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Improving Mental Health Outcomes for Young Children Through the Implementation of the Primary Project

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Abstract

Primary Project (formerly known as Primary Mental Health Project) is one of the longest standing and well-established school-based preventative mental health interventions for addressing the social, emotional, behavioral, and learning needs of preschool through primary grade children. Existing now for over 60 years and building on its historical antecedents, this article describes the history, current state, and future implications of Primary Project. We discuss children's mental health needs and the role of the school in addressing these needs. We present Primary Project's current research efforts with a specific focus on University-community studies in Arkansas and Massachusetts. Implications for future research and school based counseling and policy and evaluation are addressed.

Keywords: Primary Project, early intervention, school-based counseling, play-based

Introduction

Primary Project (formerly known as Primary Mental Health Project) has been in existence for over 60 years, positioning it as one of the longest standing school based mental health interventions available for young children. Briefly, Primary Project is an international (Canada and the United States) school-based early detection and prevention program that enhances social, emotional, behavioral and learning skills in preschool through primary grade children utilizing a play-based relational approach (Cowen & Hightower, 1989). In this article, we begin by examining children's mental health needs, a description of the program, and the practice models of school-based counselors and school social work professionals highlighting where Primary Project falls within those models. Next, we review past research and evaluation studies, and describe two current studies that have adapted Primary Project using graduate students at the University of Arkansas and William James College located in Massachusetts. These adapted university models have the dual advantage of being cost effective for elementary school districts while simultaneously training the next generation of school-based mental health professionals in a systemic evidence-based early intervention. Finally, we turn our attention to the future of Primary Project research and in doing so, argue that Primary Project stands at a crossroads in its development. As such, new research and innovative program adaptations have the potential to shape the future of Primary Project.

Children's Mental Health Needs

School children worldwide have significant unidentified mental health needs (Brown, Green, Desai, Weitzman, & Rosenthal, 2014; Child and Adolescent Health Measurement Initiative, 2013; Kieling et al., 2011; Rocha, Graeff-Martins, Kieling, & Rohde, 2015). Every year in the United States, up to 20% of children and youth experience a mental, emotional, or behavioral disorder (Perou et al., 2013; Sanchez et al., 2018), yet nearly half of all children with emotional or behavioral difficulties receive no mental health services (Simon, Pastor, Reuben, Huang, & Goldstrom, 2015). Mental health problems in children and youth that are not addressed early in life can inflict a high cost on children, their families, and society (Perou et al., 2013). The consequences of untreated mental health problems can include difficulties that cut across contexts of home, school, and peers. These issues increase the risk for dropping out of school, substance use, criminal behavior, and other risk-taking behaviors (Substance Abuse and Mental Health Services Administration [SAMHSA], 2017; Vos et al., 2012).

Among the children and youth who do receive mental health services, those services are most often received at school, placing institutions of learning as the de facto mental health system for our nation's children (Foster et al., 2005; Mellin, 2009; Olfson, Druss, & Marcus, 2015; SAMHSA, 2017). Therefore, schools

play a prominent role in addressing the mental health needs of young children and can provide prevention, early intervention, and responsive services for students (Anglin, 2003; Institute of Medicine and National Research Council, 2009).

Because children and youth spend a great deal more time in schools than in community mental health centers, it is critical that mental health programs exist that include screening and identification of the social and emotional needs of children (Children's Institute, 2017). Schools are frequently referred to as a microcosm of society (Bearss, 2013; Brown & Sekimoto, 2018; Perryman, 2016) and because of this, mental health issues that are present in society such as depression and anxiety are also clearly apparent with the emotional and behavioral issues experienced in schools.

Recognizing the importance of schools to address the mental health needs of children, the federal Every Student Succeeds Act (ESSA, 2015) that replaced the No Child Left Behind Act (NCLB, 2002), allows for flexibility in funding. The flexible funding can include integrated services, partnerships, school-based mental health programming, and a variety of strategies that extend beyond academics. This funding flexibility is a welcomed invitation for prioritizing early intervention services and programs such as Primary Project, implemented by school counselors, school-based licensed professional counselors, and social workers, and psychologists.

What is Primary Project?

Primary Project is an early detection and prevention program that enhances social, emotional, behavioral, and learning skills in preschool through primary grade children that utilizes non-directive play within the school setting (Cowen & Hightower, 1989). A key distinction between prevention and treatment lies in the timing of the intervention, with Primary Project occurring both early in a child's school history and early in the level and progression of difficulty being displayed (Cowen et al., 1996). Primary Project is considered a secondary prevention program (National Research Council and Institute of Medicine, 2009), because the children are already showing signs of mild-to-moderate school adjustment difficulties (Cowen & Hightower, 1989). It is recognized that untreated school adjustment difficulties both persist and increase, therefore, Primary Project works to prevent further school adjustment difficulties from moving out of the mild to moderate range into the more severe range (Cowen et al., 1996; Gettinger, Ball, Mulford, & Hoffman, 2010). During the direct service component, children are provided with a relationship-based intervention that utilizes a developmentally sensitive play-based approach proven to be effective in numerous studies (Cowen & Hightower, 1989; Demanchick & Johnson, 2004; Johnson, Pedro-Carroll, & Demanchick, 2005; Smith & Lotyczewski, 2016).

The project has six core components: (a) a focus on young children (preschool to third grade); (b) systematic screening and selection; (c) the use of paraprofessionals to provide direct services to children; (d) changing role of the mental health professional; (e) on-going program evaluation; and (f) integration into the school community. The first five core components have been in place since its early beginning in 1957, with the last component emerging during the later years (Johnson & Peabody, 2015). Each of the core components will be examined in further detail below.

Focus on Young Children

Primary Project is focused on pre-kindergarten through third grade students and is an individually based intervention (Johnson & Peabody, 2015). Individual districts/schools decide what grades they will screen and serve based on needs of children and other supports that may be in place for students. Sometimes particular grades are targeted or a school may decide to implement the Program across all early childhood classrooms. All students in a grade or early childhood classrooms would be assessed, with those who qualify, receiving Primary Project services.

Systematic Screening and Selection

Multiple approaches (parent input, observations, meetings with teachers) help to identify appropriate students. Observations are conducted usually by Primary Project team members in a variety of settings including the classroom, lunchroom, and playground. Along with observations, formal screening is conducted. In most schools, classroom teachers complete the Teacher-Child Rating Scale (T-CRS) on all students in the targeted classrooms (Hightower et al., 1987). The T-CRS consists of 32 items that assess four primary domains of a child's adjustment: task orientation, behavior control, assertive social skills, and peer social skills.

According to Peabody, Johnson, Smith, Sanyshyn, and Zordan (2016) the screening typically does not occur until four to six weeks into the school year to allow additional adjustment to the school setting. By allowing the children ample time for early school adjustment, children who continue to show signs of mild school adjustment difficulty will be more readily identifiable. Similarly, for kindergarten students, screening takes place mid-year allowing younger students time to adjust to the school setting.

The school-based team (typically the school mental health professional, teacher, and a paraprofessional called a child associate) review the screening data and select children whom they believe will benefit the most from the program (Cowen & Hightower, 1989). The T-CRS serves not only to identify children for Primary

Project, but also to identify children who may need more intensive support or services (Cowen & Hightower, 1989). This extends the utility of the screening measure to ensure that children receive the most appropriate intervention for their level of need. After children are identified, written parental permission is obtained by school personnel. Upon receipt of permission, the child associate paraprofessional begins scheduling children for playroom sessions (Peabody et al., 2016).

Use of Paraprofessionals

Child associates are the direct service interventionists of the play-based intervention (Peabody et al., 2016). They are selected for their ability to establish effective, genuine, caring relationships with children. While educational background is varied, they are hired for their natural abilities and specifically trained in the work of child-centered play to serve as "therapeutic agents." These specific skills are driven by a theoretical underpinning of non-directive child-centered play therapy. Training focuses on therapeutic play skills including: active listening, responding empathically, encouraging decision-making, reflecting the child's feelings, and setting emotionally responsive limits (Peabody et al., 2016).

Children meet with their assigned child associate individually for 30 to 40 minutes once per week for approximately 12-15 sessions. School building designated playroom space is specifically equipped with expressive and creative toys or activities to facilitate playful communication.

Role of the Mental Health Professional and Supervision

Mental health professionals (master's level school counselors, social workers, or school psychologists) are responsible for directing the day-to-day project activities. They have the primary responsibility to clinically supervise, support, and help train the child associates. They also direct the screening and selection of children, monitor the children's progress, and provide oversight of the program. Additionally, the school mental health professional is responsible to serve as the main linkage or referral source for services when it is identified that children may be in need of more intensive intervention beyond the scope of the program. This expansion of role provides an opportunity for school mental health professionals to reach a greater number of children (Peabody et al., 2016).

Ongoing Program Evaluation

Program evaluation is conducted regularly and typically includes both process and outcome measures. The overall program evaluation is strengthened by collecting data from multiple measures and sources. Schools can collect pre-post data for the T-CRS and A-CRS (Associate-Child Rating Scale), the Child Log (CLOG) and the Professional Summary Report (PSR) which summarizes the child's experience in the project from multiple data points and sources (Children's Institute, 2017). Schools are strongly encouraged to share their data with building and district level administration to demonstrate outcomes as well as to drive any programmatic changes for continual improvement.

Integration into the School Community

With the trend of increasing and maximizing school based continuum of supports for students, this final core component was a critical addition to the original five components (Johnson & Peabody, 2015). Response to Intervention (RtI) was developed as a multi-tiered approach to address the varied learning and behavioral needs of children (Wright, 2007), and Primary Project is considered a Tier 2 targeted intervention (Peabody et al., 2016). As the children are screened and identified with minor to moderate school adjustment difficulties, Primary Project provides an evidence-based intervention that utilizes play and includes evaluation and progress monitoring fitting well into the RtI framework (Demanchick & Johnson, 2004; Johnson et al., 2005; Smith & Lotyczewski, 2016).

School–based Counseling Providers

The definition of school-based counselors used by the *Journal of School-based Counseling Policy and Evaluation* (JSCPE, 2018) is the purposeful support of student development within school settings by human services practitioners, including but not limited to school counselors, guidance counselors, college-career counselors, mental health counselors, drug-alcohol counselors, educational/school psychologists, academic counselors, and school social workers. This inclusive definition reflects the many professionals working together to meet the mental health needs of children in schools. We acknowledge the human service practitioners involved as members of a Primary Project implementation team may vary significantly across schools, districts, states, and countries; however, for purposes of this article, we will focus on two common disciplines, school counselors and school social workers. We examine where and how Primary Project fits within each disciplines practice model.

The American School Counselor Association (ASCA) established the National Model for school counselors in 2003 (ASCA, 2012). American School Counselor Association's 2016 statement regarding the National Model outlines the recommended duties of the school counselor and describes direct services as "in-person interactions between student and counselor" (p. 131), with the following areas:

1. School Counseling Core Curriculum (Classroom Guidance): This curriculum consists of structured lessons designed to help students attain the desired competencies and to provide all students with the knowledge, attitudes and skills appropriate for their developmental level. The school counseling core curriculum is delivered throughout the school's overall curriculum and is systematically presented by school counselors in collaboration with other professional educators in K-12 classroom and group activities.
2. Individual Student Planning: School counselors coordinate ongoing systemic activities designed to assist students in establishing personal goals and developing future plans.
3. Responsive Services: Responsive services are activities designed to meet students' immediate needs and concerns. Responsive services may include counseling in individual or small-group settings or crisis response. (ASCA, 2016, pp. 131-132)

According to ASCA, 80% or more of the school counselor's time should be allotted for delivering direct services and 20% on indirect services (ASCA, 2016). Indirect student services are provided on behalf of students when school counselors interact with others by consulting, making referrals for additional assistance or when collaborating with parents, educational professionals or community organizations (ASCA, 2016). Play-based techniques are well suited for this area as school counselors conduct both individual and small group counseling as a part of their core curriculum (Blanco & Ray, 2011; Bratton, 2010; Perryman, 2016).

Similar to the National Model (ASCA, 2012) for school counselors, the School Social Work Association of America (Frey et al., 2013) established a practice model to articulate skills and services for the school social worker that includes three major areas: (a) provision of evidence-based education, behavior, and mental health services; (b) the promotion of a school climate and culture conducive to student learning and teaching excellence; and (c) the ability to maximize access to school-based and community resources.

As the direct service component, providing evidence-based education, behavior, and mental health services is accomplished by implementing, monitoring, and evaluating multi-tiered programs and practices. This component states that school social workers not only provide direct services to children who require basic needs or exhibit challenging behavior, but also lead prevention efforts that support children through building the capacity of family members, other school staff, and community agencies towards the common goal of improving student outcomes (Frey et al., 2013).

The second practice area includes the promotion of school climate and culture conducive to student learning and includes teaching excellence. By placing a focus on the psycho-social-environments, school social workers advocate for policies and procedures that provide safe and orderly schools. Additionally, knowing teaching practices are the foundation to a safe culture and climate, a focus on building the professional capacity of school personnel that will support academic, social, emotional and behavioral growth is identified as key (Frey et al., 2013).

Third, school social workers look to maximize access to school-based and community resources in an effort to remove barriers and enable academic and behavioral success. This is the macro-practice component of school social work practice that includes linkages to and collaboration with community systems, such as health, mental health, child welfare, or the juvenile justice system. These three practice areas involve interdisciplinary collaboration, professional consultation, and systems coordination (Frey et al., 2013).

In schools fortunate enough to have both school counselors and social workers, both may work together to implement small group counseling and individual counseling, meeting more student needs than the school counselor alone, has time to address. The school social worker may be full time at the school or have their time divided between schools and thus rely on the school counselor to help organize the best use of their time. They may be in the role of the school social worker or as a school-based clinician. Licensed professional counselors also often fulfill the role of the school-based clinician, working with individual students or running small groups. While social workers and school counselors are employed by the school system, the school-based clinician is often employed by an outside agency that contracts with the school, billing for services provided.

The six core components of Primary Project are embedded in both the counseling and social work practice models. Across both models the ability to collaborate with professionals from various disciplines when providing responsive services is critical. As Primary Project is implemented across North America, the shared practice competency of interdisciplinary collaboration when offering responsive services remains as important now as it was when Primary Project was conceptualized decades ago.

Historical View

In the 1950s the landscape of school-based mental health services was limited to services for the children with the most serious problems, leaving students whose difficulties were less apparent or socially disruptive left to improve as best they could, often times leading to poor

results (Cowen et al., 1996). Findings from Cowen et al. (1996) indicated children who exhibited early school adjustment problems were often ignored or inadequately served, placing them at risk for long-term negative outcomes. This troubled Mary Ann Trost, a school social worker, and Louis D. Izzo, a school psychologist (Cowen et al., 1996). They reached out to University of Rochester researcher and psychologist Emory Cowen and collectively sought to reach children earlier in terms of age and earlier in the unfolding of risk factors related to school adjustment. They felt that by identifying and addressing early school adjustment problems and building adaptive competencies in young children from the beginning of their schooling, children would have a stronger and more positive relationship about school that encouraged a love of school and learning (Cowen et al., 1996).

They sought to create a model that had three main areas of focus: (a) prevention; (b) young children; and (c) provision of services in the school setting. Young children were identified as the targets of these prevention efforts since developmentally they may be more flexible and adaptable versus waiting for more entrenched behaviors to form over periods of time (Cowen et al., 1996). Cowen, Trost, and Izzo viewed schools as natural settings for conducting programs because schools can allow systematic access to most students (Cowen et al., 1996). These same three areas of focused attention have continued to be present in the program, six decades later (Peabody et al., 2016).

In 1957, Primary Project began as a pilot demonstration project in a single school located in the Rochester, New York City School District. The project stayed in only one school for the next 12 years as the developers felt it was a time for cautious exploration and learning by trial and error (Cowen et al., 1996). Overtime, the early dissemination effort focused mostly within the state of New York. Eventually, a broader dissemination effort was created and Primary Project grew to over 2,100 elementary schools nationally and internationally (Demanchick, Peabody & Johnson, 2009). Early funding for programs came from various sources including the National Institute of Mental Health, the New York state legislation, and many private foundations (Cowen et al., 1996).

During the years of No Child Left Behind Legislation (NCLB), the affective and social needs of children were often minimized due to a focus on academic testing and accountability (Darling-Hammond, 2015). United States education policies also negatively impacted the growth and dissemination of Primary Project (NCLB, 2002). A program that included prevention, play, relationships, and time out of the classroom was often in competition with the singular focus on standardized test results. Although a small number of new programs started up, including international programs, many national programs discontinued due to funding decisions and priorities placed in competing agendas (Demanchick, Peabody, & Johnson, 2009).

Conversely, the social and emotional learning (SEL) movement in schools was beginning to gain momentum in school reform discussions (Durlak, Domitrovich, Weissberg, & Gullotta, 2015). During the last 20 years, an explosion of interest in SEL has taken place with research, evaluations of programs, programs, and curriculum (Durlak et al., 2015). While many programs continue to be universal in nature, intended for all children, there are a few programs like Primary Project that target students with different types of adjustment difficulties (Durlak et al., 2015; Payton et al., 2008). Clearly, Primary Project's dissemination effort has never been static.

One of the advantages of Primary Project, even in the accountability era, was the push for evidence-based interventions in both mental health and education settings (Hicks-Hoste, 2015). Primary Project was positioned to meet this directive as evaluation and research had been a core component of the program from the beginning. Primary Project was recognized as an evidence-based program by the National Registry of Evidence Based Programs and Practices (U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration, 2017), a designation that still remains current today. Primary Project was also awarded numerous designations, including: the U.S. Surgeon General's Report on Mental Health (U.S. Department of Health and Human Services, 1999); the U.S. Department of Education's Safe, Disciplined and Drug-Free Schools Expert Panel (2001); and the National Mental Health Association Lela Rowland Prevention Award (Cowen & Hightower, 1989) that together highlighted the unique focus of schools, young children, and prevention.

Research on Primary Project began at conception of the program and has continued to be an essential piece thereafter. The program's effectiveness has been tested utilizing comparison designs, long term follow-up on participating students, and on-site evaluations (e.g. Demanchick & Johnson, 2004; Johnson et al., 2005; Smith & Lotyczewski, 2016). One of the research studies that has contributed to Primary Project's recognition as an evidence-based program examined students identified to participate in the program or delay intervention (Duerr, 1993). This study used standard comparison techniques to demonstrate that students who received the service compared to those awaiting intervention had significant decreases in adjustment problems, lower aggression, fewer learning problems, and increased social-emotional competencies, such as frustration tolerance and peer relations (Duerr, 1993).

Longer term follow up studies were also conducted. Meller, Laboy, Rothwax, Frittond, and Mangual (1994)

conducted a four-year study whereby children in Community School District 4 located in New York City's East Harlem section had more positive school adjustment, translating to fewer adjustment problems and increased competencies after the first year of the program. Additionally, a site-based evaluation of Primary Project programs with approximately 1,100 students in Minnesota, demonstrated positive results related to factors such as: high-quality implementation, consistency in both training and supervision, strong linkages between the schools and community health partners, careful selection of child associates, strong adherence to the model used in the intervention, and backing from administrative staff (Demanchick & Johnson, 2004). Furthermore, various studies have looked at: pre-post data for the students seen in the program, student educational outcomes, examination of the characteristics and performance of the child associate, the competency level of the child associate, the child associate-supervisor relationship, and how that relationship may impact student outcomes (e.g. Cowen et al., 1996; Demanchick & Johnson, 2004; Smith & Lotyczewski, 2016).

Examining the early writings about the Project, developers used the term 'pond ecology' to share their understanding of the importance of diversity and imaginativeness to meet the culture of each local school, realizing variations were necessarily shaped by the implementer's needs, resources, and preferences (Cowen et al., 1996). With a legacy covering 60 years, Primary Project has gleaned many examples of successful and unsuccessful implementation efforts and adaptations. While not the major focus of this article, there remains much to learn including a deeper examination of the adaptations of the basic model that ultimately influence and shape successful implementation efforts. Next, we present two examples of adaptive models using university-local school partnerships and the research associated with the adaptations.

Current Research on Primary Project Adaptations

William James College

William James College, an independent college of psychology in the northeast United States, has used Primary Project over the past decade to help build competencies in graduate students during their first year of school psychology training (Peabody, Hannah, Murphy, Smith, & Reynolds Weber, in press). First year school psychology graduate students fill the role of the traditional child associate within the Primary Project methodology, alongside their role as intern at a local elementary school. The model at William James College focuses on highlighting practices of Primary Project in alignment with the National Association of School Psychologists (NASP) practice domains so that students may build competencies regarding school culture, prevention and early intervention, and the foundational skills of counseling with young children.

Mental health educators and supervisors are charged with the task of ensuring that graduate students or trainees have the requisite competencies necessary for effective practice. Empirical support for teaching graduate students to utilize play as a developmentally appropriate mental health intervention with young children is well supported (Perryman, Christian, & Massengale, 2017; Stulmaker, Lertora, & Garza, 2015: VanderGast, Post, & Kascsak-Miller, 2010), yet studies showing empirical support for the developmental appropriateness of Primary Project for graduate student training is in its nascent stage. Until recently, no studies existed that examined the use of Primary Project as a model for graduate school training in foundational play counseling skills or the perceptions and experiences of students in implementing the intervention as part of their academic and clinical training. A recent qualitative study with first and second-year school psychology students examined the perceptions and experiences of students and faculty with Primary Project as their first fieldwork introduction to schools and school psychology (Peabody et al., in press). The study explored how students and faculty experienced Primary Project as a pedagogical teaching method to introduce evidence-based interventions and the National Association of School Psychologists (NASP) practice domains (NASP, 2010). Results of the study show the NASP practice domains were clearly recognizable to the students and faculty who participated in the study. Both faculty and students observed the importance of this type of early exposure to prevention, data-decision making, consultation, and child-led non-directive play early in their professional development as affirmative to their beginning professional identity development as school psychologists. Faculty and site supervisors found the six core components of Primary Project established a solid foundation for placing their graduate students into the school setting early in their training, allowing for a transition into schools, teacher and parent consultation, data-based decision making, and play-based interventions (Peabody et al., in press).

University of Arkansas

Another example of University-Primary Project research is being conducted at the University of Arkansas (Perryman & Bowers, in press). A counselor educator who is also a play therapist at the university trains and supervises both masters and doctoral students in child-centered play therapy. She has formed a partnership with a local school counselor, who has implemented the program across several elementary schools and is a certified trainer for Primary Project. The two are involved in a research study that places graduate

counseling student interns in the role of child associate. All other aspects of the implementation model remained true to the original model (Perryman & Bowers, in press), illustrating a successful example of the fidelity/adaptation balance.

Students complete an introduction to play therapy class and the site supervisor provides the same training piece as the Primary Project initial training workshops that traditional child associates receive. The graduate students receive weekly supervision. In addition to the T-CRS and unique to this study, baseline scores are compared in reading, math, and language arts before, during, and after the ten-week play intervention. This study shows great promise for connecting academic improvement with Primary Project involvement (Perryman & Bowers, in press). These university models offer a variety of advantages beyond providing early intervention services to the young children. They are cost effective, as students are not employed by the district so they are not paid a salary, which in traditional programs is often the largest expense associated with program adoption. Additionally, this model is teaching the next generation of school-based counseling providers to focus on prevention, early intervention, and data-based decision making. If new school-based counseling professionals can embrace what Primary Project founders identified 60 years ago, coupled with the growing field of social and emotional learning (Durlak et al., 2015) more children can be helped early in their school adjustment trajectory.

Implications for School-based Counseling Evaluation and Policy

This article suggests several implications for human services practitioners, including but not limited to school counselors, guidance counselors, mental health counselors, educational/school psychologists, and school social workers. First, school-based human service practitioners are being encouraged to use evidence-based interventions (EBIs) and Primary Project carries this designation (U. S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration, 2017). Primary Project offers an approach to meet students' school based academic and social-emotional needs through direct and indirect delivery of services (ASCA, 2016; Frey et al., 2013; NASP, 2010) by engaging graduate level students in the implementation of an EBI as part of their fieldwork experiences. University faculty expose students to the real-time successes and challenges of implementation providing students a valuable learning opportunity that will potentially impact their abilities to successfully implement EBIs once they are practicing professionals in the workplace.

Second, different disciplines are being charged with documenting how students change as a result of selected interventions or programming (ASCA, 2012; Frey et al., 2013; NASP, 2010). As Primary Project has student evaluation built into the program delivery model, school-based professionals are involved in data-based decision making from initial screening and identification to evaluating student pre/post intervention outcomes. With the use of data heavily emphasized throughout the entire school setting, Primary Project can be used as a data-driven program within the larger counseling program to show quantifiable change in young children's school adjustment.

Third, Primary Project also fits within many school-wide initiatives such as RtI (Wright, 2007). As a screening measure to identify children exhibiting mild to moderate signs of school adjustment difficulties (Johnson & Peabody, 2015), the T-CRS measure has the ability to measure the level of severity a child may be showing emotionally or behaviorally, so in turn, appropriate services can be best matched to the presenting issues. The implications of this type of system-wide social/emotional measurement are broad, as school-based practitioners can become advocates for early intervention efforts sooner in the trajectory of the presenting problem rather than waiting for more difficult behaviors to crystalize (Peabody et al., 2016). This allows school practitioners to use data to determine student needs, drive appropriately matched interventions or referrals, and to track student progress across the school year.

Fourth, the implications of partnering with university faculty, provides a unique collaborative opportunity. Partnering allows the school based professional to be a leader and mentor with graduate students while working closely with the faculty member in supporting the training and supervision of the students. By partnering together, collaboration is enhanced, modeling interprofessional communication and behavior necessary in mental health care practice while simultaneously influencing the potential for more young students to receive services (Brown, Dahlbeck, & Sparkman-Barnes, 2006).

Last, school-based practitioners may wish to involve themselves in practices and committees that create policy. Depending on the school, discussing prevention programming and school wide screening measures with school leadership may help administrators and other staff better understand children's developmental needs for play-based interventions, and the long-term benefits for early screening, identification and intervention programming. Many schools recognize this early intervention need for academic subjects, and Primary Project offers an early intervention program aimed at positively enhancing school adjustment through the natural communication of play. School-based practitioners may want to become more active at the district, local, state, or national level advocating for student needs in prevention, early intervention, or play-

based practices. This type of advocacy and involvement provides opportunities for school counseling professionals to gain more experiences with evaluation and influencing or creating policy.

Conclusion

As educational and mental health systems have evolved, Primary Project remains prominently placed in schools within a multi-tiered approach to supporting student's social and emotional needs. While schools continue to play a significant role in the lives of children, they remain complex systems facing multiple demands and pressures that often make them ill-prepared to effectively meet the mental health needs of children (Bratton, 2010). In an effort to address this service gap, many schools and local mental health agencies are working collaboratively to address the growing health, behavioral, and mental health needs of students (Atladottir et al., 2015; Murphy, Abel, Hoover, Jellinek, & Fazel, 2017; Olfson et al., 2015).

School-based human service professionals have both the U.S. Department of Education (2014) and discipline specific associations (ASCA, 2012; Frey et al., 2013; NASP, 2010) acknowledging the importance of students' social/emotional competencies and the foundational connections to academic learning. As primary stakeholders in addressing social/emotional learning, school-based counseling professionals are critical to the delivery of both direct and indirect services.

Primary Project with its proven durability over its 60-year history, establishes itself as one of the longest standing prevention and early interventions for young children (Cowen et al., 1996; Demanchick & Johnson, 2004; Peabody et al., 2016). While its core principles and methods have been supported and shown to be adaptable, several challenges to research remain to be conquered (Cowen et al., 1996; Smith & Lotyczewski, 2016). Researchers and school teams face important tasks in furthering the development of Primary Project into the next decades. Further research is sorely needed to identify the best options for dissemination, marketing, and training of school-based teams so that the empirically validated approaches are widely disseminated and utilized.

At this stage, Primary Project stands at a crossroads. While building on what has been a strong history, young children's mental health needs continue to grow (Perou et al., 2013). Primary Project may be in the enviable position of being a well-established and nationally recognized program, but in the ever-evolving climate of schools in our modern society and the increasing mental needs of children, there remains much we still need to understand. As schools continue to be the primary institutions to deliver early mental health screening, identification, and programming, there is a remarkable opportunity to ask more questions to create a research agenda that carries Primary Project forward into future decades. Furthermore, dissemination to the appropriate audiences including school administration, school mental health professionals, state and local psychology, counseling, and social work associations and university faculty needs to continue so that successful adaptations like the two university examples highlighted in this article can grow. As such, the more we learn, the more children we can positively reach in more communities while simultaneously training the next generation of school mental health professionals in early identification, early intervention and play-based approaches.

The vision of Primary Projects founders, the scientific forerunners who laid the empirical foundation, and the many individuals who have carried forth that vision are to be commended. We offer encouragement to those interested in progressing this line of inquiry in schools and to those who appreciate the value of play as a child's natural form of communication. Looking back to go forward, we know there is always more work to be done in addressing the mental health needs of young children.

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