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Extending Psychological Intervention from Office to School

Bruce M. Gale, Ph.D.

It was shortly before 3:00 p. m. when Dr. Sanders's phone rang. "Oh hi, I'm so glad I reached you," the caller said. "Ricky, my nine-year-old son, is diagnosed with ADHD and says the other kids are constantly saying mean things to him. Plus, although he's a whiz in math, I can never get him to do his homework and he's failing. Even when he does do it, he forgets to bring it. The teacher says he's frequently depressed and needs medication, but I don't want that. Can I make an appointment to have him come see you? I'm really desperate; he's such a great kid at home and I'm worried."

Dr. Sanders thought for a moment then asked a few more questions about Ricky. «I'd like to observe him at school prior to having an initial meeting. Also I'd recommend that you and his teacher complete an online behavioral inventory to help identify and prioritize areas of concern." "But, shouldn't you meet him first?" asked the mother.

Dr. Sanders explained that a school observation would likely yield valuable information about Ricky's behavior and peer relationships that would be nearly impossible to gather in an office visit. "It would be the only time an observation could occur prior to him knowing my identity. Also, this would provide an opportunity to informally gather more detailed information from the teacher. This could be useful in designing a school-based treatment intervention.» After a few more details were exchanged, Dr. Sanders indicated her office would be sending out some paperwork to get things started, then ended the call.

There are several important differences in working with school-aged clients versus adults. The process typically starts with the initial contact by the parent, rarely by the child. Sometimes treatment recommendations come from the child's school, usually following a troubling event or an increase in some type of behavior problem. After therapy begins, working through a child's difficulties in the office may prove insufficient. Children who lack school friendships, behave oppositionally, exhibit extreme shyness, or have learning difficulties rarely display these challenges in the same manner during a traditional therapy session. Further, they may not be accurate reporters of their own behavior and wind up providing a skewed picture.

This is not to imply that individual or group-based therapies aren't helpful or needed but rather that there are times when including school staff and/or creating specific school-based therapeutic assignments can enhance treatment efficacy. Knowing how to engage with school personnel, understanding the basic laws and regulations that govern educational programs, and a willingness to participate as a member of the child's standard or special educational team can be invaluable in producing better client outcomes.

Teachers are usually willing to collaborate with mental health professionals, provided the time involved is not burdensome. There may be other educational professionals, such as a counselor, school psychologist, resource specialist, speech pathologist, or occupational therapist who can provide additional assistance or information.

Conducting school observations is typically an easy process to set up. Usually it just requires an informal conversation between the parent and the principal or assistant principal followed by a brief letter from the parent. Occasionally a school may limit observation time to 30 minutes or less, but it may be possible to observe for longer periods. Observations 30 minutes prior to nutrition/recess, during that break time, and 30 minutes afterwards can yield quite a bit of information about attentiveness, related executive functioning, and social interaction skills with peers, especially in elementary school. For middle and high schools, observing a class, nutrition, and a second class can be helpful, especially during a minimum day when the periods are shorter. Even a brief three to five minute conversation with a teacher can yield a wealth of information. Most teachers are willing to share information about their observations and impressions and are often pleased that someone is taking an interest and wants to help.

Symptoms associated with depression or anxiety may be best treated in the privacy of a therapist's office. However, it can also be helpful to include school personnel in helping the child practice more effective coping strategies. In

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Ricky's case, Dr. Sanders learned during her brief conversation with his teacher that, although he was at recess on the day she observed, he usually remained in class to complete homework from the night before as part of his behavior plan. The initial school observation allowed her to see that he was acting as a "poor sport" when he lost at handball, and that he carried his sullen mood into the classroom afterwards. She also observed that he tended to overreact to peers' comments. Treatment focused on ways to modify his behavior, and the school psychologist helped to implement CBT methods, with Ricky bringing progress reports back to Dr. Sanders. The teacher discussed Dr. Sanders' recommendations with the yard aide, who helped Ricky react less strongly, which afforded him the opportunity to pick his "class job." When Dr. Sanders learned that the school offered a social skills program open to any student as a Tier II intervention and participation, she had Ricky join within a couple of weeks. Three months after Dr. Sanders began working with Ricky, he was doing much better.

For psychologists, knowledge of the essential components for creating a well-rounded treatment program includes understanding concepts such as Tier I, II, and III; how Section 504 Plans and IEP (Individualized Educational Programs) are developed and implemented; ways to create and implement Positive Behavior Intervention Plans and Direct Treatment Protocols; as well as understanding the types of services that a school offers or is required to provide. In some cases, school personnel may not be sufficiently aware of the adverse impact that behavioral and emotional problems have on a student. Psychologists are well positioned to combine office-based individual psychotherapy with adjunctive school-based consultation or intervention. It's just a matter of knowing how to navigate the system. ▲

Bruce Gale, Ph.D. *was educated and trained at UCLA, Florida State University, and Children's Hospital, Boston. He is an Independent Educational Evaluator and conducts trainings with school districts. His social skills programs, LUNCH Groups®, has treated more than 900 individuals to date. He is also the developer of Rapid Screener®, an interactive multi-rater functionally based social emotional assessment tool.*