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Mental Health Group for Elementary-Aged Children Manual



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T SOCW 533 A - Integrative Practice II

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Abstract

Children learn many skills during their time in elementary school. One important area that is not sufficiently addressed in curricula is student mental health. Allowing students to address their mental health needs in the classroom improves their overall outcomes. This intervention is a short weekly group completed within the classroom by the classroom teacher and the school's counselor. Implementing this low-cost, short mental health group in classrooms can help to address this gap in student learning. In this group, the children will have the opportunity to gain a stronger relationship with an adult and learn to cope with loss. The group will also teach students to express their emotions appropriately to their peers and to adults. This mental health group provides social support and mental health skills to students so that they are less likely to commit school shootings.

Introduction

This intervention, mental health groups for elementary-aged children, was created to address school shootings perpetrated by students. This intervention addresses student mental health needs in the classroom and provides a space for students to connect with classmates, their teacher, and their school counselor. These groups give students an avenue to speak about their everyday hardships in a safe environment.

Needs Statement

Children need mental health knowledge and skills in order to reduce school shootings.

Goal Statement

Students have mental health skills and social support, so that they do not commit school shootings.

Intervention Outcomes

This group intervention has two outcomes, each achieved by the fulfillment of two indicators:

Outcome 1: Improved relationship with an adult

Indicator 1a: Expresses feelings in an appropriate manner

Indicator 1b: Shares experiences or ideas with an adult

Outcome 2: Improved ability to cope with loss

Indicator 2a: Shares with another in similar circumstances

Indicator 2b: Able to express feelings

Theoretical Background

Through the lens of systematic social work, there is noteworthy justification for the use of a school counselor in these mental health groups. Attachment theory gives insight into the current and future role of school counselors (Pfaller & Kiselica, 1996). According to Attachment

Theory, children's idea of the relationship they have of their school counselor determines how well they will attach to them. A stronger attachment means the student will be more confident that their school counselor will be a safe base to return to in difficult times (Pfaller & Kiselica, 1996). Children can be securely and insecurely attached, and securely attached children do better with peers and are able to seek the person they are attached to for comfort. Children normally attach to their parents, but can change their attachment style by using an alternative adult as a surrogate. Children can change their attachment style from insecure to secure with the use of a surrogate person, such as a school counselor (Pfaller & Kiselica, 1996). This surrogate person can also be the child's classroom teacher. Including both the school counselor and classroom teacher in each mental health group gives the students two potential adults to attach to. Including these school personnel is vital to help insecurely attached students become securely attached and improve their overall outcomes.

Description

These mental health groups for elementary-aged children are designed to serve all the students in a standard classroom. The risks, benefits, limitations, and barriers of implementing these groups must be considered before they begin. Coordination among the school's counselor and teachers is an important factor in integrating these mental health groups into a school, and must be done for the training, focus group, and groups to occur. Since there is one school counselor and multiple teachers at each school, the school counselor will oversee the group's implementation by procuring supplies, and leading the training session and focus group. After the groups are implemented, they must also be evaluated for their effectiveness.

Population Served

Mental health treatment in schools is designed to mainly address the most critical, crisis-situation mental health needs, which ironically leaves students with less severe needs no treatment (Weist & Weist, 2005). This mental health group is designed to address all the children in an elementary school's (kindergarten-6th grade) basic mental health needs. It is in the best interest of all schools to address the mental health needs of not only the most severe students, but all students. This will lead to an increased ability of students to succeed academically.

The mental health groups also increase equity of care for students from low-income and minority families. Supplying mental health interventions to the most vulnerable low-income and minority students through school is sometimes the only source of mental health resources that they can access (Haynes, 2002). This is because of cultural deficits in knowledge about mental health and a lack of finances for low-income families to pay for treatment. Other barriers such as transport and cost prevent low-income youth from receiving mental health services otherwise (Ferreira & Allison, 2017).

Benefits

These mental health groups are beneficial because they bring awareness to students, teachers, and their parents about mental health issues and how to talk about them. The groups increase student ability to speak with peers and adults about their emotions and losses appropriately. This group supports the goal of educating students by supporting student mental health, which allows students to perform better in school. These groups also further the National Association of Social Worker's [NASW] value of social justice by providing the more vulnerable child population with mental health skills and the opportunity to foster relationships

with classmates, the school counselor, and their classroom teacher (2017). So overall, these mental health groups are very beneficial.

Risks

There are minor risks for the students participating in these mental health groups. Students may experience discomfort when sharing about how they feel with their classmates, teacher, and school counselor. They may become very emotional during group sessions and cry when talking about their feelings. Confidentiality within the groups may be difficult depending on the age of the children. So, some students might share with others outside of the group what happened, damaging the trust and potentially the reputation of the student.

Limitations

There are limitations to the classroom mental health groups. Because the groups are from approximately kindergarten to 6th grade (depending on what grades the school supports) the children are at various developmental stages. The younger children especially may not understand the concept of group confidentiality and share sensitive information with students from different classes or their parents. Younger children may struggle to reach the intervention's outcomes, while older children may find them too easy to reach. The size of the groups, since they include most if not all of the students in each classroom, is also a limitation. The size of the group means that each student will receive less time to talk during the group. Another limitation is if students disclose about abuse or neglect during the group. The information on abuse or neglect must be reported by the school counselor or classroom teacher.

Barriers

Teachers are notorious for having full schedules and little room for extra curricula, so they may have difficulty prioritizing the mental health group. Some teachers may also be opposed to implementing the group because of their stance on mental health, or a belief that the time spent for the group could be better spent teaching. So, classroom teacher schedules and attitudes may also be a barrier to implementing these classroom mental health groups. Similarly, parents are able to consent to their children's participation in the mental health groups depending on their beliefs. In a politically conservative area, it would likely be more difficult to convince the school board, teachers, and parents of the importance of this mental health group for children, rather than using that time for more academic time.

Intervention Implementation

Spread Awareness and Gain Support

The first step to implementing this intervention is to gather support within your school district and at your school. Explaining this mental health group in front of school boards will help inform them of its existence and benefits. Talking with Parent Teacher Alliance (PTA) groups at elementary schools about the student mental health group can help to spread awareness about its importance and increase its support. Speaking with school counselors, principals, and teachers within your school district about the mental health group can also increase awareness and support of the group.

Supplies, Funding, and Scheduling Trainings

After the groups have been approved for use at your school, certain activities need to be completed for their functionality. The Time Schedule for Group Implementation can be used to easily track and complete the steps necessarily to implement the intervention. The budget needed to create these mental health groups is small, since the groups act as a part of the normal school day and environment. There are two one-time costs to establish the group and the remainder of the resources needed are in-kind expenses. The costs to support the implementation of the groups

are one-time costs of binders with this printed manual stored within. The school counselor and each classroom teacher need to be supplied with the binder with a printed manual inside it. All elementary schools have a different number of teachers, so the costs will be different depending on the school. School district funding could be used to implement the groups. Because the cost of supplies and the implementation of these groups is relatively small, the investment is more likely to be approved. The school counselor must purchase binders, print manuals, and then assemble them.

After the materials are created, certain events need to take place before the student mental health groups can begin. A focus group must be scheduled by the school counselor, including the school counselor and 5-7 willing teachers to determine the specifics of what behaviors should be counted during the groups. A date must also be decided when the school counselor can train all participating teachers using the PowerPoint presentation. The focus group must take place before the teacher training. All teachers must attend the training in order to implement the group in their classroom.

Complete the Trainings and Focus Group

The school counselor will use the Focus Group Question Prompt when leading the focus group with 5-7 teachers. The focus group should be recorded through audio or note taking by the school counselor. The Teacher Training Course PowerPoint presentation for this intervention must be presented to the teachers by the school counselor. During the presentation, the school counselor will also summarize the focus group's discussion. On the teacher training day, the school counselor will distribute copies of the manual to all the teachers. The school counselor will also coordinate with each classroom teacher to schedule a weekly time and place within the classroom for the mental health group.

Explaining the Group and Consent Forms

After completing the training, teachers will inform the students about the group before it begins. A week before the first occurrence of the group, each teacher must set aside time to explain to their students about the group and its purpose and send home consent forms. Consent forms must be signed by parents before the first occurrence of group can begin. This consent form helps to inform parents of the purpose of the group and receive their consent for their child's participation. Students will be able to work on classwork in another classroom as an alternative if their parents do not give consent for participation or when their behavior interrupts the group. Consent forms should be collected by the teachers and then given to the school counselor for records.

Facilitating the Groups

Facilitate the groups weekly according to the Weekly Groups Activity Schedule. After each occurrence of the group takes place, the teacher will hand their student behavior observation sheet to the school counselor. The school counselor will then input the data from their own and the teacher's sheet into a spreadsheet.

Intervention Evaluation

Evaluation data will be collected through staff observation of student behaviors during the group. Staff observation of the group will be completed by teachers and school counselors. The Pierce County Outcome Catalogue's child behavioral outcomes will be used to evaluate the effectiveness of the group. The Pierce County outcome of a child's improved relationship with an adult will be indicated by staff observation of the child's ability to express their feelings in an appropriate manner and share experiences or ideas with an adult. The Pierce County outcome of a child's improved ability to cope with loss will be indicated by a staff observation of the child's

ability to share with another in similar circumstances and express their feelings. Staff observation of these behaviors will be recorded using checkmarks on a data sheet to indicate the number of times each child completed each behavior. Data will be collected on every student. Recording the observation of student behaviors will be completed during the duration of each group session in each classroom.

Completed observation data sheets will be given to the school counselor after each group session, who will consolidate the data on each student. This will help track for each student the initial achievement of each behavior, the overall number of times each behavior is completed and the student's behavioral changes over time. This data will be kept up to date weekly by the school counselor so that the groups can be evaluated accurately at given week. To increase validity, a focus group will he held among teachers and the school counselor to discuss what counts as evidence of each specific behavior before the groups begin. To increase reliability, teachers and school counselors will be trained on how to observe and record the student behaviors before the groups begin.

References

- Ferreira, R., & Allison, A. (2017). Implementing cognitive behavioral intervention for trauma in schools (CBITS) with Latino youth. *Child & Adolescent Social Work Journal*, *34*(2), 181–189. https://doi-org.offcampus.lib.washington.edu/10.1007/s10560-016-0486-9
- Haynes, N. M. (2002). Addressing students' social and emotional needs: The role of mental health teams in schools. *Journal of Health & Social Policy*, *16*(1–2), 109–123. https://doi-org.offcampus.lib.washington.edu/10.1300/J045v16n01_10
- National Association of Social Workers. (2017). *NASW code of ethics*.

 https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English
- Pfaller, J., & Kiselica, M. (1996). Implications of attachment theory for the role of school counselors. The School Counselor, 43(3), 208-217. Retrieved December 13, 2020, from http://www.jstor.org/stable/23901879
- Weist, M., & Weist, M. D. (2005). Fulfilling the promise of school-Based mental health: Moving toward a public mental health promotion approach. Journal of Abnormal Child Psychology, 33(6), 735–741. https://doi-org.offcampus.lib.washington.edu/10.1007/s10802-005-7651-5

Appendices

Time Schedule for Group Implementation

Task	Date of Task	Task to be Completed by School Counselor	
Order			
1		Create binders with printed manuals	
2		 Schedule focus group with 5-7 teachers 	
3		Lead focus group using the Focus Group Question Prompt	
		 Record the focus group auditorily or by taking notes 	
		 Summarize notes from the focus group for the teacher 	
		training presentation	
4		Schedule a teacher training on a day that all teachers	
		implementing the group can attend	
5		Lead the teacher training using the Teacher Training Course	
		PowerPoint presentation	
		 Distribute copies of the manual to all teachers 	
		 Schedule a weekly time and discuss a place within the 	
		classroom for the group with each teacher	
		 Remind teachers to explain the group to their students 	
		and hand out consent forms	
6		Collect consent forms from teachers	
		Collect Student Observation Forms after each group session	
		 Input the data weekly from Student Observation Forms 	
		into a spreadsheet so that data on each student is	
		tracked over the group sessions	

Student Observation Form

Teacher Name:	Today's Date:	Group Session number:
Day of Week of Group:	Time of Day of Grou	ıp::::
Directions:		

Write all your student's names into the chart. Add a checkmark to the correct box each time that each student completes each behavior. After the group session is complete, give this form to your school's counselor.

Student Name (first and last)	Expresses feelings in an appropriate	Shares experiences or ideas with an adult	Shares with another in similar	Able to express feelings
1	manner		circumstances	
2				
3				
4				
5				
6				
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Teacher Training Course PowerPoint

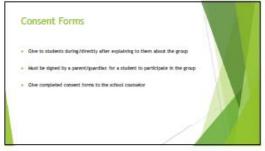
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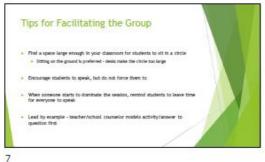






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Focus Group Question Prompt

Directions for the school counselor:

Find 5-7 teachers from your school who are willing to participate in a focus group about observing child behaviors for the Mental Health Groups for Elementary-Aged Children. For each of the following areas, ask the following two questions. Record the focus group auditorily or through note-taking and compile the results to share during the teacher training.

1. Able to express feelings

What does this behavior look like in children?

What examples would not count as this behavior and why?

2. Expresses feelings in an appropriate manner

What does this behavior look like in children?

What examples would not count as this behavior and why?

3. Shares experiences or ideas with an adult

What does this behavior look like in children?

What examples would not count as this behavior and why?

4. Shares with another in similar circumstances

What does this behavior look like in children?

What examples would not count as this behavior and why?

Weekly Group Activities Schedule

Session 1:	Create group rules
	a. Ensure that all students present have completed consent forms
	b. Write these rules on a poster that can be presented during each session
	i. Have each student, teacher, and school counselor sign the rules
	ii. Ensure rules include:
	1. Confidentiality
	Use of a talking stick for the speaker
	c. Encourage each student to share how they are currently feelings
Session 2:	 Students are able to express feelings
	 a. Encourage each student to share how they are currently feelings
	b. Encourage each student to identify:
	i. One feeling they have had recently that has been comfortable
	and why
	ii. One feeling they have had recently that has been uncomfortable
	and why
Session 3:	1. Students express feelings in an appropriate manner
	a. Encourage each student to share how they are currently feelings
	b. Encourage each student to identify:
	i. A time when they or someone else expressed a feeling
	appropriately
	ii. A time when they or someone else expressed a feeling
	inappropriately
Session 4:	Students share experiences or ideas with an adult
	a. Encourage each student to share how they are currently feelings
	b. Encourage students to identify:
	i. A time when they went to an adult for help
C	ii. 3 adults they can go to if they need help
Session 5:	Students share with another in similar circumstances
	a. Encourage each student to share how they are currently feelings
	b. Have students partner up in pairs and find 3 things they have in common with each other
Session 6:	i. Have each pair of students report back to the group
36881011 6:	1. Ending Session
	a. Encourage each student to share how they are currently feelingsb. Explain that this is the last group session
	· · · · · · · · · · · · · · · · · · ·
	c. Encourage each student to say 3 things they learned from the group

Parent Consent Form

Mental Health Group for Elementary-Aged Children



Your child's teacher will be leading a mental health group in their classroom during class time for the next 6 weeks. Participating in this group requires parental/guardian consent.

Purpose of Group:

This group intervention aims to teach students how to:

- share their feelings appropriately with classmates and adults (classroom teacher and school counselor)
- learn to cope with loss
- improve their relationship with an adult (classroom teacher and school counselor)

Risks:

Your child may experience emotional discomfort when sharing their feelings

Benefits:

- Your child will have classmates and adults (classroom teacher and school counselor) to talk with about their feelings
- This group will further develop your child's mental health skills
- Mentally healthy children tend to perform better academically and have better lives

Ask your child's teacher or school counselor any further questions.

Today's Date:	
Student Printed Name:	Student Signature:
Parent/Guardian Printed Name:	Parent/Guardian Signature:

Group Explanation for Students

Next week we will start having the mental health group on (day of week) at (time of day). During the group, we will sit in a circle and talk about our feelings and losses. Anything said in the group will stay in the group. I will be handing out a consent form that needs to be signed by your parents/guardians so that you can take part in the group.