

## Written Testimony for the Hearing on Mental Health Needs and Services in Public Schools

School Psychology Board of the Pennsylvania Psychological Association (PPA)

August 25, 2021

The School Psychology Board of the Pennsylvania Psychological Association (PPA) would like to take this opportunity to thank the members of the House Education Committee and Human Services Committee for inviting us to participate in this important committee hearing and to offer our perspective on ways to encourage and support scientific research-based practices in addressing the mental health needs of the students in public schools in Pennsylvania.

On May 24, 2021, Dr. Titina Brown, President of the Association of School Psychologists of Pennsylvania provided a clear picture of the critical need our students have for competent Mental Health services. Dr. Brown in particular (using data from the National Association of School Psychologists) noted that roughly 33% of students in public schools demonstrate behavior that is indicative of a need for Mental Health support yet only 17% actually receive any Mental Health support and if they do, they get that service in the public schools. Importantly, in any given year roughly 8 million students experience a Mental Health disorder of some type. These statistics document the critical need students in our schools have for Mental Health services.

PPA is here to reaffirm that School psychologists provide a solid foundation for Mental Health services in the schools. School psychologists are highly trained professionals who can provide a leadership role in both the provision of direct services and the coordination of effective scientifically research-based Mental Health interventions and systems of support.

As a recognition of this expertise, the School Safety and Security Committee listed School Psychologists experience as one criterion for the position of Behavioral Health Assessor. Through graduate level coursework and extensive practicum and internship experiences, School Psychologists are highly trained to provide services in support of student Mental Health including:

- Consultation and collaboration
- Understanding resilience and risk factors
- Mental Health interventions and counseling

- Behavioral interventions including School-Wide Behavioral Support
- Prevention and intervention services
- Crisis preparedness, response, and recovery
- Family-school-community collaboration

The shortage of School Psychologists in Pennsylvania is one factor contributing to the under-utilization of School Psychologists and relegating them to the role of special education evaluators. A recent study indicated that counseling and direct student support are activities that increase the job satisfaction and retention of School Psychologists. PPA maintains that ensuring a School Psychologist to student ratio that allows the professional to utilize their full skill set will assist in the retention of School Psychologists but more importantly will result in improved mental health services to students.

We understand that increasing diversity among Pennsylvania educators, including School Psychologists, is a focus area for the Pennsylvania Department of Education. We also know that in school settings, it is important for our diverse students to have role models among their educators that are racially, ethnically and linguistically similar to them. In her testimony, Dr. Brown spoke of the Ohio Department of Education's long-standing support of School Psychologists. In Ohio, ODE has provided financial support to school districts for paid internships. Because the School Psychologist Internship is a full school year, this financial assistance allows for a larger and presumably more diverse candidate pool. Increasing the number and diversity of School Psychologists in Pennsylvania schools will ultimately increase the level of service we can provide our students.

As already mentioned, school psychologists are exceptionally well trained in providing Mental Health Services and have the skills and training to provide a leadership role within the school district in addressing Mental Health concerns. Unfortunately, they are often compartmentalized by district administration as primarily special education classification experts. The COVID-19 pandemic has led to significant student academic and Mental Health struggles and may also lead to an over-identification of students needing special education services due to the barriers in learning and limitations to service access that have occurred. School Psychologists can contribute to thoughtful and evidence-based interventions and services for students in regular education, not just special education. In providing the opportunity for them to expand their role, schools can proactively address the problems of over and misidentification for special education services.

We would like to share with you some examples from colleagues in the field which illustrate how school psychologists, working within a broader service delivery model, have had a positive impact on student Mental Health and academic success. This would include using their expertise and advocacy to help school districts move to what is known as a Multi-Tiered Systems of Support (MTSS) and using Positive Behavioral Interventions and Supports (PBIS) as an evidence-based framework to improve and integrate all of the data, systems, and practices affecting student Mental Health and academic success. The provision of comprehensive school psychological services within an MTSS model is best practice and the

recommended service delivery model for school psychologists (National Association of School Psychologists, n.d.). In the MTSS service delivery model, school psychologists provide a continuum of psychological services to all students with an emphasis on prevention and building the academic, social, and emotional skills of all students.

Here are some examples of school psychologists who have worked in school systems using an MTSS model. Drew, a practicing school psychologist, has always endeavored to be more than an educational tester and strives to provide psychological services consistent with the comprehensive role of the school psychologist. He notes, "I was fortunate enough to find employment in a district with a working multi-tiered system of support (MTSS) in place that allowed me to work in a more comprehensive role as a school psychologist. In addition to traditional evaluations for special education eligibility, I made sure to be present at problem-solving meetings regarding students with academic and behavior difficulties, participated on the Student Assistance Program (SAP) team, provided counseling services to identified and non-identified students, and consulted with teachers and administrators on a variety of student and systems-level issues. I advocated for the implementation of Positive Behavior Interventions and Supports (PBIS) and worked on PBIS implementation in several buildings. I also worked with several administrators in different buildings on implementing and refining our Response to Instruction and Intervention (RTII) system for academic and emotional/behavioral supports. Through these endeavors, I sought to improve the ability of the district to meet the mental health needs of all students with high-quality universal supports and more targeted, intensive, and individual supports for students who needed them, regardless of whether they were identified for special education or not. As a result of these efforts we were about to show tangible improvements in both student academic success and a reduction in student mental health problems.

The provision of this type of mental health service can be difficult to sustain for a variety of reasons. The increasing demands of eligibility evaluations, often driven by paperwork, compliance, and fear of lawsuits, can take up more time, limiting a psychologist's ability to engage in more comprehensive service delivery. Some of this is due to supervisors limited understanding of what school psychologists can and should be doing in schools and some of this is driven by poor working conditions where school psychologists are often attempting to provide services to far more students than is possible. The National Association of School Psychologists (NASP) recommends one school psychologist per 500 students. In Pennsylvania, there is one school psychologist for every 1,078 students on average. Research supports the ability of school psychologists to provide more comprehensive Mental Health Service delivery at a ratio of 1:700 (Eklund et al., 2017). Additionally, school psychologists need to be in an enabling context with administrative support and system support (e.g. MTSS framework) in order for them to sustainably provide comprehensive school psychological services (National Implementation Research Network, n.d.)".

Betsy, a school psychologist and mentor to numerous school psychologists who work within an MTSS framework notes that within this service delivery model school psychologists are able to more effectively provide Mental Health services to each building in the district. This allows for a

wider scope of services due to a smaller School Psychologist to student ratio. Additionally, the focus can shift to preventative supports for struggling students and fosters a team-based approach to intervention. This structure provides opportunities for school psychologists to work with intervention teams, provide direct social skills and counseling support to students. These school psychologists can positively impact a much larger percentage of the student body with their work. They can join faculty initiatives related to social emotional learning and lead building positive behavior support teams.

Gordon, a practicing school psychologist reports that “During my first years working as a school psychologist, I had an experience that illustrated the power of a system that supports the social, emotional, and behavioral health of students in schools. I was placed in charge of two buildings in a rural school district of approximately 5000 students in Pennsylvania. My buildings were a K-5 elementary school and a 10-12 high school. Within that time period, the elementary school launched a PBIS program at Tier 1, achieved banner status (a recognition of fidelity of implementation) at Tier 1, and then proceeded to launch a Tier 2 and Tier 3 system, achieving banner status at Tier 2. The high school remained essentially the same with regards to the behavioral health services offered to students during that time.

My daily practice, as a school psychologist, changed significantly once the MTSS system was established at the elementary school. By this I mean that I spent my time providing small group skills sessions, small group counseling sessions (utilizing Cognitive Behavioral Therapy (CBT) manualized interventions), and individual counseling for students demonstrating more intensive needs. In addition, I implemented a universal screening process that included examining the results of a universal screening measure for social, emotional, and behavioral indicators of risk for Mental Health concerns (conducted three times per year), attendance data, academic data, and office disciplinary referral data. We established a Tier 2 team, of which I was a part, to examine this data once per month and to make recommendations about services for students demonstrating need and to exit students from services once they no longer presented a need. Students had access to the services mentioned above and also evidence-based interventions to address behavioral concerns (i.e. Check-in / Check-out; Check and Connect) and interventions to support attendance.

By contrast, the services provided at the high school were much more reactive. When I engaged in Mental Health services, I was typically meeting with a student in crisis. This could look like providing suicide risk assessments, homicidal threat assessments, or evaluating a student for services owing to severe indicators of social, emotional, and behavioral risk (symptoms of depression, severe anxiety, PTSD, etc.).

When parents requested evaluations for students with social, emotional, or behavioral concerns, the difference between the meetings at the elementary school and high school was significant. Parents and students were asked to describe their particular concerns at the evaluation planning meetings. At the elementary school, students could be immediately referred or placed into interventions that directly addressed the area of need (often resulting in the prevention of unnecessary evaluations). At the high school, without a system of tiered support, students were

typically referred for evaluations (which would not always result in a referral for services) and would take much longer (approximately 60 school days to conduct an evaluation and an additional 30 days to write an IEP).

Comparing the two systems, students in a tiered system of supports were immediately connected to Mental Health supports when they demonstrated a need whereas students in a traditional system had to wait for evaluations, did not always get the support they needed, and school-based Mental Health professionals spent the bulk of their time dealing with crisis situations.

Matt reports "In my first position as a school psychologist, I worked in a school district in a rural setting. There were 4 elementary schools in the district which were spread out across the northern part of the county and I had responsibilities at each. There were approximately 1000 students in these elementary buildings. At the time, I was hired to help start MTSS support within the district. I did participate and lead Response to Intervention meetings and assisted in data analysis in addition to the more traditional role of evaluation specialist. However, the district had limited resources which meant that everyone would be spread thin. I used to joke that everyone's nickname was "Slash" because they would have multiple roles. For example, a principal would be a principal/curriculum director/grant writer. This was the same for me. I was a school psychologist/Rtl coordinator/Instructional Support Team Coordinator. My third slash I received in my third year when our long-time coordinator retired. I assumed her full-time role to go along with the one I was already working. This greatly impacted my time spent with students.

I remember I once had a psychology student come to observe and ask me how I spend my time at work. I sarcastically, though not untruthfully, said "I spend 100% of my time evaluating students, 100% of my time making graphs, 100% of my time organizing meetings, and 100% managing paperwork." When it came to time spent with students without an IQ test sitting between us, my answer was far less than 10%. I would make time to provide support when I could but between my other responsibilities coupled with the commute between buildings, this was rarely possible. The constant march of legal evaluation timelines would ensure that any plans to schedule a session to counsel a student would get immediately trampled.

When I made the decision to apply for my current position, I did it with a lot of trepidation. I am someone who doesn't love major life changes and I was comfortable in the role that I built over that 9-year span. When I was offered the job, I remember telling the Assistant Superintendent that I was hoping she wouldn't offer it to me. I didn't want to make a change. However, the role she described was too much to ignore. I would be in one elementary building with fewer than 500 students. I would be part of a functional MTSS program that successfully addressed academic skills and behaviors. And I would be expected to be a school psychologist and any "Slash" that was added to my title would be one that I would choose to put there. The Assistant Superintendent truly made an offer I couldn't refuse and I accepted.

The first day in my new position, I knew I had made the right decision. On my desk was a permission to evaluate a form for a student I will call "Lee." The reason for the evaluation was to

address Lee's behavior difficulties. Among other behaviors, he would walk out of class, hide in the bathroom, crawl under his desk, avoid completing work, and refuse to walk to class. On the first day of school, Lee was engaging in this last behavior. He was hiding in the main office under the table. I decided I would grab a test and get started immediately, no time like the present. It took about 15 minutes for me to get Lee to make any sound, 5 more minutes till he would talk to me, and another 5 for him to sit in his seat. We watched some Minecraft videos together and just started talking about anything we could think of. Eventually, he responded to some of my reading and math questions which I would ask between videos.

In my first year, I built a relationship with Lee that was tested daily. He would continue to hide in bathrooms and refuse to complete his work. I would sometimes find him crying under the copier in the hallway. We would talk and it would take time, sometimes 5 minutes and much longer on other days. More than once, I would need to spend more than an hour with Lee. Eventually, the time spent out of the classroom decreased. His anxiety began to subside to a degree and when he had a moment of difficulty he was more easily redirected back into the classroom. He started to build better friendships with his classmates and his grades and work completion had significantly improved. I remember seeing him at his 6th grade graduation in a white button-down shirt which was a huge departure from his usual black t-shirt untucked from his black shorts. He was smiling. He was as proud of himself as I was of him. It was truly one of the greatest feelings I've had as a school psychologist.

I became a school psychologist, as do all of us, to help students learn and grow, whatever it takes. What happened with Lee would never have been possible at my first position. Whatever it takes can't happen when you are inundated with evaluations. Whatever it takes is too much when there is a constant stream of timelines and meetings. Whatever it takes is impossible when you must perform multiple roles in multiple settings. I am thankful that I work in my school that allows me the time to be the school psychologist I want to be and who my students need. I have had many other experiences like the one I have had with Lee and I am grateful for it. I can give them the best of myself and do whatever it takes for them to be at their best".

In conclusion, we hope that our testimony will be useful to the committees in their effort to help schools move toward a more comprehensive approach to supporting our students and providing greater access to needed mental health services.