# Direct Support Services in Children's Mental Health

The system of care approach has taken hold in the field of children's mental health in recent years, causing many communities around the nation to rethink and reorganize the services and supports they offer to children and their families. This shift is perhaps most obvious for children with complex needs, who might previously have been placed in residential treatment facilities or hospitals. The system of care approach focuses instead on developing care and support strategies that enable children to live in community settings and to participate fully in family and community life. Direct support services [see article on page 8] are compatible with—and in many cases essential for—making this approach work for children with complex needs and/or difficult behavior. Direct support services are flexible, home- and community-based services that build on and develop child and family strengths and capacities, and that focus on helping the child and family live successfully in the community. In the traditional medical model of mental health, experts identify a problem and apply treatment in order to fix the trouble. Within a system of care, on the other hand, treatment and care approaches are identified by partnering with families, first to discover their underlying needs and then to design a plan that uses their strengths, capacities, and resources to reach the goals they consider most important. Making this sort of approach work requires skills for partnering with youth and families, and such skills are often not part of the traditional mental health worker's repertoire. As a result, this approach often requires clinicians to work in new ways. This approach also requires new roles, like that of the direct support worker, so that in-home and in-community support can be provided in ways that are consistent with the child and family's plan.

## Direct Support Services Differentiated

Direct support services are provided in the homes of families and in the community rather than in an office setting. They involve a philosophy of "treatment by participation," focusing on helping a child get involved in the community, develop a respected role and positive reputation, practice life skills, make choices, and experience enhanced quality of life. Less focus is placed on talking and more is placed on doing. Rather than dwelling on diagnoses and limitations, the philosophy of direct support encourages people to become busy with constructive activities and the positive aspects of life. This helps to center their attention on contributions they can make in their homes and communities.

Although relatively common in the fields of developmental disabilities and special education, direct support services are not typically as understood, appreciated or effectively utilized in children's mental health. Centering on positive activities rather than on trying to "fix" bad behavior, direct support services are different from a more-typical "behavior coaching" model, where attention is continually drawn to the undesired behavior in an effort to extinguish or replace it. Instead, direct support services work within the environment of the family's culture and use a positive approach to focus on what the person wants to do rather than simply what others want the person to stop doing.

This approach is particularly helpful for individuals and families for whom traditional mental health services have not been successful in the past, including those with very complex needs. A common misperception is to see direct support as a "lower level" of service that is put in place only as a precursor to traditional clinical services such as counseling and medication management. In reality, direct support services in and of themselves, or in combination with traditional clinical services, are often the interventions that are most successful for youth with challenging needs. This is due in large part to the good fit between community-based support services and the interests and needs of

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children and families. Additionally, direct support services are often a good match for children who are either too early in their development or too consumed with the challenges of life to benefit from therapeutic approaches that require cognitive processing of their behavior. And because direct support services provide practice in the immediate environment in which the child lives, positive outcomes are likely to be sustained. For all of these reasons, direct support is an excellent service option in children's mental health systems as a means of augmenting customary clinical treatment services.

The following examples illustrate some of the ways direct support services may be used in children's mental health to address the needs of families. (Names and identifying information have been removed or changed.)

- The family and their support team identified a need for family members to celebrate their spirituality together. Their goal was to attend church as a family. In the past, Brandon's anxiety in social situations had led to his being kicked out of church repeatedly. Direct support workers helped him plan and practice how to dress, talk and act while at the service. They showed him new skills such as tying a necktie and shaking hands with others so that he would feel comfortable at church. They accompanied him to church along with his family to help ensure his success.
- Two siblings needed to have positive relationships with peers. They frequently got into fights with others during any activity that they perceived to be competitive. Direct support workers helped initiate neighborhood flag football games to help the two young siblings make friends in their neighborhood and learn how to play in competitive situations. During the football games, the support workers modeled sportsmanship and fair play.
- Linda needed to have a positive identity. She had been cutting on her legs when she felt stressed and everyone in life had begun to identify her as a "cutter." Support staff helped her plan, prepare for and carry out a "perfect day" of her choice. They role modeled and participated in bike riding, paddle boating, and helping Linda make dinner for her family. Support workers helped Linda identify her own positive qualities based on the day's activities. These were important steps in helping Linda build a new life of purpose and meaning.

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## Integration of Bachelor's Level and Paraprofessional Workforce

Unlike clinical service roles, most direct support service roles do not require a graduate degree in a behavioral health field. Instead, the workforce predominately consists of bachelor's-level employees (behavioral health technicians) and individuals with less formal education but with a talent for connecting with children (paraprofessionals). Such a workforce has both advantages and challenges. One of the advantages is the opportunity to create an agency culture based on the direct service philosophy described above. This is more difficult in an agency where most workers have had formal training and experience in professional cultures dominated by deficit-based approaches and medical models. Some of our own agency's best direct support workers had little or no prior experience in the field of behavioral health, yet they have helped some of our community's most complex youth live successfully in their community and overcome significant challenges and risk factors.

On the other hand, the lack of traditional formal training also presents challenges. For example, it is important that direct support workers understand basic theories of behavior, possess strong listening and communication skills, see the value of proper documentation, and recognize ethical obligations. However, many paraprofessionals and behavioral health technicians have little training and experience in these areas. What is more, direct support work usually occurs in homes and in the community rather than in an office, leaving the worker without immediate assistance or oversight. It thus is essential that agencies offer high-quality training and supervision to direct support workers, in order to ensure that they are properly prepared to meet the challenges that are inherent in their jobs.

## Licensed Mental Health Professionals and Direct Support

Licensed mental health professionals play several critical roles in community-based direct support. First, although somewhat of an anomaly, a masters-level, licensed clinician can be one of the most effective direct support workers in a system of care, especially when paired with a community-based, support-driven approach to helping others. Such employees are often the products of established systems of care, where community-based work is an expected practice, or they emerge from schools of social work or community health, where a belief in working in homes and communities comes more naturally. Unfortunately, many fee-for-service



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reimbursement schedules are based on the type of service (counseling as opposed to skills training, for example) rather than on the qualifications of the person providing the service. This provides a disincentive to agencies to use masters-level professionals for many direct support roles. In systems where direct support thrives, agencies are paid nearly the same rate for services by a licensed masters-level worker, regardless of whether the unit of service involves therapy, respite or any other service. Configuring rates in this progressive manner allows willing clinicians to provide services in any manner most likely to help a family, including direct support when needed.

Separate from direct service provision, licensed clinicians may be a valuable part of direct support programs by contributing clinical supervision and guidance for the workforce. As mentioned previously, direct support services are often provided by individuals with little formal training and experience. These workers benefit tremendously from consistent and frequent supervision. In providing clinical supervision, it is imperative that the clinician understand and emulate the principles and values of community-based care and direct support services. Perhaps no other position has more influence on the work performed by frontline staff. A clinician who is not aligned with the values of community-based work may contradict and render ineffective even the finest training program. It is thus essential to carefully select, train, and supervise licensed clinicians who take on supervisory or administrative roles in a direct support program.

## Positive Behavior Support

Positive Behavior Support (PBS) is a strengths-based, non-coercive approach to behavioral intervention that is the foundation of effective direct support work in children's mental health.[1] This positive approach is consistent with system of care values, but is very different from the deficit-based approaches that predominate in traditional mental healthcare. Many agencies offering home-based services and behavior coaching use deficit-based approaches as the default operating modality. As a community moves toward becoming a true system of care, a significant amount of workforce and supervisor retraining may thus be necessary.

Positive Behavior Support works well with individuals for whom more traditional behavioral interventions have not been successful. Youth and

even adults with complex behavioral needs often reach a point where approaches such as timeout, removing privileges, and punishment are not successful. In some instances, not only are these approaches ineffective, they may make matters worse. This often results in a temptation to give up on the individual or to label the person as being unresponsive to help.

PBS uses a different approach to challenging behavior. It removes the coercive and punitive interventions and focuses on positive opportunities and choices. It is not possible to control the actions of others, and for individuals with complex behavioral needs, attempts to do so sometimes backfire. The success of Positive Behavior Support for youth with very complex needs is well documented as an alternative approach to traditional interventions.[1]

PBS focuses on preserving the respect and dignity of the individual and family, giving people real choices, improving quality of life, and creating opportunities to help people practice (rather than just talk about) being contributing members of society. PBS discourages and avoids punishment, behavior level systems, ultimatums, coercion, criticism, and making opportunities to participate in the community contingent on good behavior.

## Conclusion

While an abundance of research is available regarding the effectiveness of Positive Behavior Support for youth with complex needs, additional research is needed to explore how to optimize PBS-based direct support within systems of care. Important research questions include the following: What is the best way to balance and/or combine PBS-based direct support with traditional clinical services? Is there a particular benefit to using family members of children with behavioral health needs as providers of direct support services? Does family-led recruiting and hiring for direct support workers help improve the quality of the workforce?

Direct support services are a growing trend in the field of children's mental health, particularly in connection with the move toward Systems of Care. Direct support workers have an exciting opportunity to become involved in the growing trend of strength-focused, community-based work. This opportunity is available to individuals with little or no prior behavioral health experience and to licensed mental health professionals. Agencies that ground their direct support approach in the principles of Positive Behavior Support are more likely to experience successful outcomes for children and families with complex needs.

## Reference

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