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School Practitioner Community of Practice
(A network for sharing & exchange)
April 24, 2019

Topics for discussion

 >Has youth mental health improved with empirically supported treatments?

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

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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).

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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

Topic for Discussion –

 >Has youth mental health improved with empirically supported treatments?

See this important and sobering 2019 research update:

> **Are Psychotherapies for Young People Growing Stronger?**
> **Tracking Trends Over Time for Youth Anxiety, Depression,**
> **Attention-Deficit/Hyperactivity Disorder, and Conduct Problems**

> By John Weisz and colleagues in *Perspectives on Psychological Science, 14*, 216–237.
>   https://journals.sagepub.com/doi/full/10.1177/1745691618805436

Here is an excerpt:

> "With the development of empirically supported treatments over the decades, have youth psychotherapies grown stronger? To investigate, we examined changes over time in treatment effects for four frequently treated youth mentalhealth problems: anxiety, depression, attention-deficit hyperactivity disorder (ADHD), and conduct disorders.... Mean effect size increased nonsignificantly for anxiety, decreased nonsignificantly for ADHD, and decreased significantly for depression and

conduct problems. Moderator analyses involving multiple study subgroups showed only a few exceptions to these surprising patterns. The findings suggest that new approaches to treatment design and intervention science may be needed, especially for depression and conduct problems. We suggest intensifying the search for mechanisms of change, making treatments more transdiagnostic and personalizable, embedding treatments within youth ecosystems, adapting treatments to the social and technological changes that alter youth dysfunction and treatment needs,....

Implications and future research directions

... In sum, there were strikingly few exceptions to the general pattern that treatment effects were either unchanged or declining across the decades for each of the target problems.... Several ideas may warrant attention as we seek to understand the general pattern of findings and ponder future directions.

Mechanisms – One possible explanation, suggesting one future direction, is that boosting psychotherapy effects may require that we understand what mechanisms of change are required for genuine improvement. The requirements for establishing true mechanisms are quite daunting, and most experts agree that we have little evidence to date of the kind needed to accomplish that objective ...

Our limited understanding of mechanisms may encourage default repetition of standardized treatments that have "worked" previously, and this may constrain innovation; repeating relatively similar therapies year after year may impose a natural limit on how much therapy benefit can increase over time....

Treatment structure – Another possible explanation for our failure to find much improvement in benefit may lie in the structure of youth psychotherapies. These are typically standardized protocols containing 10 to 20 preplanned sessions that are delivered in relatively fixed order, all focused on one disorder or problem or a homogeneous cluster. Such therapies may have only so much capacity for benefit because (a) the narrow problem focus may clash with the comorbidity that is so pervasive in troubled and treated youths... (b) the standardized sequential designs may clash with the flux in young people's most pressing problems that is so common during episodes of youth psychotherapy ...

Outcomes could conceivably be improved via treatment designs that are more transdiagnostic, flexible, and personalizable..... In that approach, elements of standard ESTs for multiple disorders and problems can be used to form modules (e.g., graduated exposure, cognitive restructuring) and organized into a kind of menu from which personally tailored treatment can be fashioned for each individual and adjusted as treatment needs change....

Overdetermination of outcomes – A third possible explanation for the very limited evidence of improvement over time is that many factors other than psychotherapy may influence outcomes... especially for young people. Youths in therapy may experience intrafamily conflict, maltreatment by caregivers, hunger, loss of loved ones, social rejection by peers, academic stress, neighborhood risk, and diverse other forces potentially more powerful than one therapy session per week——in part because youths are essentially confined within family, school, neighborhood, and social systems they cannot escape or avoid and within which their power to exert change is severely limited. Because psychotherapy is but one causal force among many in the lives of young people, there may be a natural upper limit to the impact therapy alone can have within this age range.... That possibility suggests another strategy for improving outcomes: combining psychotherapy with in vivo support for addressing real-world circumstances that could otherwise limit improvement and over which youths acting alone would have little control. Such an approach would contrast with the primarily office-based approach that has dominated youth psychotherapy research and practice for many years, but a few innovative intervention researchers have achieved success pioneering this more ecologically embedded approach...

Change over time in the nature of youth dysfunction and treatment needs – Another factor contributing to our findings may be that the nature of childhood and adolescence, and of youth dysfunction, may be changing faster than our treatments are. Threats to youth mental health are becoming more diverse and multiform than could have been envisioned decades ago. Current threats encompass pressures to excel in increasingly competitive academic and social

environments, images conveyed via advertising and social media that could make anyone feel inadequate, risks of harm via text messages and cyberbullying, and even fear of being gunned down at school. These changes may be continually expanding and diversifying the ways youth anxiety and depression are experienced and at a pace well beyond what treatment developers can match. Similarly, the flavor of ADHD and how it needs to be addressed in treatment may have been altered significantly by the emerging information age, with television, then the Internet, then video games and smartphones, offering an ever-expanding array of ways to be distracted at the same time as the need for focus and close attention in classroom and social contexts is escalating.

Finally, there are now more ways than ever for youths with conduct problems to be a threat to others than in years past, with available tools that have come to include social media, firearms, and enough information online to turn anyone into a genuine danger, combined with personal access to peer and media influence that can be very difficult for parents to monitor. In sum, social and technological change are continually altering and expanding the range of ways young people may experience anxiety, depression, ADHD, and conduct problems, generating a need for corresponding change in interventions, but at a pace treatment developers may find difficult to match. If treatments for young people are to improve over time, their design and content may need to keep pace with temporal changes in the nature of youth and youth dysfunction,...

Change over time in the culture of parenting, youth communication, and personal change – Societal evolution includes change in parenting standards... Social change also includes continual shifts in the ways young people communicate and achieve personal change. Therapies that have worked in the past may need to evolve to synch up with changing patterns of communication and social exchange. For youths accustomed to texting, tweeting, instant messaging, and Snapchat, the idea of sitting alone in a room with a middle-aged adult just talking for 50 min, every week for 20 weeks, may seem like sheer torture... If therapy is a form of communication, then its capacity for continual improvement may rest in part on its capacity to evolve continually to fit the communication style of each era....

If the approaches to youth treatment development and testing that have added so richly to intervention science have, in fact, not produced measurable gains over time, fresh ideas may be needed. A useful question for the field is whether there are new approaches that can produce the upward trajectory in treatment benefit toward which so many clinical scientists and clinicians are striving and from which so many troubled youths and families could benefit."

Comments from Colleagues

We asked several colleagues to comment on this research and here is a sample:

(1) "The researchers took on an extremely complex (and important) study of reviewing research over a 53 year period, including meta-analysis studies. ... the findings are suggesting that not much has changed over time, and that the outcomes of psychotherapies are guarded. I would be interested in how they define "psychotherapies." During the time frame they reviewed, the world of treatment has gone through a huge shift from a more psychoanalytic perspective to a more physical medicine perspective. What I most appreciate... is their recommendations that treatment should be more individualized, and embedded in the systems where kids hang out. As a school mental health professional, I believe strongly that the most lasting positive results have to include those who supervise and manage student's days. So teachers need to structure their classrooms and lessons in ways that are sensitive to the personalities of all students. Likewise for the family and parents. Another way to say that is that if a young person continues to experience significantly negative moments, whether at home, school, or community, any type of therapy probably cannot keep up with that...."

(2) "This is a brilliant study perhaps unprecedented in its scope and clarity. Authors looked at the lack of impact over time in so many ways and came up with several thoughtful implications. My bias however is that they ignored context and over-valued individualized interventions. How about the fact that diagnosis are flawed and that comorbidities are the norm? or that functioning trump diagnoses? school performance for example transcend diagnoses in outcomes. I think what is most important about the study is its questioning of the dominant research paradigm. Authors fall short of endorsing ecological interventions, says they are difficult...They are telling the field to get out of their silos to which I would add to get out of their offices and clinics. maybe a few too many recommendations but you certainly cannot say they are not being thoughtful."

(3) "We focus more on implementation factors and pay less attention to so-called evidence-based programs these days. A consistent problem with RCTs and other evaluations of practices and programs is the lack of a measure of fidelity. Thus, we have no idea of the presence and strength of the practice or program as it was actually delivered to children/families in a research study. Thus, outcomes are difficult to interpret — outcomes of what, a description in the Method section or what was done in practice? This has not changed since the 1980s so the lack of significant trends in this data is not really surprising. Expecting better results from practices that may or may not "be there" may be expecting too much (see Dobson and Cook re: Type III errors — a problem in 1980 and in 2019). It is discouraging, but the importance of fidelity assessments and the inclusion of fidelity assessments in analyses of intervention outcome data has to be done...."

For the Center's Perspective:

>*Being Rational and Analytical in Bringing Evidence-Based Practices into Schools*
http://smhp.psych.ucla.edu/pdfdocs/berational.pdf

>*Evidence-Based Practices in Schools: Concerns About Fit and Implementation*
http://smhp.psych.ucla.edu/pdfdocs/newsletter/summer07.pdf

>*Bringing Empirically Supported Prototypes/Practices to Schools*
http://smhp.psych.ucla.edu/pdfdocs/reportbringing2019.pdf

>*Bringing Empirically Supported Prototypes/Practices to Schools* (powerpoint)
http://smhp.psych.ucla.edu/powerpoint/translationalresearch.ppt

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What do you think works best for students who need supports?

Share with us your comments
about the above or other related matters!!
Send your responses to Ltaylor@ucla.edu
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Links to a few other relevant resources & other topics of concern

Beyond gold stars: Improving the skills and engagement of struggling readers through intrinsic motivation https://www.tandfonline.com/doi/pdf/10.1080/10573569.2017.1387834?needAccess=true

Early Matters: Integrating attendance into kindergarten transition
https://www.attendanceworks.org/resources/toolkits/integrating-attendance-into-kindergarten-transition/

Exploring the potential of technology-based mental health services for homeless youth: A qualitative study. https://www.ncbi.nlm.nih.gov/pubmed/28481610?dopt=Abstract

Parent and educator guide to school climate resources
https://www2.ed.gov/policy/elsec/leg/essa/essaguidetoschoolclimate041019.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

Foster youth and schools http://smhp.psych.ucla.edu/pdfdocs/foster.pdf

The long-run impacts of same-race teachers https://www.nber.org/papers/w25254

Can restorative practices improve school climate and curb suspensions? An evaluation of the impact of restorative practices in a mid-sized urban school district
https://www.rand.org/pubs/research_reports/RR2840.html

In-class presentations: A potential barrier to success at school?
http://smhp.psych.ucla.edu/pdfdocs/pubspeak.pdf

The challenges of living with a disability in America, and how serious illness can add to them
http://features.commonwealthfund.org/the-challenges-of-living-with-a-disability-in-america-and-how-serious-illness-can-add-to-them

The effect of charter schools on districts' student composition, costs, and efficiency: The case of New York state https://www.sciencedirect.com/science/article/pii/S0272775716303417?via%3Dihub

Ron Astor asked us to share the following titles to works he and colleagues have published:

>*Welcoming practices: Creating schools that support students and families in transition.*
>*Mapping and monitoring bullying and violence: Building a safe school climate.*
>*Bullying, school violence, and climate in evolving contexts: Culture, organization, and time*

About a unified, comprehensive, and equitable system of learning supports, see:

Addressing Barriers to Learning: In the Classroom and Schoolwide —
http://smhp.psych.ucla.edu/improving_school_improvement.html

On embedding student/learning supports into school improvement, see
Improving School Improvement
http://smhp.psych.ucla.edu/improving_school_improvement.html
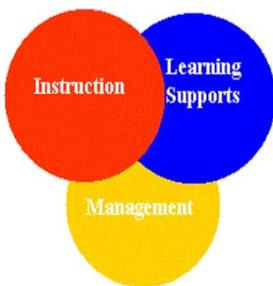
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For information about the
National Initiative for Transforming Student and Learning Supports
go to http://smhp.psych.ucla.edu/newinitiative.html
Equity of opportunity is fundamental to enabling civil rights; transforming student and learning supports is fundamental to enabling equity of opportunity, promoting whole child development, and enhancing school climate.

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**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/)