



Literature Review for Wyoming's National Governors Association Grant

Supporting Student Wellbeing



Wyoming Department of Education

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Introduction

McREL International is supporting the Wyoming Department of Education (WDE) with the implementation of their National Governor’s Association School and Staff Well-Being Grant, which aims increase coordination among Wyoming agencies by building awareness of existing efforts to support student wellbeing, sharing information about evidence-based practices, and creating aligned resources and tools for district use. This report includes findings from a literature review on evidence-based, Tier 2 practices that can be effectively implemented in schools.

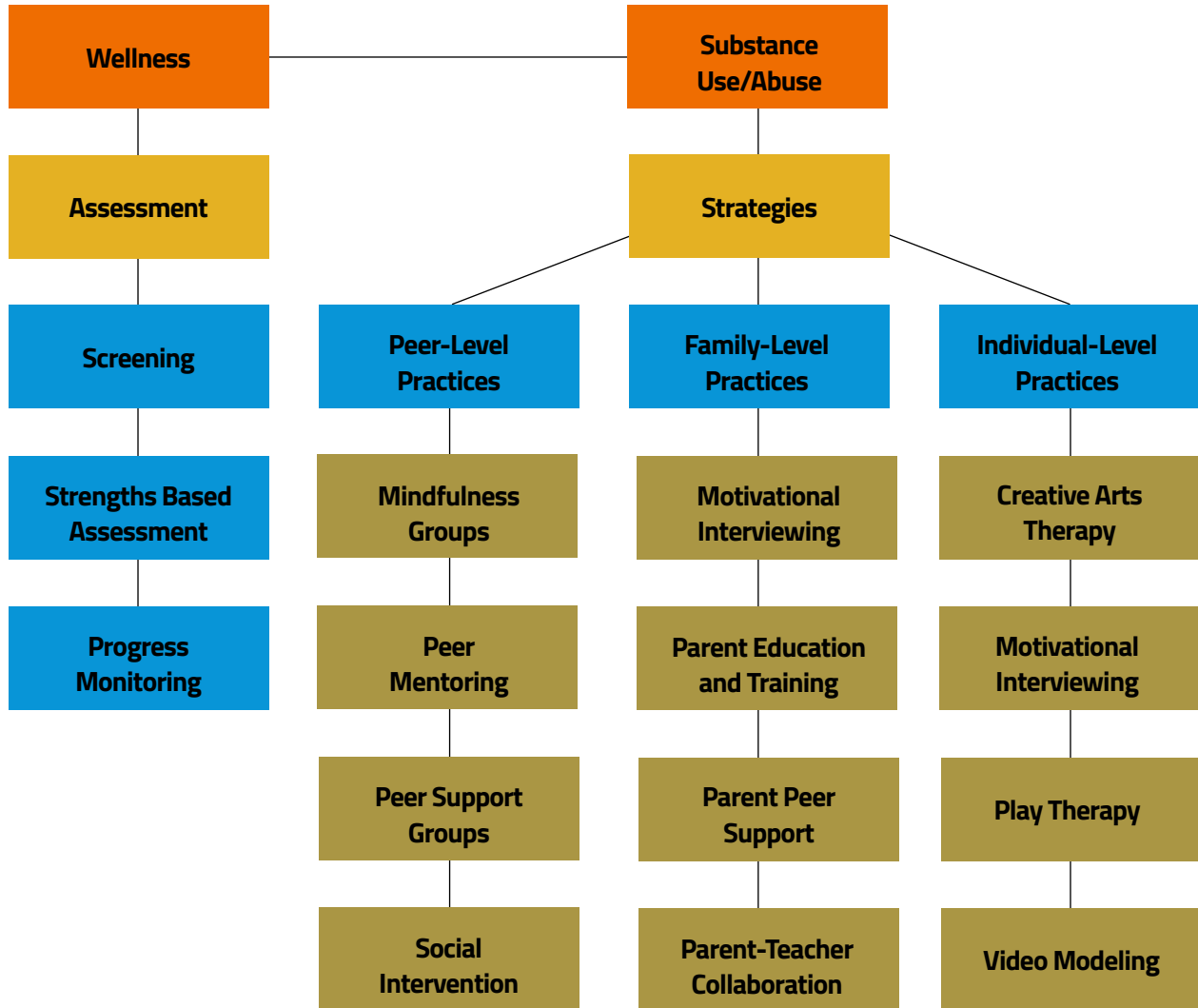
This review focuses on the mental, emotional, and social dimensions of student wellbeing. This emphasis is particularly significant in Wyoming, where the youth suicide rate exceeds the national average, with the rate among 15-19 years olds more than double the U.S. rate for that age group, (Wyoming Department of Health). According to the 2022 Prevention Needs Assessment (PNA), 17.2% of students in Wyoming seriously considered suicide within the past year. The same survey found that 1 in 6 Wyoming students reported feeling so depressed all or most days in the past month that nothing could cheer them up. Additionally, the PNA found that approximately 15% of students reported alcohol use, with a similar percentage reporting vaping within the past 30 days. Substance use is also a central focus in this review. According to the National Institute on Drug Abuse, individuals with mental health challenges often turn to substances as a means of coping with psychological distress, which in turn can worsen mental health symptoms. Therefore, understanding and addressing these interconnected challenges are key to promoting student wellbeing and mitigating associated risks.

For this review, we define evidence-based as information sourced from peer-reviewed articles, indicating that findings have undergone rigorous scrutiny and validation by experts in the field. We define Tier 2 practices as secondary prevention and brief intervention services. Additionally, the WDE recommends that schools implement evidence-based, Tier 2 practices through a trauma-informed lens. The Substance Abuse and Mental Health Services Administration guidance for a trauma-informed approach emphasizes safety, trustworthiness and transparency, peer support and collaboration, empowerment and choice, cultural humility and responsiveness, resilience, and trauma awareness and training.

Figure 1 illustrates one approach to conceptualizing Tier 2 supports within schools, emphasizing assessments and strategies implemented through a trauma-informed lens, while also highlighting the importance of engaging with community partners whenever feasible. Assessments include screening to identify students who may need additional supports, assessment for a nuanced understanding of student strengths as well as pinpointing areas where they are encountering difficulties, and progress monitoring throughout the Tier 2 intervention process. Practices comprise peer-level, family-level, and individual- level approaches. At the peer-level, practices leverage the influence of peer connections and group activities to foster a sense of belonging, encourage mutual support, and enhance social-emotional skills among students. At the family level, practices involve caregivers and families in the support process, fostering collaboration and extending the support network beyond the school environment. At the individual level, practices provide personalized interventions tailored to address the specific needs and challenges faced by each student. Schools may select one practice or a combination to meet the needs of their students, as their staff and resources determine appropriate. Finally, by using a continuous improvement process for Tier 2 approaches, schools can improve their approaches to better meet the evolving needs of students.

Figure 1. Wyoming Department of Education Approach to Tier 2 Practices

Trauma-Informed Approach
School-Community Partnerships



Trauma-Informed Approach

Schools should adopt a trauma-informed lens to acknowledge and address the diverse experiences and challenges that students may face, such as abuse, neglect, or community violence. By understanding the impact of trauma on student's behavior and learning, educators can create a more compassionate and supportive environment that promotes healing and resilience.

Cavanaugh, B. (2016). Trauma-informed classrooms and schools. *Beyond Behavior*, 25(2), 41-46.

Abstract: "Childhood emotional, physical, and/or sexual trauma is a common experience. Research indicates that as many as 68% of children experience at least some form of trauma event (Pappano, 2014). Although many children will not experience post-traumatic effects of such experiences, many students with disabilities, particularly students with emotional and behavioral disorders (EBD) have experienced trauma such as abuse or neglect (Jaudes & Mackey-Bilaver, 2008; Milot, Ethier, St-Laurent, & Provost, 2010). For example, in one recent study of children in the child welfare system it was found that the most common disability present in children with substantiated maltreatment was emotional disturbance (Lightfoot, Hill, & LaLiberte, 2011). Furthermore, it is estimated that about 30% of adolescents with EBD have experienced trauma or show signs of post-traumatic stress disorder (Mueser & Taub, 2008). Thus, teachers of students with EBD need to be aware of the impact of trauma on children and the most effective ways to address their educational and social needs. The purpose of this article is to discuss the nature of childhood trauma with an emphasis on its impact in educational settings. A particular focus will be on multitiered, research-based strategies for supporting students who have experienced trauma. I begin by discussing the impact of trauma on children, followed by a brief description of trauma-informed practice. The major emphasis of the article is a discussion of specific supports and interventions along with additional considerations for supporting implementation of trauma-informed practices."

Huang, L. N., Flatow, R., Biggs, T., Afayee, S., Smith, K., Clark, T., & Blake, M. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

Purpose: "The purpose of this paper is to develop a working concept of trauma and a trauma-informed approach and to develop a shared understanding of these concepts that would be acceptable and appropriate across an array of service systems and stakeholder groups. SAMHSA puts forth a framework for the behavioral health specialty sectors, that can be adapted to other sectors such as child welfare, education, criminal and juvenile justice, primary health care, the military and other settings that have the potential to ease or exacerbate an individual's capacity to cope with traumatic experiences. In fact, many people with behavioral health problems receive treatment and services in these non-specialty behavioral health systems. SAMHSA intends this framework be relevant to its federal partners and their state and local system counterparts and to practitioners, researchers, and trauma survivors, families and communities. The desired goal is to build a framework that helps systems "talk" to each other, to understand better the connections between trauma and behavioral health issues, and to guide systems to become trauma-informed."

Koslouski, J. B., & Chafouleas, S. M. (2022, March). Key considerations in delivering trauma-informed professional learning for educators. In *Frontiers in Education* (Vol. 7, p. 853020). Frontiers.

Abstract: "More than half of United States adults have experienced potentially traumatic events. Given that reminders of these events can spur re-traumatization, facilitators of professional learning about trauma-informed practices must be intentional in their delivery to avoid re-traumatizing participants.

Based on our experience delivering professional learning in trauma-informed practices to K-12 educators, we outline key strategies for facilitators. We organize these strategies using the United States Substance Abuse and Mental Health Services Administration's (SAMHSA) 6 key principles of a trauma-informed approach: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. Within each principle, we offer three strategies along with rationale and supporting research for each. Example strategies include learning about the school, staff, and students as much as possible before leading the training (collaboration and mutuality), conveying that there is not a "one size fits all" answer to addressing student trauma (trustworthiness and transparency), and providing time for educators to reflect on how to apply the content to their classrooms (empowerment, voice, and choice). We demonstrate alignment of these strategies with implementation supports of trauma-informed learning (e.g., relevance to school community) and provide facilitators with action planning questions to guide selection of recommended strategies. We conclude with important next steps for research on the delivery of trauma-informed professional learning."

Koslouski, J. B., Stark, K., & Chafouleas, S. M. (2023). Understanding and responding to the effects of trauma in the classroom: A primer for educators. *Social and Emotional Learning: Research, Practice, and Policy*, 1, 100004.

Abstract: "Although nearly half of U.S. students have experienced a potentially traumatic event (Bethell et al., 2017), educators are not routinely trained in trauma or trauma-informed practices (Hobbs et al., 2019; Koslouski & Stark, 2021; National Council of State Education Associations, 2019). Yet, trauma can have profound negative impacts on students' social, emotional, and behavioral needs. Thus, this primer introduces educators to the prevalence of trauma in PreK-12 student's lives, the effects of trauma on student's development, and proactive and responsive strategies that adults can use to support students who have experienced trauma. We provide several vignettes to help educators understand varied presentations of trauma and the range of trauma-informed practices that can benefit students. We also address educator's relationships with caregivers and describe strategies for mitigating the toll secondary traumatic stress (Figley, 1995) can take on educators. Throughout, we aim to build educators' understanding, empathy, and agency for their work supporting students affected by trauma."

School-Community

Partnerships Collaborative partnerships between schools and communities have shown significant promise in addressing student's mental health and substance abuse challenges. By bringing together professionals from various disciplines and involving families and external service providers, these partnerships enhance access to services, consistency in interventions, and ultimately lead to improved academic, behavioral, and mental health outcomes for students. Such integrated approaches underscore the importance of holistic support systems in fostering student well-being.

Bates, S. M., Mellin, E., Paluta, L. M., Anderson-Butcher, D., Vogeler, M., & Sterling, K. (2019). Examining the influence of interprofessional team collaboration on student-level outcomes through school–community partnerships. *Children & Schools*, 41(2), 111-122.

Abstract: "Studies examining student-level outcomes associated with interprofessional team collaboration in schools remain anecdotal despite repeated calls for well-designed, rigorous, multimethod research. The

purpose of the current study was to use a mixed-methods approach to explore how interprofessional team collaboration affects student-level outcomes and what student-level outcomes are associated with interprofessional team collaboration. Qualitative interviews were conducted with 27 school professionals serving on interdisciplinary consultation, assessment, referral, and education (CARE) teams in four Title I elementary schools. In addition, researchers examined quantitative data on student-level outcomes for 340 students served by the CARE teams in the four Title I schools. Rates of absenteeism, office discipline referrals, a curriculum-based measure, and a behavioral health measure were examined to explore relationships between interprofessional team collaboration and student-level outcomes. Qualitative findings indicated that interprofessional team collaboration improved coordination of and access to services, as well as consistent follow-through on plans and interventions. The CARE team processes also were associated with marked improvements in specific academic, behavioral, and mental health outcomes among students seen by the CARE teams. Results point to the important contributions interprofessional teams can make in schools when working together to address student needs.”

Bellinger, S. A., Lee, S. W., Jamison, T. R., & Reese, R. M. (2016). Conjoint behavioral consultation: Community–school collaboration and behavioral outcomes using multiple baseline. *Journal of Educational and Psychological Consultation*, 26(2), 139-165.

Abstract: “A plethora of literature suggests that collaborative partnerships among families, educators, and outside service providers are necessary and beneficial to address behavior problems, but there continues to be a lack of coordination among these stakeholders. The current study used conjoint behavioral consultation (CBC) to facilitate the development and implementation of collaborative intervention plans. Parents, teachers, and an outside mental health provider worked together to create and support behavioral intervention plans that were implemented at home and school. The results of this multiple baseline study indicate that collaborative interventions developed through the CBC process were effective in improving behavior at home and school. More specifically, visual analysis of the data, along with calculated effect sizes, showed an increase in the percentage of time that all 3 participants complied with expectations during problematic routines at home and school. Implications, limitations, and future research directions are discussed.”

Slater, M. D., Kelly, K. J., Edwards, R. W., Thurman, P. J., Plested, B. A., Keefe, T. J., ... & Henry, K. L. (2006). Combining in-school and community-based media efforts: Reducing marijuana and alcohol uptake among younger adolescents. *Health Education Research*, 21(1), 157-167.

This study tests the impact of an in-school mediated communication campaign based on social marketing principles, in combination with a participatory, community-based media effort, on marijuana, alcohol and tobacco uptake among middle-school students. Eight media treatment and eight control communities throughout the US were randomly assigned to condition. Within both media treatment and media control communities, one school received a research-based prevention curriculum and one school did not, resulting in a crossed, split-plot design. Four waves of longitudinal data were collected over 2 years in each school and were analyzed using generalized linear mixed models to account for clustering effects. Youth in intervention communities (N = 4216) showed fewer users at final post-test for marijuana [odds ratio (OR) = 0.50, P = 0.019], alcohol (OR = 0.40, P = 0.009) and cigarettes (OR = 0.49, P = 0.039), one-tailed. Growth trajectory results were significant for marijuana (P = 0.040), marginal for alcohol (P = 0.051) and non-significant for cigarettes (P = 0.114). Results suggest that an appropriately designed in-school and community-based media effort can reduce youth substance uptake. Effectiveness does not depend on the presence of an in-school prevention curriculum.

Assessment

Screening

Comprehensive screening protocols are an important tool for identifying students at-risk for substance use and mental health challenges. Screeners use data from multiple sources, including attendance, academic performance, and teacher observations, to identify students. It is important to assess risk factors consistently across different school environments to ensure effective identification and intervention strategies.

Bond, L., Butler, H., Thomas, L., Carlin, J., Glover, S., Bowes, G., & Patton, G. (2007). Social and school connectedness in early secondary school as predictors of late teenage substance use, mental health, and academic outcomes. *Journal of adolescent health, 40*(4), 357-e9.

Abstract: "To examine associations between social relationships and school engagement in early secondary school and mental health, substance use, and educational achievement 2–4 years later. Methods: School-based longitudinal study of secondary school students, surveyed at school in Year 8 (13–14-years-old) and Year 10 (16-years-old), and 1-year post-secondary school. A total of 2678 Year 8 students (74%) participated in the first wave of data collection. For the school-based surveys, attrition was <10%. Seventy-one percent of the participating Year 8 students completed the post-secondary school survey. Results: Having both good school and social connectedness in Year 8 was associated with the best outcomes in later years. In contrast, participants with low school connectedness but good social connectedness were at elevated risk of anxiety/depressive symptoms (odds ratio [OR]: 1.3; 95% confidence interval [CI]: 1.0, 1.76), regular smoking (OR: 2.0; 95% CI: 1.4, 2.9), drinking (OR: 1.7; 95% CI: 1.3, 2.2), and using marijuana (OR: 2.0; 95% CI: 1.6, 2.5) in later years. The likelihood of completing school was reduced for those with either poor social connectedness, low school connectedness, or both. Conclusions: Overall, young people's experiences of early secondary school and their relationships with others may continue to affect their moods, their substance use in later years, and their likelihood of completing secondary school. Having both good school connectedness and good social connectedness is associated with the best outcomes. The challenge is how to promote both school and social connectedness to best achieve these health and learning outcomes."

Fletcher, A., Bonell, C., & Hargreaves, J. (2008). School effects on young people's drug use: a systematic review of intervention and observational studies. *Journal of Adolescent Health, 42*(3), 209-220.

Abstract: "This systematic review examined the hypothesis that school institutional factors influence young people's use of drugs. We aimed to (1) identify the effect of school-level changes on drug use and (2) explore the possible mechanisms by which school-level influences on individual drug use might occur. Methods: Systematic review. Experimental/quasi-experimental studies of "whole-school" drug prevention interventions and longitudinal observational studies on the association between school-level and individual-level school-related exposures and drug use were included. Experimental studies were included because they are the most reliable available source of evidence about causation. Observational studies of school-level and individual-level school-related exposures were included with the aim of providing evidence about a wider range of possible school-level effects and how school-level influences might be mediated by individual-level factors. Results: Experimental studies suggested that changes to the school social environment that increase student participation, improve relationships and promote a positive school ethos may be associated with reduced drug use. School-level and individual-level observational studies consistently reported that disengagement and poor teacher–student relationships were associated with drug use and other risky health behaviors. Conclusions: There is evidence of school effects on young people's drug use. Interventions that promote a positive school ethos and reduce student disaffection may be an effective complement to drug prevention interventions addressing individual knowledge, skills, and peer norms. Such

approaches should now be piloted in a wider range of settings. Further research is also needed to explore mechanisms by which schools may influence young people's drug use."

Gakh, M., Coughenour, C., Assoumou, B. O., & Vanderstelt, M. (2020). The relationship between school absenteeism and substance use: An integrative literature review. *Substance Use & Misuse, 55*(3), 491-502.

Abstract: "We confirm the connection between school absenteeism and substance use among U.S. youth, highlight a limited understanding of how and why this relationship manifests, and call for absenteeism research that uses longitudinal methods, national data, and clearly articulated methodologies and self-appraised limitations."

Hallfors, D., Cho, H., Brodish, P. H., Flewelling, R., & Khatapoush, S. (2006). Identifying high school students "at risk" for substance use and other behavioral problems: Implications for prevention. *Substance use & misuse, 41*(1), 1-15.

Abstract: "Attendance and grade point average (GPA) data are universally maintained in school records and can potentially aid in identifying students with concealed behavioral problems, such as substance use. Researchers evaluated attendance (truancy) and GPA as a means to identify high school students at risk for substance use, suicide behaviors, and delinquency in 10 high schools in San Antonio, Texas, and San Francisco, California, during the spring and fall of 2002. A screening protocol identified students as "high risk" if (1) in the top quartile for absences and below the median GPA or (2) teacher referred. Survey responses of 930 high-risk students were compared with those from a random sample of 393 "typical" students not meeting the protocol. Bivariate and multivariate analyses assessed associations between the screening protocol variables and demographics, risk and protective factors, and problem outcomes. The individual contribution of each of the variables was also assessed. Students identified as high risk were significantly more likely than typical students to use cigarettes, alcohol, and marijuana, evidence suicide risk factors, and engage in delinquent behavior. Norms varied between the two districts; nevertheless, high-risk students showed consistent differences in risk and protective factors, as well as problem behaviors, compared with typical students. Because of site differences in data collection and teacher participation, the comprehensive protocol is recommended, rather than individual indicators alone (e.g., truancy). Strengths of the screening protocol are the ready availability of school record data, the ease of use of the adapted protocol, and the option of including teacher referral. More research is recommended to test the generalizability of the protocol and to ensure that there are no unintended negative effects associated with identification of students as high risk."

Henry, K. L., Smith, E. A., & Caldwell, L. L. (2007). Deterioration of academic achievement and marijuana use onset among rural adolescents. *Health education research, 22*(3), 372-384.

Abstract: "This study utilizes discrete-time survival analysis to assess the effect of level of academic achievement (both contemporaneously and prospectively) and changes in academic achievement on initiation of marijuana use among rural adolescents in junior high school. In the sample under consideration, 36% of boys and 23% of girls initiated use of marijuana by the end of ninth grade. Consistent with our hypothesis, poor academic achievement is a salient predictor of initiation of marijuana use among both boys and girls. Both contemporaneous and lagged levels of achievement significantly predict initiation. In addition, change in academic achievement is an important predictor of initiation. That is, students who demonstrate a deterioration of their academic achievement over time are more likely to start using marijuana. Poor academic achievement and deterioration of academic achievement should be considered as risk factors for initiation of marijuana use among rural adolescents. Initiatives targeted at improving academic achievement and/or drug use prevention initiatives designed for poor achieving students may help to prevent initiation of marijuana use."

Strengths-Based Assessments

Strength-based assessments in school-based interventions for mental health and substance focus on identifying a student's existing strengths and resources and tailoring interventions to capitalize on abilities, resilience, and support systems, thereby fostering empowerment and self-efficacy in addressing mental health and substance use challenges within the school environment. By emphasizing strengths, these assessments promote a positive and collaborative approach to intervention, ultimately enhancing engagement and outcomes for students.

Climie, E., & Henley, L. (2016). A renewed focus on strengths based assessment in schools. *British Journal of Special Education*, 43(2), 108-121.

Abstract: "School-based practitioners are often called upon to provide assessment and recommendations for struggling students. These assessments often open doors to specialised services or interventions and provide opportunities for students to build competencies in areas of need. However, these assessments often fail to highlight the abilities of these students and instead focus on areas in need of remediation. The use of a more positive, or strengths-based, approach to working with students is needed. Although strengths-based assessment (SBA) is not a new concept, it is not routinely incorporated into school-based assessment services. This article provides an overview of SBA and its benefits, along with empirically-driven models that support the implementation of SBA in schools, and calls for a renewed focus on understanding students from a strengths-based model. Examples of SBA measures and techniques are included, along with implications for practice for both students and psychologists."

Cosden, M., Panteleakos, F., Gutierrez, L., Barazani, S., & Gottheil, E. (2004). Strength-based assessment of adolescents who abuse drugs: Implications for helping high-risk youth. *The California School Psychologist*, 9, 115-126.

Abstract: "Strength-based assessments were designed to assess more completely the outcomes for youth having academic and behavioral problems in the schools. This approach has gained appeal among those working with adolescents who have serious behavior problems, such as those involved in drug use and related delinquent behavior. Traditional assessment procedures provide an overwhelmingly negative picture of these youths and the delineation of these deficits do not contribute to effective treatment planning. This paper describes the use of two strength-based assessment procedures with adolescents who have serious drug problems. The adolescents in this study were participants in a drug treatment court, part of a growing national trend to serve adolescents with non-violent, drug-related problems in their least restrictive environment, allowing them to remain at home and to attend their neighborhood schools. Different methods of using strength-based assessments are examined. In Study 1, assessments are used to identify students' competencies and determine which of these factors were related to youth outcomes. In Study 2, a case study is presented in which strength-based assessments are used at the individual level to develop specific treatment plans. The current state of the field, and future challenges for effective utilization of the strength-based approach to assessment and intervention, are discussed."

Gleason, E. T. (2007). A strengths-based approach to the social developmental study. *Children & Schools*, 29(1), 51-59.

Abstract: "School social workers commonly conduct Social Developmental Studies (SDSs) to provide multidisciplinary teams with information about medical, social, academic, cultural, and behavioral issues that affect a student's learning. This information helps the multidisciplinary team to make eligibility decisions and to plan appropriate interventions. This article describes ways in which social workers can apply the strengths-based approach—a social work practice approach focusing on individual and environmental

resiliencies, talents, connections, skills, and gifts—to components of the SDS. It also describes specific strengths-based applications to observations, interviews, academic reviews, standardized measures, written reports, and oral presentations. Examples illustrate how identified strengths and protective factors can be used to solve problems associated with risk factors.”

Nickerson, A. B., & Fishman, C. E. (2013). Promoting mental health and resilience through strength-based assessment in US schools. *Educational and Child Psychology, 30(4)*, 7-17.

Abstract: “Strength-based assessment can provide a systematic way to promote mental health and resilience in children. In this article, strength-based assessment of social-emotional functioning is described. Selected standardised strength-based assessment tools and their psychometric properties are then introduced. The primary focus of the article is on the use of strength-based assessment to promote mental health for youth within a public health framework. Suggestions for using strength-based assessment within a comprehensive prevention model, including universal (school-wide), targeted, and intensive approaches, are provided. Strength-based assessment can be used at the universal level as a screening tool or for programme evaluation purposes. At the selected level, assessment tools can be used to monitor progress and determine which children may be in need of more intensive interventions.

Finally, strength-based assessment can be used to evaluate strengths and competencies as part of a comprehensive psychoeducational evaluation and to plan for an individualized behavioral, educational, and/or treatment plan. A process for putting these practices into action is provided.”

Progress Monitoring

Progress monitoring is crucial for students receiving school-based services for mental health and substance use as it allows practitioners to track their development over time, ensuring that interventions are effective and tailored to their needs. By regularly assessing progress, professionals can make timely adjustments to treatment plans, providing personalized support and maximizing positive outcomes for student’s well-being and academic success.

Bickman, L., Kelley, S. D., Breda, C., de Andrade, A. R., & Riemer, M. (2011). Effects of routine feedback to clinicians on mental health outcomes of youths: Results of a randomized trial. *Psychiatric Services, 62(12)*, 1423-1429.

Abstract: “A randomized cluster controlled trial tested the hypothesis that weekly feedback to clinicians would improve the effectiveness of home-based mental health treatment received by youths in community settings. Methods: Youths, caregivers, and clinicians at 28 sites in ten states completed assessments of the youth’s symptoms and functioning every other week. Clinicians at 13 sites were provided with weekly feedback about the assessments, and clinicians at 15 sites received feedback every 90 days. Data were collected from June 1, 2006, through December 31, 2008. Intent-to-treat analyses were conducted with hierarchical linear modeling of data provided by youths, caregivers, and clinicians. Assessments by youths, caregivers, and clinicians indicated that youths (N=173) treated at sites where clinicians could receive weekly feedback improved faster than youths (N=167) treated at sites where clinicians did not receive weekly feedback. A dose-response analysis showed even stronger effects when clinicians viewed more feedback reports. Conclusions: Routine measurement and feedback can be used to improve outcomes for youths who receive typical home-based services in the community.”

Gresham, F. M. (2005). Response to intervention: An alternative means of identifying students as emotionally disturbed. *Education and treatment of children*, 328-344.

Abstract: "Children and youth exhibiting serious emotional, behavioral, and interpersonal problems create substantial challenges for schools, teachers, their parents, and other students. Students having these characteristics are often underserved or unserved by educational and mental health systems in the United States. Recent prevalence rates for children served as emotionally disturbed (ED) under the Individuals With Disabilities Education Act is less than 1 percent although over 20 percent of the school population could qualify for a psychiatric diagnosis. A major reason for the underservice of children as ED lies in the federal definition of emotional disturbance which is nebulous, often illogical, and self-contradictory. An alternative approach to ED identification based on a student's response to an evidence-based intervention is proposed in this article. Response to intervention is defined and described along with methods and procedures for quantifying whether or not a student shows an adequate or inadequate response to an evidence-based intervention implemented with integrity."

Lyon, Aaron R., Cameo Borntreger, Brad Nakamura, and Charmaine Higa-McMillan. "From distal to proximal: Routine educational data monitoring in school-based mental health." *Advances in School Mental Health Promotion* 6, no. 4 (2013): 263-279.

Abstract: "Research and practice in school-based mental health (SBMH) typically include educational variables only as distal outcomes, resulting from improvements in mental health symptoms rather than directly from mental health intervention. Although sometimes appropriate, this approach also has the potential to inhibit the integration of mental health and schools. This paper applies an existing model of data-driven decision-making (Daleiden, E., & Chorpita, B.F. (2005). From data to wisdom: Quality improvement strategies supporting large-scale implementation of evidence based services. *Child and Adolescent Psychiatric Clinics of North America*, 14, 329-349) to detail how SBMH can better integrate routine monitoring of school and academic outcomes into four evidence bases: general services research evidence, case histories, local aggregate and causal mechanisms. The importance of developing new consultation protocols specific to data-driven decision-making in SBMH as well as supportive infrastructure (e.g. measurement feedback systems) to support the collection and use of educational data is also described."

Peer-Level Practices

Mindfulness Groups

Mindfulness groups in schools involve structured interventions aimed at enhancing student's mental health and well-being by cultivating present-moment awareness and acceptance. Research findings suggest that mindfulness interventions are effective in improving mental health outcomes among youth.

Carsley, D., Khoury, B., & Heath, N. L. (2018). Effectiveness of mindfulness interventions for mental health in schools: A comprehensive meta-analysis. *Mindfulness*, 9, 693-707.

Abstract: "Mindfulness interventions have increasingly been incorporated in elementary and high school classrooms to support students' mental health and well-being; however, there is little research examining the specific factors contributing to the effectiveness of the interventions. The purpose of this meta-analysis was to examine the specific effects of and moderators contributing to school-based mindfulness interventions for mental health in youth. A systematic review of studies published in PsycINFO, ERIC, Social

Work Abstracts, Social Services Abstracts, and CINAHL was conducted. A total of 24 studies (n = 3977) were included in the meta-analysis. Overall, mindfulness interventions were found to be helpful, with small to moderate significant effects pre-post intervention compared to control groups (Hedges' $g = 0.24$, $p < .001$); however, interventions that were delivered during late adolescence (15–18) and that consisted of combinations of various mindfulness activities had the largest effects on mental health and well-being outcomes. Furthermore, the effects on specific mindfulness and mental health outcomes differed according to whether the intervention was delivered by an outside facilitator compared to trained educators/teachers. These results suggest that individual differences and program characteristics can impact receptivity and effectiveness of mindfulness training. These findings represent a significant contribution as they can be used to inform future designs and applications of mindfulness interventions in the school setting."

McKeering, P., & Hwang, Y. S. (2019). A systematic review of mindfulness-based school interventions with early adolescents. *Mindfulness*, 10(4), 593-610.

Abstract: "Recent research on mindfulness-based interventions (MBIs) in schools have reported effect differences across age groups of students, with early adolescent students reporting the least effect. Existing reviews, however, include students across all age ranges and largely concern intervention effects and their contributors. The exclusion of qualitative data exploring students' experiences of learning and practising mindfulness omits valuable information that could be used to better inform implementation of MBIs. The lack of quality critique employed in the existing reviews necessitates a new review. A search carried out in nine electronic databases resulted in an initial selection of 1571 records, from which 13 papers emerged that met all inclusion criteria. The review found positive improvements reported in well-being measures in 11 of the 13 papers examined across both quantitative and qualitative data that provide support for mindfulness as a well-being school preventative program with this age group. A quality analysis critique of each paper demonstrated methodological strengths and limitations of existing MBI studies for early adolescent students, which inform ongoing conversations about whether and how MBIs meet the criteria of evidence-based practice (EBP) as an effective educational program. Findings are discussed for future research and education considerations are reviewed for educational professionals who aim to support early adolescents through the implementation of MBIs at school."

Peer Mentoring

Peer mentoring programs in schools involve student mentors providing support, guidance, and encouragement to mentees to improve various aspects of their well-being and development. These programs have been shown to positively impact mentees' physical activity levels, mental health, self-esteem, social skills, emotional literacy competencies, and connectedness to school and parents. Peer mentoring serves as a supportive and empowering intervention that fosters positive relationships, enhances social and emotional development, and contributes to a supportive school environment.

Glazzard, J., Rose, A., & Ogilvie, P. (2021). The impact of peer mentoring on students' physical activity and mental health. *Journal of Public Mental Health*, 20(2), 122-131.

Abstract: "A peer-mentoring scheme was implemented in a secondary school using a physical activity (PA) intervention to improve mental health outcomes of students who were at risk of developing mental ill health. These students are referred to as mentees. The evaluation was a qualitative design using focus groups and semi-structured interviews. The participants reported an increase in PA in both peer mentors and mentees. By the end of the project many of the mentees recognized that they had increased their levels of PA, they were more aware of the benefits of PA and the relationship between PA and their mental health. In addition, mentees reported feeling more confident and were more confident in forming social relationships. Peer

mentors reported developing many leadership skills during the project. These included improved communication, confidence, empathy for others, relationship building and improved self-awareness.”

Karcher, M. J. (2005). The effects of developmental mentoring and high school mentor’s attendance on their younger mentee’s self esteem, social skills, and connectedness. *Psychology in the Schools*, 42(1), 65-77.

Abstract: “Far more has been written about the possible outcomes of cross-age mentoring than about actual outcomes and the processes that lead to change. This study examined the effect of mentors’ attendance on their mentees’ outcomes after six months of developmental mentoring. Developmental mentoring is a structured, cross-age peer mentoring program designed to promote children’s development by facilitating connectedness. In this randomized study of 73 Caucasian, rural youth, multiple analyses of covariance revealed that connectedness to school and parents at posttest were significantly greater for mentees than for the comparison group. Regression analyses revealed that changes in self-esteem, social skills, and behavioral competence were highly related to mentors’ attendance, suggesting relational processes accounted for more change than did exposure to program curricula. However, the relationship between mentors’ inconsistent attendance and mentees’ decline in self-esteem and behavioral competence suggests that absent mentors may do more harm than good.”

O’Hara, D. (2011). The impact of peer mentoring on pupils’ emotional literacy competencies. *Educational psychology in practice*, 27(3), 271-291.

Abstract: “Research suggests that peer mentoring can positively impact on emotional literacy competencies. This study explored the effects of peer mentoring on the emotional literacy competencies of Year 7 peer mentees using a quasi-experimental pre-test and post-test control group design. Results supported the hypothesis that peer mentoring has a positive impact on the emotional literacy competencies of mentees with low to average levels of emotional literacy at pre-intervention. Results also showed a significant negative correlation between attendance at sessions and perceived Conduct Problems. Unexpectedly, results indicated adverse effects of reading mentoring on the emotional literacy competencies of control participants.”

Peer Support Groups

Peer support groups can serve as a valuable intervention for students facing various challenges, providing a supportive and empathetic environment where they can share experiences, gain coping strategies, and develop resilience. Research highlights the following benefits of peer support groups across different contexts, including substance use and wellness.

Houck, G. M., Darnell, S., & Lussman, S. (2002). A support group intervention for at-risk female high school students. *The Journal of School Nursing*, 18(4), 212-218.

Abstract: “School nurses have an opportunity to engage in early intervention with high-risk adolescents. School-based support groups for depressed adolescents have been effective when aimed at providing skills training as well as emotional support. In this practice improvement project, 14 high-risk female adolescents from two high schools were identified on the basis of signs associated with depression. The students completed a questionnaire about risk and protective factors during the assessment and at the end of the intervention. Twelve students participated in a weekly support group designed to enhance coping skills and to provide emotional support. Assessment revealed that the students were at suicide risk. At the conclusion of the group intervention, there was a 55% decrease in suicidal ideation, a 27% decrease in perceived stress, and a 26% decrease in family distress. In addition, most of the students became engaged in formal treatment for the first time.”

Linder, L., Lunardini, M., & Zimmerman, H. (2022). Supporting Childhood Bereavement Through School-Based Grief Group. OMEGA-Journal of Death and Dying, 00302228221082756.

Abstract: "With 7.3% of children under the age of 18 experiencing the death of a parent and more who experience a loss of a loved one bereavement is a common experience in the lives of children and youth. The current study sought to evaluate the effectiveness of an 8-week, school-based grief group treatment program in reducing symptoms of grief, dysregulation, and improving social support. A total of 296 children and youth (age 11-18) participated in the grief programming provided by a local hospice agency. With a retention rate of 76% the researchers identified a significant reduction in grief symptomology, frequency of emotion dysregulation, and a significant increase in perceived social support from pre- to post-8-week school-based grief programming. A reduction in intensity of dysregulation was not significant. Implications for school personnel and parental support of children and youth experiencing loss are discussed."

Social Intervention

Social interventions serve as valuable supports for students experiencing social withdrawal, isolation, and internalizing behaviors. These interventions harness the power of peer relationships to promote positive interactions, reduce loneliness, and foster a sense of belonging within the school community. By providing targeted support and opportunities for meaningful connections, these interventions help mitigate the negative effects of social withdrawal, enhance social skills development, and create inclusive and supportive environments where all students can thrive.

Griffin, A. A., Caldarella, P., Sabey, C. V., & Heath, M. A. (2017). The effects of a buddy bench on elementary students' solitary behavior during recess. International Electronic Journal of Elementary Education, 10(1), 27-36.

Abstract: "Social skill instruction and school-wide positive behavior support have been found to be effective in treating students with emotional and behavioral disorders. However, students with internalizing behavior are often overlooked for interventions that could improve academic outcomes and prevent problems that might have serious implications, including social withdrawal, social isolation, and suicidal ideation. In this study, a multiple baseline across participants design was used across two elementary school recess playgrounds to evaluate a "buddy bench" intervention, which utilized peers to help socially withdrawn students to decrease social isolation behavior. Students in Grades 1 to 6 were observed during recess. Results revealed that from baseline to intervention phases the number of students engaged in solitary recess behavior decreased between 19% and 24%. Most students reported positive attitudes towards the intervention, while teachers were more neutral."

Nelson, J. A. P., Caldarella, P., Young, K. R., & Webb, N. (2008). Using peer praise notes to increase the social involvement of withdrawn adolescents. Teaching Exceptional Children, 41(2), 6-13.

Abstract: "Social withdrawal is one symptom displayed by students categorized as "internalizers," who may also experience anxiety and depression. These are the quiet, invisible students. Internalizing disorders can negatively affect a student's academic performance, physical health, future psychological adjustment, and employment opportunities. Supportive peers can help increase the positive interactions of the withdrawn student. Most recently, positive peer reporting (PPR) has been used to treat socially withdrawn behavior in elementary school students. PPR involves teaching classmates to notice and publicly praise a specific, targeted peer's prosocial behavior, then reinforcing students for reporting these behaviors. Although PPR has shown positive effects on elementary students, the effects of peer-written praise on withdrawn junior high school students have not been explored. Given that the middle-school years often mark the beginning of many school-related behaviors leading to academic failure, school dropout, and increased emotional

concerns for many students, a practice to increase the social involvement of withdrawn students in middle school seems warranted. Secondary students reported that verbal teacher praise in the presence of peers can be uncomfortable and that they prefer quiet teacher praise. Adolescents may prefer and respond more positively to written peer praise over verbal peer praise. In this article, the authors describe how peer praise notes (PPNs) were used to increase the social interactions of three withdrawn students at risk for emotional and behavioral disorders. The authors encourage teachers to consider implementing this practice in their classrooms.”

Tzani-Pepelasi, C., Ioannou, M., Synnott, J., & McDonnell, D. (2019). Peer support at schools: The buddy approach as a prevention and intervention strategy for school bullying. *International journal of bullying prevention, 1*, 111-123.

Abstract: “Previous research has shown that peer support could positively impact children’s school experience and well-being and could function as school bullying intervention and prevention. This qualitative study aimed to highlight the ‘buddy approach’ and provide insight into the positive impact it can have on both the young mentors and the mentees. A total of 29 participants, divided between student mentees (n = 19) and student mentors (n = 10), took part in a series of semi-structured interviews, where open-ended questions related to the efficacy of the ‘buddy approach’. Based on the finding, the buddy approach is valued by both mentees and mentors and is pivotal in supporting students in promoting a sense of friendship, safety, belonging and protection, while also building a sense of responsibility, satisfaction and pride. The buddy approach could potentially be used as an early prevention and intervention strategy for school bullying. Limitations and implications are discussed in detail.”

Family-Level Practices

Motivational Interviewing

Motivational interviewing (MI) is an approach that aims to help individuals explore and resolve ambivalence towards behavioral change. In the context of parents, MI can assist in enhancing their engagement in interventions aimed at addressing issues such as youth substance abuse or school disengagement. By using MI techniques, practitioners can help parents clarify their motivations, strengthen their commitment to change, and ultimately support their children more effectively, thereby improving student outcomes.

Sterrett, E., Jones, D. J., Zalot, A., & Shook, S. (2010). A pilot study of a brief motivational intervention to enhance parental engagement: A brief report. *Journal of Child and Family Studies, 19*, 697-701.

Abstract: “Although research has shown that multi-systemic interventions (MSIs) improve youth psychosocial functioning, MSI dissemination has been hampered by low levels of parent participation. The current pilot project was designed to examine the effectiveness of a brief motivational interviewing (MI) protocol to increase parental engagement in an MSI for youth suspended from middle and high school. Preliminary findings suggest that parents who received brief MI were more likely to attend a parent training workshop and reported greater satisfaction with the parenting workshops than parents who did not. Parents in the brief MI group also reported a relatively high level of satisfaction with the MI procedures. Implications for future research and MSIs are discussed.”

Winters, K. C., Fahnhorst, T., Botzet, A., Lee, S., & Lalone, B. (2012). Brief intervention for drug-abusing adolescents in a school setting: Outcomes and mediating factors. *Journal of substance abuse treatment, 42*(3), 279-288.

Abstract: "This randomized controlled trial evaluated the use of two brief intervention conditions for adolescents (aged 12–18 years) who have been identified in a school setting as abusing alcohol and other drugs. Adolescents and their parent (N = 315) were randomly assigned to receive either a 2-session adolescent only (BI-A), 2-session adolescent and additional parent session (BI-AP), or assessment only control condition (CON). Interventions were manually guided and delivered in a school setting by trained counselors. Adolescents and parents were assessed at intake and at 6 months following the completion of the intervention. Analyses of relative (change from intake to 6-months) and absolute (status at 6-months) outcome variables indicated that for the most part, adolescents in the BI-A and BI-AP conditions showed significantly more reductions in drug use behaviors compared to the CON group. Also, youth receiving the BI-AP condition showed significantly better outcomes compared to the BI-A group on several variables. Problem-solving skills and utilization of additional counseling services mediated outcome. The value of a school-based brief intervention for students is discussed."

Parent Education and Training

Parent education and training programs for parents of students with mental health or substance use issues provide essential support and resources. Parents gain knowledge and skills to effectively address their child's challenges. These programs aim to foster understanding, communication, and resilience within families, ultimately promoting better outcomes for students.

Beatty, S. E., Cross, D. S., & Shaw, T. M. (2008). The impact of a parent directed intervention on parent–child communication about tobacco and alcohol. *Drug and Alcohol Review, 27*(6), 591-601.

Abstract. Given the likelihood of engaging in the hazardous use of tobacco and alcohol increases during teenage years, pre-adolescence is a critical time to implement prevention programmes. While social factors other than those associated with parenting play a role in determining a child's risk for initiation of tobacco and alcohol use, parents can have a significant influence on their children's decisions about these issues. The aim of this study was to assess the impact of an in-home parent-directed drug education intervention on parent – child communication about tobacco and alcohol. Design and Methods. A group randomised intervention trial was conducted in Perth, Western Australia. Schools were selected using stratified random sampling and randomised to three study conditions. A total of 1201 parents of 10 – 11- year-old children were recruited from 20 schools. The impact of a self-help intervention, comprised of five communication sheets containing information and activities designed to encourage parents to talk with their 10 – 11-year-old child about issues related to smoking cigarettes and drinking alcohol, was assessed. Results. Intervention-group parents were more likely to have spoken with their children, to have spoken more recently, to have engaged the child during the discussion and to have addressed the topics identified as being protective of children's involvement in tobacco and alcohol. In addition, the duration of talks about alcohol was longer than for parents in the comparison group."

McClendon, J., Pollio, D. E., North, C. S., Reid, D., & Jonson-Reid, M. (2007). School-based groups for parents of children with emotional and behavioral disorders: Pilot results. *Families in Society, 88*(1), 124-129.

Abstract: "Research on services for families of children with emotional and behavioral disorders has identified family psychoeducation as a promising modality for service delivery. The current paper reports the results of pilot testing two multi-family psychoeducation groups in a school setting. Parents of 15 children receiving school services for emotional and behavioral disorders participated in two psychoeducation groups. Families completed surveys pre- and post-intervention on family-level and child-level outcomes. Among outcome

variables, attention-related problems demonstrated significant improvement and a substantial effect size. Other outcomes were positive, with effect sizes generally in the moderate range. Despite the small sample size and limited measurements, these results offer further support for the promise of psychoeducation for parents of children with emotional and behavioral disorders.”

Morrison, G. M., Storino, M. H., Robertson, L. M., Weissglass, T., & Dondero, A. (2000). The protective function of after-school programming and parent education and support for students at risk for substance abuse. *Evaluation and Program Planning*, 23(3), 365-371.

Abstract: “The effectiveness of after-school programming and parent education and support as a prevention approach for students who are at risk for substance abuse is addressed here. The after-school program played a “protective function” for those students who participated; they showed a maintenance of key resilience variables such as bonding to school, perception of parent supervision, and teacher-rated behavior. In addition, student and parent participation was positively related to changes in school bonding, perceived parental supervision, and teacher ratings of behavior.”

Parent Peer Support

Peer-led parent support offers invaluable comfort and guidance to parents and guardians navigating the challenges of supporting students with mental health or substance use issues. These groups provide a safe space for sharing experiences, exchanging coping strategies, and fostering a sense of community, empowering caregivers to better understand and address their children’s needs while also prioritizing their own well-being.

Grennan, L., Nicula, M., Pellegrini, D., Giuliani, K., Crews, E., Webb, C., ... & Couturier, J. (2022). “I’m not alone”: a qualitative report of experiences among parents of children with eating disorders attending virtual parent-led peer support groups. *Journal of Eating Disorders*, 10(1), 195.

Abstract: The treatment for children with eating disorders (EDs) requires extensive involvement of parents. The parents of children with EDs have voiced a need for greater support, including connecting with other parents with lived experience of caring for a child with an ED. We aimed to qualitatively explore parental experiences of these groups, including their benefits and areas for improvement. Methods: This study examined the delivery of four virtual parent-led peer support groups in Ontario, Canada for parents of children with EDs with approximately 10 parent participants per group and two parent facilitators leading each group. Parents (n=44) were asked to attend 12 bi-weekly support group sessions over 6 months, and then complete an individual end-of-study qualitative interview. Interview data were analyzed using content analysis, following the qualitative description design. Results: Thirty-six parents completed the end-of-study qualitative interview. Participants shared their experiences and impressions related to the group’s structure and content. Notable helpful aspects of the group included being able to receive support from those with similar experiences, access to education and resources about EDs, and being able to support others. Suggestions for improvements were made, which included organizing groups according to the child’s ED diagnosis or duration of illness. Conclusion: The findings indicate that this intervention is acceptable to parents and is perceived as helpful. Future research is needed to strengthen this support group model and to study its effects for parents in different settings and for parents of children with various EDs.”

Hoagwood, K. E., Cavaleri, M. A., Serene Olin, S., Burns, B. J., Slaton, E., Gruttadaro, D., & Hughes, R. (2010). Family support in children’s mental health: A review and synthesis. *Clinical child and family psychology review*, 13, 1-45.

Abstract: “A comprehensive review of structured family support programs in children’s mental health was conducted in collaboration with leadership from key national family organizations. The goals were to identify typologies of family support services for which evaluation data existed and identify research gaps. Over 200 programs were examined; 50 met criteria for inclusion. Programs were categorized by whether they were delivered by peer family members, clinicians, or teams. Five salient components of family support were identified: (a) informational, (b) instructional, (c) emotional, (d) instrumental, and (e) advocacy. Clinician-led programs were heavily represented (n = 33, 66%), followed by family-led (n = 11, 22%), and team-delivered (n = 6, 12%) programs. Key differences between programs delivered by clinicians or by peer family members were found in the degree of emphasis, research methodology, and outcomes. However, the content of the components was similar across all three program types. There are both important differences in emphasis across typologies of family support provided by clinicians, family members, or teams as well as important similarities in content. Family-delivered support may be an important adjunct to existing services for parents, although the research base remains thin. A research agenda to promote more rigorous evaluations of these services especially those delivered by peer family members is critical.”

Klein, O., Walker, C., Aumann, K., Anjos, K., & Terry, J. (2022). Peer support groups for parent- carers of children with attention deficit hyperactivity disorder: The importance of solidarity as care. *Disability & Society*, 34(9-10), 1445-1461.

Abstract: “Parent-carers of children with complex needs often lead lives impacted by challenging constellations of disadvantage and can become enmeshed in complex and contradictory tapestries of care structures and relations. Against a backdrop of financial austerity and under-resourced or exclusionary service practices, peer support groups may become increasingly important and confer valuable benefits not available elsewhere. This article focuses on one such group developed for parent-carers of children diagnosed with attention deficit hyperactivity disorder, and reports on semi-structured interviews with 13 parent-carers. Drawing upon Pols’ empirical ethics of care, we nuance and detail the care that emerged in these settings, highlighting the material and relational practices that developed. We conclude that peer support groups can offer new and vital possibilities, re-situating participants from individualised positions of burden, isolation and social exclusion to confident, positive, active connectedness, by means of an affective and effective relational process we call ‘solidarity-as-care.’”

Parent-Teacher Collaboration

Parent-teacher collaboration is a promising practice for enhancing student outcomes and strengthening teacher-parent relationships in school settings. By promoting collaborative problem-solving and communication between educators and families, students’ needs are addressed while fostering a supportive and cohesive school environment. This can yield improvements in student behavior and social skills, underlining its potential as an effective intervention strategy for promoting positive outcomes in education.

Garbacz, S. A., Sheridan, S. M., Koziol, N. A., Kwon, K., & Holmes, S. R. (2015). Congruence in parent–teacher communication: Implications for the efficacy of CBC for students with behavioral concerns. *School Psychology Review*, 44(2), 150-168.

Abstract: “The present study examined parent–teacher congruent communication within conjoint behavioral consultation (CBC). Specifically, the study purpose was to determine the extent to which congruence in parent–teacher communication (i.e., the degree to which parents and teachers view their

communication in a similar fashion) moderated CBC's effects on children's social skills. Drawn from a large randomized trial investigating the efficacy of CBC, the participants were 166 children and their parents and 74 teachers. The findings suggested that CBC's effects on teacher-reported children's social skills depend on congruent parent-teacher communication. Specifically, for students whose parents and teachers have these communication conditions, social skills are expected to increase only in the context of the CBC intervention. Implications for CBC research and school-based consultation are discussed."

Sheridan, S. M., Bovaird, J. A., Glover, T. A., Andrew Garbacz, S., Witte, A., & Kwon, K. (2012). A randomized trial examining the effects of conjoint behavioral consultation and the mediating role of the parent-teacher relationship. *School Psychology Review*, 41(1), 23-46.

Abstract: "The present study is a large-scale randomized trial testing the efficacy of a family-school partnership model (i.e., conjoint behavioral consultation) for promoting behavioral competence and decreasing problem behaviors of students identified by their teachers as disruptive. The focus of this study is on student behavioral outcomes and the potential role of parent-teacher relationships as a mediating variable. Two hundred seven students, from 82 classrooms, and their families and teachers participated. Results indicated that, relative to the control group, students in the conjoint behavioral consultation condition demonstrated greater increases in adaptive behaviors and social skills over the 8-week intervention period. Compared to teachers in the control group, those in the experimental conjoint behavioral consultation condition demonstrated significantly greater change in their reported relationships with parents. Furthermore, improvements in teacher-reported relationships with parents mediated the effects of conjoint behavioral consultation on positive changes in children's behaviors. Interpretation and implications of these findings are discussed."

Sheridan, S. M., Witte, A. L., Holmes, S. R., Coutts, M. J., Dent, A. L., Kunz, G. M., & Wu, C. (2017). A randomized trial examining the effects of Conjoint Behavioral Consultation in rural schools: Student outcomes and the mediating role of the teacher-parent relationship. *Journal of School Psychology*, 61, 33-53.

Abstract: "The results of a large-scale randomized controlled trial of Conjoint Behavioral Consultation (CBC) on student outcomes and teacher-parent relationships in rural schools are presented. CBC is an indirect service delivery model that addresses concerns shared by teachers and parents about students. In the present study, the intervention was aimed at promoting positive school-related social-behavioral skills and strengthening teacher-parent relationships in rural schools. Participants were 267 students in grades K-3, their parents, and 152 teachers in 45 Midwest rural schools. Results revealed that, on average, improvement among students whose parents and teachers experienced CBC significantly outpaced that of control students in their teacher-reported school problems and observational measures of their inappropriate (off-task and motor activity) and appropriate (on-task and social interactions) classroom behavior. In addition, teacher responses indicated significantly different rates of improvement in their relationship with parents in favor of the CBC group. Finally, the teacher-parent relationship was found to partially mediate effects of CBC on several student outcomes. Unique contributions of this study, implications of findings for rural students, study limitations and suggestions for future research are discussed."

Individual-Level Practices

Creative Arts Therapy

Creative arts therapy involves using creative arts modalities, such as drawing, painting, sculpture, and digital art, to facilitate personal growth and address various emotional and behavioral challenges among students. Recent systematic reviews of controlled studies have shown that creative arts therapy interventions can have significant positive impacts on outcomes such as classroom behavior, oppositional defiant disorder, separation anxiety disorder, locus of control, and self-concept.

Frydman, J. S., Hyman, S., & Caputo, S. (2022). Creative arts therapy in the United States school system: An integrative systematic review of empirically evaluated interventions from the past decade. *Psychology in the Schools, 59*(3), 535-556.

Abstract: "Recently there has been an expansion of the literature on creative arts therapy (CAT) interventions in the United States (U.S.) school system. However, findings across studies in the field have yet to be systematically investigated on a national level. The present review is an integrative systematic review of empirically evaluated CAT intervention studies in U.S. schools from the past decade. This synthesis seeks to advance CATs in schools' evidence base and increase research and practice throughout the U.S. Three online databases were searched alongside a manual review of relevant journals. Inclusion criteria required studies to feature a CAT modality, implementation in a U.S. K-12 school during the school day, and an empirical methodology. The systematic search yielded a total qualifying sample of six studies. General findings indicated that across studies, targeted improvement in psychosocial and behavioral domains was achieved, suggesting that CATs hold major promise due to their ecological responsiveness and versatility. Although the current scope of empirically evaluated CAT interventions in U.S. schools is minimal, findings suggest encouraging avenues for formulating a useful research trajectory and advancing practice. Further research recommendations for the promotion of CATs in schools are provided and situated within the school mental health literature."

McDonald, A., Drey, N. S. (2018). Primary-school-based art therapy: A review of controlled studies. *International Journal of Art Therapy, 23*(1), 33-44.

Abstract: "This study aims to review controlled studies on the effectiveness of primary-school-based art therapy to assess quality, synthesise findings and make informed suggestions for future research. A systematic review was undertaken using database/hand searches, PICOS inclusion/exclusion criteria and the Downs and Black Checklist for Measuring Study Quality. A descriptive synthesis was used to present findings. Out of 201 found, only four papers met the inclusion criteria. Art therapy was reported as having a significant positive impact on some outcomes (classroom behaviour; Oppositional Defiant Disorder; Separation Anxiety Disorder) and non-significant greater gains towards Locus of Control. One paper reported no significant impact on outcomes but maintained scores for self-concept compared to a significant decrease for no intervention. Quality of studies was assessed to be between the 3rd and 5th quintile of possible scores on the Downs and Black Checklist. The studies provided important evidence of some positive effects and no negative effects. Benefits were reported for children struggling with classroom behaviour, Oppositional Defiant Disorder, Separation Anxiety Disorder, Locus of Control and self-concept. The lack of harm reported is also an important finding. However, to evidence clinical effectiveness, there is an urgent need for further robust research"

Moula, Z. (2020). A systematic review of the effectiveness of art therapy delivered in school-based settings to children aged 5–12 years. *International Journal of Art Therapy, 25*(2), 88-99.

Abstract: School-based art therapy aims to facilitate children's personal change and growth through the use of visual arts media, such as drawing, painting, sculpture, clay, or digital art. To identify and synthesise the types of school-based art therapy interventions, and appraise the effectiveness for children aged 5-12. Methods: Systematic searching through ten major electronic databases, grey literature, and contact with experts in the field. Results: Six completed and two on-going studies were identified. Art therapy was delivered to children with asthma, behavioural disorders, oppositional defiant disorders, separation anxiety disorders, learning disorders, and disruptive behaviours. All interventions were delivered over 7-25 sessions, and lasted 40-60' per session. The sample sizes ranged between 20-109 participants, involving 247 participants in total. Conclusions: Art therapy can be effective in improving children's quality of life; anxiety; self-concept; problem-solving skills, attitudes towards school; emotional and behavioural difficulties. The follow-up findings were also promising; though confirmatory evidence is needed. Implications: The risk of bias was high and unclear, highlighting the importance of following standardised reporting guidelines. Future research needs to focus on the identification of primary outcomes and measures that are tailored to art therapy interventions, and explore the (cost-) effectiveness of shorter versus longer durations of treatment."

Motivational Interviewing

Motivational interviewing (MI) is a strategy designed to assist individuals in examining and resolving uncertainty about making behavioral changes. When applied to students, MI can support their involvement in interventions targeting challenges like substance abuse or disengagement from school. By employing MI techniques, professionals can aid students in understanding their motivations, reinforcing their dedication to change, and ultimately facilitating more effective support, leading to better student outcomes.

Hart, M. J., McQuillin, S. D., Iachini, A., Weist, M. D., Hills, K. J., & Cooper, D. K. (2023). Expanding school-based motivational interviewing through delivery by paraprofessional providers: A preliminary scoping review. *School Mental Health, 15*(3), 673-691.

Abstract: "The supply of school mental health (SMH) providers and services cannot meet the demand of students in-need, and this gap is expected to widen in coming years. One way to increase the reach of helpful services for youth is to grow the SMH workforce through task-shifting to paraprofessionals. Task-shifting could be especially promising in expanding Motivational Interviewing (MI) interventions, as MI can be molded to target a number of academic and behavioral outcomes important to schools. However, no review of training exclusively paraprofessional samples in MI has yet been conducted. The current paper provides a scoping review of 19 studies of training paraprofessional providers to use MI to evaluate trainee characteristics, training content and format, and outcomes. Of these 19 studies, 15 reported that paraprofessionals improved in using MI following training. Nine studies reported that task-shifting MI was positively received by clients and/or providers. Six studies examined task-shifting MI in youth-serving contexts, and four examined the practice in traditional school contexts, suggesting its potential for use in SMH. Other findings and implications, such as client behavior change and provider fidelity, are shared, along with ideas for advancing research, practice, and policy in this subfield."

McC Cambridge, J., & Strang, J. (2004). The efficacy of single session motivational interviewing in reducing drug consumption and perceptions of drug related risk and harm among young people: results from a multi site cluster randomized trial. *Addiction, 99(1), 39-52.*

Abstract: "The intervention was adapted from the literature on motivational interviewing in the form of a 1-hour single-session face-to-face interview structured by a series of topics. Measurements: Changes in self-reported cigarette, alcohol, cannabis and other drug use and in a range of drug-specific perceptions and other indicators of risk and harm. Measurement at recruitment and follow-up interview 3 months later. Findings: A good follow-up rate (89.5%; 179 of 200) was achieved. In comparison to the control group, those randomized to motivational interviewing reduced their use of cigarettes, alcohol and cannabis, mainly through moderation of ongoing drug use rather than cessation. Effect sizes were 0.37 (0.15–0.6), 0.34 (0.09–0.59) and 0.75 (0.45–1.0) for reductions in the use of cigarettes, alcohol and cannabis, respectively. For both alcohol and cannabis, the effect was greater among heavier users of these drugs and among heavier cigarette smokers. The reduced cannabis use effect was also greater among youth usually considered vulnerable or high-risk according to other criteria. Change was also evident in various indicators of risk and harm, but not as widely as the changes in drug consumption. Conclusions: This study provides the first substantial evidence of non-treatment benefit to be derived among young people involved in illegal drug use in receipt of motivational interviewing. The targeting of multiple drug use in a generic fashion among young people has also been supported."

Snape, L., & Atkinson, C. (2016). The evidence for student-focused motivational interviewing in educational settings: A review of the literature. *Advances in School Mental Health Promotion, 9(2), 119-139.*

Abstract: "The current systematic literature review sought to determine the effectiveness of Motivational Interviewing (MI) in educational settings. Student-focused school-based MI (SBMI) studies were assessed using qualitative and quantitative assessment frameworks and data were reported using PRISMA guidelines. Eleven studies met the inclusion criteria, although just eight were classified as 'best evidence' and included in the final synthesis. Seven of the included studies yielded positive findings and one study was neutral. Although there are methodological weaknesses in existing literature on student-focused SBMI, there is emerging evidence of its effectiveness for improving student outcomes in relation to academic achievement, behaviour and school-based motivation. Clear pointers for future research emerge from the review."

Play Therapy

Child-centered play therapy (CCPT) is a therapeutic approach which can be used in schools to address a range of mental health concerns, including childhood depression and ADHD. Through structured play sessions, CCPT allows children to express themselves, build self-esteem, and develop coping skills in a supportive environment. Research suggests that CCPT effectively reduces depressive symptoms, improves behavioral performance, and enhances self-efficacy and academic outcomes. Its culturally responsive and developmentally appropriate nature makes it a valuable intervention for children of diverse backgrounds and socioeconomic statuses in school settings.

Burgin, E. E., & Ray, D. C. (2022). Child-centered play therapy and childhood depression: An effectiveness study in schools. *Journal of Child and Family Studies, 1-15.*

Abstract: "Depression in childhood is a significant mental health concern, impacting cognitive, affective, social, behavioral, and physical domains. Children who experience depressive symptoms are at an increased risk for physical and mental health, social, and behavioral problems throughout adulthood. Children who are marginalized due to their socioeconomic status, racial and ethnic identities are at an increased risk to

experience depression and limited access to mental health care. Further, previous research has demonstrated limited efficacy of depression treatments for young children. This study is an examination of the efficacy of child-centered play therapy [CCPT], a culturally and developmentally responsive treatment, on depression among young children. Participants were 71 children from five Title 1 elementary schools in the southwestern U.S. referred by school personnel for depressive symptoms (49 males, 22 females; ages 5–9, mean age $M = 6.21$). The sample consisted of 14 (19.7%) African American, three (4.2%) Asian American, 15 (21.1%) biracial, 19 (26.8%) Caucasian, and 20 (28.2%) Latino children. Participants were randomly assigned to eight weeks of twice-weekly CCPT experimental groups ($n = 34$) or a waitlist control group ($n = 37$). Results of doubly multivariate repeated-measures MANOVA revealed statistically significant improvement in depressive symptoms for children who participated in CCPT on the Mood and Feelings Questionnaire Parent and Direct Observation Form [DOF] Sluggish Cognitive Tempo Scale. Repeated measures ANOVA on DOF Total Problems indicated that children in CCPT statistically significantly decreased their demonstration of overall problem behaviors as rated by blind observers. Results of this study support the effectiveness of CCPT with young children of diverse ethnocultural and socioeconomic background.”

Ray, D. C., Armstrong, S. A., Balkin, R. S., & Jayne, K. M. (2015). Child centered play therapy in the schools: Review and meta analysis. *Psychology in the Schools, 52*(2), 107-123.

Abstract: “The authors conducted a meta-analysis and systematic review that examined 23 studies evaluating the effectiveness of child centered play therapy (CCPT) conducted in elementary schools. Meta-analysis results were explored using a random effects model for mean difference and mean gain effect size estimates. Results revealed statistically significant effects for outcome constructs, including externalizing problems ($d = 0.34$), internalizing problems ($d = 0.21$), total problems ($d = 0.34$), self- efficacy ($d = 0.29$), academic ($d = 0.36$), and other behaviors ($d = 0.38$). Further, a systematic review was conducted on all studies compared with Outcome Research Coding Protocol criteria. Results indicated that CCPT studies provided quantitative support and qualitatively promising to strong evidence in support of its use in the schools.”

Robinson, A., Simpson, C., & Hott, B. L. (2017). The effects of child-centered play therapy on the behavioral performance of three first grade students with ADHD. *International Journal of Play Therapy, 26*(2), 73.

Abstract: “A single-case multiple baseline across-participants design was used to investigate the effects of child-centered play therapy (CCPT) on hyperactivity/impulsivity and inattention in 3 first grade students. Students were referred to our study by classroom teachers using a behavior checklist. Parents and teachers filled out the Attention Deficit Disorders Evaluation Scale (4th ed., McCarney & Arthaud, 2013) to qualify students for our study. Students who scored in the moderate or severe range from the same classroom were selected for our study. The Direct Observation Form (DOF; McConaughy & Achenbach, 2009) was used to assess behaviors across baseline, treatment, and maintenance conditions by trained observers. Students participated in an average 3 CCPT sessions each week for 6 weeks, for a total of 18 sessions. Visual inspection techniques were used to analyze the effects of CCPT on attention- deficit/hyperactivity disorder (ADHD) behaviors. Results indicated that there was a small effect size for CCPT on ADHD behaviors. Analysis of individual subscales revealed moderate or large effect sizes increasing time on task and decreasing total problems in the classroom, sluggish cognitive tempo, immature/withdrawn behavior, intrusive behavior, and oppositional behavior in individual participants. The Behavior Intervention Rating Scale (BIRS; VonBrock & Elliott, 1987) was completed out by the teacher posttreatment as a measure of social validity. The teacher indicated that CCPT was an appropriate intervention for students with ADHD, has utility in the school setting, and would recommend CCPT to other teachers. Limitations, suggestions for future research, clinical implications, and conclusions are presented.”

Video Modeling

Video modeling is a behavioral intervention that involves presenting video demonstrations of target behaviors to individuals, aiming to teach or modify specific skills or behaviors. In school settings, video modeling can be used to enhance social skills, academic performance, and behavioral outcomes among students with emotional and behavioral disorders by providing visual examples of desired behaviors or tasks.

Baker, S. D., Lang, R., & O'Reilly, M. (2009). Review of video modeling with students with emotional and behavioral disorders. *Education and Treatment of Children, 40*(3), 403-420.

Abstract: "Students with emotional and behavioral disorders (EBD) often engage in behavior that is disruptive in the classroom, impedes educational progress, and inhibits peer relationships. Video modeling has been demonstrated to be an effective intervention for other challenging populations (e.g., autism) and has been identified as a feasible intervention within schools. This review examined the efficacy of video modeling as an intervention for students with EBD. The sixteen studies included are evaluated in terms of participants, intervention procedures, dependent variables, and results. Studies are categorized and discussed according to the behavior targeted for intervention (i.e., increasing peer interaction, increasing on-task behavior, and decreasing inappropriate behavior). Results suggest that video modeling is an effective intervention for each of these target behaviors. However, gaps in the research (e.g., limited social validity data) exist and warrant future research."

Clinton, E. (2016). A Meta-Analysis of Video Modeling Interventions for Children and Adolescents with Emotional/Behavioral Disorders. *Educational Research Quarterly, 40*(2), 67-86.

Abstract: "Video modeling is a non-punitive, evidence-based intervention that has been proven effective for teaching functional life skills and social skills to individuals with autism and developmental disabilities. Compared to the literature base on using video modeling for students with autism and developmental disabilities, fewer studies have examined the effectiveness of using video modeling-based interventions for students with high-incidence disabilities (e.g., specific learning disabilities, emotional/behavioral disorders). This meta-analysis evaluated the utility of using video modeling to decrease disruptive behaviors and increase positive pro-social behaviors of students with emotional/behavioral disorders. Additionally, this paper compiled a list of research gaps related to video modeling and students with emotional/behavioral disorders. Implications for future research directions are discussed."

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