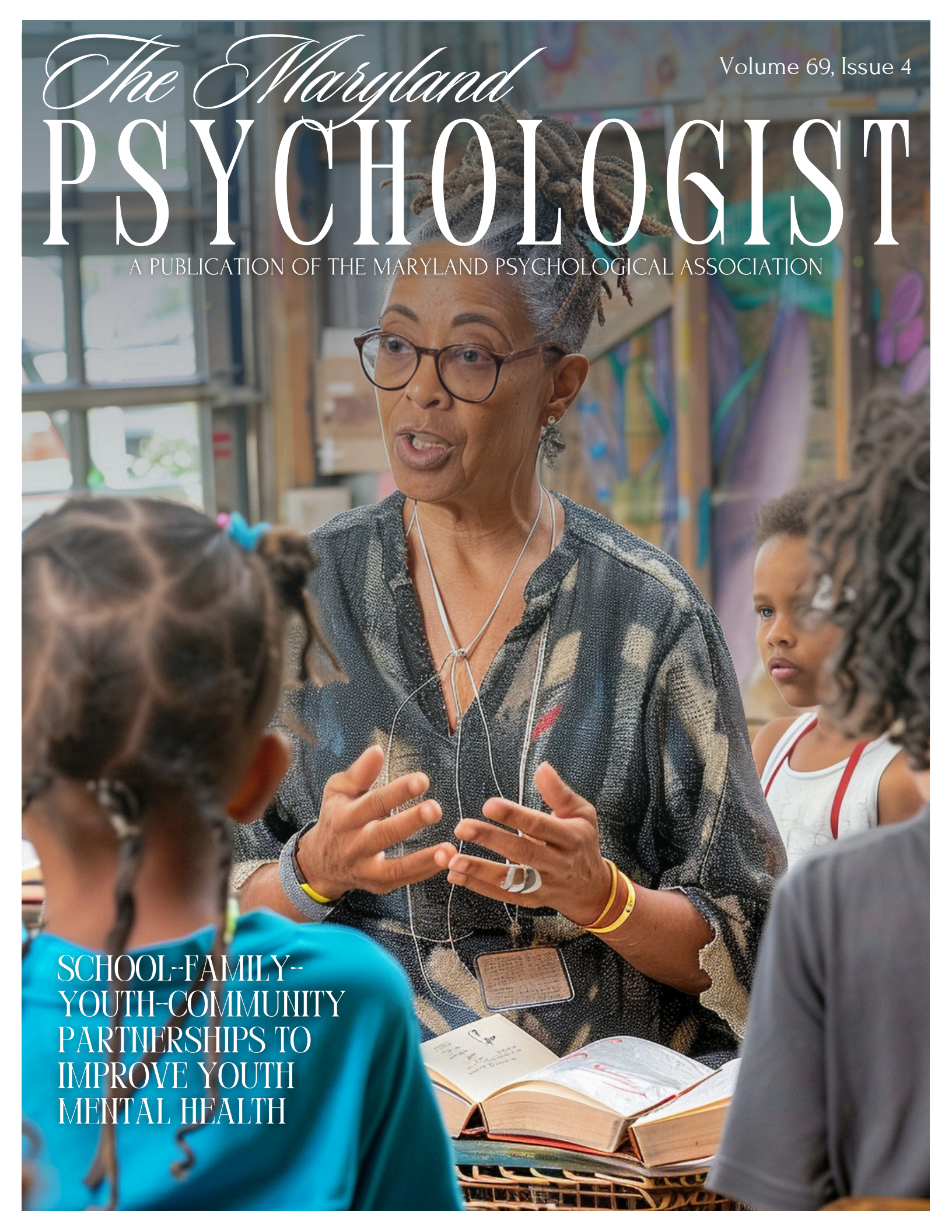


A woman with glasses and a patterned shirt is speaking to a group of children in a classroom. She is gesturing with her hands. In the foreground, the back of a child's head with braids is visible. To the right, another child is looking towards the woman. There are books on a table in front of her. The background shows a classroom setting with colorful decorations.

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SCHOOL-FAMILY-
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CONTENTS

3

Letter from the Editor

Robyn P. Waxman, PhD

6

The Trust

12

Social Influencers of Health and Education: A Missing Element of School Mental Health Practice

By Robin Landes Wallin, DNP, RN, CPNP-PC, NCSN & Wendy Crawford, MA, NCSP, Licensed School Psychologist

23

Comprehensive Professional Development for School Based Mental Health Practitioners: Centering A Public Health Approach with Community Partnerships

By Marlsa A. Parrella, LICSW, LCSW-C & Trent Grant, MSW

34

School Nurses and Health Technicians: Unseen Allies in School-Based Mental Health

By Andrea J Boudreaux, PsyD, MPH, MA, FACHE & Jama'ra C. Washington, DNP, MSN/Ed, BSN

43

A Listening Ear Can Change Everything: Friendship Bench DC and The Power of Community-Based Mental Health Support in Schools

By Alex Garvey BA in English & Cindy Cox-Roman, BS Foreign Service, MA Gerontology

50

A Radical Approach to Alternative Education: Finding Solutions to Address the Needs of Disaffected Learners Marginalized or Excluded from Mainstream Schooling

By David Grant, MA, Kennesha Kelly, Stephen Abebrese, JD, BS, & Katrina Yi, MPH

4

A Note from the Guest Editor

Olga Acosta Price, PhD

7

Youth-Adult Partnerships to Advance Well-being

By Simone Sawyer, PhD, Queen Alike, MPH, & Calder Brown

17

Building Partnerships to Address Grief, Loss and Trauma

By Monique Leopold, MEd, EdS, Patrice Linehan, EdD, Danielle Palmer, PhD, Mariola Rosser, EdD, & Melissa Sellevaag, LICSW

28

Understanding and Supporting Educators: A Systems-Focused Approach to Student and Community Health

By Gracy Obuchowicz & Megan McCormick, PhD

38

Effective Family Youth Engagement to Support Mental Health

By Queen Alike, MPH, Crystal D. Dorn, PsyD, Elizabeth Reddick, Karla Reid-Witt, JD, Simone Sawyer, PhD, & Calder Brown

46

A Model for Taking a Systems-Level, Collaborative, Community-Driven Approach to Youth

By Madeline Weil, MPH, Vinu Ilakkuvan, DrPH, & Olga Acoasta Price, PhD

56

Classifieds



Letter from the *Editor*

Robyn P. Waxman, PhD

I feel like I've come full circle—at the outset of my career, I did a post-doctoral fellowship in school-based mental health, an emerging effort to put mental health clinicians in the schools to improve access to care, particularly in under-resourced communities. Twenty-five years later, I am excited to highlight the progress that is being made! This issue of the TMP looks at ways we, mental health clinicians, can make use of community partnerships to leverage opportunities to meet children where they are (in schools). Since the pandemic, there has been more of a focus on the mental health needs of children; however, few solutions have been proposed that would address this on a wide-scale basis, particularly in communities that face chronic economic, social, and environmental challenges. The Center for Health and Health Care in Schools (CHHCS), housed at the George Washington University Milken Institute School of Public Health, tackles this issue head on. Dr. Olga Acosta Price, director of CHHCS, illuminates how they aim to expand these efforts by linking arms with schools, community organizations, families, and youth. As Dr. Acosta Price explains, CHHCS “has developed, evaluated, and promoted school-connected strategies to improve student health and educational outcomes for over 30 years.” They help scale programs that place clinicians in the schools where children spend the majority of their time. While this seems like an intuitive solution to increasing access, it has yet to become the norm in every school. I am thrilled to share that she and the other contributing authors have provided a roadmap to growing this endeavor through collaborative partnership approaches. They have outlined three critical areas that need to be considered: implementation of best practices,



promotion of mental health training, and advancement of strategies that are successfully putting research into practice. I hope that MPA members will take advantage of the wealth of information that Dr. Acosta Price and her team have shared! When I worked at NIH, we frequently lamented the disconnect between research and practical implementation. Dr. Acosta Price provides a clear and practical blueprint for bridging this gap—demonstrating that it is possible to propose solutions, evaluate their success, and ultimately improve youth mental health outcomes in a manner that is supported by research and takes advantage of partners' numerous assets.



Letter from the

Guest Editor

Olga Acosta Price, PhD



Welcome to the special issue of the Maryland Psychologist: School-Family-Youth-Community Partnerships to Improve Youth Mental Health. The Center for Health and Health Care in Schools (CHHCS), which I direct, is an applied research, translational science, and technical assistance center housed at the George Washington University Milken Institute School of Public Health. CHHCS has developed, evaluated, and promoted school-connected strategies to improve student health and education outcomes for over 30 years. Faculty, staff, and collaborators (including students, families, and K-12 educators) associated with CHHCS have joined forces to shorten the gap between the discovery of scientific evidence and its practical use in our daily lives. Our goal with this special issue is twofold: 1) to share some of the innovative, collaborative projects undertaken by CHHCS leaders and staff, and 2) to inspire Maryland-based psychologists (working as practitioners, researchers, advocates, or educators) to explore relationships with K-12 school leaders and staff across the state to expand your reach and influence toward improvements in youth mental health status.

Expanding our reach is more important now than ever given the notable decline of youth mental health, which has been deemed by experts as a national and global crisis. Access to reliable and timely mental health support has been elusive for millions of young people, especially for those with low-income families, living in under-resourced neighborhoods, or from underrepresented ethnic groups. It is not atypical for children and adolescents who have significant mental health concerns to wait months, if not years, for care even after a diagnosis is received. K-12 schools make available mental health prevention, early intervention, and treatment services to their students and have, therefore, become safety net providers in many communities across the country. Public schools make up the vast majority

of institutions in our education system, providing instruction in foundational content areas, while also supporting the cognitive, behavioral, emotional, social, and physical development of children and adolescents. In Maryland, public school students constitute approximately 890,000 students throughout the state.

Schools have been effective at delivering high-quality mental health support and are incredibly influential not only because they are a place that engages students 7 hours a day, 5 days a week, for 9 months of the year, but due to the '4 other critical Ps': the people, programs, practices and policies that constitute each school setting. Comprehensive school mental health systems are a concept that represents an integrated system of supports to promote positive school climates, scale best practices, advance effective early intervention and deliver short-term clinical treatments, delivered to promote wellbeing and protect against the development of mental illness. In partnership with public agencies, non-profits, and community organizations, schools have supplemented the services they offer to address the broad (and increasingly severe) spectrum of mental health needs experienced by students. It is because of these collaborative partnerships that many youth, families, and communities have been able to persevere, thrive, and achieve to their fullest potential.

The articles in this issue represent a variety of initiatives involving CHHCS that target practices, people, programs and policies to improve youth mental health. All the articles were co-written with community partners and demonstrate how university-school-family-youth-community partnerships yield benefits that exceed what any single system or stakeholder could accomplish alone.



- The first section features three articles about the implementation of best practices to improve how specific members of the school community are prepared to effectively work with youth; one is on advancing strong youth-adult partnerships, one on school staff identifying and addressing the underlying drivers of student stress, and another on utilizing a community of practice approach for school mental health providers to address student trauma and loss.
- The second section focuses on training and technical assistance for key people who help create nurturing environments for students in and out of the classroom; one on a unique fellowship training program for new school behavioral health providers, another on strategies that support educator well-being, and a final article on enhancing the competencies of school nurses through an evidence-based mental health literacy curriculum.
- The next section highlights specific programs constructed to build or expand the capacity of families and caregivers to foster student wellbeing; one article features a parent-designed and led intervention for parents to complement the social and emotional learning curricula delivered to their children, and the other article is on an early intervention program that utilizes elder volunteers from the community (i.e., grandparents) to provide coaching and emotional support to strengthen student problem-solving and goal-setting.
- The last section describes a city-wide collective impact policy and systems approach that convenes organizations, community providers, schools, youth, and families to leverage relevant research, practices, and policies, thus strengthening Washington, D.C.'s comprehensive school behavioral health system.
- Finally, our culminating article features an innovative public school, Kingsman Academy Public Charter School, that exemplifies what is possible when we come together to listen, share, and grow in flexible and responsive ways to the needs of students and their families and engage them as true partners in learning.

Each article in this series outlines implications for psychologists who engage diverse clients and consumers across various settings. I want to thank each partner and co-author for their contributions and willingness to share our lessons learned.

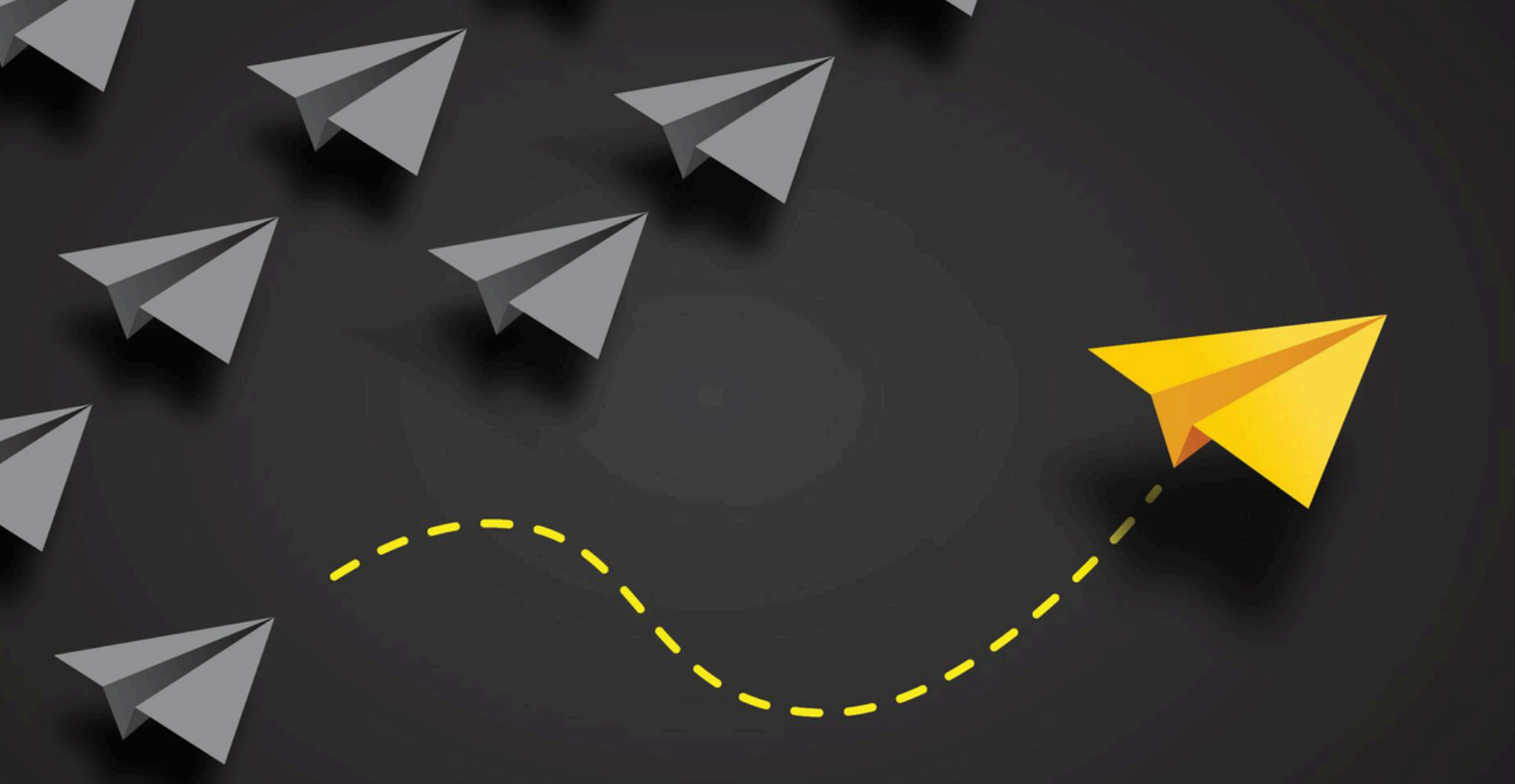
I want to give special thanks and express my sincere appreciation to Bela Mahtabfar, MPH, our communications associate, for her invaluable assistance in compiling, organizing, and editing all the articles in this issue.

Our hope is that these articles will inspire you to seek new opportunities to collaborate with schools, educators, and school mental health providers in ways that are mutually beneficial and catalyze improved youth mental health in your local communities. Together we can advance our goal of creating healthy learning environments where all youth feel seen, heard, supported, capable, and ready to tackle the inevitable challenges that will arise throughout their lives. By investing in meaningful relationships and trust among people and institutions, I am confident there is little we cannot change for the better.

Olga Acosta Price, PhD

AUTHOR BIO:

Dr. Acosta Price is Director of the Center for Health and Health Care in Schools and is professor of the Department of Prevention and Community Health at the George Washington University, Milken Institute School of Public Health, where she has been a faculty member for almost 20 years. Dr. Acosta Price is a clinical psychologist with postdoctoral training in school mental health who, early in her career, served as associate director of the Center for School Mental Health at the University of Maryland, Baltimore. Dr. Acosta Price later became founding director of the School Mental Health Program (SMHP) at the DC Department of Mental Health and launched comprehensive school mental health programs in more than 30 public and public charter schools over six years. Dr. Acosta Price has won numerous awards and recognitions throughout her career including the 2018 Martin C. Ushkow Community Service Award from the American Academy of Pediatrics Council on School Health and was the recipient of the 2021 Juanita Cunningham Evans Memorial Award, the highest honor in her field of school mental health.



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YOUTH-ADULT PARTNERSHIPS TO ADVANCE WELL-BEING

By Simone Sawyer, PhD, Queen Alike, MPH, Calder Brown





Schools are settings that promote positive youth development, connection, learning, and well-being. As students spend a significant portion of their time at school attending class, interacting with peers and adults, and participating in academic and extracurricular activities, schools have been a bridge or pathway for many students to access quality mental health care.

Prior literature indicates that positive relationships with peers and having at least one trusted adult in the school building have a positive impact on students' mental health and well-being (Butler et al., 2022; Lester & Cross, 2015; Oberle et al., 2018). Furthermore, youth who participate in activities that allow them to practice and demonstrate their emerging leadership skills exhibit increased protective factors, including emotional intelligence, positive connections with peers and adults, as well as improved school and community engagement (Curran & Wexler, 2017; Eccles & Roeser, 2015). Increasing opportunities for youth to take part in prosocial activities, especially with caring adults, can yield numerous mutual advantages.

Youth-adult partnerships (YAPs), for example, are structured collaborations where young people and adults share power, responsibility, and decision-making to achieve common goals. The YAP is an adolescent co-led mental health approach that fosters positive youth development, leadership, and social learning (Brosnan & Griner, 2024). They utilize youth voice, leadership, and expertise (Zeldin et al., 2013) to benefit both young people and adults and to transform systems addressing the ongoing youth mental health crisis.

Feeling heard and respected by a community of supportive peers and adults can enhance mental health and foster adolescent identity development. Receiving and giving respect through active listening, public speaking, and collaboration has been shown to improve social-emotional skills, increase student engagement in school, foster peer support, and improve the overall school climate (Payton et al., 2008).

YAPs are often facilitated by community-based organizations (CBOs) or school-based settings that focus on positive youth development. Youth-focused CBOs are considered effective sites for the development of youth-adult partnerships as they are more likely to embrace innovative, creative youth-led strategies than what is often evident in schools, which typically adhere to a hierarchical power structure with adults in charge (Brosnan & Griner, 2024).

The Center for Health and Health Care in Schools (CHHCS) at the George Washington University Milken Institute School of Public Health uses participatory, community-led approaches to advance comprehensive

school behavioral health systems through its multisector, multigenerational YAP workgroup. The group convenes youth-oriented CBOs, their youth leaders, community leaders, and school administrators committed to youth leadership, aiming to reduce the prevalence and impact of the mental health challenges by meaningfully integrating youth leadership, voice, and expertise to shape its programs and initiatives.

The YAP workgroup intentionally amplifies adolescents' contributions about ways to improve mental health support systems by working with its youth-serving CBO partners to select and engage a diverse group of youth leaders. Youth leaders are compensated for their contributions and provided food and transportation to mitigate economic barriers to participation. Collaborating with youth-focused CBOs creates a sustainable pathway to involve youth while also ensuring they are supported through their organizations, where trust and relationships with supportive adults have already been established.

The YAP workgroup focuses on holistic growth and development, with meeting topics centered on valuing diverse perspectives, fostering empathy, and refining communication and problem-solving skills. The YAP workgroup is designed to be a safe space for youth and adults to recognize and prioritize each other's needs and well-being while also sharing responsibility for identifying areas of needed improvement in the youth mental health system. Relationships characterized by mutual respect, trust, open communication, and shared decision-making are the cornerstone of the group, providing emotional support, a sense of belonging, and opportunities for personal growth for all involved. The meaningful bonds that emerge from these interactions require time, mentorship, training, and institutional support.

In March 2025, CHHCS launched another component of its YAP workgroup, known as the Youth Leadership Council, which brought together 11 DC youth leaders and nine adult allies from various local youth organizations. Initial meetings encouraged youth and adults to share their intersectional identities, passions, and personal goals, creating an open space for them to discuss their respective challenges, celebrate successes, and foster a sense of purpose. Youth in CHHCS' youth leadership council set the agenda, co-lead parts of meetings, and consider parent perspectives while also sharing their own experiences as contemplative, developing, and increasingly independent children.

The first CHHCS youth leadership council meeting established that young people and adults had equal power through the co-creation of shared norms, which helped shape the workgroup's culture, establish mutual respect, and introduce accountability. The April 2025



YAP meeting highlighted storytelling as a critical method for youth to share their experiences and expertise, as well as advocate for themselves and others. Discussions acknowledged the courage it takes to share personal experiences, effectively illustrating a youth's perspective on various issues, while highlighting the importance of maintaining one's personal boundaries to prevent emotional vulnerability or exploitation. During this meeting, Kingsman Academy freshman Iyana Haston noted that her self-described "circle of caring" had made her more open to others. She shared how valuable it was to hear different perspectives on an issue, mentioning that when you "keep an open mind, it makes you open up. There are multiple points of view to make you open up."

Another student, Athena Culver, mentioned that the YAP "feels different. [At] any other place, at a different program, [when] we're in a circle and I barely even know anybody, for real for real, I'm not really gonna open up. But here, it makes me feel like I wanna tell y'all everything."

The YAP strives to elevate youth voices and give DC youth a platform to speak about and act on issues that are important to them. De'Nayia Bennett, an adult ally who serves as Youth Engagement Assistant and Americorps member at SchoolTalk (a partner organization), mentioned that "youth are speaking up about things that are important to them," noting the need to "bring youth together to help them understand others are going through the same thing as them." For Bennett, being involved in youth advocacy work as a young person "gave her the opportunity to speak up for [herself] and use [her] voice." It "led to her being a coordinator and down the line help youth now."

Calder Brown, another adult ally who serves as Youth Engagement Assistant and Americorps member at SchoolTalk, shared how "as adults we talk about [issues] a lot in terms of importance and what we can do to solve these different problems, but as the youth who are really experiencing these things, it's a unique opportunity for them to describe their own solutions to the problems that they themselves are experiencing in a way that adults on their own would struggle to do." Brown added that the YAP "provides an environment where youth can grow into their own and find things they're really passionate about and have a support system where adults around them not only support them in terms of their education but also their future goals, ideals, things they really want to do, change, and affect in the world. I think it helps both sides [youth and adults]."

Creating the youth leadership council revealed the need to develop young people's skills to participate effectively in adult-led discussions as well as to build adults' capacity to better engage with youth and foster spaces for youth leadership. Youth in CHHCS' YAP workgroup have learned skills such as public speaking,

collaboration, and negotiation through storytelling, group exercises, and evaluative feedback. Meanwhile, adults have learned skills such as mentorship, coaching, and sharing power.

The five power bases framework operationally defines how adults can share power with youth for effective engagement (French and Raven, 1958). The bases are referent power, expert power, legitimate power, reward power, and coercive power. Referent power is the respect earned through relationship-building and trust. Expert power validates lived experience as expertise, valuing a person's knowledge and specific skills. Legitimate power is holding a title or position that comes with inherent power, such as a principal in a school or a teacher within their classroom. Their title or role sets a precedent for the kinds of decision-making power they have. Reward power is the ability to incentivize, while coercive power is the ability to punish.

Adults sharing power with youth and acknowledging young people's ability to create change are fundamental aspects of the YAP workgroup. Centering youth voices can challenge adult bias and concepts of power. Brown noted that YAPs "provide an opportunity for youth to talk and think about power (their power and other people's power) in a way that is deeper, that's really valuable to them and the adults involved." They noted YAPs are "more of a level playing field where the youth's role isn't just a student, it's a leader and also a learner, and the adults are also leaders and learners."

One way the adults in CHHCS' youth leadership council center youth voice is by encouraging youth to speak authentically with various communication styles. Instead of emphasizing respect by micromanaging language, the adults focus on the spirit of what young people are saying instead of how they're saying it. In addition, the adults remain flexible if a meeting veers off schedule due to the youth taking time to crystallize and vocalize their thoughts. Practicing patience, actively listening, and genuinely sharing thoughts and feelings strengthens these intergenerational relationships.

Building genuine relationships with youth around shared referent power is the most effective and sustainable way to engage young people and sharing expert power can also be effective (French and Raven, 1958). One way CHHCS' youth leadership council has done this is by valuing youth's lived experiences as expertise and garnering their feedback. In a May 2025 meeting, youth assessed various CHHCS school-based pilot projects. The adults in the youth leadership council also share insights about how adult-run institutions operate, thus enabling youth to meaningfully participate in them and advocate for changes that benefit them. In CHHCS's YAP workgroup, sharing legitimate power means ensuring that youth have titles such as "youth leader" and



explaining what decision-making power comes from any role or title they receive.

Moreover, adults honor young people's invaluable participation and expertise by accommodating their schedules and adjusting meetings as necessary. The workgroup has shared reward and coercive power with youth by taking the time to ask and understand how both youth and adults like to be celebrated as well as how they want to be held accountable. Preemptively creating a conflict navigation and resolution process is essential in sharing power. In times of stress, it is easy to resort back to typical hierarchical power structures instead of staying committed to sharing power. However, alternative approaches, such as YAPs, youth collectives, and youth participatory action research, are available to help foster equitable collaboration between youth and adults.

YAP workgroups are characterized by bidirectional learning, humility, and a commitment to growth, which are crucial for developing youth, fostering resilience, and strengthening intergenerational collaboration. As Brown mentioned, the YAP "create[s] a space where youth cannot only learn from adults, the adults can also learn from the youth in a way that can really get to the core of the issues that the youth are experiencing and really care about." Youth-adult partnerships can help transform child psychology practice from expert-driven to collaborative, youth-centered care, yielding improved well-being outcomes, a greater understanding of youth perspectives, and more effective interventions.

YAPs are vital for psychologists, educators, researchers, and practitioners across disciplines because they nurture meaningful youth engagement, encourage power sharing, and position youth as co-creators of knowledge and solutions in the challenges they face. Integrating aspects of YAPs into professional practice not only enhances outcomes but also creates more equitable, responsive, and practical systems of care. Centering youth voice and sharing power enables professionals to create more holistic interventions, policies, and environments that truly reflect the needs and strengths of the young people they serve.

Special thanks to YAP members Athena Culver, De'Nayia Bennett, and Iyana Haston.

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SOCIAL INFLUENCERS OF HEALTH AND EDUCATION: A MISSING ELEMENT OF SCHOOL MENTAL HEALTH PRACTICE

By Robin Landes Wallin, DNP, RN, CPNP-PC, NCSN &
Wendy Crawford, MA, NCSP, Licensed School Psychologist





THE IMPORTANCE OF SOCIAL INFLUENCERS OF HEALTH AND EDUCATION (SIHE)



Psychologists who work with families and children understand the connection between the health and well-being of students and their academic and life success. They also appreciate that environmental, social, economic, and community factors can impact the experiences children have inside and outside of school. Social Influencers of Health and Education (SIHE) refer to the social and environmental factors that affect the growth, development, and well-being of school-aged children, youth, and their families. SIHE is rooted in the social determinants of health (SDOH), which are “the characteristics in a child’s surroundings that affect a wide range of health, functioning, prevalence of risks, and quality of life outcomes” (Center for Health and Health Care in Schools [CHHCS] et al., 2020, p. 1). Examples of SIHE include “housing instability and homelessness, community violence, parental unemployment or underemployment, food insecurity, trauma, and adverse childhood experiences, poor access to services and support, and unsafe or inadequate physical space” (CHHCS et al., 2020, p. 1). Identifying, understanding, and addressing these SIHE are critical to advance equity and to securing lifelong health and well-being for all children and youth.

Public health professionals working with school-aged children understand that social determinants can have a negative impact on academic outcomes (American Public Health Association, 2016). In addition, behavioral and emotional challenges can be caused and exacerbated by SIHE that are not adequately addressed (CHHCS et al., 2020, p.2). Due to the complexities of SIHE, new and innovative approaches are necessary to intervene and prevent negative outcomes for children. School teams need the support and collaboration of other stakeholders, and community mental health providers can be key collaborators with schools to assess concerns and develop interventions that effectively address the root causes of problems rooted in SIHE. The school psychologist also plays a critical role in identifying and addressing school and community factors that limit student achievement and healthy development. The National Association of School Psychologists (NASP) is the primary advocate and resource for school psychologists. It establishes standards of practice, ethics, resources, and professional development for the profession. NASP has repeatedly published materials to support social justice and the well-being of all students. For context, NASP defines social justice in this way:

Social justice is both a process and a goal that requires action. School psychologists work to ensure the protection of the educational rights, opportunities, and well-being of all children, especially those whose voices have been muted, identities obscured or needs ignored. Social justice requires promoting nondiscriminatory practices and the empowerment of families and communities. School psychologists enact social justice through culturally responsive professional practice and advocacy to create schools, communities, and systems that ensure equity and fairness for all children and youth (Adopted by the NASP Board of Directors, April 2017).

INTERVENTION - THE SIHE NEEDS ASSESSMENT PATHWAY

The Center for Health and Health Care in Schools (CHHCS) has developed a toolkit for school and community teams to collaborate on addressing SIHE and improve student outcomes. The SIHE Needs Assessment Pathway provides school health and mental health professionals with a guide for assessing and addressing the SIHE that affect students, their families, and communities. This resource provides guideposts and step-by-step guidance for identifying problems, conducting needs assessments, and taking action to address identified root causes of maladjustment or disruptive behavior. The guide incorporates a public health approach with more traditional clinical practices and encourages collaboration between schools and the community to develop effective solutions that address barriers to student success. “To advance equity in education and health, it is essential to identify SIHE that may be contributing to preventable disparities” (CHHCS et al., 2023). It is critical for schools to partner with community mental health organizations to create interventions that extend beyond the school walls and into the communities where students reside. Figure 1 outlines a diagram of the SIHE Needs Assessment Pathway (CHHCS et al., 2023).

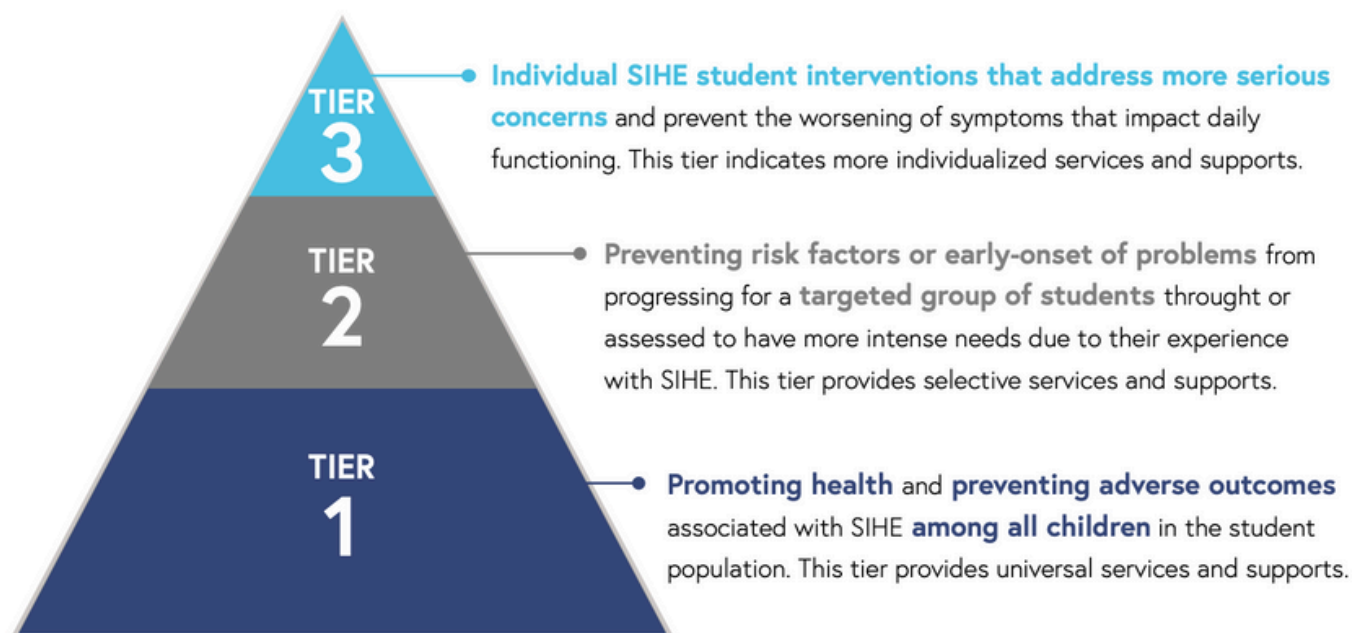
HERE ARE SOME HIGHLIGHTS OF THE CONTENTS OF THE TOOLKIT:

1. The first guidepost on the roadmap is to understand the SIHE and its relationship to health and education.
2. The second guidepost provides the information and resources needed to conduct a needs assessment. Needs assessments help identify specific challenges, plan interventions, and leverage community resources.
 - a. The first step in conducting a needs assessment is to establish a planning committee or work group. Effective teams should include various stakeholders that bring diverse perspectives to the team. Psychologists working in the community can provide the expertise needed by school teams due to the role they play in supporting the mental health of children, youth, and families.
 - b. Step two is to gather evidence needed to help identify both the priority SIHE and the assets available within the community. Evidence can be found from many sources, both inside the educational environment and from local, state, and federal community health data.



Figure 2 - Defining an MTSS for SIHE (CHHCS, 2021, p.2)

Defining an MTSS for SIHE



Most public schools have existing multi-disciplinary teams (MDTs), collaborative leadership teams (CLTs), or student support teams (SSTs) that can implement the SIHE Needs Assessment Pathway. School psychologists can bring leadership, organization, and accountability to the process, working with school administrators to identify members for the Planning Committee or Work Group. They then create the structures for scheduling meetings, assist in setting group norms, store group notes in an accessible electronic location, and develop data analysis formats.

In 2021, NASP issued “School Psychologists: Qualified Health Professionals Providing Child and Adolescent Mental and Behavioral Health Services” (a white paper), which states:

- NASP advocates for coordinated, comprehensive, and culturally responsive school mental health services delivered within a multitiered system to address the mental and behavioral health needs of all students. These services include wellness promotion, prevention, early intervention, and therapeutic support for emerging problems and concerns, as well as intensive therapeutic services for students with the most severe needs. School psychologists are also uniquely trained to bridge the gap that exists between schools and community resources, and they should be key facilitators of communication and collaboration with community agencies and related professionals on behalf of individual students and families. School psychologists whose graduate preparation, credentialing, and continuing professional development qualifies them as providers of child and adolescent mental and behavioral health services and should be involved in the development, delivery, and evaluation of school-based mental and behavioral health services. (NASP, 2021, p. 5).

Psychologists practicing in settings other than schools can be involved in assessing problems and developing interventions that effectively address the causes of the issues rooted in SIHE. Psychologists can contribute to systems change by applying their professional knowledge and skills related to human development, the impact of trauma and other external experiences on human functioning, as well as data related to correlation, causality, and outcome. One approach to getting involved in the local school district to apply these specialized skills is to look for volunteer opportunities. School districts often have advisory groups, parent-teacher organizations, or strategic plan workgroups that may benefit from this expertise. Another approach would be to contact the school division’s central office, which focuses on student mental health services, to connect with leadership there, offer professional learning opportunities to staff, or participate in advisory groups that play a role in setting goals for student well-being. These school district departments are often referred to as “Student Services” or “Psychological Services.”

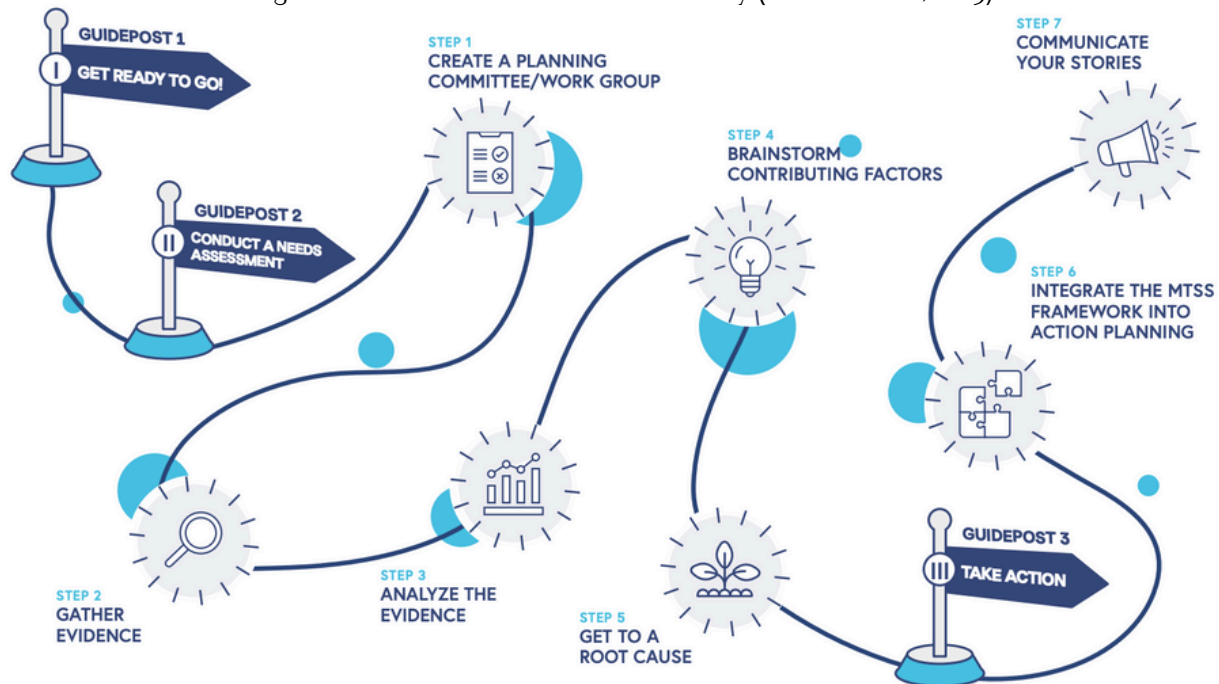


c. Step three is to analyze the evidence to gain a deeper understanding of the data and assess what additional information may be needed. Psychologists can utilize their training in the analysis and interpretation of data to support this essential activity.

d. Step four is to brainstorm contributing factors and root causes of SIHE. The team is an ideal place for nonjudgmental discussion and sharing of ideas to hypothesize what stressors or strengths should be further examined.

e. Step five is to identify the root cause. Root causes have been defined as “the deepest underlying causes of positive or negative outcomes within any process that, if dissolved, would eliminate or substantially reduce the outcome” (CSDE, 2023, p.4). The toolkit guides teams in using root cause analysis tools, such as the “Cause and Effect Diagram” and “Five Whys,” to better understand the contributing factors and root cause(s) of problems (CHHCS et al., 2023). Specific examples of how these tools were used are shared in the resource.

Figure 1 – SIHE Needs Assessment Pathway (CHHCS et al., 2023)



The third guidepost is taking action. After identifying priority causes of student behavior, teams are guided to intervene on the actionable causes that they can address. While not every root cause can be addressed, those that can be changed can significantly influence educational and social outcomes for children and their families. The toolkit also provides teams with resources to share identified problems and evidence-based strategies to impact the problems (CHHCS et al., 2023). One way schools frame interventions to address student challenges is through the Multi-Tiered System of Supports (MTSS) framework, which helps to structure the interventions used. Collaborative teams addressing SIHE can also benefit from adopting this framework. More information on how to utilize the MTSS framework to address SIHE interventions can be found in the brief, Addressing Social Influencers of Health and Education Using a Multi-Tiered System of Supports Framework (CHHCS et al., 2021). Figure 2 visually depicts the MTSS framework and implications for use when addressing common SIHE.

IMPLICATIONS FOR PRACTICE/WHAT PSYCHOLOGISTS NEED TO KNOW

Psychologists are in a unique position to offer their expertise to school teams in addressing problems rooted in social influencers. Psychologists are highly trained to use data to understand the needs of individuals and groups of students, provide evidence-based mental health interventions and assessments, and work in teams to monitor and respond to the needs of children and youth. School psychologists are equipped to lead schools through the needs assessment process and to subsequently identify, help deliver, and monitor the impact of interventions, as well as conduct staff development and parent education on relevant topics.

Psychologists in private practice settings can seek volunteer opportunities within local human services or public health departments. Communities often have advisory groups or boards as well as community crisis response programs, which provide a forum for inter-agency collaboration and can also facilitate opportunities for collaboration with school teams or education leaders. These activities provide a view of how public service systems work together, creating a chance to build relationships that lead to further involvement in systems improvement work. Although it may take some effort to locate and connect with the appropriate people within public schools, psychologists can play critical roles in identifying, creating, or evaluating comprehensive programs to address SIHE and improve outcomes for children and youth.

The SIHE Needs Assessment Pathway provides a valuable guide for collaborative teams to assess and address problems impacting education that affect students and their families and are rooted in social disparities. School Psychologists and psychologists working in other community settings make valuable team members who can enhance the work of school staff and other stakeholders to address many complex and persistent social influencers of health and education. Reach out to your local school district to share this toolkit and find out how you can become involved!



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BUILDING PARTNERSHIPS TO ADDRESS GRIEF, LOSS AND TRAUMA

By Monique Leopold, MEd, EdS, Patrice Linehan, EdD,
Danielle Palmer, PhD, Mariola Rosser, EdD, Melissa Sellevaag, LICSW



Community-based psychologists play a critical role in addressing grief, loss, and trauma in the lives of children and their families. To effectively serve their communities, psychologists must prioritize partnerships and collaborate across schools, families, youth, and local organizations. Such partnerships ensure holistic and sustainable support, aligning with the multifaceted needs of children who have been impacted by adversity. The Community of Practice (CoP) on School Behavioral Health (SBH) in the District of Columbia (D.C.) brings together community and school-based clinicians to share best practices and apply learnings from tailored grief and loss trainings.

WE'RE ON THE SAME TEAM: THE IMPORTANCE OF COMMUNITY-SCHOOL PARTNERSHIPS

At the heart of community-based practice is the understanding that psychologists and school clinicians share a common goal: fostering the well-being of the whole child. This philosophy, rooted in whole child theory, emphasizes that children exist within multiple interdependent systems—home, school, and community. By recognizing and engaging all stakeholders who support children, psychologists contribute to the continuity of care essential for promoting healing and resilience.

Psychologists must recognize and navigate the distinct roles within various systems to effectively coordinate care and treatments. Community-based mental health services often face hurdles in reaching students due to factors such as mental health stigma, a lack of parental awareness about available resources, and logistical challenges like financial constraints and transportation issues. In contrast, schools have direct access to all children, positioning school-based mental health services as a crucial resource for addressing children's mental health needs. Schools provide essential resources, early interventions, and counseling opportunities to support students. However, these services are frequently limited by structural challenges, including a shortage of mental health professionals, which impact the range and depth of support offered within the school environment. Research indicates that school psychologists often face time constraints, making it difficult to practice new skills and integrate them into their daily work, which can lead to burnout and hinder their ability to effectively support students (Schaffer et al., 2023). Furthermore, school-based services may not be adequately equipped to address more complex grief and trauma needs.

To bridge these gaps, collaboration between community psychologists and school-based mental health teams is essential. By working together, they can enhance the continuum of care, leveraging each other's strengths to better support students and families, ensuring a holistic and coordinated approach to mental health.

DC SCHOOL BEHAVIORAL HEALTH COMMUNITY OF PRACTICE (DC COP)

A key approach to fostering this collaboration is through actively participating and engaging in learning opportunities that unite clinicians from diverse settings. This enables a deeper understanding of the unique clinical needs within their settings and the acquisition of strategies required to support those needs across various settings. Communities of Practice (CoPs) are well-known in the education and mental health sectors for supporting learning and practice change efforts. CoPs are defined as groups of individuals who share expertise and passion about a topic and interact regularly to further their learning, build knowledge, and share ideas (Wenger et al., 2002). This article will explore how a CoP can serve as a vital tool for bridging the gap between community-based and school-based mental health services.

Relationship building to facilitate knowledge creation is a critical component of successful CoPs (Wenger-Trayner et al., 2023). According to social learning theorists, learning occurs through interactions among diverse people who collaborate to solve persistent problems of practice (Bandura, 1977; Wenger-Trayner et al., 2023). The CoP approach was selected to enable social learning among school-based mental health clinicians (i.e., psychologists, counselors, and social workers) to increase their capacity and skill level to support students impacted by grief and trauma. The DC School Behavioral Health Community of Practice (DC CoP), facilitated by the Center for Health and Health Care in Schools (CHHCS), brings together school professionals, community leaders, and clinicians to jointly conduct school-based activities and services that promote healthy development and well-being for all students and their families. The DC CoP is a place to learn, solve problems, compile resources, and lean on one another for support. The US Department of Education has recognized the DC CoP strategy as an example of implementing best practices in school behavioral health as part of its report: Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs (p. 67).

PARTNERSHIP APPROACH TO GRIEF, LOSS AND TRAUMA

The importance of addressing grief and loss emerged as an urgent need in D.C. schools in the emotional recovery period post-COVID-19 and continues today due to increased incidents of community violence and suicide. School-based clinicians were experiencing challenges with supporting grieving students due to systemic demands and inadequate professional training on grief. The DC CoP recognized that additional training was needed to address this gap in service delivery.



The Wendt Center for Loss and Healing collaborated with CHHCS to create and conduct a three-part training series designed to increase the capacity and skill level of school-based mental health clinicians to support students impacted by grief and trauma. The goal of the training series was to equip school-based mental health providers with the foundational knowledge and clinical tools to provide on-site support for grieving students while increasing their capacity to re-engage in the educational and learning process. This training also embeds strategies for communicating with and helping teachers and caregivers understand how grief and trauma manifest in behavior and impact engagement in learning.

The first component of the training series provides foundational information on grief through a developmental lens. The training equips mental health providers with the information to understand how children understand and integrate grief, including death-related concepts, across the developmental spectrum and how to communicate with and coach caregivers and teachers on how to support students. The second two components offer specific skills and interventions for use in one-on-one therapy sessions with grieving students. One training focuses on children 12 and under, and the second focuses on teenagers. At the conclusion of these trainings, school-based clinicians can integrate these interventions into their work with students impacted by grief and loss.

After completing the three-part foundation training, school-based mental health clinicians are eligible to attend a 1.5-day grief groups training. Group therapy offers a powerful opportunity for children and teens to connect with other kids their age impacted by grief and create a support network within their school community while also allowing the clinician to have greater reach. The training provides information and opportunities to practice the phase-based intervention model of implementing grief groups. Additionally, clinicians are able to discuss the recruitment of students, the composition of groups, and other administrative barriers and concerns.

The Wendt-CHHCS collaborative approach provides not only opportunities for training but also a deepening of learning through an integration of material in the DC CoP's Trauma-Informed Practices in Schools Practice Group (TIPS PG). The TIPS PG provides the training participants with a supportive environment to practice grief and loss strategies, offering ongoing guidance from practice group facilitators as they apply what they have learned within the school-based setting. This social learning space offers opportunities for peer-to-peer exchanges about what worked well with their students and allows dedicated time to reflect on adjustments and improvements that may be needed as they implement grief and trauma strategies in their day-to-day school practice.

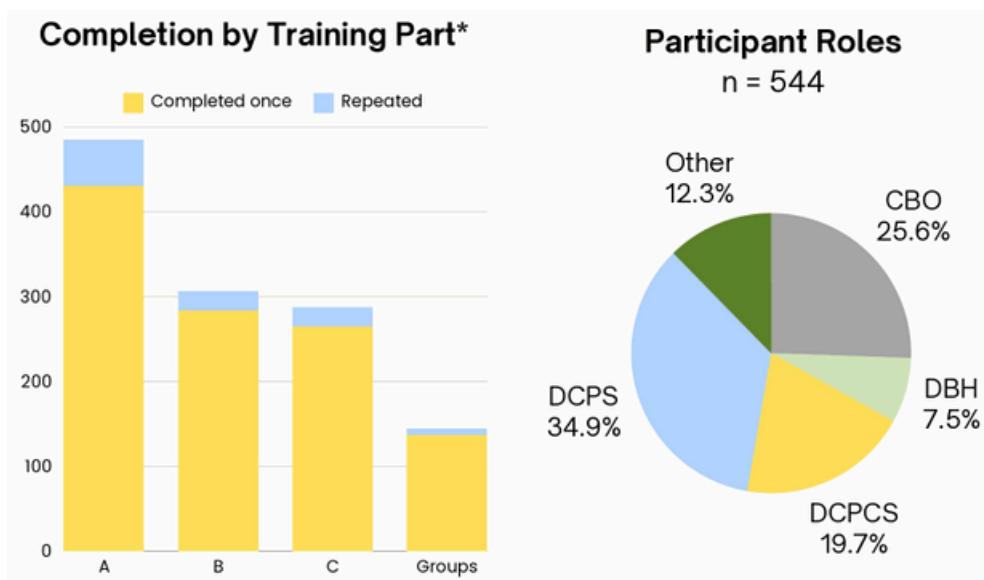
TIPS PG provided a mechanism for small-group engagement and skill-building for school-based mental health professionals. New learning and consultation focused on the implementation of grief and trauma strategies using a multi-tiered approach to help strengthen the school community while meeting the various needs of all students. The DC CoP utilizes a multi-tiered approach to help strengthen the school community while meeting the various needs of all students (prevention, early intervention, and treatment). Tier 1 refers to primary prevention services and supports serving all students within the school community. The goal of these activities is to create a positive school climate that reinforces positive behaviors, supports resilience and recovery among students, and reduces stigma associated to mental illness. For example, at Tier 1, psychologists can provide trauma-informed professional development to foster safe and supportive school environments. Through a grief and loss trauma framework, TIPS PG offered sessions on topics ranging from Restorative Practices in Schools through a Trauma-Informed lens, Trauma in "Silent Sufferers," Impact of Community Violence on Youth, Families, and Schools, to the Implementation and Application of Grief-Informed Strategies, which providers could then share with their other school-based colleagues.

Tier 2 services and supports are focused interventions or early intervention supports delivered to children and youth who are at elevated risk for developing a mental health problem. These children face challenges, behavioral symptoms, or mental health needs that may not be severe enough to meet diagnostic criteria or eligibility for special education services but can benefit from consultation or support from clinicians working with teachers and school staff to develop specific strategies. For example, as part of a Tier 2 strategy, psychologists or other mental health providers can address identified educational or behavioral student concerns by conducting support groups, assisting with skill development, and offering family consultation for students with emerging struggles. Tier 3 involves intensive support or clinical treatment for members of the school population requiring individualized treatment to improve functioning in the school, home, or community. This level of care is designed for students who have active mental health symptoms that meet diagnostic criteria. Psychologists assisting with Tier 3 services may help identify and conduct evidence-based treatment services and/or provide crisis intervention or refer students to applicable community services (District of Columbia Department of Behavioral Health, 2019).

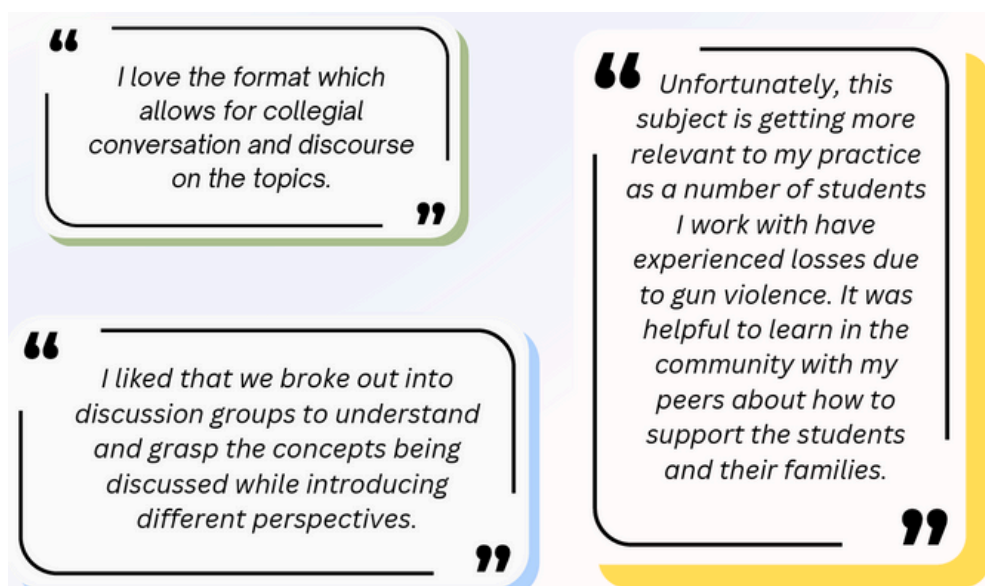


IMPACT OF PARTICIPATION IN GRIEF AND LOSS TRAINING

Between 2021 and 2024, the Wendt Center and CHHCS provided grief and loss training to DC CoP members, resulting in over 300 school-based mental health clinicians engaging in the training series. Specifically, they have hosted 28 training sessions on grief, loss, and trauma, with a total of 431 unique participants. Of those trainings, 329 participants have successfully completed the foundational series.



Past participants expressed that the training had a meaningful impact on their ability to support grieving students. One participant shared about their experience: "Unfortunately, this subject is getting more relevant to my practice as a number of students I work with have experienced losses due to gun violence. It was helpful to learn in the community with my peers about how to support the students and their families."



WHAT PSYCHOLOGISTS NEED TO KNOW

The DC CoP exemplifies how active collaboration between community and school-based clinicians can effectively address the needs of children experiencing grief, loss, and trauma. By fostering strong partnerships, community-based psychologists can build capacity, bridge gaps between schools and communities, and address complex mental health challenges. Although a partnership between the DC CoP and The Wendt Center may be unique, its success stemmed from three key elements: creating space for capacity building, maintaining consistent communication among providers from varied backgrounds, and engaging in shared learning that enhanced best practices. These three C's, capacity building, communication, and collective learning, serve as guiding principles for psychologists seeking to strengthen their collaboration practices and positively impact youth wellness.



Capacity Building: Psychologists often encounter apprehension around implementing grief and loss interventions, as they may seem complex or overwhelming or providers feel inadequately trained to deliver these interventions. However, by engaging in effective collaboration, psychologists can work together to demystify interventions and share strategies in comprehensive ways.

Communication: Outside the school setting, psychologists' time with students is limited. Regular communication with school personnel ensures that interventions align with students' academic and social needs within their environment. Collaboration also ensures that psychologists and schools share a unified approach to care.

Collective Learning: Community-based psychologists should embrace learning communities that include communities with content expertise to stay informed about school-based supports, training, and evolving best practices. By participating in these learning spaces, psychologists avoid working in isolation, fostering shared knowledge and a unified vision for addressing grief, loss, and trauma. Additionally, partnering with organizations that have specific content expertise can further enrich psychologists' practices and enhance their competence while providing additional resources. Thus, community-based psychologists can strengthen their impact by embracing partnerships across schools, families, and communities. These collaborative efforts help bridge service gaps and fosters innovative and sustainable solutions to support children navigating grief and loss.



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COMPREHENSIVE PROFESSIONAL DEVELOPMENT FOR SCHOOL BASED MENTAL HEALTH PRACTITIONERS: CENTERING A PUBLIC HEALTH APPROACH WITH COMMUNITY PARTNERSHIPS

By Marisa A. Parrella, LICSW, LCSW-C and Trent Grant, MSW





he increasing mental health challenges faced by students, particularly in under-resourced communities, force us to examine how we have historically viewed mental health services as something we “provide,” indicating a more hierarchical and expert, top-down approach rather than something we “co-create” with the input of the experts or those who are experiencing it. The MOMENTUM Residency was founded during the COVID-19 pandemic to build upon the lessons learned from this time. It emphasizes the importance of co-creating solutions, challenging the status quo to foster progress, and to equip professionals with the necessary skills for our constantly evolving workforce.

The pandemic revealed that traditional “business as usual” approaches were inadequate and ineffective in addressing the youth mental health pandemic that was illuminated by the pandemic. By pivoting to community-centered care that provides an opportunity for families and students to define their own priorities, we can apply a trauma-informed approach at a systems level.

Bessel Van der Kolk's (2014) work on narrative reconstruction for healing is typically applied at the individual level, but there are lessons to be learned by applying it to a macro/systems level. Just as trauma survivors need to reclaim their personal narratives for healing, communities, and systems experiencing collective trauma benefit when those most affected can shape the narrative of response and recovery. Schools are uniquely suited to address collective trauma in communities that have experienced historical marginalization and the social factors that contribute to poor health and mental health outcomes.

This shift from top-down to collaborative care models mirrors the core principles of trauma recovery:

1. **Safety and Empowerment** - When students and families define their priorities, they regain the agency lost during trauma.
2. **Transparency and Trust**- Co-creation builds trust that may have been damaged by systemic responses to trauma.
3. **Voice and Choice** - Centering student and caregiver voice counteracts the helplessness that characterizes traumatic experiences.
4. **Cultural Responsiveness** - Children and family-defined priorities naturally incorporate culture and nuance that top-down approaches can miss

By moving from expert-driven to co-created models, school mental health systems can avoid inadvertently replicating a traumatic system's experience.

PARTNERSHIP AND IMPACT: THE MOMENTUM RESIDENCY

The MOMENTUM Residency (“MOMENTUM”) was founded to address the critical mental health crisis among DC public school students and the need to develop a pipeline of school mental health clinicians who are prepared to better support students, particularly those impacted by trauma, poverty, and oppression. The MOMENTUM Residency's mission is to equip early-career clinicians with knowledge, support, and strategies to ensure DC public school students have equitable access to high-quality, culturally-nuanced, and integrated mental health and wellness services. MOMENTUM's professional development centers its learning on community voice, with students, caregivers, and teachers serving as part of our faculty.

Residents work full-time in schools while learning with a multi-sectoral faculty to co-create practices and interventions, both macro and micro, drawing on research and integrating social context into practice. MOMENTUM's relationship-based model relies on sharing and collaboration among trainees. The MOMENTUM model addresses resiliency in individuals, communities, and systems, with an emphasis on personal reflection and relationships, grounded in children and family perspectives.

As MOMENTUM developed its model and approach, much attention was given to feedback from existing clinicians regarding their ability to sustain in school-based work. The majority of the feedback focused on developing confidence, having an excellent supervisor, practicing well-being and self-awareness, and mitigating implicit bias and savior complex. Less emphasis was placed on other factors such as flexibility, a hybrid work schedule, or training. When clinicians (residents) can co-create a shared experience, they increase their emotional investment, leading to a strong commitment to the work.

The MOMENTUM model was developed as a parallel process to the co-creation of mental health services, giving clinicians a voice and choice in determining what was needed and how to build their skills, confidence, and sustainability. Through alignment of training, supervision, mentorship and a unique capstone project, MOMENTUM ensures a focus on the voice and perspective of caregivers and parents, teachers and staff, and students as they co-create interventions and approaches that lean into community expertise.



WHY IS IT INNOVATIVE? PARTNERSHIPS THAT BUILD COMMUNITY

A review of postgraduate training programs in school mental health showed a number of options for adults, but very few focused specifically on children. Of the few that do exist for children, they are not centered in school settings and are not comprehensive, addressing what clinicians noted they needed to sustain the work.

Given the well-documented crisis facing youth mental health and access to care, this approach is critical and timely. Based on research available up to October 2024, approximately 50-60% of children who receive their first mental health services in schools are there because school personnel (teachers, counselors, school psychologists) identified the mental health concern (Burns 2024). Furthermore, some studies highlight that schools not only provide services but also play a crucial role in identifying mental health needs that might otherwise go undetected (Braverman, 2009). In a school setting for youth who are furthest from opportunity and access, it is often the school that can provide the most consistent support for a child's mental health needs. When schools embrace family and youth engagement in the co-creation of policies and programs, there is a deeper connection and buy-in regarding how to address challenges of all kinds, including mental health. This co-creation reduces stigma and allows for more impactful programs and effective approaches.

External community partnerships can address uncovered gaps when families are involved in the process. MOMENTUM introduces residents to community partners and creates networking and relationship opportunities that encourage collaboration between partner organizations, schools, and families. As these relationships build, we remove barriers for families to address the social determinants of health and create a healthier ecosystem for families and school communities. Unmet needs are often uncovered through intake and engagement with mental health professionals and include immigration support, food insecurity, support for domestic violence or health problems. Provider relationships gain a child and family's trust enough to reveal unmet needs, which we can then address. Partnerships play a critical role in prevention as they meet the social and economic needs of families, allowing children to release stress, engage in learning, and be children. MOMENTUM's approach alleviates much of this work that school systems are too overwhelmed to address, acting as a preventive for exacerbation of mental health challenges.

Below, a MOMENTUM resident shares a powerful narrative of families whose lives have been positively impacted by the efforts of mental health teams and the training provided by MOMENTUM.

STATESMAN ACADEMY PUBLIC CHARTER SCHOOL, WASHINGTON, DC

The following case study is told from our MOMENTUM resident's experience and identifying information has been changed to protect confidentiality:

When Kylian, Jude, and Vinicius, (not real names) a group of siblings, began the school year, teachers noticed they were often tired and withdrawn, with frequent absences. Their grades slipped, they stopped participating in class and would often run away from school. Concerned, their teachers reached out to the school social worker, who reached out to the students and their mother. This was followed by a home visit.

The family had a layered set of challenges: The mother had recently lost her job and was managing her own mental health concerns the best way she knew how. The boys had no beds and there was barely food in the refrigerator. Without a stable place to sleep and inadequate meals the siblings struggled to get enough rest, maintain a routine, and focus on school. The boys were carrying the emotional weight of their family's instability which manifested in withdrawing from engagement in school activities.

With permission from the mom, the MOMENTUM resident activated a support network of partners that was able to deliver beds and mattresses. They got connected to school-based therapy to alleviate their anxiety in a safe, supportive space without missing additional school time.

The school operates an in-house food pantry that supported the family, and mom was connected to mental health services of her own as well as family therapy. In addition to the school-based therapy, the scholars identified trusted adults on the staff as people they could confide in, laugh with, and learn from.

Within a few months, the impact was clear. The scholars' attendance improved. They are engaged in class, are smiling again, and started advocating for themselves in small but powerful ways. With their family needs met, the students are engaged in school with less worry and concern for their mother, who is receiving support.

Kylian, Jude, and Vinicius' story is just one example of how strong school-family-community partnerships—led by compassionate, responsive social work—can intervene before a child falls through the cracks. By coordinating care, offering holistic support, and building trust, the school community helped them not just survive their circumstances, but thrive.



HOW PARTNERSHIPS STRENGTHEN SCHOOL-BASED MENTAL HEALTH EFFORTS

Partnerships provide a link to creative and well-developed resources, alleviating the burden on an already overburdened school system. Restorative justice programs, social service providers, and immigrant-serving organizations offer specialized expertise. These organizations fill gaps that families identify as critical for mental health and wellness. Hunger, fear of parental deportation, or experiencing or witnessing violent student conflict exacerbates anxiety. Anxious children cannot learn nor develop healthy social and emotional habits. Alleviation of these burdens for families creates a sense of agency and stability for families, allowing children to avoid bringing this burden into the classroom. Hunger, fear of parental deportation, or experiencing or witnessing violent student conflict exacerbates anxiety. Anxious children cannot learn nor develop healthy social and emotional habits. Alleviation of these burdens for families creates a sense of agency and stability for families, allowing children to avoid bringing this burden into the classroom.

Mental health practitioners are often trained through a deficit lens - how do we identify and treat mental health disorders? Less time is allocated to prevention and early intervention, or even examining treatment services as preventive, particularly at early stages, such as elementary school. MOMENTUM delivers, as a central part of our residency, a full training curriculum on the Public Health approach to school mental health. In partnership with staff from the Center for Health and Health Care in Schools (CHHCS), interactive training modules on public health principles and strategies were developed for MOMENTUM residents that integrated topics such as identifying and addressing the social influencers of health and education, utilizing surveillance data to recognize school community needs and assets, and tailoring preventative approaches to unique school environments. Practitioners broaden their scope of practice, learning to apply a full range of support for children on a continuum of care, from prevention and early intervention to treatment, aftercare, and community referrals to ancillary services.

MOMENTUM's model recognizes that collaboration and community expertise have a deeper impact than a medical/deficit model.

WHAT SCHOOL PSYCHOLOGISTS NEED TO KNOW

School Psychologists' primary role in a school setting is to evaluate students through testing. In the 3 brothers case study above, one could imagine that the brothers would have been referred for testing to identify a disability related to their behavior, particularly because it persisted.

However, consider how these factors might influence test results and evaluations when we do not take the time to understand their meaning:

- A child who appears inattentive but is actually preoccupied with his parents' crippling depression.
- A student labeled "oppositional" who comes from a culture where questioning adults is encouraged as a sign of critical thinking.
- A child showing "poor impulse control" who hasn't eaten a proper meal in two days.
- A student who seems academically delayed but is actually navigating the challenges of learning English while adapting to an entirely new educational system.

School systems often lack sufficient staffing to create meaningful, consistent, and ongoing trust with families. However, building meaningful connections doesn't have to be a heavy lift, nor should it rely solely on the psychologist. MOMENTUM's focus on collaboration can allow for small shifts in how teams address equity in how children's needs are addressed. Consider these small shifts that the charter school example above has addressed in practice:

- Scheduling home visits before formal testing begins or as a tier 1 approach - all students receive one home visit from someone at school once per year.
- Asking parents about their child's strengths and interests and highlighting them before discussing concerns.
- Learning about the family's culture, values, and previous experiences with schools through family events - ensuring representation from the mental health team at these events.
- Observing the child in multiple settings—classroom, playground, lunchroom.
- Connecting with community members who know the family (with permission).
- Asking about recent changes or stressors in the child's life once trust has been established.
- Approaching all the above as a team - sharing information among team members and letting families know this collaborative approach is intended to reduce the burden and fragmentation of services families often face.

When mental health teams work in collaboration, small steps, and effective communication can create a powerful team that offers equitable and thorough evaluations and responsive care.

Early outcomes indicate that MOMENTUM residents effectively apply core concepts of youth and adult partnerships in schools and find supervisory alignment with these concepts to be useful in their skill development and overall satisfaction with the program. Our training and clinical supervision emphasizes a model of care that is collaborative, holistic, and multisectoral, which enhances confidence in resident clinicians. Moreover, human-centered practice that addresses implicit bias, self-awareness, well-being of the self and the collective has created an openness to learning and growth that we anticipate will show up in school feedback forthcoming in June 2025.



A CALL TO ACTION: MAKING PROGRESS IN SCHOOL MENTAL HEALTH

- Place more focus on culture, race, and place, neighborhoods that allow for sharing of the collective culture and experience of the school community.
- A fundamental shift in our approach to “helping”: integrate our knowledge and research with what our community tells us.
- A recalibration of professional development for our school mental health workforce that integrates lessons learned from youth, adult, community partnerships.

Through the alignment of training and supervision, which includes personal connections to stakeholders, MOMENTUM ensures a focus on the voice and perspective of caregivers, parents, teachers, staff, and students as they co-create interventions and approaches that leverage community expertise.

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Trent X is originally from Jacksonville, FL. He is a dual HBCU graduate and completed his undergraduate studies at Norfolk State University and his graduate studies at Howard University. Trent is committed to helping students navigate their emotional and social challenges with a holistic approach. With his many lived experiences, he brings a unique blend of skills and passion to his role. He is a MOMENTUM resident social worker at Statesman Academy for Boys public charter school in Washington., DC.

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UNDERSTANDING AND SUPPORTING EDUCATORS: A SYSTEMS-FOCUSED APPROACH TO STUDENT AND COMMUNITY HEALTH

By Gracy Obuchowicz and Megan McCormick, PhD





K-12 educators are undeniably essential to shaping students' academic and social development. Research has consistently demonstrated that quality educators are the most influential factor in improving student outcomes (Bryk, 2010; Morton & Maresh, 2024). Despite their importance, teachers' daily stress levels are leading to high levels of professional burnout (Darling-Hammond & Podolsky, 2019). Educators who experience high levels of stress and burnout are less able to engage with students in meaningful ways, which further undermines the learning and well-being of youth in our schools.

Teacher burnout is a complex, multidimensional issue influenced by a variety of factors, including organizational stress, environmental conditions, and personal challenges. Studies indicate that burnout among educators is not solely an individual problem but a systemic issue (Morton & Maresh, 2024). Low teacher salaries are a primary reason for attrition, with many teachers seeking higher-paying opportunities outside the profession (Allegretto & Mishel, 2016). In fact, teacher pay in the United States has declined in real terms since the 1980s, which exacerbates the stress educators face, particularly during their early years in the profession (Allegretto & Mishel, 2016; Morton & Maresh, 2024). Additionally, U.S. teachers spend more time directly teaching students than their counterparts in other countries while also having less time for planning and collaboration (Darling-Hammond & Podolsky, 2019). This workload imbalance leads to increased stress and dissatisfaction.

Teachers also express frustration with the increasing reliance on standardized testing, both as a measure of student achievement and as a metric of their own teaching effectiveness (Allegretto & Mishel, 2016). The pressure to meet testing requirements, combined with challenges such as student behavior and a lack of support from families, creates a toxic environment that fosters burnout (Morton & Maresh, 2024). Furthermore, when teachers feel unsupported by school administrators, the likelihood of leaving the profession increases (Cooley & Yovanoff, 1996).

Over the past five years, schools have faced additional mounting pressures, including staffing shortages, heightened academic demands, socio-political tensions, and the lingering effects of the COVID-19 pandemic. These stressors have exacerbated structural dysfunctions, placing greater demands on educators while limiting their capacity to provide necessary student support. Teachers often find themselves navigating unrealistic workloads, increased behavioral challenges, and diminished resources, all of which contribute to widespread burnout. This chronic stress affects not only educators but also students and families who depend on stable and supportive learning environments. When educators experience emotional exhaustion, their ability to engage meaningfully with students declines, often resulting in decreased academic performance, a greater number of disciplinary incidents, and heightened student anxiety and disengagement. The overall climate of a school can suffer, leading to a cycle in which both educators and students struggle to thrive.

A SHIFT IN FOCUS FROM STUDENTS TO EDUCATORS

Historically, efforts to improve school behavioral health have focused on students, while the well-being of educators was often overlooked. Prioritizing educator wellness means shifting the traditional focus on student well-being to include educators as central figures in the school-based behavioral health ecosystem. By recognizing that educators' mental health is directly tied to their effectiveness in teaching and supporting student well-being, it becomes clear that teacher wellness is an important public health concern that requires dedicated time and a collaborative approach.

Yet, individual schools struggle to find adequate resources even to support growing student mental health concerns. For this, community partnerships play a crucial role in supporting educators' well-being and the students they serve. Mental health professionals, community organizations, and other local support networks can provide essential resources and interventions that may not be available within the school system. For example, a partnership with local mental health organizations could provide educators with training in trauma-informed practices, which can then be applied in the classroom to support students who have experienced adverse childhood events. These services, when provided by external partners, also offer educators a safe and confidential space to seek help and develop coping strategies to handle the mental and emotional demands of their work.

When teachers are well-supported and mentally healthy, they have the capacity to create interpersonal safety in their classrooms and build strong relationships with students, a neurobiological prerequisite for utilizing the high-order thinking required to learn and perform. Teachers are also better able to model emotional regulation, problem-solving, and healthy coping strategies—skills that are essential for students' personal and academic development. This support requires participation not only from the schools where teachers work but also from the broader community of partner organizations and mental health professionals. Through collaborative partnerships, we can help teachers not only avoid and recover from burnout but also feel empowered to become integral players in broader school-based mental health efforts; thus creating a more holistic model of wellness in schools.



HIGHLIGHTING TWO COMMUNITY PARTNER APPROACHES TO EDUCATOR WELL-BEING

EmPowerEd

EmpowerEd is a DC-based nonprofit that approaches educator wellness through a comprehensive, whole-school model, emphasizing staff voice and empowering educators to lead wellness efforts within their schools. At the core of this strategy is EmpowerEd's commitment to creating a positive adult culture that supports educators' well-being, ensuring they feel valued and equipped to sustain their work.

EmpowerEd has worked with over 25 DCPS and public charter schools to provide technical assistance, which includes tailored wellness plans shaped by staff surveys and guided by a tiered understanding of employee wellness that addresses self-care and stress management strategies. Furthermore, EmpowerEd's approach facilitates team-building activities, mentorship programs, and other strategies to improve staff culture and helps coach leaders and policymakers to create systemic solutions to common teacher stresses. Through our blend of advocacy and wellness support, our model ensures that both the individual and collective needs of educators are met.

One of the key components of EmpowerEd's program is the creation of a diverse staff wellness team in every school in which we partner. This team is coached to design and implement a wellness plan that reflects their unique needs as teachers, with ongoing support through monthly check-ins and focus groups. These touchpoints enable EmpowerEd to monitor progress, troubleshoot barriers, and adapt the wellness plan as needed. By empowering educators to take ownership of their wellness, we not only promote their well-being but also build the internal capacity of schools to continue these efforts independently in the future.

The demonstrated effectiveness of EmpowerEd's program is evident in the tangible results achieved. Schools report an average 8% increase in educator retention after one year of partnership with EmpowerEd, with that number rising to 15% after two years. Additionally, 95% of staff participating in our wellness initiatives agree they have benefited from our programs. This success can be attributed to our consistent, data-driven approach, which includes ongoing surveying and the use of a "Plan, Do, Study, Act" framework to continuously refine our strategies. Our collaborative model ensures that staff feel supported and school leaders are actively involved in promoting wellness, ensuring long-term success.

EmpowerEd's work goes beyond the school walls, leveraging community partnerships to meet the diverse needs of educators. Through collaborations with local organizations, such as coordinating with STEM camps for planning time or facilitating family volunteer programs, we ensure that schools have the resources to address practical challenges while maintaining a focus on staff wellness. With nearly 30 years of collective experience in education, EmpowerEd's approach to educator wellness has been proven to strengthen school-based mental health efforts, ensuring a holistic, sustainable solution for both staff and students.

WISE

The Center for Wellbeing in School Environments (WISE) at MedStar Georgetown University Hospital provides schools in and around Washington, D.C., with comprehensive, integrated school-based mental health and wellbeing supports. We focus on promoting and implementing relationally-centered, systems-focused, and trauma-sensitive best practices at every level – individually, interpersonally, and organizationally. Our model, tailored to the unique strengths and needs of each school partner, provides direct intervention and capacity-building, enabling all members of the school community to heal and thrive.

A key component of WISE's model is its promotion of Multi-Tiered Systems of Support for Behavior (MTSS-B), a proactive framework that supports students' social, emotional, and behavioral needs. We also promote the application of the MTSS-B model to educator wellbeing. This unique approach centers on the idea of supporting students by supporting the adults surrounding them. Not only does this leverage the evidence that youth are more likely to flourish in environments and relationships that support their social-emotional development, but it also addresses workforce shortages in mental health. In essence, by creating capacity in the adults who support and teach students, we effectively respond to, augment, and even prevent youth mental health difficulties that may otherwise require individual care.



We ensure that all of our interventions are data-driven, collaborative, and sustainable. Specifically, our model provides the following services to schools: organizational consultation and data support, capacity building and training, classroom observation and consultation, educator wellbeing initiatives, caregiver engagement initiatives, and intensive mental health services for students, families, and educators. We also conduct continuous research and program evaluation to study and refine our methods. This holistic framework allows us to address challenges at multiple levels, ensuring that students, educators, and families all receive the necessary support.

Over the past decade, WISE has partnered with more than 75 schools directly, as well as district-wide entities that train and support educators, impacting thousands of students, staff members, and families. Schools that engage in organizational consultation demonstrate improvements in school climate, responsive leadership, sense of belonging, and overall well-being. Educators who receive our professional development and classroom consultation show increased use of trauma-informed practices, improved relationships with students, and improved classroom regulation, as well as decreased burnout and increased mindfulness-based coping skills. Students, educators, and families who receive individual or group therapy show decreased stress and improved mental health outcomes. In particular, students receiving WISE's clinical services demonstrated measurable improvements in their social-emotional outcomes, with 81% showing a reduction in identified problem areas over time.

Our research-backed approach confirms that by prioritizing educator wellbeing and integrating mental health supports within school systems, we can create positive, lasting change for entire school communities. Our work also demonstrates that meaningful collaboration between mental health professionals and schools is not just beneficial—it is essential. By fostering these partnerships, we can create learning environments where both students and educators feel supported, valued, and empowered to succeed.

COLLABORATING AND SHARING EXPERTISE ACROSS COMMUNITY PARTNERS

One way EmpowerEd and WISE have shared their extensive knowledge and insights by working with schools and supporting educator wellbeing, is through their involvement with the Teacher Wellness (TW) Working Group. The TW is a collaborative space co-facilitated by the Center for Health and Health Care in Schools (CHHCS) as part of the broader DC Community of Practice (DC CoP), which focuses on sharing best practices and resources, as well as identifying barriers and strengths in teacher wellness strategies occurring in schools throughout D.C.

The Teacher Wellness Working Group has enabled educator wellness organizations to align their services more effectively in shared partner schools, while fostering macro-level collaboration to address the root causes of teacher stress and attrition. For instance, EmpowerEd and WISE discovered that many of their partner schools lacked structured mentorship programs—a critical gap, given that new teachers are especially susceptible to stress and early departure. In response, they partnered with other organizations to host a day-long mentorship training, equipping participants with strategies for wellness, conflict resolution, emotional regulation, and peer support. Such cross-organizational efforts have not only expanded schools' access to resources but also brought together educators and leaders to tackle systemic challenges. Through the Community of Practice, we've learned that collaboration—not competition—among like-minded organizations leads to more specialized, impactful solutions for complex issues.

WHAT PSYCHOLOGISTS NEED TO KNOW

The Impact of School Stress on Youth and Families

To maximize impact, psychologists working with youth and families must develop an in-depth understanding of school systems and their evolving challenges, recognize the crucial role of school environments in shaping mental health outcomes, and be willing to create collaborative and empathetic relationships with their client's schools.

As we've demonstrated, schools are social ecosystems, just like families. Students facing behavioral and emotional challenges spend a great deal of time with these school families, and the health and well-being of those environments and caregivers have a direct impact, whether as a root cause or an exacerbating factor, in students presenting problems. This includes the high level of stress and lack of support experienced by educators, which can thwart a student's sense of interpersonal safety and regulation in a classroom. Without this connectedness and regulation, students can remain trapped in the primitive and emotional centers of their brains, shutting off resources to their cortices that they need to reason, learn, and realize their potential. This acknowledgement of the stress embedded in educators, their classrooms, and their school cultures can lead to more comprehensive conceptualizations and treatment planning. Additionally, your understanding of the neurobiological processes at play in classrooms (e.g., the polyvagal theory) can aid in self-awareness and liberation from stigma and self-blame.



But simply understanding schools and their impact is not enough. Treatment of youth should almost always, with rare exceptions, engage their caregivers from all relevant spheres of influence, including their school. But school collaboration can be challenging, and many barriers exist that prevent effective partnerships between mental health professionals and educators, including time constraints, lack of mental health training for teachers, and institutional silos that limit communication. Psychologists can play a crucial role in bridging these gaps by actively engaging with school personnel, advocating for integrated mental health services, and providing professional development opportunities that equip educators with the essential tools for managing student mental health challenges. This must be done with a spirit of empathy and collaboration. Often, community mental health providers engage with schools to identify where they are failing students and to advocate for improved support. While this is critical, we must also build strong working relationships with school points of contact, acknowledging the systematic stress they, too, are experiencing and working with them to improve root causes. This can be achieved by sharing a specific coping skill from therapy with the teacher. Ask the teacher not only to reinforce the students use of this skill, but also to practice it themselves. This will help model the skill and promote better co-regulation.

Educators: An Underserved Population

It is equally important for those practicing in the mental health field to see educators as a high-needs and underserved clinical population, and to provide them with support that addresses the complexity of systemic factors affecting their mental health. Teachers experience significant emotional and psychological strain and exhibit higher rates of mental health problems than all other professions, but, as noted earlier, they often lack the time, resources, or institutional support necessary to seek help. Given their profound influence on youth, families, and communities at large, it is critical for psychologists to respond to this as they would any other public health challenge: through recruiting this underserved population, listening to their unique needs and ideas for solutions, working to break down the barriers they face to receiving care, and, whenever possible, supporting improvements in the root cause of their stress. For instance, psychologists can establish contact with their local schools and get paneled with their insurance payers, provide staff with flyers that include an acknowledgement of their stress and how they can reach out for support, offer telehealth options that educators can utilize during planning periods, and offer educator support groups or professional development trainings that promote their mental health and wellbeing.

Clinicians should also ensure their conceptualization and treatment approach with educators is tailored to their needs. If we do not fully understand the systemic pressures teachers face in their daily lives, we can overly focus their treatment on individual pathology. Likewise, educators may not always feel comfortable discussing their stress or mental health needs, often due to concerns about stigma or the perception that teachers should be giving support, rather than receiving it. Breaking down these barriers requires fostering a culture of trust, encouraging ongoing dialogue, and regularly promoting shared goals between teachers and mental health professionals. Additionally, engaging in advocacy approaches that mitigate systemic challenges, such as, unreasonable workloads and insufficient time for planning or collaboration, can be an effective way to work towards solutions that support both educator and student well-being.

It is important for psychologists to understand and acknowledge the intricate relationship between educator well-being and student mental health. By deepening their understanding of school system challenges, addressing educator burnout, and actively participating in school-based collaborations, they can develop more effective strategies for supporting both students and the professionals who work with them daily. The importance of collaboration cannot be overstated. Whether through direct partnerships with schools, advocacy for systemic reforms, or outreach programs tailored to educators, psychologists have an opportunity to enact meaningful change. By fostering stronger connections between mental health professionals and school communities, psychologists can help build environments where both students and educators can thrive, ultimately leading to more sustainable improvements in youth mental health outcomes.

Educator wellness is crucial for psychologists and mental health professionals because it is intrinsically linked to the broader school-based mental health ecosystem. When educators are overwhelmed by stress and burnout, their ability to foster positive learning environments and support student well-being diminishes. By recognizing the systemic factors that contribute to teacher burnout, mental health professionals can offer more effective interventions that support educators and, by extension, their students. Clinicians and community partner organizations have an immense opportunity to continue collaboration on a holistic model that coordinates support for students, families, and educators. Engaging in this deeply coordinated work will not only improve individual outcomes but also have the potential to create more positive long-term outcomes in our schools and the broader community.



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Dr. Megan McCormick, a clinical psychologist and the Co-founder and Director of Programs and Evaluation for the WISE Center, has centered her career on the implementation and research of comprehensive, integrated and systems-based mental health programming in schools, specifically how trauma-informed training, consultation, and intervention can prevent, mitigate, and treat mental health challenges in educators and students.



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SCHOOL NURSES AND HEALTH TECHNICIANS: UNSEEN ALLIES IN SCHOOL-BASED MENTAL HEALTH

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The youth mental health crisis is escalating, and schools are at the frontline of response. While psychologists and counselors are recognized as key mental health providers, school nurses and student health technicians (SHTs) are often overlooked despite their daily interactions with students. These professionals serve as first responders to behavioral health concerns, offering a trusted space for students and playing a pivotal role in early identification and intervention. This article explores the vital contributions of school health suite staff, highlighting and emphasizing the impact of Youth Mental Health First Aid (YMHFA) training in equipping them to address student mental health challenges. Drawing on recent research, we highlight the barriers these professionals face, the benefits of their inclusion in mental health initiatives, and strategies for fully integrating them into school-based behavioral health teams. Recently, we had the opportunity to visit the psychiatric emergency room at a children's hospital, where we witnessed firsthand the critical support available for young children in crisis. As young people came and went—some were discharged home, while others were admitted—it was clear that intervention was taking place. In every case, one of two things had occurred: either someone recognized a change in the child's behavior and referred them to a professional, or the child had developed a trusted relationship with an adult and disclosed that they were struggling. That adult, whether they knew it or not, was acting as a Youth Mental Health First Aider—possibly even saving a life.

Youth Mental Health First Aid (YMHFA) is an eight-hour training designed to increase participants' awareness of signs and symptoms of mental health challenges, adolescent development, and the prevalence of mental health issues among youth. It also equips them with the steps necessary to ensure students receive timely referrals to mental health professionals (Boulden & Schimmel, 2024). With so many young people experiencing adverse childhood experiences (ACEs), chronic health conditions, and substance use challenges, it is critical to have trained staff in schools who can recognize behavioral changes early. Failing to do so can lead to devastating outcomes, including untreated depression, bipolar disorder, Attention-Deficit/Hyperactivity Disorder (ADHD), and, in extreme cases, suicide or homicide.

We cannot talk about the mental health crisis among young people without looking at the systems that serve them every day. Schools are not just places of learning; they are hubs for student well-being, and the health suite is one of the most frequented spaces. However, when we think of mental health support in schools, our minds often go straight to psychologists, social workers, and counselors.

What about the school nurses and health technicians? These professionals interact with students daily, noticing subtle behavioral changes, responding to crises, and providing a safe space for students who may not yet be ready to seek formal mental health care.

A study by Price et al. (2024) found that while 93.5% of school nurses engage in behavioral health-related tasks, only 9.7% conduct formal mental health screenings. Why is this the case? The primary reasons include lack of training, limited inclusion in behavioral health discussions, and uncertainty about their role in mental health care. This represents a missed opportunity. By recognizing school health suite staff as mental health allies and equipping them with the necessary tools, we can strengthen early intervention efforts and improve student outcomes.

THE EXPANDING ROLE OF SCHOOL HEALTH SUITE STAFF

Health suite staff do more than dispense medications and treat minor injuries. They are trusted adults who students turn to when they feel unwell—physically or emotionally. With the rise in anxiety, depression, and suicidal ideation among youth, the school health suite has become an unofficial first stop for mental health support.

To address staffing shortages and improve coverage, some districts, including those supported by Children's School Services (CSS) in Washington, D.C., have implemented a "cluster model" that incorporates Student Health Technicians (SHTs). These professionals, with backgrounds as certified nursing assistants, emergency medical technicians, and medical assistants, work alongside nurses to provide comprehensive student care. Expanding their training in mental health literacy enhances their ability to identify students in distress and ensure timely intervention.

THE CASE FOR YMHFA TRAINING

A crucial step in integrating school health suite staff into the mental health support system is providing them with YMHFA training.

This eight-hour course equips participants with a structured framework known as ALGEE:

- Assess for risk of suicide or harm.
- Listen non-judgmentally.
- Give reassurance and information.
- Encourage appropriate professional help.
- Encourage self-help and other support strategies (Laurene et al., 2023).



Dr. Andrea Boudreaux, Executive Director of CSS, recognized this gap and took action. In partnership with the George Washington University's Center for Health and Health Care in Schools (CHHCS), CSS certified two nurse managers and one professional development specialist as YMHFA instructors. As part of a landscape analysis, CHHCS determined that non-instructional staff in schools, such as food service workers, security officers, athletic directors, as well as school nurses, had significant and frequent interactions with students that put them in an advantageous position to identify and refer students with emerging problems to appropriate mental health supports, but they were ill-equipped to do so. This gap in school-level capacity-building led CHHCS to introduce an evidence-based mental health literacy curriculum, YMHFA, to DC as part of the city's comprehensive school behavioral health initiative and to increase the number of certified instructors in these targeted school roles. Since then, a growing number of nurses and SHTs have completed training, strengthening their ability to support students facing mental health challenges. Dr. Jama'ra Washington, Sr. Nurse Manager at CSS, is the lead YMHFA instructor and has incorporated this training into orientation for newly hired staff to institutionalize these valuable professional competencies.

WHY YMHFA TRAINING FOR SCHOOL HEALTH SUITE STAFF MATTERS

- **Early Identification and Support:** Nurses and SHTs are often the first to notice shifts in student behavior. With YMHFA, they can recognize signs of distress, provide immediate support, and facilitate referrals to mental health professionals.
- **Stronger Collaboration with Psychologists:** Trained health suite staff can provide clearer, more detailed referrals, ensuring students receive appropriate care faster.
- **Better Student Outcomes:** Timely intervention prevents issues from escalating, reducing emergency mental health visits and improving students' overall well-being.

BREAKING DOWN BARRIERS: WHY AREN'T SCHOOL HEALTH SUITE STAFF MORE INVOLVED IN MENTAL HEALTH?

Despite their frontline role, school nurses and SHTs face several challenges that prevent them from being fully integrated into school mental health frameworks:

- **Lack of Formal Training:** Many school nurses report receiving minimal mental health education in their formal training (Price et al., 2024). Without professional development in behavioral health, they feel unprepared to handle these concerns.

- **Exclusion from Mental Health Teams:** Even though health suite staff frequently interact with students in distress, they are often left out of behavioral health meetings and decision-making processes.
- **Time Constraints:** Juggling physical health responsibilities with mental health interventions is difficult without additional staffing or administrative support. The YMHFA training helps streamline the process of identifying and referring students, reducing the time health suite staff may spend trying to ensure struggling students are connected to needed support.

RECOMMENDATIONS FOR STRENGTHENING THE ROLE OF SCHOOL HEALTH SUITE STAFF IN MENTAL HEALTH SUPPORT

1. **Make YMHFA Training Standard:** Every school nurse and SHT should complete YMHFA training as part of their professional development. This training could serve as a method of triage for the mental health professionals on campus. Oftentimes, the health suite is a trusted, safe place. In the program at Children's School Services, the health suite staff do not make referrals to BH unless the "mental health pain score" is six or above.
2. **Include Health Suite Staff in Mental Health Teams:** Schools should formally integrate nurses and SHTs into interdisciplinary behavioral health discussions. The psyche and body work together. Illness, especially in the pediatric population, often manifests differently than in adults. The health suite staff would be better positioned to identify patterns in children's behavior to support the holistic care of the children they serve.
3. **Expand Professional Development Opportunities:** Additional training in trauma-informed care, suicide prevention, and behavioral health screenings will further empower these professionals. The nursing school curriculum does not adequately address mental health needs. Nursing and Technician students may have the opportunity to participate in electives; however mental health is not part of the basic training. Having additional training and understanding of interventions will support staff when they have a student in need.
4. **Advocate for Policy Changes:** School districts and policymakers must recognize and fund the expansion of mental health training for school health suite staff. As psychologists, advocating for partners in this work will be critical to address these changes. There are schools with over 3,000 students enrolled in Washington, DC. That is true of communities across the nation. Schools are lucky to have one mental health staff person. To expect them to manage a caseload of even 300 children is not realistic. The support from the health suite will enable more students to access the care they need.



To effectively address the youth mental health crisis, we must tap into every available resource—which includes the current professionals embedded in the school system. School nurses and health technicians are trusted figures who are well-positioned to identify early warning signs and intervene before crises escalate. By equipping them with the right training and formally integrating them into school mental health teams, we can build a stronger, more responsive support system for our students. It's time to reimagine school-based mental health care—so that every adult in a student's orbit is prepared and equipped to recognize, respond, and connect students with the help they need.



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Jama'ra Washington is a dedicated Registered Nurse with over 17 years of experience delivering compassionate, holistic care. She currently serves as the Senior Nurse Manager with Children's School Services, where she leads initiatives to promote student health and wellness across school communities. Throughout her career, Jama'ra has cared for individuals at every stage of life—from welcoming newborns into the world to supporting those in their final moments with dignity and compassion. The COVID-19 pandemic in 2020 profoundly shaped her perspective, particularly as she witnessed its mental health impact on youth. Inspired by these experiences, Jama'ra is deeply committed to identifying mental health challenges early and connecting young people with the resources and support they need to thrive. She is passionate about fostering healing, building resilience, and supporting positive outcomes for every child and adolescent she serves.

EFFECTIVE FAMILY YOUTH ENGAGEMENT TO SUPPORT MENTAL HEALTH

By: Queen Alike, MPH, Crystal D. Dorn, PsyD, Elizabeth Reddick,
Karla Reid-Witt, JD, Simone Sawyer, PhD, and Calder Brown





Schools are a key place to educate young people and one of the many settings that influence youth development. Simultaneously, how a young person shows up in school—emotionally, socially, and academically—is deeply shaped by their home environment and community. Family engagement is crucial to developing positive adolescent mental health, as supportive and communicative families nurture confident and secure youth. While collective support is not resoundingly championed in today's more individualistic society, families, communities, and schools working together to support youth development is vital. Families actively collaborating with schools can help ensure that youth receive the necessary academic, social, and emotional support to thrive.

Communication between families and schools is fundamental, yet it must be considered in the context of the power dynamics that shape these relationships. Institutional authority often supersedes parental authority in the school setting. Moreover, racial, socioeconomic, and cultural differences between school staff and families may yield misalignment, mistrust, and misunderstandings. This is particularly pronounced when school staff view youth and families through a deficiency lens or disregard their inherent assets and expertise. Cultivating reciprocal respect and understanding enables schools and families to better coordinate efforts and support young people.

CREATING A MUTUALLY RESPECTFUL ENVIRONMENT

Although school and family systems both center on children's well-being, they are often not well integrated. Typically, school systems operate under the assumption that families will adapt to accommodate schools' needs— and parents do for the most part. For example, parents rearrange their work hours, ensure their children attend school, and arrange for before- and after-school care to fit the school schedule, which is often designed without considering families' needs. Parents also purchase clothing that meets the school's dress code and buy school supplies. This has led schools to believe that families will continually adapt to the demands of school systems. When parents do not, school leaders sometimes attribute this to a lack of parent motivation and call for greater parent "involvement."

However, parents are leaders in their own right, and the family system will only tolerate one-sided decision-making for so long. When school decisions clash with family systems, parents assert their authority and decide whether to adjust, integrate, or discard the school's expectations, not because they are disengaged but because the school is just one part of a much more complex family structure. Although they sometimes do not align, the fact remains that family and school systems are interdependent. Parents are responsible for educating their children, and schools rely on parents for access to students. More crucially, both systems are responsible for the child's care and safety. The effective integration of these systems is essential for optimal outcomes.

A bi-directional partnership between schools and parents to deliver mental health interventions can be a key touchpoint for seamless system integration (Jacques & Villegas, 2018). Parents are an underutilized resource in supporting children's mental health. Beyond creating a home environment conducive to academic success, parents can collaborate with school clinicians to foster a home atmosphere that promotes the mental health skills students need for academic and life success. Parents have more access to their children than schools or clinicians do and can model and reinforce the mental health skills students learn in school programs. As forever teachers for their children, parents continue to support their children long after their formal connection to the school or clinician ends. While clinicians spend years honing their craft, parents gain expertise through lived experience, often without formal training in mental health. Not all parents are well-practiced in every mental health skill. To truly partner with schools, they may need support in building these competencies.

Parenting TOK, sponsored by the Center for Health and Health Care in Schools (CHHCS) at George Washington University, was created with this premise in mind. The non-judgmental virtual space, co-facilitated by DC parent leaders, is for DC caregivers to learn new skills, offer emotional support, troubleshoot parenting challenges, and seek advice. Each month, parents focus on a specific mental health skill to model and foster positive relationships with youth. The space also reinforces the social-emotional skills learned in school mental health programs. Parenting TOK centers on parental skill-building, community, and practice, not on how to teach skills to children. Sessions are co-facilitated by parents or by a parent and a clinician. Each session includes a video on a mental health skill, such as self-awareness, self-regulation, co-regulation, or mindfulness. The video serves as a catalyst for authentic group discussion on the topic. All participants are equal at Parenting TOK: there are no hierarchies, lectures, or one-size-fits-all guidance. Parents are encouraged to ask questions and share their experiences, drawing on their collective wisdom and insight. With these skills, parents can create home environments that complement, rather than conflict with, the mental health skills their children learn at school, resulting in a more integrated school-family mental health system.



THE IMPORTANCE OF SHARING POWER

An underlying theme in effective family partnerships is the ability to share power. Often, there is an unspoken power struggle between adults at school and those at home. This does not have to be the case. Both parties assuming the best intentions and acknowledging each other's strengths is the best way to ensure all children's health and well-being. Both adults in school and at home are responsible for fostering welcoming, collaborative, supportive, and engaging environments. When those environments cannot be achieved, there is no need to punish, demonize, or point fingers of blame; it is an opportunity to collaborate and combine respective strengths.

French and Raven's Five Power Bases Theory (French & Raven, 1958) is one way to help conceptualize power and how it can be shared. The five power bases are referent power, expert power, legitimate power, reward, and coercive power. Referent power is established through relationship-building focused on trust and mutual respect. Caregivers, clinicians, and school leaders prioritizing genuine relationship-building with one another is essential. Expert power acknowledges the expertise that each party holds. This expertise acknowledges lived experiences as invaluable. Parents, clinicians, and school leaders all come to the table with lived experiences, knowledge, and expertise; thus, all should be valued and utilized to support children's well-being. Legitimate power is power that is gained through having a role or a position. For example, a principal governs with significant decision-making power within the entire school, while teachers' governance and decision-making power is limited to their classrooms. Parents must be mindful of how they can exercise their legitimate power collaboratively rather than contentiously. Reward power is the ability to positively influence, and coercive power is the ability to punish or restrict others in managing others' behavior. These powers go hand-in-hand. Society is accustomed to relying on rewards and punishments to influence others, but these are typically considered shallow forms of power. While rewarding and celebrating one another may be a desired response, when high-stress situations emerge, it is common to revert to typical power dynamics which may force one's wants and needs onto others, rather than create spaces for collaboration and conflict resolution.

These power bases are one way to help conceptualize family partnerships and highlight the various roles that parents can play in school mental health. It is imperative to think of parents as leaders and begin to create a cultural mindset shift from viewing parents as problems to seeing them as leaders, partners, and essential parts of a holistic solution to support student wellbeing. Fostering relationships with families through targeted interventions better addresses youth mental health outcomes, advances learning, and promotes health equity.

RELATIONSHIPS AS A FUNDAMENTAL ASPECT OF FAMILY-YOUTH ENGAGEMENT

Relationships are the building block of connection and a conduit for sharing power. The quality of relationships within the collaboration can be a measure of the strength of family-school partnerships. Effective family-youth engagement and treatment outcomes mandate open communication, mutual respect, and trust.

The Family and Youth Engagement Practice Group is a dedicated team focused on elevating student and caregiver perspectives as part of the DC Community of Practice (DC CoP) facilitated by CHHCS. The group explores various types of relationships, including the relationship individuals have with themselves, the dynamic between clinicians and youth, the interactions between youth and their parents, and the interactions between clinicians and parents.

The way a person relates to themselves is often reflected in how they relate to others. Self-awareness of one's emotions is key to emotional regulation, bias prevention, and avoiding burnout. For example, a clinician's relationship with themselves directly influences their professional effectiveness and emotional well-being, creating a dynamic that can guide others. A clinician who demonstrates anchored emotional regulation provides parents and youth with a model for coping with challenging feelings and offers a predictable space for both youth and parents to express their emotions. Self-love, self-compassion, unlearning, and relearning are central to family and youth engagement work. Healing oneself can prevent harm and help others heal as well. Healing journeys often occur within a community, but they typically begin with inner reflection and self-examination.

Families play a vital role in the development and well-being of youth. Equipping parents to heal, learn how support their child best, and train them with mutual trust, respect, and open communication is key to fostering youth mental health. Strategies such as active listening, positive reinforcement, and respectful discipline are crucial for maintaining healthy relationships between parents and youth. Emphasizing empathy between parents and youth is also essential, as it allows for understanding the other's perspective and encourages active listening. Addressing ongoing conflict or misunderstandings and how they may contribute to strained relationships is another key aspect of relationships between youth and parents.

Trusted relationships between clinicians and youth are built on shared respect and collaboration. Beyond clinical diagnosis and treatment, demonstrating care is vital. Clinicians play a key role in supporting youth mental health, especially when they express a strengths-based orientation towards a young person and their wellbeing. Using culturally informed approaches and integrating cultural practices and values that consider family dynamics, communication styles, and expectations are also essential for cultivating trust, creating cohesion, and enhancing communication. Celebrating progress, no matter how small, is another way to build confidence, boost morale, and reaffirm the value of collaborative work with young people.



Vibrant relationships between clinicians and parents begin with shared respect and collaboration, particularly respecting parents' expertise and their central role in the youth's life. Clinicians and parents are co-guides in supporting a child. Both offer a unique contribution to the child's development. If a relational breakdown has occurred between a clinician and parent, acknowledging the situation and taking responsibility for one's role is key. Reaffirming one's commitment to the other person's well-being, reestablishing communication, and reliably demonstrating changed behavior or attitudes are steps to rebuild instances of broken trust.

WHAT PSYCHOLOGISTS NEED TO KNOW

Student success is at the heart of any thriving educational system, and partnerships between psychologists and schools are essential in supporting students' academic, social, emotional, and behavioral well-being. Psychologists, regardless of their specific field, play a crucial role in fostering a supportive environment that enhances students' mental health and academic success. Psychologists' research findings can help schools create nurturing environments that foster collaboration, respect, and a sense of belonging among all students.

According to the National Association of School Psychologists (NASP), school psychologists, as a distinct type of psychologist, are uniquely qualified to address barriers to learning, including mental health challenges, behavioral issues, and diverse learning needs. NASP also emphasizes the importance of creating safe school environments, strengthening family-school partnerships, and improving school-wide assessment and accountability. Additionally, school psychologists advocate for increased access to school-based mental health services, recognizing that schools are often the primary source of such support for many students.

Collaborating with clinical and neuropsychologists further enhances this support by addressing complex cognitive, emotional, and neurological challenges that may affect students' learning and development. For example, a neuropsychologist can assist a student recovering from a traumatic brain injury, while a clinical psychologist can provide interventions for severe anxiety. These partnerships provide students with comprehensive, specialized care that promotes both academic achievement and overall well-being.

Psychologists significantly improve student well-being by fostering higher academic performance, reducing behavioral issues, and enhancing teacher-student relationships through tailored interventions and training. Schools with access to psychologists often see better mental health outcomes and more supportive learning environments. Psychologists also contribute to systemic benefits, such as developing school-wide policies that prioritize inclusivity and mental health awareness. By equipping educators with tools to address students' emotional and behavioral needs, they create a foundation for lasting academic and personal success. In an ever-changing educational landscape, the partnership between psychologists and schools plays a vital role in empowering every student to thrive academically and personally.

BUILDING EQUAL PARTNERSHIPS WITH FAMILIES

To create successful partnerships with families, a strong connection between home and school is essential. Psychologists require competencies such as empathy, patience, and cultural humility to foster equal partnerships. Recognizing parents as experts on their children, actively listening to them, and maintaining clear communication help build trust and foster collaboration. Treating all families with dignity and respect, regardless of their backgrounds, and adapting approaches to meet each family's unique needs will lead to more equitable and meaningful relationships that empower families and enhance student outcomes.

WHAT IT MEANS TO COLLABORATE WITH FAMILIES

True collaboration involves more than occasional meetings—it is an ongoing, dynamic partnership founded on mutual respect, shared decision-making, and open communication. Psychologists and families must work together toward common goals for the child's growth and well-being, recognizing and addressing systemic barriers while highlighting a family's strengths. This inclusive, strengths-based approach ensures that families are valued as equal contributors to their child's success.

In conclusion, family engagement is a crucial pillar of youth well-being, providing meaningful support in youth development. When schools actively partner with families, youth can flourish in two of the main environments that most shape their development. Parenting TOk is an example of a critical space to facilitate such effective engagement. Caregivers' enhanced leadership skills and confidence can work in tandem to foster connections between families, youth, and school staff that are built on respect and consideration. Ultimately, this collaborative approach helps create stable, vibrant environments for young people to feel valued, supported, and equipped to face any challenge life may present. For all students to thrive requires nothing less.



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A LISTENING EAR CAN CHANGE EVERYTHING: FRIENDSHIP BENCH DC AND THE POWER OF COMMUNITY-BASED MENTAL HEALTH SUPPORT IN SCHOOLS

By Alex Garvey BA in English and
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The United States is currently facing a mental health crisis that has been worsened by the COVID-19 pandemic and continues to escalate. According to the Kaiser Family Foundation, one in three adults in the U.S. reported symptoms of anxiety and/or depression in 2023, and suicide rates have been steadily increasing since 2021. Youth aged 18 to 24, particularly those of color, are reporting the highest rates of psychological distress. Black and Brown communities, youth, and low-income individuals are bearing the heaviest burden, and the impact in Washington, D.C., is particularly severe.

Despite the growing need, access to mental health care is marked by significant disparities, especially in areas like D.C.'s Wards 7 and 8, where Black populations face significant barriers due to stigma, systemic racism, poverty, and a lack of available providers. As a result, traditional mental health services often fail to reach those who need them most, leaving many without vital support. Friendship Bench DC is a pilot initiative from HelpAge USA, a non-profit organization in Washington, D.C., focused on improving the well-being and inclusion of older adults in disadvantaged communities. It brings older individuals to schools and community spaces, allowing people of all ages to meet with a trained 'Grandparent' on a Friendship Bench for confidential, one-on-one conversations that foster empathy, connection, and understanding. By providing a safe space for community members to share difficult thoughts and feelings without the pressure of advice or judgment, Friendship Bench DC draws on the experience, wisdom, and deep community trust of older individuals to fill critical gaps in mental health care.

RETHINKING SUPPORT: THE POWER OF EARLY, COMMUNITY-BASED INTERVENTIONS

As trusted hubs for students, families, and the broader community, schools have long been on the frontlines for identifying young people who may be struggling or in need of additional support. Students spend most of their days in school, often making teachers, administrators, and staff the first to notice signs of anxiety, depression, and social withdrawal. Despite this central role, many school-based mental health programs are under-resourced and overburdened. As a result, students in need of support may fall through the cracks—either because they do not meet the threshold for clinical intervention or because demand for services outweighs the availability of providers.



HOW IT WORKS: BRINGING MENTAL HEALTH SUPPORT INTO EVERYDAY SPACES

Friendship Bench DC is based on a model created by psychiatrist Dr. Dixon Chibanda in Zimbabwe. This program has been adapted for the U.S. context by placing trained Grandparents directly into schools and other safe community spaces such as churches and senior wellness centers. This approach makes mental health support more accessible and familiar, while also reducing the stigma that can be associated with professional mental health care.

The Friendship Bench is a physical bench placed in quiet, designated areas within the school, where students, staff, and families can schedule a free, one-on-one, and confidential conversation with a Grandparent trained in empathic listening and evidence-based Problem-Solving Therapy. Before a session is scheduled, visitors are screened using the Patient Health Questionnaire-9 (PHQ-9) and may be referred to clinical health services if needed. Students can either self-refer or be referred by teachers, counselors, or peers. Additionally, Grandparents are able to available to support educators and staff.



BRIDGING GENERATIONS, BUILDING TRUST

By harnessing the wisdom and lived experience of older adults, Friendship Bench DC fosters intergenerational partnerships that connect students, staff, educators, families, and trusted community members to strengthen school communities and build authentic systems of support. These relationships not only address mental health needs but extend capacity and reduce stigma, making it easier for every member of the school community to seek help when needed. Research indicates that intergenerational relationships benefit both younger and older individuals, fostering emotional well-being and mutual learning. Through partnerships, some of which were facilitated by the Center for Health and Health Care in Schools (CHHCS) at the George Washington University (GWU), and public schools such as I Dream Public Charter School, Kingsman Academy Public Charter School, and the SEED School of Washington, D.C., Friendship Bench DC enhances schools' mental health capacity by addressing everyday issues and helping identify those who may need more specialized support.

The model's effectiveness is well-documented. A randomized clinical trial reported on in JAMA in 2016 (Weiss et al., 2016) found that individuals receiving Friendship Bench support in Zimbabwe showed significantly lower levels of depression and anxiety after six months compared to those receiving standard care. Since its inception, over 200,000 people worldwide have benefited from this program.



“WE’RE NOT ALONE”: WHAT EDUCATORS ARE SAYING

As Amber Church, Director of Social Emotional Learning at the SEED School of Washington, DC, explains: “Talking with the Grandparents on the Friendship Bench has been a source of comfort and reassurance for not just myself but many. The Grandparents’ life experiences, patience, and kind words have helped students navigate challenges, whether academic, social, or personal. Staff as well have felt the impact of the Grandparents, finding moments of relief and encouragement in heartfelt conversations that remind us all of the power of human connection. The presence of the Friendship Bench has not only boosted morale but has also reinforced that no one has to go through difficult times alone. We are deeply grateful for this initiative and look forward to its continued impact on our school community.”

WHAT MENTAL HEALTH PROFESSIONALS NEED TO KNOW

For psychologists working in or with schools, Friendship Bench DC can be viewed as part of a continuum of care that expands the ecosystem, easing the burden on school psychologists, social workers, and counselors by addressing issues early on before challenges become crises.

Community-rooted, intergenerational approaches, such as Friendship Bench DC, offer low-barrier entry points for care, particularly in communities where mental health services are limited or inaccessible. By partnering with culturally relevant, non-clinical, and community-based interventions, psychologists can extend their reach, creating more inclusive pathways for mental wellness.

THE POWER OF A LISTENING EAR

As mental health professionals face rising challenges and widening access gaps, Friendship Bench DC provides a promising model that is low-cost, high-impact, and rooted in the community. For school psychologists and other mental health professionals, it is also a call to consider the whole ecosystem of care and reimagine support—not just in clinical settings but also in the community. This can include something as simple as offering a bench to sit on, providing a quiet moment, or having a compassionate ear for listening. Sometimes, the most powerful intervention is simply someone who cares enough to listen.

Psychologists interested in learning more about Friendship Bench DC or exploring partnership opportunities can visit helpageusa.org/friendshipbench for additional information and contact details.

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A MODEL FOR TAKING A SYSTEMS- LEVEL, COLLABORATIVE, COMMUNITY- DRIVEN APPROACH TO YOUTH MENTAL HEALTH: THE DC CONSORTIUM FOR MENTAL WELLNESS AND BEHAVIORAL HEALTH IN SCHOOLS (DC COMBS)

By Madeline Weil, MPH, Vinu Ilakkuvan, DrPH, and Olga Acosta Price, PhD





THE YOUTH MENTAL HEALTH CRISIS: A CALL FOR A SYSTEMS-LEVEL APPROACH



Across the country, young people are facing an unprecedented mental health crisis— one in five children exhibit signs of emotional behavioral health problems, yet more than half do not receive timely treatment.^{i,ii} The root causes of this crisis are complex and deeply embedded into our social systems—no single intervention, profession, or institution can solve them alone. Truly responding to this challenge will require moving beyond treating individuals to transforming systems. This work will require a public health lens—one that emphasizes population-level prevention and health promotion.

THE FORMATION OF A COLLABORATIVE AND COMMUNITY-DRIVEN CONSORTIUM

The DC Consortium for Mental Wellness and Behavioral Health in Schools (DC COMBS) was created to bridge this gap between isolated individual interventions and the broader social drivers of health in the context of school mental health in Washington, D.C. Strong comprehensive school behavioral health systems function to prevent behavioral health challenges and address problems that arise, in an effort to improve the health, well-being, and academic outcomes of students.

DC COMBS recognizes that addressing the mental health crisis will require more than just expanding clinical services— it requires collaboration between all those who can address the systemic and social factors that influence youth wellbeing. Thus, DC COMBS leadership has intentionally assembled a highly diverse and influential group of leaders, including students, parents, teachers, lawyers, mental health clinicians, researchers, and policy advocates, facilitating greater sustainability.

DC COMBS was envisioned and is convened by the Center for Health and Health Care in Schools (CHHCS) at George Washington University, which serves as the backbone organization for this effort and provides convening, administrative, and other supports to launch and sustain the consortium. D.C. COMBS is funded by the J. Willard and Alice S. Marriott Foundation, which has provided funds for a planning year for the consortium, as well as subsequent funding for the implementation of pilot projects.

Despite leading other programs and initiatives across the city and often operating with scarce resources, consortium members actively engaged in a variety of meetings. They dedicated a substantial amount of time throughout the planning year. Their engagement and thought leadership were instrumental in crafting the mission and vision of DC COMBS and made possible by planning year funding, which enabled all consortium members to be compensated for the time they spent in consortium planning meetings and activities. In the planning year of 2023, DC COMBS brought together the aforementioned diverse group of stakeholders from across D.C.'s mental health community to engage in a collaborative planning and design process. This effort yielded a shared commitment to a common organizational structure, logic model, and objectives. Central to this work was creating space to build new relationships and deepen current ones. This foundational relationship-building was critical to fostering the psychological safety necessary for open discussions, where divergent perspectives could lead to finding common ground.

CONSORTIUM VISION, MISSION, AND APPROACH

The consortium envisions a D.C. where all youth enjoy robust mental wellness and behavioral health; where families are engaged, supported, and heard in ways that enhance their well-being and ability to support their children; where the professionals who support youth in D.C. experience strong collaboration, continuous learning, and have appropriate resources to perform their roles; and where schools are safe and caring places that make learning fun and help students thrive. DC COMBS's mission is to advance improvements and equity in school mental health by strengthening collaboration across research, practice, and policy spheres; creating pathways for community voice to drive action and decisions; and establishing ongoing relationships between the consortium and key actors - including District agencies and policymakers, school leaders, staff and teachers, parents and caregivers, and students and youth.



Key elements of DC COMB's approach include:

Collaboration across research, practice, and policy spheres

To realize its vision, DC COMBS established a three-pillar approach that weaves together research, practice, and policy to advance improvements and equity in school mental health. The research core is crucial to inform the development of a comprehensive school behavioral health system. This core gathers relevant research from across institutions of higher education in D.C., as well as explores ways to identify lessons learned from other settings that can be applied in local contexts. The practice core will focus on providing direct technical assistance (TA) to schools, including coordinating with community organizations to reduce the partnership burden on schools, while also developing TA approaches to change school-level practices that can be sustained in the long-term. Concurrently, the policy core will work to enhance existing public programs and policies – not only in related areas of behavioral and mental health, but also in broader areas of health, education, early childhood, child welfare, and juvenile justice systems.

Creating pathways for community voice to drive action and decisions

At the heart of each of these pillars is the prioritization of youth, caregiver, and educator leadership. DC COMBS recognizes youth, caregivers, and educators have a unique capacity to drive meaningful change in mental wellness and behavioral health.

To date, the Consortium has established a youth adult partnership group, convening a youth leadership council to guide the work of the Consortium and providing continuous training to Consortium members on strategies to meaningfully engage youth leadership, voice, and expertise across their multisectoral work.

Implementing pilot projects to test what works

Over the past year, the Consortium has transitioned to the development and implementation process for pilot projects (identified during the planning year) in pursuit of fulfilling its mission. The DC COMBS communications pilot aims to reshape mental wellness discussions in schools by scanning dominant narratives and co-creating new messages with students, families, educators, and advocates. These inclusive discussions will help coalesce diverse stakeholders by promoting a common language and framing key issues, to convince DC leaders to make informed investments that holistically and sustainably promote mental wellness in schools.

Simultaneously, the practice pilot addresses the urgent need to knit together and expand the existing network of technical assistance providers in schools. This initiative facilitates collaboration among Consortium partners in select schools to enhance the implementation of school mental health best practices, with a special emphasis on incorporating the perspectives of students, family, and educators. Partner organizations are already developing innovative support approaches targeting chronic absenteeism, adult conflict resolution, extended crisis response, and educator wellness.

Finally, the policy-focused pilot establishes a bidirectional partnership between DC COMBS and the Strengthening Families Coalition (SFC), an existing school mental health advocacy group in DC, to advance district-level school mental health policy through collaborative research, analysis, and advocacy. The effort aims to establish direct channels for students, caregivers, and educators to inform policy advocacy efforts, while ensuring that research and practice insights shape policy development and advocacy.

WHAT PSYCHOLOGISTS NEED TO KNOW & IMPLICATIONS FOR THEIR PRACTICE

- Embrace a population/systems approach: Never has there been a more urgent time for individual psychologists to embrace a public health approach in their practice. This means viewing mental health challenges through both individual and societal lenses and recognizing how social determinants impact well-being. Too often, mental health professionals operate in isolation, with limited opportunities to understand each other's work, inform each other's thinking, and contribute to collective solutions for complex problems.
 - Psychologists should educate themselves about the social influencers of health and education (SIHE) through briefs and trainings. Understanding how factors such as housing stability, food security, economic opportunity, and experiences of discrimination affect mental health outcomes enables practitioners to develop more comprehensive and effective interventions.
 - Consider incorporating SIHE screening tools into assessment processes and maintaining a resource database of community services that address these social factors.
- Identify and develop collaboration channels between clinicians, researchers, and policymakers: Psychologists can play a vital role in informing and advocating for policy changes that support comprehensive school behavioral health systems.



- Seek out and join local or state mental health consortiums and coalitions focused on school-based services.
- Establish relationships with organizations focused on policy development and/or policy advocacy that can translate clinical experiences into policy recommendations.
- Consider participating in legislative hearings, providing expert testimony, or contributing to policy briefs that highlight health or educational disparities or evidence-based approaches that should be adopted or scaled.
- Build partnerships with university and nonprofit research centers to help shape research questions relevant to frontline practice.
- Collaborate with fellow psychologists to advocate for policy solutions addressing common barriers to care.
- Engage community voices and be responsive to community needs: Psychologists should establish systematic ways for families and communities to shape their work and the work of their organizations ensuring their practices remain responsive to community experiences and emerging needs.
 - Develop relationships with youth and family advocacy groups in your community. These organizations can provide critical insights regarding the barriers that families experience when accessing psychological services, particularly among underserved communities.
 - Become an active presence in community spaces by attending PTA meetings, community forums, or cultural events.
 - Develop culturally responsive referral processes with schools to minimize barriers for families.
 - Consider offering pro bono services, such as through your state professional association, to un- or underinsured families, especially if you provide sought-after and specialized treatment that might otherwise be inaccessible to some community members.

With the recent dismantling of our public health and educational infrastructure, it is crucial for psychologists to collaborate across disciplines and with community members to inform their work and contribute to the shaping of broader policy and systemic forces that impact youth mental health. DC COMBS offers a unique model for sustaining these connections and collaborative approaches. This university-school-community-family-youth partnership also sheds light on specific actions psychologists can take to embrace a population/systems approach, identify and develop channels between clinicians, researchers, and policymakers, and engage community voices and strengths to be responsive to community needs.

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A RADICAL APPROACH TO ALTERNATIVE EDUCATION: FINDING SOLUTIONS TO ADDRESS THE NEEDS OF DISAFFECTED LEARNERS MARGINALIZED OR EXCLUDED FROM MAINSTREAM SCHOOLING

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his article sheds light on Kingsman Academy Public Charter School, an alternative school that has navigated a non-traditional path in recent years to address the needs of children who face multiple challenges, including undiagnosed or diagnosed emotional or psychological disorders, substance abuse, and a host of other social, environmental, or economic issues - conditions that have previously marginalized or excluded them from mainstream education. Yet, Kingsman is a school that embodies a coalescence of practices, people, programs, and policies that work in harmony to support healthy development, learning, and success for all of their students. Executive Director Kennesha Kelly recalled the early days of the school, whereby disruptive behavior and absenteeism were a daily concern, “We found out very quickly that we had to do something different, that the traditional methods just wouldn’t work to give the kids what they needed.” The starting point for this approach was the students themselves, whose interests would be the center of every decision made by the school. More recently, the school is currently working closely with an academic partner, the Center for Health and Health Care in Schools (CHHCS), the George Washington University, and the Milken Institute School of Public Health, to identify and realize new areas for collaboration.

Kingsman opened in 2015 and is in the northeast quadrant of Washington, D.C., a relatively prosperous residential sector of the nations’ capital. The area does not reflect the social and economic background of the student body, who travels to school each day from more disadvantaged neighborhoods. Many are among the most vulnerable and at-risk students in the district. Over 95% of enrolled students identify as black and/or of African American heritage. While welcoming students for whom the D.C. school district has found it almost impossible to place, Kingsman Academy is aware that, due to the sheer demand for alternative education placements, they cannot cater to every category of need. Consequently, a decision was made to enroll students at risk of dropping out of high school because of emotional or behavioral challenges. These factors often contributed to low attendance or the likelihood of permanent school exclusion. At the time of writing, 345 students between the ages of 11 and 27 were enrolled in the school’s five main programs. These include young adult learners, who are educated apart from the rest of the school and seek ways to achieve a high school diploma. Many of these under-credited adult students study ‘remotely’ due to family or work commitments.



To address the complex needs of its learners, Kingsman embarked upon the implementation of evidence-based practices that involved (i) an extensive structure of behavioral health support for every student and one that complemented the school’s teaching and learning, (ii) a radical overhaul of the school curriculum in terms of both its delivery and assessment methods and (iii) a complete redesign of the interior of the building to provide comfortable learning spaces that did not correspond to a traditional classroom. The implementation of its strategic plan has resulted in both improved school attendance (averaging at 82%) and significantly improved student outcomes (averaging at 75% of students graduating in 2024).

Kingsman has adopted a radical solution to ensure that students attend school, are punctual, and are ready to learn. Many young people fear for their safety when traveling to and from school by public transportation. In response, the school pays for private transportation for its students at the start and end of the day. Given the emotional needs of students and their prior history, it is unlikely that good attendance could be sustained without this financial commitment. Another significant challenge is homelessness, an acute problem, with many students experiencing several evictions and being re-housed in temporary accommodations. While the school acknowledges that it cannot resolve all the social problems that students and their families encounter, it makes a concerted effort to ensure that the school is a haven and a positive influence, a place where safety, consistency, and flexibility are paramount. A dedicated group of professionals from the school’s Integrated Comprehensive Services Team (ICS) provides both internal and external support. They are committed to removing internal barriers to learning while mitigating external factors that impede students’ success.



Starting a new school is a daunting experience for young people, and no less so for those who have had negative experiences in prior educational settings. Kingsman's approach to student induction can be described as diagnostic, whereby there is an understanding that several complex reasons exist to explain why students either refused to attend their previous school or were disruptive while attending. An immediate task is to identify the underlying reason why a student has developed antipathy towards school and school authority. The school's teachers and health practitioners described the approach as providing triage, deliberately making an analogy with a hospital's emergency room. They went on to explain, 'We do a thorough screening of our students to be able to customize an individual study plan that will accommodate their needs, set a clear and practical path for graduation while tackling the biggest stumbling blocks that will prevent them from achieving.' Thus, historic strategies that may have overlooked these underlying causes were avoided, and the likelihood of replicating mistakes was minimized. By adopting a systematic approach that the school refers to as screening, every new enrollment is assessed to identify their individual needs, ensuring that they are offered appropriate support. Students are encouraged to participate in their own assessments by completing a variety of online questionnaires, one of which pertains to drug and substance abuse.

The school climate at Kingsman is palpably warm and welcoming. The ICS team works closely with academic staff (known as Cohort Leaders), greeting students as they arrive at school. Inquiries are made to determine whether students are ready to learn or need time to transition and to identify if any interventions are required. Clinicians are immediately on hand to offer verbal or material support. Regularly, circumstances may arise that could cause acute embarrassment to students may arise. For example, arrangements may be made to ensure that students have access to clean and laundered clothes, funds are made available for students to arrange for a haircut, and feminine hygiene products are also freely available. Many students may arrive at school hungry and, therefore, are not ready to engage in learning. Breakfast and lunch are provided free of charge. The food served has a high nutritional standard and snacks and drinks are available throughout the day. Clinicians play a crucial role in working alongside Cohort Leaders and teaching assistants to provide support for students. This practice uses a 'wrap-around care' approach to ensure that students receive the level of support they require.



Other daily issues affecting students' learning can often vary and may be as simple as a minor family argument to more serious incidents around home eviction, arrest of themselves or a family member, or witnessing a serious assault. Furthermore, the team communicates with families and provides information regarding resources that can be accessed from the school or other agencies. They are also available to advocate for parents if there are issues related to literacy, such as working closely with parents in preparation for the annual review of an Individualized Education Plan (IEP) or seeking consent to refer a student for evaluation. The ICS team will inform Cohort Leaders of the student's home situation, which may include serious parental illness or any of the aforementioned issues. Despite these interventions, the school acknowledges that there are circumstances in which regular school attendance is not viable due to external factors, such as homelessness or emotional factors that hinder direct interaction with school staff or other students. In these situations, and what may seem controversial to some, students are permitted to work virtually online without negatively affecting their attendance records. If necessary, Chromebooks, Wi-Fi hotspots, and cell phones modified to only receive or make calls and SMS messages are made available to allow students to study and maintain contact with their teachers during the school day.

While developing and reinforcing learning habits for their students, there is also recognition that previously reluctant learners may struggle to cope with the demands of traditional school schedules. Thus, flexibility and reasonable accommodations are required at every turn. Students are expected to arrive at 10 am if attending in person, although many arrive earlier. The end of the school day is 3 pm, although these hours are extended for adult learners. On alternate Wednesday afternoons, students are not required to attend school. When students are not on-site during these times, staff members are engaged in professional development and training. As important as ensuring that students attend school, it is what is learned when they arrive. The school's approach is not only radical but also possibly unique.





Kingsman Academy believes that offering a “Carnegie” style curriculum and the well-established method of its delivery by trained ‘subject specialist’ teachers is an ineffective model for sustaining the engagement of its cohort of learners. While traditional structures require students to learn at the same pace and often in the same way, Kingsman favors an approach that allows students to regulate their learning while being closely guided by their Cohort Leaders. A personalized competency-based education (PCBE) program has evolved at Kingsman in close collaboration with educational researcher Professor Robert Marzano, allowing for multiple pathways to post-secondary readiness by removing barriers to credit earning and graduation. PCBE refers to an instructional model in which students make choices about how they learn and demonstrate their knowledge at a pace that might differ from that of their peers who follow a more traditional curriculum.

Progress is measured by students’ mastery of the course material rather than the time spent in the classroom. To graduate, students are required to demonstrate a full range of skills across seven broad study themes. At each stage of their learning, students are aware of the functional level at which they are working and the skills they need to master to progress. Despite the school’s significant success, the students’ journey to graduation is not always smooth. Students may have had four years from the equivalent start of senior high school to reach the required standard for graduation, but many arrived having missed a significant amount of schooling. Literacy and numeracy levels often lag behind students of similar ages and, therefore, require more intense interventions. At Kingsman, students regularly have a morning 2-hour session dedicated to English and Math to bridge this learning gap.

The adoption of an alternative curriculum necessitated the restructuring of the entire school’s interior design. The traditional classroom with rows of desks was rejected as unnecessary and not conducive to student engagement or effective learning. In their place, rooms have been created that include spaces for whole-class teaching as well as individualized personal study spaces. Private consultation areas are located within each designated program area and are available when students feel the need to be heard by staff members or require a quiet space to decompress. Corridors are carpeted throughout, harsh interior brickwork is covered with attractive paneling, and serious thought has been given to the deployment of lighting. This therapeutic approach contributes to the feeling that this is not a school in the traditional sense but a health-promoting environment that fosters positive development and growth. Walking through the building, which is constantly evolving, one is struck by a sense of calm, a contributing factor being the non-requirement for students to move from one classroom to another, and there are no bells.

The school strives to listen to its students and understand the reasons for their negative behavior rather than only seeking to discipline or sanction students for breaching the rules (tools that remain at the school’s disposal). ‘Good’ behavior is consistently rewarded, and students receive positive reinforcement throughout the day. The reward system was designed to incentivize students to attend and complete their assignments. Kingsman adopted cognitive-behavioral therapies (CBT) to help understand the connection between a student’s thoughts, feelings, and actions. Developing the confidence to implement a behavior policy requires staff to exhibit enormous patience and reserves of emotional energy. The school is aware that the price paid for making such personal and professional commitments can be high and strategies are in place to guard against ‘staff burnout.’ These include ‘decompression days,’ where students are not on-site, as well as all-year-round access to a professional ‘well-being’ counselor for teachers and staff.



The school’s success would not be possible without establishing a positive school culture. Kingsman’s guiding principles are enshrined in its “Five Promises”: civility, integrity, contribution, fortitude, and empathy. Its mission is to ‘provide an individualized and rigorous education in a supportive environment to prepare scholars for post-secondary success and responsible citizenship.’ There is unanimous ‘buy-in’ from the staff regarding the school’s objectives and pedagogical approaches. Moreover, every staff member, regardless of their role in the school, can articulate the school’s mission. Collaborative working and team building are crucial components of the school’s success. Furthermore, staff are proud to serve a community in which they share a bond and deep affinity with their students and their families.



Post-secondary success is measured not solely by graduating but by being prepared for the world of work, training, or further education. The school instills in its students the need to become mature and responsible citizens, not only as a civic duty but also to later contribute to the communities in which they reside later in life. Students are extremely proud of being associated with the school. They enjoy learning and the individual care they receive from the teaching and non-teaching staff. Many reflected on their negative experiences in their previous high school and compared them with the more favorable environment at Kingsman. The students felt valued, listened to, and confident about sharing their concerns with trusted adults. One student said, “I can tell my tutors anything, and they will listen.”

Finally, the leadership of Kingsman Academy recognizes that, given the range of complex needs students face, it is imperative to build strong partnerships with external partners. In recent years, several experts and specialists have collaborated closely with the school on projects that are as diverse as academic assessment and bereavement counseling. Kingsman is a place of hope and support that strives to enhance the learning opportunities and quality of care for all its students. As the school celebrates another cohort of students graduating with a High School Diploma and successfully moving on to their next stage of life learning, whether in education, training, or employment, it is not difficult to conclude that this would not have been possible if Kingsman Academy had not been a part of their lives.



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