

Evaluating best practices for providing school-based services to middle and high school students with ADHD

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CENTER for INTERVENTION
RESEARCH in SCHOOLS

Why School-Based programs are our best shot

- Accessibility
 - Characteristics of clients
 - Characteristics of families
- ADHD is a chronic disorder requiring long-term care
 - There are no effective short-term comprehensive treatments (especially for adolescents)
 - Long-term care is best suited for schools
- Clinicians have much more information in schools
 - Levels of functioning
 - Obstacles to intervention response
- Clinicians in school have much greater opportunity to program for generalization



What is important to helping children and adolescents with ADHD and other emotional and behavioral problems?

- Relationship
- Interventions
 - Self-care

What are the three necessary ingredients to providing effective services?





Interventions get to the student



If you do not maintain the bridge/relationship...



Of course, you need to have boundaries



If you try to accomplish too much at once...

The third necessary ingredient is you!!!





Behavioral Rationale for Relationships

- Perspective on spending time together (rewarding/punishing)
- Saliency of praise and reprimand
- Attributions regarding counselor recommendations

Predicts Good Outcome in Challenging Horizons Program

- Out of **five** outcome measures assessing academic functioning, which variables predicted positive response to treatment?
- Middle school students with ADHD

Langberg, Evans et al., (2016)

ADHD medication use
Counselor Ratings of Relationship with Student
Student Ratings of Relationship with Counselor
Dose
Oppositional and defiant behavior
Parent – Adolescent Conflict/Parent Stress
Symptoms of anxiety
Male/Female

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Langberg, Evans et al., (2016)

ADHD medication use	
Counselor Ratings of Relationship with Student	0
Student Ratings of Relationship with Counselor	
Dose	
Oppositional and defiant behavior	0
Parent – Adolescent Conflict/Parent Stress	
Symptoms of anxiety	
Male/Female	

Predicts Good Outcome in Challenging Horizons Program

- Out of **five** outcome measures assessing academic functioning, which variables predicted positive response to treatment?
- Middle school students with **ADHD**

Langberg, Evans et al., (2016)


ADHD medication use	1
Counselor Ratings of Relationship with Student	0
Student Ratings of Relationship with Counselor	
Dose	
Oppositional and defiant behavior	0
Parent – Adolescent Conflict/Parent Stress	
Symptoms of anxiety	1
Male/Female	mixed

Predicts Good Outcome in Challenging Horizons Program

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- Middle school students with ADHD

Langberg, Evans et al., (2016)

ADHD medication use	1
Counselor Ratings of Relationship with Student	0
Student Ratings of Relationship with Counselor	4
Dose	2
Oppositional and defiant behavior	0
Parent – Adolescent Conflict/Parent Stress	3
Symptoms of anxiety	1
Male/Female	mixed



What do counselors do so young adolescents think that they have a good relationship?

- We looked closely at the measure that we used to measure the relationship.
- Working Alliance Inventory

Working Alliance Inventory

As a result of working with my counselor I am clearer as to how I might be able to change.

What I am doing in the CHP gives me new ways of looking at my problems.

I believe that my counselor likes me.

My counselor and I work together on setting goals.

My counselor and I respect each other.

My counselor and I are working towards goals that we both agree on.

I feel that my counselor appreciates me.

My counselor and I agree about the steps to be taken to improve my situation.

I feel that the things I do in the CHP will help me to accomplish the changes that I want.

My counselor and I have a good understanding of the kind of changes that would be good for me.

I am confident in the counselor's ability to help.

I believe the way we are working with my problem is correct.

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My counselor and I have a **good understanding of the kind of changes that would be good for me.**

I am **confident in the counselor's ability** to help.

I believe the way **we are working** with my problem is correct.

How do you facilitate a good relationship?

- Student must believe that:
 - We agree on goals and work together to achieve them
 - My counselor likes me, appreciates me and respects me



Interventions – the traffic on the bridge

- What is available and how do we decide?

Important Definitions

- **Interventions**: strategies to develop or improve knowledge, skills, behaviors, cognitions, or emotions.
- **Accommodations**: strategy that holds a student to the same standard as peers but provides a *differential boost* (i.e., more benefit to those with a disability than those without) to mediate the impact of the disability on access to the curriculum (i.e., *level the playing field*). *(Harrison, Bunford, Evans & Owens, 2013)*
 - Most frequently used service for youth with ADHD (Spiel et al., 2014)

Defining Terms for our discussion

- **Cognitive Therapy**
 - Stop– Think – Act
 - Enthusiasm in the 1990s for this approach (“CBT with ADHD Children” Braswell & Bloomquist, 1991)
 - Evidence did not support the approach
- **Behavior Management**
 - Manipulates contingencies in environment in which target behavior is exhibited
 - Limited evidence for generalization beyond setting and time
 - Particularly difficult for adolescents due to problems with salient consequences and monitoring
- **Training Interventions**
 - Instructs and trains skills not previously exhibited
 - Involves performance feedback and repetitive practice over time to establish routines
 - Enhances competencies to independently meet age-appropriate expectations
- Many interventions involve combinations

Developing a Framework for Providing Services

- **Step 1:** What is the priority for deciding sequence of services?
- **Step 2:** How does that priority inform sequencing of currently available services?
- **Step 3:** How does one decide when to shift from one type of service to the next in the sequence?

Team – George DuPaul, Tom Power, Julie Owens, Jennifer Mautone and me

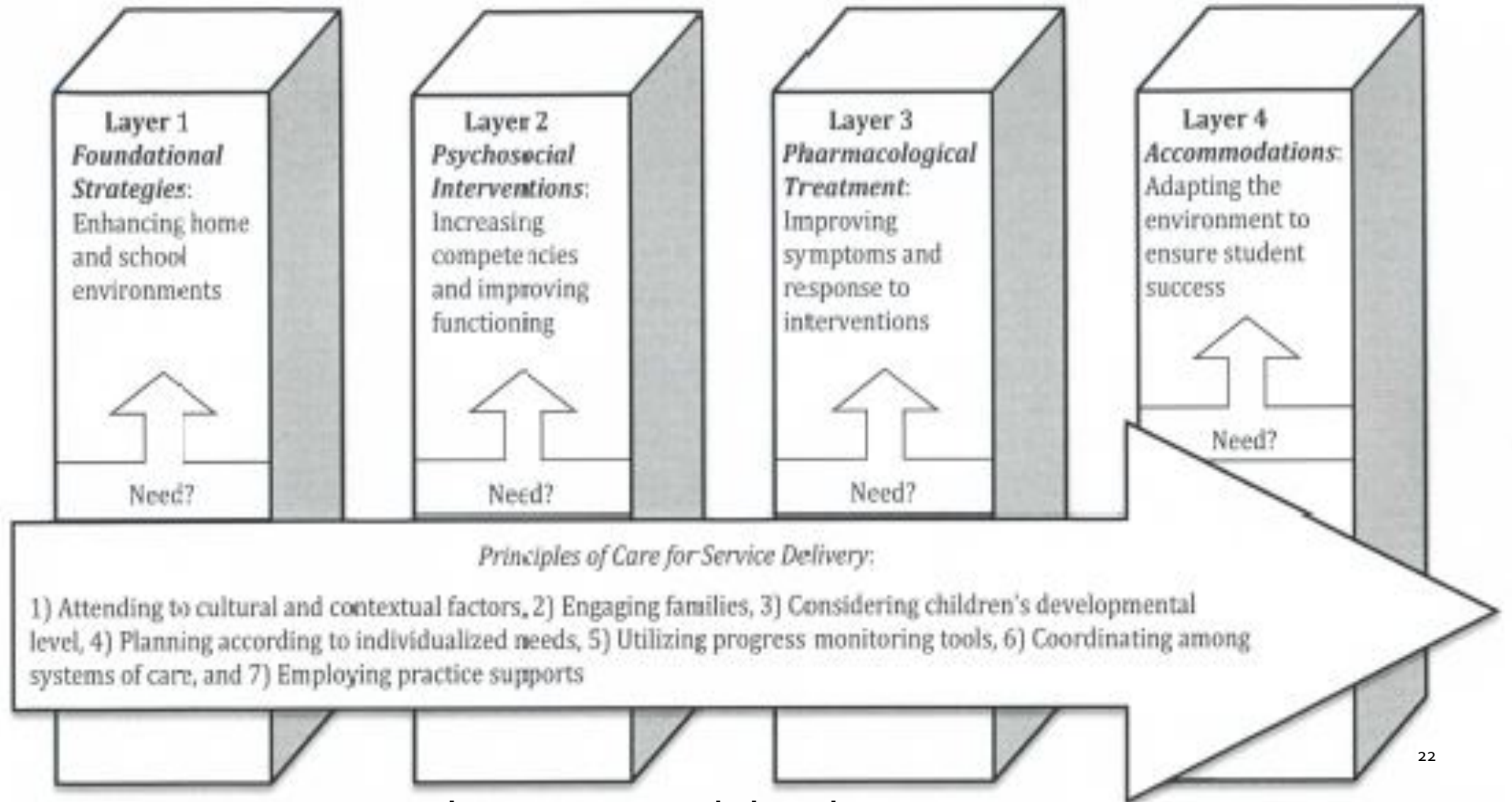
Step One: What is the priority for sequencing?

- Brainstorm
 - How do you make decisions now?
 - Why not put a moderately disruptive 8 year old in a self-contained classroom for disruptive students?
 - Why not commit a 12 year to a psychiatric hospital upon initial diagnosis of ADHD?
 - Why not recommend individual counseling to a 13 year old with ADHD?
 - Why not have an aide stay with a 9 year old depressed student all day every day and coach the child on how to behave?
- Prioritize services that enhance the skills of the student to independently meet age-appropriate expectations for academics, interpersonal, and vocational functioning

Step Two: How does that priority inform sequencing of currently available services?

- Theoretically what is the approach?
 - If works how intended, in what ways will the student improve?
 - How costly are the services in terms of financial, labor, and side-effects?
- What is the evidence indicating that the service will achieve intended goal?
- To what degree will the service maintain the benefit after it ends (i.e., independently meet age-appropriate expectations)?

Life Course Model



Evans, Owens et al., 2014; Evans, Rybak et al., 2014



Focus on Interventions

From Intervention Development to Evaluation and
Refinement to Implementation

Interventions for adolescents with ADHD

- Clinic-Based
 - STAND (Sibley)
 - CASH-AA (Hogue & Evans)
 - Plan My Life (van der Oord & Boyer)
 - Family Therapy (Barkley et al., 2001)
 - Medications (Evans & Pelham, 1991; Evans et al., 2001)
- Community Based
 - Summer Treatment Program for Adolescents (STP-A; Sibley et al., 2011)
- School-Based
 - Challenging Horizons Program (CHP; Evans)
 - Homework Organization and Planning Skills (HOPS; Langberg)
- Interventions Unlikely to Be Effective
 - Cognitive training (e.g., Cogmed)
 - Cognitive therapy
 - Family therapy (alone)
 - Social skills training (current models)
 - Mindfulness Meditation

Interventions

- Challenging Horizons Program
 - Overview
 - Emphasize training interventions
 - Parents
 - Specific Interventions
 - Organization and assignment tracking
 - Study Skills
 - Interpersonal Skills Group
 - Service Delivery Models

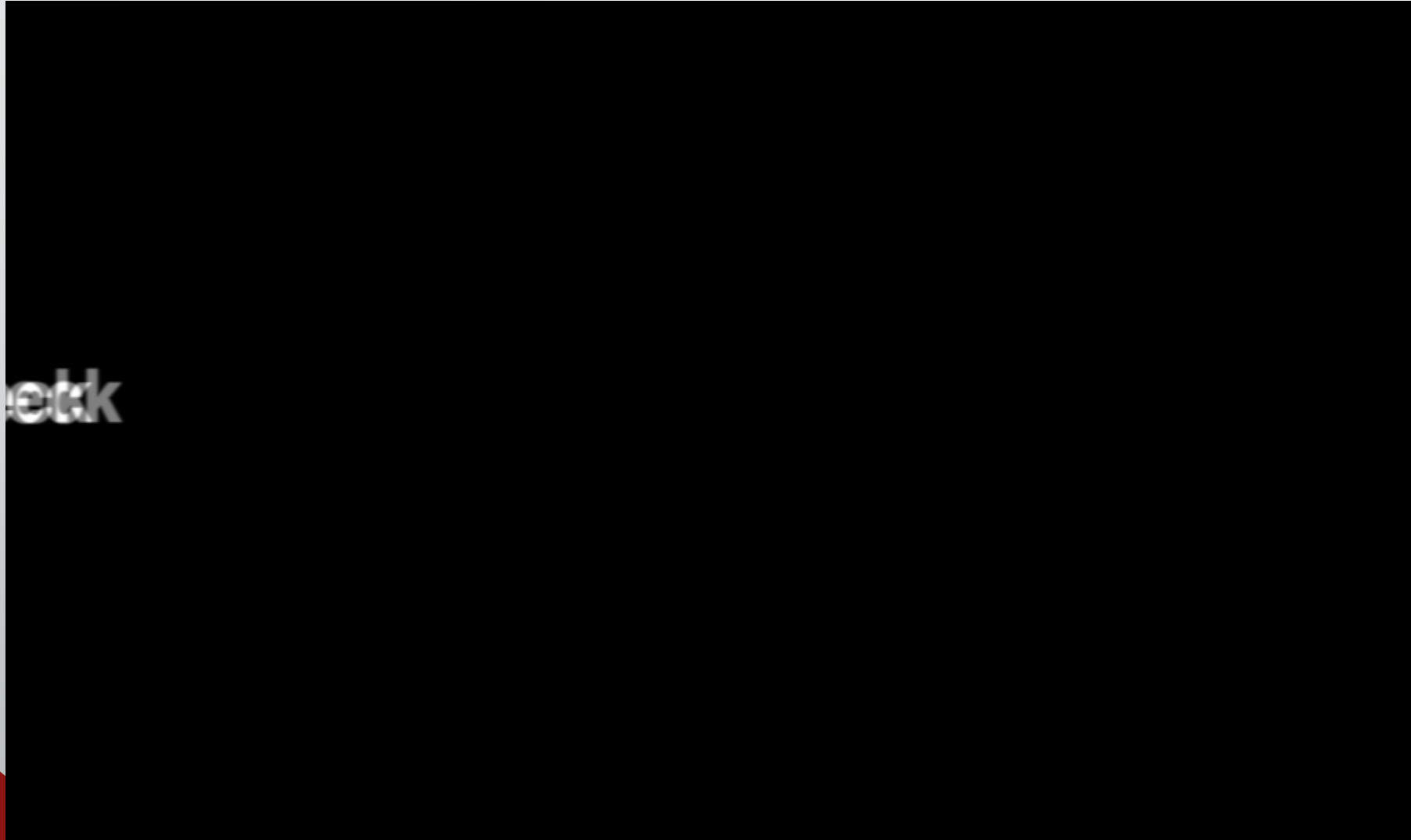
Challenging Horizons Program

- History
 - Development (November, 1999)
 - Research
- Interventions
 - In contrast to interventions for children with ADHD, interventions for adolescents are provided directly to them
 - Organization interventions
 - Time
 - Materials
 - Assignments
 - Parenting
 - Homework Management Plan
 - Contracting
 - Interpersonal Skills Group
 - Note taking and studying techniques

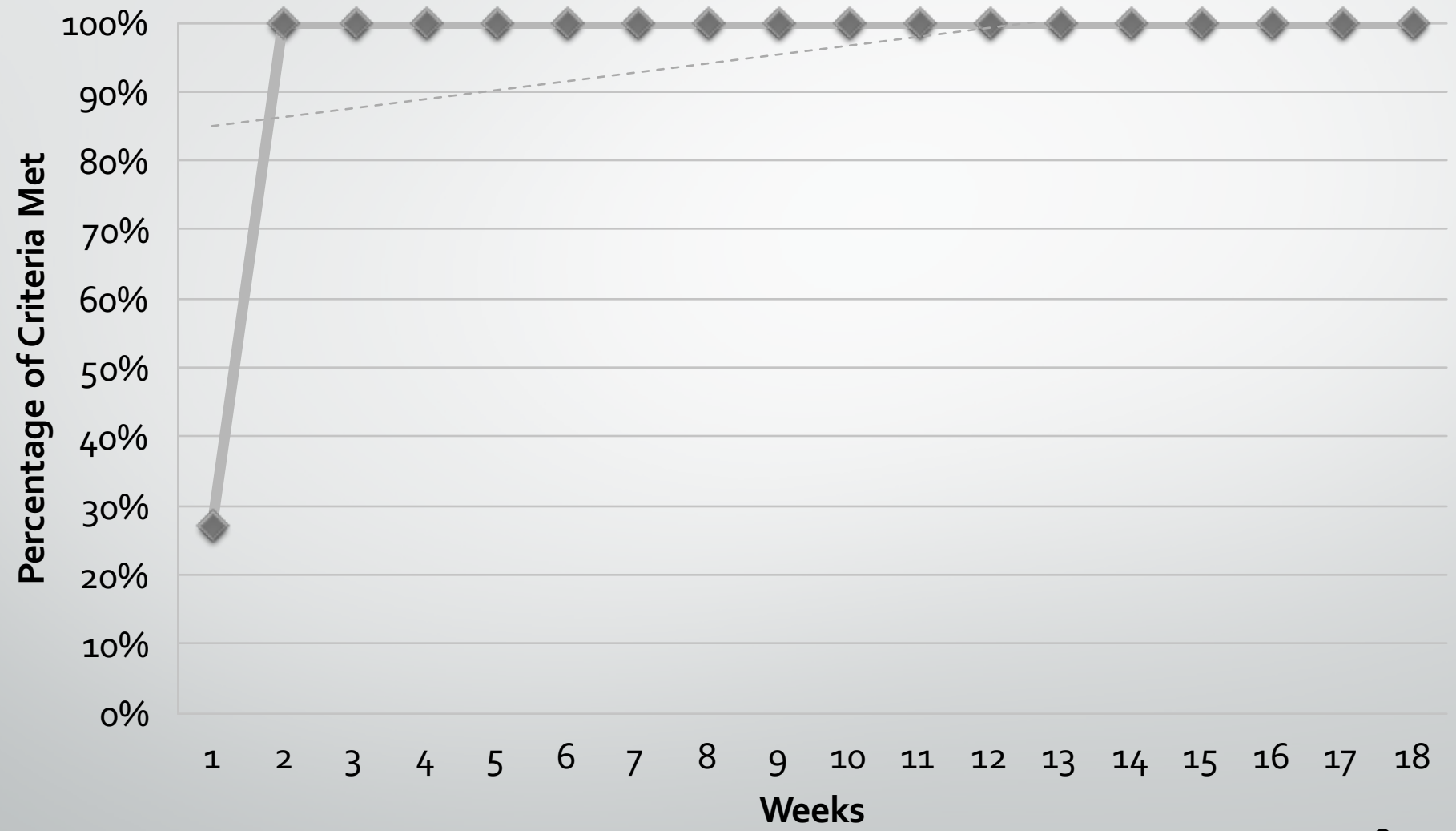
Organization Interventions

- First priority for development when began CHP
- Organization targets
 - Binders
 - Assignment notebooks
 - Bookbags
 - Lockers
 - Evening Homework Time
- Established training program for binders
 - Regular Practice
 - Guided Self-checking

Conducting an Early Binder Check

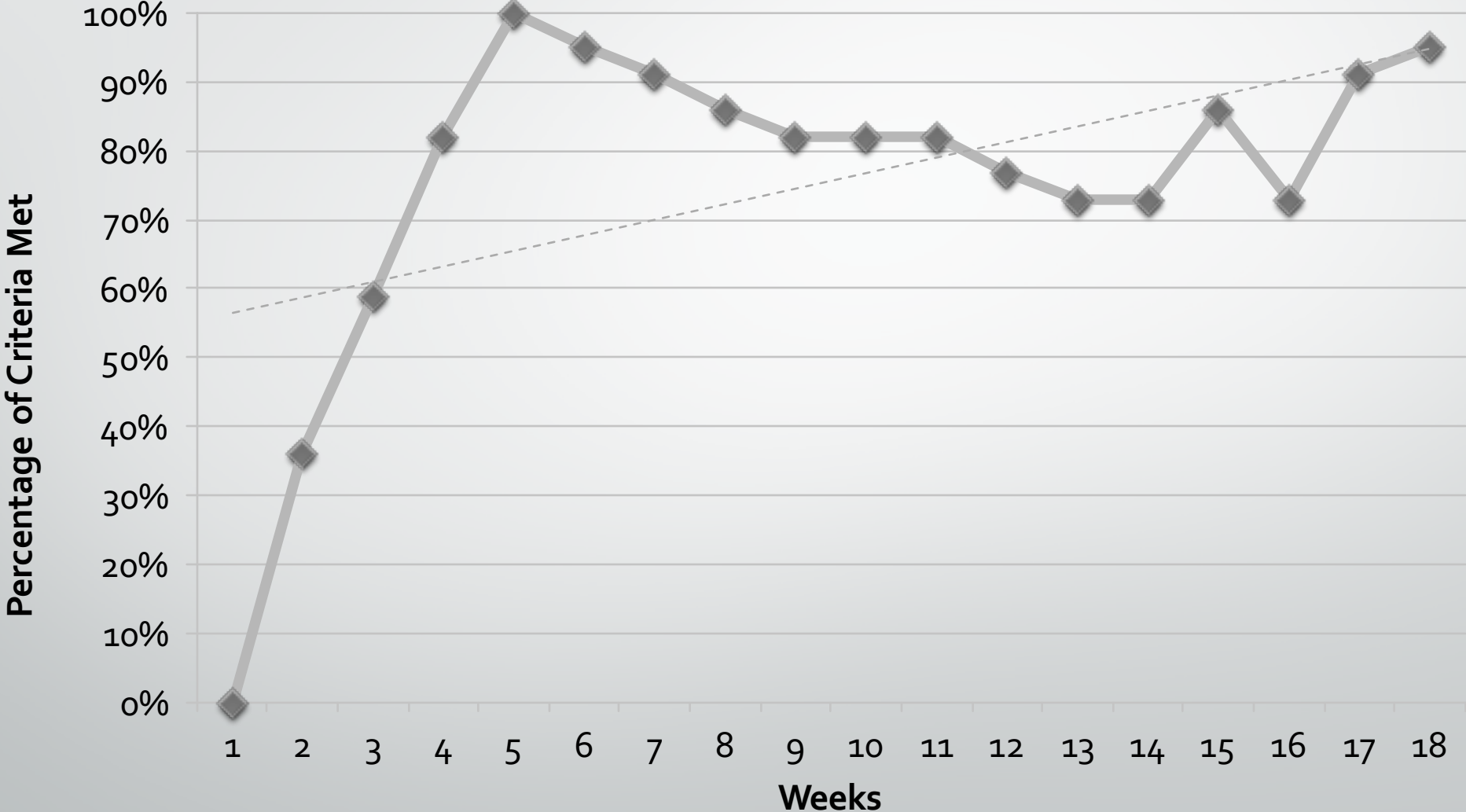


Rapid Responder



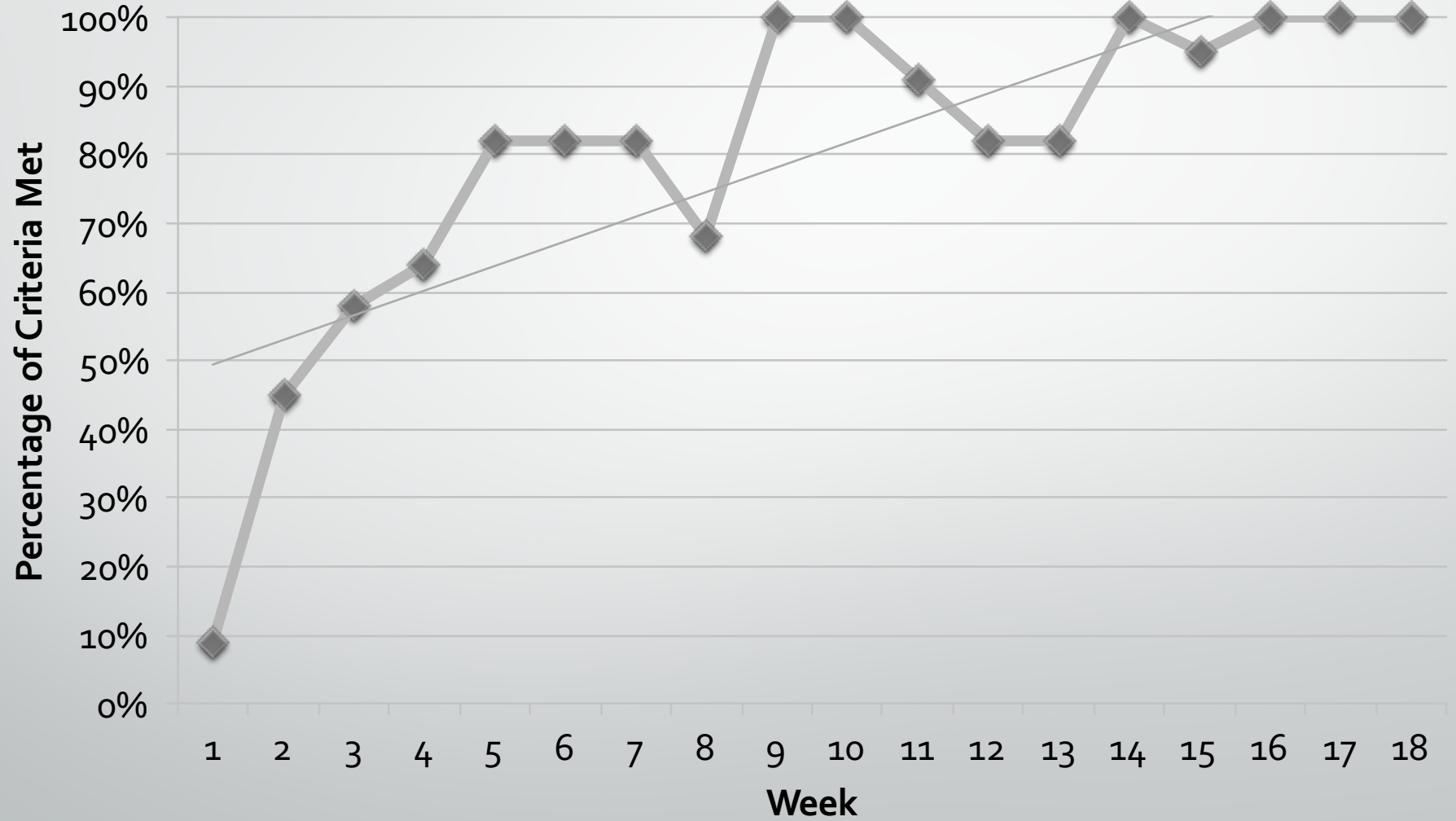
$y = 0.012x + 0.837$

Honeymoon



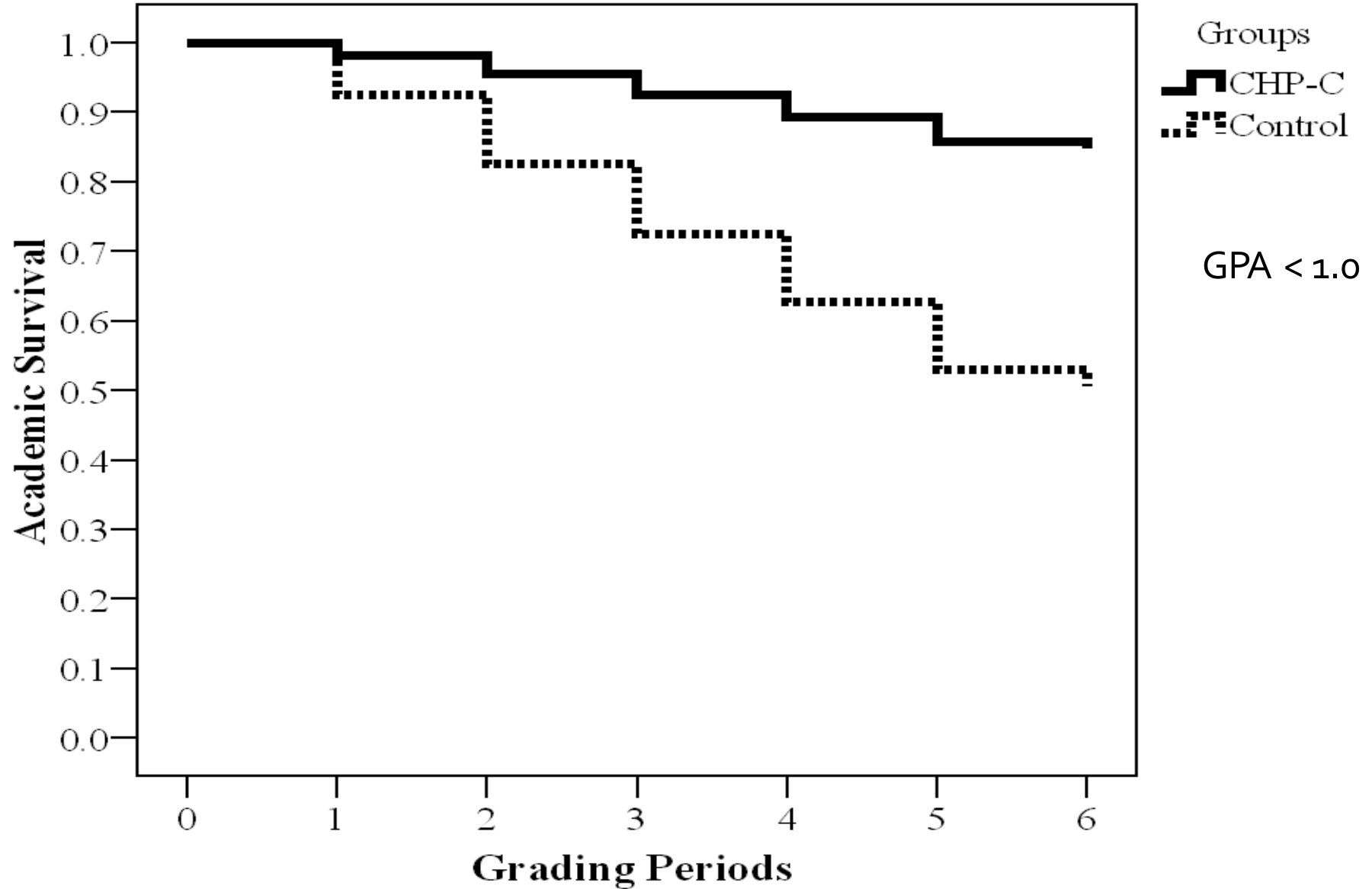
$y = 0.022x + 0.542$

Slow and Steady



$$y = 0.036x + 0.4578$$

Survival Analysis of GPA for CHP-M



Homework Management Plan

- Many parents either discontinued efforts to get their child to keep up with homework or were incredibly frustrated and exasperated by their efforts
- Task analysis of potential parent contributions
- Considered developmental challenges of early adolescence
- Feasibility aspects of parenting teenage children

Serenity Prayer

- **God, grant me the serenity to accept the things I cannot change,**
 - Cannot know what needs to be done
 - Cannot always understand the content
 - Cannot make child complete everything that he/she should
- **The courage to change the things I can,**
 - Can encourage spending time on school work
- **And the wisdom to know the difference.**
 - Frequent temptation to try to do more than can

Main Elements of HMP

- Work with spouse to decide
 - How much time child should spend on school work each day
 - What are acceptable locations
 - When can child complete schoolwork (need for monitoring, free time)
 - Negotiation strategy
- Negotiate contract
 - 20 minutes per day
 - No privileges (technology, guests, leave home) after dinner until done
 - If no school work, then assign something from a newspaper or book (discard when done)
 - Weekend privileges based on success doing time during week
- Renegotiate contract after every report card

How much time to require?





Interpersonal Skills Group

- Traditional social skills training not effective for youth with ADHD
- Model of how adolescents learn to shape their interpersonal behavior
 - Determine how you would like to be perceived by others in various social contexts (people, places)
 - Decide what behaviors can lead to desired impressions
 - Attend to and accurately interpret the feedback of others (verbal and nonverbal) to determine whether social behavior is consistent with goals
 - Consider own goals and expectations of others to determine preferred strategy for social behavior within a context

Ideal Self Goals Rating Card

Student's Name:

Date: March 23, 2016

Coach's Name:

Ratings should indicate the degree with which the student portrayed each Ideal Self Goal according to the scale below. After the last feedback, transfer average ratings to mastery form.

*Behavior portrayed
the opposite of goal*

No Evidence

*Behavior portrayed
the desired goal*

Very Much -3	Some -2	A Little -1	Either Way 0	A Little 1	Some 2	Very Much 3
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No Opportunity N.O.

Ideal Self Goals	Feedback 1		Feedback 2		Feedback 3		Feedback 4	
	<u>Self</u>	<u>Staff</u>	<u>Self</u>	<u>Staff</u>	<u>Self</u>	<u>Staff</u>	<u>Self</u>	<u>Staff</u>
Goal #1: Leader Definition: a. Compliment others b. Encourage success c. Model following rules and trying								
	<u>Emotion</u>	<u>Rtg</u>	<u>Emotion</u>	<u>Rtg</u>	<u>Emotion</u>	<u>Rtg</u>	<u>Emotion</u>	<u>Rtg</u>

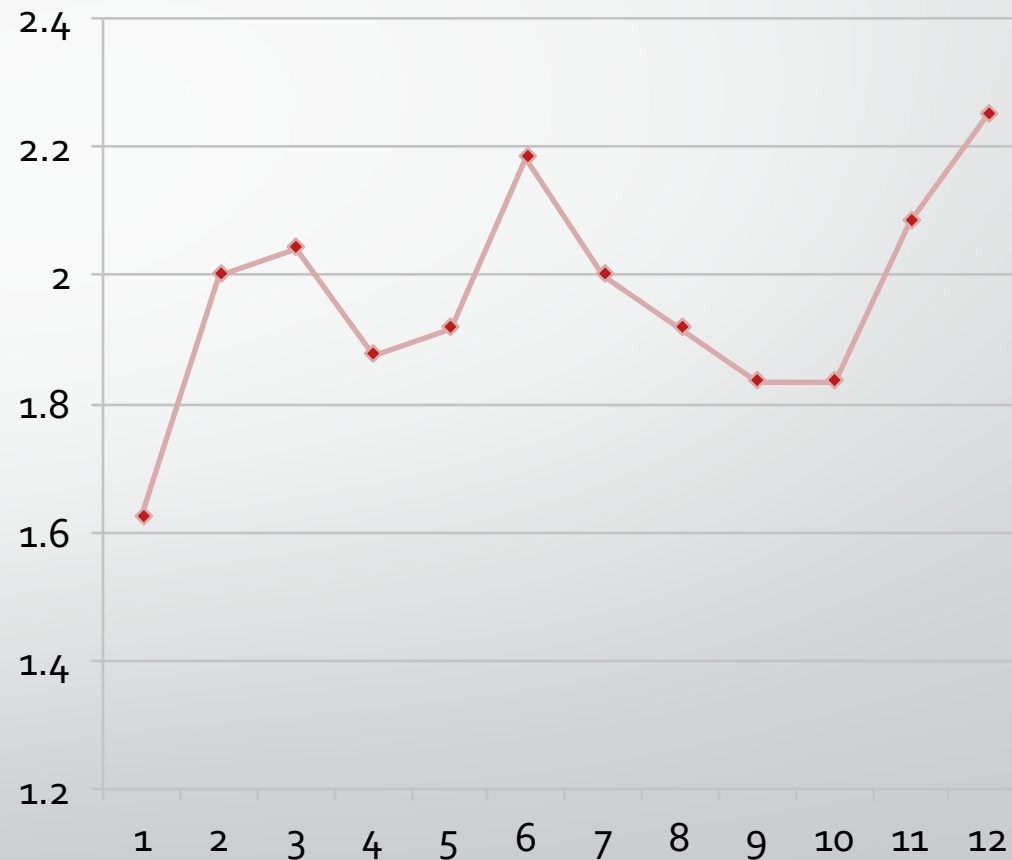
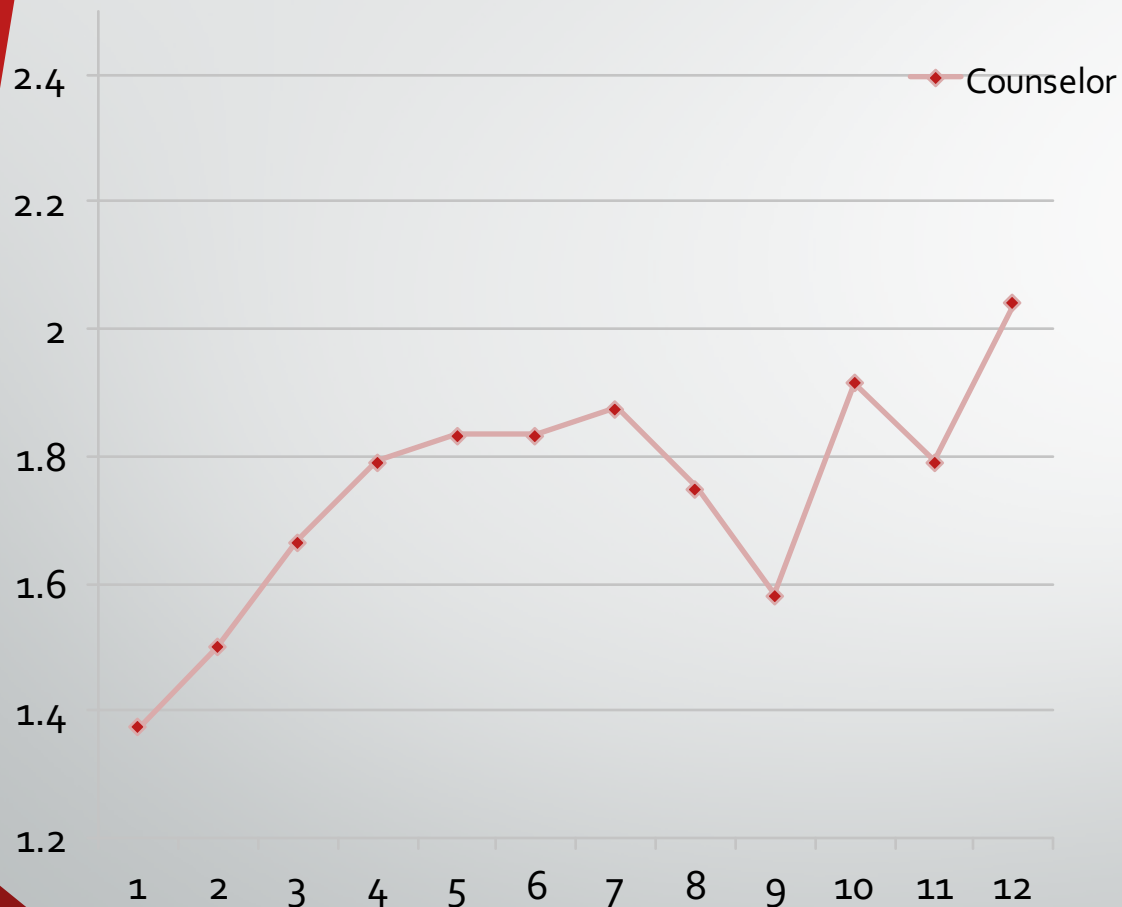
ISG Feedback Session Following Social Activity

CHP ISG Feedback

Self and Counselor Feedback over 12 Sessions

● First feedback

● Second feedback



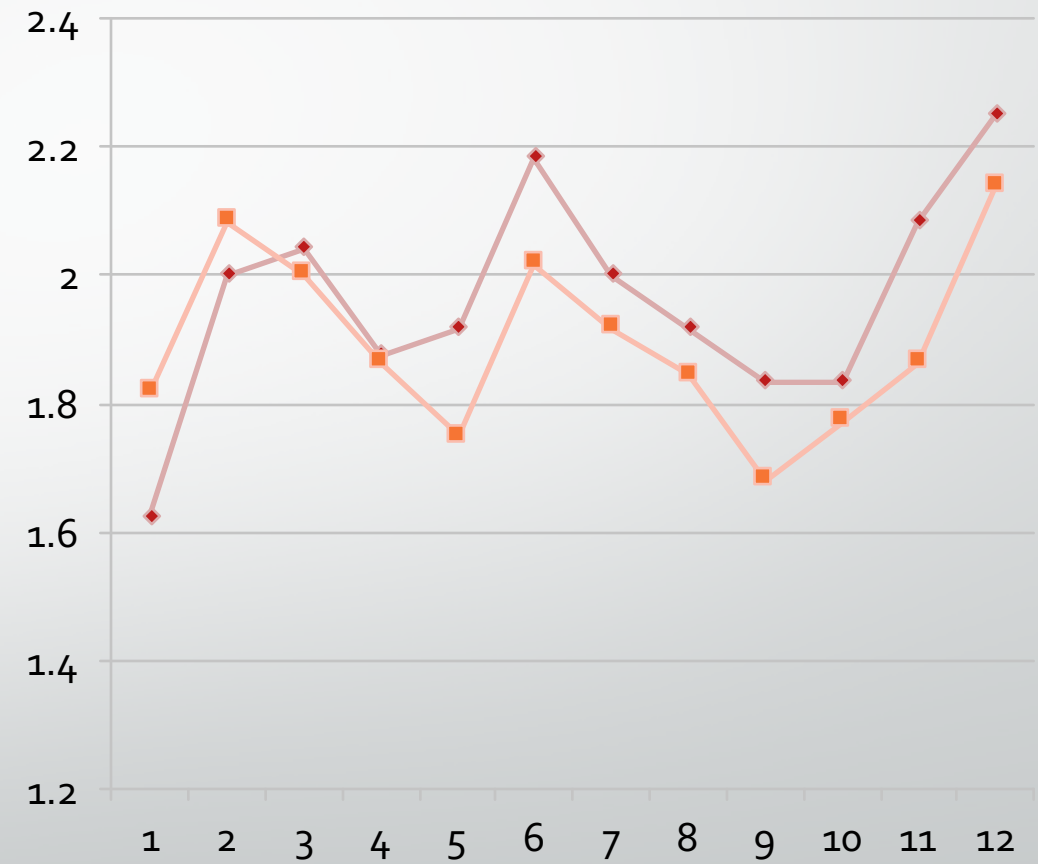
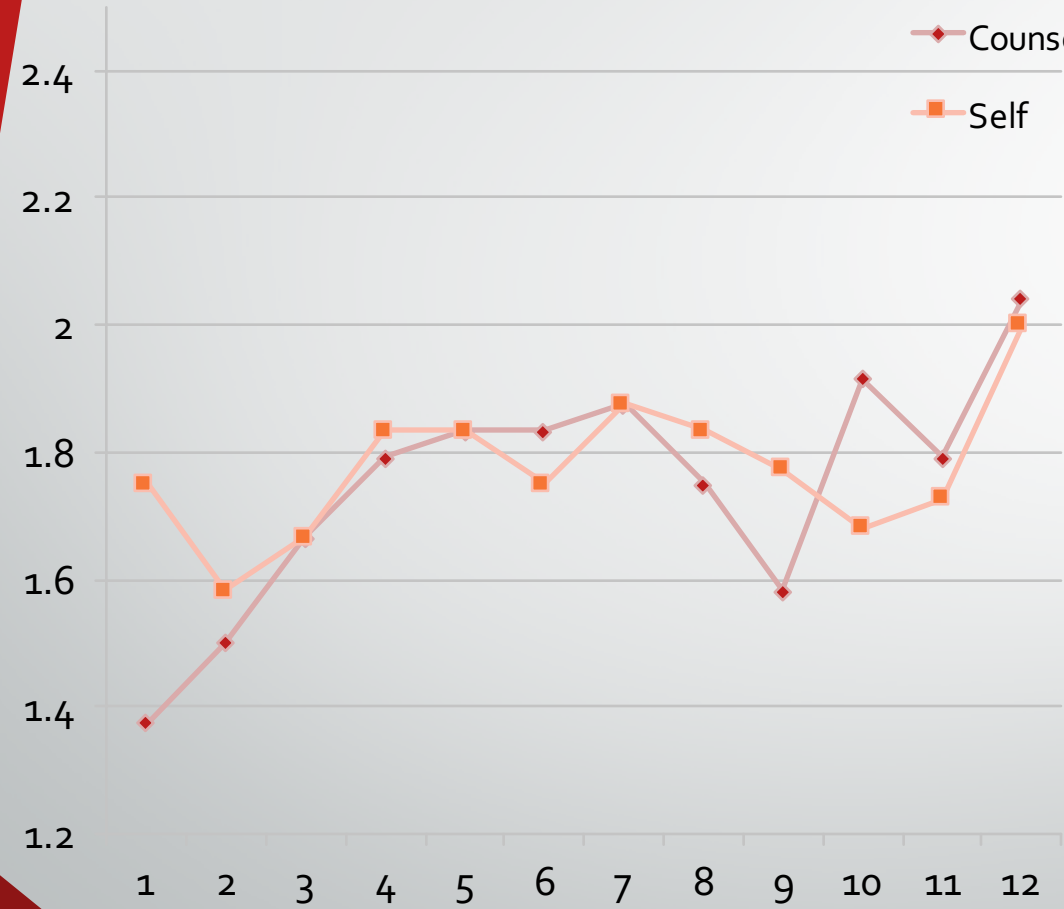
Twelve Adolescents at Juvenile Detention Facility (Bunford & Evans, 2016)

Self and Counselor Feedback over 12 Sessions

Scale ranges from -3 to +3

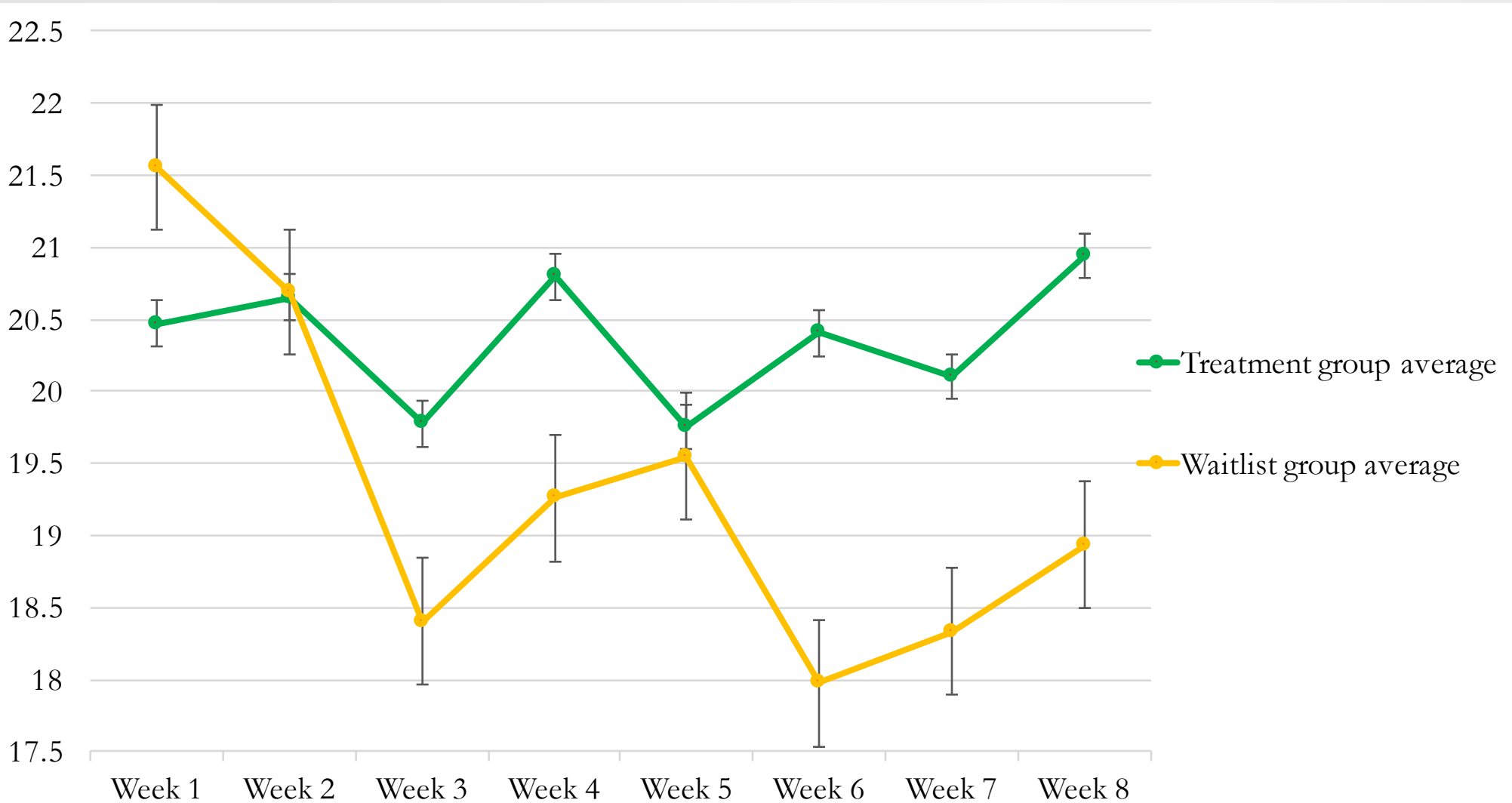
● First feedback

● Second feedback

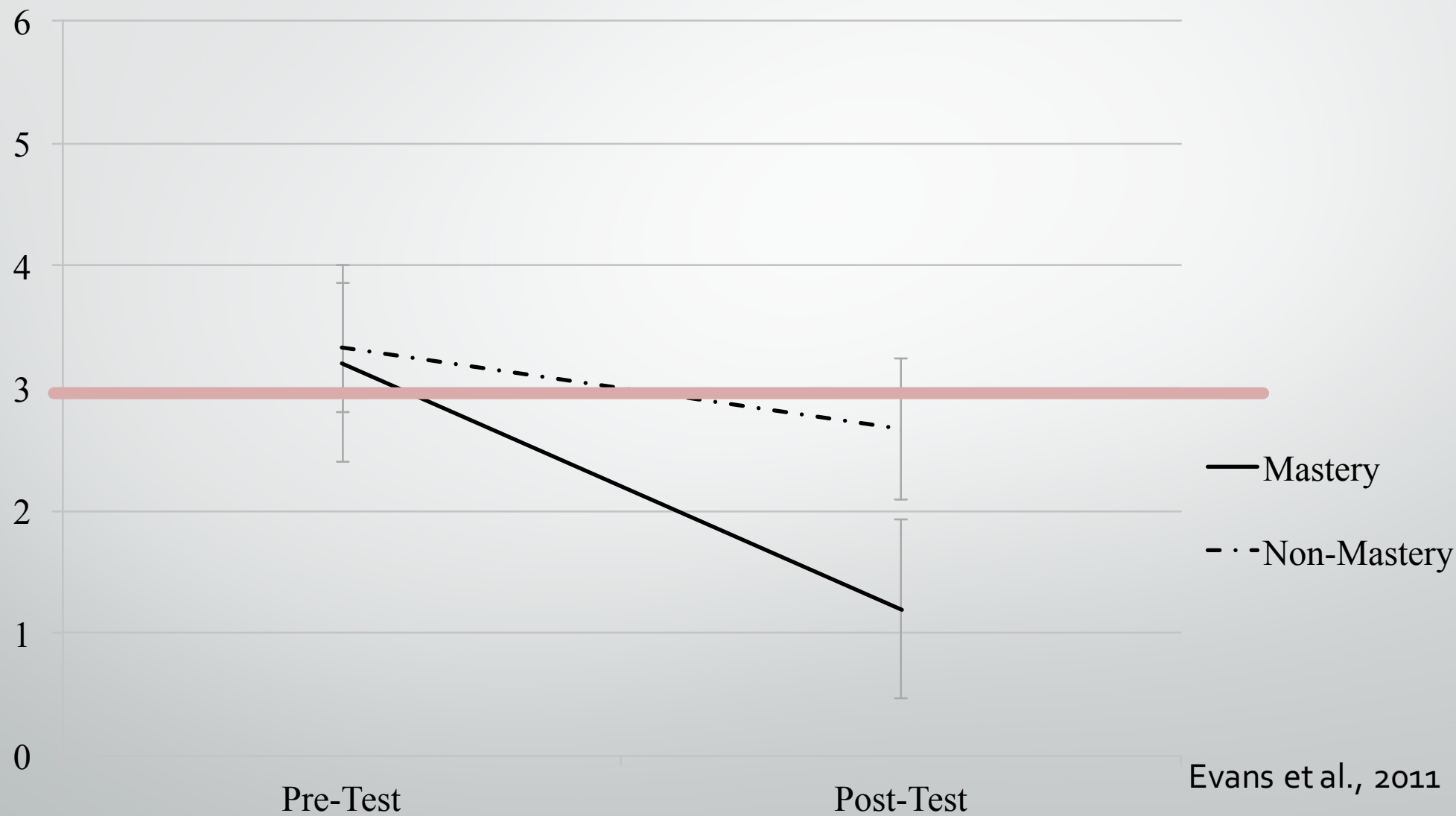


Twelve Adolescents at Juvenile Detention Facility (Bunford & Evans, 2016)

Behavior Points Over Time in Juvenile Detention Facility



Parent Rated Social Impairment on IRS as a Function of Mastery of Ideal Self Goals



Evans et al., 2011

Studying For Tests and Quizzes

- Why do students with ADHD do poorly?
 - Passive approach
 - Read/Stare/Listen at a surface level
 - Do not adjust strategies in response to clues regarding importance
 - As a result, interventions should require active engagement and “thinking”
 - Flash cards
 - Note taking
 - Summarizing

Flash Cards

- Identify document with content relevant to test
- How can one determine what is “likely to be on the test”?
 - Bolded words
 - Details
 - Names of people, events and items
 - Dates
- Create flashcards
 - Fact on one side
 - **Brief** information on back
- Practice
 - Answer all correctly within a time limit
 - Self quiz

Note Taking

- Record important information
- Format
 - Main Ideas
 - Detail
 - Detail
- Class presentations/lectures
 - Integrate instruction into content area
 - Middle school students with ADHD mastered in two weeks with instruction one period per day in American History class
- Textbooks
 - Read paragraph
 - Discuss
 - Record

Evans, Pelham & Grudberg, 1995

Note Taking Study

- American History class in Summer Treatment Program
 - Taught students to take notes in first 3 weeks
 - Conducted study in remaining 5 weeks
 - 14 participants (1 female) with ADHD
 - Two within subject conditions (taking notes, having notes in study hall)
 - Outcomes (on-task, disruptive behavior, assignments scores, quiz scores)
 - Results
 - Taking notes improved on-task behavior
 - Assignments scores and quiz grades lowest in NN condition
 - Assignment scores highest in NY condition??

Evans, Pelham & Grudberg, 1995

Summarizing

- Note taking gets students to think about information while encoding it
 - Main idea/Details
 - What is important/What will be on the test
- Summarizing gets students to think about information after encoding it
- Procedures
 - Student has notes in hand and tells another person the information
 - Parents
 - Teachers
 - Peer tutors
 - Pretend person listening will have to take the test
 - Encourage those listening to ask clarifying questions

Challenging Horizons Program

- Interventions within CHP
 - Organization
 - Interpersonal Skills Group
 - Study Skills
 - Homework Management Plan
- Models for Delivering CHP to students
 - After School Program
 - Mentoring Model
 - Integrated Model

CHP - Mentoring Program

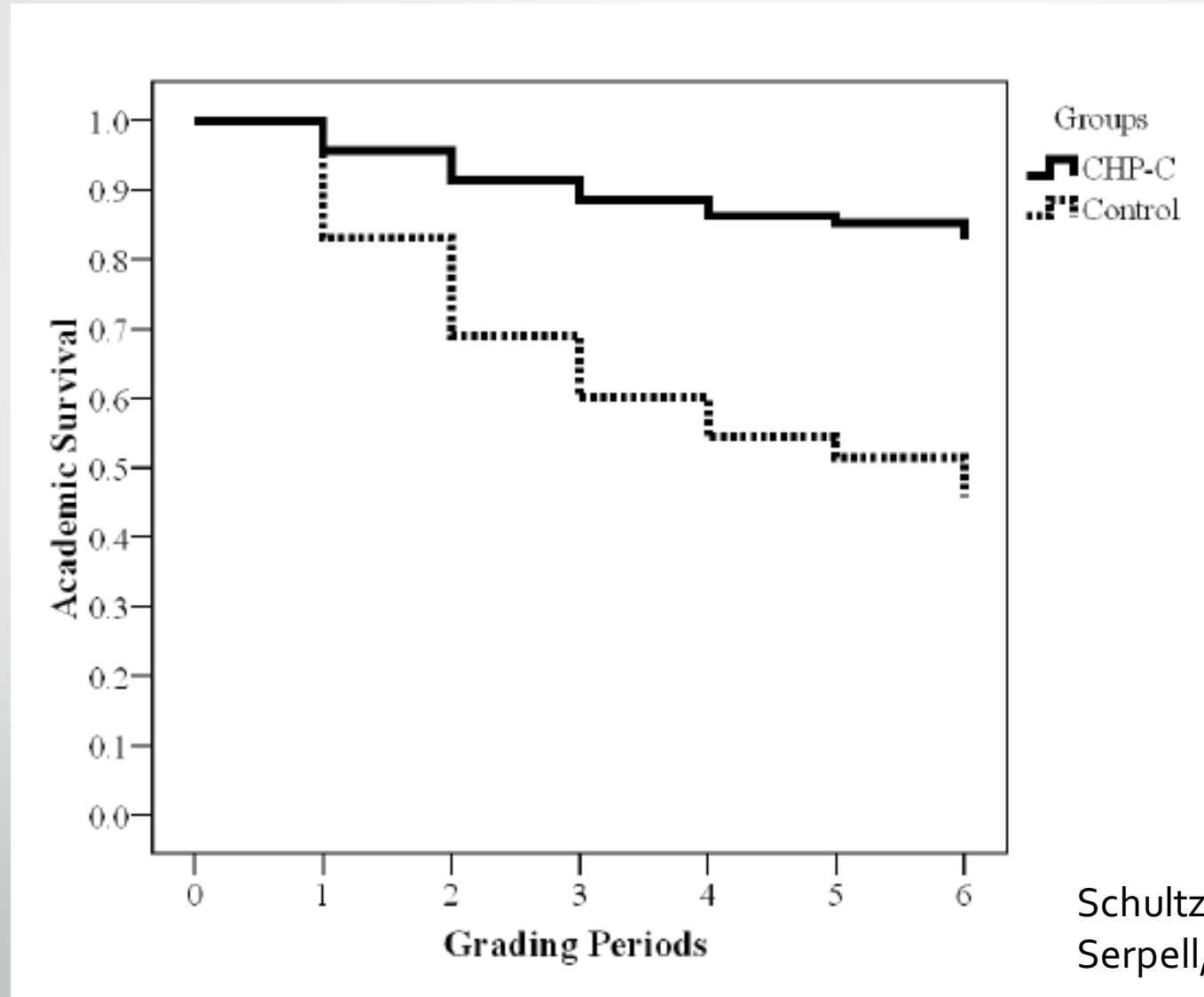
- Series of Studies
 - Coaches/Mentors
 - School employed teachers/coaches/SMHPs
 - Research Staff
 - Measures
 - Rating Scales
 - Grades
 - Questions
 - Duration
 - Dosage

Effect Sizes on Ratings Over Time

Evans, Serpell, Schultz & Pastor, 2007

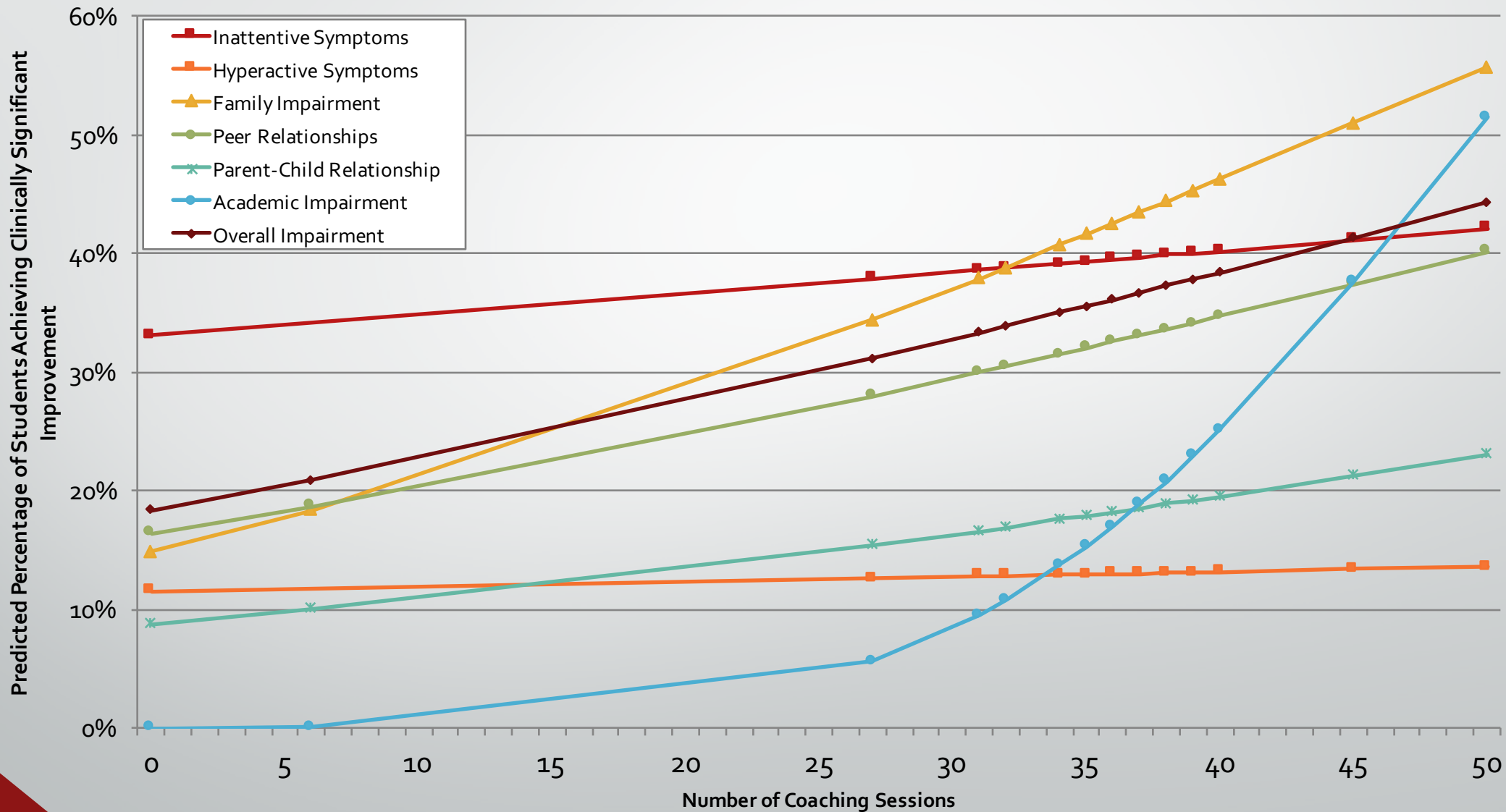
Outcome Measure	Scale	Denominator for Effect Sizes	Days Since Initial Measurement Occasion					
			0	180	360	540	720	900
ADHD Symptoms	BASC - Hyperactivity	10.00	0.53	0.64	0.74	0.84	0.95	1.05
	DBD - Hyperactivity	6.75	0.27	0.35	0.42	0.50	0.57	0.65
	BASC - Inattention	10.00	-0.10	0.07	0.24	0.41	0.59	0.76
	DBD - Inattention	6.05	0.02	0.14	0.26	0.38	0.50	0.62
Social Functioning	IRS	2.15	-0.19	-0.07	0.05	0.17	0.28	0.40
	BASC	10.00	0.20	0.21	0.21	0.22	0.23	0.24
	SSRS	15.00	0.27	0.31	0.36	0.41	0.46	0.51
School Functioning	IRS - Parent	1.92	-0.14	-0.15	-0.15	-0.16	-0.16	-0.17

Effect on Grade Point Average



Mentoring/Coaching Model in High Schools

Evans, Schultz & DeMars, 2014



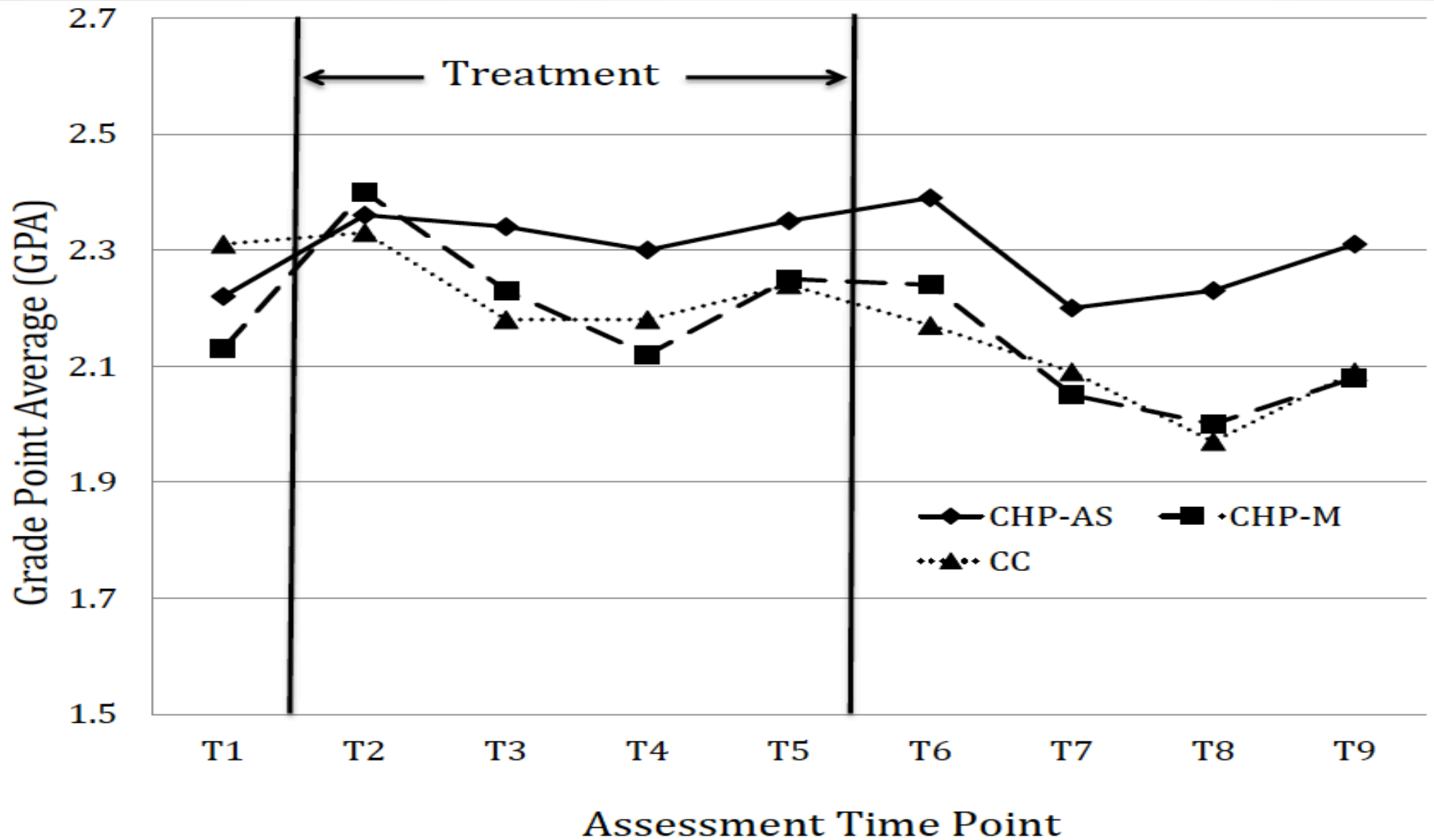
What Did We Learn?

- Low dose interventions over an extended period of time can provide meaningful benefits
 - Evaluating the benefits too soon (after a few months) may be misleading
- Meeting with a mentor or coach one time per week is essential and two times per week much more likely to be beneficial

CHP Middle School Study

- Three Conditions
 - After School Program (ASP); Mentoring & Community Care
- 9 middle schools Lancaster, Athens, Whitehall, Logan, Cincinnati & Kentucky
- 326 students with ADHD
- Research questions
 - **Intent to Treat**: Considering all eligible students offered the opportunity to participate in the program, what are the benefits?
 - **Completers**: Considering all eligible students who attend 80% or more of the sessions, what are the benefits?

GPA Outcomes by Condition – ITT (Evans et al., 2016)



Effect Sizes

- No or meaningless effect $< .20$
- Small effect $> .20$ & $< .50$
- Medium effect $> .50$ & $< .80$
- Large effect $> .80$

Cohen, 1988

Weisz, Donenberg, Han & Weiss,
1995

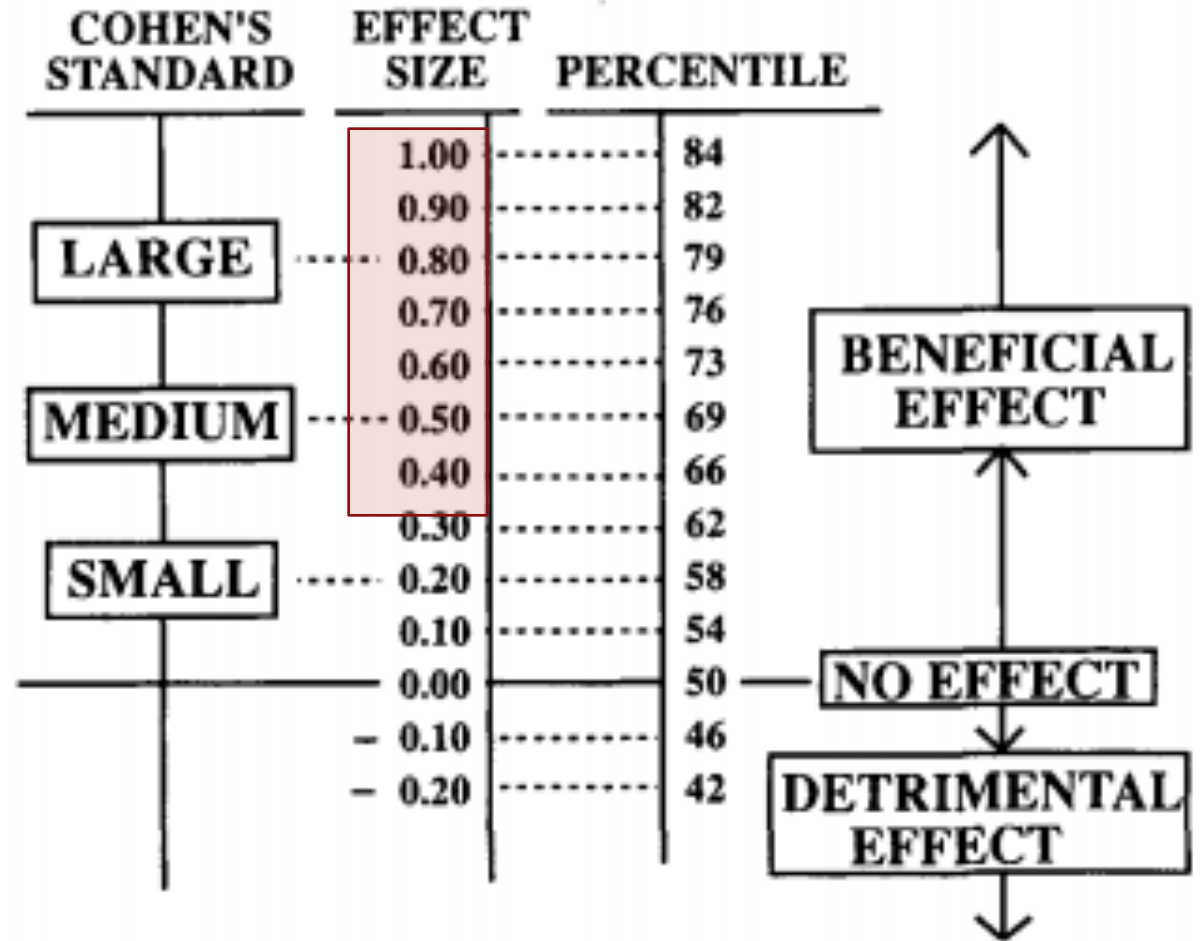


Figure 1. An aid to interpreting effect size (ES) statistics. Each ES value can be thought of as reflecting a corresponding percentile value (i.e., the percentile standing of the average treated child, after treatment, averaging across outcome measures, relative to the untreated group).

Do those who complete do better than entire group at end of year?

Measure/Subscale	End-of-Treatment		Six Month Follow-up [†]	
	ITT	CACE	ITT	CACE
	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>
COSS				
Total	0.39	0.71	0.63	1.15
Memory & Materials	0.36	0.79	0.66	1.13
Organizational Beh	0.47	0.61	0.36	0.79
Task Planning	0.30	0.93	0.58	1.24
DBD				
Inattention	0.45	2.00	0.45	0.99
Hyper/Imp	0.12	0.94	0.35	0.92
HPC				
Factor 1	0.33	1.16	0.76	1.90
Factor 2	0.51	0.86	0.54	1.32

Do those who complete do better than entire group six months later?

Measure/Subscale	End-of-Treatment		Six Month Follow-up [†]	
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Do those who complete do better six months after CHP than at the end of CHP?

Measure/Subscale	End-of-Treatment		Six Month Follow-up [†]	
	ITT	CACE	ITT	CACE
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Grade Point Average

Measure/Subscale	End-of-Treatment		6-month follow-up	
	ITT	CACE	ITT	CACE
	<i>d</i>	<i>d</i>	<i>d</i>	<i>d</i>
Grade Point Average				
Four Core Courses	0.16	0.61	0.25	0.83

Grade Point Average

- Completers
 - **Treatment Year**
 - *Treatment Group* – GPA remained fairly stable at 2.3
 - *Control Group* – GPA started at 2.3, but declined to 1.6
 - **Year After Treatment**
 - *Treatment Group* – GPA started at 2.5 and declined to 2.3
 - *Control Group* – GPA started at 2.2 and declined to 1.4

Findings and Next Steps

- Findings
 - Students in the ASP program benefited significantly more than those receiving mentoring or in the community care condition
 - Attrition was greatest in ASP (approximately 20%; <5% in mentoring)
 - There are feasibility limitations in providing an after-school program for the schools
 - Need intensive services offered within the school day
- Integrated version
 - Replaced small group study hall with CHP
 - Trained school staff to provide CHP interventions
 - Conducted two feasibility pilot studies of integrated model of CHP
- Next step – Evaluate integrated model of CHP

Goal of CHP Interventions

- Most interventions target the adolescent directly
 - Although HMP for families
 - Improves access to services
- Emphasize Training Interventions
 - All interventions involve training new skills
 - HMP has some behavior management
- Consistent with Life Course Model
 - No “accommodations” or reduced expectations
 - In fact, reduced expectations are a barrier to interventions
- What about when accommodations are needed?

Reminder – What is an accommodation?

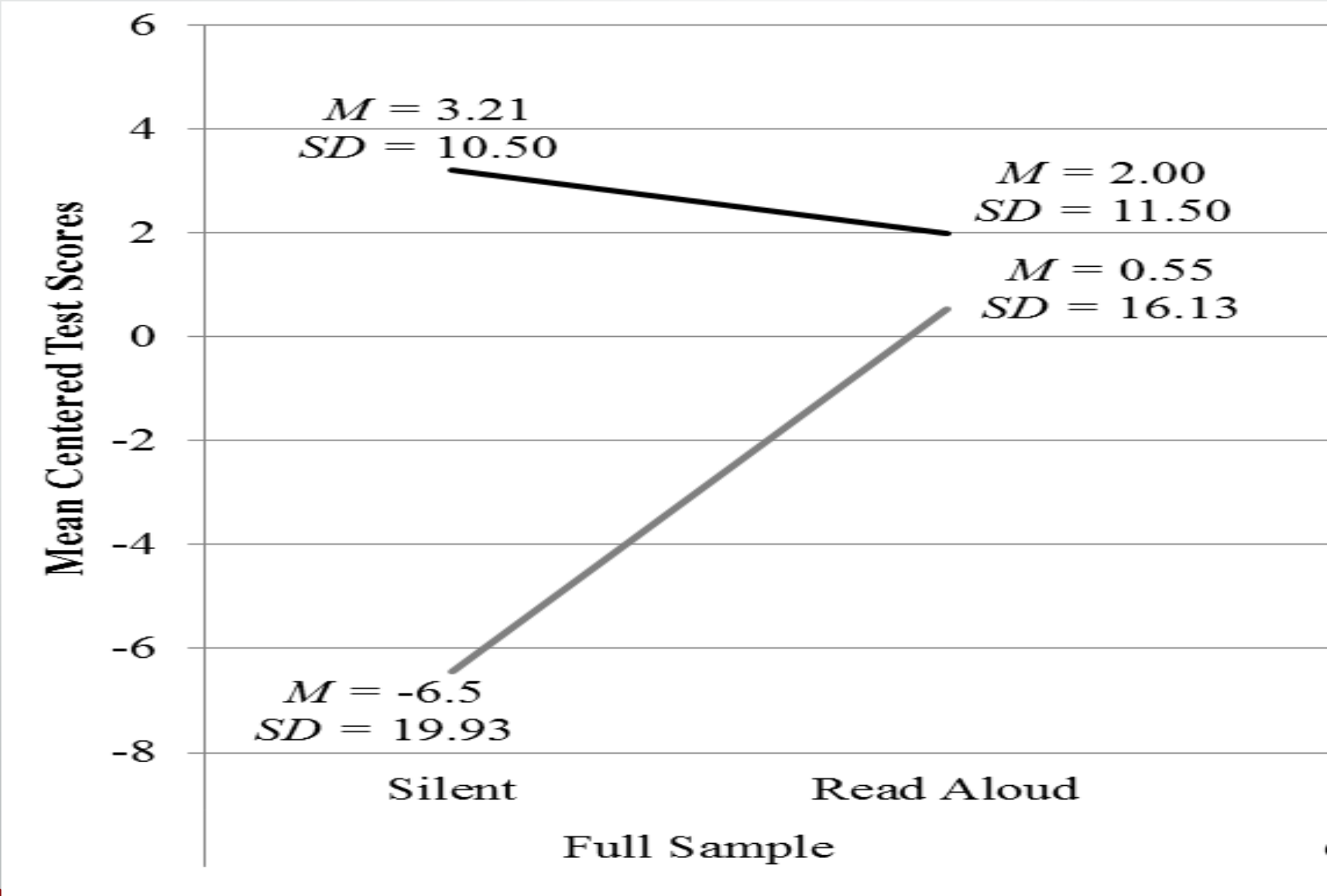
- **Accommodations**: strategy that holds a student to the same standard as peers but provides a *differential boost* (i.e., more benefit to those with a disability than those without) to mediate the impact of the disability on access to the curriculum (i.e., *level the playing field*).
- Most frequently used service for youth with ADHD (Spiel et al., 2014)

Differential Boost Examples

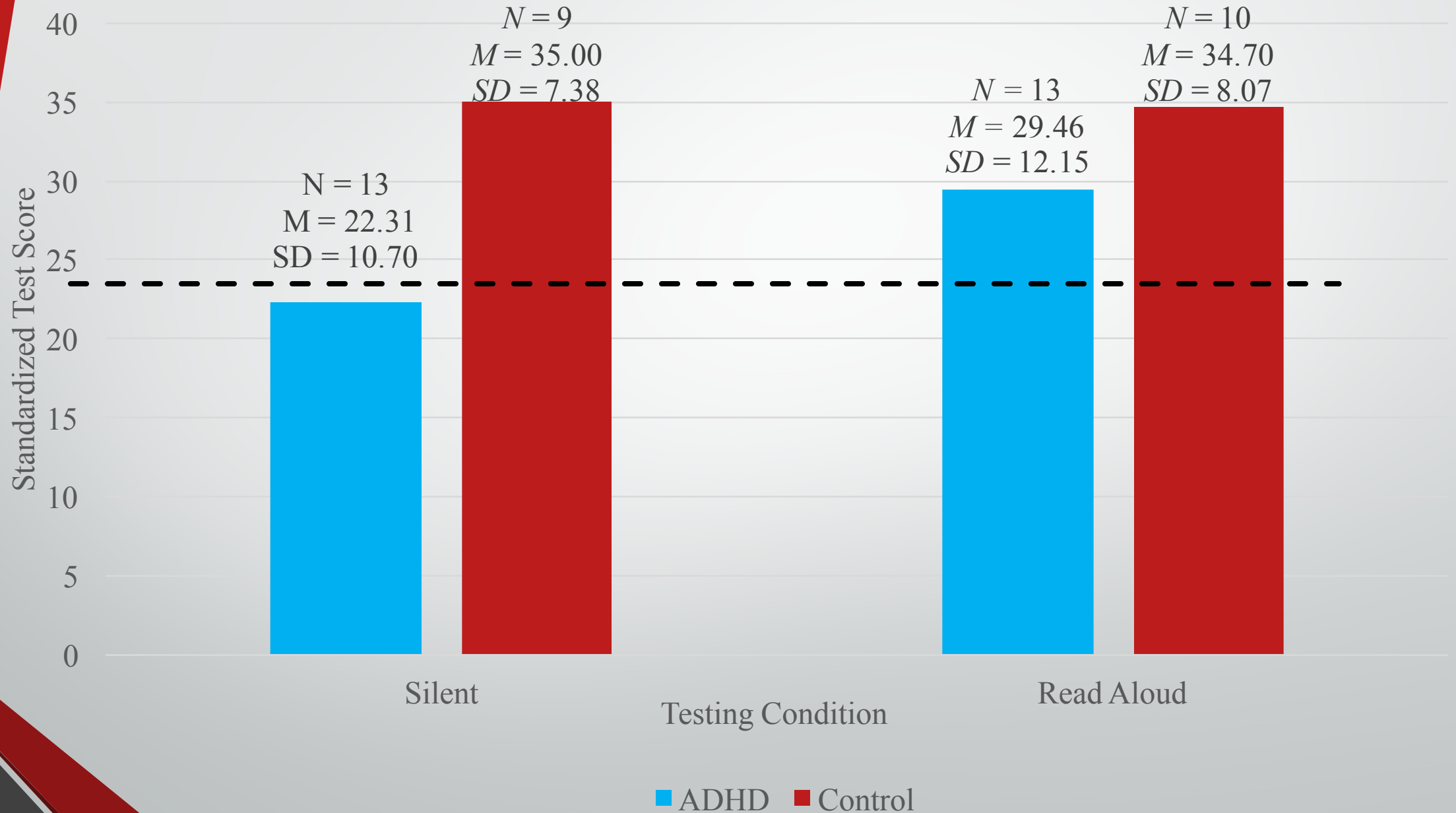
Reading Tests Aloud

- **Procedures:** Read tests or quizzes to students individually or in small groups
- **Theory:** Students with ADHD have problems with attention to detail and sustaining attention so reading the test aloud increases the likelihood that the student will interpret the question correctly and maintain attention over time.

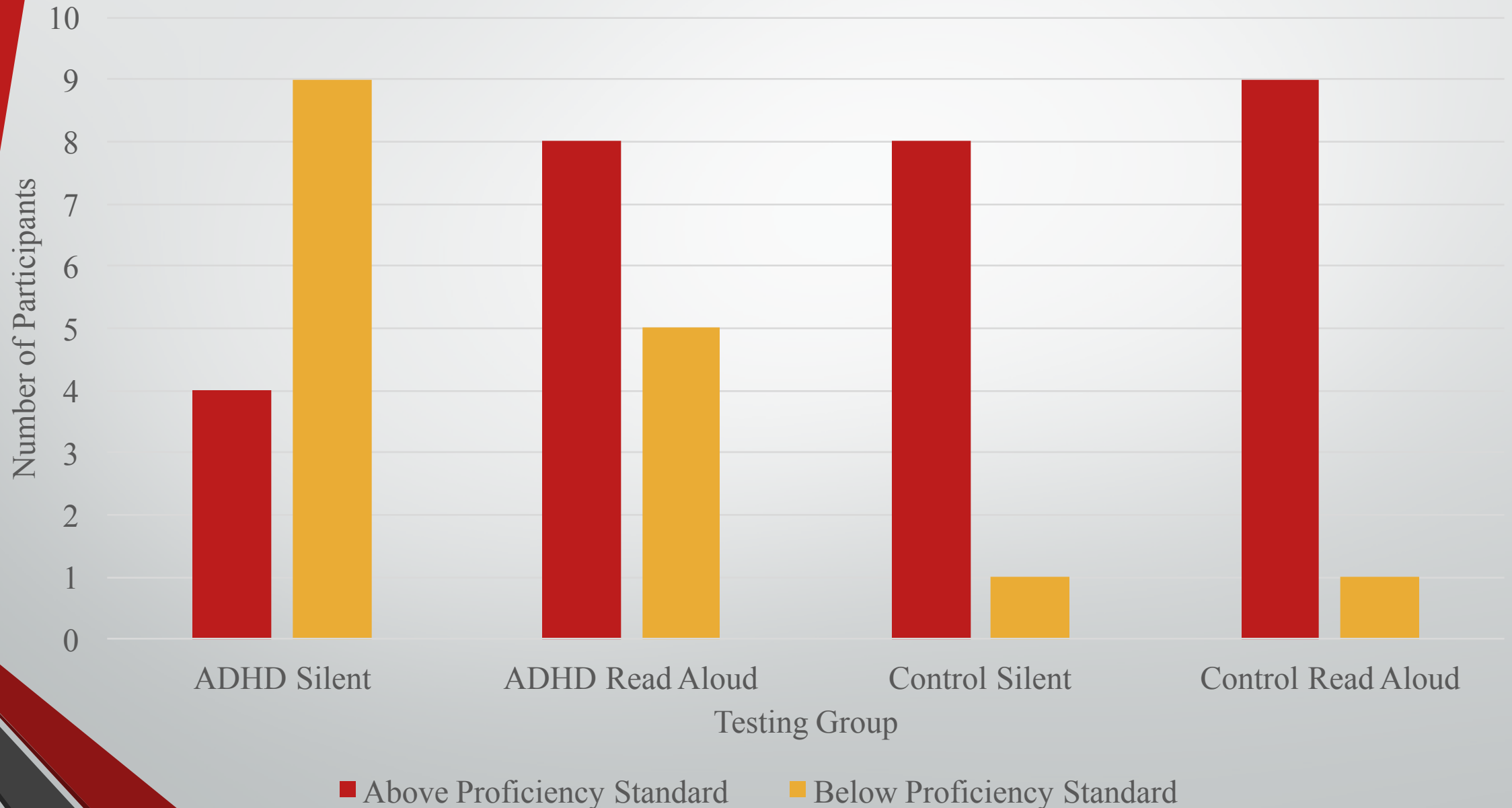
Reading Tests Aloud (Spiel et al., 2016)



Average standardized test score by condition



Participants Who Tested Above or Below Proficiency Standards



Evidence-Based Services for Adolescents with ADHD

- History
 - Summer Treatment Program – Adolescents (1991)
 - Barkley's family treatment studies (1992, 2001)
 - Challenging Horizons Program (1999)
 - Since 2010: HOPS (Langberg), STAND (Sibley), Plan My Life (Van der Oord & Boyer), CASH-AA (Hogue & Evans)
- Common Elements
 - Training Interventions
 - Organization
 - Academic impairment
 - Less success with and focus on social functioning

Implementation

- Training
 - How are SMHPs currently trained?
 - What is needed to increase use of evidence-based practices?
- Support
- Priority

Training of SMHPs

- The vast majority of school and community based mental health are unfamiliar with best practices for screening and preventing substance use (Evans et al., 2013).
- Less than half of directors of graduate school psychology programs reported being experienced with any one of the 17 evidence-based interventions listed in the survey (Shernoff et al., 2003).

Training of SMHPs

- Studies report self-report data
 - “All of us talk to clients about what they think and what they do so everyone does cognitive-behavioral therapy – right?”
 - Are self-report data inflated by not knowing what they don't know?
- Repeat surveys, but ask questions that could help us understand the accuracy of their self-report
 - Participants – 183 SMHPs in high schools across five states
 - Surveyed about familiarity with evidence-based practices

Results of Survey with 140 School Counselors

Technique	Use this intervention	Familiar with it
Cognitive Behavior Therapy for Depression	48.8%	47.1%
Cognitive Behavior Therapy for Anxiety and Worry	54.3%	56.4%

Evans, Cloth, Benson et al., in preparation

Results of Survey with 140 School Counselors

Technique	Use this intervention	Familiar with it
Cognitive Behavior Therapy for Depression	48.8%	47.1%
Cognitive Behavior Therapy for Anxiety and Worry	54.3%	56.4%
Cognitive Restructuring	37.3%	35.1%
Exposure training	9.92%	19.9%
Behavioral Activation	12.9%	16.4%

Conclusions

- Many of the practitioners surveyed who endorsed being familiar with and using a frequently used evidence-based practice, did not know what they did not know.
 - The need for inservice and preservice training are even greater than had previously been reported.
 - Is it possible to change pre-service training to prioritize evidence-based practices?
- School district administrators tell us that there is a lack of training resources other than one-time workshops
 - Should the focus be on in-service training to teach SMHPs evidence-based practices?
- Both?

What aspects of training and consultation contribute to implementation?

- Center for Adolescent Research in Schools (Kern, Evans, Lewis, Weist, Wills & Mehta)
 - Developed set of classroom and SMH interventions for high school students
 - Recruited 54 high schools across five states
 - Nine to eighteen participants per school (students nominated due to serious impairment due to emotional and behavioral problems)
- School staff implemented the interventions over two years
 - Interpersonal Skills Group (ISG) was provided by a SMHP at each school
 - All students were to receive this intervention weekly or bi-weekly
 - CARS staff were to meet weekly with SMHP to help train and support provision of ISG

Outcomes and Predictors of Implementation

- Dependent Variable

- **Attended:** Total number of sessions each student attended (1 group with 5 students = 5)
- **Provided:** Total number of sessions the SMHP held (1 group with any number of students = 1) (M = 18.0)

- School Level Variables

- **FTE Ratio:** Total FTE SMHPs divided by number of students
- **Contact Hours:** Total number of minutes of face-to-face time for CARS consultant and SMHP about ISG (range = 2 to 104 across schools; M = 27.5)
- **Group Leader:** Binary variable indicating if ISG leader was a student trainee or SMHP (10 were students out of 27 intervention schools)

- Student Level Variables

- **Service Use:** Binary variable indicating if student was receiving community based mental health services
- **Severity:** BASC scores on Personal Adjustment, Internalizing and Externalizing

Two Variables Accounted for Approximately 50% of the Variance in Both Measures of Implementation

- **Group Leader Status** – Trainees more likely to implement more groups than SMHPs
- **Contact Hours** – More face-to-face time between CARS consultant and SMHP resulted in more group sessions

Owens, Evans et al., under review

What are the Priorities?

- Asked 140 high school counselors to rate the importance of a list of responsibilities according to:
 - Their priority
 - Their perception of their principals' priority

Rank	Counselor	Principal
	Service	Service
1	Responding to Crisis	Responding to Crisis
2	Meeting with Parents	Meeting with Parents
3	Students Drop-ins	Scheduling classes
4	Career Counseling	Proctoring standardized tests
5	Providing individual MH interventions	Student drop-ins
6	Scheduling Classes	Meetings w/Professionals
7	Meetings w/Professionals	Career Counseling
8	Pre-referral team	Pre-referral team
9	Providing group MH interventions	Providing individual MH interventions



Web page of “Counseling Services” at a large high school

- Picture of five school counselors standing together smiling
- If you are interested in changing your schedule or planning your courses for next year, please come to our offices during the times listed below.
- If you are interested in learning about colleges or other educational and vocational opportunities, please visit our offices to obtain brochures or meet with a counselor about your options.
- If you are experiencing emotional or behavioral problems and wish to receive services, please [click here](#) to download a list of local community resources.

No wonder they are smiling in the picture. They do not do the difficult work.

Principal SMH Management

- System for Principals to manage SMH resources in school
 - Education
 - Goals
 - Delegation
 - Records and accountability

Concluding Thoughts

- Training Interventions
 - Gains takes frequent repetition over extended period of time
 - Interventions may work best when integrated into school day
- When SMHPs learn new approaches, ongoing training and support is key
- When reading or conducting research you should know:
 - The research questions
 - How conducted analyses
 - ITT or Completers????
- How do we make providing services consistent with best practices to students with emotional and behavioral problems?

Remember the 3 Keys to Success

- Tend to your relationships
- Provide best practice interventions
- Take Care of Yourself



For Additional Information

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