

COVID-19 Resources

Tier 3 Mental and Behavioral Health Interventions and Special Education

INTRODUCTION

As educators consider the impact of the current pandemic and related school closures on students' social–emotional functioning, mental health, and behavior, many school psychologists will lead teams in reviewing their current continuum of services. Social–emotional learning (SEL) practices and mental and behavioral health (MBH) interventions need to be viable in both brick and mortar and distance learning settings, as well as robust enough to meet the potential for increased demand across multiple student populations.

This guidance document and the accompanying webinar review school and systems level recommendations for a model for comprehensive mental and behavioral health services at Tier 3, with a special emphasis on services that are viable in both distance learning and brick and mortar settings. Attention will be paid to the creation of a robust service delivery model across all tiers, acknowledging that additional intensive supports may be required at the universal, Tier 1 level to support increased student needs.

CONSIDERATIONS

The current climate requires school psychologists to further emphasize their role as MBH providers, thus attending to all 10 domains of the NASP Practice Model. As students return to learning, their individual experiences, risk and protective factors, and warning signs of psychological need must be considered alongside information regarding group experiences (e.g., influence of the pandemic on communities) when determining the appropriate level of intervention. Psychologists must guide their school teams in creating a robust continuum of services across all tiers that attends to intensified needs and practices at the Tier 1 level. Effective Tier 1 and Tier 2 practices provide the foundation upon which viable and sustainable Tier 3 interventions may be built.

Schools must embed SEL instruction and practices into their Tier 1 programming to meet school-wide needs, reserving both time and staff capacity to serve students with more intensive needs at higher tiers of intervention. In doing so, teams recall and reinforce the important notion that emotional responses exist on a continuum. Many challenging emotions and behaviors may be expected given current community and individual experiences, though not all these emotions or behaviors may rise to the level of pathology. Instead, they can effectively be addressed at the Tier 1 level via explicit instruction to all students on SEL competencies, relationship building and reinforcing resiliency. (See related guidance documents and webinars on Tier 1 and Tier 2 services in [NASP's COVID-19 Resource Center](#).)

In providing services to students with intensive needs, school teams are further required to apply a culturally responsive and equity-focused lens to their identification and intervention processes. Cultural norms and expectations for emotional responses, expression, and behavior vary widely, as do norms for help-seeking and community support. Current and historical context for emotions and behaviors must be considered. Student's individual and cultural strengths must be a significant point of emphasis in any intervention plan.

ACTION PLANNING

School teams must use relevant data sources to determine both population and individual level need for services. In typical circumstances, universal screeners are helpful metrics through which to identify broad population level needs,

thus planning for Tier 1 practices and programming. To avoid overidentification of students requiring additional support, universal screening should not occur until after Tier 1 intervention has been provided to all students for a period of time.

Determine Student Needs

Individual needs may be identified via progress monitoring data from MBH interventions, as well as broader data sources such as attendance, grades, and discipline records. In considering data from MBH interventions, careful consideration must be given to whether these interventions were provided during or after pandemic-related closures, and whether evident needs were representative of sustained or intensive mental health concerns (as compared to short-term, expected reactions to unusual circumstances). Anecdotal information regarding individual student experiences, including risk factors for and warning signs of psychological distress must also be considered. Data from caregivers and self-report data from older students will also be valuable, given that there may be limitations to teachers identifying student needs in the virtual context.

School psychologists serving students in virtual learning environments must also consider how the learning environment influences student presentation, validity of data, and therefore how student needs are identified and matched to relevant interventions at Tiers 2 and 3. It will be particularly important to rely on patterns of data from multiple sources and settings, rather than one data point alone, when identifying students in need of intensive, individualized interventions at the Tier 3 level.

Examine Current MTSS Framework

Teams will use this data to examine their existing continuum of interventions, with an eye towards developing robust practices and interventions across all tiers. Resource mapping is a helpful mechanism through which school teams can begin to engage in data-based decision making to match identified needs to existing practices and interventions, further identifying gaps in the existing service delivery model. This examination process should include multiple stakeholder groups, and include services delivered in school as well as those available from community providers.

Build Comprehensive Tier 3 Interventions

Resource mapping at the Tier 3 level should include a review of the school's current suite of interventions, with an eye towards which of these practices are viable in brick and mortar or distance learning environments. Many services, including individual counseling, suicide risk assessment, threat assessment, crisis response services and more, can be made viable in virtual environments when consideration is given to ethical, procedural, and logistical demands. For example, individual counseling services may be provided via virtual platforms when undertaken with appropriate telehealth guidance. Key underpinnings of this practice, including the use of evidence-based practices (e.g., cognitive-behavioral therapy and dialectical behavioral therapy) as well as evidence-based programs (e.g., coping skills curricula) are readily transferrable. Attention should also be given to viable means of progress monitoring and data collection in virtual environments. NASP has developed several valuable guidance documents with recommendations for translating MBH services into virtual settings.

Given expectations for intensified needs at the population level, school teams should also consider which Tier 3 services might be transformed for viability at the Tier 1 and Tier 2 level. For example, school psychologists may choose to connect regularly with specific students via selected virtual classrooms, engaging in lessons on psychoeducation and coping skills. They may also choose to create videos, worksheets, and other resources that reinforce coping strategies for use during independent study. All services and resources should be developed through a culturally responsive lens, attending to cultural and language needs for groups and individual students. For example, variations in emotional expression should be considered when teaching self-regulation and coping strategies. Information should be provided to families in their home language. Resources to support culturally responsive practice and intervention planning are included below.

Develop Guidance to Support Implementation

Timely and articulate guidance documents should be created to describe available services as well as any changes in the service delivery model. This information must be differentiated to meet the needs of multiple stakeholders.

Guidance should include information regarding services across all tiers of intervention, how to access service providers, and how particular interventions will be provided in a virtual setting as needed. For example, students, families, teachers, and school-based mental health providers may all require different types of information regarding changes to the individual counseling when provided via a telehealth model. While students and families may benefit from a revised informed consent document, school-based mental health providers will also need training regarding how best to engage in virtual service delivery and related clinical activities. Teachers may need information regarding the referral process, as well as how individual counseling provided via telehealth may interface with IEP service hours.

Examples From the Field

When developing remote mental and behavioral health interventions for students, there is no one-size-fits-all approach. It is essential that students from various cultural, linguistic, and socioeconomic backgrounds have equitable access to services and that services are provided through a trauma-informed lens. Some examples of how to meet the unique needs of students are to:

- Develop individualized home programs for students with Tier 3 mental health services.
- Hold regular office hours where students, families, and members of the community can connect with you.
- Provide consultation to teachers and families.
- Monitor student access to online learning.

Individualized home programs can include remote check-ins with caregivers and with students using whatever modality they are most comfortable using (e.g., phone call, text, online chat, video, email), collaboration with other wraparound supports, provision of services via individualized counseling or small groups, and the use of evidence-based social–emotional interventions.

Several social–emotional curricula have online platforms that allow for remote service delivery or asynchronous lessons including:

- Second Step (<https://www.secondstep.org>)
- Kimochis (<https://www.kimochis.com>)
- Stanford Harmony (<https://www.stanfordharmony.org>)
- Collaborative Learning Solutions (<https://www.clsteam.net>)
- WhyTry (<https://whytry.org>)

Advocacy

School mental health providers, such as school psychologists, play a critical role in ensuring that the social–emotional and mental health needs of students are met, especially during a collective trauma such as the COVID-19 pandemic. As rapid change and shift occurs in the educational landscape during daily changes related to the pandemic, it is essential that school psychologists advocate for their role as school-based behavioral health providers and experts; for social justice, equity, and antiracist practices; and for their own wellness. NASP has numerous advocacy resources to help school psychologists advocate at the national, state, and local levels on the NASP Advocacy webpage.

RESOURCES

- [ASCA/NASP Reentry Considerations for SEL and MBH](#)
- [Behavior Threat Assessment and Management in the Virtual Environment](#)
- [Comprehensive School Suicide Prevention in a Time of Distance Learning](#)
- [Equity & Social Emotional Learning: A Cultural Analysis](#)
- [Framework for Effective Discipline](#)
- [Guiding Questions for Educators: Promoting Equity Using SEL](#)

- [Responding to COVID-19: Brief Action Steps for School Crisis Response Teams](#)
- [Telehealth: Virtual Service Delivery Updated Recommendations](#)

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