School Counselors vs. Mental Health Counselors

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Presenters:

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Learning outcomes:

After viewing this webinar you should be able to:

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

To Build Better Humans
A Multi-Tiered Approach

Mitigation & Prevention

Tier 1
Universal

Tier 2
Targeted

Tier 3
Intensive

Recovery

Preparedness

Response
### Specialized Instructional Support Personnel

**School Counselors**
- Specialized knowledge of curriculum and instruction
- Design and implement comprehensive programs to help all students build fundamental academic and social/emotional skills
- Prepare all students for successful transitions from school to post-secondary

**School Psychologists**
- Ability to administer, analyze and interpret psychological and psycho-educational assessments
- Select and implement appropriate, evidence-based specialized interventions
- Promote success for targeted students with particular needs

**School Social Workers**
- Understanding of school, family and community systems
- Link students and families with appropriate community services
- Facilitate services for targeted students with particular needs
### The Continuum of Care

<table>
<thead>
<tr>
<th>All School-Employed Mental Health Professionals</th>
<th>Most School-Employed Mental Health Professionals</th>
<th>Some School-Employed Mental Health Professionals</th>
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</thead>
<tbody>
<tr>
<td>School-Based Prevention &amp; Universal Interventions</td>
<td>Identification of Students with Mental Health &amp; Behavioral Concerns</td>
<td>Targeted School-based Interventions with Community Support</td>
</tr>
<tr>
<td>All Students</td>
<td>At-Risk Students</td>
<td>Students with Severe/Chronic Problems</td>
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### Practices in Mental Health Support

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

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

**Student First Mindset**
- Keep the focus on the students needs
- Continue the connection beyond the therapy session...generalized into the environment
Barriers

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

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

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

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

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

AMHCA’s Vision

“To position clinical mental health counsellors to meet the health care needs of those we serve while advancing the profession.”
Our Mission

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

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

Licensed Clinical Mental Health Counselors (LCMHCs)

- Licensed in all 50 states to assess, diagnose, and treat mental, emotional, and behavioural disorders
- Various state license titles (e.g. LCMHC, LMHC, LPC, LCPC)
- 60 credit hour master’s degree
- Typically complete post-graduate 3000 hours of supervised practice
- Holistic Focus on total health wellness and development across the lifespan that considers biological, psychological, and social factors
- Employed in various settings across the continuum of care, including health promotion, addiction recovery services, crisis services, telehealth, etc.
140,000 Mental Health Counselors Around the Country

Behavioral Health and Other Related Providers, by Field:

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

Source: Centers for Medicare and Medicaid Services, National Provider Identifier (NPI) Database (2014)
Gray Otis, PhD, LCMHC
AMHCA Director of Program Coordination

From “The ASCA School Counseling Model”

ESSENTIALS OF THE
Clinical Mental Health Counseling Profession
AMHCA Releases Major Publication
Promoting the Clinical Mental Health Counseling Profession
An inside view of a profession that makes a unique impact on improving wellness.
Licensed Clinical Mental Health Counselors (LCMHCs)

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

LCMHC Capabilities

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

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

Addressing Access Barriers to Behavioral Health Services

**LCMHCs Overcome Barriers to Quality Care:**

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

School Districts hire or contract for behavioral health services

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

Ensuring the Right Counseling Aptitudes

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

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

When to Refer Students to LCMHCs

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

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

LCMHC – School Counselor Collaboration

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

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

Please describe behaviors

Labels harm

Student Re-integration to School

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

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

  Counteract fear and disconnection with caring and connection

Thank You for Your Counseling Expertise and Caring

Questions?

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