

# Towards closing the treatment gap: a team-led model of brief psycho-educational intervention

Eliezer Yariv

## Abstract

**Purpose** – Many pupils who experience distress and emotional difficulties are left untreated because of the shortage of mental health professionals at schools. This study aims to explore a brief psycho-educational intervention based on school psychologist–teacher cooperation aimed at closing this treatment gap.

**Design/methodology/approach** – With a randomized controlled methodology, 79 preschools to 12th grade teachers were asked to lead a brief psycho-educational intervention with one of their pupils. A second pupil was assigned to a waiting list (control group). Each teacher and one of her/his colleagues filled a Pupil Adjustment questionnaire, being developed for this study, before and after the intervention.

**Findings** – The findings show that the intervention significantly improved the adjustment of the participating pupils, compared to the control group. That improvement related to all the dimensions of adjustment (i.e. social, protection and learning).

**Originality/value** – Teacher–school psychologist cooperation, as described here, is hardly practiced. It emerges as an effective model to assist many pupils who are currently left with no treatment. The discussion traces the next stages for outreaching that would apply to pupils in many countries and cultures.

**Keywords** Teacher, Intervention, Treatment gap, Social–emotional learning, School psychologist, Task-shifting

**Paper type** Research paper

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## Introduction

Distress and mental health difficulties among children are common (Polanczyk *et al.*, 2015). Owing to treatment gap (Kazdin, 2017), only few are identified and treated. Many possible causes increase that likelihood of an occurrence of a treatment gap, including the cost of mental health services, stigma; lack of mental health literacy, cultural and ethnic influences, denial of difficulties and low motivation to change. More specifically in schools, the shortage of mental health professionals and educational psychological services to prioritize their services to children in special education frameworks (Fagan, 2002) increase this gap and makes problematic the treatment so many children need (Evans-Lacko *et al.*, 2018).

There are two opposing approaches to address children's emotional suffering. First, based on salutogenic ideas (Antonovsky, 1996), promoting mental health should be preventative oriented and should take place outside the clinics, in families, schools and the community. There are currently literally thousands of interventions in schools around the world (Durlak *et al.*, 2015). These educational programs train children with life skills and social–emotional competencies that would help them cope with difficulties and solve personal problems (Weare, 2010). The second approach is based on problem-oriented models (e.g. CBT) that strive to cure emotional and behavioral difficulties by identifying the symptoms, diagnosing

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the causes and offering a cure. The current study explores the interface between both models and the possible contributions of one to the other. More specifically we explore to what extent certain taught materials of social-emotional learning (SEL) programs can be adapted and used by teachers within interventions that assist their individual pupils.

### *Teachers as therapists?*

The shortage of psychological services (Fagan, 2002, 2004) calls for a change in the current organizational and professional structure. The World Health Organization (WHO) has initiated the “task shifting” platform for training non-specialist mental health workers for providing services that address unmet mental health needs in rural and low-resource areas. Being supervised by mental health personnel helps such workers compensate for the shortage of specialists and facilitate the upscaling of quality services at minimal cost (Petersen *et al.*, 2011; WHO, 2004, 2008). Technology has been identified as an effective method for giving more weight to support and supervision quality among mental health specialists (Hoeft *et al.*, 2018). Moreover, ongoing supervision increases awareness, social bonding, trust building, resource harnessing and skill development within the community (Deimling Johns *et al.*, 2018).

This study uses a similar model of cooperation whereby a school psychologist trains teachers to support pupils with emotional and academic difficulties and who may not otherwise receive mental health assistance. The idea is not to turn teachers into psychotherapists, but to utilize their daily encounters with their students and their professional competencies for the benefit of these pupils. Fazel (2018) argues that collaboration across mental health services is necessary to ensure improved elucidation and successful implementation of interventions, while considering local contexts. Such cooperation could decrease the treatment gap and reach much larger numbers of children and adolescents. Yet, achieving this goal is not easy. As teachers face heavy workloads, asking them to fill an additional role without sufficient training and support will not be feasible (Shepherd *et al.*, 2013).

### *Team collaboration model*

The current model goals are as follows:

- providing teachers with basic competencies to broaden their acquaintance with mental health issues and improve their abilities in assisting distressed pupils; and
- increasing the numbers of pupils who receive mental health assistance at school.

Within the framework of a Masters’ program in Educational Inclusion (M.Ed.), this model was taught in three one-semester courses. The curriculum included theoretical principles, personal data collection methodologies and psycho-educational tools, which the students [1] were asked to implement for one of their pupils. A detailed *protocol* specifies each stage and addresses ethical issues and other people involved. In this study, I served as both lecturer and school psychologist.

*Selecting a pupil.* Each teacher is asked to select two pupils with three requirements:

- current adjustment difficulties (not specified);
- difficulties that are not too severe (requiring psychiatric assistance) or too mild; and
- preferably not receiving additional professional assistance at that time.

A colleague is then asked to draw one of their names out of a box, to determine which pupil will receive assistance and be in the intervention group (i.e. experimental group) – subject to his or her consent, and which pupil will be in the control group. If the initial pupil refuses to participate, the “control” pupil is offered that assistance. Methodologically, a draw

enables randomization and between-group comparison. Before initiating the intervention, the teacher offers both parents and pupil assistance, clarifying that they can refuse. Such informed consent facilitates their sense of autonomy and motivation.

*Data collection.* Within the course setting, the teachers learn to use five tools for gathering information about the pupil:

1. conducting an interview with the pupil;
2. creating a sociometry (i.e. a social map) for children over eight years old;
3. conducting an interview with the parents about the child's development. Both interviews helped the teacher get acquainted with the child and family, as part of the intervention's protocol, but not as a research tool;
4. completing a *Pupil Adjustment questionnaire* (PAQ); and
5. observing the pupil during one lesson and break times.

### ***Data analysis and setting objectives***

The teacher and psychologist analyzed the data, and the teacher was asked to set one or two goals, such as stopping a problem, eliminating a disrupting behavior, assisting a distressed pupil or preventing future conflicts. The psychologist's role was to facilitate the teacher's decision-making process and select a criterion for measuring the change in pupils' behavior.

*Developing an intervention plan* After determining the intervention goals, the teacher and psychologist develop an intervention plan that includes various collective and individual tools. For example, beginning with two lessons on social competencies for the entire class followed by four short individual mentoring sessions. Some of the SEL tools being taught and practiced were rather simple, like training an impulsive child to count from one to ten before rushing to act or teaching a shy girl how to approach her friends. Other tools were more complicated, like training a boy to use the "magic word" that would stop others bullying him (Kalman, 2010).

*Implementing the intervention* Over the next two months, each teacher implemented the intervention plan and observed and documented the outcomes. Meanwhile the school psychologist followed and consulted the teacher to ensure that the intervention remained on track. At the end of the course, each teacher was required to submit a detailed ten-page report.

Based on this course and protocol, the research question of this pilot study asks the following:

- RQ1.* Is the intervention plan of the teacher effective? Do the pupils in the experiment group perform and adjust better than those in the control group?

### **Research method**

This study explores the feasibility and effectiveness of a brief psycho-educational intervention developed and tested by the author and measured via a quantitative tool developed and used within a randomized pre-test/post-test controlled experimental design.

### **Sample**

The participants were two groups of 79 intervening teachers (77 females) and 79 colleague teachers (78 females). Both pairs have taught in 33 preschool classes (41.7%), 37 elementary schools (46.8%) and 9 high schools (11.5%) [2]. These teachers who studied M. Ed. program in two colleges attended three one-semester courses on coping with

misconduct led by the author. Each teacher was asked to select two pupils from his or her class, one was randomly assigned to the intervention group and the other to a waiting list (the control group). In the intervention group (N = 79), 19 pupils were girls, with average age was 7.3 years (SD = 2.97). In the control group (N = 75), 12 were girls with a similar age range (4–17).

### **Tools**

To measure the effectiveness of the intervention program, a 30-item PAQ was developed to assess the harmonious (or problematic) relations that children and adolescents maintain with their educative environments (e.g. peers and schools). This PAQ, completed by the participating teachers before and after the intervention, measures pupils' adjustment to their school environment via five dimensions:

1. social adjustment (e.g. *gets along well with peers*);
2. avoiding risks (e.g. *cautious, does not take risks*) – five items;
3. adjustment to school and learning duties (e.g. *understands explanations provided during the lessons*) – six items;
4. managing a balanced life (e.g. *avoids doing activities he/she does not like*); and
5. searching for direction in life (e.g. *knows where he/she is going [career, family]*).

The first three dimensions address all pupils, aged 4–18, while the last two only address pupils aged 12–18. After completing the questionnaire, the respondents were asked to summarize the pupil's overall adjustment on a scale of 1 to 5.

The questionnaire begins with some demographic questions (e.g. name [pseudonym, grade, and gender), the context of the study (e.g. pre-intervention, post-intervention or follow-up) and the group (intervention/experimental versus control). The teachers are then asked to rate each of the 30 items according to the student's current behavior on a scale of 1–5: 1 – very poor; 2 – poor; 3 – moderate; 4 – good; and 5 – very good. About half of the items were phrased as negative statement (e.g. *rejected by peers*).

### **Tool development**

First, the participating teachers were asked to define and characterize good and poor aspects of "adjustment." Second, questionnaires that monitor children's behavior were examined, such as the Parent Rating Scale (Conners *et al.*, 1998) and the Child Behavior Checklist (Achenbach and Edelbrock, 1991). The questionnaire was developed based on these sources. Third, two experts were consulted about the relevance and fittingness of each item to the core subject (content validity) and four teachers completed the questionnaire and evaluated its clarity and relevance (face validity). Fourth, after introducing several changes, 35 teachers who did not participate in the study were asked to complete the tool and calculate its general reliability, which appeared to be satisfactory.

### **Tool reliability**

The reliability coefficient of the questionnaire is high (Cronbach's alpha 0.91), as are four of the five dimensions (Table 1). One of the two statements in the balancing needs section was unclearly phrased, thereby decreasing the level of reliability, and as such was not included in the findings.

The general statement of adjustment was positively correlated with both the mean score of the 26-item version ( $r = 0.651, p < 0.001$ ) and the mean score of the 30-item version ( $r = 0.656, p < 0.001$ ).

**Table 1** Reliability coefficients of PAQ scales

	Items	No. of items	Cronbach's alpha
Social dimension	3, 5, 8, 9, 10, 12, 13, 14, 15, 16, 19, 21, 22, 23, 26	15	0.86
Protection	1, 6, 11, 17, 25	5	0.70
Learning	2, 4, 7, 18, 20, 24	6	0.83
Balancing needs	27, 29	2	0.40
Direction in life	28, 30	2	0.70
General adjustment	Items 1–26		0.91

### Data collection

After selecting two pupils, the teacher filled a PAQ about the one who was assigned to the experiment group. An additional staff member, who teaches the same class and is familiar with both students, filled two questionnaires about both children, without knowing which of the two is receiving assistance. The assisting teacher then met with the pupil to offer assistance. Most of these pupils agreed happily, but in case of refusal, the teacher switched to the roles with the “control” child and asked his or her consent.

When the intervention ended, both teachers completed the PAQ again. Teachers who participated in the autumn course and finished their intervention by March (N = 30), completed an online version of PAQ about the “experimental” pupil in June as a follow-up measurement. They also wrote a final report which included the data from both teachers, pre-intervention and post-intervention. The teachers reported that they did not encounter difficulties implementing the protocol and intervention plan. Almost all pupils and their parents agreed to the initiative. All teachers used the predefined 6–8 weeks for the intervention, yet some decided to continue the intervention for longer, time permitting. Based on the teachers' reports, each teacher met with the pupil four to eight times and had at least one hour-long meeting with the psychologist.

### Data analysis

The triangulated data provided by two teachers about each pupil has improved its descriptive validity. Descriptive and inferential statistics were utilized for measuring the intervention outcomes.

### Ethics

The study was approved by the College Research Authority. During the study, precautions were taken to guarantee the ethical standards of the procedures (Mills and Gay, 2019), including receiving informed written consent from participating pupils and their parents, involving additional relevant staff members (e.g. school principal and counsellor) to ensure intervention quality, and ensuring anonymity and confidentiality of the children, their families, and the school (e.g. using pseudonyms and omitting identifying details). As the research was planned to offer only one treatment, the teachers were encouraged to assist the control child as soon as they finished the first intervention.

### Findings

Based on the pre-intervention and post-intervention data, the findings show that the social-emotional adjustment of the pupils in the intervention group improved compared to those in the control group (Table 2). However, no additional improvement was seen in the follow-up data that was gathered three months later (mean scores: pre-intervention = 2.92; post-intervention = 3.56; follow-up = 3.56). Although the objective of the intervention was to address a specific problem (e.g. *Poor relations with peers*), in many cases the outcome

Table 2		Pre- and Post-Intervention pupils' adjustment reported by the colleague: ANOVA			
		Pre-Mean (SD), N	Post-Mean (SD), N	F	Sig.
Social	Exp.	2.85 (0.56)	3.50 (0.35)	26.131	0.000
	Control	3.09 (0.46)	3.18 (0.46)		
Protection	Exp.	2.54 (0.83)	3.38 (0.75)	13.302	0.000
	Control	2.98 (0.83)	3.15 (0.68)		
Learning	Exp.	2.92 (0.70)	3.37 (0.55)	7.622	0.006
	Control	3.01 (0.68)	3.03 (0.66)		
General adjustment	Exp.	2.90 (0.51), 77	3.48 (0.40), 78	30.432	0.000
	Control	3.09 (0.42), 74	3.16 (0.44), 73		

reflected an overall improvement, even in aspects that were not included in the predefined goals set by the teacher and psychologist.

To examine the effectiveness of the intervention, a  $2 \times 2$  analysis of variance (group  $\times$  time of measurement) was conducted on the general adjustment score and on three dimensions: *social adjustment*, *avoiding risks* (i.e. protection) and *adjustment to learning* as measured in items 1–26 in the PAQ. The additional two dimensions (managing a balanced life and searching for direction in life) were not calculated because of the small number of relevant respondents, Table 2 presents the level of improvement in all three dimensions. These analyses yielded significant effects of interactions for each one of the four variables.

As seen in Table 2, the interactions stem from the improvement shown in the intervention group compared to the control group, in all variables. Thus, the intervention proved to be effective in *general adjustment* and in the three analyzed dimensions. The general effect size of the intervention based on the colleagues' reports was moderate ( $R^2 = 0.22$ ) compared to the larger effect size based on the intervening teachers' reports ( $R^2 = 0.41$ ). Similar findings were seen regarding the social dimension (0.21 and 0.40), but not with the protection dimension (0.29 and 0.14) or the learning dimensions (0.11 and 0.07).

## Discussion

The findings of this study portray significant improvement in the social-emotional adjustment of the students in the experimental group compared to those in the control group. The positive outcomes of combining teaching SEL competencies, often being taught in the classrooms, within psycho-educational interventions appears very promising. The discussion addresses the program's effectiveness and possible contributions.

### *Intervention model feasibility*

A school environment provides suitable conditions for promoting pupils' well-being. The close relations among teachers and counselors enable the early identification and treatment of pupils in distress. These services delegate access to mental health professionals and when coupled with evidence-based educational programs, can promote the healthy well-being of children. In addition to the immediate therapeutic outcomes, such assistance promotes secondary and tertiary prevention that could minimize long-term and irreversible effects (O'Connell *et al.*, 2009).

The current model addresses methods for overcoming obstacles that prevent teachers from using their personal professional resources to do so:

- broadening teachers' knowledge about intervention methods and pupils' behavioral problems within an academic framework;

- guiding teachers on how to set goals and plan an intervention broadening their competencies and providing a real hands-on experience that encouraged them to assist their pupils in overcoming difficulties other than academic ones (King *et al.*, 2016);
- being trained and supervised by the psychologist for improving teachers' confidence and abilities for coping with unexpected situations; and
- adhering to professional and ethical standards for teachers to adopt a neutral and objective standpoint.

Collaborations between teachers and the school psychologist could offer numerous benefits that do not exist when working individually, with both partners recognizing the other's unique professional expertise (Sosa and McGrath, 2013) and contributing knowledge and skills for effectively conducting the intervention. Such partnerships provide school psychologists with an opportunity to broaden their services (Splett *et al.*, 2013) and broaden their psychotherapeutic interventions (Noble, and McGrath, 2008). In their new role, school psychologists could become social agents who promote preventative mental health education. Such partnerships would, in the long run, increase their engagement, exposure, and influence among parents, staff members, and pupils.

### *Quality of the treatment*

It is fundamentally important for implementing with high fidelity (Durlak, 2016). The current outcomes can be assessed by three aspects (Armbruster and Lichtman, 1999): utilization, effectiveness and consent.

*Utilization.* The intervention model was put into practice as planned, with few obstacles and relatively minimal additional efforts invested by the teachers. The structured protocol enabled implementation with good fidelity (Roberts, 2017, p. 2), although the individual adjusting of each pupil entailed individual treatment that has led to an unavoidable lack of uniformity. Although some teachers faced practical difficulties, including the lack of a peaceful office setting, all managed to conduct a structured intervention.

*Effectiveness.* Based on the teachers' reports, the interventions' outcomes were rather positive. For example, a Maths teacher has managed beyond her expectations to prevent a 10th grade boy dropping out of school within a two-month intervention (Chen and Yariv, 2016). In other cases, pupils' adjustment was rather minimal. Since the teachers used various activities in each intervention, more data is needed to identify which tools were more effective. In addition, the possibility of subjective and biased data being collected by the participants implies more caution in interpreting the findings.

*Consent.* Armbruster and Lichtman (1999) explain that pupils often receive treatment in school without their prior consent or that of their parents. Therefore, significant ethical considerations were implemented in this study's intervention protocol. For example, asking the parents and the pupil for their consent prior to the intervention. This was aimed at strengthening their sense of autonomy and increasing their feeling of belonging.

### **Limitations and recommendations**

Unlike the rigid settings in this pilot study, we recommend practicing this model in the "field," while not limiting the teachers to a short, two-month timeframe; instead, the new initiative should emerge and reflect real-world, varied cultural contexts and populations (Tolin *et al.*, 2015). Since each teacher defines a specific goal (s) for the intervention and adapts specific tools, measuring the "real" impact should consider those initial goals and compare the tools being used with the outcome of each individual pupil.

In sum, the presented model does the following:

- instills teachers with knowledge, skills, and experience on how to assist their pupils;
- changes the role of the school psychologist;
- could increase the number of assisted children;
- could enable the mainstreaming of more pupils with special needs; and
- broadens school-based mental health services, maximizes resources and better serves pupils (Adelman and Taylor, 2010).

These positive outcomes, requiring minimal resources, could be generalized and transferred across national boundaries, to decrease the prevalent treatment gap (Kazdin, 2017).

## Notes

1. All participants were experienced preschool and schoolteachers. To avoid confusion with their pupils, they are referred to in this article as "teachers."
2. 12 additional teachers participated in this course, yet as they were on sabbatical leave, they could not conduct the intervention and as such, were not included in the study.

## References

- Achenbach, T.M. and Edelbrock, C. (1991), *Child Behavior Checklist*, University of VT, Burlington, Vt, 7, pp. 371-392.
- Adelman, H.S. and Taylor, L. (2010), "Mental health in schools: engaging learners", *Preventing Problems, and Improving Schools*, Corwin Press, Thousand Oaks, CA.
- Antonovsky, A. (1996), "The salutogenic model as a theory to guide health promotion", *Health Promotion International*, Vol. 11 No. 1, pp. 11-18.
- Armbruster, P. and Lichtman, J. (1999), "Are school based mental health services effective? Evidence from 36 inner city schools", *Community Mental Health Journal*, Vol. 35 No. 6, pp. 493-504.
- Chen, A. and Yariv, E. (2016), "A successful psycho-educational intervention with a student at risk: a case study", *Menituk Le'shiluv*, Vol. 19, pp. 295-308.
- Conners, C.K., Sitarenios, G., Parker, J.D. and Epstein, J.N. (1998), "The revised conners' parent rating scale (CPRS-R): factor structure, reliability, and criterion validity", *Journal of Abnormal Child Psychology*, Vol. 26 No. 4, pp. 257-268.
- Deimling Johns, L., Power, J. and MacLachlan, M. (2018), "Community-based mental health intervention skills: task shifting in low- and Middle-income settings", *International Perspectives in Psychology: Research, Practice, Consultation*, Vol. 7 No. 4, pp. 205-230.
- Durlak, J.A. (2016), "Programme implementation in social and emotional learning: basic issues and research findings", *Cambridge Journal of Education*, Vol. 46 No. 3, pp. 333-345.
- Durlak, J. A, Domitrovich, C. E, Weissberg, R. P and Gullotta, T.P. (Eds), (2015), "Social and emotional learning: Past", *Present, and Future*, Guilford, New York, NY.
- Evans-Lacko, S., Aguilar-Gaxiola, S., Al-Hamzawi, A., Alonso, J., Benjet, C., Bruffaerts, R., Haro, J.M. (2018), "Socio-economic variations in the mental health treatment gap for people with anxiety, mood, and substance use disorders: results from the WHO world mental health (WMH) surveys", *Psychological Medicine*, Vol. 48 No. 9, pp. 1560-1571.
- Fagan, T.K. (2002), "School psychology: recent descriptions, continued expansion, and an ongoing paradox. (special topic)", *School Psychology Review*, Vol. 31 No. 1, pp. 5-11.
- Fagan, T.K. (2004), "School psychology's significant discrepancy: historical perspectives on personnel shortages", *Psychology in the Schools*, Vol. 41 No. 4, pp. 419-430.
- Fazel, M. (2018), "Psychological and psychosocial interventions for refugee children resettled in high-income countries", *Epidemiology and Psychiatric Sciences*, Vol. 27 No. 2, pp. 117-123.



- Hoefl, T.J., Fortney, J.C., Patel, V. and Unützer, J. (2018), "Task-sharing approaches to improve mental health care in rural and other low-resource settings: a systematic review", *The Journal of Rural Health*, Vol. 34 No. 1, pp. 48-62.
- Kalman, I. (2010), "A powerful psychotherapeutic approach to the problem of bullying", *Annals of the American Psychotherapy Association*, Vol. 13 No. 3, pp. 74-77.
- Kazdin, A.E. (2017), "Addressing the treatment gap: a key challenge for extending evidence-based psychosocial interventions", *Behaviour Research and Therapy*, Vol. 88, pp. 7-18.
- King, S., McGonnell, M. and Noyes, A. (2016), "School psychology in Nova Scotia", *Canadian Journal of School Psychology*, Vol. 31 No. 3, pp. 249-255.
- Mills, G.E. and Gay, L.R. (2019), *Educational Research: Competencies for Analysis and Applications*, Pearson, Upper Saddle River, NJ.
- Noble, T. and McGrath, H. (2008), "The positive educational practices framework: a tool for facilitating the work of educational psychologists in promoting pupil wellbeing", *Educational and Child Psychology*, Vol. 25 No. 2, pp. 119-134.
- O'Connell, M.E., Boat, T. and Warner, K.E. (2009), *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*, Vol. 7, National Academies Press, Washington, DC.
- Petersen, I., Lund, C., Bhana, A. and Flisher, A.J. (2011), "Mental health and poverty research programme consortium. A task shifting approach to primary mental health care for adults in South Africa: human resource requirements and costs for rural settings", *Health Policy and Planning*, Vol. 27 No. 1, pp. 42-51.
- Polanczyk, G.V., Salum, G.A., Sugaya, L.S., Caye, A. and Rohde, L.A. (2015), "Annual research review: a Meta-analysis of the worldwide prevalence of mental disorders in children and adolescents", *Journal of Child Psychology and Psychiatry*, Vol. 56 No. 3, pp. 345-365.
- Roberts, G. (2017), "Implementation fidelity and educational science: an introduction", in G. Roberts, S. Vaughn, N. Beretvas and V. Wong (Eds), *Treatment Fidelity in Studies of Educational Intervention*, Routledge, London, pp. 1-21.
- Shepherd, J., Dewhurst, S., Pickett, K., Byrne, J., Speller, V., Grace, M., ... Roderick, P. (2013), "Factors facilitating and constraining the delivery of effective teacher training to promote health and well-being in schools: a survey of current practice and systematic review", *Public Health Research*, Vol. 1 No. 2, pp. 1-179.
- Sosa, L.V. and McGrath, B. (2013), "Collaboration from the ground up: creating effective teams", *School Social Work Journal*, Vol. 38, pp. 34-48.
- Splett, J.W., Fowler, J., Weist, M.D., McDaniel, H. and Dvorsky, M. (2013), "The critical role of school psychology in the school mental health movement", *Psychology in the Schools*, Vol. 50 No. 3, p. 245.
- Tolin, D.F., McKay, D., Forman, E.M., Klonsky, E.D. and Thombs, B.D. (2015), "Empirically supported treatment: recommendations for a new model", *Clinical Psychology: Science and Practice*, Vol. 22 No. 4, pp. 317-338.
- Weare, K. (2010), "Mental health and social and emotional learning: evidence, principles, tensions, balances", *Advances in School Mental Health Promotion*, Vol. 3 No. 1, pp. 5-17..
- World Health Organization (2004), "Prevention of mental disorders: effective interventions and policy options", Summary Report. Geneva.
- World Health Organization (2008), *Task Shifting: Global Recommendations and Guidelines*, WHO, Geneva.

## Further reading

- Fazel, M., Hoagwood, K., Stephan, S. and Ford, T. (2014), "Mental health interventions in schools in high-income countries", *The Lancet Psychiatry*, Vol. 1 No. 5, pp. 377-387.
- Kazdin, A.E., Fitzsimmons-Craft, E.E. and Wilfley, D.E. (2017), "Addressing critical gaps in the treatment of eating disorders", *International Journal of Eating Disorders*, Vol. 50 No. 3, pp. 170-189.

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