School Practitioner Community of Practice

(A network for sharing & exchange)

August 21, 2019

Topics for discussion –

>About grouping students with behavior problems

>Are schools overspecializing special assistance?

Follow-up on:

>Are schools contributing to the overdiagnosis of mental illness?

Links to a few other relevant resources & other topics of concern

Note: ***Go to*** http://smhp.psych.ucla **for links to other Center resources including**

>Upcoming initiatives, conferences & workshops
>Calls for grant proposals, presentations, and papers
>Training and job opportunities
>Upcoming webcasts & other professional development opportunities

This resource is from the
Center for MH in Schools & Student/Learning Supports, UCLA

Given education budgets, we have been asked to increase our outreach to make our free resources more available (e.g., for planning, professional development, etc.).

So please feel free to share with anyone you think might benefit (e.g., forward our resources to individuals and share on listservs and websites).

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For those who have been forwarded this and want to receive resources directly, send an email to Ltaylor@ucla.edu

For previous postings of community of practice discussions, see http://smhp.psych.ucla.edu/practitioner.htm

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Topic for Discussion –

>About grouping students with behavior problems

From a college student volunteering in a school for students with behavior problems.

I have concerns about isolating these students from regular school and good role models. The concentration of students with problems seemed to increase bad behaviors and make it difficult for any interventions to be successful. Is there a way to make these special schools more effective? Are there alternatives that would be more effective?"

Center Response: This concern, of course, is one of the arguments for the movement to include students with challenges (learning, behavior, emotional) in regular education.

(1) Our work began in a special school. We found that the most effective way to counter behavior problems was to re-engage students in learning. This involved offering a broad array of content and process options and engaging students in decision making. By proving choices that were valued and readily accessible, we tapped into their intrinsic motivation and personalized the

learning process. We view this as a key step in any setting. For Center developed resources related to student engagement, see the Quick Find:

>*Motivation, engagement, and re-engagement* http://smhp.psych.ucla.edu/qf/motiv.htm

(2) With respect to grouping students, there also is a need to deal with how the concept of *Least Restrictive Environment* (LRE) is approached. As a start in discussing this, see

>*Beyond Placement in the Least Restrictive Environment: The Concept of Least Intervention Needed and the Need for a Continuum of Community-School Programs* http://www.smhp.psych.ucla.edu/pdfdocs/report/beyondplacementreport.pdf

(3) In addition, it is necessary to discuss ways to broaden how the school prevents and responds to behavior problems. See, for example:

>*Behavioral Initiatives in Broad Perspective* http://smhp.psych.ucla.edu/pdfdocs/behavioral/behini.pdf

Looking for more resources related to this matter?

Several of our Quick Finds provide relevant links:

>*Ability grouping and tracking* http://smhp.psych.ucla.edu/qf/abgrouping.html
>*Special education: accommodations/inclusion* http://smhp.psych.ucla.edu/qf/idea.htm
>*Alternative Schools and Alternative Education* http://smhp.psych.ucla.edu/qf/altschool.htm
>*Behavior problems and conduct disorders* http://smhp.psych.ucla.edu/qf/p3022_01.htm
>*Classroom climate/culture* http://smhp.psych.ucla.edu/qf/environments.htm
>*Classroom management* http://smhp.psych.ucla.edu/qf/clssroom.htm

Responses from the field:

We shared this concern with some colleagues; here is a sample of what they suggested:

(1) A 3-year re-evaluation was put into the special education law (PL94-142) to prevent students from being "stuck" in a hellish special education program forever with no real need. This also resulted in the "least restrictive environment to the maximum extent appropriate" concept.

Personally, I think least restrictive environment is a great idea, and in general I agree with the concerns your volunteer raised. Incorporating students with special needs in general education settings needs to be appropriately planned, staffed, and implemented. Too often I've seen students with all kinds of conditions simply sent to regular education classrooms for their mainstreaming time with little to no training for regular ed staff about good ways to engage the students and little to no joint planning between special and regular education staff. So, as you might expect, experienced teachers usually could deal with things a bit more smoothly than fresh-out-of-college teachers. Class sizes, the proportion of students with disabilities, and the severity of the behavior problems all complicate matters.

I have seen teachers quit and students taken out of classrooms by their parents when things were dangerously out of control due to mainstreaming students with severe behavior problems without adequate supports. I have also seen behavior problems remain at a simmer where there are plenty of trained adults nearby to respond to whatever problems develop. (It seems to me students with behavioral problems often have very little reserve frustration tolerance, so when that runs out the tend to demand attention right now using any means available to them. So it makes sense to have people nearby)"

(2) Yes that is the pitfall of behavioral disorder self contained. You essentially clump together and end up with a group of students with extremely poor social skills and anger management skills. It boils down to the teacher and structure in the class. I taught this type of class for over ten years in inner city Philadelphia so I am very familiar with the dilemma posed. Interventions can and do work but as with any classroom teacher relationships are critical. There are many variables this question asks and not enough time to answer. I would suggest a growth mindset and do not get wrapped up in the ultimate flaw of self contained but to embrace that one must find creative ways to deliver positive outcomes for these students no matter the barriers.

(3) The observation about isolation having a negative influence on behavior is on target. The major benefit of isolation is for the teacher and possibly other students in the classroom that are interrupted by the negative behavior. Since behavior problems can be complex and solutions typically individualized, ... I would explore the reasons for acting out and ask [the students] to come up with alternatives to isolation so [they] can express frustrations and get back to learning as soon as possible. After coming up with a list of things that trigger the behaviors as well as alternatives to isolation, I would prepare [them] for a meeting with the classroom teacher. They need to see things from the perspective of the teacher and understand how the behavior affects the class. This type of discussion could result in options to be presented to the teacher and form a "contract" or agreement. When students become frustrated or act out, the plan should be followed with a scheduled check-in every week or so (when the student is calm) to ensure that things are working as expected or to modify the plan if needed.

I've learned that giving a student some sense of control over their own situation can reduce outbursts. Plus, the student can learn to trust others to behave in a way that is expected. S/he absolutely will test the plan so it's important to have the full cooperation of the teacher and others directly involved in the agreement (possibly even the other students in the classroom). The age of the student is important and parents should have knowledge of the contract. In addition to the weekly check-ins, someone from the school should have regular communication (both positive and negative) with parents to keep them informed. ... Perhaps the school's counselor or special education teacher could be helpful.

Topic for Discussion –

>Are schools overspecializing special assistance?

One section of the Center's website is devoted to Hot Issues and Hot Topics – http://smhp.psych.ucla.edu/hottopicrev.htm .

A recent Hot Issue focused on *The Continuing Trend to Overspecialize Special Assistance* – http://smhp.psych.ucla.edu/ongoinghotissues.htm .

This and other Hot Issues and Hot Topics are natural concerns for professional development discussions.

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Please let us know: ***How are local schools handling concerns that arise regularly?***

And send us any other comments you want to share!

Send to Ltaylor@ucla.edu

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Follow up on:

Are schools contributing to the overdiagnosis of mental illness?

A colleague asks:

How do we know there is an overdiagnosis of mental illness? Do stats follow the NIMH? CDC?

Center Response: See the following research articles and related discussions:

>Overdiagnosis of mental disorders in children and adolescents (2017). *Child and Adolescent Psychiatry and Mental Health, 11* https://capmh.biomedcentral.com/articles/10.1186/s13034-016-0140-5

During the past 50 years, health insurance providers and national registers of mental health regularly report significant increases in the number of mental disorder diagnoses in children and adolescents. However, epidemiological studies show mixed effects of time trends of prevalence of mental disorders. Overdiagnosis in clinical practice rather than an actual increase is assumed to be the cause for this situation. We conducted a systematic literature search on the topic of overdiagnosis of mental disorders in children and adolescents. Most reviewed studies suggest that misdiagnosis does occur; however, only one study was able to examine overdiagnosis in child and adolescent mental disorders from a methodological point-of-view. This study found significant evidence of overdiagnosis of attention-deficit/hyperactivity disorder. In the second part

of this paper, we summarize findings concerning diagnostician, informant and child/adolescent characteristics, as well as factors concerning diagnostic criteria and the health care system that can lead to mistakes in the routine diagnostic process resulting in misdiagnoses. These include the use of heuristics instead of data-based decisions by diagnosticians, misleading information by caregivers, ambiguity in symptom description relating to classification systems, as well as constraints in most health systems to assign a diagnosis in order to approve and reimburse treatment. To avoid misdiagnosis, standardized procedures as well as continued education of diagnosticians working with children and adolescents suffering from a mental disorder are needed....

>Is There Really an Epidemic of Depression? (2008). *Scientific American*
https://www.scientificamerican.com/article/really-an-epidemic-of-depression/

...despite widespread beliefs to the contrary, the rate of depressive disorders in the population has not undergone a general upsurge. In fact, careful studies that use the same criterion for diagnosis over time reveal no change in the prevalence of depression. What has changed is the growing number of people who seek treatment for this condition, the increase in prescriptions for antidepressant medications, the number of articles about depression in the media and scientific literature, and the growing presence of depression as a phenomenon in popular culture. It is also true that epidemiological studies of the general population appear to reveal immense amounts of untreated depression. All of these changes lead to the perception that the disorder itself has become more common....

>Over-diagnosis and over-treatment of depression is common in the U. S. (2013). *Psychotherapy and Psychosomatics* (as reported in Science Daily)
https://www.sciencedaily.com/releases/2013/04/130430105714.htm

Americans are over-diagnosed and over-treated for depression, according to a new study conducted at the Johns Hopkins Bloomberg School of Public Health. The study examines adults with clinician-identified depression and individuals who experienced major depressive episodes within a 12-month period. It found that when assessed for major depressive episodes using a structured interview, only 38.4 percent of adults with clinician-identified depression met the 12-month criteria for depression, despite the majority of participants being prescribed and using psychiatric medications....

>*ADHD Nation: Children, Doctors, Big Pharma, and the Making of an American Epidemic.* Book published by Scribner (2017).

The groundbreaking account of the widespread misdiagnosis of attention deficit hyperactivity disorder——and how its unchecked growth has made ADHD one of the most controversial conditions in medicine, with serious effects on children, adults, and society. ""*ADHD Nation* should be required reading"" (*The New York Times Book Review*).

Also see: *Arguments About Whether Overdiagnosis of ADHD is a Significant Problem*
http://smhp.psych.ucla.edu/pdfdocs/overdiag.pdf

Note: In 2011, CDC reported the prevalence of ADHD in children ages 4 to 17 years was 11% (6.4 million, with 4.2 million taking psychostimulants). Between 2003 to 2011, the prevalence of ADHD increased by about 35% . And, there is no indication of a leveling out. The report indicates that more than 20% of high school boys have been told they have ADHD.

Response from colleague making the request:

I am glad that research is being conducted. None of the authors challenged the NIMH statistics on mental illnesses in America. None challenged the NIMH findings that half of all mental illnesses in America onset by the age of 14, and another 25% onsets between 14 and 24 years of age. For years have hoped that with the current increase in recognition in our youth that these problems might be addressed earlier. The articles point out that much more research in the area of diagnosis needs to be conducted. Thanks for providing the articles to me. Keep up the good work for the benefit of good mental health.

Links to a few other relevant resources & other topics of concern

The MTSS Continuum: Essential but Not Comprehensive Enough – How to make it Better
http://smhp.psych.ucla.edu/pdfdocs/mtss2019.pdf

Introducing the Idea of Developing a Comprehensive System of Learning Supports to New Administrators or those Who May Be Ready to Move Forward
http://smhp.psych.ucla.edu/pdfdocs/introtosups.pdf

New Data on Public and Private K-12 Schools in the U.S. from the National Teacher and Principal Survey http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2019140

About Trauma-Informed Practices in Schools http://smhp.psych.ucla.edu/pdfdocs/traumainf.pdf

UIC study details how today's high school cliques compare to yesterday's
https://emails.uofi.uic.edu/newsletter/202845.html

Longitudinal trends and year-to-year fluctuations in student—teacher conflict and closeness: Associations with aggressive behavior problems
https://www.sciencedirect.com/science/article/pii/S0022440518300736

Classroom disruptions, the teacher—student relationship and classroom management from the perspective of teachers, students and external observers: A multimethod approach
https://link.springer.com/article/10.1007/s10984-018-9269-x

At risk students and teacher-student relationships: Student characteristics, attitudes to school and classroom climate https://www.tandfonline.com/doi/full/10.1080/13603116.2019.1588925

Let Them Sleep: AAP Recommends Delaying Start Times of Middle and High Schools to Combat Teen Sleep Deprivation
https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/Let-Them-Sleep-AAP-Recommends-Delaying-Start-Times-of-Middle-and-High-Schools-to-Combat-Teen-Sleep-Deprivation.aspx

School Reintegration Post-Psychiatric Hospitalization: Protocols and Procedures Across the Nation https://link.springer.com/article/10.1007%2Fs12310-019-09310-8

How Well Do State Legislatures Focus on Improving School Efforts to Address Barriers to Learning and Teaching & Re-engage Disconnected Students?
http://smhp.psych.ucla.edu/pdfdocs/Legisanal.pdf

A Few Upcoming Webinars:

8/22 – Understanding the Rights of Students Experiencing Homelessness

8/27 – Assistant Principals webinar

8/27 – Mckinney-Vento School Selection Rights

9/3 – Early Career Principals webinar

9/4 – Paving the Way for Students Experiencing Homelessness

9/10 – A Place Where We Belong: Improving Conditions for Learning

9/11 – Key practices that shape school leadership

9/12 – Data-Based Behavior Plans: What Do They Look Like

For links to register to the above and for other relevant webinars, see
http://smhp.psych.ucla.edu/webcast.htm

Equity of opportunity is fundamental to enabling civil rights; transforming student and learning supports is fundamental to enabling equity of opportunity, promoting whole child development, and enhancing school climate.

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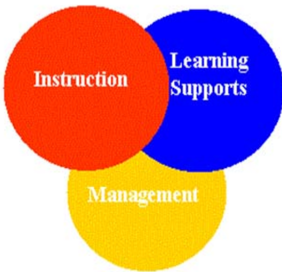

For information about the

National Initiative for Transforming Student and Learning Supports

go to http://smhp.psych.ucla.edu/newinitiative.html

Also online are two related free books

Improving School Improvement

http://smhp.psych.ucla.edu/improving_school_improvement.html

Addressing Barriers to Learning: In the Classroom and Schoolwide

http://smhp.psych.ucla.edu/improving_school_improvement.html

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THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS RESOURCE BECOMES!

For new sign-ups – email Ltaylor@ucla.edu

Also send resources ideas, requests, comments, and experiences for sharing.

We post a broad range of issues and responses to the Net Exchange on our website at http://smhp.psych.ucla.edu/newnetexchange.htm and on Facebook (access from the Center's home page http://smhp.psych.ucla.edu/)

The homework you assigned wasn't evidence-based, so I didn't do it.