

An Evidence-Based Program

Monitored and Evaluated



Engage



Implement

ABOUT THE MODEL. The Transitional Coache Model promotes a system of care (Coaching ModelSM) offering evidence-based intervention, prevention, and care coordination services to children in grades K–12. The goal of the Coaching ModelSM is to expand quality mental healthcare access on public school campuses and improve the social, emotional, behavioral, family, and wellness outcomes of children.

A DATA-CENTERED APPROACH. The Model uses predictive analytics (Early Warning Indicators) to determine targeted behavioral health interventions for children requiring mental healthcare (Blumenthal, 2016b). Early Warning Indicators are routinely collected and readily available within the student’s academic record (O’Cummings & Therriault, 2015). Children meeting Early Warning Indicators commonly account for 80% of all school-wide disciplinary incidents. Likewise, data confirms that children meeting Early Warning Indicators also suffer Adverse Childhood Events (Exposure To Pervasive Violence, Trauma, Neglect, Substance Use, Behavioral Disorders), leading to frequent school-generated referrals to community mental healthcare service providers¹.

IMPLEMENTING THE COACHING MODELSM. The Coaching Model matches behavioral health professionals with children meeting Early Warning Indicators. Mental Health professionals are referred to as Transitional Coaches, which effectively removes the associated stigma from a child receiving mental healthcare.

PROVISION OF CARE. The service will include non-emergency-based mental health procedures—Psychiatric Diagnostic Evaluation Without Medical Services, Individual Therapy, Group Therapy, and Consultation Services.

BEST PRACTICE INTERVENTION STANDARDS. The Coaching ModelSM is supported by extensive research indicating that the introduction and appropriate utilization of group and individual therapy on a school’s campus is the most efficient, effective, and positive way of providing direct service to students with academic, social-emotional developmental issues and situational concerns. According to the Society of Clinical Psychology standards, the mix of group, brief intervention, and individual therapy provides the most efficacy for major depressive disorder, bipolar disorder, panic disorder, post-traumatic stress disorder, social phobia, obsessive-compulsive disorder, bulimia nervosa, binge-eating disorder, substance use disorder, schizophrenia, borderline personality disorder, and general personality disorder.

PROGRAM YEAR GOALS BY STUDENT VISIT TYPE. The Coaching ModelSM model is designed to ensure students are actively engaged. Data indicates that the Coaching Model is most impactful when the Transitional Coach completes the following student visits during the academic year. A “Student Visit” is defined as an encounter with a student or for a student by a Transitional Coach(es) that supports the student’s treatment plan objectives and goals.

Time Frame/Visit Type	Individual Therapy	Group Therapy
Per Academic Day	4 Visits	28 Visits*

*A Group Therapy session should have 7–14 students in attendance per session. This would result in 7–14 Student Visits per group session.

¹ Hutchins HJ, Barry CM, Valentine V, Bacon S, Njai R, Claussen AH, Ghandour RM, Lebrun-Harris LA, Perkins K, Robinson LR (submitted). Perceived racial/ethnic discrimination, physical and mental health conditions in childhood, and the relative role of other adverse experiences. Adversity and Resilience Science.