

(7/17/24) **This continuing education resource is from the national Center for MH in Schools & Student/Learning Supports at UCLA**

Featured

>Addressing the transition challenges in moving to middle or high school

Also for discussion:

>Schools need to consider “fit” in adopting interventions

>A related concern about fitting evidence-based treatment to the person, not the diagnosis

And, as always:

>Links to a few other resources relevant to continuing education

This Community of Practice Practitioner is designed for a screen bigger than an Iphone.

For discussion and interchange:

>Addressing the transition challenges in moving to middle or high school

Clearly, the challenges of transitioning to middle or high school can pose a risk to adolescents' school functioning and overall well-being. A particular transition concern is on ensuring a sense of school belonging and connectedness with peers and school staff. As underscored in a recent research article on [*Navigating the school transition....*](#)

“When adolescents experienced an increase in school relatedness after the transition to secondary school, their intrinsic academic motivation also increased.... feeling socially valued and accepted is a precondition to be motivated for academic work after the secondary school transition.

The practical implications drawn from our findings align with previous suggestions emphasizing the significance of school belonging. Educators should focus not only on academic skill development but also on nurturing students' sense of connectedness and engagement with their school community. Specifically, when adolescents enter a new school, the priority should be to establish social connections and a sense of belonging. Practitioners can work to develop and implement programs that foster a supportive and inclusive school environment aimed at helping students feel valued and accepted at school.”

Center Comments: When schools pay too little attention to providing supports for transitions, opportunities are missed for promoting healthy development, addressing barriers to learning, and preventing learning, behavior, and emotional problems. A comprehensive approach to providing transition supports requires interventions within classrooms and school-wide and among schools sending and receiving students. The immediate goals are to prevent and address transition problems. In addition, transitions provide opportunities to strengthen relationships, reduce alienation, increase positive attitudes, and (re)engage disconnected students and families.

For more on this, see

- >[*Supports for Transitions*](#)
- >[*Transitions: Turning Risks into Opportunities for Student Support*](#)
- >[*Supporting Successful Transition to Ninth Grade*](#)
- >[*Welcoming and Involving New Students and Families*](#)

Is this topic being discussed in your locale?

Please let us know so we can share the info widely. Send to ltaylor@ucla.edu

For discussion and interchange:

>**Schools need to consider “fit” in adopting interventions**

No one argues against using the best science available to improve professional expertise. However, the evidence-based practices movement is reshaping public policy in ways that have raised concerns. A central concern is that practices developed under highly controlled laboratory conditions are being pushed prematurely into widespread application based on unwarranted assumptions. This concern is especially salient when the evidence-base comes from short-term studies and has not included samples representing major subgroups with whom the practice is to be used.

For more on this concern, see our Center Resources

- >[*Evidence-Based Practices in Schools: Concerns About Fit and Implementation*](#)
- >[*Bringing Empirically Supported Prototypes/Practices to Schools*](#)
- >[*Being Rational & Analytical in Bringing Evidence-Based Practices into Schools*](#)
- >[*About Empirically Supported Therapeutic Relationships*](#)

Here's a cautionary statement about using data attributed to Yankelovich:

The first step is to measure whatever can be easily measured.

That's okay as far as it goes.

The second step is to disregard that which can't be measured or give it an arbitrary quantitative value.

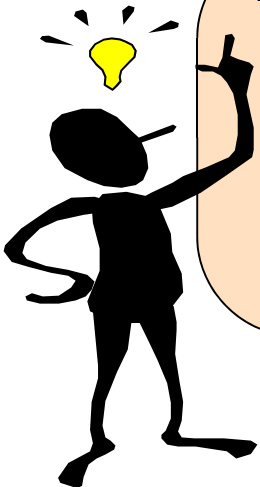
That's artificial and misleading.

The third step is to presume that what can't be measured easily isn't very important.

That's blindness.

The fourth step is to say what can't be measured really doesn't exist.

That's suicide.



For discussion and interchange:

>A related concern about fitting evidence-based treatment to the person, not the diagnosis

From: *Tailoring Evidence-Based Treatment to the Person, Not the Diagnosis*

Historically, mental healthcare providers have viewed evidence-based treatments with a mix of frustration and skepticism. Some find that even the most scientifically supported interventions for depression or anxiety, for example, don't work for everyone.

"Clinicians may draw from a manual or from different evidence-based treatments, but they don't necessarily like to follow the manual step by step because their patient is often very different than the on-average patient," said Cheri Levinson, a clinical psychology researcher at the University of Louisville.

Levinson is in the forefront of developing scientifically sound treatments designed for the person, not the diagnosis.... These personalized treatments won't be a "magic bullet," ... But the new model stands to advance the application of science-backed treatments..."

Many interventions are created from findings that apply to a population of patients rather than individuals, Levinson added. "We can say, for example, that exposure therapy or CBT [cognitive behavioral therapy] works on average for most people who have social anxiety disorder. And that's a really important approach because it helps us figure out what works for many people. But it doesn't account for the fact that huge groups of people don't respond to those treatments."

Major granting institutions, including the National Institute of Mental Health (NIMH) in the United States, support the concept of personally tailored treatment, citing research showing that it produces long-lasting and effective outcomes.

"Instead of saying, 'This person has social anxiety disorder and I'm going to apply CBT,' you would say this person is fearful of social situations where there's more than 10 people and they are afraid of being judged," Levinson explained. "Then you would specifically look at interventions that are targeted at those two fears and address those instead of just overall broad CBT."

Levinson and her team are also exploring how to incorporate social and cultural factors into precision treatment. Poverty, racism, and other social problems can emerge as barriers to recovery, she noted. "If a patient is experiencing food insecurity, it's going to be really hard to work on some of those other symptoms," she said....

>Links to a few other relevant shared resources

- >A systematic review of social support interventions for youth in foster care
- >Personalized Learning and Service Learning
- >Establishing ethical practice in school mental health
- >Do teachers perceive absent students differently?
- >Educator Guide to Support Immigrant, Refugee, and Newcomer Students
- >Teens' Mental Health May Improve When They Help Others
- >Infographic on Children's Mental Health
- >Talking to Kids About Drinking, Drugs, and Sex
- >Inequitable Funding in Public Education

A Few Upcoming Webinars

For links to the following and for more webinars, go to the Center's Links to Upcoming/Archived Webcasts/Podcasts

- 7/17 Principals, Lead Stronger in the New School Year
- 7/18 Managing systemic burnout and stress
- 7/18 Culturally informed crisis support
- 7/23 Stress management and resiliency training
- 7/25 Organizational commitment to a culture of care
- 7/29 Navigating Concerns on Youth Crime, Violence, and Behavioral Health: What Does the Data Say?
- 7/30 Practical parenting strategies
- 8/7 Attending to non-academic factors
- 8/13 Administrator Basics for Supporting English Learners with Disabilities /
- 8/14 Responding to bias and discrimination in schools
- 8/15 Conversations with youth
- 8/20 Welcoming students through transitions
- 8/22 Compassionate leadership
- 9/19 Empowering grassroots mentoring
- 9/26 Organizational culture

How Learning Happens (Edutopia's updated series of videos explores how educators can guide all students, regardless of their developmental starting points, to become productive and engaged learners.

Webinar recording: **Unpacking the Impacts of Structural Racism on Youth**

For more webinars, go to our Center's links to Upcoming/Archived Webcasts/Podcasts – <http://smhp.psych.ucla.edu/webcast.htm>

To Listserv Participants

- **Please share this resource with others. (Everyone has a stake in the future of public education and this is a critical time for action.)**
- **Let us know what’s going on to improve how schools address barriers to learning & teaching and reengage disconnected students and families. (We can share the info with the over 130,000 on our listserv.)**

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

Looking for information? (We usually can help.)
Have a suggestion for improving our efforts? (We welcome your feedback.)

We look forward to hearing from you!
Send to ltaylor@ucla.edu

Schools committed to the success of all children must be redesigned so that teachers, student support staff, and others at the school can help students as early as is feasible when they become aware of a behavior, emotional, learning, and/or physical problem. Such a redesign can minimize the impact of such problems and appropriately stem the tide of referrals for out of class specialized assistance (e.g., mental health services) and special education.

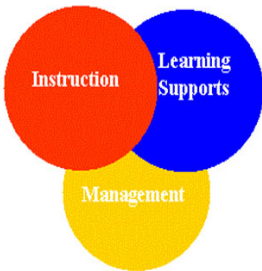
Through the ***National Initiative for Transforming Student and Learning Supports***, our Center emphasizes the opportunity to start now to transform how schools address barriers to learning and teaching and reengage disconnected students.

If you are aware of efforts underway to transform how schools address barriers to learning and teaching, please share with us.

And if anyone is thinking about increasing the capacity of a district or school with respect to developing *a unified, comprehensive, and equitable system of student/learning supports*, we have many resources to help in moving forward. For example, see our recent guide:

>[Student/Learning Supports: A Brief Guide for Moving in New Directions](#)

Send all info and requests to ltaylor@ucla.edu



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



No. It wouldn't be right if I did.



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.

THIS IS THE END OF THIS ISSUE OF THE PRACTITIONER

Who Are We? Recently renamed the Center for MH in Schools and Student/Learning Supports, our national Center was established in 1995 under the auspices of the School Mental Health Project (which was established in 1986). We are part of the Department of Psychology at UCLA. The Center is co-directed by Howard Adelman and Linda Taylor.