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Mission Possible: a private practice model of school-based family counseling, 2004 – 2016

Christine L. Tippett, University of San Francisco, USA

This article describes a program called Mission Possible, located in the Sacramento Valley, California, USA. Since 2004, it has been functioning as a private practice model, providing school-based mental health services to youth and families in elementary and secondary schools throughout Sacramento and San Joaquin Counties.

Keywords: Mission Possible, mental health intervention, at risk youth, school-based youth and family services.

Correspondence concerning this article should be addressed to Christine L. Tippett, 2 Scripps Drive, Suite 306, Sacramento, CA 95825-6207, USA (email: cltlcswlmft@yahoo.com).

Background context and need

Many educators, mental health providers and families agree that school is the equivalent of a workplace for children and adolescents. According to Boyd-Franklin and Hafer-Bry (2000), if youth learn how to handle the challenges experienced while in school, they will be able to handle employment and further challenges later on in life. Furthermore, mental health is directly related to children's learning and development. It intersects with interpersonal relationships, socio-emotional skills, behavior, academic motivation, learning, mental illness, crisis prevention and response, school safety and substance abuse. Each of these issues affects not only the success and well-being of the individual student but also the school climate and outcomes for all students (Pastorek, 2009).

As coordinator for mental health services for children and adolescents, the author had worked closely with educators and mental health providers to help vulnerable youth and their families in the Sacramento Valley. This helped the author understand the importance of teambuilding on school sites, and increased her desire to bring mental health services as an adjunct to the already overstressed academic counseling load that existed at those school sites. The author decided to create a local program with a very modest budget, to fit the harsh reality of the declining economy,

and offer it to a district dear to her heart, to see if it could help meet some of the unmet needs of the community. It was true then, and remains true today, that approximately 10% of children and adolescents in the United States will meet criteria for a mental health disorder during their school years (Pastorek, 2009) and, regardless of a formal diagnosis, 12% to 22% of youth under age 18 have a need for mental health intervention to address emotional or behavioral difficulties (Christner & Mennuti, 2009). Additionally, 80% of those youth remain undiagnosed and untreated (Student Mental Health Policy Work Group, 2015). In fact, as noted by Drewes (in Christner & Mennuti, 2009), more than 25% of school children experience moderate to severe school adjustment problems due to emotional difficulties, and children who do not experience early school success are at risk of school failure, dropping out, becoming drug addicted and delinquent, or developing serious emotional disorders, all of which result in costly burdens to society.

At the same time as the Natomas Unified School District was approached to launch the Mission Possible project, the school counselor/student ratio in California was 1:951, while the recommended school counselor/student ratio was 1:250 - a ratio that changed little during the decade that this project has been in operation. Counseling Today**,** a publication of the American Counseling Association, gathers information from the US Department of Education, National Center for Education Statistics. A sample of selected years of this school counselor/student ratio data is provided here, to further substantiate the need for the Mission Possible project:

Year	2005	2007	2009
Ratio	1:951	1:966	1:814

Project rationale

Mission Possible is a school-based youth and family counseling program operating on elementary, middle and high school campuses with high risk students. Its goal is to facilitate students' success academically, socially, behaviorally and emotionally as they progress through the developmental stages of competency and identity discovery. These psychosocial stages are congruent with Eriksonian developmental theory (Santrock, 2011, p. 28), which links individual growth with environmental experience. For youth served by Mission Possible at the elementary school level, industry versus inferiority (or the competency stage) is manifest through how child clients can progress by being engaged to create, build, complete tasks, and solve problems (Santrock, 2011, p. 317). For youth served by Mission Possible at either middle school or high school levels, identity (either through group diffusion, or eventual identification) can be fostered through individual, group and family intervention. This allows for the transition from concrete to symbolic decision making and from external to internal bases of decision making (Santrock, 2011, pp. 383-4). This comprises whole child success.

The program brings in trainees and interns from the University of San Francisco graduate program in Marriage and Family Therapy, at the Sacramento Campus. Trainees are those Masters level students who are still working toward degrees, and are taking coursework while performing work in the field to gain practical experience toward their MA in Counseling Psychology. It also brings in interns who have graduated from USF with the MA and who are working toward licensure. Both trainees and interns operate under the supervision of a private practitioner who contracts with local school districts to provide mental health services at designated school sites.

Research conducted by, among others, Adelman and Taylor (2012), Boyd-Franklin and Hafer-

Bry (2000), and Pettit, Tippett and Williams (1994) has revealed that communities that utilized resources to engage youth where they spent a majority of their weekday had a greater likelihood for whole child success. When meeting with the administrator in charge of special services for students at risk of school failure, it was important to be able to describe how school-based mental health services through Mission Possible could include a broad spectrum of assessment, prevention, intervention, counseling, consultation, and referral activities. These activities are seen to be useful in promoting academic, behavioral, attendance, and psychosocial success (Pastorek, 2009). As noted by the American Counseling Association (2010), mental health is directly related to children's learning and development. It encompasses or intersects with interpersonal relationships, social-emotional skills, behavior, learning, academic motivation, certain disabilities, emotional disturbance (e.g. depression), crisis prevention and response, school safety, and substance abuse. Each of these issues affects not only the success and well-being of the individual student, but also the school climate and outcomes for all students (Pastorek, 2009). Furthermore, as noted by the Substance Abuse and Mental Health Services Administration (2015), many students struggle with mental health needs. In fact, 5% to 9% of children and youth have serious mental health needs that make it difficult for them to function at school without proper services and supports (Substance Abuse and Mental Health Services Administration, 2015).

Empirical evidence shows that a lack of prevention and early intervention for beginning adolescents with early warning signs (e.g. truancy, poor grades, behavioral problems, and difficulty in getting along at home and/or school), will lead to an increased probability of developing severe problems later on (Boyd-Franklin & Hafer-Bry, 2000). In addition, middle school youth are seen as good targets for identification for help if they begin to disengage and then repeat a grade due to academic failure (e.g. not turning in completed work), have poor attendance, discipline referrals or any of the other issues referenced above. Then more generalized problems (like interpersonal difficulties, mood disturbance, substance misuse, or conduct disorder) can be anticipated (Boyd-Franklin & Hafer-Bry, 2000).

Marcel Soriano and Brian Gerrard (2013) highlight the rationale for embedding Mission Possible within the school setting clearly in Chapter 1 of School-Based Family Counseling: Transforming Family-School Relationships (Gerrard & Soriano, 2013), including the following components:

Systems focus – trainees are guided to work with the client within the office, classroom or at home if the circumstances warrant. When the identity development process creates a challenge for the client such that [s]he prefers to spend time dealing with issues alone for a time, symbolic representation of significant system partners can be offered as an alternative to bringing the additional person into the session. Roleplay and/or role reversal are used to allow dialogues to occur between the client and the symbolized "significant other." What emerges from that work can then be taken home from the session to be tried when the client feels ready to practice it in real time.

Strength based – assessment is used to guide intervention and to ameliorate crises rather than to box in clients or to create stigma for them. Collage, spirit boxes and items brought by clients are used. These are examples of the ways clients have been encouraged to make problems which seemed unmanageable become containable and then become solvable.

Multicultural sensitivity – the Natomas Unified School District has at least 32 languages spoken, and is represented by several layers of economics. The trainees learn to respect the lenses of the clients, rather than believe that they are supposed to see through the same lens. They also practice the core therapy skill of empathy, which is to be clear and present with each client, rather than to pretend to have experienced everything that a client has experienced. This gives the youth the chance to have a voice and feel free to use it.

Promotion of school transformation – during orientation, each trainee gets better acquainted with the history of Mission Possible, receives a copy of the annual calendar, learns the address and location of their school site, and is given the contact information for their site link. Throughout the year they all learn how to collaborate on behalf of their student clients and the families, while sharing what the author calls "helpful non-information". This means that collaboration on the school site occurs, and generic sharing of information occurs so that students may be released from class to attend sessions. However, details of what occurs in sessions remain confidential so that clients feel safe to address the issues that are interfering with their ability to achieve their psychological, emotional, social and academic goals. Thus, the goal of whole child success may be potentiated. Over time, trust in Mission Possible has grown; this year an expansion was requested, on condition that the author promise to deliver the same quality of supervision and trainee service that had occurred thus far. The transformation from cautious acceptance to welcome reception is happening (Soriano & Gerrard, 2013).

The essential nature of Mission Possible

Whole child success is the goal of every intervention, and helping each trainee blossom into the best therapist [s]he can be is the bonus goal in each year of operation. These goals match the thematic style of this program, which utilizes collaboration at school, with caregivers, at the university, and with community providers. Since the services are provided by the trainees for no fee, there is no billing needed; therefore, there is no external source dictating the criteria for referral or priority on waiting list. Clients may be seen as long as space is available, and trainees are able to learn how to intervene in a variety of circumstances with individuals, couples, families and groups. Mission Possible in the Sacramento Valley relates to the SBFC model in a holistic manner, in that the program works to help the whole child succeed within his or her real world, which incorporates the ecosystem within which [s]he survives and grows. This aligns well with the microsystemic portion of Bronfenbrenner's ecological theory (Santrock, 2011, p.28). Relationships between families and schools, between students and religious organizations, between students and sports activities and/or after school organizations, and between students and their peers all correlate. While doing this, [s]he is growing through the Eriksonian developmental stages of either industry or identity, so how much or how little the guardians are actually in attendance during the therapy sessions differs on a case by case basis. Nonetheless, the family is a crucial component of assessment and treatment.

Program History

This model was originally proposed to the Natomas Unified School District, to be piloted in one elementary school, one middle school and one high school, in order to reach the K-12 range of student population. However, the administrator who initially reviewed the application, wanted the program to focus on youth perceived to be most "at risk." He requested that Mission Possible

begin first with middle school and high school, to target the population that identified with what has been defined by Christner and Mennuti (2009, pp.13-16) as:

> Adolescents with mental health disorders are at increased risk for poor academic achievement as well as continued mental disability. Many youth who suffer from mental disorders also end up in the juvenile justice system, an outcome that could be prevented if they were treated while still in school. These young people are also at increased risk for substance abuse and failing to complete school.

While schools remain focused, as they should, on teaching students, they are becoming increasingly aware that the 10-25% of the population experiencing emotional distress/disturbance will be better taught when their socio-emotional issues are addressed as part of their ongoing educational experience. Thus, when Mission Possible was presented to the Natomas Unified School District as an opportunity to have a graduate level trainee at a school site two days each week, providing mental health services to youth and their families, freeing academic counselors to do the college prep work that was mandated by the State, and charging the district only for the cost of supervising the trainees, the contract was approved. The placements were selected to start at both middle and high schools, to reach the most at risk youth first.

Learning supports for students and faculty have been shown to be directly effective in reducing barriers to learning and overall success. Examples for students include individualized behavioral plans, approved break times to meet with Mission Possible counselors, and signals to let teachers know that a time-out is needed. Examples for teachers include collaborative team meetings, modification of environments to facilitate student success, and instruction and support for emerging needs (Christner & Mennuti, 2009, p.97). Resources, strategies and practices that provide physical, social and intellectual support for learning, teaching and emotional interaction can re-engage disconnected students (Pastorek, 2009). Adelman and Taylor (2012) keep the program regularly updated about the work that is being done at UCLA through their research on how to more fully engage youth in school, and to include community members in working toward whole child success. Mission Possible accepts referrals through the designated site link from each school, from teachers through that designee, from a confidential self-referral box for youth, from administrators who may contact the trainee directly, from parents who may contact the school, or from other students who may request help with conflict resolution.

The school-based approach requires volunteer time from the trainee counselors, who receive graduate school credit for their experience with Mission Possible. Over the years, some of them have devoted such extraordinary effort to this project that they have stayed an additional year as interns to share their skills with this community. In addition, the model requires a contract between each district or charter school and the supervising clinician, so that the contracted supervision will be compensated. The annual cost for supervising approximates $5850.00, at $75.00 per hour. This cost is far less than would be charged for any agency overhead, for any third party billing, or for eligibility determination, so Mission Possible makes it possible for more youth to be served, more effectively, with more efficiency, and more easily.

Since 2004 the program has served over 2750 youth and families, and saved several lives. The services that have been performed have varied, and the interventions have been flexible. At this point, the program is being offered in one elementary school, two middle schools and two high

schools within the Natomas Unified School District, utilizing 7 trainees per school year. The client issues, identified from reviewing charts for presenting issues (but not tallying the percentages of clients presenting with each issue) have included:

- self- injury
- peer conflict (sometimes escalating to physical aggression/suspension)
- parental separation/divorce
- foreclosure/homelessness
- abuse (physical, sexual, emotional)
- relational harassment
- gang activity
- bullying
- serious emotional disturbance
- cultural shock (transition to/from differing continents)
- grief (loss of significant caregiver/s)
- chronic truancy
- school failure (not turning in completed work)
- substance use/abuse
- mood disturbance (depression, anxiety)

Community-employed or contracted mental health providers focus their work on a student's global (i.e. generalizable beyond the school setting) mental health and how it impacts on family, community, and school functioning (Pastorek, 2009). The school setting, into which the Mission Possible volunteer trainees have entered for the past almost dozen years, provides ample teachable moments to introduce and reinforce rational thinking concepts, which can be generalized to a variety of problem solving situations (Adelman & Taylor, 2009). Also called therapy moments, these examples from daily interactions are brought into sessions to process and facilitate growth. Boyd-Franklin and Hafer-Bry (2000), among others, have identified numerous socio-emotional learning competencies that can translate well from school-based interventions to school, family, and community success, including:

- Self- awareness - identification and recognition of one's own emotions, recognition of strengths in self and others, sense of self-efficacy and self-confidence;
- Social awareness - empathy, respect for others, and perspective taking;
- Responsible decision making - evaluation and reflection, personal and ethical responsibility;
- Self-management - impulse control, stress management, persistence, goal setting, and motivation;
- Relationship skills - cooperation, help seeking and providing, and communicating.

Trainee qualifications

Trainees selected for Mission Possible come from a variety of backgrounds. They work in schools that serve clients from very diverse cultures; the original schools approached for the pilot project had been known to serve students with 32 first languages on entry to first grade. All of the trainees and interns who have since worked with Mission Possible in its expansion through the Valley have been allowed the opportunity to learn and grow while providing a great benefit to the community.

Because of their placement in schools away from the place where supervision occurs, they must possess certain skill sets in addition to the knowledge, skills and abilities they are learning as part of their graduate training in marriage and family therapy, in order to succeed in this valuable work. These skill sets include:

- initiative
- self confidence
- willingness to work as a team member
- ability to ask for help when needed
- flexibility
- self-awareness

Trainees and/or interns commit to work at their designated schools for the duration of the school year; they may choose to extend on a yearly basis if the fit is mutually agreeable. However, for continuity of therapeutic benefit for students/clients being served onsite, the commitment goes from year to year, rather than changing throughout the year as much as possible. Teambuilding among staff and administration is enhanced by this practice; Mission Possible has come to be known as the favorite program among those who come in and out of the schools but who, unlike Mission Possible, do not seem to maintain a consistent link with either students or staff. This consistency, and the delivery of those socioemotional supports which were noted earlier, are thus shown to be linked to the development of a positive school climate (Adelman & Taylor, 2009).

Career progression of Mission Possible trainees and interns

Since the Mission Possible program began in 2004, there have been more than 56 trainees who have volunteered their services during their time as students at the University of San Francisco. They have earned more than enough hours of traineeship client contact to enable them to graduate; more importantly, they have begun to become the best therapists they can be. As of May 2016, there have been 17 trainees of the 56 identified above who have continued to volunteer their services as interns beyond their graduation from the University of San Francisco. Some of them received paid positions through the Aspire Schools program, and one was awarded a small stipend at her site within the Natomas Unified School District. Table I highlights the flow from traineeship status to licensure of these individuals:

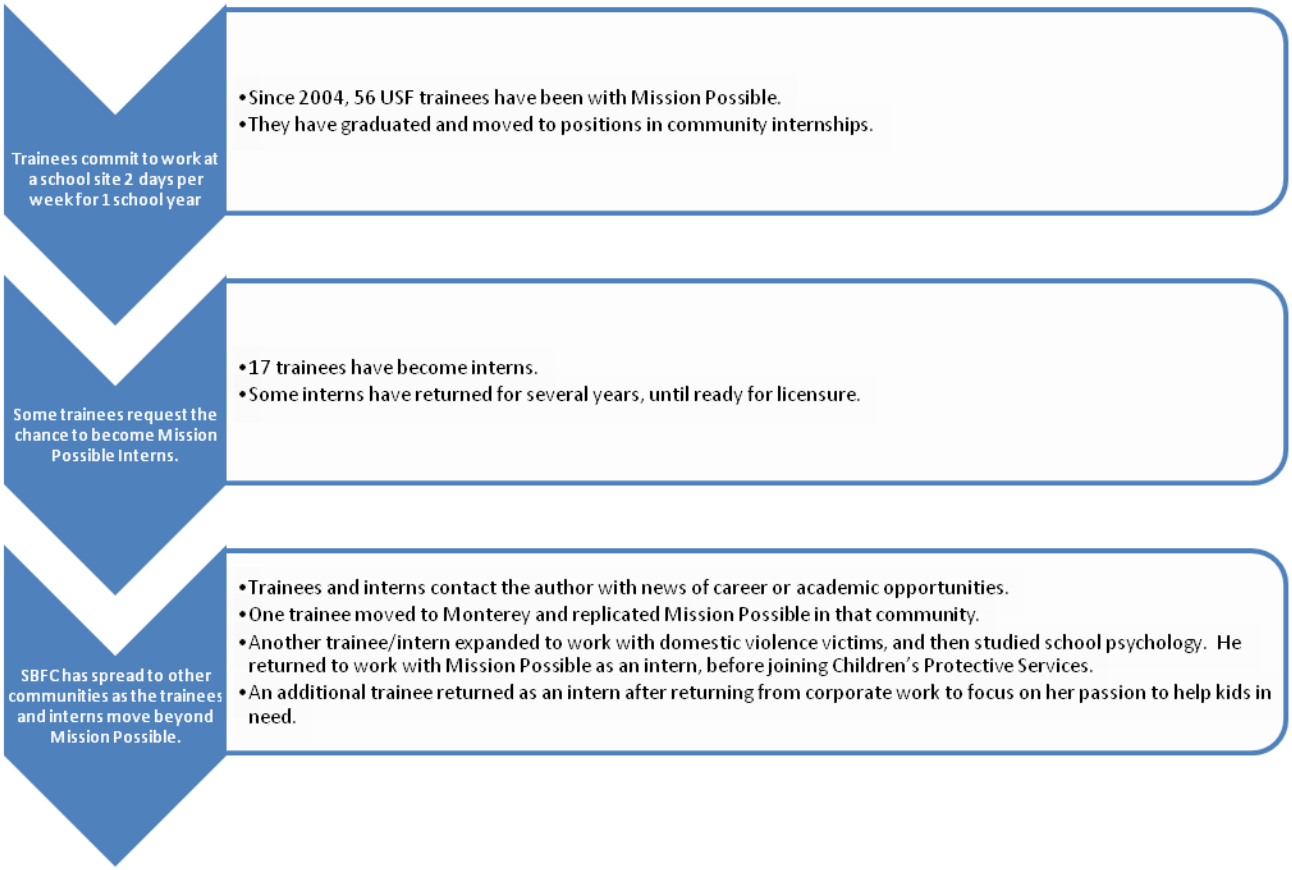

Table 1. Mission Possible trainees and interns

Results of program implementation

The USF trainees have worked at the schools as mental health providers and become integral members of the helping community for the past ten years. During one of our presentations to the Natomas Unified School District School Board, the program was called "a godsend." The services provided at each school include individual counseling, family counseling, group counseling, crisis intervention, community collaboration and referral, consultation with staff and administration, and program development. In addition, twice during each year, the author visits each school to do program evaluation with the identified site link personnel and program administrator, to ensure program effectiveness and plan for future success. The qualitative instruments utilized for feedback include the Mission Possible Mid-Term Evaluation Tool and the Mission Possible End of Term Evaluation Tool (available from the author on request).

In addition, a pilot research project began in 2010 to learn if there was a way to quantitatively measure those standards, identified earlier, of whole child success. The Mission Possible Program Evaluation Tool for gathering this data was given to each of the Mission Possible interns and trainees, with instructions to complete it (maintaining confidentiality and gathering it solely based on client interviews) on those clients they saw for three or more times during the past school year. Measuring success was difficult, because whole child success includes the student's perspective on what constitutes success, and that may be very different from what might be desired

by the referral source. However, those involved were very interested in gathering this information quantitatively, to see what the results reveal thus far. The data was gathered from clinical inquiry, and captured on scaled forms (available from the author on request), as follows:

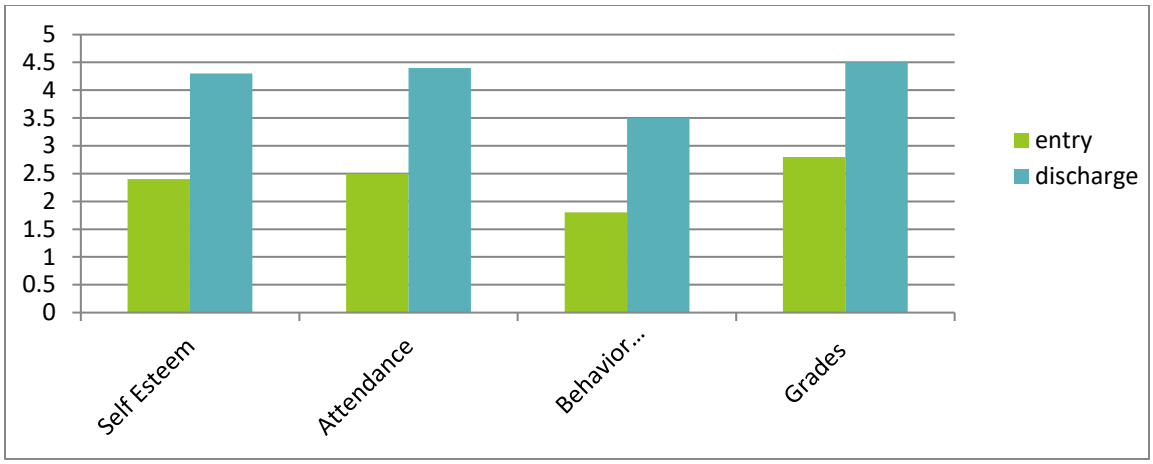

Table 2. Pilot project results 2010/2011 (N = 104)

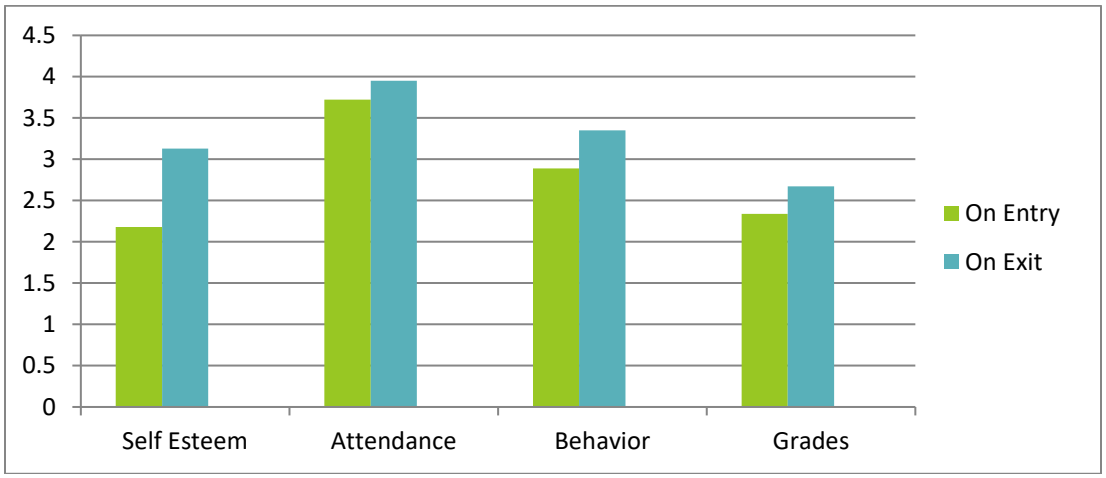

Table 3. Mission Possible program results 2011/2012 (N = 107)

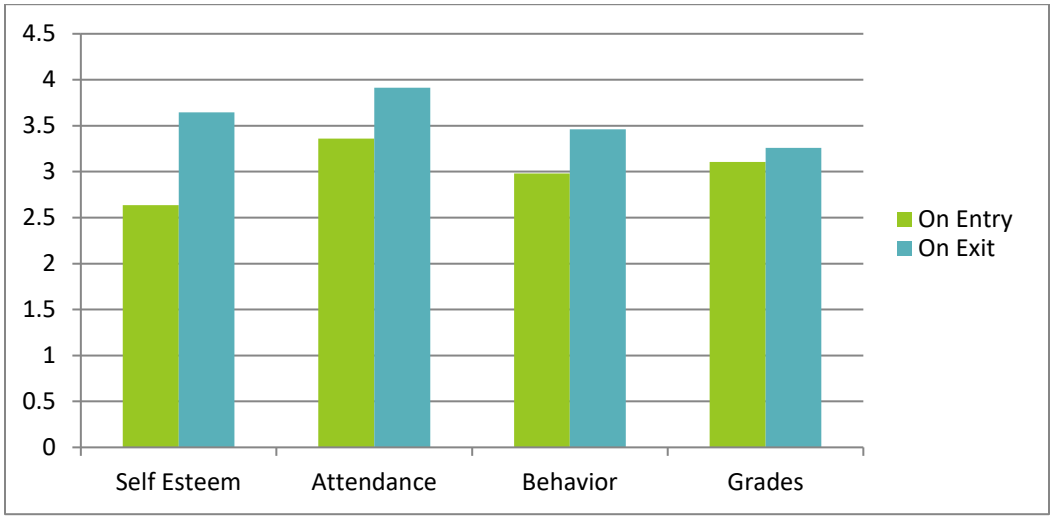

Table 4. Mission Possible program results 2012/2013 (N = 132)

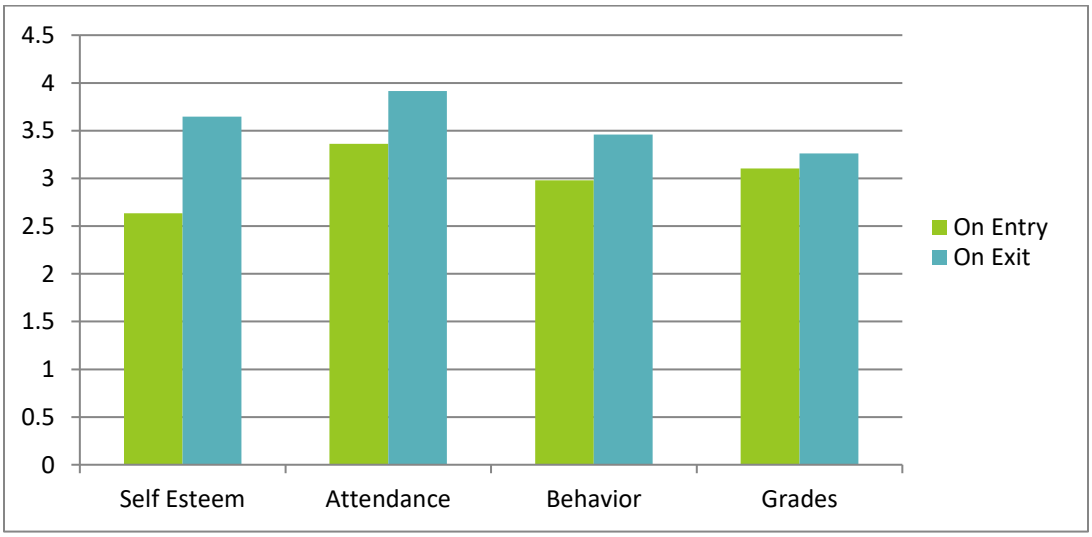

Table 5. Mission Possible Program Results 2013/2014 (N = 112)

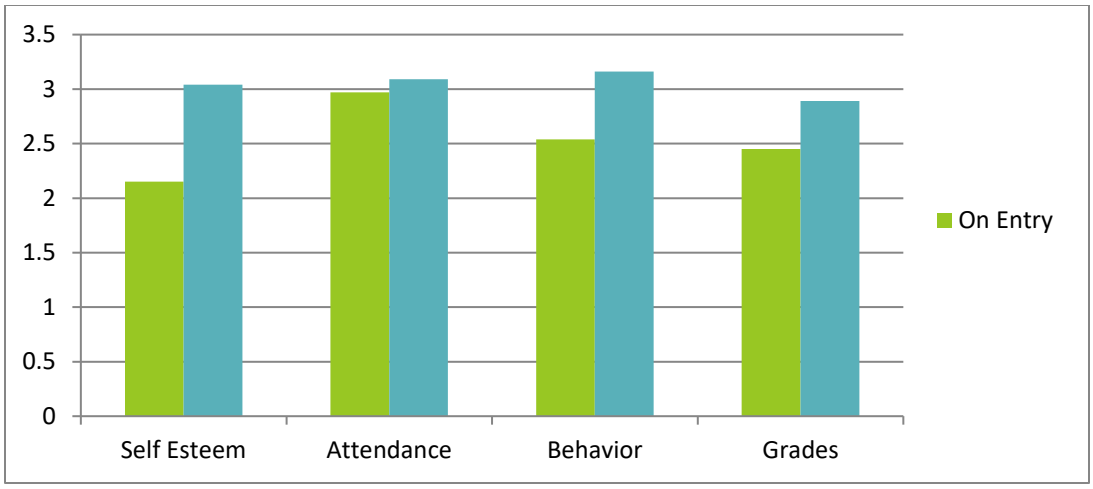

Table 6. Mission Possible Program Results 2014/2015 (N = 74)

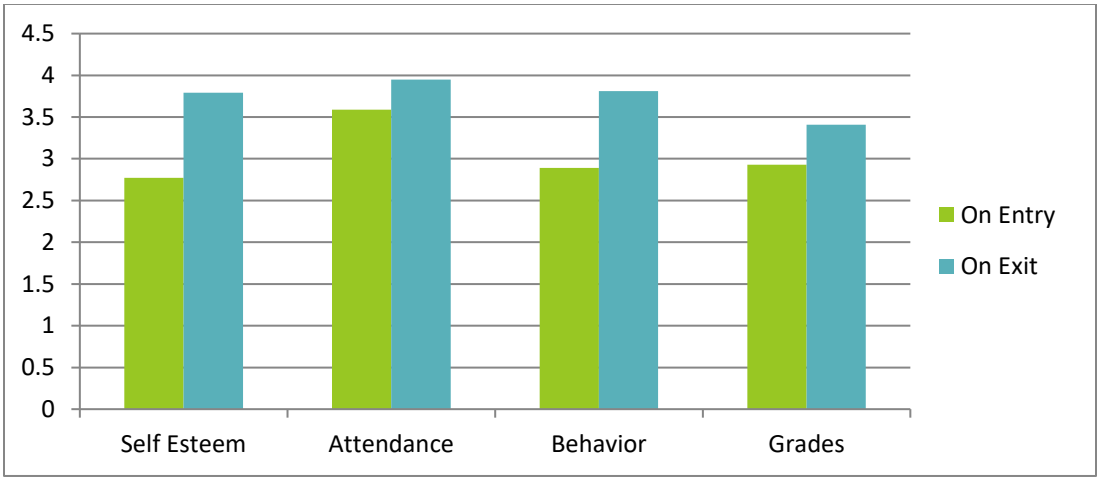

Table 7. Mission Possible Program Results 2015/2016 (N = 111)

Each year the results reveal a positive impact of the Mission Possible services on the clients served. Trainees and interns have become more familiar with the operational definitions of the study components, which has influenced the raw data received. At this point, the staff is gathering clinical information on those clients served with treatment agreements, who range in age from grades K-12, with a wide range of interests in focus. However, by 2016, those students who were seen for "quick look up interventions" to facilitate remaining in school with crises resolved, or those students who came in briefly for conflict resolution in small groups (which numbered more than 100 additional students among the five schools served) are not included in the research group.

Case examples

The case examples included here have been disguised to preserve client anonymity, while retaining sufficient detail to alert the reader to the systemic collaboration exhibited in implementing the humanistic systems perspective in school based mental health intervention:

Ambrose (whose example demonstrates how self- esteem building and family intervention blend even when only one member of a family unit is present in treatment). Ambrose, an African American youth, had recently moved to California from Texas to live with his maternal aunt following the sad loss of his mother due to a brain aneurysm. He was feeling lost and without energy, and was not responding to the "tough love" approach his aunt was providing in an attempt to help him move forward in life. As a senior in high school, he had been doing well in Texas, was athletic, academically successful, and friendly. However, since moving to California he noticed a change, with little energy for previous activities or interests. He was not interested in involving his aunt in counseling for fear that she would consider him "weak" and be even more disappointed in him than she already appeared. The trainee and her clinical supervisor devised a plan to work with the client and his aunt symbolically. He wrote a practice dialogue with his aunt, and then role-played it with the trainee, playing both roles in succession. After expressing his feelings in session, he did this task at home, and returned with a greater sense of calm. Later that year, Ambrose asked if the trainee would be willing to write a letter on his behalf for admission to a university in Northern California. The trainee spoke with her site link and with Ambrose's academic counselor about his request. Then she was encouraged to ask him: "Why would you like to go to college most?" When they met, Ambrose answered, "I want to learn to do something so that I can give back to the community. My mom would have liked that." She incorporated that into the letter, read it to him, and sent it to the university. A few months later, he received an early acceptance letter. He felt a return of his energy, and no longer felt like running back to Texas.

Anger management group (The Mission Possible program reframes this group as positive affect management, and uses the group to model safe practice of techniques for problem solving). One of the trainees was working with several youth at a middle school, who had been referred for difficulty with anger management and/or defiant behavior. The trainee noticed that they did well in individual counseling, but had difficulty managing interpersonal interaction. In supervision the developmental challenge of identity growth through group diffusion was discussed. It was suggested that the trainee create a peer group to simulate a slice of life, and use the situations brought into group to problem solve and then generalize from there to life outside the group. For example, one student was describing his difficulty in getting to school on time. All of his "buddies" were commiserating, and saying things like "Oh, man, that's hard, can you get a clock?" Or "can someone help you get up?" Or "how come no one helps you not get in trouble?" Then, when he began berating his mom, calling her a "****ing *****, who should just get the **** out of my room", the other members said "Oh, man, you can't talk to your mom that way. If I did that, I'd get smacked into the wall." Just hearing the other members say that garbage talk was not OK was enough to unstick this group member from his position. The trainee was able to facilitate by being present rather than lecturing or over-controlling. During the course of the group, tools such as a hacky sack (a golf-sized, soft, pliable ball which feels soft yet is comforting to hold) was used to show who had the floor for talking, a thumb-ball (a ball with words plastered all over it; whoever catches it selects the word covered by his "thumb" which elicits feedback on a topic); anger bingo (one of a series of bingo games used with youth to teach wider examples of triggers

and options for affect management); and worksheets were used as needed, but the greatest gifts came from the mouths of the participants themselves.

Josie (family contact and emergency intervention are initiated when warranted). This youth had been seen by a Mission Possible trainee in a prior year. When the next year began, he requested services again, because he was beginning to feel increasingly despondent, depressed, and eventually suicidal. The trainees are taught to assess for self -harm and suicidality, and also to call for consultation as needed. A copy of the No Self Injury Contract utilized by Mission Possible is available from the author on request. When it became clear that this client could not remain safe from self-harm, the trainee contacted her clinical supervisor. It was agreed that it was time to initiate a Welfare and Institutions Code §5150, which authorizes mental health persons in California to help clients who, as a result of serious emotional disturbance, pose evidence of grave, imminent, lethal danger to self or others. They thus require evaluation of need for care and custody in a facility designated to provide 24 hour services for no more than 72 hours before review. Therefore, they may be taken to such facility for evaluation and possible detention and care. As a result, the following steps were taken:

- The Sacramento County 911, 5150 assistance operator was contacted;
- The client's mother was contacted;
- The trainee had the client come to the phone so that the clinical supervisor could talk with him and let him know that the police would be coming to help him get to a place where people will be with him 24 hours a day until his feelings become manageable; the police will be coming to him to help him (not to arrest him; the phone was on speaker phone so that the trainee's messages matched my statements to this vulnerable client;
- The trainee was advised to let the site link know just the emergent details so that when the police arrive on campus, there would be no escalated drama;
- Follow up with the trainee occurred once the client had been transported from the school site, to debrief the process.

In this case, the client was hospitalized, stabilized, and returned to school. The client and his mother consistently worked toward success for the remainder of the school year, with collaboration from clinical, teaching and administrative support. This particular mother has requested input from the clinical supervisor regarding a complicated third party entanglement (insurance billing for the hospital stay that started, lapsed, and then asked about pre-existing conditions for a teen with serious emotional disturbance. This warranted a consultation that no trainee should be expected to provide). This individual is now doing well and refers his friends to the Mission Possible program.

Challenges

The challenges of providing this program within a private practice model, as an independent practitioner, fall into the following groupings:

- Trainees are volunteering their services, and usually take the commitment to their agreement very seriously. However, when an emergency arises, or when someone makes a less responsible decision about how to transition from the traineeship, the author must handle the circumstances so that clients receive ethical service and the Mission Possible program does not suffer. Providers considering a private practice model will appreciate the flexibility and economy of the model, while understanding that it relies on consistent commitment of those

who agree to participate. On occasion, trainees have had to leave before the year-long commitment was completed due to trainee or family illness, financial difficulties, or pressure from others to leave the area. This break in services has created a mid-year shift each time it has occurred, and has taken some time to repair.

- Mental health providers speak a language that is unique to their profession, and it sometimes comes across as distant to those in adjacent professions. When clinicians demonstrate respect and appreciation for the work that educators and parents do, then they can bridge that distance. The challenge remains to adhere to pertinent standards while working at the setting where everyone else speaks educator-talk, and learn to understand that, just as one learns to adjust one's communication to that of one's clients from whatever background, they honor the helping professional with their sharing. Similarly, mental health providers need to value the educational culture within which they are welcomed to provide their services. One of the ways Mission Possible has been able to successfully help clients while becoming seen as integral components of school-based helping, has been to create a Healthy Reentry Plan form to be used by a trusted person (e.g., the Mission Possible trainee) when a youth returns to school after having been absent for a mental health emergency. This form is attached to each contract signed by the clinical supervisor and reminds the district that the Mission Possible program keeps the net of safety securely underneath those who need support when they return to school. A copy of this form is available for review on request.

- The supervision is external to the actual practice, so is highly selective. If the author chooses unwisely, Mission Possible may not be invited back for another year. If the author supervises inattentively, the trainees will not learn and grow. If the author does not help them learn new skills, the clients will not benefit.

- As discussed earlier in this chapter, measuring success is difficult, because whole child success includes the student's perspective on what constitutes success, and that may be very different from what might be desired by the referral source. However, the data gathering methods referenced herein to monitor progress for five years will be continued.

- Billing changes each year as staff at each school change. Because the clinical supervisor is in private practice, the billing for supervision occurs on a monthly basis, per the hours of supervision provided. Any additional service, or time spent dealing with program-related business, is free of charge. This process requires collaboration, or several months can pass without payments being honored (just due to staff change, or a new staff member's confusion).

- Sometimes having a solo operation can be isolating. Nonetheless, its benefits far outweigh the challenges, as can be seen by the case examples given. These were three of over 2,750. It is hoped that this program lasts for years to come.

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