

Prevention and Wellness Promotion

The National Association of School Psychologists (NASP) is committed to school-based behavioral and mental health prevention and early intervention services that promote psychological wellness for all children, improve positive child development, and maximize children's success in schools, families, and communities. Optimal preschool and school-based prevention services foster strong and effective caregiving systems in home, school, and community environments. When they are well-designed and well-implemented, school-based prevention programs reinforce students' academic and social success (Greenberg et al., 2003). NASP affirms that school psychological services should include high-quality evidence-based prevention services that minimize disturbance and promote psychological wellness in children.

RATIONALE FOR SCHOOL-BASED PREVENTION

Preventive school-based behavioral and mental health services are essential because 13–20% of school-age children experience a mental disorder in a given year, yet most do not receive adequate mental health supports (Centers for Disease Control and Prevention [CDC], 2013; Costello et al., 2013). Ethnic minority youth who need behavioral and mental health services experience even greater disparities than majority youth despite increased national attention to these inequities (Alegria, Vallas, & Pumariega, 2010). Of school-age children who receive any behavioral and mental health services, 70–80% receive them at school (Atkins et al., 2010). Access to behavioral and mental health treatment is critical, because early signs of student distress are often associated with difficulties in educational, social, and occupational activities during later school years and adulthood. Early intervention and prevention programs, in preschools and schools, support the psychological wellness of children at risk and address early symptoms of maladjustment before students meet diagnostic criteria for a disorder. By reducing incidence rates and moderating the development of psychopathology in children and youth, early preventive interventions can be more effective and less costly than remedial interventions (Kaplan, 2000).

A number of individual characteristics and environmental factors strongly influence the development and severity of students' maladjustment. In particular, children and youth who are exposed to poverty, family violence, parental psychopathology, or community violence are at significantly higher risk for maladjustment. This is in contrast to data showing that children who have access to caring adults, high-quality parenting, and effective community support services are more likely to have some protection against developing a mental illness (Werner, 2013). Therefore, it is critical that schools assess and identify the needs of student populations and tailor prevention efforts accordingly. Preventive school-based behavioral and mental health services can systematically reduce social or emotional disturbance by ameliorating environmental risk factors and providing students with supports that foster social health and psychological wellness (Doll & Yoon, 2010).

Schools are uniquely positioned to lead youth prevention and early intervention programming (Adelman & Taylor, 2010; Dwyer & Van Buren, 2010; NASP, 2008). Schools have daily contact with students and the capability to follow students over time, making broad multiyear prevention programs more feasible and cost-effective to implement across a community's youth population. Furthermore, access to school-based prevention and intervention services reduces common barriers to treatment such as cost, the stigma associated with services in unfamiliar places, transportation to and from intervention sites, and family–work scheduling challenges. Prevention efforts that are coordinated with families and communities are likely to be more effective than stand-alone programs that are disconnected from other social systems (Power, Lavin, Mautone, & Blum, 2010). For these reasons, it is critically important that neighboring school districts and schools collaborate on prevention programming to address shared concerns and risk factors in their adjoining communities when students move across school catchment boundaries. Moreover, school–community partnerships that effectively utilize school-employed behavioral and mental health professionals—including school psychologists, school counselors, and school social workers in collaboration with community-employed partners—can help improve availability and access to prevention and intervention services while ensuring that students with intense needs have access to critical mental health supports. Such partnerships integrate school and community services, improve continuity of interventions and family engagement, and support learning through classroom supports and teacher consultation.

NASP is committed to strengthening the infrastructure for school-based prevention programs. The need for prevention programming far exceeds the current number of programs (Adelman & Taylor, 2010), and too many of the existing programs have narrow objectives around the prevention of drug, tobacco, or alcohol use (Foster et al., 2005). Often, psychosocial prevention programs are marginalized within larger efforts for school improvement of achievement or graduation rates (Adelman & Taylor, 2010; Dwyer & Van Buren, 2010; Walker et al., 2010). Many school prevention programs wait to identify at-risk youth until secondary grades, even though prevention programs are more effective and less costly in the primary grades. Effective school-based prevention programs are those that (Greenberg et al., 2003):

- Teach social and emotional learning skills and provide opportunities for student self-direction, participation, and school or community service.
- Foster respectful, supportive relationships among students, parents, and staff.
- Support positive social and academic behavior through systematic school–family–community approaches.
- Gather ongoing assessment data of student mental health needs and the impact of prevention programs.
- Provide multitiered programs that accommodate various levels of student need.
- Are integrated into the educational curriculum.

MULTITIERED PREVENTION MODELS

NASP supports school-based prevention and wellness promotion that use a multitiered approach to address the needs of all students through varying levels of support. The following model is promoted for preventive interventions:

Tier 1: Universal preventive interventions are provided to the general school population. School-wide prevention programs can help reduce negative behaviors (e.g., substance or alcohol abuse,

bullying, truancy) and simultaneously build student competencies and promote mental health and wellness. Through practices such as positive behavioral interventions and supports (PBIS) and social-emotional learning programs (SEL), schools can provide instruction to all students in social problem-solving strategies and ways to effectively deal with conflict.

Tier 2: Selective interventions target groups of students who do not respond to universal prevention programming and students who demonstrate biological, social, and other risk factors, for behavioral and mental health difficulties. In conjunction with universal prevention programs, selective intervention programs strengthen competence and ameliorate risk in students who are identified as needing additional support. Selective intervention programs include the Head Start and Early Head Start programs, social skills instruction, and counseling support groups for children who have suffered trauma.

Tier 3: Indicated preventive interventions target individuals who have a diagnosed mental illness or those who are displaying signs or symptoms of mental illness. These interventions work to remediate the effects on school functioning. Indicated preventive interventions involve general education individualized interventions or counseling for students whose needs are so severe that they would not be able to benefit from instruction without these accommodations.

THE ROLE OF THE SCHOOL PSYCHOLOGIST

School psychologists are uniquely qualified to design and implement preventive school-based behavioral and mental health services to promote student wellness and provide interventions to students in need of additional support. School psychologists know principles and research related to resilience and risk factors in learning and mental health, and they have the skills to provide services within school settings. Using a multitiered prevention model, school psychologists are able to: (a) recognize risk and protective factors, (b) implement a variety of preventive and responsive intervention methods, (c) identify students who may require more individualized support, (d) access resources, and (e) collaborate with other caregivers in the school and community. Given their expertise in providing and coordinating behavioral and mental health services, school psychologists can also act as resources and consultants for school administrators who make decisions that affect schools' coordinated systems of supports and services.

SUMMARY

NASP believes that prevention and early intervention are essential in promoting student behavioral and mental health, and that schools must provide these services. NASP is committed to strengthening the infrastructure for school-based prevention programs, and it advocates for the use of multitiered prevention and early intervention models that devote school behavioral and mental health services to the needs of all students through increasingly intensive levels of support. School psychologists are trained to play a number of important roles in implementing these programs, including: (a) leading school teams; (b) facilitating the development, delivery, and evaluation of early intervention and prevention programs; and (c) involving other caregivers as partners in early intervention and prevention efforts.

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