School Counselors

Role in Student Mental Health Access

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Mental Health

- Each year, 14-20% of youth are diagnosed with mental, emotional, or behavioral mental health disorders (National Academy of Science, 2009).

- Only 45% of youth with a mental health diagnosis receive treatment, and only 24% of those individuals receive care in the school system (Costello, He, Sampson, Kessler, & Merikangas, 2014).

(Goodman-Scott et al., Counseling Today, Sept. 2019)
School Counselors: Trained for Mental Health

- Hold a minimum of a Master’s Degree in counseling, which exceeds the educational requirement of Virginia’s Qualified Mental Health Professionals (QMHP-C) and meets Virginia’s degree program requirements for Licensed Professional Counselors (LPC).
- Receive 700+ supervised hours of clinical practicum and internship experience counseling students in the school setting prior to completion of a CACREP* graduate program.
- Receive mandatory mental health training in the recognition of mental health disorder and behavioral distress, including depression, trauma, violence, youth suicide, and substance abuse (SB1117).
- Are specifically trained to provide social/emotional learning, prevention programs, mental and behavioral support, and crisis response in the school setting, in addition to academic and career development.
Widely Used Strategy for Prevention: MTSS

(Goodman-Scott et al., 2019: School Counselor’s Guide to MTSS)
MTSS (PBIS & RTI)

- Highly implemented throughout the country
- Implemented in many schools/districts in Virginia
- Strong research base supporting the positive student/school impact of MTSS
- In Virginia: VTSS

(Goodman-Scott et al., 2019: School Counselor’s Guide to MTSS)
How students are identified as being in need of mental health services in the school setting?

- Parent referral
- Teacher referral
- MTSS (RTI & PBIS) data

It’s Not Enough
Mental Health Supports SC’s Provide

- **Tier 1**: Classroom Counseling Instruction designed to target social-emotional learning, academic support and college/career awareness and exploration.

- **Tier 2**: Small Group counseling designed to build social-emotional and soft skills such as: self-regulation, social skills, relational aggression, study skills, leadership, etc. (identified by MTSS (RTI/PBIS) data)

- **Tier 3**: Individual brief counseling support sessions for developmentally appropriate issues.

- Conduct suicide assessments and provide crisis intervention

- Referrals to and collaboration with outside mental health providers (therapists) to support students in the school setting.

- School Counselors do **NOT** provide therapy or follow treatment plans for students with diagnosed or undiagnosed mental health disorders.
What happens when student need is more than the school counselor can provide?

- Refer out to community counselors/therapists
  - Barriers:
    - Insurance
    - Wait time/Availability
    - Parent Access

- Alternative Day Treatment Educational Programs
  - Barriers:
    - IEP required - lots of time in between to qualify
    - Cost to district
Strategy for Prevention & Intervention

- Universal Mental Health Screening
- Growing national trend
- Implemented in several school districts in Virginia, especially screening for suicide

(Goodman-Scott et al., Counseling Today, Sept. 2019)
Universal Screening:

“The systematic assessment of **ALL** children within a given class, grade, school building, or school district on academic and/or social-emotional indicators that the school personnel and community have agreed are important.”

*(Ikeda, Neessen & Witt, 2008, p. 113)*

The #1 recommendation, from external organization who analyzed the Sandy Hook shooting

(Goodman-Scott et al., Counseling Today, Sept. 2019)
Recommendations from VSCA

1) Reduce ratios: 1:250 school counselor: student (refer to VSCA advocacy handout) within 3 years and fully fund
2) Require school counselors to be out of the master schedule rotation as a resource class (Elementary)
3) Implementation of Universal Mental Health Screening statewide to ID students not otherwise identified (to be effective this requires buy-in from district leadership)
   ☆ 3 cannot be done effectively before 1 and 2 are in place.
Presenters

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