Addressing Barriers to Learning

New ways to think . . .

Better ways to link

Volume 6, Number 4
Fall, 2001

Comprehensive & Multi-faceted Guidelines for Mental Health in Schools

Note: In June, 1999, our Center hosted a "mini-summit" to enhance initiatives specifically for mental health in schools. The event brought together leaders for an informal exchange on policy and infrastructure concerns. One of the recommendations was to find ways to expand and coalesce a policy leadership pool to focus specifically on mental health in schools. Pursuit of this recommendation led to establishment of the *Policy Leadership Cadre for Mental Health in Schools.*

Drawing on the varied and growing literature relevant to mental health in schools, one of the first tasks of the *Policy Leadership Cadre for Mental Health in Schools* was development of a field-defining document entitled *Mental Health in Schools: Guidelines, Models, Resources, & Policy Considerations*.* This timely work complements and enhances recent federal initiatives designed to advance the agenda for children's mental health. Of particular importance are the rationale and comprehensive and multifaceted guidelines that the Cadre delineates for mental health in schools.

As a general rationale for MH in schools, the Cadre begins with the view of the Carnegie Council Task Force on Education of Young Adolescents (1989) which states:

> *School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.*

It is, of course, not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily and students are to learn/ perform effectively. It has long been acknowledged that a variety of psychological and physical health problems affect learning in profound ways. Moreover, these problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure. Despite some reluctance, school policy makers have a long-history of trying to assist teachers in dealing with problems that interfere with school learning. Prominent examples are seen in the range of counseling, psychological, and social service programs schools provide. Similarly, policymakers in other arenas have focused on enhancing linkages between schools and community service agencies and other neighborhood resources. Paralleling these efforts is a natural interest in promoting healthy and productive citizens and workers. This is especially evident in initiatives for enhancing students' assets and resiliency and reducing risk factors through an emphasis on social-emotional learning and protective factors.

On the following two pages is an outline of the guidelines developed by the cadre. They represent a framework for designing comprehensive, multi-faceted, and cohesive approaches to MH in schools. (See the Cadre document for rationale statements and references related to each guideline.)

Clearly, no school currently offers the nature and scope of what is embodied in the outline. In a real sense, the guidelines define a vision for how MH in schools should be defined and implemented.

(cont. on page 2)

Inside

GUIDELINES FOR MENTAL HEALTH IN SCHOOLS

1. *General Domains for Intervention in Addressing Students' Mental Health*

1.1 Ensuring academic success and also promoting healthy cognitive, social, and emotional development and resilience (including promoting opportunities to enhance school performance and protective factors; fostering development of assets and general wellness; enhancing responsibility and integrity, self-efficacy, social and working relationships, self-evaluation and self-direction, personal safety and safe behavior, health maintenance, effective physical functioning, careers and life roles, creativity)
1.2 Addressing barriers to student learning and performance (including educational and psychosocial problems, external stressors, psychological disorders)
1.3 Providing social/emotional support for students, families, and staff

2. *Major Areas of Concern Related to Barriers to Student Learning*

2.1 Addressing common educational and psychosocial problems (e.g., learning problems; language difficulties; attention problems; school adjustment and other life transition problems; attendance problems and dropouts; social, interpersonal, and familial problems; conduct and behavior problems; delinquency and gang-related problems; anxiety problems; affect and mood problems; sexual and/or physical abuse; neglect; substance abuse; psychological reactions to physical status and sexual activity)
2.2 Countering external stressors (e.g., reactions to objective or perceived stress/demands/ crises/deficits at home, school, and in the neighborhood; inadequate basic resources such as food, clothing, and a sense of security; inadequate support systems; hostile and violent conditions)
2.3 Teaching, serving, and accommodating disorders/disabilities (e.g., Learning Disabilities; Attention Deficit Hyperactivity Disorder; School Phobia; Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; Post Traumatic Stress Disorder; Anorexia and Bulimia; special education designated disorders such as Emotional Disturbance and Developmental Disabilities)

3. *Type of Functions Provided related to Individuals, Groups, and Families*

3.1 Assessment for initial (first level) screening of problems, as well as for diagnosis and intervention planning (including a focus on needs and assets)
3.2 Referral, triage, and monitoring/management of care
3.3 Direct services and instruction (e.g., primary prevention programs, including enhancement of wellness through instruction, skills development, guidance counseling, advocacy, school-wide programs to foster safe and caring climates, and liaison connections between school and home; crisis intervention and assistance, including psychological first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer- term treatment, remediation, and rehabilitation)
3.4 Coordination, development, and leadership related to school-owned programs, services, resources, and systems – toward evolving a comprehensive, multifaceted, and integrated continuum of programs and services
3.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus
3.6 Enhancing connections with and involvement of home and community resources (including but not limited to community agencies)

(cont.)

Guidelines For Mental Health in Schools (cont.)

4. *Timing and Nature of Problem-Oriented Interventions*

4.1 Primary prevention
4.2 Intervening early after the onset of problems
4.3 Interventions for severe, pervasive, and/or chronic problems

5. *Assuring Quality of Intervention*

5.1 Systems and interventions are monitored and improved as necessary
5.2 Programs and services constitute a comprehensive, multifaceted continuum
5.3 Interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development
5.4 School-owned programs and services are coordinated and integrated
5.5 School-owned programs and services are connected to home & community resources
5.6 Programs and services are integrated with instructional and governance/management components at schools
5.7 Program/services are available, accessible, and attractive
5.8 Empirically-supported interventions are used when applicable
5.9 Differences among students/families are appropriately accounted for (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)
5.10 Legal considerations are appropriately accounted for (e.g., mandated services; mandated reporting and its consequences)
5.11 Ethical issues are appropriately accounted for (e.g., privacy & confidentiality; coercion)
5.12 Contexts for intervention are appropriate (e.g., office; clinic; classroom; home)

6. *Outcome Evaluation and Accountability*

6.1 Short-term outcome data
6.2 Long-term outcome data
6.3 Reporting to key stakeholders and using outcome data to enhance intervention quality

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The above guidelines are a work in progress. Feedback is welcome and, indeed, is essential to advancing the field. What the guidelines do is provide a focal point for clarifying the nature and scope of MH in schools. Moreover, they do so in a way that is a good match with the mission of schools. They do not suggest that schools should be in the mental health business, but rather indicate the many ways that a MH focus supports the school's mission. The shared intent is to ensure that every student has an equal opportunity to succeed at school by maximizing learning and well-being. More than good instruction is needed if this is to be achieved. Also required is development of comprehensive, multifaceted, and cohesive approaches that address MH and psychosocial concerns. Such approaches encompass efforts to weave together all activity dealing with MH and other barriers to learning, including initiatives for promoting and enhancing healthy development.

Those who mean to advance MH in schools must work to ensure their agenda is not seen as separate from a school's educational mission. That is, in terms of policy, practice, and research, all activity related to MH in schools, including the many categorical programs for designated problems, eventually must be embedded fully into school reform initiatives. This is the key to having the efforts viewed as essential to the learning and teaching agenda. It is also the key to ending the marginalization and fragmentation that currently characterizes most endeavors for addressing barriers to learning at schools.

*Policy Leadership Cadre for Mental Health in Schools *(2001). Mental Health in Schools: Guidelines, Models, Resources, & Policy Considerations.* Los Angeles: Center for Mental Health in Schools at UCLA. This document can be downloaded at http://smhp.psych.ucla.edu or a hardcopy can be ordered from the Center. Send feedback to the Center.

Center News

NEW GUIDEBOOK AND TOOL KIT

Sustaining School-Community Partnerships to Enhance Outcomes for Children and Youth

Focuses on sustaining collaborations and valued functions of new initiatives through integration into the fabric of ongoing support programs in schools and communities. The guide reflects the contribution of the Safe Schools/Healthy Students Action Center. Offers practical ideas for turning new programs into catalysts for system change. (Download a copy from our website)

Also available: a new brief on –

Early Education and School Readiness from the Perspective of Addressing Barriers to Learning

SCHOOL MH PRACTITIONER LISTSERV & CONSULTATION CADRE LISTSERV

These networking opportunities are growing rapidly. The weekly digest of requests and responses is proving to be a fine means for sharing common concerns and showcasing effective solutions. Requests are shared with our *Consultation Cadre* who add their wealth of experience and resources.

Join the Practitioner listserv or the Consultation Cadre. Email smhp@ucla.edu or send in the Response Form enclosed in this Newsletter.

LATEST TOPICAL *QUICK FINDS*

Easy to use, *Do-it-yourself technical assistance* – updated regularly. In one place, you will find Center created resources, online documents, internet connections to resource centers and agencies specializing in the topic, and a brief bibliography.

New topics include:

>Behavior and mass media
>Case management
>Children of alcoholics & sub. abuse
>Chronic illness: info and coping
>Domestic violence
>Homeless children & youth
>Juvenile justice and mental health
>Post traumatic stress
>Self-esteem
>Tolerance

EVALUATING CENTER IMPACT

We have done an initial impact study of the Center's training and TA activity. The report of this pilot effort is being shared broadly to elicit feedback on impact evaluation strategies. If you would like to join the discussion on how to evaluate a center's impact, contact us for a copy of the report.

Want resources? Need technical assistance?

Contact us at:
E-mail: **smhp@ucla.edu** Ph: **(310) 825-3634**
Write: Center for Mental Health in Schools
Department of Psychology, UCLA
Los Angeles, CA 90095-1563

Or use our website: **http://smhp.psych.ucla.edu**

If you're not receiving our monthly electronic newsletter (ENEWS), send an E-mail request to:
listserv@listserv.ucla.edu
leave the subject line blank, and in the body of the message type: **subscribe mentalhealth-L**

FOR THOSE WITHOUT INTERNET ACCESS, ALL RESOURCES ARE AVAILABLE BY CONTACTING THE CENTER.

Also, if you want to submit comments and info for us to circulate, use the insert form in this newsletter or contact us directly by mail, phone, E-mail, or the Net Exchange on our website.

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Sixth Law of Projects

Whether or not a program expands or contracts, administrative overhead increases.

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The easier it is to do, the harder it is to change.

Center Staff:
Howard Adelman, Co-Director
Linda Taylor, Co-Director
Perry Nelson, Coordinator
. . . and a host of graduate and undergraduate students

Do you know about . . .
Coping After Terrorism

"Nothing in life can prepare you for the horror of an act of terrorism that robs you of your sense of security ....Violent crime is an abnormal event, and terrorism is even more rare. ... It will help your recovery process if you do not expect too much of yourself and of others."

Intro to *Coping After Terrorism*

After the terrorist acts of September 11, the U.S. Department of Justice's Office for Victims of Crimes released a brief handbook for *Coping After Terrorism: A guide to healing and recovery*. This work is designed to help individuals understand their reactions to such horrendous events. The body of the document is reproduced below as a way of sharing this resource.

Reactions to a Traumatic Disaster

Shock and Numbness: At first you may be in a state of shock and may feel numb and confused. You also may feel detached-as if you were watching a movie or having a bad dream that will not end. This numbness protects you from feeling the full impact of what has happened all at once.

Intense Emotion: You may feel overpowered by sorrow and grief. As shock begins to wear off, it is not unusual to feel intense grief and cry uncontrollably. While some parts of our society frown on emotional behavior, this emotional release is an important part of grieving for most people. It is unhealthy to hold back or "swallow" your painful feelings and can actually make the grieving process last longer. If you are uncomfortable with these feelings, you may want to seek help from a counselor or minister or other victims who understand what you are going through.

Fear: You may feel intense fear and startle easily, become extremely anxious when you leave your home or are alone, or experience waves of panic. Someone you love has been suddenly and violently killed while going about his or her daily life. You had no time to prepare psychologically for such an incident, so you may feel intense anxiety and horror. You may be afraid that the terrorist will return and harm you or your loved ones again. Crime shatters normal feelings of security and trust and the sense of being able to control events. Once you have been harmed by crime, it is natural to be afraid and suspicious of others. These feelings will go away or lessen over time.

Guilt: Victims who were injured in the traumatic disaster want to understand why the crime happened, and families wonder why they lost a loved one. Some people find it easier to accept what happened if they can blame themselves in some way. This is a normal way of trying to once again feel a sense of control over their lives. Victims often feel guilt and regret for things they did or did not say or do and that they should have protected a loved one better or have done something to prevent his or her death. Survivors spend a lot of time thinking, "If only I had . . . ." This guilt does not make sense because the circumstances that lead to terrorism usually cannot be controlled and are hard to predict. Get rid of imagined guilt. You did the best you could at the time. If you are convinced that you made mistakes or have real guilt, consider professional or spiritual counseling. You will need to find a way to forgive yourself. Feelings of guilt can be made worse by people who point out what they would have done differently in the same situation. People who say such things are usually trying to convince themselves that such a tragedy could never happen to them.

Anger and Resentment: It is natural for you to be angry and outraged at the tragedy, the person or persons who caused the tragedy, or someone you believe could have prevented the crime. If a suspect is arrested, you might direct your anger toward that person. You may become angry with other family members, friends, doctors, police, prosecutors, God, or even yourself and may resent well-meaning people who say hurtful things and do not understand what you-as a victim-are going through.

Feelings of anger may be very intense, and the feelings may come and go. You also may daydream about revenge, which is normal and can be helpful in releasing rage and frustration.

Feelings of anger are a natural part of the recovery process. These feelings are not right or wrong; they are simply feelings. It is important to recognize the anger as real but to not use it as an excuse to abuse or hurt others. There are safe and healthy ways to express anger. Many people find that writing down their feelings, exercising, doing hard physical work, beating a pillow, or crying or screaming in privacy helps them release some of the anger. Ignoring feelings of anger and resentment may cause physical problems such as headaches, upset stomachs, and high blood pressure. Anger that goes on a long time may cover up other more painful feelings such as guilt, sadness, and depression.

Depression and Loneliness: Depression and loneliness are often a large part of trauma for victims. It may seem that these feelings will last forever. Trials are sometimes delayed for months and even years in our criminal justice system. Once the trial day comes, the trial and any media coverage means having to relive the events surrounding the traumatic disaster. Feelings of depression and loneliness are even stronger when a victim feels that no one understands. This is the reason a support group for victims is so important; support group members will truly understand such feelings.

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Victims of traumatic disaster may feel that it is too painful to keep living and may think of suicide. If these thoughts continue, you must find help. Danger signals to watch for include (1) thinking about suicide often, (2) being alone too much, (3) not being able to talk to other people about what you are feeling, (4) sudden changes in weight, (5) continued trouble sleeping, and (6) using too much alcohol or other drugs (including prescription drugs).

Isolation: You may feel that you are different from everyone else and that others have abandoned you. Terrorism is an abnormal and unthinkable act, and people are horrified by it. Injury by terrorism carries with it a stigma for the victim that can leave him or her feeling abandoned and ashamed. Other people may care but still find it hard or uncomfortable to be around you. You are a reminder that terrorism can happen to anyone. They also cannot understand why you feel and act the way you do because they have not gone through it.

Physical Symptoms of Distress: It is common to have headaches, fatigue, nausea, sleeplessness, loss of sexual feelings, and weight gain or loss after a traumatic event. Also, you may feel uncoordinated, experience lower back aches and chills/sweats, twitch/shake, and grind your teeth.

Panic: Feelings of panic are common and can be hard to cope with. You may feel like you are going crazy. Often, this feeling happens because disasters like terrorism seem unreal and incomprehensible. Your feelings of grief may be so strong and overwhelming that they frighten you. It can help a great deal to talk with other victims who have had similar feelings and truly understand what these feelings are all about.

Inability To Resume Normal Activity: You may find that you are unable to function the way you did before the act of terrorism and to return to even the simplest activities. It may be hard to think and plan, life may seem flat and empty, and the things that used to be enjoyable may now seem meaningless. You may not be able to laugh, and when you finally do, you may feel guilty. Tears come often and without warning. Mood swings, irritability, dreams, and flashbacks about the crime are common. These feelings may come several months after the disaster. Your friends and coworkers may not understand the grief that comes with this type of crime and the length of time you will need to recover. They may simply think it is time for you to put the disaster behind you and get on with normal life. Trust your own feelings and travel the hard road to recovery at your own pace.

Delayed Reaction: Some individuals will experience no immediate reaction. They may be energized by a stressful situation and not react until weeks or months later. This type of delayed reaction is not unusual and, if you begin to have some of the feelings previously discussed, you should consider talking with a professional counselor.

Practical Coping Ideas

Other victims and survivors of traumatic disasters who have been where you are have offered some practical suggestions of things you can do to help you cope and begin to heal:

- Remember to breathe. Sometimes when people are afraid or very upset, they stop breathing. When you are scared or upset, close your eyes and take deep, slow breaths until you calm down. Taking a walk or talking to a close friend can also help.

- Whenever possible, delay making any major decisions. You may think a big change will make you feel better, but it will not necessarily ease the pain. Give yourself time to get through the most hectic times and to adjust before making decisions that will affect the rest of your life.

- Simplify your life for a while. Make a list of the things you are responsible for, such as taking care of the kids, buying groceries, teaching Sunday school, or going to work. Then, look at your list and see which things are absolutely necessary. Is there anything you can put aside for a while? Are there things you can let go of completely?

- Take care of your mind and body. Eat healthy food. Exercise regularly, even if it is only a long walk every day. Exercise will help lift depression and help you sleep better, too. Massages can also help release tension and comfort you.

- Avoid using alcohol and other drugs. These substances may temporarily block the pain, but they will keep you from healing. You have to experience your feelings and look clearly at your life to recover from tragedy.

- Keep the phone number of a good friend nearby to call when you feel overwhelmed or have a panic attack.

- Talk to a counselor, clergy member, friend, family member, or other survivors about what happened. It is common to want to share your experience over and over again, and it can be helpful for you to do so.

- Begin to restore order in your world by reestablishing old routines at work, home, or school as much as possible. Stay busy with work that occupies your mind, but do not throw yourself into frantic activity.

- Ask questions. You may have concerns about what types of assistance are available, who will pay for your travel and other expenses, and other issues concerning compensation and insurance. Find out what will be expected of you in the days to come so you can plan ahead for any new or stressful circumstances.

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- Talk to your children, who are often the invisible victims, and make sure they are part of your reactions, activities, and plans. Involve them in funerals and memorials if they want to be involved.

- Organize and plan how you will deal with the media. It may be helpful to include family, friends, or other victims or survivors in your planning process. You do NOT have to speak to the media. It is up to you to decide how much, if any, involvement you will have with the media. Any contact should be on your terms.

- Seek the help of a reputable attorney if you think you need legal advice. Take time to make decisions about insurance settlements, legal actions, and other matters that have long-term consequences.

- Rely on people you trust. Seek information, advice, and help from them. Remember that although most people are honest and trustworthy, some unscrupulous individuals will try to take advantage of victims in the aftermath of a disaster.

- Avoid doing upsetting things right before bed if you are having trouble sleeping. Designate 30 minutes sometime earlier in the day as your "worry time." Do not go to bed before you are tired. Write down your fears and nightmares. Put on quiet music or relaxation tapes. If you still cannot sleep, do not get mad at yourself and worry about not getting sleep. You can still rest by lying quietly and listening to relaxing music or by reading a good book. If your sleeping problems continue, you may want to see your doctor.

- Find small ways to help others, as it will help ease your own suffering.

- Ask for help from family, friends, or professionals when you need it. Healing grief and loss is similar to healing your body after an illness or accident. just as there are doctors and nurses who are trained to help heal the body, there are professionals who are trained to help people recover from loss and cope with emotional pain.

- Think about the things that give you hope. Make a list of these things and turn to them on bad days.

It is important to remember that emotional pain is not endless. It does have limits. The pain will eventually ease, and the joys of life will return. There will be an ebb and flow to your grief. When it is there, let yourself feel it. When it is gone, let it go. You are not responsible or obligated to keep the pain alive. Smiles, laughter, and the ability to feel joy in the good things of life will return in time.

Victims are forever changed by the experience of terrorism. They realize that although things will never be the same, they can face life with new understanding and new meaning. Many things have been lost, but many things remain. Overcoming even the greatest tragedies is possible and can help bring about change and hope for others.

Finding Help

Whatever you are facing or feeling at the moment, it is important to remember that each person copes with tragedy in his or her own way. Trust your own feelings – that what you are feeling is what you need to feel and that it is normal. Do not act like things are fine when they are not. Healing begins by talking about what happened with people you trust, people who support you without being judgmental or giving unwanted advice about what you should do or how you should feel.

Most people find it helpful to talk with a professional counselor who has worked with other crime survivors. Sometimes just a few sessions with a trained counselor will help you resolve the anger, guilt, and despair that keep you from recovering. Also, talking with other victims of violent crime may help you feel better understood and less alone.

If you feel overwhelmed by your emotions and think you may hurt yourself or others, **immediately** ask for support and guidance from family, friends, a minister, or a professional counselor. For crisis counseling, contact the Office for Victims of Crime (OVC) Victim Assistance Center at 1-800-331-0075. In addition, contact OVC at 1-800-627-6872 for a list of the victim assistance programs it funds in your area. The same information is available on OVCs Web site at **www.ojp.usdoj.gov/ovc**.

For information about victim assistance, contact:

Office for Victims of Crime Assistance
1-800/331-0075 or TTY 1-800/833-6885

"Emotional pain is not endless.

It does have limits.

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and the joys of life will return."

Ideas into Practice
Making MOUs Meaningful

Efforts to address barriers to student learning (including mental health and psychosocial concerns) require the combined resources of schools and communities working together. This reality is reflected in a range of current initiatives across the country. Many of these are focused on fostering collaboration between schools and various community agencies. One result of all this activity has been the widespread use of Memoranda of Understanding (MOUs).

MOUs have become a staple of grant submissions because of the emphasis on integrated school-linked services and school-community "partnerships." Too often, such MOUs are no more than a piece of paper indicating that the signatories have agreed to work together. The details generally are not delineated adequately. The intent is mainly to satisfy the requirements of the granting agency. Indeed, the need to meet a submission date often precludes much discussion and negotiation and forces the parties to generate a superficial document.

In some cases, the parties go on to work out satisfying relationships (although rarely true partnerships). In other cases, the follow-through is more in form than substance, and the results are not highly productive. In almost all cases, the matter of sustainability beyond the grant period is not well-addressed, and it is common for the relationship to erode when the funding ends.

Progress in developing effective collaborations can be enhanced by investing greater time and effort in negotiating MOUs.

Initially Negotiating an MOU

Given a tight grant deadline, it is probable that schools and community agencies will find a way to develop and "sign off" on an MOU. Initial discussions tend to cover:

- statements of vision and shared mission
- the benefits and costs for each participant
- mutual responsibilities, roles, and functions for the initiative and for the additional activity required to implement it
- infrastructure mechanisms (e.g., for communication, problem solving, etc.)
- evaluation and accountability requirements

Limited time for discussion and negotiation usually results in commitments that are phrased in general terms (e.g., ways in which resources will be shared are not detailed). Such a document usually meets the minimal demands of the funding agency. However, it should be understood by the signatories that this initial MOU is a starting point for ongoing negotiations that are meant to delineate details and develop substantive and lasting partnerships.

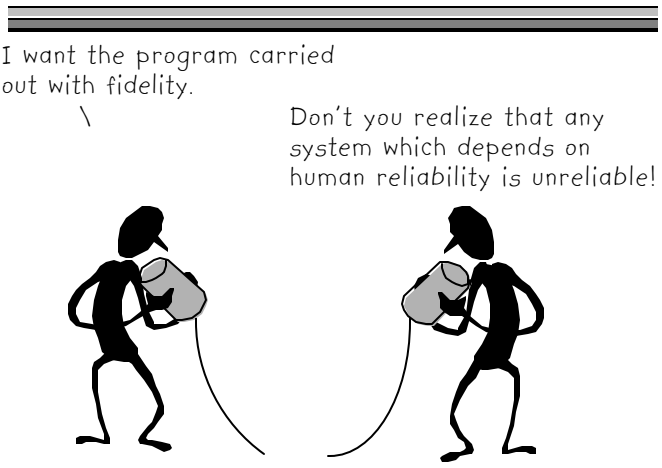
Ongoing Working Out of Agreements

Many of the problems experienced by collaboratives can be attributed to failure to carry out the type of work required for developing detailed agreements. Under ideal circumstances, most of the fundamental matters would be dealt with in the initial MOU. (See the outline on the following page which was designed for agreements related to establishing an Enabling or Learning Support Component.)

Among the matters that will need to be worked on are how the following functions will be addressed on an ongoing basis:

- building capacity (including reframing job roles and functions; infrastructure and stakeholder development related to new functions; orienting and bringing newcomers up to speed)
- mapping, analyzing, and (re)deploying existing resources (school and community)
- establishing priorities for enhancing existing activity and filling gaps
- developing standards, quality indicators, and benchmarks, and the processes for using them
- determining desirable policy modifications and systemic changes

Whatever the status of an initial MOU, all parties need to understand that ensuring sustainability of valued functions requires institutionalized systemic change. And, for many key facets of initial agreements to become formalized, they must be transformed into contractual arrangements.



Memorandum of Understanding for Establishing an Enabling (Learning Support) Component

This is an agreement among the following parties:

_____

_____

Purpose: This MOU is to delineate the process by which the above parties will collaborate in establishing and maintaining an Enabling (learning support) Component to address barriers to student learning and promote healthy development. (Attach a document delineating the nature and scope of such a component.)

Agreements: It is agreed that the following steps will be taken:

(1) Establishment of an onsite and an external ***change agent.***

The designated onsite person is _____.
(Attach the job description for that individual.)

The external person is _____.
(Attach the job description for that individual.)

(2) Establishment of a ***policy*** adopting and supporting an Enabling Component.

The policy will state that the above parties will develop and institutionalize an Enabling Component as part of the improvement plan for participating schools. It will also state that this Component will be treated as primary and essential in policy and daily practice.

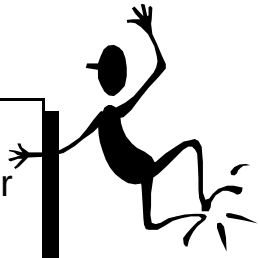
(3) The ***immediate functions*** in establishing the Component will be to initiate and build capacity of the school-based infrastructure for daily operation and ongoing development of the Component – in ways that ensure it is fully linked to the instructional and management/governance facets at a school. This will include:

- establishing a Component Steering Group
- establishing administrative and staff leads for the Component
- establishing a resource-oriented team and related work groups to build Component capacity
- mapping, analyzing, and (re)deploying school and community resources for the Component
- establishing priorities for Component enhancement and development (including filling gaps)
- developing Component standards, quality indicators and benchmarks for its development

(4) ***Financial/Resource agreements*****:** (Specify dollar amounts and other resources to be provided by each party; delineate any arrangements for braiding or blending resources; clarify steps to be taken to establish long-term funding as part of the ongoing budget of the collaborating parties)

(5) ***Time Frame:*** The terms of this MOU shall commence on _____ and shall extend through _____ and is renewable thereafter as agreed upon by the parties.

Lessons Learned
Bullying: a Major Barrier to Student Learning



Estimates indicate that as many as 8 percent of urban junior and senior high school students miss one day of school each month because they are afraid to attend.

Bullying is by far the biggest violence problem on many school campuses in many countries. As with other forms of violence, the conditions at school seem to play a role in minimizing or exacerbating bullying. Schools need to create caring, supportive, and safe environments and a sense of community in order to reduce violence and promote well-being.

Bullying is repeated harassment, abuse, oppression, or intimidation of another individual physically or psychologically. It can take the form of teasing, threatening, taunting, rejecting (socially isolating someone), hitting, stealing, and so forth. A bully is someone who engages in such acts fairly often. Bullies often claim they were provoked and appear to lack empathy for their victims.

Best estimates are that approximately 15% of students either bully or are bullied regularly. While more boys than girls are bullies, the problem is far from limited to males. Girls tend to use less direct strategies (e.g., spreading malicious rumors and shunning). Bullies may act alone or in groups.

Direct physical bullying is reported as decreasing with age (peaking in the middle school). Verbal abuse seems not to abate.

Understanding Why

There are many underlying factors that can lead to acting out or externalizing behavior. Those who bully tend to come from homes where problems are handled by physical punishment and physically striking out. This is frequently paired with caretaking that lacks warmth and empathy.

From a motivational perspective, the roots are in experiences that threaten one's feelings of competence, self-determination, or relatedness to others or that directly produce negative feelings about such matters.

What causes acting out behavior to take the form of bullying is unclear. As with many actions, the acts initially may be "modeled" and/or encouraged by significant others (e.g., imitating family members or peers).

Over time, it is likely that bullying behavior develops because the youngster (1) finds the aggression enhances feelings of competence, self-determination, or connection with valued others and (2) perceives the costs of bullying as less than the "benefits." Some bullies seem to use the behavior mostly as a reactive defense; others seem to find so much satisfaction in the behavior that it becomes a proactive way of life.

What to Do

Unfortunately, much of the current literature on interventions to address bullying focuses on the behavior, per se. Too little attention is paid to underlying causes. Relatedly, there is little discussion of different types of bullying. And, solutions are often narrow programs (usually emphasizing only skill development), rather than comprehensive approaches to prevention and intervention.

When different types of bullying are considered, it helps interveners to differentiate how best to approach the problem. In particular, understanding the causes of the behavior helps place discussion of social/prosocial skills in proper context. Such understanding underscores that in many cases the problem is not one of undeveloped skills, and thus, the solution in such instances is not simply skill training. Indeed, the central task confronting the intervener often is to address motivational considerations. This encompasses the underlying motivation for not using already developed skills and/or finding ways to enhance motivation for acquiring and practicing under-developed skills.

? For example, a considerable amount of the bullying at school is done by groups "ganging up" on students who are "different." In most cases, many of those doing the bullying wouldn't engage in this activity on their own, and most probably know and can demonstrate appropriate social skills in other situations.

In this example, the cause of the problem and thus the focus of intervention should be on the subgroup and school culture, rather than specific individuals. Current strategies encompass a range of human relations programs (including strategies to enhance motivation for resisting inappropriate peer pressure) and environment-oriented approaches (e.g., for creating a sense of community and caring culture in schools). Such interventions require broad-based

(cont. on page 11)

leadership on the part of staff and students. The essence of the work is to maximize inclusion of all students in the social support fabric of the school and, in the process, to minimize scapegoating and alienation. Program examples are readily accessible using the Center website's Quick Find; see topics such as "Conflict resolution in schools;" "Environments that support learning;" "Peer relationships;" "Prevention of social and MH problems."

? Other students may bully in an attempt to feel a degree of mastery and control over situations in which their sense of competence is threatened by daily academic failure. These students often are expressing frustration and anger at the broader system by targeting someone more vulnerable than themselves. It is not uncommon for such students to have the requisite social skills, but to manifest them only in the absence of threats to their sense of well-being.

Here, too, an understanding of cause helps interveners address the source of frustration – the factors causing academic failure. Approaches for addressing such factors in classrooms and schools are assembled under such Center Quick Find topics as: "Classroom Focused Enabling;" "Enabling Component;" "Mentoring;" "Motivation;" "Prevention for Students At-Risk;" "Resilience;" "Self-esteem;" "Youth Development."

? Some students do lack social awareness and skills and end up bullying others because they do not have the capabilities necessary for establishing positive peer relationships. Their problem often is compounded by the frustration and anger of not knowing alternatives. In such cases, probably any contemporary synthesis of social skills and any rigorous theory of moral development provide important insights and relevant frameworks to guide intervention. See our Quick Find on "Social Skills" and visit the Collaborative for Academic, Social, and Emotional Learning (www.casel.org) and review their publication entitled: "Promoting Social and Emotional Learning: Guidelines for Educators."

? A few other youngsters fall into a more proactive category of bullying. These are students whose behavior is not motivated by peer pressure and are not reacting to threats to their feelings of competence, self-determination, or connection to others. They are unmoved by efforts to create a caring community. Instead, they proactively, persistently, and chronically seek ways to intimidate others, apparently motivated by the "pleasure" they derive from their actions.

For approaches to the last two groups, see our Quick Finds: "Anger Management;" "Conduct Disorders;" "Emotionally Disturbed Children;" "Family Counseling;" and "Oppositional Defiant Disorder"

By now it should be evident that bullying is a complex and multi-determined phenomenon. As such, comprehensive, multifaceted, and integrated approaches are needed to address the problem. These can be built on the resources of the family, teachers and other school staff, and community support networks. The process begins by enhancing a caring and socially supportive climate throughout the school and in every classroom, as well as providing assistance to individual students and families.

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There is a great deal of information on empirically supported programs for bullying. For example, see the *Blueprints for Violence Prevention* at http://www.colorado.edu/cspv/blueprints/

For a quick look at a range of resources, see our website (http://smhp.psych.ucla.edu); go to "Quick Finds," find "Center Responses," scroll to: "Bullying;" "Hate Groups: Helping Students and Preventing Hate Crimes;" "Threat Assessment: Resources & Cautions;" and "Safe Schools and Violence Prevention." Each of these contains links to key references, empirically supported programs, and centers specializing in the topic and related topics.

In the Forward to the fourth (2001) edition of *Indicators of School Crime and Safety* http://www.ojp.usdoj.gov/bjs/pub/pdf/iscs01.pdf Gary Phillips (Acting Commissioner of Education Statistics) & Lawrence Greenfeld (Acting Director of the Bureau of Justice Statistics) state:

The safety of our students, teachers, and staff at school continues to be the focus of considerable national attention. National indicators affirm that the levels of crime in school have continued to decline, that acts that promote fear and detract from learning are decreasing, and that students feel more safe in school than they did a few years ago. Despite declining rates, students ages 12 through 18 were victims of about 2.5 million crimes of violence or theft at school in 1999. Violence, theft, bullying, drugs, and firearms still remain problems in many schools throughout the country and periodically the news headlines relate the details of a tragic event in a school somewhere in America.

> As the report stresses, the goal remains one of ensuring that schools are safe and secure places for all students, teachers, and staff members. "Without a safe learning environment, teachers cannot teach and students cannot learn."

Announcing a New Center Brief:

Early Education and School Readiness
from the Perspective of Addressing Barriers to Learning

The public is more interested and concerned about the linkage between early life experiences and future outcomes than ever before.
Cavanaugh, Lippitt, & Moyo (2000)
In *Off to a Good Start* (The Child MH Foundations & Agencies Network)

Over the past decade there has been renewed interest in facilitating early development and learning. Beside the normal tendency for us all to want our children to have a good start in life, three movements have stimulated formal interventions to ensure this happens. One push comes from interpretations of recent brain research that underscore how early experiences effect the developing brain. A second thrust arises from research showing positive outcomes of early interventions with children who have special needs. A third influence is filtering down from the school accountability movement and is pressuring kindergartens and preschools to focus greater efforts on reading readiness and cognitive functioning.

Renewed interest in early education and school readiness gives rise to opportunities not only to promote healthy development, but to address barriers to development and learning. To support efforts along these lines, the Center compiled an introductory packet in May 2001 entitled: *Early Development and Learning from the Perspective of Addressing Barriers* (downloadable from our website – http://smhp.psych.ucla.edu).

Given the many requests for the introductory packet, we have also prepared a brief to draw further attention to the need for approaching early education and school readiness from an addressing barriers orientation. This new document (also downloadable from our website) covers:

- the marginalization and fragmentation that characterizes early childhood policies and practices
- the need to approach school readiness in the context of efforts to expand school reform
- the comprehensive and multifaceted frameworks that should guide school readiness policy and practice.

Use the enclosed response form to ask for what you need and to give us feedback.
And, please send us information, ideas, and materials for the Clearinghouse.

School Mental Health Project/
Center for Mental Health in Schools
Department of Psychology, UCLA
Los Angeles, CA 90095-1563
PX-96

The Center for Mental Health in Schools is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project in the Dept. of Psychology , UCLA.

Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration. Co-funding comes from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Both HRSA and SAMHSA are agencies of the U.S. Dept. of Health and Human Services.

Response Form (Newsletter, Fall, 2001)

UCLA

(1) **Join the Practitioner Listserv**

The Center has launched a practitioners' listserv for those concerned with mental health in schools. This listserv networks those working at school sites (those who are school-employed and those mental health practitioners who work for community agencies at school sites). It also provides a link with the Center's ongoing technical assistance and the Consultation Cadre. It enables sharing, supports efforts to enhance school priorities for MH, provides mechanisms for addressing issues, etc.

If you or any colleagues want to be added to this electronic network, send us an email at smhp@ucla.edu or indicate below and Fax or mail back this form.

____ Please add me to the practitioner listserv

Also add the following individuals:

(2) Want to Join the ***Consultation Cadre***?
(See the Center Website for a description of this Group – http://smhp.psych.ucla.edu)

____ Please contact me about the Consultation Cadre

(3) If you have any resource requests, list them below.

(4) As always, we welcome your feedback on any facets of the Center's operations.

Your Name _____ Title _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone (____)_____ Fax (____)_____ E-Mail _____

Thanks for completing this form. Return it by FAX to (310) 206-8716 *or* in a separate envelope.

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