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Integrating Psychological Counseling into National Guard Youth ChalleNGe Programs

Insights and Recommendations from Current Practices



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Preface

The National Guard Youth Challenge (ChalleNGe) Program is a residential, quasi-military program for youth ages 16 to 18 who are experiencing difficulty in traditional high school. The RAND Corporation's analyses of the ChalleNGe program began in September 2016 and continued through June 2020. This report presents findings from one of the analytical tasks, to review counseling services at ChalleNGe and develop a set of recommendations for practices to address the mental health needs of cadets. Mental health issues are an increasing concern among adolescents, and the youth served by ChalleNGe may be particularly at risk for mental health problems. To better understand how ChalleNGe can support cadets experiencing mental health concerns, RAND researchers conducted interviews at six ChalleNGe sites. In addition, the RAND team collected survey data about counseling needs and services from 39 sites in 2019. This report presents the findings from the interviews and surveys, as well as recommendations for ChalleNGe sites to consider as they continue to develop and refine their counseling services.

The research reported here was completed in November 2020 and underwent security review with the sponsor and the Defense Office of Prepublication and Security Review before public release.

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Summary

The National Guard Youth Challenge (ChalleNGe) Program is a residential, quasi-military program for youth ages 16 to 18 who are experiencing academic difficulties and exhibiting problem behaviors inside and outside traditional high school. The program has 39 sites across the United States, including in the District of Columbia and Puerto Rico. Mental health issues are an increasing concern among adolescents, and the youth served by ChalleNGe may be particularly at risk for mental health problems. To better understand how ChalleNGe can support cadets experiencing mental health concerns, RAND researchers examined the mental health services provided to cadets while enrolled in the ChalleNGe program. To do so, we reviewed the relevant literature, examined survey data collected from the 39 ChalleNGe sites in 2019, and conducted in-depth discussions with counselors from six ChalleNGe sites.

The survey included information about cadets, mental health needs and sites, and counseling services. The results indicated that the majority (65 percent) of the sites considered cadets' mental health during the application process. In addition, a significant proportion of cadets were taking medication for mental health disorders while attending ChalleNGe. The percentage of cadets taking medication ranged from 1 percent to 68 percent, with a majority of sites (22 of 39) reporting at least 20 percent. Also, only three of the 39 sites that responded to the survey met the counselor-to-cadet ratio (1:30) set forth by the National ChalleNGe Cooperative Agreement. The other 36 sites had a ratio that was as high as one counselor to 100+ cadets.

From the interviews, we learned that there is substantial variation in counseling services offered across sites. These differences span many aspects of counseling services, including staffing models, ways of accessing services, and methods of providing services. Staffing models ranged from using all licensed counselors to using a combination of counselors and interns. The ways through which counselors provide services also vary. Some counselors are integrated into the day-to-day operations at their sites, working collaboratively with cadre and teachers to provide consultation on mental health issues among cadets, versus counselors whose work is a siloed activity. Some counselors also provide training to staff on such topics as building a healthy relationship with cadets and how to recognize and handle cadet mental health issues. Several counselors noted that additional staff training and support are needed. The variety of services provided by counselors also differs. Many counselors indicated that the main purpose of these services is retention—to keep the cadet enrolled at ChalleNGe. Because counselors have very little time with cadets (e.g., between classes) and counselors often serve 50 or more cadets per class, counselors do not have the resources to provide long-term psychological counseling. Some discuss providing psychosocial support and evidence-based interventions, such as cognitive behavioral therapy, but the evidence base for other techniques is unclear. In addi-

tion, some sites have developed partnerships with community-based agencies to provide more-intensive mental health care to cadets. Finally, counselors gave suggestions on how to improve counseling services to better serve cadets.

Based on the findings, we make four recommendations concerning different aspects of ChalleNGe's mental health services: (1) implement flexible staffing models that include at least one licensed counselor to meet the needs of the cadets and the sites, (2) establish an integrated counseling department in which counselors and other staff (e.g., teachers, cadre) work hand-in-hand to support cadets' mental health, (3) partner with community mental health providers to train and support staff, and (4) use evidence-based counseling practices to ensure high-quality and effective mental health services. Counselors share that sites select a staffing model depending on the resources available and the needs of cadets. Regardless of the staffing model selected, we recommend the inclusion of licensed counselors. Interviewees shared the different levels of collaboration at their sites. When the counseling department is more integrated and counselors are working side by side with other ChalleNGe staff (e.g., teachers, cadre), counselors are able to provide more-comprehensive and -effective services to cadets. Because most counselors do not have the capacity to provide longer-term and more-intensive psychological services, partnerships with nearby community-based mental health providers would allow ChalleNGe counselors to make referrals and ensure that cadets who are in need receive the appropriate level of care. Furthermore, community-based mental health providers can provide mental health training to counselors and other ChalleNGe staff. Finally, counselors shared with us that they use a variety of skills and practices with cadets, including curriculum-based cognitive behavioral therapy and group classes on stress management. We recommend using evidence-based practices whenever possible. It is important to evaluate both the implementation and the outcome of evidence-based practices. Building a continuous quality improvement process is key to ensuring that evidence-based practices are being delivered correctly and have the intended outcomes (Weist, 2005). Finally, counselors will require ongoing training, supervision, and support to deliver evidence-based practices.

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Abbreviations

ADHD	attention-deficit/hyperactivity disorder
CBT	cognitive behavioral therapy
CQI	continuous quality improvement
GED	General Educational Development
MHFA	Mental Health First Aid
NCS-A	National Comorbidity Survey–Adolescent Supplement
PTSD	posttraumatic stress disorder
RTI	Response to Intervention (model)

Introduction

National Guard Youth Challenge (ChalleNGe) Program is a residential, quasi-military program for adolescents at risk of dropping out of high school because they are experiencing academic difficulties and exhibiting problem behaviors inside and outside school. Operated by participating states through their state National Guard organizations and supported by federal funds and oversight, ChalleNGe serves participants (called *cadets*) at 39 sites in 28 states. The program's mission is to "[reclaim] the lives of at-risk youth, producing program graduates with the values, life skills, education and self-discipline to succeed as productive citizens" (National Guard Youth ChalleNGe, undated). Across the United States, mental health issues among adolescents are increasing (Twenge et al., 2019), and the youth served by ChalleNGe may be particularly at risk of mental health problems. Almost 50 percent of adolescents between the ages of 13 and 17 reported having at least one mental health disorder before age 18.¹ Among adolescents, the most common mental health disorders include anxiety disorders (e.g., generalized anxiety disorder, posttraumatic stress disorder [PTSD]), behavior disorders (e.g., attention-deficit/hyperactivity disorder [ADHD], conduct disorder), and mood disorders (e.g., major depressive disorder, bipolar disorder). Some cadets are referred to the program from the juvenile justice system (Constant et al., 2019), and research suggests that almost 70 percent of youth in the juvenile justice system have a diagnosable mental health problem (Skowrya and Coccozza, 2005). Despite the high prevalence rates of mental health disorders in adolescents, about half of adolescents with mental health disorders received treatment (Whitney and Peterson, 2019). Furthermore, utilization of mental health treatment varies, and adolescents from racial or ethnic minority, low-income, and rural communities are less likely to receive mental health services than their counterparts (Angold et al., 2002; Merikangas et al., 2011).

ChalleNGe serves adolescents who come from these vulnerable communities. Thus, it is likely that a significant proportion of applicants arrive at ChalleNGe sites with preexisting mental health disorders and therefore need appropriate support for mental health needs throughout ChalleNGe to set these cadets up for successful completion of the program. Furthermore, given that many adolescents from disadvantaged communities have limited access to mental health supports and services, mental health disorders are likely to be undiagnosed in applicants. ChalleNGe sites need to be prepared to recognize and address mental health issues after youth have enrolled in the program.

Cadets' mental health is likely to be intricately associated with their ability to successfully complete ChalleNGe. Results from the National Longitudinal Study of Adolescent Health found that depressive symptoms reported during middle and high school were associated with

¹ Data from the National Comorbidity Survey–Adolescent Supplement (NCS-A); see Merikangas et al. (2010).

greater likelihood of high school dropout among those with higher levels of depressive symptoms (Fletcher, 2010). In another study using the same data, McLeod et al. (2012) found that attention problems were associated with lower academic achievement as well. A longitudinal study of high school students in Minnesota found that depression in ninth grade predicted lower grade-point average in tenth (Shippee and Owens, 2011).

In addition to negatively affecting adolescents' academic achievement, mental health disorders are related to poor physical health. Diagnoses of mental health disorders (e.g., mood disorders, anxiety disorders) increases adolescents' likelihood of having weight problems and respiratory problems, after controlling for demographic variables (Aarons et al., 2008). Therefore, cadets who struggle with mental health disorders likely will have difficulty completing ChalleNGe's academic and physical activity requirements. Thus, it is important for ChalleNGe sites to provide support and adequate services to cadets with mental health disorders so that they can fully experience the program's benefits and obtain their high school credentials.

Previous Site Visits Suggested Mental Health Needs Among Cadets

Between 2016 and 2019, RAND Corporation researchers visited each ChalleNGe site at least once. In total, RAND conducted 39 site visits. During the visits, RAND had discussions with program staff to learn about the operation and structure of ChalleNGe sites. Program staff provided some information about mental health services as part of more-general discussions of cadets' challenges, but mental health needs and models of care were not explicit topics explored during site visits (the findings from the entire project are summarized in unpublished 2020 RAND research by Jennie Wenger et al.). However, during these site visits, program staff indicated that some cadets had previously diagnosed mental health disorders that required medication and/or counseling. These conditions may or may not be disclosed by the youth or their caregivers during the application process, and the diagnosis can be revealed after the cadet has matriculated. Cadets can also have undiagnosed mental health disorders that emerge during their time at ChalleNGe. Site visit discussions also suggested that some cadets have experienced traumatic events or been exposed to trauma in their families or communities (e.g., family or community violence) that could lead them to experience mental health disorders, such as PTSD, anxiety, and depression.²

Information gathered during site visits also suggested that ChalleNGe sites have different staffing models, policies, and procedures for dealing with cadets' mental health issues, from disqualifying applicants with mental health disorders to having licensed mental health professionals on staff to provide psychological services. Given the prevalence of mental health concerns among the ChalleNGe-eligible population and the fact that properly managed mental health issues should not impede cadets from successful participation in the ChalleNGe program, we seek to develop a set of recommendations to address the mental health needs of cadets. To develop these recommendations, we

² The experience of childhood trauma can have negative consequences for cadets' educational outcomes: Almost 20 percent of children who experience a traumatic event (e.g., sexual assault, partner or family violence) during childhood drop out of high school, compared with 13 percent who did not experience childhood trauma (Porche et al., 2011).

1. reviewed the literature on school-based mental health practices relevant to ChalleNGe
2. interviewed a set of counselors at ChalleNGe sites to better understand their policies and procedures for cadets with mental health disorders, their staffing model, what they are doing that is innovative in this area, and what they think would be best practices for ChalleNGe sites
3. surveyed sites as part of the annual assessment to identify the counseling models currently in place across all ChalleNGe sites.

In this report, we provide a summary of the literature on relevant practices for providing mental health care in a school setting, a summary of the current state of mental health counseling models at different sites, and case studies of practices used by sites. Working from these findings, we make recommendations for ChalleNGe program staffing, policies, and procedures to help sites support the mental health needs of cadets. The goal of these recommendations is to provide ChalleNGe sites with some evidence- and practice-informed options to maximize the ability of all cadets to successfully complete the program and become productive citizens.

Literature Review

We reviewed the literature on school-based mental health services to identify mental health services and practices that are relevant to ChalleNGe. We focused the review on the public health approach to delivering school-based mental health services because it provides a useful framework to ChalleNGe sites.

Survey of ChalleNGe Counseling Models

We surveyed all ChalleNGe sites annually to gather site and individual-level data (see Constant et al., 2020, for a description of the survey methodology). The 2019 survey included several questions about mental health issues. Questions analyzed for this report included whether the site considers behavioral and mental health, including mental health disorders, substance use, and addiction, during the application process; the number of licensed social workers or licensed counselors on staff and how many were full time; and approximate number of cadets who were taking prescription drugs for mental health disorders (e.g., depression, ADHD, anxiety) at any point during the residential portion of the program. The responses used in this report were collected at the site level rather than the cadet level. All sites responded to the survey.

Case Studies

To select sites for case studies, we reviewed interview notes from visits to 39 ChalleNGe sites. We selected sites to contact for interviews if their staff mentioned cadets with behavioral or mental health issues as a challenge at their site and if they had a trained counselor on staff. This resulted in nine sites selected for contact. We were able to schedule interviews with counselors from six sites, which are included in this study. Sites participating in the interviews were generally older and well established, with five of the six sites operating for more than 20 years and one for around ten years. One of these sites was located in the Midwest, two in the South, and three in the western United States. Three of the sites were larger (over 150 graduates per cohort), and three were medium-sized (around 100 graduates per cohort).

The interviews followed a semistructured format (see the appendix for the interview protocol). Topics included the following:

- the counselor's background and training

- the psychological or behavioral issues the counselor sees with cadets
- practices and techniques for one-on-one or group counseling
- site policies and practices for cadets with a diagnosed mental health disorder
- whether undiagnosed problems are revealed during Challenge and how these occurrences are handled
- types of data tracked for cadets with a diagnosed problem
- interactions between the counselor and other staff
- whether the site has the right level of staffing for counseling cadets or additional resources or training are needed
- advice for sites looking to hire a counselor.

Interview responses were coded for themes that emerged across sites and policies or practices that were unique or innovative.

Counselors we spoke with were a mix of licensed and credentialed counselors, those currently working on obtaining a credential, and those with mental health or social work education but no credential.¹ All had experience in psychological counseling or social work, and most had experience with adolescents prior to coming to Challenge. Interviewees' tenures at Challenge ranged from a few months to over 15 years.

¹ Regulations for licensed counselors vary from state to state, but licenses typically require a master's degree in counseling or a related field, certain hours of supervised clinical experience, and passing a state-issued exam.

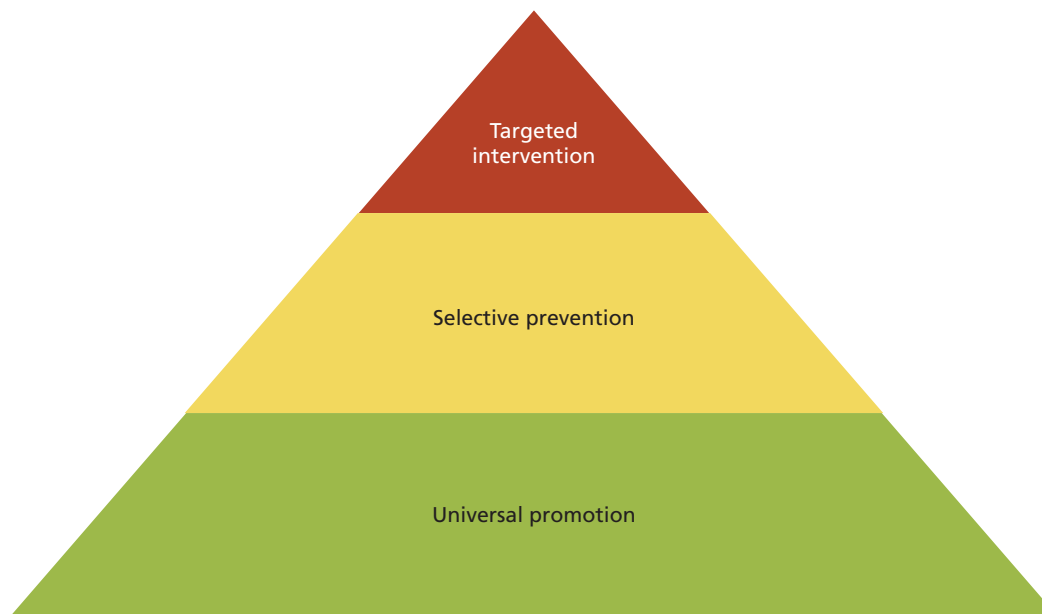
Literature Review: School-Based Mental Health Services Provide a Public Health Approach to Cadet Mental Health

One of ChalleNGe's core components is academic excellence. All cadets attend daily classes to prepare them for General Educational Development (GED) credential testing, credit recovery, or a high school diploma. In fact, some ChalleNGe sites operate as public charter schools or alternative educational institutions. Thus, research about school-based mental health services is applicable to understanding how mental health services can be delivered at ChalleNGe sites. Here, we provide a review of a public health approach to school-based mental health and examples of practices that are most relevant to ChalleNGe.

Schools have become an important mental health provider for school-aged children and adolescents. As discussed earlier, many children and adolescents, especially those from rural and low-income communities, lack access to mental health services (Angold et al., 2002; Merikangas et al., 2011). Recent research on school-based mental health suggests that providing individual counseling is *not* the most efficient way to improve students' mental health. There are simply not enough mental health providers to serve all students in need. Instead, a public health approach to school-based mental health that focuses on population-based assessment and intervention, prevention, promotion of positive outcomes, and comprehensive services has the potential to reach the largest number of students and to provide the most wide-ranging mental health services (Hess, Short, and Hazel, 2012; Weist, 2005). The public health approach is particularly relevant to ChalleNGe because sites do not have the capacity to provide individual counseling to every cadet. However, sites can benefit from a more systematic approach that not only addresses mental health problems but also supports positive behaviors that are the basis of several ChalleNGe core components, including leadership and followership behaviors and life-coping skills.

The Response to Intervention (RTI) model is one example of a public health approach to school-based mental health support. RTI is a multitiered model that includes three tiers of services: universal promotion, selective prevention, and targeted intervention (see Figure 3.1; Fuchs and Fuchs, 2006). Universal promotion programs are offered to all students at school, and they focus on building resilience and reducing risk for mental health disorders. Selective prevention is available to a subset of students with elevated risk for mental health disorders. Finally, targeted interventions are individualized intensive treatments for students with more-serious mental health disorders. Examples of universal promotion include school-wide programs to improve school climate and to promote prosocial behaviors. Selective prevention includes individual social skills training and group classes on anger management and conflict resolution for youth identified as being at risk for social, emotional, or behavioral problems. Intensive psychotherapy and coordinated care are examples of targeted interventions (Rones and Hoagwood, 2000). To identify students in need of selective and targeted interventions,

Figure 3.1
Response to Intervention Model



SOURCE: Fuchs and Fuchs, 2006.

universal screening is necessary (Kern et al., 2017). At a ChalleNGe site, counselors can deliver site-wide activities to promote healthy behaviors and to increase mental health knowledge to all cadets as universal promotion. Selective prevention can include elective classes to teach cadets about how to resolve conflicts effectively and how to cope with stress. In the context of ChalleNGe, targeted interventions can include short-term individual counseling designed to address mental health crisis.

Effective school-based mental health interventions share a few characteristics. Multilevel interventions that target the environment of the child in addition to the child's behaviors are more effective (Rones and Hoagwood, 2000). For example, Positive Attitudes Toward Learning in School includes both classroom and family services to improve students' emotional and behavioral health (Atkins et al., 2003). In addition, mental health interventions that are integrated within the larger school system are more likely to have a sustainable impact on students' mental health (Rones and Hoagwood, 2000). An integrated mental health intervention requires mental health providers to work collaboratively with other school staff (e.g., teachers, nurses) and parents to coordinate care and support for youth. It is also important for mental health providers to understand the work and stress of teachers and other school staff and to support their work (Kern et al., 2017). Mental health providers can support teachers through consultation and training. For example, mental health providers can share cognitive behavioral skills (e.g., modeling, role playing, positive reinforcement) with teachers to help with classroom behavior management and can provide classroom observation and feedback (Han et al., 2005). School mental health providers (e.g., school social workers) who have a state school social work license or certificate are more likely to work collaboratively with other school staff than providers who do not have licensure (Berzin et al., 2011). Furthermore, a meta-analysis of school-based mental health counseling interventions found that counseling was more effective across

a range of academic and mental health outcomes when it was provided by licensed counselors compared with unlicensed paraprofessionals (e.g., teachers or parents; Baskin et al., 2010), although preventive psychosocial interventions might be equally effective when implemented by unlicensed or licensed providers (Franklin et al., 2012). Finally, use of evidence-based and culturally responsive interventions is also important to ensure that resources are spent to implement effective and appropriate interventions for the population of students (Kern et al., 2017).

In sum, the public health approach to school-based mental health advocates a prevention-focused, multitiered, and evidence-based model to deliver mental health services to children and adolescents at school. The public health approach is relevant to ChalleNGe because an emphasis on prevention and promotion aligns with ChalleNGe's mission to equip young people with the necessary skills and resources to succeed as productive citizens. Given the differences that exist within and across ChalleNGe sites, the multitiered system of care allows sites to develop different levels of services to meet the varying mental health needs of cadets. Finally, the use of evidence-based interventions is important because ChalleNGe is committed to providing services that are effective and supported by the best evidence.

Survey and Interview Results Suggest Common Cadet Mental Health Needs and Varied Models of Care

ChalleNGe has very few program-wide requirements or recommendations for counseling services. According to the ChalleNGe Program Cooperative Agreement, sites are required to have a 1:30 counselor-to-cadet-ratio. Also, “mental health services are limited to crisis intervention only, long term or rehabilitative care is not authorized” (National Guard Youth ChalleNGe, undated). As a result, we found that sites have developed different approaches and models to meet the mental health needs of cadets.

Survey Results

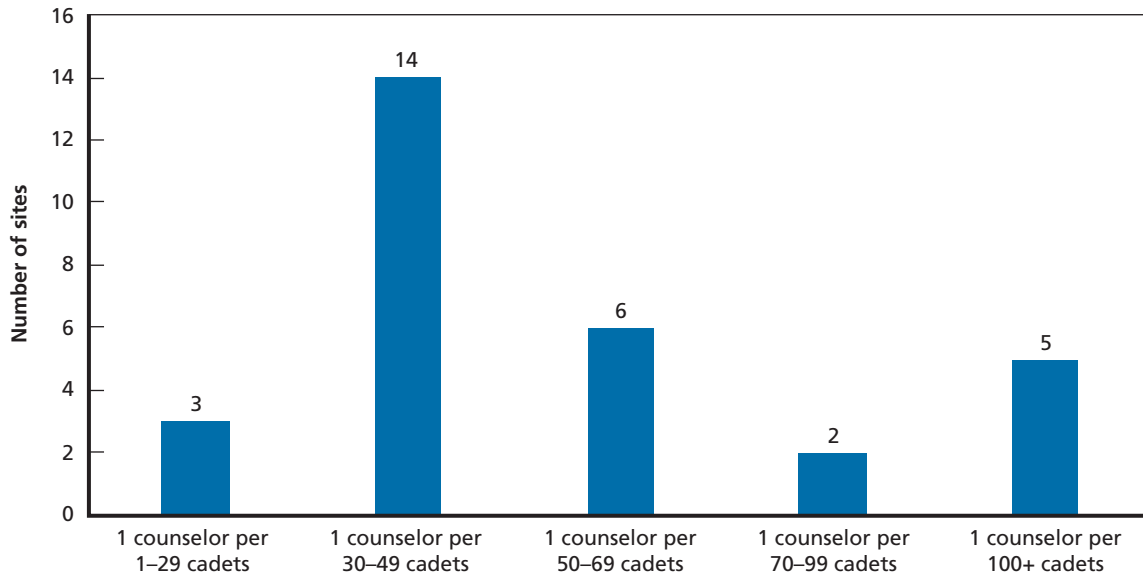
We computed tabulations of the relevant survey results from 39 sites that responded to the 2019 RAND survey. Regarding the application process, almost 65 percent of sites (24 out of 39) reported that they considered behavioral or mental health (including mental illness, substance abuse, addictions) during the application process.

Examining the number of counselors at each site raises the question of whether all sites only counted *licensed* social workers or *licensed* counselors, as instructed, or perhaps some sites counted all counselors on staff, whether or not they were licensed or otherwise credentialed. Nine of the 39 sites responded that they had no licensed social workers or licensed counselors on staff—however, site visits and interviews for this research suggest that the vast majority of sites do not have any counselors on staff who are actually licensed or credentialed by the state. Similarly, eight sites reported on the survey having five or more licensed counselors on staff, which site visits to all 39 sites and interviews with select sites suggest is highly unlikely. Nevertheless, for those 30 sites that reported one or more counselors on staff, it is instructive to examine the ratio of counselors reported to the number of cadets at each site. Figure 4.1 displays these ratios. Our analysis suggests that three sites maintain the recommended ratio of one counselor per 30 cadets or better, and 14 sites have a ratio of one counselor per 30 to 49 cadets. Eight sites reported ratios between one per 50 cadets and one per 100 cadets, and five sites reported a ratio of one counselor for each 100 or more cadets.

The 2019 survey asked for the approximate number of cadets taking prescription drugs for mental health disorders (e.g., depression, ADHD, anxiety) at any point during the residential portion of the program. At a typical site, 28 cadets were taking prescription drugs for mental health disorders.¹ Figure 4.2 displays a graph of the percentage of cadets taking

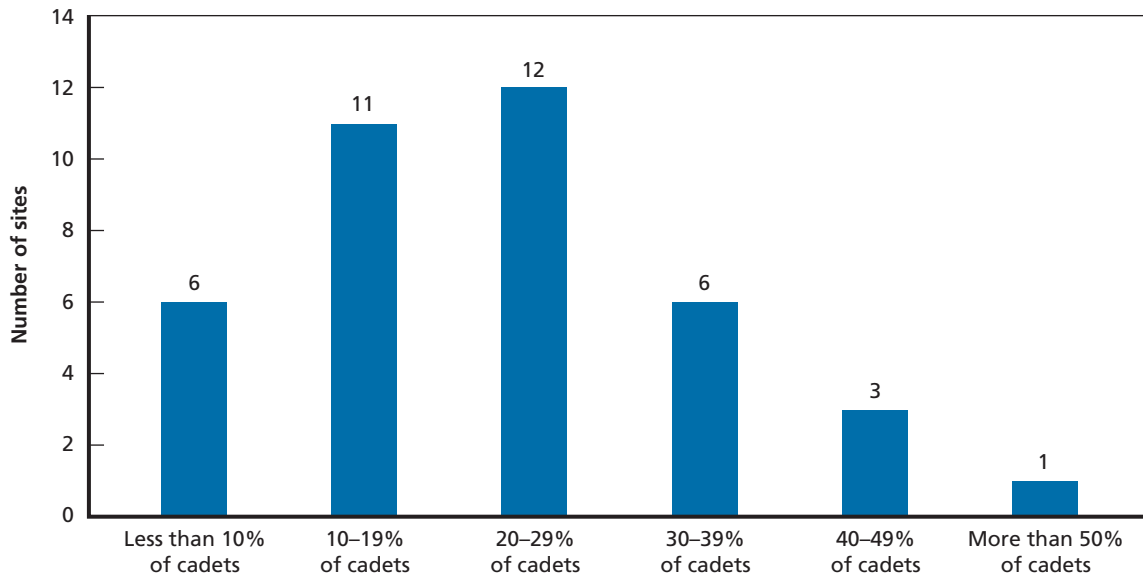
¹ The median response was 28 cadets; the mean response was 35 cadets. The smallest number of cadets taking mental health prescription drugs reported across academies was one (1.3 percent of cadets at the site), and the maximum number

Figure 4.1
Ratio of Counselors to Cadets, 2019



NOTE: Ratios were calculated using the number of counselors reported by each site and the total number of cadets at the site. The figure includes only sites that reported one or more counselors ($N = 30$).

Figure 4.2
Percentage of Cadets Taking Prescription Drugs for Mental Health Disorders, 2019



SOURCE: Data reported in 2019 for 2020 Congressional Report. $N = 39$ sites. Percentages were calculated using the number of cadets each site reported as taking prescription drugs for mental health disorders at any point during the residential portion of the program divided by the total number of cadets at the site.

prescription drugs for mental health disorders across sites. The majority of sites (22 out of 39) reported that 20 percent or more of cadets were taking prescription drugs for mental health disorders, with ten sites reporting 30 percent or more cadets taking such prescription drugs. Eleven sites reported that between 10 and 19 percent of cadets were taking prescription drugs for mental health disorders, and six sites reported that less than 10 percent of cadets were taking such prescription drugs. This suggests that at a typical site, over 20 percent of cadets are taking prescription drugs for mental health disorders.

Note that not all adolescents with mental or behavioral health issues take prescription drugs for their conditions. For example, a cadet might have a condition for which prescription drugs are not effective; may be receiving psychological counseling only; may have a condition that is undiagnosed; or may be experiencing symptoms at a preclinical level and not yet have a diagnosis to justify the use of prescription drugs. Thus, the actual percentage of cadets with mental or behavioral health issues at different sites is likely much larger than shown in Figure 4.2. In the next section, we provide more detail on the kinds of mental and behavioral health issues affecting cadets from interviews with counselors at select case study sites.

Findings from Interviews

Although survey data are helpful for determining the quantitative levels of mental health issues among cadets and the staffing levels of counselors across sites, detailed interviews with staff are better able to reveal the nuances of how sites handle mental health issues among cadets and provide models for other sites to emulate. We next detail the main themes that emerged from our analysis of the interviews with counselors. These themes are grouped into ten categories determined by content: restrictions on admitting cadets with mental health disorders; common psychological or behavioral issues seen in cadets; the counselor's role in ChalleNGe, which includes participation in counseling individual or groups of cadets; techniques used by counselors; procedures involving cadets with diagnosed mental health disorders; procedures for handling prescriptions for mental health conditions; unreported preexisting or emergent mental health disorders; training or consultation with ChalleNGe staff; counselor staffing levels and needs; and advice for sites considering hiring a dedicated psychological counselor. We discuss each category below.

Admission Restrictions

We asked counselors whether there were any restrictions on admitting applicants with diagnosed mental health disorders to their program. Counselors noted few formal restrictions on admitting applicants with a mental health diagnosis but also mentioned that they evaluate applicants on a case-by-case basis. One formal restriction noted by counselors at a couple of sites was that the site requires a sign-off from the child's mental health provider that the child is able and capable of completing the ChalleNGe program (if the site knows the applicant is being treated by a mental health provider). Another formal restriction noted at some sites is that the applicant should not require weekly therapy. Finally, a few counselors mentioned formal requirements around recent hospitalizations for mental health issues (if these are reported by applicants, or by parents or guardians). One counselor noted that an applicant cannot have

of cadets was 175 (67.6 percent of cadets at the site).

been hospitalized for a mental health issue within six months of application. Another counselor noted that applicants with a recent suicide attempt are not admitted. One counselor shared the procedure in place at their site to evaluate an applicant's readiness for ChalleNGe: If parents disclose the applicant's mental health diagnosis—such as history of self-harm and hospitalization—during the application process, ChalleNGe staff will follow up, and the lead nurse will get in touch with the mental health provider and evaluate whether to admit the applicant. If the team decides to admit the applicant, the team will work together to determine a plan of care before the applicant starts ChalleNGe.

Several counselors also said that they evaluate cadets with diagnosed mental health disorders on a case-by-case basis and make admission recommendations accordingly. An illustrative example is one counselor who said that their site “evaluated applicants at the interview and looked at their history—are they stable and on meds? If they are not on meds or are new to meds, ChalleNGe is not a place to start that. We look at who is most likely to graduate. We will ask these kids to reapply once they have their condition under control.” Counselors' assessments of who is most likely to graduate are derived from their past experiences and judgment of how well the applicant's mental health disorder is under control and stable.

Common Psychological or Behavioral Issues Among Cadets

Counselors reported several common psychological or behavioral issues they saw among cadets, and several noted that the prevalence of these and other psychological issues has increased among cadets over the past few years. Most counselors mentioned that they saw a lot of cadets with trauma exposure (e.g., family or community violence) and trauma-related problems (e.g., PTSD, depression). Several counselors also mentioned commonly seeing cadets with anger and anger-management issues. Most counselors mentioned seeing cadets with anxiety and depression, and a few counselors emphasized that anxiety, in particular, was becoming more prevalent among cadets. Importantly, several counselors mentioned seeing cadets with suicidal ideation.

Counselors' Role in ChalleNGe Sites

Counselors were asked to describe their primary role at the site, including whether or not they perform individual or group counseling and counseling session frequency. In line with the Cooperative Agreement limiting mental health services to crisis intervention, several counselors described their *primary* role as retention-based—counseling cadets who feel like they want to leave ChalleNGe—or performing “nontherapeutic” counseling. One counselor reported being there mainly for crisis intervention—to counsel cadets who are getting into fights or who are homesick and want to leave.

Among the counselors who provided one-on-one counseling to cadets, counselors mostly indicated that they saw cadets one-on-one at the cadet's request. A cadet had to ask to be put on the schedule to receive counseling. For example, cadets could fill out a request-for-counseling card and submit it to the counseling office. A couple of counselors noted that ChalleNGe staff would identify cadets whom they thought would benefit from counseling and refer them to a counselor. One counselor stated that parents could refer a cadet for counseling—parents call the counselor to make this request, and counselors make an effort to meet parents at intake and to communicate with them throughout the cycle.

All counselors reported leading group activities, mainly through life-skills courses taught as part of the ChalleNGe curriculum. Topics commonly mentioned included courses on con-

flict resolution, problem solving, decisionmaking skills, and anger management. Counselors also reported conducting courses on bullying, gang activity, parenting, self-esteem, art therapy, anxiety and depression, and domestic violence. Generally, sites do not assign cadets to groups or courses but let cadets choose which courses they are interested in attending (e.g., by having cadets vote on which classes they are interested in attending).

Counseling Techniques

We asked counselors what kinds of techniques they use to counsel cadets, and counseling techniques varied from site to site with counselor training and preferences for approaches. Several counselors mentioned using cognitive behavioral therapy (CBT) techniques, which focus on correcting negative patterns of thinking and behaviors and is a common evidence-based approach to counseling adolescents with psychological or behavioral issues. A few counselors described short, solution-focused interventions emphasizing cadets' strengths to find "meaningful solutions to problems" (Bonnington, 1993, p. 126) and crisis management. One counselor mentioned using solution-focused interventions, partly because cycles are too short for more-involved counseling techniques and counselors do not have a lot of time to spend with cadets at each session because sessions often take place between classes. A few counselors indicated that they do trauma-informed counseling, including one site that contracts with an outside agency to provide more-consistent trauma-focused counseling for cadets who need it. One site that has several counselors on staff reported that different counselors have their own expertise and experience with specific counseling techniques, and the site will match cadets to counselors who have a relevant skill set for their issue. Specialties mentioned were CBT and trauma-informed CBT, mindfulness techniques, art therapy, sexual trauma, and sexual abuse. A few counselors reported using talk therapy or listening techniques. It is unclear whether these and some other techniques mentioned by counselors incorporate evidence-based approaches.

Procedures Involving Cadets with Diagnosed Mental Health Disorders

When asked about cadets with diagnosed mental health disorders, counselors generally seemed to consider this a medical issue rather than a counseling issue. A few counselors noted that counseling is not required for cadets with a diagnosed mental health disorder, and that individual cadets can decide whether they want weekly one-on-one counseling from a ChalleNGe counselor. Two counselors noted that the only time counseling becomes required is when a cadet's mental health condition starts to cause problems in the day-to-day life of a platoon. Perhaps because of the separation between counselors and medical staff, most counselors reported that they did not track the number of cadets with diagnosed mental health disorders, but they noted that this number might be tracked by medical staff.

For cadets with a diagnosed mental health disorder, most counselors noted that counseling sessions between a cadet and their regular therapist outside of ChalleNGe were generally available. One counselor noted that cadets who had been receiving therapy prior to ChalleNGe are offered the option to continue one-on-one therapy with a ChalleNGe counselor. However, one counselor noted that cadets who needed to see their counselor were encouraged to do so during their home visits. A couple of counselors noted that they partner with community mental health agencies to provide help with serious mental health crises.

Prescriptions for Mental Health Conditions

All counselors noted that medications for mental health conditions are handled by the medical staff. There was some variance in how much counselors were involved with cadets' medications. One counselor noted that applicants who are on medication need to be cleared by their mental health practitioner to participate in ChalleNGe. The counselor also noted that sites need to have a professional who understands what the diagnosed condition looks like, how these medications work, what the side effects are, and how cadets should act when in compliance with their medication regimen.

Unreported Preexisting or Emergent Mental Health Disorders

We asked counselors whether parents always report preexisting diagnosed mental health disorders and to describe the site's procedures for cadets who have an undiagnosed mental health problem that reveals itself during ChalleNGe. Counselors were mixed on whether parents always report preexisting diagnoses. Some said that "parents are very forthcoming most of the time," while others acknowledged that parents will not disclose a preexisting mental health diagnosis if they think that it will exclude their child from ChalleNGe. One site had parents complete a mental health survey along with the application. The survey details the applicant's mental health history: diagnoses, hospitalizations, counseling services received in the past, and medications the applicant is actively taking for mental health purposes (all self-reported). The director encouraged parents to be honest about it, explaining to them that because of the nature of ChalleNGe (e.g., 24/7 monitoring in close quarters, challenging physical and mental activity), the site would uncover any existing issues, anyway. One counselor commented that sometimes parents do not know that the cadet has a mental health problem, and some know about the problem but do not disclose. The counselor noted that there was generally a 50/50 split between these two situations.

Most counselors said that there are cases where cadets have undiagnosed mental health problems that are revealed during ChalleNGe, and that they deal with each occurrence on a case-by-case basis. A representative response from one counselor:

What you do with [the cadet] depends on how they are doing. If they are doing well and not causing problems—they want to be there and are motivated to finish—then we will work with the cadet to figure out how best to handle their issue and get them through the program. We will make an appointment with an outside therapist, get a psychological evaluation, inform the parents, get their meds if needed, be prepared for the side effects, etc. If ChalleNGe can accommodate them, we will make it work. What we don't want to do is set the kid up for failure. We also don't want to put the other kids in danger, so that is a key consideration.

Training or Consultation with ChalleNGe Staff

We asked counselors whether they provide training to ChalleNGe staff on mental health issues among cadets or whether they serve as consultants to staff on how to handle cadets with mental health issues. Some counselors said that they provide trainings to staff, and a few sites said that they hire outside agencies to conduct the trainings. Trainings typically took place between cycles or once or twice a year and covered such topics as how to build a healthy relationship with cadets and connect with them, how to provide unconditional support, and psy-

choeducation and training of staff about mental health issues. Counselors at sites that did not provide training to staff on cadet mental health issues said that the training is needed, and a few counselors who already provide training suggested that additional staff training is needed. One counselor commented that the training is needed to help staff “recognize and handle mental health conditions among cadets and model supportive behaviors.”

Most counselors said that they provide consultation to ChalleNGe staff, although one counselor denied providing this service and noted that such consultations are needed at their site. For some sites, consultation with staff about cadets with mental health issues typically occurs at weekly staff meetings or even at daily briefings. Counselors viewed these regular consultations as positioning them as partners with other staff and ensuring that all staff are aware of any issues a cadet is experiencing, including academic or disciplinary struggles, as well as mental health needs.

Counselor Staffing Levels and Needs

We asked counselors whether they have the right level of staffing for counseling cadets, and whether they have a need for any other resources or training in specific skills. Most counselors said that their site had too few counselors. One counselor noted being the only counselor for 150 cadets (according to the National Guard Youth ChalleNGe Program Cooperative Agreement, the ratio of counselors to cadets is supposed to be one counselor for every 30 cadets). Even in locations where there was one counselor per platoon—or one for each 50 to 55 cadets—the counselors said that “they are basically on call 24/7. They don’t really have a day off except for between cycles. They are responsible for the health and safety of the entire platoon. Even on home-pass, they get calls from parents or cadets.” Another counselor noted that “there needs to be weekend and evening counseling here. . . . Weekends are difficult for students. That’s when phone calls with families can dredge up problems.” Two sites relied on interns to help relieve the caseload on regular counseling staff and to provide crisis intervention.

When asked about their need for additional resources, counselors gave various responses. One counselor noted a desire to have more outside therapy resources for cadets with preexisting or emergent needs for treatment, partly because the current vendor used for outside therapy accepts only Medicaid; other cadets have coverage for therapy through their parents and are not able to receive services through the site’s vendor. Another counselor expressed a wish for resources to contract with outside agencies to visit and conduct extended trainings for cadets. The site had an agency come in and do a one-day training on healthy relationships, but the counselor commented that a day was not long enough to teach this subject. One counselor noted a desire to be able to incorporate resiliency components into ChalleNGe.

Another need was to provide internships to one or more students in training to become counselors (e.g., through university clinical psychology or social work sites). Two counselors said that they had partnerships with in-state universities to provide opportunities for internships to their students. One counselor said that their site had reached out to the university’s school of social work and had gone through the process of establishing a memorandum of understanding with the school. Interns sign a volunteer agreement when they start at ChalleNGe. University students interview for the internship, the site scores the intern applicant, and the applicant scores the program. Then the university decides which students intern at ChalleNGe. Interns require supervision, and the sites that incorporated interns had licensed counselors on staff to provide that supervision. One counselor noted that the site could take on more interns, but only with additional licensed staff to provide supervision.

Finally, one counselor noted that counselors need time and resources to receive counseling themselves for self-care, noting that this is an “intense, stressful, incredibly demanding” job with a real possibility of burnout. This counselor recommended that sites provide counselors with time and funding or insurance coverage to receive weekly counseling sessions with outside counselors. In addition, this counselor suggested that, because of the nature of the ChalleNGe program, all staff who are in direct contact with cadets, including cadre and teachers, would benefit from weekly counseling.

Advice for Sites Considering Hiring a Dedicated Psychological Counselor

Finally, we asked counselors what advice they would give to a site that does not have a dedicated psychological counselor but is considering hiring one. The dominant response was that sites should have a counselor on staff, and several counselors recommended that sites hire counselors with experience working with at-risk youth, a master’s-level counseling degree, and credentials or licensure for counseling, although one counselor noted that experience might be more important than licensing. Counselors cited the prevalence of mental health issues among the ChalleNGe population and said that sites need professionals on staff who can identify signs of mental health issues among cadets. One counselor noted that this is needed for the safety of other cadets and staff, in addition to helping with cadet retention. At one site, the director requires that the lead counselor be licensed as a supervisor and all other counselors be license-eligible and working toward licensure. In addition, all of that site’s counseling department is trauma certified. The director expressed the belief that having credentialed counselors is important to ensure professionalism and high quality of services to cadets. Several counselors cited the need to hire a counselor with experience with at-risk youth, even without credentials or licensure. One counselor noted that “you want someone with the specific tool set for this population. They need to know how to deal with at-risk youth.” The counselor commented that previous experience working in the juvenile justice system would be helpful.

One counselor said that it is important for the counseling department to be integrated into the day-to-day operations of ChalleNGe and to work in partnership with other staff, including cadre and teachers. They recommended that counselors attend a daily meeting with the rest of the staff where daily operations and issues with specific cadets are discussed. This improves counselors’ awareness of potential behavioral or mental health issues among cadets and provides counselors with an opportunity to consult with staff about individual cadets (while maintaining confidentiality about a cadet’s specific issues). As noted earlier, several sites reported that they had weekly or even daily consultation meetings with staff about cadets with mental health issues. Another counselor said that these meetings helped keep the mental health needs of cadets from being “siloeed” from their academic and disciplinary needs so that “[all staff] is involved in the counseling of the kids.”

Conclusions and Recommendations

The prevalence of mental health problems among adolescents, especially among populations served by ChalleNGe, is a significant concern. Staff's concerns about mental health needs among cadets were apparent in data collected by the 2019 annual survey and in interviews with ChalleNGe staff. The survey found that the majority (65 percent) of the sites considered cadets' mental health disorders during the application process. Cadets' mental health problems are of concern because those whose mental health problems are serious may not be a good fit for ChalleNGe. In addition, a significant proportion of cadets are taking medication for mental health disorders while they are completing ChalleNGe. In fact, 22 out of 39 sites that responded to the survey reported that at least 20 percent of their cadets take prescription drugs for mental health disorders. Findings from the interviews also highlight the mental health needs of cadets. Interviewees shared that the prevalence of mental health problems has increased in the past few years.

Although ChalleNGe is not designed to provide long-term and intensive mental health treatment, sites are directed by the Cooperative Agreement to maintain a 1:30 counselor-to-cadet ratio. Survey results suggest that a little more than half of sites are close to meeting that ratio, with only three sites reporting ratios of counselors to cadets that are 1:30 or better. Other than establishing the staffing ratio, the National Guard Youth ChalleNGe Program Cooperative Agreement does not stipulate guidelines for counseling services. As a result, individual ChalleNGe sites have developed different models of counseling to meet the needs of cadets. All counselors reported teaching life-skills courses as part of the ChalleNGe curriculum, and many of these courses would fall under the RTI model as universal promotion to build resilience and reduce risk for mental health disorders (Fuchs and Fuchs, 2006). However, findings from this research highlight the variations in counseling staffing models, services, and regulations across sites in providing selective prevention or targeted intervention services.

Although cadets with serious mental health problems may not benefit from ChalleNGe, cadets with mild or preclinical levels of mental health issues could potentially thrive in the program, if they are given the appropriate counseling support. Rather than suggesting specific counseling practices, we share recommendations for the structure and operation of counseling departments at ChalleNGe with an understanding that sites are unique and no one model can meet the needs of all cadets.

Recommendation 1: Standardize Staffing Models to Meet the Mental Health Needs of Cadets

Sites had different staffing models to utilize resources most efficiently and to meet the mental health needs of cadets. Although flexibility is important, we recommend that sites follow standard protocols to ensure consistency. As examples, we propose the following options for sites to consider. Sites can choose among these three options depending on the resources available, including personnel, community partnerships, and support that comes with being a charter school or alternative educational institution.

Option 1: Sites can have all licensed counselors. Sites that have the needed financial resources and human capital should consider hiring only licensed counselors. The advantage of having licensed counselors is that the counseling department would be equipped to handle a wide range of mental health interventions, from stress management to more-intensive mental health counseling. One disadvantage is the cost of employing enough licensed counselors to maintain a 1:30 counselor-to-cadet ratio, given that licensed counselors are likely to require higher salaries than unlicensed counselors. Another disadvantage is that the supply of licensed counselors is limited, and there is a shortage of licensed mental health providers in the United States (Merwin et al., 2003; Thomas et al., 2009), which could make it difficult to hire and retain licensed counselors at ChalleNGe sites.

Option 2: Sites can have a combination of licensed and unlicensed counselors. Instead of requiring all counselors to be licensed providers, sites can consider having a combination of licensed and unlicensed counselors. This staffing model may be more suitable for sites that do not have the resources to recruit and hire only licensed counselors. Moreover, some sites located in rural counties may find hiring licensed mental health counselors difficult because of the shortage of licensed mental health providers. Furthermore, some sites may not need the capacity to provide more-intensive mental health counseling to cadets. This option would presumably cost less than employing all licensed counselors (option 1) but would still maintain one counselor on staff who has the certified training to deal with cadet mental health issues. In addition, this staffing model offers opportunities for unlicensed counselors to receive training and support from their licensed peers. With the support of licensed counselors, sites would have greater capacity to manage cadet mental health needs and potentially reduce risk for dropout. However, costs might still be prohibitive for smaller or less well-funded sites, and hiring and retaining even one licensed counselor could prove difficult, given the shortage of mental health professionals.

Option 3: Sites can include an internship program. One site in the study included graduate students who are studying to become mental health counselors to serve as interns. Interns at that site work with a smaller group of cadets individually and are responsible for teaching group life-skills classes to cadets (e.g., social skills, anger management, healthy relationships). Having interns would allow sites to provide more individualized services to cadets at a presumably lower cost compared with hiring more counseling staff (options 1 and 2). In addition, interns can bring up-to-date knowledge and practices from their classrooms to the site. Interns are also a great resource for sites that have limited funding for additional counselors. Finally, an internship program can help build a pipeline of mental health counselors for ChalleNGe by exposing potential hires to the work at ChalleNGe and can develop a closer relationship between ChalleNGe and the community of mental health providers. Although this option has many advantages, disadvantages include the need to train new interns on the ChalleNGe

model, potentially every year; the added workload for the lead counselor; and the need to partner with one or more in-state universities offering a master's-level or higher degree in counseling or social work.

The three options we offer are not exhaustive. Sites may need other models of staffing that are compatible with the resources available and the mental health needs of cadets. ChalleNGe is neither designed nor authorized to provide long-term and rehabilitative care to cadets. When cadets require more-intensive care, counselors would need to make referrals for cadets to receive adequate care. Developing partnerships with community mental health providers can help counselors make appropriate referrals and connect cadets with needed care. Some counselors in the study shared that they have a partnership with community mental health providers in which the providers come on site to provide counseling to cadets. Also, for cadets with appropriate insurance coverage, sites can facilitate counseling sessions with outside providers who accept the cadet's insurance. Regardless of the selected model, we recommend that counselors have either a recognized educational credential (i.e., advanced degree in mental health counseling, social work, or other related field) or professional experience (e.g., counseling adolescents in schools, crisis intervention). Also, standardization, such as requiring sites to choose from the three options presented, would help establish consistent practices across all ChalleNGe sites. Although ChalleNGe is not designed or authorized to provide long-term or rehabilitative care, it is still likely that counselors would serve a significant number of cadets with mental health disorders and would need the capacity to provide adequate care.

Recommendation 2: Fully Integrate Counseling Departments into the Day-to-Day Operation of ChalleNGe

As discussed earlier, when mental health services are more integrated throughout the school system, they are more efficient and effective. Thus, integrating the counseling department more intentionally into the day-to-day operation of ChalleNGe has the potential to improve ChalleNGe's mental health services. Some sites in the study described working collaboratively with other ChalleNGe staff to screen for applicants, coordinate care for cadets, and develop training for staff members. As discussed earlier in this report, a public health approach to school-based mental health with integrated mental health services is an effective way to deliver mental health care in schools (Rones and Hoagwood, 2000).

Applying a public health approach, ChalleNGe counselors would work side by side with teachers, cadre, medical staff, leadership, and parents to provide (1) universal services to all cadets to prevent mental health problems and to promote positive behaviors, (2) selective services to a subgroup of cadets with elevated risk, and (3) targeted services to individual cadets who need more-intensive care. Universal services may include life-skills classes that are available to all cadets and other site-wide initiatives to promote well-being. Selective services may include group activities to teach anger management and stress coping skills. Targeted services may include individual counseling, crisis intervention, and case management. In addition to providing services to cadets, counselors would provide training, education, and consultation to other ChalleNGe staff and parents. The majority of the counselors interviewed in the research shared that they do work collaboratively and provide consultation to teachers and cadre. However, the extent to which the collaboration is systematic or relies on the counselor's personal relationship with staff is unclear. Collaboration also goes both ways; teachers and cadre can

provide insights and feedback to counselors as counselors develop universal and targeted services for cadets. More active participation of teachers and cadre in mental health services, such as assistance with delivering selective services and early identification of cadets experiencing mental health symptoms, might ease the workload of counselors. Given that most counselors at ChalleNGe sites have a relatively large caseload, assistance from other staff members would be needed.

The integration of counselors into the application process at ChalleNGe is critical. Every site has its own mental health criteria for inclusion and exclusion of applicants. It is important for counselors to be actively involved with reviewing applications, interviewing applicants and caregivers, and selecting applicants. Counselors can provide a professional assessment of an applicant's readiness for ChalleNGe and the program's ability to meet the applicant's mental health needs. In the event that mental health services will be needed, counselors can coordinate with the applicant's mental health providers and develop a plan for the applicant once he or she is enrolled into ChalleNGe. Sites could model their mental health plan after the individualized education program in public school. The potential risk is that the cadet's mental health condition could deteriorate over the course of the program. Also, additional resources would be required to monitor the cadet's mental health condition.

Recommendation 3: Consider Forming Partnerships with Community Mental Health Providers to Train and Support Staff

Given that ChalleNGe is not designed as a mental health provider, many staff members can benefit from mental health training and support. With the small number of counselors and their already demanding workload, it would be difficult for ChalleNGe counselors to develop and provide mental health training. Instead, counselors can partner with community mental health providers to develop and implement training and support for staff. One training to consider is Mental Health First Aid (MHFA). MHFA has been implemented in school settings (Jorm et al., 2010), and early evidence suggests effectiveness in reducing stigma associated with mental illness and help-seeking and encouraging help-seeking behaviors in adolescents (Hart et al., 2016). MHFA builds on the concept of first aid courses to improve the public's ability to handle and assist with medical emergencies. MHFA aims to improve mental health knowledge and reduce stigma associated mental health disorders in the public. Trainees learn to identify mental health disorder symptoms and crisis situations, including depressive, anxiety, and psychotic disorders, suicidal thoughts, and acute psychotic behaviors. In addition, trainees learn how to provide emotional and concrete support to someone who is living with a mental health disorder. Staff training about mental health is critical because knowledgeable staff can help identify cadets who are in need of mental health care (Weist, 2005). Moreover, interviewees discussed the importance of reducing mental health stigma and increasing mental health knowledge among ChalleNGe staff to support the delivery of mental health services.

In addition, community mental health providers can provide consultation to counselors and other ChalleNGe staff to support them in their roles at ChalleNGe. These consultations could encompass everything from how to handle specific cadets with more-complex mental health needs to counseling services for staff who are experiencing stress or other mental health issues related to their role at ChalleNGe. There is a long tradition of supervision in mental health counseling, in which counselors receive help with complex or difficult cases from mental

health providers with more experience or more-specialized training (Scaife, 2013). Community counselors could serve this purpose for ChalleNGe sites that employ relatively less-experienced counselors or that occasionally need insights on cadets with more-complicated mental health conditions. Also, at sites that employ license-eligible counselors, community mental health providers can provide supervision to counselors who need supervised counseling hours to meet licensure requirements. Developing and maintaining community-based partners is likely to require additional time from counselors and may present a challenge to a counseling department that is already understaffed.

Finally, ChalleNGe counselors and staff may need regular support for their own mental health needs. One counselor suggested that, given the stressful nature of their jobs, ChalleNGe staff should be able to receive counseling themselves. This fits with evidence that mental health counselors who do not receive support for their own mental health needs can experience burn-out or secondary trauma and PTSD-like symptoms when consistently exposed to others' traumatic experiences (Jenkins and Baird, 2002) and suggests that counseling and other staff could benefit from receiving counseling from a community mental health professional. Although not the focus of this analysis, such counseling could improve retention of counselors and other staff (e.g., cadre).

Recommendation 4: Counselors Should Use Evidence-Based Practices

Interviewees shared that counselors use a variety of mental health practices, ranging from psychoeducation to individual counseling. Counselors have flexibility to choose the practice that best meets the needs of the cadets and addresses their specific mental health concern. Regardless of the selected practices, we recommend using evidence-based practices whenever possible. The use of evidence-based practices is important because these practices have been rigorously evaluated and have demonstrated their effectiveness in treating mental health problems. Interviewees shared that the most common mental health concerns among cadets are depression, anxiety, stress, and trauma exposure. A number of evidence-based interventions are available to address these mental health concerns in adolescents. For example, CBT is an effective intervention for adolescents with depression and/or anxiety (Compton et al., 2004; Neil and Christensen, 2009). CBT interventions are manualized interventions that include such components as psychoeducation, skills-building, and cognitive restructuring (Hibbs and Jensen, 1996; Kazdin and Weisz, 1998). Variations on CBT, such as Trauma-Focused CBT and School-Based Group CBT, have been identified as effective interventions for adolescents with trauma exposure (Silverman, Pina, and Viswesvaran, 2008). The need to provide evidence-based practices underscores the importance of hiring counselors with training in and experience with these practices.

Continuous quality improvement (CQI) is key to ensuring that evidence-based practices are being delivered correctly and having the intended outcomes (Weist, 2005). CQI is an ongoing process that starts with building an infrastructure to support the delivery of mental health services. Building a culture that recognizes the importance of mental health to accomplishing the mission of ChalleNGe is critical because it creates strong buy-in from all ChalleNGe staff and facilitates collaboration between the counselors and other staff members. Assessment of how well the mental health services are working to improve cadets' mental health and reduce problem behaviors is a key component of CQI. Universal screening of mental health concerns

at the beginning of the residential phase and ongoing assessments during the residential phase can help counselors document the extent to which the mental health services are improving cadets' mental health outcomes. Finally, ongoing training, supervision, and support to counselors are also needed to ensure that evidence-based practices are being delivered correctly. Best practices evolve, and counselors need to be well-informed about the best evidence to continuously improve and adjust the services they provide to cadets. For example, mindfulness-based stress reduction in school settings is emerging as a promising intervention to reduce stress and promote mental health in children and adolescents (Zenner, Herrnleben-Kurz, and Walach, 2014). It would be important to include professional development opportunities for counselors to learn about new practices. Counselors who are not licensed and interns who are working with cadets need to receive supervision and support from licensed mental health providers to ensure high quality of services.

Limitations

Although this report provided some important insights into the counseling services at ChalleNGe, it has a few limitations. While we considered the existing literature, examined information from our site visits, and collected some additional information from all sites in 2019, we were able to interview only six counselors. The counselors we interviewed might not be representative of counselors at all sites, and we might have missed important or innovative counseling practices at other sites. The counselors we interviewed were from both large and medium-sized sites across the United States, but they generally were from sites that were older and well established. Counselors at smaller sites may have additional or more-challenging barriers because of limited resources. Counselors at newer sites could have different experiences that are not captured in the interview data. Counselors also self-selected to participate. It is possible that counselors who participated in the interview were more satisfied with their counseling services and more eager to share their experience. On the other hand, counselors who were unhappy about their job may have been more likely to participate because they wanted to voice their dissatisfaction. The use of interviews was effective in gathering in-depth information from participants, but the information gathered through the interviews nonetheless represents the views of a small sample. To gather more representative and comprehensive data, the next step will include a quantitative needs assessment of all ChalleNGe sites. The needs assessment will ask counselors, other ChalleNGe staff (e.g., teachers, cadre), and cadets to respond to survey questions about counseling services and other related topics.

Conclusions

The ChalleNGe program is built on the whole person concept with a focus on developing the cognitive, emotional, and physical aspects of a young person to set him or her on a more productive life course (Price, 2010). Mental health is intricately associated with educational and career outcomes. Existing epidemiological evidence and findings from this study suggest that the adolescent population that ChalleNGe serves is vulnerable to mental health disorders. ChalleNGe sites have implemented different models of mental health care to meet the mental health needs of cadets. However, sites experience a number of barriers, and we know very little

about the effectiveness of these mental health services. To ensure that all cadets can complete ChalleNGe and become successful and productive citizens, ChalleNGe sites need to more systematically implement and evaluate evidence-based practices to address the mental health needs of cadets in addition to their educational achievement and physical health.

Survey Instrument

1. First, can you tell us a little bit about your background—how long you have been with [ChalleNGe program] and what you did before joining [ChalleNGe program]?
Follow-up on:
Educational training and certifications
Experience in psychological counseling or social work
Experience working with adolescents or individuals in residential setting
2. What is your primary role at the academy?
[if not primary] How does psychological counseling fit into that role?
3. What is your counseling schedule like? How frequently do you get to counsel cadets one on one?
4. What kinds of psychological or behavioral issues do you see with cadets?
5. What kinds of techniques do you use to counsel cadets? Any particular strategy or program you use?
Probe for use of evidence-based practices (e.g., cognitive behavioral therapy, trauma-informed CBT)
6. Do you do any group activities or trainings with cadets?
[if yes] What activities or trainings have you done?
7. How does your program handle cadets with diagnosed mental health disorder? Prescriptions for these conditions? Are cadets allowed to meet with their therapist on academy or via phone?
8. How common is it for cadets to come to the program with a diagnosed problem? Do parents always report these problems? Are there any restrictions (formal or informal) on admitting cadets with mental health disorders?
9. How common is it for a cadet to have an undiagnosed problem that reveals itself during ChalleNGe? How does the program provide care to the cadet?

10. Do you collect data on the number of cadets with diagnosed mental illnesses? How about the number of cadets that you counsel one-on-one (weekly or on-demand)? Would you be able to share this data (aggregated only—not individual-level data)?
11. What about [ChalleNGe program] staff—do you provide counseling services for them?

[if yes] Who do you typically counsel (e.g., cadre, teachers, recruiters)? What kinds of issues do you help them with? Is counseling staff part of your official duties—is it part of your job description?
12. Do you provide any training and/or consultation to [ChalleNGe program] staff? If so, what types of training have you provided? How do you typically provide consultation?
13. Do staff members come to you for their own mental health problems? If so, how do you work with them?
14. Do you feel like you have the right level of staffing for counseling cadets (and staff) at [ChalleNGe program]? Are there any additional resources or training in specific skills you would like to have (for you or your staff, if relevant)?
15. What advice would you give a program that doesn't have a dedicated psychological counselor but is considering hiring one?

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