


Chapter 22

Lessons Learned: Equipping Interdisciplinary Scholars to Provide a Continuum of Mental and Behavioral Health Supports

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ABSTRACT

This chapter outlines important lessons learned while implementing Marshall University's interdisciplinary personnel development program. Motivated by the intense needs of youth with disabilities in Appalachia and the shortage of qualified personnel to address these needs, the program employed evidence-based models to train school counselors, school psychologists, and special educators. Factors found to be essential include finding evidence-based interventions appropriate for all disciplines, early intense training, while acknowledging differences in entry skills and knowledge of interdisciplinary scholars, exposing scholars to a continuum of tiered school-based supports including working together across disciplines, modeling and attending to self-care of scholars, and acquiring partnerships for sustainability. These factors were important in successfully training the scholars to provide services to children with intensely complex social, emotional, and behavioral needs. Also included are suggestions for improving training based on the authors' reflections and feedback from scholars.

INTRODUCTION

The chapter aims to highlight important practices or “lessons learned” from an interdisciplinary personnel development grant, which is currently in its fourth year of preparing preservice school counselors, special educators, and school psychologists to participate in a variety of evidence-based interventions

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Lessons Learned

for the purposes of facilitating positive social, emotional, and behavioral outcomes for young children with high-intensity disabilities. The authors' motivation to obtain the grant was due to a shortage of qualified school personnel in their area to serve school-aged students with disabilities who had intensely complex social, emotional, and behavioral needs. The number of students with these needs had been increasing due to societal issues such as prenatal substance exposure, complex traumatic stress, adverse childhood experiences (ACEs), and adverse community environments. Yet, the number of individuals entering school-based employment to address these issues was declining.

The grant project employed best-practice, evidence-based models (e.g., Prevent Reaffirm Evaluate Provide and Respond Examine School Crisis Prevention and Intervention Training [PREPaRE] and teacher-child interaction training/parent-child interaction training [TCIT/PCIT]) and trauma-informed care to prepare interdisciplinary scholars in two biennial cohorts for what they encountered when working with school-aged children in West Virginia (WV) who have both a complex array of disabilities (e.g., multiple cognitive, physical, sensory, emotional, learning, or processing disabilities, and/or autism, dyslexia) and high-intensity needs (e.g., persistent learning or behavioral challenges, traumatic stress, significant needs for self-regulation and healthy attachments). Marshall's Scholars Program, entitled Special Education and Resiliency (SEAR) project, prepared graduates to implement these specialized evidenced-based models, which are not routinely provided or accessible in most special education settings for children in WV, for the purposes of supporting mental and behavioral health outcomes while also promoting high expectations and collaborating with all disciplines to include students with disabilities with high-intensity needs in least-restrictive and natural environments in public schools.

Through their direct experiences, the authors determined five practices that were important guiding principles for their work with the scholars. These include finding evidence-based interventions appropriate for all disciplines involved, early intense training while acknowledging differences in entry skills and knowledge of interdisciplinary scholars, exposing scholars to a continuum of tiered school-based supports including working together across disciplines, modeling and attending to self-care of Scholars, and acquiring partnerships for sustainability. After detailing these practices, the authors reflect on improvements to their model that would be helpful with future trainings.

BACKGROUND

In terms of overdose mortality rates, no state has been more negatively affected than WV. Age-adjusted overdose mortality rates from 2014 through 2020 illustrate that WV led the nation each year, and increased to an all-time high of 81.4 deaths per 100,000 in 2020 (CDC - National Center for Health Statistics, 2022). As educators, the deleterious consequences of parental substance abuse disorders (SUD) on children are well-known. These adverse effects can range from the neurodevelopmental impact of in-utero exposure and neonatal abstinence syndrome (NAS) to the toxicity and paralysis of addiction, which can upend a family's routines, the typical parent-child interactions, and ultimately, the family's sense of security. WV's Department of Health and Human Resources (DHHR) (2018) reported prenatal substance exposure in 143 per 1,000 (14.3%) of infants and of those babies 50.6 per 1,000 experienced NAS, representing 5% of infants. This rate of NAS was more than five times the national rate. Consequences of SUD and opioid use, in particular, can similarly involve child neglect, abuse, and even trafficking. For many children an associated adversity was the catastrophic loss of a parent(s) and/or parental figures to arrest, hospitalization or death. Unsurprisingly, then, the number of children removed to foster placements increased with

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