



ASCA WEBINAR SERIES



AMERICAN SCHOOL COUNSELOR ASSOCIATION




AMHCA


School Counselors vs. Mental Health Counselors

Jill Cook, Joel E. Miller, H. Gray Otis, Jennifer Kline
3/16/2020

ASCA WEBINAR SERIES



AMERICAN SCHOOL COUNSELOR ASSOCIATION



AMHCA

Presenters:

Joel E. Miller, MS Ed
AMHCA Executive Director & CEO

Gray Otis, PhD, LLCMHC
AMHCA Director of Program Coordination &
Past President

Jill Cook, Assistant Director, ASCA

Jennifer Kline, Ed.S., School Counselor, Festus High School, Festus, MO



Learning outcomes:

After viewing this webinar you should be able to:

- Identify the unique role of school counselors and mental health counselors in addressing students' mental health needs.
- Describe how to address the mental health needs of students appropriately depending on your role and expertise.
- Identify best practices for schools to follow to protect the mental health and safety of all students.





ASCA WEBINAR SERIES



Why School Counselors?

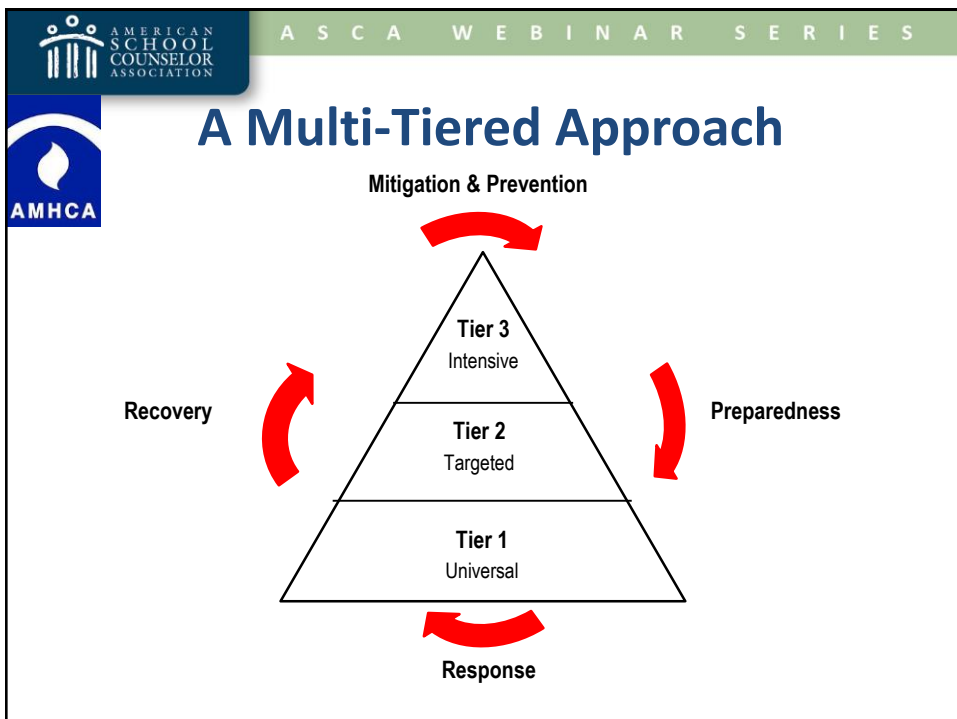


To Build Better Humans



ASCA WEBINAR SERIES







AMERICAN
SCHOOL
COUNSELOR
ASSOCIATION



AMERICAN
SCHOOL
COUNSELOR
ASSOCIATION

R I E S



AMHCA

The School Counselor and Student Mental Health

(Adopted 2009, Revised 2015)

The American School Counselor Association (ASCA) Position

School counselors recognize and respond to the need for mental health and behavioral prevention, early intervention and crisis services that promote psychosocial wellness and development for all students. School counselors are prepared to address barriers and to assess ways to maximize students' success in schools, communities and their family structure by offering education, prevention, and crisis and short-term intervention until the student is connected with available community resources.

The Rationale


Students' unmet mental health needs can be a significant obstacle to student academic, career and social/emotional development and even compromise school safety. Schools are often one of the first places where mental health crises and needs of students are recognized and initially addressed (Fronschle & Meyers, 2004). Most students in need do not receive adequate mental health supports (Centers for Disease Control and Prevention [CDC], 2013). Research indicates 20 percent of students are in need of mental health services, yet only one out of five of these students receive the necessary services (Kaffenberger & Seligman, 2007).

Furthermore, students of color and those from families with low income are at greater risk for mental health needs but are even less likely to receive the appropriate services (Pamgas, 2005; Vera, Babin, & Shin, 2006) despite increased national attention to these inequities (Alegria, Vallas, & Pumariega, 2010). Of school-age children who receive any behavioral and mental health services, 70 percent–80 percent receive them at school (Atkins et al., 2010). Preventive school-based mental health and behavioral services are essential. Without planned intervention for students exhibiting early-warning signs (difficulties in educational, social and career development during later school years and adulthood can result. The ASCA Mindsets & Behaviors (ASCA 2014) identify and prioritize the specific attitudes, knowledge and skills students should be able to demonstrate as a result of a school counseling program. School counselors use the standards to assess student growth and development, guide the development of strategies and activities and create a program that helps students achieve their highest potential. This includes offering education, prevention and short-term intervention services designed to promote positive mental health and to remove any barriers.

The School Counselor's Role

School counselors focus their efforts on designing and implementing school counseling programs that promote academic, career and social/emotional success for all students. School counselors acknowledge they may be the only counseling professional available to students and their families. While implementing a program school counselors:

- Deliver the school counseling curriculum that proactively enhances awareness of mental health, promotes positive, healthy behaviors, and seeks to remove the stigma associated with mental health issues
- Provide responsive services including internal and external referral procedures, short-term counseling or crisis intervention focused on mental health or situational (e.g. grief, difficult transitions) concerns with the intent of helping the student return to the classroom and removing barriers to learning
- Recognize warning signs: changes in school performance (changes in grades, attendance), mood changes, complaining of illness before school, increased disciplinary problems at school, experiencing problems at home or family situation (stress, trauma, divorce, substance abuse, exposure to poverty conditions domestic violence), communication from teachers about problems at school, and dealing with existing mental health concerns
- Provide school-based prevention and universal interventions and targeted interventions for students with mental health and behavioral health concerns
- Provide students with individual planning addressing their academic, career and social/emotional (including mental health) needs
- Educate teachers, administrators, parents/guardians, and community stakeholders about the mental health concerns of students, including recognition of the role environmental factors have in causing or exacerbating mental health issues and provide resources and information
- Advocate, collaborate and coordinate with school and community stakeholders to ensure that students and their families have access to mental health services



AMERICAN
SCHOOL
COUNSELOR
ASSOCIATION

ASCA WEBINAR SERIES

Specialized Instructional Support Personnel

| School Counselors | School Psychologists | School Social Workers |
|---|--|---|
| Specialized knowledge of curriculum and instruction | Ability to administer, analyze and interpret psychological and psycho-educational assessments. | Understanding of school, family and community systems |
| Design and implement comprehensive programs to help all students build fundamental academic and social/emotional skills | Select and implement appropriate, evidence-based specialized interventions | Link students and families with appropriate community services |
| Prepare all students for successful transitions from school to post-secondary | Promote success for targeted students with particular needs | Facilitate services for targeted students with particular needs |



The Continuum of Care

| All School-Employed Mental Health Professionals | | Most School-Employed Mental Health Professionals | Some School-Employed Mental Health Professionals | |
|---|---|--|---|---|
| School-Based Prevention & Universal Interventions | Identification of Students with Mental Health & Behavioral Concerns | Targeted School-based Interventions with Community Support | Intensive School-based Interventions with Community Support | Intensive Community-based Interventions with School Support |
| All Students | | At-Risk Students | Students with Severe/Chronic Problems | |



Practices in Mental Health Support



Mental Health Referral

- Referral for mental health services
- Identify resources in community
- Building connections and partnerships
- Locate resource boards (if available)



Collaboration & Consultation

- Release from parents to talk to health care providers
- Reinforce coping skills & treatment goals
- Transition plan back into the school



Student First Mindset

- Keep the focus on the students needs
- Continue the connection beyond the therapy session...generalized into the environment



Barriers



Access

- Limited number of providers
- Transportation to services
- Timeliness of appointments and openings
- Location of services



Ideal Timing of Care

- Time of day of care – missing school
- In school services are not always appropriate
- Consistency of receiving services
- Students resist services due to fear of academic failure or inability to participate in extracurriculars



Financial

- Inpatient is expensive
- Hospitalization is expensive
- Lack of health insurance
- Some services require so much parental involvement that they are at risk of losing their jobs



Joel E. Miller, MS. Ed.
AMHCA Executive Director & CEO



Who is AMHCA?

- Founded in 1976
- Only professional association working exclusively for clinical mental health counselors.
- **1998** – The first AMHCA Code of Ethics and Standards for the Practice of Clinical Mental Health Counseling were adopted.
- **2012** – AMHCA launched advanced practice credentials (Diplomate and Clinical Mental Health Specialist).



AMHCA's Vision

*"To position clinical mental health counsellors
to meet the health care needs of those we serve
while advancing the profession."*


AMERICAN SCHOOL COUNSELOR ASSOCIATION

A S C A
W E B I N A R
S E R I E S



AMHCA

Our Mission


To advance the profession of clinical mental health counselling by setting the standard for:


CAREE

- Collaboration
- Advocacy
- Research
- Ethical Practice
- Education, Training, and Professional Development



AMERICAN SCHOOL COUNSELOR ASSOCIATION

A S C A
W E B I N A R
S E R I E S


AMHCA


Licensed Clinical Mental Health Counselors (LCMHCs)

- Licensed in all 50 states to assess, diagnose, and treat mental, emotional, and behavioural disorders
- Various state license titles (e.g. LCMHC, LMHC, LPC, LCPC)
- 60 credit hour master's degree
- Typically complete post-graduate 3000 hours of supervised practice
- Holistic Focus on total health wellness and development across the lifespan that considers biological, psychological, and social factors
- Employed in various settings across the continuum of care, including health promotion, addiction recovery services, crisis services, telehealth, etc.




AMERICAN
SCHOOL
COUNSELOR
ASSOCIATION


A S C A W E B I N A R S E R I E S



AMHCA


140,000 Mental Health Counselors Around the Country





AMERICAN
SCHOOL
COUNSELOR
ASSOCIATION

A S C A W E B I N A R S E R I E S





AMHCA

140,000 Mental Health Counselors Around the Country



| Field | Percentage |
|---|------------|
| Counselors | 37% |
| Social Workers | 29% |
| Psychologists | 16% |
| Psychiatrists | 9% |
| Marriage and Family Therapists | 7% |
| Other Mental Health Related Professionals | 2% |



Source: Centers for Medicare and Medicaid Services, National Provider Identifier (NPI) Database (2014)

A S C A W E B I N A R S E R I E S

Gray Otis, PhD, LCMHC

AMHCA Director of Program Coordination

A S C A W E B I N A R S E R I E S

From “The ASCA School Counseling Model”

ESSENTIALS OF THE


Clinical Mental Health Counseling Profession



AMHCA Releases Major Publication

Promoting the Clinical Mental Health

Counseling Profession

An inside view of a profession that makes a
unique impact on improving wellness.







A S C A W E B I N A R S E R I E S

Licensed Clinical Mental Health Counselors (LCMHCs)

LCMHCs:

- ☐ Serve as **Primary Mental Healthcare Providers**
- ☐ Offer integrative, cost-effective services for students with Tier 3 concerns
- ☐ Promote wellness and human development through personal empowerment
- ☐ Resolve the complex roots of each individual client's unique struggles
- ☐ Trained to treat their patients in a holistic manner
- ☐ Work in tandem with school counselors, primary care providers, parents, etc.

A S C A W E B I N A R S E R I E S

LCMHC Capabilities

- ☐ Support individuals, couples and families through difficult life experiences,
- ☐ Teach skills and attitudes needed to bring about behavior change.
- ☐ Trained to resolve
 - ☐ Anger management
 - ☐ Depression and anxiety disorders
 - ☐ Suicide ideation
 - ☐ Parenting concerns
 - ☐ Relational problems and sexuality questions
 - ☐ Substance use and compulsive behavioral patterns (e.g. gaming)
- ☐ Uniquely trained to address co-occurring disorders (e.g. trauma and depression)



The Practice of Clinical Mental Health Counseling


- ☐ Use a variety of techniques such as CBT
- ☐ Teach people new ways to solve problems and react to “stressors”
- ☐ Offer group therapy and psychoeducational prevention classes
- ☐ See a variety of clients but often specialize (e.g. adolescent counseling, trauma resolution, behavioral compulsions, etc.)
- ☐ Work in a multidisciplinary care team that may include physicians, psychiatrists, nurse practitioners, psychologists, social workers, case managers, etc.
- ☐ Focus on integrated health and resilience development



Addressing Access Barriers to Behavioral Health Services


LCMHCs Overcome Barriers to Quality Care:

- ☐ Recognize limitations for School Counselors to deal with Tier 3 concerns
- ☐ Provide additional behavioral health resources to students and parents
- ☐ Can monitor medical compliance (prescriptions, lifestyle choices, etc.)
- ☐ Understand resource barriers (e.g., transportation, affordability, etc.)
- ☐ Address the paradox of uniqueness and commonality
- ☐ Decrease stigma through normalization and explanation



AMERICAN
SCHOOL
COUNSELOR
ASSOCIATION

A S C A W E B I N A R S E R I E S




AMHCA

LCMHC Resources for School Counselors

School Districts hire or contract for behavioral health services


LCMHCs Roles:

- ☐ Provide consulting for school counselors
- ☐ Receive referrals from schools to provide Tier 3 student counseling
- ☐ Offer counseling to parents
- ☐ Coordinate with other health care professionals
- ☐ Report back to school counselors without violating confidentiality
- ☐ Offer psychoeducational training for students, school staff, parents, etc.



AMERICAN
SCHOOL
COUNSELOR
ASSOCIATION

A S C A W E B I N A R S E R I E S




AMHCA

Ensuring the Right Counseling Aptitudes


Required mental health counseling specialization skills:

- ☐ Provide consulting for school counselors
- ☐ Rapport in counseling children, adolescents, and parents
- ☐ Trauma informed care and trauma resolution
- ☐ Integrated behavioral health – holistic focus to address:
 - ☐ Cognitive concerns (ADHD, Learning Disabilities, etc.)
 - ☐ Emotional issues (e.g. emotional regulation, self-soothing, etc.)
 - ☐ Relationship challenges (e.g. relational skill building, communications, etc.)
 - ☐ Health factors (e.g. substances, physical activities, physiological disabilities, etc.)
 - ☐ Sexuality (e.g. questions, orientation, gender identify, etc.)
 - ☐ Unknown complications (e.g. dealing with multiple factors impacting behaviors)



AMERICAN
SCHOOL
COUNSELOR
ASSOCIATION


A S C A W E B I N A R S E R I E S



AMHCA


Mental Health Resource Considerations

- ❑ LCMHCs must be trusted and qualified by school officials
- ❑ School counselors should have a referral listing of capable LCMHCs
- ❑ School counselors *and* LCMHCs should have a *combined list* of other resources:
 - ❑ Other mental health specialists (psychiatric nurse practitioners, trauma specialists, etc.)
 - ❑ Medical specialists (e.g. nurse practitioners, medical specialists, physical therapists, etc.)
 - ❑ Other specialists (e.g. occupational therapists, speech therapists, pharmacy techs, etc.)
 - ❑ Trusted law enforcement officials with juvenile rapport
 - ❑ Other? (e.g. sleep specialists, nutritionists, developmental disability specialists, etc.)



AMERICAN
SCHOOL
COUNSELOR
ASSOCIATION

A S C A W E B I N A R S E R I E S



AMHCA

When to Refer Students to LCMHCs

- ❑ Multidimensional concerns (e.g. learning disability and bullying or being bullied)
- ❑ Chronic problems (e.g. student without friends, unresolved anxiety, etc.)
- ❑ Need for medication monitoring (e.g. SSRI suicide ideation, ADHD, sleep, etc.)
- ❑ Trauma or chronic distress (e.g. crime, suicides, problematic sibling, etc.)
- ❑ Life changing transitions (e.g. accident disability, serious illness, divorce, etc.)
- ❑ Any disturbing changes in environment, personality, behaviors, functioning, etc.
- ❑ Other significant impairments to daily functioning




School Counselor – LCMHC Collaboration

- ☐ Present a detailed history – cognitive, emotional, behavioral, family, etc.
- ☐ Provide grade history, assessment results, *Adverse Childhood Experiences (ACEs)*, etc.
- ☐ Offer their insights
- ☐ Ask questions
- ☐ Develop realistic objectives
- ☐ Establish a schedule for the LCMHC to report back
- ☐ Continue to update the LCMHC with new information
- ☐ Stay in touch with the student



LCMHC – School Counselor Collaboration

- ☐ Ensure informed consent of the student and confidentiality agreement - permission
- ☐ Review assessments – cognitive, emotional, behavioral, family, etc.
- ☐ Answer questions about diagnosis and treatment (with student permission)
- ☐ Provide updates on counseling progress
- ☐ Offer psychological insights
- ☐ Present additional new information (with student permission)
- ☐ Discuss referrals to other mental health specialists
- ☐ Discuss referrals to other resource specialists



AMHCA

A S C A W E B I N A R S E R I E S


Mental Health Options

- ☐ Outpatient counseling – usually once a week
- ☐ Intensive outpatient counseling – multiple sessions per week
- ☐ Inpatient counseling – resident programs
 - ☐ Substance use (not substance abuser or an addict)
 - ☐ Self-harm (not a cutter)
 - ☐ Eating disorders
 - ☐ Chronic disruptive behaviors (not a borderline)
- ☐ Distance counseling – technology supported counseling

}

Please - describe behaviors

Labels harm




AMHCA

A S C A W E B I N A R S E R I E S


Student Re-integration to School

- ☐ Collaborate with the *student*, parents, school counselor, teachers
- ☐ Respect the student
- ☐ Develop a plan that the student can understand and assents to
- ☐ Discuss options – change of classrooms, teachers, schools, home schooling, etc.
- ☐ Address the re-integration anxieties
- ☐ Maintain counseling (e.g. after school, weekend, on-line counseling)
- ☐ Conduct periodic reviews School counselor and LCMHC of re-integration
- ☐ School counselor stays in weekly contact with the student



AMERICAN
SCHOOL
COUNSELOR
ASSOCIATION

A S C A W E B I N A R S E R I E S




AMHCA

Prevention


- ❑ Prevention is always better than treatment
- ❑ Use LCMHCs to develop resilient mental health and holistic health programs
- ❑ First – provide training to school officials and teachers
- ❑ Introduce scheduled student programs
- ❑ Tailor programs to specific age groups
- ❑ Have preplanned group options to deal with crisis situations
- ❑ Teach, practice, and exemplify emotional regulation skills

Counteract fear and disconnection with caring and connection



AMERICAN
SCHOOL
COUNSELOR
ASSOCIATION

A S C A W E B I N A R S E R I E S



AMHCA

Thank You for Your Counseling Expertise and Caring

Questions?

Joel Miller, AMHCA Executive Dir. & CEO: 703-548-6002 - www.amhca.org

Gray Otis, AMHCA Dir of Program Coordination: 801-885-8585 - gray_otis@yahoo.com

Jill Cook, ASCA Assistant Director, jcook@schoolcounselor.org

Jennifer Kline, School Counselor, Festus High School, Festus, MO, klinejennifer@festusedu.com