School Practitioner Listserv

28 years & counting A Weekly Community of Practice Network
for Sharing and Interchange

Mental Health in Schools
UCLA Center
Program and Policy Analysis*

June 23, 2014

Request

>*Is use of positive behavioral supports inconsistent with a person centered approach to mental health?*

Follow-up

>*Just released data highlight the continuing imperative to improve how schools address barriers to learning*

Featured Center Resource

>*Sharing and promoting system transformation efforts*

##
Please forward this to a few colleagues you think might be interested.
The more who join, the more we are likely to receive to share.

For those who have been forwarded this and want to be part of
the weekly exchange, send an email to **Ltaylor@ucla.edu**
##

Request

"I have been using positive behavior supports (PBS) with intellectually developmental disabled individuals for the past year. The intervention, created by the PBS Committee, involves a point system where a buck is earned by following expectations (bucks are never, ever taken away). The bucks are used to allow availability to do more independent activities in the community. Recently, we were evaluated by the State where we are located and they said this practice goes against their 'Person Centered Thinking' philosophy. What is the difference between PBS and a Person Centered Thinking?"

Center Response

The evaluation of interventions is always a difficult process, especially when criteria are not clearly stated. The first step in cases such as this is to ask the evaluators to provide feedback and guidance on what they want to see that would be different from what is being done. In this case, specifically ask to see how they describe Person Centered interventions, and how they contrast them with what is being done.

Second, go online and look at descriptions of Person Centered Mental Health interventions and see what seems different from PBS. Here is an example of what is online:

>*CalMEND Guide for Person-Centered Mental Health Services and Supports:*
Transforming Care to Promote Wellness and Recovery
http://www.dhcs.ca.gov/provgovpart/Documents/CalMEND/CalMENDGuide103108.pdf

An excerpt from this document is appended to this edition of the *Practitioner*. Also, to obtain some views from the field, we sent this request to a sample of colleagues and have also included the first responses in the Appendix.

For discussion of the Center's efforts to discuss PBS initiatives in broad perspective, see:

>*Beyond Positive Behavior Support Initiatives* –
http://smhp.psych.ucla.edu/pdfdocs/newsletter/summer04.pdf

>*Moving Beyond the Three Tier Intervention Pyramid: Toward a Comprehensive*
Framework for Student and Learning Supports –
http://smhp.psych.ucla.edu/pdfdocs/briefs/threetier.pdf

Listserv participants – *time to share*

How would you respond to this request? If you advocate a person centered approach in your work, how do you contrast it from other approaches?
As always, we look forward to hearing from you and then sharing. ltaylor@ucla.edu

##

Follow up

>*Just released data highlight the continuing imperative to improve how schools address barriers to learning*

The Center for Disease Control and Prevention, Division of Adolescent and School Health (DASH), released the 2013 national, state, and local *Youth Risk Behavior Survey* (YRBS)

results on June 13 on the YRBS website at www.cdc.gov/yrbs

Here are a few excerpts that underscore the imperative for developing a unified and comprehensive system of learning supports: http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf

> "The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adults: 1) behaviors that contribute to unintentional injuries and violence; 2) tobacco use; 3) alcohol and other drug use; 4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections ... 5) unhealthy dietary behaviors; and 6) physical inactivity. ...
>
> Since the earliest year of data collection, the prevalence of most health-risk behaviors has decreased (e.g., physical fighting, current cigarette use, and current sexual activity), but the prevalence of other health-risk behaviors has not changed (e.g., suicide attempts treated by a doctor or nurse, having ever used marijuana, and having drunk alcohol or used drugs before last sexual intercourse) or has increased (e.g., having not gone to school because of safety concern and obesity and overweight ...
>
> Nationwide, 7.1% of students had not gone to school on at least 1 day during the 30 days before the survey because they felt they would be unsafe at school or on their way to or from school (i.e., did not go to school because of safety concerns) The prevalence of having not gone to school because of safety concerns was higher among female ... higher among white female students, and higher among 9th-grade female (9.9%), 10th-grade female (10.7%), and 11th-grade female (8.1%) students...
>
> During the 12 months before the survey, 29.9% of students nationwide had felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities. The prevalence of having felt sad or hopeless was higher among female (39.1%) than male (20.8%) students; higher among white female (35.7%), black female (35.8%), and Hispanic female (47.8%) than white male (19.1%), black male (18.8%), and Hispanic male (25.4%) students."

Center Comments about Using Such Data

As many schools focus on improving attendance, student survey data such as the above provide information about underlying causes of student absences. These can be used as a stimulus to promote transformative school improvement policy and practice changes to better address barriers to learning and teaching and re-engage disconnected students in classrooms and schools. As the Center stresses, the need is for systemic and equitable changes in how student and learning supports of organized and implemented, how students are connected with each other and with staff, how concerns about improving school climate are pursued, and how school and community resources are woven together.

###

Center Featured Resource
>Sharing and promoting system transformation efforts

We regularly scan a wide range of news, journals, enews, listservs, books, websites, etc. for what is happening of relevance to our Center's mission. We also learn from those who

directly inform the Center about what is happening across the country and around the world. We are especially interested in info and opportunities that can strengthen mental health in schools in ways that contribute to a major transformation of student and learning supports.

We share what we learn and also circulate our analyses through a variety of delivery systems and networks. In addition, others share what we send out. For an overview of our delivery systems and networks, go to

>***First Visit*** on our website – http://smhp.psych.ucla.edu/firstvisit.htm
AND/OR
>the ***Site Map*** – http://smhp.psych.ucla.edu/smhptoc.htm

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Here is a recent example of a federal level effort we think should be shared because it provides the kind of federal leadership that models working together at federal, state and local levels to prepare students for future jobs and "secure the United States' place in the global economy for decades to come."

Excerpt from a message sent out by Portia Wu, Assistant Secretary of Labor for Employment and Training.

"... as we prepare for the upcoming school year, the Departments of Education, Health and Human Services, and Labor are working together to help local school systems around the country make use of federal resources....
By leveraging the resources available from the nearly 2,500 American Job Centers around the country, schools can ensure their students are getting the most up-to-date information about the job market and what education and training is necessary to land their dream job.
American Job Centers can supplement the great work of school counselors by providing career development services and local labor market information; offering career counseling, resume and interview help; sharing information about Registered Apprenticeships and high school alternative programs like Job Corps and YouthBuild; and helping connect students to summer and year-around employment opportunities. Some states have already begun to integrate these services: for example, in Nebraska, state education and labor officials helped establish the Nebraska Career Education program, which provides career exploration resources for educators, students, job seekers and employers.
Or take Minneapolis Promise, a local initiative that uses private funding to locate College and Career Centers inside all seven Minneapolis public high schools and eight specialty high schools. The centers offer students with career and college planning resources, trained career counselors to guide students and an online career planning tool to help each ninth-grader develop a personalized 'M Life Plan.'
Connecting workforce services to education makes common sense. These connections ... help students better understand skills they need to succeed in today's job market, while they are in a position to make those decisions at an earlier age...."
http://www.ed.gov/blog/2014/06/partnering-to-prepare-high-school-students-for-college-and-careers/

Explore more about job training and career resources at
www.dol.gov/FindYourPath, and join the conversation on Twitter.

APPENDIX

Excerpt from: *CalMEND Guide for Person-Centered Mental Health Services and Supports: Transforming Care to Promote Wellness and Recovery*
http://www.dhcs.ca.gov/provgovpart/Documents/CalMEND/CalMENDGuide103108.pdf

"Person-centeredness is a comprehensive approach to understanding each individual and their family's history, common needs, strengths, recovery, culture and spirituality. Using a person-centered approach means service plans and outcomes are built upon respect for the unique preferences, strengths and dignity of each whole person.... This is a model of empowerment in contrast to the previous rehabilitation and earlier community mental health practice models that have tended to perpetuate a well intended but often disempowering and/or paternalistic orientation toward consumers and families. In a recovery framework, the focus is on supporting consumers and families in taking charge of their lives.."

Here are the responses we have received so far from colleagues:

(1) "This might be helpful in understanding why positive behavior modification for all wasn't seen as person centered.
(ex cerpt from online resource)
"Key Values and Principles of a Person-Centered System
 A person-centered system involves person-centered thinking, planning, and organizations. These guiding principles apply to the system serving all people who need long-term services and supports, and their families. A person-centered system acknowledges the role of families or guardians in planning for children/youth and for adults who need assistance in making informed choices.
To be person-centered means the following:
- treating individuals and family members with dignity and respect;
- helping individuals and families become empowered to set and reach their personal goals;
- recognizing the right of individuals to make informed choices, and take responsibility for those choices and related risks;
- building on the strengths, gifts, talents, skills, and contributions of the individual and those who know and care about the individual;
- fostering community connections in which individuals can develop relationships, learn, work and produce income, actively participate in community life, and achieve their full potential;
- promising to listen and act on what the individual communicates;
- pledging to be honest when trying to balance what is important to and for the person;
- seeking to understand individuals in the context of their age, gender, culture, ethnicity, belief system, social and income status, education, family, and any other factors that make them unique;
- acknowledging and valuing families and supporting their efforts to assist family members;
- recognizing and supporting mutually respectful partnerships among individuals, their families, communities, providers, and professionals;

- advocating for laws, rules, and procedures for providing services, treatment, and support that meet an individual's needs and honor personal goals; and
- endorsing responsible use of public resources to assure that qualified individuals are served fairly and according to need."

- As adopted by the North Carolina Department of Health and Human Services
   Long-Term Services and Supports Cabinet

(2) "Rather than the same intervention for all the individuals, the evaluators might want to see a process of working with every individual and their families to personalize the goals and interventions available (including PBS) to show that the program takes into account the specific strengths of each individual."

(3) "As we have developed PBS, it has had more to do with systems change and the development of multi-tiered systems of support. Although positive reinforcement can be a component, it goes beyond a point system. Since I work in the Department of Education, I am not part of the state system that is promoting 'Person Centered Thinking,' which is under the Department of Human Services. Although I have also heard of this concept, I'm not sure what is meant in this particular instance. Could it be that they want more individualized planning based on that individual's strengths and weaknesses?"

(4) "I spoke with one of our research psychologists who is very familiar with person-centered care ... as well as behaviorism, which it sounds like this system is based on. Most person-centered advocates argue that behaviorism is not person-centered, but rather implemented in a one-down relationship."

(5) "'Person-Centered Thinking' is usually a term that relates to therapy rather than 'PBIS'. Person-Centered therapy gained popularity in the 1940's with its founder Carl Rogers. A lot of the current research of PBIS was founded on behavior principles of Skinner and Watson in the 1960s and 1970s. This was started at the individual level, but quickly began to take over the Special Education arena with the flooding of token economy systems in the schools. At the universal level, a token economy system or a buck system that offers individuals the opportunity to cash in their 'bucks' for a variety of reinforcers is standard practice and is cited in a lot of research literature: Horner, Sugai, March, Kincaid, Ivonnone, etc. Once you move toward the secondary or tertiary level of PBIS, then a more person centered approach is recommended. This helps to add the individual element and complies with IDEA guidelines. Maybe the individuals who evaluated their district need some updated information on the evolution of PBIS as a general education initiative. Or at a minimum, they should explain to the district how they could implement their person-centered strategies. So in a nutshell, it appears that what the district states that they have in place at the district level for universal PBIS is perfectly acceptable!!!"

(6) "Sounds like a behavior modification approach. In my opinion Behavior Modification is not inconsistent with person centered treatment planning. In fact, it is often tailored to individual behavior."

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Please share relevant resources ideas, requests, comments, and experiences!

Send to ltaylor@ucla.edu

Note: Responses come only to the Center for Mental Health in Schools at UCLA for possible inclusion in the next week's message.

We also post a broad range of issues and responses to the *Net Exchange* on our website at http://smhp.psych.ucla.edu/newnetexchange.htm **and to the *Facebook* site (which can be accessed from the Center's website homepage** http://smhp.psych.ucla.edu/