



Introduction to the Special Issue of *School Mental Health* on Best Practices in Effective Multi-tiered Intervention Frameworks

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Abstract

Contemporary concerns regarding the mental health of children and adolescents in schools require multi-tiered systems of support across key areas of mental health conditions. This introduction outlines the rationale of a special issue on multi-tiered systems of support for common mental health disorders that may impact social, academic, and behavioral functioning. The special issue of *School Mental Health* includes articles addressing intervention frameworks to address bullying, attention-deficit/hyperactivity disorder, aggression, suicide, high-functioning autism, anxiety, and the impact of trauma.

It is unlikely that there was ever a time in history when school mental health practitioners' provision of effective intervention was more important. The current school context includes acts of serious violence and the public's concern that untreated mental health impairment contributes to these acts (Ducharme, 2018; Duwe & Rocque, 2018), popular, contemporary television shows such as *13 Reasons Why* and subsequent discussions about teen suicide (National Association of School Psychologists, 2017), and increasing school-generated referrals for attention-deficit/hyperactivity disorder diagnoses (ADHD; Bokhari & Schneider, 2011; Fulton, Scheffler, & Hinshaw, 2015). These perspectives are magnified by increasing accountability in schools linked to high-stakes assessment as well as increased stress and subsequent mental health problems even among high-achieving students (Suldo, Shaunessy, & Hardesty, 2008). Further, school discipline policies that create racial and economic inequities through increased school discipline (Bottiani, Bradshaw, & Mendelson, 2017) or reduced access to services (Morgan, Farkas, Hillemeier, & Maczuga, 2017) exacerbate mental health challenges experienced by students in schools. At the same time, the public's perception of US elementary schools includes multiple areas in need of improvement, including a

view that there is a need to provide effective mental health services (Phi Delta Kappan, 2017).

School mental health supports and interventions are a potential means for reducing these school-based problems. Indeed, there is increasing interest in establishing school mental health interventions across a multi-tiered system of support (MTSS; e.g., McIntosh & Goodman, 2016). MTSS has been successfully deployed in schools as a means of addressing reading support and intervention, and it is a promising approach for behavioral and emotional concerns as well. Specifically, an MTSS includes tiers of intervention of increasing intensity and complexity, offered to children as needed. At Tier 1, or the universal tier, supports are provided to all students focusing on prevention. At Tier 2, or the targeted tier, supports are provided to students who are at risk of mental health concerns. Finally, at Tier 3, or the indicated tier, students with identified mental health concerns are provided interventions for their condition. Placement at tiers is guided by whole-school screenings, progress monitoring, and students' responses to interventions. Students can be moved from more or less intensive tiers, as indicated by ongoing assessments. School mental health providers are therefore able to meet students "where they are" and tailor interventions to the current needs related to skill building and problem reduction.

Current models of intervention that use a MTSS include Positive Behavioral Intervention and Supports (PBIS; Childs, Kincaid, George & Gage, 2016; Horner, Sugai, & Anderson, 2010) and Response to Intervention (RTI; e.g., Ikeda, Tilly, Stumme, Volmer, & Allison, 1996; Kovalski, Tucker, & Stevens, 1996; Telzrow, McNamara, & Hollinger,

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2000). It is important to note that these approaches are frameworks of intervention—they are only as good as the interventions and assessments used within the frameworks to meet the needs of the students. Further, the fidelity of assessment and intervention implementation is also emphasized within these frameworks. Therefore, although the MTSS framework for school mental health is relatively easy to understand, it is easy to envision how it can quickly become quite complex across grade levels, various conditions, and intervention intensity. This complexity was exemplified at a meeting the first author had with a district superintendent and the school RTI team when they stated they were “using RTI for academics and behavior” but did not yet have the framework populated with interventions, and the team was struggling to organize their approach to tailoring assessment and intervention for classrooms and for individual students. One goal of the collection of papers in this special issue is to begin to establish a collection of intervention for common school mental health concerns that can assist school administrators and educators with populating their school-wide frameworks with effective interventions.

In a review of the evidence, authors of articles within this special issue of *School Mental Health* were asked to report on the strength of evidence across developmental levels (i.e., preschool, elementary school, middle/high school), across tiers (Tiers 1, 2, 3), across outcomes, and how screening and progress monitoring may be integrated into school systems to inform intervention. As can be seen from the articles within the issue, there is considerable variability within and across particular conditions, which serves as a call to arms to increase the study of school mental health supports and interventions.

In the articles that follow, common school mental health conditions are described and supports within a MTSS are reviewed. Nickerson (2018) reports on the evidence base for bullying interventions across tiers. Fabiano and Pyle (2018) describe interventions for ADHD. Waschbusch, Breaux, and Babinski (2018) review the evidence base for intervening with children who exhibit aggressive and defiant behaviors in schools and describe interventions across a MTSS. Thomeer, McDonald, Rodgers, and Lopata (2018) present one of the first reviews to address school-based interventions for autism across a MTSS. Singer, Erbacher, and Rosen (2018) address the evidence base for school mental health interventions focused on preventing suicide. Jones, West, and Suveg (2018) present the evidence-based approaches for managing anxiety in school settings. Finally, Chafouleas, Koriakin, Roundfield, and Overstreet (2018) report on school-based interventions to manage negative responses to trauma. Together, this collection of reports provides an overview and launching point for practitioners implementing school mental health interventions and also highlights areas in need of further research within the community of school

mental health scholars. To provide an overview of this area of research and practice from the lens of dissemination and implementation, Lyon and Bruns (this issue) provide an expert commentary on the role of best practice school mental health interventions as implemented in authentic school settings.

In our view, this collection of manuscripts is a good start, but there needs to be continued research to address how school mental health practitioners practically and effectively address these disparate conditions, how educators learn to implement the interventions needed to address them, and how administrators can allocate resources efficiently to address the various intensities of interventions across tiers. There are also numerous conditions that are lacking in research support at particular tiers or for particular developmental levels, and we hope this special issue of *School Mental Health* spurs additional research in school settings to support affected youth. Finally, integration of school mental health with academic-focused intervention and support is an area in need of continuous development and innovation. As outlined above, educators and school mental health practitioners are under incredible, contemporary pressures, and it is hoped that these articles together, as a collection of best practice reviews, serve to promote meaningful change in the supports available to children and adolescents in schools.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interests.

Ethical Approval This article does not contain any studies with human participants performed by any of the authors.

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