school counselor identity that facilitates more meaningful involvement
- Examples of school counselor directed interventions to support students with mental health needs

Barriers to Involvement

- Lack of time
- Student-School counselor ratios
 - ASCA recommended ratio: 250 - 1
 - National average: 471 - 1
 - Minnesota average: 782 - 1

Barriers to Involvement

- Administrators' limited perceptions of the school counselor role
- Limiting messages from professional organizations regarding a school counselor identity ("You shouldn't do therapy")
- School counselor self-efficacy ("I don't do therapy")
- Absence of clinical supervision

Opportunities

- **Unique advantages for PSC**
- **Alignment with ASCA Standards & National Model**
- **“Two-brimmed” professional identity**

Unique Advantages

- **Mental health services in schools work** (Carell & Carell, 2006; Reback, 2010; Whiston, Tai, Rahardja, & Eder, 2011)
- **Constant access to students** (DeKruyf, Auger, & Trice-Black, 2013)
- **Removes barriers for students, such as transportation, cost, time** (DeKruyf, Auger, & Trice-Black, 2013)
- **Intimate understanding of school setting and teachers/staff** (Cappella, Jackson, Bilal, Hamre, & Soulé, 2011)

Alignment with ASCA

ASCA SC Competencies (ASCA, 2007):

I I-A-9. (Knowledge of) the continuum of mental health services, including prevention and intervention strategies to enhance student success.

I II-C-1. School counseling is an organized program for every student and not a series of services provided only to students in need.

I III-C-2. School counselors coordinate and facilitate counseling and other services to ensure all students receive the care they need, even though school counselors may not personally provide the care themselves.



ASCA (cont)

The Professional School Counselor & Mental Health (ASCA, 2009):

- Provide responsive services including internal and external referral procedures, short-term counseling or crisis intervention focused on mental health or situational (e.g. grief, difficult transitions) concerns
- Deliver the guidance curriculum which enhances awareness of mental health, promotes positive, healthy behaviors, and seeks to remove the stigma associated with mental health issues
- Provide individual planning with students that addresses their academic, career and personal-social (including mental health) needs



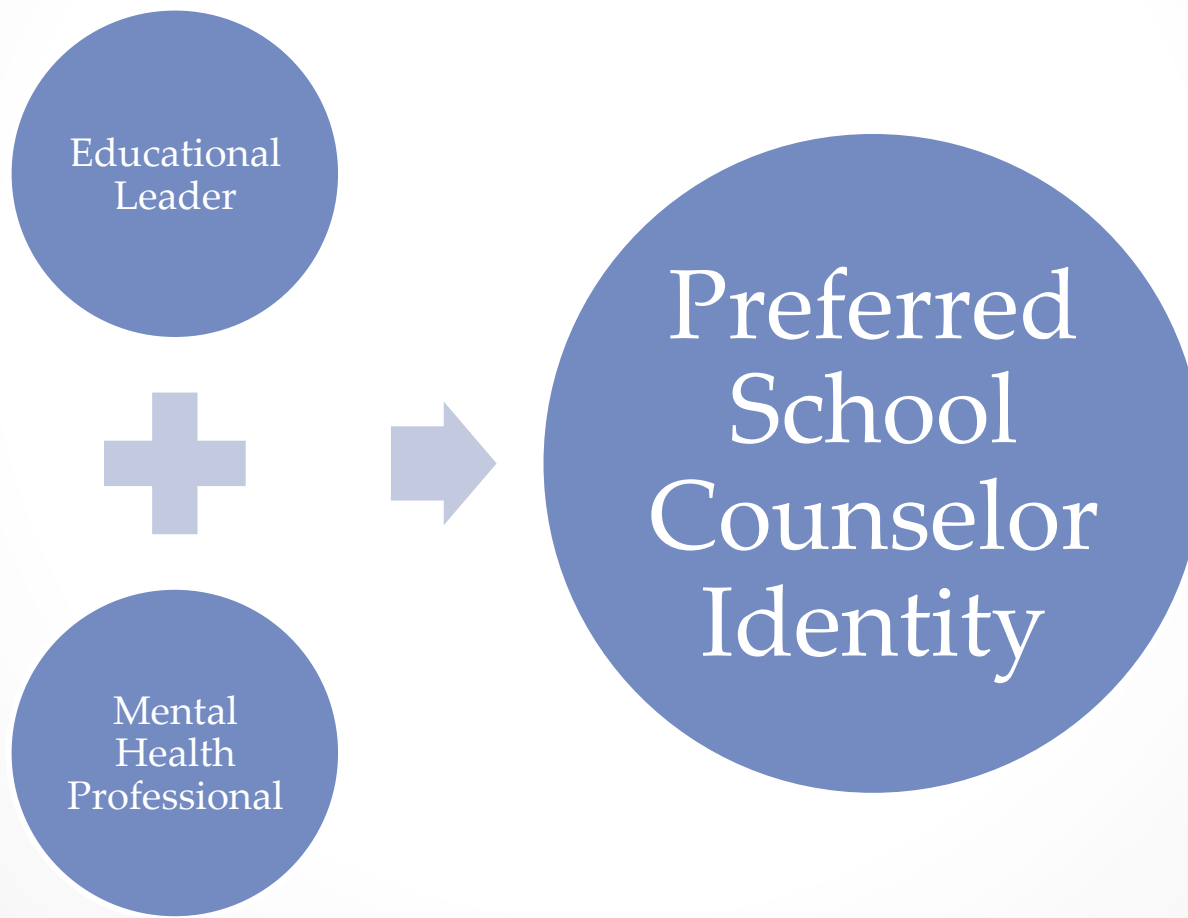
ASCA (cont)

ASCA National Model (ASCA, 2013):

- Spend 80% or more of time delivering direct & indirect services for students
- Deliver a comprehensive guidance curriculum
- Form advisory committee to steer direction of school counseling program
- Create agreements with administrator(s) to clearly define school counseling role, scope of program, and “other duties as assigned.”
- Collect and share data demonstrating the impact of counseling services (and removal of administrative duties)

Two-Brimmed SC Identity

DeKruyf, Auger, & Trice-Black, 2013



Strategies for SC's

- **School-Wide Screening**
- **Indirect Support**
 - Education (parents, students, staff)
 - Consultation (parents, students, MH providers)
- **Direct Support**
 - Individual counseling
 - Group counseling

School-Wide Screening

- President's New Freedom Commission on Mental Health (2003): screenings needed in “**readily accessible, low stigma** settings, such as primary health care facilities and **schools**” (p. 17).
- Similar statements issued by **NAMI** (2004), **SAMHSA** (2005), and **US Department of Justice** (2004).
- **Screenings work when carried out appropriately and accompanied by treatment** (Cujipers, van Straten, Smits, & Smit, 2006; Levitt, Saka, Romanelli, & Hoagwood, 2007; Stoep et al., 2005; Weist, Rubin, Moore, Adelsheim, & Wrobel, 2007)

Screening (cont)

Considerations for implementing screening program:

- What tool to use?
- Parent permission
- Follow-up/Care
- Potential pitfalls

Screening (cont)

What tool to use?

- Reliable, valid, normed on age group, cost efficient, which disorders, etc.
- Examples:
 - Paid instruments (RADS-2, BDI)
 - Programs which include screening tool (Signs of Suicide)
 - Free instruments (PHQ-9, C-SSRS)

Screening (cont)

Parent Permission:

- Active vs. Passive
 - State law
 - Test publisher recommendations/requirements

Follow-up/Care:

- Who will follow-up with “at risk” students?
- In-school intervention vs. referral

Screening (cont)

Potential Pitfalls:

- Overwhelming numbers
- Angry parents (or worse...disinterested ones)
- Cost
- Sensitivity vs. Specificity

Indirect Support

Education (Students, Parents, Teachers):

- ASCA Ethical Standards for SC's (ASCA, 2010):
 - A.5.b: Educate about and prevent personal and social concerns for all students...
- The Professional School Counselor & Mental Health (ASCA, 2009):
 - Deliver the guidance curriculum which enhances awareness of mental health, promotes positive, healthy behaviors, and seeks to remove the stigma associated with mental health issues
 - Educate teachers, administrators, parents/guardians, and community stakeholders...

Indirect Support (cont)

Consultation with parents:

- ASCA Ethical Standards for SC's (ASCA, 2010):
 - A.5.b: Educate about and prevent personal and social concerns for all students...
- The Professional School Counselor & Mental Health (ASCA, 2009):
 - Deliver the guidance curriculum which enhances awareness of mental health, promotes positive, healthy behaviors, and seeks to remove the stigma associated with mental health issues
 - Educate teachers, administrators, parents/guardians, and community stakeholders...

Indirect Support (cont)

Consultation with teachers:

- ASCA Ethical Standards for SC's (ASCA, 2010):
 - C.1.c: High-functioning teachers can be powerful allies in working with students. PSCs must form relationships with teachers.
- PSC has relationships with teachers
- Provide day-to-day support and suggestions
- Help design longer-term intervention plans
- Gather progress reports



Indirect Support (cont)

Consultation with mental health providers:

- ASCA Ethical Standards for SC's (ASCA, 2010):
 - A.5.a & A.5.b: Make appropriate referrals
 - A.5.c: Seek out release to share information. Collaborate with MH providers.
 - C.2.c: Parental consent. Clear agreements with MH providers to avoid confusion for students and parents.
- Get to know local MH providers
- Schedule conversations about specific students
- Share information on school progress
- Seek suggestions for in-school interventions



Direct Support

Use a variety of individual counseling approaches and strategies:

- **Support-oriented counseling**
- **Cognitive techniques**
- **Solution-focused techniques**

An Individual Counseling Dialogue...

Student:

“I get so worried about big tests. My mind just goes blank. I can feel myself blowing it. I hate it...”

A **support-oriented** school counselor might say:

“I can hear the discouragement in your voice. That must be hard—to know that you can do better, but to have your anxiety interfere so much.”



An Individual Counseling Dialogue...

Student:

"I get so worried about big tests. My mind just goes blank. I can feel myself blowing it. I hate it..."

A **cognitive-oriented** school counselor might say:

"That sounds really discouraging. I wonder if your mind really goes blank or if you just haven't really listened to the thoughts you have. Let's try to figure out what thoughts you have during tests, and whether those thoughts help you or hurt you."



An Individual Counseling Dialogue...

Student:

“I get so worried about big tests. My mind just goes blank. I can feel myself blowing it. I hate it...”

A **solution-focused** school counselor might say:

“That sounds really discouraging. But I see from your transcript that you are still getting solid grades. There must be times when you are able to contain your anxiety enough to let your knowledge shine through. When is the last time that happened, even a little? Let’s talk about that...”



Solution-Focused School Counseling Guidelines

***Looking at problems differently can
encourage their resolution***

Example: From *“I have high anxiety”* to *“I haven’t figured out the right strategies to manage my anxiety”*



Solution-Focused School Counseling Guidelines

Engage in solution talk rather than problem talk

Problem talk:

“How was your anxiety this week?”

Solution talk:

*“Tell me about the times this week when you felt comfortable
and relaxed”*



Solution-Focused School Counseling Guidelines

Look for exceptions – times when students are effectively managing their lives and issues

Example: Tell me about a time you did *not* feel anxious?
What were you doing?

Focus on small and reasonable changes rather than dramatic wide ranging changes

Example: Set a goal of moving from 2 to 3 instead of 2 to 10



Solution-Focused School Counseling Guidelines

Externalize the problem

Examples:

What name could you give to what we are talking about here?

Tell me times when you have beat *worry* and have felt at ease?

Anxiety is sure bullying you around! What can you tell *anxiety* to get it off your back?



Solution-Focused School Counseling Guidelines

Don't ask students to do something new – rather, ask them to do a variation of what they have already had success with.

Example: “You’ve done such a nice job of turning around your relationship with Mr. Green. I wonder if you could do some of that same work to get along better with Ms. Brown?”



Solution-Focused School Counseling Guidelines

Help form goals that are in positive terms and that are concrete, specific, and measurable

Examples:

Be on time for school three or more days this week.

Participate in two social events weekly with peers.



Solution-Focused School Counseling Guidelines

Flag the minefield

Examples:

“What has gotten in your way of achieving this goal in the past?
What can you do to make sure that doesn't happen this
time?”

“Last week you got pulled away from your goal of paying
attention in class by your friends. How will you overcome that
this week?”



*Another Way to Provide Direct
Support: Teaching Relaxation in a
Small Group Setting*



Relaxation: The Best Medicine for Stress & Anxiety



1. SIT ON A CHAIR...

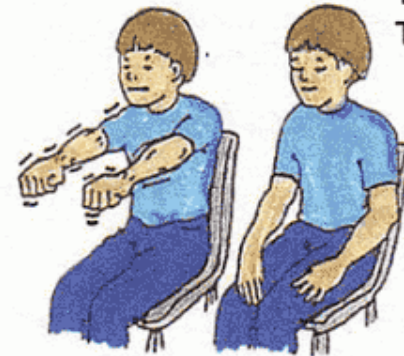


2. "SCRUNCH" UP YOUR FACE...



THEN... RELAX IT...

3. TENSE YOUR ARMS...



THEN... RELAX THEM

4. TENSE UP YOUR SHOULDERS AND CHEST...

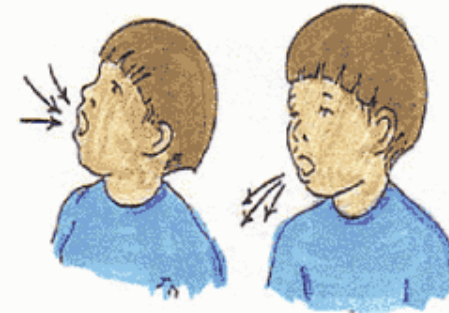


THEN... RELAX THEM

5. TENSE UP YOUR LEGS...



6. BREATHE IN RELAXATION...



Thank you!

Thank you for joining us in this session, and
enjoy the rest of the conference!

Send us questions or comments:

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