

MASTERING MENTAL HEALTH ASSESSMENTS:

UNDERSTAND THE WHY, WHEN, AND HOW TO EFFECTIVELY SUPPORT STUDENT NEEDS

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LEARNING OBJECTIVES

Navigating the "Why," "When," and "How" of Mental Health Assessments:

- Become familiar with current IDEA practices for mental health assessments
- Identify the circumstances of when a mental health assessment may be necessary/warranted
- Become familiar with the procedural and substantive requirements for mental health assessments
- Become familiar with best practices for mental health assessments and mental health supports

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OVERVIEW: THE "WHY"

- Legal Landscape
- Federal
- State
- Best educational practices
- Identifying all suspected areas of need
- Propose to address all areas of identified need

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LEGAL: THE “WHY”

- Federal
 - IDEA Statute
 - IDEA Regulations
- Corresponding State Regulations
 - Some states may have statutes that provide additional requirements/protections

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LEGAL: THE “WHY”

- Federal
 - IDEA Statute
 - Part A includes:
 - general provisions
 - purpose
 - definitions

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LEGAL: THE “WHY”

- Federal
 - IDEA Statute
 - Part B includes provisions involving grants that assist states with providing:
 - free appropriate public education
 - least restrictive environment
 - children with disabilities ages 3 through 21

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LEGAL: THE "WHY"

- IDEA Regulations
 - Section 300.8(c) defines 13 disability categories:

Specific Learning Disability	Visual Impairment, including Blindness
Other Health Impairment	Deafness
Emotional Disability	Hearing Impairment
Autism	Deaf-blindness
Speech & Language Impairment	Traumatic Brain Injury
Intellectual Disability	Orthopedic Impairment
Multiple Disabilities	

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LEGAL: THE "WHY"

- Federal regulations
 - IDEA Regulations
 - Sections 300.304 and 300.305 define evaluation procedures
 - See 300.304(c)(4) and think about Other Health Impairment and Emotional Disability
 - Section 300.306 defines determination of eligibility for one or more of the 13 disabilities
 - Eligibility criteria must state the needs and if special education and related services are warranted

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BEST EDUCATIONAL PRACTICES: THE "WHY"

Need to assess in all suspected areas of disability
Remember, every IEP team member has a different lens

- School Psych
- SPED Teacher
- Gen Ed Teacher
- Related Services (SLP, OT, PT, APE, VM)
- Parents
- Administrators

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MENTAL HEALTH ASSESSMENT CIRCUMSTANCES: THE "WHEN"

Look at student needs

Identify current level of functioning:

- Academic
- Social Emotional Learning
- Behavior

Determine current levels through:

- RTI/MTSS
- Formal and informal ongoing assessment

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MENTAL HEALTH ASSESSMENT CIRCUMSTANCES: THE "WHEN"

Look at Student Needs

Review past history:

- Previous Interventions
- IST/SST
- Home
- School

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MENTAL HEALTH ASSESSMENT CIRCUMSTANCES: THE "WHEN"

Look at Student Needs

Review Current Levels:

- Evaluations:
 - Identified needs
 - Relative strengths and weaknesses
 - Cognitive and learning profiles
- IEPs:
 - Present levels
 - Goals
 - Special education services, supports, intervention
 - Progress
- 504s:
 - Disability
 - Accommodations
 - Supports

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THE "WHEN": CASE STUDY #1

Determining The "When"

Kay - 15-year-old trans male student in 10th grade

- Moved to the current district during the 2020/2021 school year
- Not previously assessed for special education services
- Experiences body dysmorphia during his monthly menstruation and misses school due to this disorder
- Has received 504 services to address difficulties with attention and emotional regulation
 - Services included classroom accommodations
 - General education counseling services provided for 6 consecutive weeks in a group setting for emotional regulation and coping skills; no progress was observed
- Referred for a psychoeducational evaluation by the 504 committee due to lack of academic progress and emotional regulation concerns
- Missed 46 days during the fall school semester
- Outside neuropsychological assessment that notes that Kay experiences body dysmorphia

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THE "WHEN": CASE STUDY #1

Things to consider:

- Has had one round of general education group counseling for 6 weeks and attended two of the six sessions
- Did not demonstrate a change in behavior following the counseling sessions
- Has a history of trauma, including sexual assault and abuse
- Has previously received outside therapy but is not currently being provided therapy

Q: Would you include a mental health services assessment with the initial evaluation?

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THE "WHEN": CASE STUDY #2

Determining the "When"

Angie - a 10-year-old female student in 4th grade who has attended her current district since kindergarten

- At the end of 3rd grade, mother died in a car accident
- Little brother (8-years-old) in 2nd grade
- Parents were married at the time of mother's death
- Never been assessed for, or in need of, special education or 504 Plan
- Previously performed at or slightly above grade level across academic areas
- Displayed no social-emotional or behavioral concerns
- Described by her teachers as an enthusiastic learner and a very social student
- Has displayed low motivation and has shown little interest in learning or in peers
- Dad reports that after the accident, Angie spent most of her down time in her room
- Recently started playing with little brother
- Just asked to start attending a weekend art class that she had quit after her mother died

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THE "WHEN": CASE STUDY #2

- School initiated the SST process 2 months ago and created an action plan with academic and SEL interventions that included:
 - Classroom accommodations, including extended time to complete assignments
 - Reduced homework
 - Targeted peer support for all academic subjects
 - General education individual counseling services, 30-minute sessions, twice per week that were focused on grief counseling
 - SST process recently concluded
 - Based on the objective and anecdotal data, while she made progress on the academic and SEL goals in her SST action plan, she did not meet any of the goals
 - The SST plans to meet again within the next few days to determine next steps

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THE "WHEN": CASE STUDY #2

Things to consider:

- Has attended all of her counseling sessions throughout the SST process and has begun to develop a relationship with the school counselor
- No history of trauma prior to her mother's death
- Has been attending 60 minutes per week of private individual therapy and 60 minutes per week of private family therapy with her little brother and father
- Therapist has noted that she is beginning to show an improved mood at home and has begun to open up during her individual therapy sessions

Q: Would you propose an initial evaluation and include a mental health assessment as part of the initial evaluation?

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CONDUCTING THE MENTAL HEALTH ASSESSMENT: THE "HOW"

Procedural Requirements:

- Propose an evaluation - 300.301 (initial) or 300.303 (reevaluation)
- Obtain parental consent - 300.300(a) [initial] or 300.300(c) [reevaluation]
- Timelines - 300.301(c)(1)(i) - 60 calendar days (also check your state!)

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CONDUCTING THE MENTAL HEALTH ASSESSMENT: THE "HOW"

Procedural Requirements:

- Propose an evaluation - 300.301 (initial) or 300.303 (reevaluation)
- List all assessments - 300.301(2)(i)
- Notice - 300.304(a) and (ii) and 300.304(b) and (c)
 - Identify areas of assessment - be specific and broad

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CONDUCTING THE MENTAL HEALTH ASSESSMENT: THE "HOW"

- Obtain parental consent
 - 300.300(a) [initial] or 300.300(c) [reevaluation]
 - Consent - different states have different terminology
 - Check each state for specific terminology

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CONDUCTING THE MENTAL HEALTH ASSESSMENT: THE "HOW"

- Timelines:
 - 300.301(c)(1)(i) - 60 calendar days
 - Check your state!
 - Each state may have different timelines

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CONDUCTING THE MENTAL HEALTH ASSESSMENT: THE "HOW"

- Assessment/Evaluation
 - Informal/anecdotal
 - Formal/standardized/norm-referenced
 - Checklists
 - Observations
 - Parent input
 - Teacher input
 - Student input/interview

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CONDUCTING THE MENTAL HEALTH ASSESSMENT: THE "HOW"

Possible Members of the Evaluation Team:

- Educational Specialist/Diagnostician - academic assessment
- Speech and Language Pathologist - speech and communication assessment
- Occupational Therapist - fine motor or sensory concerns
- Physical Therapist - gross motor or adaptive physical education needs

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WRAPPING UP THE MENTAL HEALTH ASSESSMENT: THE "HOW"

Services/Supports/Interventions

- Counseling - individual, group, family
- Behavior interventions/plans
- Social skills
- Consultation
- Gen ed supports (e.g., MTSS, SEL, and behavior supports)
 - Counseling - individual, group, family
 - Individual reinforcement
 - Schoolwide PBIS
 - Classwide PBIS

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WRAPPING UP THE MENTAL HEALTH ASSESSMENT: THE "HOW"

Revisit Case Study #1 - Kay

- Assessment
 - Observations
 - Interviews
 - Rating scales to give
- Intervention/Supports/Services

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WRAPPING UP THE MENTAL HEALTH ASSESSMENT: THE "HOW"

- Observations
 - Structured setting
 - Unstructured setting
 - Social setting/interactions

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WRAPPING UP THE MENTAL HEALTH ASSESSMENT: THE "HOW"

Interviews

- Parents
- Teachers
- Specific concerns
- Structured interview with the student
- Mental health orientation interview with student
- Extensive questions on mood, behavior, and thoughts
- Suicidal risks and self-harm behaviors

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WRAPPING UP THE MENTAL HEALTH ASSESSMENT: THE "HOW"

Rating Scales

- Broad spectrum scale
 - Behavior Assessment System for Children, 3rd Edition (BASC-3)
 - Conners Comprehensive Behavior Rating Scales (Conners CBRS) (assesses several areas related to anxiety, so could be used to collect more information from teachers, as there are not many scales for teachers to report anxiety concerns)
 - Piers-Harris Self-Concept Scale, 3rd Edition (Piers-Harris 3)

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WRAPPING UP THE MENTAL HEALTH ASSESSMENT: THE "HOW"

Rating Scales

- Narrow Band Scales
 - Depression
 - Children's Depression Inventory, 2nd Edition (CDI-2)
 - Beck Depression Inventory, 2nd Edition (BDI-2)
 - Anxiety
 - Multidimensional Anxiety Scale for Children, 2nd Edition (MASC-2)
 - Revised Children's Manifest Anxiety Scale, 2nd Edition (RCMAS-2)
 - Executive Functioning
 - Comprehensive Executive Function Inventory (CEFI)
 - Behavior Rating Inventory of Executive Function, 2nd Edition (BRIEF-2)

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WRAPPING UP THE MENTAL HEALTH ASSESSMENT: THE "HOW"

When determining the need for mental health services, consider:

- Symptoms the student is experiencing
- Frequency symptoms are occurring
- Impact symptoms are having on the student's learning

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Revisit Case Study #1 - Kay

Kay:

- Is experiencing significant mental distress related to body dysmorphia
- Displays behavior that has had a negative impact on attendance and grades
- Participated in counseling/therapy both in a general education setting and with an outside provider
- Reported feeling that individual counseling was helpful
- Exhibits symptoms that are impacting his learning, are occurring frequently, and he would benefit from skill building in a 1:1 setting

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WRAPPING UP THE MENTAL HEALTH ASSESSMENT: THE "HOW"

Kay- Final Thoughts

- Mental health services appear to be appropriate for Kay at this time.
- A school-based mental health provider would be able to target helping Kay develop coping strategies that would keep him attending school when he is experiencing body dysmorphic symptoms.
- Kay appears to exhibit symptoms that are impacting his learning, which would benefit from skill building in a 1:1 setting.
- Broaden to a group setting when skills have been developed in 1:1 setting.

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WRAPPING UP THE MENTAL HEALTH ASSESSMENT: THE "HOW"

Revisit Case Study #2 - Angie

- Interviews
 - Parent
 - Teacher
 - Age-appropriate student interview
- Observations
 - Structured
 - Unstructured
 - Social

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WRAPPING UP THE MENTAL HEALTH ASSESSMENT: THE "HOW"

Rating Scales

- Broad measures
 - BASC-3
 - Conners CBRS
 - Piers-Harris 3
- Depression inventory
 - CDI 2
 - BDI-2

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Revisit Case Study #2 - Angie

Angie:

- Is experiencing acute emotional and mental distress in multiple settings
- Experienced a traumatic event
- Noted impact on academic and social/emotional functioning
- Has had a positive response to school and home interventions and supports
- Has made progress on SST goals

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WRAPPING UP THE MENTAL HEALTH ASSESSMENT: THE "HOW"

Angie- Final Thoughts

- Angie is experiencing acute depression, but does not appear to require special education services
- Section 504 services may be appropriate
 - Concerns have been ongoing for at least 6 months
 - Has made progress on SST goals, but has not met them
- Team could also continue with Tier 2 supports with general education counseling services
 - Individual counseling
 - Grief-related group
- Team discussion on what services are warranted

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THANK YOU



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REFERENCES

Title 34 <https://www.ecfr.gov/current/title-34>

Title 34, Subtitle B, Chapter III <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III>

Title 34, Subtitle B, Chapter III, Part 300 <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300?toc=1>

Title 34, Subtitle B, Chapter III, Part 300, SubPart D <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300/subpart-D>

Protecting Students with Disabilities Frequently Asked Questions About Section 504 and the Education of Children with Disabilities <https://www2.ed.gov/about/offices/list/ocr/504faq.html>

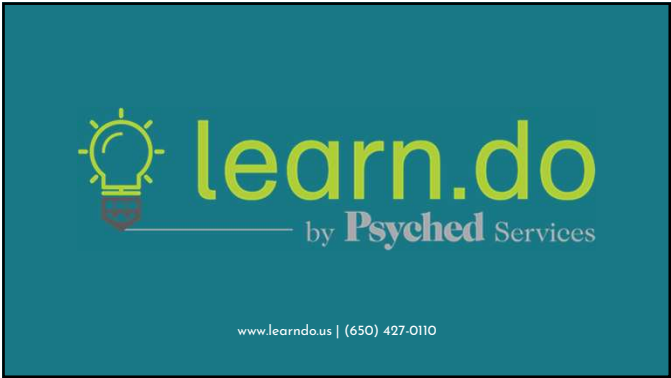
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