August 17, 2015

Request for Advice from a Colleague

> About guidance for “counseling as a related service”

> Responses from the Center and from the field

Featured Set of Center Resources

> Beyond working one-to-one with a student

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

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

Note: In keeping with the 2015 National Initiative for Transforming Student & Learning Supports,* this community of practice network has expanded in number of participants and topics discussed.* The thematic emphasis is on (1) daily concerns confronting those working in and with schools, (2) the transformation of student and learning supports, and (3) promoting whole child development and positive school climate.
Request for Advice: “I am contacting you on behalf of our state Department of Education/Bureau Director of Special Education to discuss our efforts to revisit the 2002-2003 initiative ‘Counseling as a Related Service.’

Center Response: We see reviews and revisions of initiatives and policies as critical opportunities to coalesce separate pieces of student and learning supports into a unified intervention system. With this in mind, counseling as a related service for special education should be fully integrated into a system of care that deals with behavior, learning, and emotional problems and also needs to be embedded into a school’s unified system for addressing barriers to learning and teaching and re-engaging disconnected students.

(1) With specific respect to special education: It is relevant to begin any review/revision by clarifying how those providing counseling as a related service will play a role in (a) confirming and disconfirming the need for special education, (b) identifying and implementing best practices (i.e., evidence based interventions), and (c) integrating these functions into a cohesive system of care. This “mapping” provides a basis for analyzing what’s working, what isn’t, and what’s not being done.

Particular emphasis should be given to the amount of false positive misdiagnoses related to LD and ADHD. In the last decade, this has emerged as a critical problem for schools and has stimulated the emphasis on using Response to Intervention (RtI) as a strategy for reducing referrals to special education. Counseling as a related service provides the opportunity to identify misdiagnoses as the counselor gets to know a student and works with teachers and other school staff in planning interventions – including use of RtI and in-depth assessments of a student’s motivation and capabilities, accommodations in the regular classroom and school-wide, and changes that address environmental causes of the student’s problems.

See the Center Quick Find on Special Education for links to relevant documents, such as the Center’s resources on:

> Schools and the Challenge of LD and ADHD Misdiagnoses – http://smhp.psych.ucla.edu/pdfdocs/ldmisdiagnoses.pdf

(2) With respect to ensuring that all such counseling is fully integrated into a system of care: The various efforts being made to reduce behavior problems offer a place to start. As stressed in the What Works Clearinghouse practice guide on reducing behavior problems: “Every teacher experiences difficulty at one time or another in trying to remedy an individual student’s behavior problem that is not responsive to preventative efforts,” and all school personnel should focus on developing a school-wide approach to preventing problem behaviors and increasing positive social interactions among students and with school staff (http://ies.ed.gov/ncee/wwc/PracticeGuide.aspx?sid=4). The guide’s recommendations can be used by all support staff to make the case for going beyond just working with individual students.

One goal for student support staff would be to teach teachers how to “carefully observe the conditions in which the problem behavior is likely to occur and not occur. Teachers then can use that information to tailor effective and efficient intervention strategies that respond to the needs of the individual student within the classroom context.” Such strategies can encompass modifying the classroom learning environment to decrease problem behavior (e.g., addressing mismatches between the classroom setting or academic demands and a student’s strengths, preferences, or skills; rearranging the classroom environment, schedule, or learning activities to meet students’ needs; individually adapting instruction to promote high rates of student engagement and on-task behavior). Another goal is to work on involving other school staff, students’ families, and community providers in effective problem solving and ensuring ongoing support and guidance.
With respect to embedding the work into a school’s system for addressing barriers to learning and teaching and re-engaging disconnected students: We stress the need for all student support staff to play a role in unifying student and learning supports and then helping to develop them into a comprehensive and equitable system. See


Response from the Field: We sent the request to a number of colleagues at state departments of education and others with expertise in school mental health. In general, most indicated that they were not familiar with special education counseling as a related service. This suggests that greater attention needs to be given this topic with respect to special education and as a forum for expanding thinking about mental health in schools.

Two of the comments we received focused on counseling related to general problems experienced by schools and students rather than on “counseling as a related service.”

(1) “I am really impressed with the work of Dr. Michael Carter at Cal State LA. He trains school counselors how to work with families when children have poor school attendance. Dr. Carter can be reached at mcarter@calstatela.edu. Dr. Carter is a member of the California Department of Education’s (CDE) Student Mental Health Policy Workgroup which makes recommendations to the state’s superintendent on the counseling related needs of California pupils. One of our recommendations on the need for more comprehensive student services is found at http://www.cde.ca.gov/ls/cg/mh/smhpwpolicyrec2.asp. The CDE has linked to a recording of a sample school-based family counseling session at https://sas.elluminate.com/site/external/jwsdetect/playback.jnlp?psid=2012-10-11.1008.M.C88F2DDEC401DB78D904462BE01977.vcr&sid=2011210.”

(2) “I initiated the first Therapist in schools process this year (and am deeply grateful to the Superintendent who supports me in this role). The ongoing experience, continuing through summer (unlike school counseling) increasingly pronounces the contrast of therapy with/to counseling. The growth shown with this opportunity is exciting. I wish I had a way to measure it, aside from attendance, anecdotal teacher reports and discipline records.... I have been longing to experience a collegial partnership that elevates this work, and connects me beyond one school district.”

(3) Below is an extensive response focused on concerns about counseling as a related service:

This is a hot topic and I am offering suggestions from my area of expertise, because I am longing for improved clarification on this one myself. Here are my random thoughts based on "over-providing" counseling as a related service and being unable to remove students who no longer need our services, even though data indicates they do not need our services.

> Remember a related service is one that is directly correlated to learning: improving educational outcomes. In many ways, a student with disabilities will always benefit from related services, but it takes a savvy professional to tie the counseling as a related service to improved learning. What if the counseling doesn't improve learning, even though the counseling goals are met? Data shows that the best outcome from counseling is increased school attendance and fewer discipline referrals, but the jury is out still on the impact to grades and test scores. (Some emerging evidence around treatment for anxiety results in improved grades). What if the counseling does not translate into improved educational outcomes? Will that student be in "counseling as a related service" until it results in academic progress? What do you do if counseling doesn't work?
>Probably good to review the practice guidelines for School Counselors at ASCA. (http://static.pdesas.org/content/documents/ASCA_National_Standards_for_Students.pdf). Bottom line, school counselors do not do "mental health" interventions.

>Review practice guidelines for National Association for School Psychologists. School psychologists do "mental health" interventions often under use of "psychological" services as a related service. My experience is that most school psychologists provides interventions without it being written on an IEP as a related service. (http://www.nasponline.org/standards/practice-model/domains-of-practice.aspx)

>If school districts use both psychological services and counseling as a related service, first determine student needs and best to follow the national standards for the role groups. Does a student need what a school counselor provides? Or does a student need what a School psych provides? Probably good to add school social worker here too!

>Be cautious about writing in a related service such as "counseling as a related service" when the service should be available to all students. In my mind, the IEP or 504 plan should be used when assurances need to be in place in schools that a student with disabilities cannot access what other students can access on a daily basis. If a school has a multi-tiered system of support that is accessible to all students, each student, regardless of disability should be able to access a school counselor for touch points or emotional support, including academic and career guidance OR mental health supports from a School Psychologist OR case management from a school social worker to assist in resource support for families from Community and or MH organizations, or even caring adult mentors. My caution comes due to the fact that once a related service is written on an IEP, it is difficult to get it off the IEP because it then becomes a team decision to continue or exit.

>School professionals need to be "strong" implementers of data, so that they can use data to make decisions at IEP team meetings, to show whether or not the counseling as a related service improves academics. If it has little impact on learning, then other supports should be tried such as improved academic interventions combined with distinguished teaching practices.

>Best practice: Schools need teams that review data and implement a multi-tiered continuum of supports available to all students regardless of disability. Only when a student gets to high levels of need for such supports should they consider a related service, and only when there is some measure of evidence that the intervention will result in academic improvement.

>All students would benefit from having a caring adult in their life. Our teaming efforts have to be an all out effort by school staff, families and community partners to assure the best for students.

Listserv Participants: In your local schools, how is “counseling as a related service” being integrated into a system of care and how is it incorporated into a unified, comprehensive, and equitable student and learning supports system? Send info for sharing to Ltaylor@ucla.edu

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Featured set of center resources:

>Beyond working one-to-one with a student

As the above discussion illustrates, practitioners in schools have to think and act beyond what they have learned to do working one-to-one with a student. With this in mind, our Center resources always focus on problems from the perspective of best practices within the school context and stress the need for transforming student and learning supports as essential to school improvement.
With respect to best practices, see the Center’s online clearinghouse Quick Finds at http://smhp.psych.ucla.edu/quicksearch.htm.

The Quick Find “menu” includes such topics as:

> Empirically Supported/Evidence Based Interventions – http://smhp.psych.ucla.edu/qf/ests.htm
> Special Education: Accommodations/Inclusion – http://smhp.psych.ucla.edu/qf/idea.htm
> Systems of Care – http://smhp.psych.ucla.edu/qf/syscare.htm
> Social and Emotional Development and Social Skills – http://smhp.psych.ucla.edu/qf/p2102_05.htm
> Classroom Climate/Culture – http://smhp.psych.ucla.edu/qf/environments.htm
> Classroom Management – http://smhp.psych.ucla.edu/qf/clssroom.htm
> Collaboration - School, Community, Interagency; community schools – http://smhp.psych.ucla.edu/qf/p1201_01.htm

and many more.

With respect to transforming student/learning supports, the Quick Finds include such topics as:


and many more.

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*For information about the 2015 National Initiative for Transforming Student and Learning Supports, see 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 and promoting whole child development.
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Please share relevant resources ideas, requests, comments, and experiences!
Send to ltaylor@ucla.edu

Note: Responses come only to our Center 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 Facebook -- access from the Center’s home page http://smhp.psych.ucla.edu/