

School Practitioner Community of Practice

(A network for sharing & exchange)

December 12, 2018

Topic for discussion

Are policy makers overspecializing special assistance?

Where do you stand with respect to

certifying Behavioral Specialists?

Learning from the field about:

>Who is seen as qualified to provide special assistance?

The beginnings of the community of practice discussion

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 shrinking 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).

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>

Topic for Discussion –

>Are policy makers overspecializing special assistance?

On July 10, 2018, Hawai'i passed a law regulating the practice of behavior analysis (https://www.capitol.hawaii.gov/session2018/bills/GM1314_.pdf). While focused on special education (i.e., autism), it raises a variety of concerns. For example: Does such legislation accelerate a trend toward overpathologizing student behavior problems and overspecializing practices for addressing the problems? The legislation states:

teachers are encouraged to continue to employ general classroom management techniques in classroom management plans, modifications of content, process, and product. However, a licensed behavior analyst or a licensed psychologist is required to conduct functional behavior assessments and to design and oversee applied behavior analysis services when what the classroom teacher is doing is not resulting in increased learning or improved behavior and the student's behavior impedes their learning or the learning of others. Teachers are not permitted to independently conduct functional behavior assessments, or to design, develop, or independently oversee applied behavior analysis services.

Of immediate concern, this particular legislation raises the matter of whether the only practitioners who are seen as capable of, and thus allowed to, deal with students manifested severe behaviors are licensed or certified professionals specially trained to offer behavioral interventions. It also reifies specific practices (i.e., Functional Behavioral Assessment and ABA).

And in the long-run, there is the concern that, as history demonstrates, too often such special education policies and practices lead to inappropriate and unnecessary applications to students manifesting common behavior, learning, and emotional problems.

Where do you stand with respect to **certifying Behavioral Specialists?**

**Share with us whatever you want about this
or other related matters!!**
Send your responses to Ltaylor@ucla.edu
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Learning from the field about:

Who is seen as qualified to provide special assistance?

The Hawai'i legislation led a colleague to suggest the need for a discussion and research citations about definitions for Behavioral Health, Mental Health, Behavior support, Behavior Analysis, Behavior interventions, as well as about what and who is needed to ameliorate the range of behavior problems experienced in every classroom. We would add: How does this fit in with efforts to unify student and learning supports and develop them into a comprehensive and equitable system for addressing barriers to learning and teaching?

The beginnings of the community of practice discussion:

It is useful to start with a sample of job descriptions for specialists focused on behavior (from the SchoolSpring website – <https://www.schoolspring.com/>)

>**from VT:** Our *Behavior Interventionists* can include but are not limited to:

- 1:1 direct support to students.
- Provide behavioral and academic support, and instruction.
- Responsible for data collection and summarizing behavioral data through graphs and/or reports.
- Capable of being consistent with behavioral plans and adhering to classroom expectations.
- Ability to independently provide supervision and support to students with behavioral and/or emotional challenges.

- Provide small group academic instruction under the supervision and planning of the Special Educator.
 - Support students with emotional and behavioral disabilities in an alternative educational setting
 - Support students for inclusion in general education.
 - Trained or willing to be trained in Handle With Care, a de-escalation and physical intervention program.
 - Plan, prepare and deliver vocational activities that facilitate active learning experiences which combine design strategies, vocational techniques, teamwork building activities, and connections to academic subjects
 - Support student's academic growth by reinforcing and implementing lesson plans under the supervision of the special educator
 - Establish and communicate clear objectives for all learning activities
 - Prepare classroom/ workshop for class activities
 - Identify and select different instructional resources and methods to meet students' varying needs
 - Instruct and monitor students in the safe use of learning materials and shop equipment
 - Use relevant technology to support instruction
 - Observe and evaluate student's performance and development and provide appropriate feedback
 - Encourage and monitor the progress of individual students
 - Manage student behavior in the classroom by enforcing behavior guidelines
 - Model appropriate behavior and maintain discipline in accordance with the rules and disciplinary systems of the program
 - Apply appropriate behavior interventions when necessary
 - Provide student support and encouragement with academic, emotional, social, and behavioral difficulties
 - Participate in extracurricular activities such as school trips, team building, and sporting activities
 - Participate in required department meetings, trainings and parent meetings
 - Communicate necessary information regularly to students, colleagues and parents regarding student progress and student needs
 - Keep updated with developments in subject area, teaching resources and methods and make relevant changes to instructional plans and activities
- >**from MA:** *ABA paraprofessional* – Training in using principles of applied behavior analysis to teach children that includes at least 20 hours of training in principles of learning, behavioral observation, instructional methods, data collection, and data summary.
- Experience working with children with Autism and Pervasive Developmental Disorders including experience running discrete trial programs, task analysis, and incidental learning.
 - A demonstrated interest in working with students with developmental and behavioral disabilities
 - Ability to communicate effectively with students and school personnel
 - Ability to implement highly specialized instructional and behavioral support plans.
 - Good interpersonal skills and the ability to work as part of a team.
 - Depending on the needs of the student(s), this position may include considerable physical demands, including the ability to lift or move the student for the purpose of personal hygiene or for other reasons.
- >**from RI:** Responsibilities of *Behavior Specialist* include, but are not limited to:
- Develop and maintain a behavior system that supports students who have been temporarily removed from their classes due to poor behavior, following protocols established by the school's leadership team (e.g., bringing students to a quiet room or space and monitoring student as he/she works; calling the parent; documenting the

- behavior; removing and escorting student back to class, etc.)
 - Create and maintain growth plans and tracking charts for individual students who need special attention, in partnership with the principal
 - Build rapport with students who need behavioral support, checking in with students daily and writing notes to parents providing them with updates
 - Provide administrative support at critical times of the day, such as breakfast, lunch and dismissal.
 - Attend all professional development sessions and staff meetings
 - Assist dean of school culture with related work as required
 - Invest parents and families in their children's academic success through regular communication of success and challenges
 - Reflect on successes and areas of growth around all areas of teaching; seek to improve performance; receive feedback eagerly
 - Collaborate with colleagues to ensure a rigorous, joyful, and safe environment
 - Assume responsibility for every single scholar's success by holding all students accountable during transitions, meals, trips, etc.
- >**from CO: School Psychologist or Social Worker** – Provide a range of services for students who demonstrate difficulties with learning, academic achievement, social/emotional functioning, and behavior. Serve as a psycho-educational service provider involved in proactive, preventative activities, as well as responding to identified concerns. Provide services based on a combination of problem-solving, consultative, and direct service models.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following.

- Develop individual, group or system level interventions which improve identified problems or concerns, including academic, social/emotional/behavioral/mental health needs as they relate to educational progress.
- Uses research-based and technically sound practices to drive decision-making and interventions; and collaborates with school personnel and parents in order to develop and modify student intervention strategies.
- Facilitates functional assessment of behavior (FBA) and designs/implements and progress monitors intervention plans.
- Conducts, interprets and implements student assessment which includes record review, interview, observation, and standardized assessment.
- Administers and interprets norm-referenced and curriculum-based edumetric and psychological assessment measures.
- Participates in team-based follow-up activities to review student progress, analyze data, and modify individual interventions.
- Reviews school-wide assessment data to assist building staff(s) in interpreting and designing school-wide interventions.
- Serve as liaison among district building(s), families and community and collaborates with various teams to assure positive outcomes for all learners.
- Participate in interdisciplinary staffings to determine the eligibility, appropriate planning, and re-evaluation for students who require special education services/programs.
- Comply with Exceptional Student Services and district policies and procedures (e.g., Medicaid billing, accident reporting).
- Input information into ezEDMed system for reimbursement purposes.

We shared this concern with a range of colleagues and here are initial responses:

- (1) In my field, school psychology, professional ethics require that only techniques for which the practitioner has reached a recognized level of competence (through training and supervision) may be offered. In the three states that I have worked, state licensure or certification is required to work in the public schools. I agree with these two requirements. They are intended to prevent people with unknown skill levels simply announcing they are a therapist,

or a counselor, or a teacher and then working as such. We can have long discussions about what is a minimal level of training and what kinds of credentials a person should submit, but I like the idea of the state and the individual making clear declarations about roles and functions.

However, that also means there may be significant skill overlap across the roles. Some teachers, counselors, school psychologists, speech pathologists, and behavior specialists may all know and be qualified to provide a particular technique. When that is the case, it is up to the facility to figure out the best way to connect students with that technique. Maybe the classroom teacher is too busy to work that into the school day and the school psychologist only visits once a week. Could the school counselor provide the service? The right answer will depend on how many qualified people are available and the unique conditions within the facility. Having said that, I am in favor of a form of “resource mapping.” Many people have unique skills that are hidden. Just having a professional title will not reveal these. For example, a physical education teacher may also be a licensed art therapist. Resource mapping simply means people getting together to talk about what they know how to do and what they are willing to do. When trying to figure out how to deal with problems in learning or behavior, it’s often good to know these hidden talents.

If you need further information about roles, I suggest you contact national associations and/or their state affiliates. For example, the National Association of School Psychologists posts its practice model at <https://www.nasponline.org/standards-and-certification/nasp-practice-model>.

Regarding definitions, I suggest checking the operating documents issued by the State you are in and the school district with which you are dealing. Despite what the dictionary may say, states and districts may have their own particular ideas about what they mean by, for example “behavioral support” vs. “behavioral analysis” and how those definitions are operationalized within a particular school.

Another factor to consider is the job description. Employees need to function within the specifications of this description. To do otherwise could be grounds for dismissal. I’ve known school districts to make policies that state since schools are educational institutions, they will not provide mental health services (which they considered to be medical). In those districts, students were served by third parties, such as the county mental health agencies, even though resource mapping showed that several fully licensed and qualified school employees were already available in the school. Not very efficient from my point of view, but I suspect lawyers were recommending this to reduce legal liabilities.

If the quest author is facing a “turf battle”, where one particular group of providers is attempting to become the one and only source for service, I suspect your best course of action may be to ask parents to go to bat for you. When you provide information to protect yourself from reassignment or dismissal, it can seem self-serving. When parents go to the school board and point out how essential are your services, it carries more weight.

Since the question deals with definitions and roles, I worry that the situation involves ivory-tower administrators dealing with a situation via organizational structure. Using this method, things could “look good on paper” but not actually be an improvement. I wonder if it might be better to promote a more holistic method of getting together all the local people who know a student to agree upon some goals and then divvy up the work. Check out the “wrap around” approach described in this link: <https://nwi.pdx.edu/wraparound-basics/>

- (2) “The fact sheet “Behavioral Health Lens for Prevention” addresses the basics of this person's concerns. <https://www.samhsa.gov/capt/sites/default/files/resources/behavioral-health-factsheet.pdf> First, it defines behavioral health as a state of mental/emotional being and/or choices and actions that affect wellness. That's a pretty broad definition implying that there is also a broad range of approaches or solutions to support behavioral health. The summary goes on to include a continuum of care model and stresses the need for prevention. The final segment discusses the need to work across the continuum of care, meaning that teachers or classroom folks that provide prevention efforts need to be talking to those that provide ABA or other "treatment" focused interventions.

...Licensed or certified specialists are trained to provide interventions with an "intent to

treat" focus. That said, there are also "targeted" (Tier 2 according to MTSS) that can benefit specific groups of students with a common concern, and "universal" (Tier 1) interventions that can all students, such as mentoring.

Any student requiring "intensive" (or Tier 3) interventions needs a supportive environment for the intervention to be effective. That includes parents, teachers, peers and whomever else is important in that young person's life. Environmental influences on a young person combine with personal characteristics to shape beliefs, attitudes and behaviors. If you understand this model, you know that any intensive treatment or intervention that is applied without consideration to other influences in an individual's life will not be effective. While licensed and trained individual are needed, they are far from being the "only" option for behavior interventions. And, to use their services exclusively is to deprive the majority of youth the positive skill-building opportunities and influences that can enhance their lives."

- (3) "I do not think there are definitive roles for each provider that generalize to all settings. Firstly, services are based on need and each individual student would be considered uniquely as to what may promote success. In all cases, if there is not progress on goals, then something else would be tried. There should never be a set of conditions in which services are driven by credential and limited to a single pathway. All students need relationships with appropriately skilled individuals to promote a positive experience on which to build the skills of success. I know of some students who thrive when working with parent volunteers, student helpers and para-educators. In some instances the student may be disconnected and establishing a positive relationship with the lunch/playground supervisor makes a huge difference to that child. I run a mindfulness group with sixth grade students one day per week during their lunch recess. The students are developing self-regulation skills that support all the 'drama' we've been seeing this year. As level of pathology increases, then so should the level of intervention...; and so on.

As for the 'titles': One systems' Behavior Interventionist is another systems' School Psychologist. Often the positions are filled with professionals who carry the same credential only their experience has qualified them for the particular need. The requirements will differ depending on educational or community environment. The Pupil Personnel Services - Advanced Credential is generally prerequisite and then other areas of specialty may be added to that such as the BCBA or ABA certificate. There are many highly skilled professionals who learned these skills on the job and are just as qualified to do the work. Behavior Support and Behavior Intervention are very closely related. I think that Behavior Support may be a subset of Behavior Intervention or perhaps one point on the behavior intervention continuum however, an argument could be made that the relationship is actually the other way around depending on the paradigm.

Here is an example of trending in my universe. Parents are asking for an Independent Educational Evaluation prior to allowing district staff to do an assessment. Increasingly, the first request for assessment is an IEE. This is typically done AFTER the district staff have done an evaluation and the parent disagrees. Now for me, I work with the parents and continue to assess until the situation is resolved. I have been fortunate in this way that the parents work with me and, even in cases where the student does not qualify for services, they understand why and their questions are answered with an intervention plan that is expected to yield success.

I am aware of other psychologist in similar situations where the parent runs over the site staff and demands an IEE immediately. District administration steps in and assures the parent that staff will do the evaluation. The site staff does the evaluation and the parent (usually with advocate) endures the IEP meeting then submits request for an IEE. Administration provides this because, apparently there is a greater cost to defend the district assessment than there is to pay for the IEE. So, at this point the district assessment becomes a token for an IEE. This situation overtime is crushing the spirit of our site teams. Meanwhile, the IEE generates information that is often quite useless based on obsolete assessment tools, minimal observation and generally limited understanding of how the student functions within their instructional environment.

While this may seem unrelated, the common thread is one of the perception of superiority based on credential and the tendency to view as 'expert' those individuals from outside a system rather than working with qualified staff as a team to serve the student.

Finally, my opinion, ABA is useful for some but is very restrictive in one-one application. I believe that embedding ABA practices in the curriculum and routines of the classroom is a far more 'natural' condition for learning. Behavior Analysis is a more general term that may apply to several techniques of which ABA is one."

- (4) "Here's a reference from one of our position papers, "Mental and Behavioral Health Services for Children and Adolescents." <http://www.nasponline.org/x26827.xml> The National Association of School Psychologists views mental and behavioral health not simply as the absence of mental illness but also as encompassing social, emotional, and behavioral health and the ability to cope with life's challenges.

Also, the American Psychological Association has an online dictionary that could be of assistance: <https://dictionary.apa.org/> It defines **Mental Health** as, "a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life. See also flourishing; normality."

It defines **Behavioral Health** as, "an interdisciplinary subspecialty of behavioral medicine that promotes a philosophy emphasizing individual responsibility in the maintenance of one's own health and in the prevention of illness and dysfunction by means of self-initiated activities (jogging, exercising, healthy eating, not smoking, etc.)."

The World Health Organization defines mental health, "as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." http://www.who.int/features/factfiles/mental_health/en/

For a look at a broader range of roles related to addressing barriers to learning, see the following Center online clearinghouse Quick Finds:

> *Job Descriptions Related to Student & Learning Supports*

<http://smhp.psych.ucla.edu/qf/mhjobs.htm>

> *Staffing Support Services: New Directions*

<http://smhp.psych.ucla.edu/qf/staffingsupp.htm>

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

> *Managing Behavior at School: Beyond Overrelying on Behavior Control Strategies*
Chapter 6 in *Improving School Improvement*

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

> *A Guide to Evidence Based Practices* <https://www.samhsa.gov/ebp-web-guide>

> *Behavioral Health Lens for Prevention*

<https://www.samhsa.gov/capt/sites/default/files/resources/behavioral-health-factsheet.pdf>

> *Mobilizing Community Health Workers to Address Mental Health Disparities for Underserved Populations: A Systematic Review* <http://doi.org/10.1007/s10488-017-0815-0>

> *Motivation and Engagement in Student Assignments: The Role of Choice and Relevancy*
https://s3-us-east-2.amazonaws.com/edtrustmain/wp-content/uploads/2018/10/31173508/Motivation_Engagement_FINAL_LR.pdf

> *More Police on School Campuses?* <http://smhp.psych.ucla.edu/hottopic.htm>

> *The number of public school students could fall by more than 8% in a decade*

<https://hechingerreport.org/the-number-of-public-school-students-could-fall-by-more-than-8-in-a-decade/>

For information about the



National Initiative for Transforming Student and Learning Supports

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

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.

**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/>)**