Addressing Barriers to Learning

New ways to think . . .

Better ways to link

There is no way to avoid the fact that better achievement and student well-being requires more than good instruction and well-managed classrooms and schools.

Mechanisms for Delivering MH in Schools

What does the term *mental health in schools* mean?

Ask five people and you'll probably get five different answers.

To establish greater clarity, the *Policy Leadership Cadre for Mental Health in Schools* is working on a document outlining guidelines, describing delivery mechanisms, and much more. A working draft of the document currently is circulating to elicit feedback; the following excerpts are included here as part of the process.*

Analyses of initiatives across the country suggest *five* delivery mechanisms are used to provide mental health programs/services in schools (see Exhibit on page 2). The mechanisms vary in format and differ in focus and comprehensiveness, but they are not necessarily mutually exclusive.

The focus may be primarily on treatment of MH and psychosocial problems, on prevention of such problems, or on promoting positive mental health (e.g., healthy social and emotional development). In terms of comprehensiveness, the emphasis may be mainly on providing and/or referring for clinical treatment. Or the intent may be to develop a full continuum of programs and services to promote positive development, prevent problems, respond as early-after-onset as is feasible, and offer treatment.

What follows is a brief discussion to clarify the major delivery mechanisms outlined on page 2.

School-Financed Student Support Services

Most school districts employ student support or "pupil services professionals," such as school psychologists, counselors, and social workers. These personnel perform services connected with MH and psychosocial problems (including related services designated for special education students). The format usually is a combination of centrally-based and school-based services.

Federal and state mandates and special projects tend to determine how many pupil services professionals are employed by a district. Governance of their daily practices commonly is centralized at the school district level. In addition to school psychologists, counselors, and social workers, other personnel such as school nurses and special education staff (e.g., resource teachers, specialists for rehabilitation and occupational therapy) play a role in addressing mental health and psychosocial problems. Moreover, these professionals often extend their impact through supervision of aids, paraprofessional, and volunteers working in schools (e.g., classrooms, playgrounds, office, after-school and enrichment programs).

Any of these personnel may be engaged in a wide array of MH related activity, including promotion of social and emotional development, direct services and referrals, outreach to families, and various forms of support for teachers and other school personnel. The focus may be on (1) prevention and prereferral interventions for mild problems, (2) programs aimed at reducing high frequency psychosocial problems,

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Delivery Mechanisms and Formats

The five mechanisms and related formats are:

I. *School-Financed Student Support Services* – Most school districts employ support service or "pupil services professionals," such as school psychologists, counselors, and social workers. These personnel perform services connected with mental health and psychosocial problems (including related services designated for special education students). The format for this delivery mechanism usually is a combination of centrally-based and school-based services.

II. *School-District MH Unit* – A few districts operate specific mental health units that encompass clinic facilities, as well as providing services and consultation to schools. Some others have started financing their own School-Based Health Centers with mental health services as a major element. The format for this mechanism tends to be centralized clinics with the capability for outreach to schools.

III. *Formal Connections with Community MH Services* – Increasingly, schools have developed connections with community agencies, often as the result of the school-based health center movement, school-linked services initiatives (e.g., full service schools, family resource centers), and efforts to develop systems of care (e.g., "wrap-around" services for those in special education). Four formats have emerged:

- C co-location of community agency personnel and services at schools – sometimes in the context of School-Based Health Centers partly financed by community health organizations
- C formal linkages with agencies to enhance access and service coordination for students and families at the agency, at a nearby satellite clinic, or in a school-based or linked family resource center
- C formal partnerships between a school district and community agencies to establish or expand school-based or linked facilities that include provision of MH services
- C contracting with community providers to provide needed student services

IV. *Classroom-Based Curriculum and Special "Pull Out" Interventions* – Most schools include in some facet of their curriculum a focus on enhancing social and emotional functioning. Specific instructional activities may be designed to promote healthy social and emotional development and/or prevent psychosocial problems such as behavior and emotional problems, school violence, and drug abuse. And, of course, special education classrooms always are supposed to have a constant focus on mental health concerns. Three formats have emerged:

- C integrated instruction as part of the regular classroom content and processes
- C specific curriculum or special intervention implemented by personnel specially trained to carry out the processes
- C curriculum approach is part of a multifaceted set of interventions designed to enhance positive development and prevent problems

V. *Comprehensive, Multifaceted, and Integrated Approaches* – A few school districts have begun the process of reconceptualizing their piecemeal and fragmented approaches to addressing barriers that interfere with students having an equal opportunity to succeed at school. They are starting to restructure their student support services and weave them together with community resources and integrate all this with instructional efforts that effect healthy development. The intent is to develop a full continuum of programs and services encompassing efforts to promote positive development, prevent problems, respond as early-after-onset as is feasible, and offer treatment regimens. Mental health and psychosocial concerns are a major focus of the continuum of interventions. Efforts to move toward comprehensive, multifaceted approaches are likely to be enhanced by initiatives to integrate schools more fully into systems of care and the growing movement to create community schools. Three formats are emerging:

- C mechanisms to coordinate and integrate school and community services
- C initiatives to restructure support programs and services and integrate them into school reform agendas
- C community schools

Center News

Two *NEW* Important Resources

L *Mental Health in Schools: Guidelines, Models, Resources, & Policy Considerations*

The Policy Leadership Cadre for Mental Health in Schools, in conjunction with our Center, has produced a working draft of this field-defining document. The draft is being circulated widely for feedback. To review the work, go to our website (click on Contents, scroll down to Hosted Sites, click on Policy Leadership Cadre, open the document) or request a hardcopy from the Center.

L *Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom-Focused Enabling*

This continuing education package is meant to influence how a range of stakeholders understand the type of expanded approaches needed in classrooms to engage and reengage students who are not doing well. It is clear that teachers and others working in and with schools all recognize the limitations of current classroom approaches for such students, but there is not a pre or inservice curriculum to address the matter. This work is designed as a major step forward in filling this immense gap. The Center is circulating the working draft and its accompanying set of readings and tools for feedback.

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
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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, or E-mail.

New Center Reports

On our website for downloading in PDF format:
    (http://smhp.psych.ucla.edu –
         click on *Center Materials*)

New Initiatives: Considerations Related to Planning, Implementing, Sustaining, and Going-to-Scale

Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together

Organization Facilitators: A Change Agent for Systemic School and Community Changes

To keep up with all our latest resources, see the *What's New?* page on the Center's website

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FOR THOSE WITHOUT INTERNET ACCESS, ALL RESOURCES ARE AVAILABLE BY CONTACTING THE CENTER.
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Latest Quick Finds on Specific Topics

The *Quick Find* search feature on our Website offers a fast and convenient source for technical assistance. Click on the *Quick Find* icon on the home page to search for specific topics and access selected resource materials from our clearinghouse and to link to other relevant publications, agencies, and websites on the Internet.

New topics added recently include:

- Empirical/Evidence Based Interventions for Children's Mental Health
- Technology and Schools
- Mentoring
- Tutoring
- Dropouts
- Sustainability
- Youth Development,
- Resiliency/Assets
- Volunteers in Schools
- Staff/Counselor Burnout

Looking for Grants?

Go to the What's New? page on our website, scroll to New Materials, find *Surfin' for Funds.*

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

Commentary — *Improving How Schools Address Barriers to Learning*

Schools are easy targets for critics. It is evident that many youngsters are not doing well in school. This effects their immediate and future well-being. Why is this happening? It is compelling to see the fault entirely in the educational system. But school failure is a complex phenomenon. Its causes are multi-determined; its solutions must be multi-faceted.

For many youngsters, their learning, behavior, and emotional problems are rooted in socioeconomic inequities that affect readiness to learn at school, as well as the quality of schools and schooling. Moreover, some students have difficulty because of unaccommodated disabilities, vulnerabilities, and common developmental differences.

If our society truly means to provide the opportunity for all youngsters to succeed at school, fundamental changes are needed so that teachers can personalize instruction and schools can address barriers to learning. Policy makers can call for higher standards and greater accountability, improved curricula and instruction, increased discipline, reduced school violence, and on and on. None of it means much if the reforms enacted do not ultimately result in substantive changes in the classroom and throughout a school site.

Current moves to decentralize control may or may not result in the necessary transformation of schools and schooling. Such changes *do* provide opportunities to reorient from "district-centric" planning and resource allocation. For too long there has been a terrible disconnect between central office policy and operations and the development of programs and services in classrooms and schools. The time is opportune for the needs of schools and classrooms to truly become the focal point for planning. That is, planning should begin with a clear image of what the classroom and school must do to teach all students effectively. Then, the focus should move to planning how a family of schools (e.g., a high school and its feeders) and the surrounding community can support each other's efforts and achieve economies of scale. With all this clearly in perspective, central staff and state and national policy can be reoriented to the role of developing the best ways to support local efforts *as defined locally.*

At the same time, it is essential not to create a new mythology suggesting that every classroom and school site is unique. There are fundamentals that permeate all efforts to improve schools and schooling and these should continue to guide policy, practice, and research.

For example:

C The curriculum in every classroom must include a major emphasis on acquisition of basic knowledge and skills. However, such basics must be understood to involve more than the three Rs and cognitive development. There are many important areas of human development and functioning, and each contains "basics" that individuals may need help in acquiring. Moreover, any individual may require special accommodation in any of these areas.

C Every classroom must address student motivation as an antecedent, process, and outcome concern.

C Special assistance must be *added* to instructional programs for certain individuals, but only after appropriate regular procedures for facilitating learning have been tried. Moreover, such procedures must build on strengths and not supplant a continuing emphasis on promoting healthy development.

C Beyond the classroom, schools need policy, leadership, and mechanisms for developing school-wide programs to address barriers to learning. Some work must be in partnership with other schools; some requires weaving school and community resources together. The aim is to evolve a comprehensive, multifaceted, and integrated continuum of programs/services ranging from primary prevention through early intervention to treatment of serious problems. Pioneer initiatives across the country suggest that at any school this requires programs to (a) enhance classrooms to enable learning, (b) provide support for transitions experienced by students and their families, (c) increase home involvement, (d) respond to and prevent crises, (e) offer special assistance to students and families, and (f) expand community involvement (including volunteers).

C Leaders for education reform at all levels are confronted with the need to foster effective scale-up of promising reforms. This encompasses a major research thrust to develop efficacious demonstrations and models for replicating new approaches.

C Relatedly, policy makers at all levels must revisit existing policy using the lens of addressing barriers to learning with the intent of both realigning existing policy to foster cohesive practices and enacting new policies to fill critical gaps.

Clearly, there is ample direction for improving how schools address barriers to learning. The time to do so is now. Unfortunately, too many school professionals and researchers are caught up in the day-by-day pressures of their current roles and functions. Everyone is so busy "doing" that there is no time to introduce better ways. One is reminded of Winnie-the-Pooh who was always going down the stairs, bump, bump, bump, on his head behind Christopher Robin. He thinks it is the only way to go down stairs. Still, he reasons, there might be a better way if only he could stop bumping long enough to figure it out.

and (3) strategies to meet the needs of severe and pervasive mental health problems.

While there is considerable day-to-day pressure for each school professional to work alone on a case-load, schools have increasingly created infrastructures to promote collaboration and cooperation. The most widely used is a case-focused team. This problem solving approach brings together support staff, teachers, and often family members and the student to discuss the student's problems and strengths, review effectiveness of past interventions, rethink strategies and feasible accommodations, and identify next steps. If problems are severe and pervasive, support staff may be involved in more formal assessment to see if a student qualifies for special education programs and/or other referrals. If special education is considered, an Individual Educational Program (IEP) team then determines whether the student meets criteria, and if the decision is yes, they work together with families to construct the specific plan. When related services, such as counseling are part of the IEP, these often are provided by support staff.

Most school districts distribute their pupil service personnel according to an established formula that results in assignment of an individual on a part time basis to multiple schools. Some schools supplement these allotments by using their budget allocation related to Title I or funds acquired through special project grants that allow for hiring additional support staff. Under this type of format, support personnel tend to pursue traditional roles and functions associated with their field of specialization and the mandates delineated in the categorical funding that provides their salaries. The result is piecemeal and fragmented activity that has not had a sufficient impact on the major problems students and schools are experiencing.

Some places have experimented with alternative ways to allocate student support service resources. For example, the *Denver Public Schools* designed a process whereby District coordinators inform each school of the total amount of support service time/salary they can have. A menu of options describes "non-traditional use of Specialized Services staff." This involves detailing skills that could be carried out by any support staff member (e.g., nurses, social workers, psychologists) and the skills that are unique to each profession (either due to mandate or specialized training). Schools and clusters of schools then decide on the best combination of support staff based on the needs of their building or community. In the first year of the new process, 24 schools opted to combine services that traditionally had been the responsibility of one professional and thus were able to have one support staff in their building for a greater amount of time.

Formal Connections with Community

School-District Mental Health Unit

The organization of mental health personnel in most school districts tends to be by profession (e.g., school psychology unit, counseling unit). In a few districts, a multidisciplinary unit operates from centralized locations and provides intensive interventions for students and families to address a range of MH and psychosocial concerns. This is particularly the case where organized school MH units are in operation. In such units and centers, there may be social workers, school psychologists, psychiatric nurses, psychiatrists, and clinical psychologists. The format for this delivery mechanism tends to be centralized clinics that are able to outreach and provide school staff with direct services and consultation. Where districts are taking the lead in establishing and financing school-based health centers, the trend is for such centers to incorporate the same type of functions pursued by clinics operated by school mental health units.

One example of a school district MH unit is in the *Memphis City School District.* This unit, in operation since 1969, is designed to integrate MH services. The staff are primarily school psychologists and social workers organized into teams. The unit offers a variety of clinical and consultation services in support of school programs. There are three satellite centers housing staff who rotate through each school in the district on a regular basis. Their primary functions are to offer psychological evaluations, counseling and therapy, abused/neglected children services, alcohol and drug abuse services, school based prevention efforts, homemaker services, staff development, parent study groups, and compliance/ reporting/record keeping.

Another example is in the *Los Angeles Unified School District* which has operated a School Mental Health Unit since 1945. The unit makes services available to the entire school population through school referrals to one of three clinics. Services include psychiatric and psychosocial assessments; individual, group, and family therapy; case manage- ment; crisis intervention; and program development and demonstration projects. The unit is staffed by psychiatric social workers, clinical psychologists, psychiatric nurses, and child psychiatrists. There is close collaboration with school-based support service staff, and with teachers and administrators. The clinics are a site for research to move empirically supported treatments from laboratory to clinic settings. The unit has administrative responsibility for the training and operation of all district level crisis intervention teams. Through an interagency contract, the unit has become a MediCal Certified Child Psychiatry Outpatient Clinic and a Los Angeles County Dept. of Mental Health Contract Provider.

MH Services

Increasingly, schools have developed connections with community agencies, often as the result of the school-based health center movement, school-linked services initiatives (e.g., full service schools, family resource centers), and efforts to develop systems of care ("wrap-around" services for those in special education). Four formats have emerged:

    C co-location of community agency personnel and services at schools – sometimes in the context of School-Based Health Centers financed in part by community health organizations

    C formal linkages with agencies to enhance access and service coordination for students and families at the agency, at a nearby satellite clinic, or in a school-based or linked family resource center

    C formal partnerships between a school district and community agencies to establish or expand school-based or linked facilities that include provision of mental health services

    C contracting with community providers to offer mandated and designated student services

Exemplars of each of these approaches are included in the Policy Leadership Cadre's document.*

Whether initiated by the community or the school, this delivery mechanism is intended to increase access to MH services and, in some formats, to enhance coordination among services provided to students and their families. Some problems have arisen related to some formats. For example, the co-location approach often has produced a new form of fragmentation in which community personnel occupy space at a school but operate as a separate entity from school support programs and services. Another problem is that some policy makers have begun to view school-linked services as a less expensive way to provide mandated services, and this perspective is increasing policies for "contracting-out" services – thereby eliminating/ reducing pupil personnel positions.

Contracting-out is especially attractive to small school districts where pupil personnel are not available in sufficient numbers to meet the mandated needs. Other instances arise when district policy makers decide only to meet mandates and determine it is less expensive to contract with outside agencies. For example, while special education designated services, such as counseling, can be provided by school staff (e.g., school counselors, social workers, or psychologists), some school districts have begun to contract privately for the services. In some places, contract agency staff also link to schools as providers for the Early Periodic Screening, Diagnosis, and Treatment program. A broader example is seen in places where contract agencies provide a range of mental health services on school campuses for students designated as eligible by county mental health assessment. An unfortunate result of the way contracting-out policies have played out in some places has been to reduce the

overall amount of resources available to schools for addressing mental health and psychosocial concerns.

Classroom-Based Curriculum and Special "Pull Out" Interventions

Most schools include in some facet of the curriculum ways to enhance social and emotional functioning. Specific instructional activities may be designed to promote healthy social and emotional development and/or prevent psychosocial problems such as behavior and emotional problems, school violence, and drug abuse. And, of course, special education classrooms always are supposed to have a constant focus on mental health concerns. Three formats have emerged:

    C integrated instruction as part of the regular classroom content and processes

    C specific curriculum or special intervention implemented by personnel trained to carry out the processes

    C a curriculum approach that is part of a multi-faceted set of interventions designed to enhance positive development and prevent problems

Mental health in schools reaches into the classroom through general instructional processes and special assistance strategies. Teachers who are sensitive to the importance of promoting social and emotional development can integrate such a focus seamlessly into their daily interactions with students. This may or may not include devoting part of the day to teaching a curriculum designed to foster relevant knowledge, skills, and attitudes. In some instances, other personnel come to the classroom or take students to another site in the school to teach such a curriculum or to involve students in special interventions designed to address specific problems. Because of the limited impact on problem behavior of only pursuing a curriculum, there has been constant advocacy for weaving classroom programs into multifaceted strategies.

The type of focus that can be integrated into the classroom is seen in the core framework of social and emotional competencies delineated by the consortium funded by the W.T. Grant Foundation. This framework can be used by school staff as guidelines for promoting healthy social and emotional development throughout the school day. (See W.T. Grant Consortium on the School-Based Promotion of Social Competence [1992]. Drug and alcohol prevention curriculum. In J.D. Hawkins, et al. [Eds.], *Communities that care*. San Francisco: Jossey-Bass.)

There are many examples of specific curriculum. For instance, *Promoting Alternative Thinking Strategies* (PATHS) is a prominently used curriculum developed by Mark Greenberg and his colleagues. It is designed to promote emotional and social competence, reduce aggression and behavior problems, and enhance the classroom educational process. It can be used by educators and counselors as a multi-year, universal prevention approach. The curriculum provides systematic, developmentally-based lessons, materials, and instructions for teaching students emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem solving skills.

The *Social Competence Promotion Program* is a structured curriculum, developed by Roger Weissberg and his colleagues. It focuses on general skill training with domain-specific instruction. The curriculum has units on stress management, self-esteem, problem solving skills, substance and health information, assertiveness training, and social networks. It is designed to enhance protective factors by teaching conflict resolution and impulse control.

An example of a special intervention is the *Primary Mental Health Project's* strategy. Developed by Emory Cowen and his colleagues and operating under various names (e.g., the Primary Intervention Program, Early Mental Health Initiative), this intervention focuses on young children with school adjustment problems such as shyness, aggression, or inattentiveness. A specially trained paraprofessional takes a child out of the classroom into a specially designed "play" room and uses play techniques and reflective listening to help the youngster enhance coping skills.

An example of a curriculum approach that is part of a multifaceted set of interventions is the *Seattle Social Development Project*. This universal, multidimensional intervention was developed by J. David Hawkins and Richard Catalano and their colleagues. It is designed to increase prosocial bonds, strengthen attachment and commitment to schools, and decrease delinquency. Teachers learn to emphasize proactive classroom management, interactive teaching, and cooperative learning – allowing students to work in small, hetero-geneous groups to increase their social skills and contact with prosocial peers. Sessions encourage parents to improve communication between them-selves, teachers, and students; create positive home learning environments; help their children develop academic skills, and support their academic progress.

Another example of a school-wide approach is *Project ACHIEVE* developed by Howard Knoff and George Batsche. It focuses on problem-solving, social skills, anger management, effective teaching, curriculum based assessment, parent education, academics, and organizational planning, development, and evaluation.

Comprehensive, Multifaceted, and Integrated Approaches

A few school districts have begun the process of reconceptualizing their piecemeal and fragmented approaches to addressing barriers that interfere with students having an equal opportunity to succeed at school. They are starting to restructure their student support services and weave them together with community resources and integrate all this with instructional efforts that effect healthy development. The intent is to develop a full continuum of programs and services encompassing efforts to promote positive development, prevent problems, respond as early-after-onset as is feasible, and offer treatment regimens. Mental health and psychosocial concerns are a major focus of the continuum of interventions. Efforts to move toward comprehensive, multifaceted approaches are likely to be enhanced by initiatives to integrate schools more fully into systems of care and the growing movement to create community schools. Three formats are emerging:

- C mechanisms to coordinate and integrate school and community services

- C initiatives to restructure student support programs and services and integrate them into school reform agendas

- C community schools

Around the country, a few pioneering initiatives are coming to grips with the realities involved in addressing barriers to student learning and promoting healthy development. In doing so, they are taking advantage of existing opportunities to use categorical funds flexibly and to request wavers from regulatory restrictions. They also are using specialized personnel and other resources in increasingly cross-disciplinary and collaborative ways.

By moving toward comprehensive, multifaceted, and integrated approaches, these initiatives have started to redefine their relationship to school reform movements in order to end the marginalization of education support programs and services. For example, some approaches are conceived in terms of being an essential component of school reform and are calling on policy makers to recognize them as such. Moreover, they are demonstrating the reality of this position. Exemplars have been developed that explicitly expand school reform policy and practices beyond the prevailing limited perspective on restructuring instructional and management functions. These demonstrations address barriers to student learning as a third set of primary and essential functions for enabling students to have an equal opportunity for success at school.

Systems of Care. One of the most extensive efforts to coordinate and integrate school and community services is seen in efforts to establish *Systems of Care.* In states and localities across the nation, this initiative focuses on developing systems to coordinate and integrate mental health and related services and supports designed to help a child or adolescent with serious emotional disturbances. Local public and private organizations work in teams to plan and implement a tailored set of services for each individual child's physical, emotional, social, education, and family needs. Teams include family members and advocates and may include representatives from mental health, health, education, child welfare, juvenile justice, vocational counseling, recreation, substance abuse. The range of services may include case management, community-based in-patient psychiatric care, counseling, crisis residential care, crisis outreach teams, day treatment, education/special education services, family support, health services, independent living supports, intensive family-based counseling, legal services, protection and advocacy, psychiatric consultation, recreation therapy, residential treatment, respite care, self-help support groups, therapeutic foster care, transportation, tutoring, and vocational counseling. A case manager facilitates the individualized treatment plan.

A few pioneering efforts are underway to restructure student supports and integrate them with school reform. For example:

New American Schools' Urban Learning Center Model. This is one of the comprehensive school reform designs federal legislation encourages school to adopt. It incorporates a comprehensive, multifaceted, and integrated approach to addressing barriers to learning as a third component of school reform – equal to the instructional and governance components. This third enabling component is called "Learning Supports." In addition to focusing on addressing barriers to learning, there is a strong emphasis on facilitating healthy development, positive behavior and asset-building as the best way to prevent problems. There is a major emphasis on weaving together what is available at a school, expanding these resources through integrating school/community/home resources, and enhancing access to community resources through formal linkages. A key operational infrastructure mechanism is a resource-oriented team that clarifies resources and their best use. The elements of the learning supports component at each school involve: classroom-focused enabling to ensure a potent focus on commonplace behavior, learning, and emotional problems, support for transitions, crisis assistance and prevention, home involvement in schooling, student and family assistance, and community outreach for involvement and support.

Hawai'i's Comprehensive Student Support System. This is the umbrella concept under which the state's Dept. of Education is developing a continuum of programs/services to support a school's academic, social, emotional, and physical environments so that all students learn. The system provides five levels of student support: basic support for all students, informal additional support through collaboration, services through school-level and community programs, specialized services from the

Department of Education and/or other agencies, and intensive and multiple agency services. The aim is to align programs and services in a responsive manner to create a caring community. Key elements of the program include personalized classroom climate and differentiated classroom practices, prevention/early intervention, family involvement, support for transitions, community outreach and support, and specialized assistance and crisis/emergency support and follow through. This range of proactive support requires teaming, organization and accountability. To help achieve all this, a cadre of school-based and complex-level Support Service Coordinators are being trained. (See discussion on page 12.)

Los Angeles Unified School District. Several years ago, the district formulated a *Strategic Plan for Restructuring of Student Health & Human Services.* The goals were to (1) increase effectiveness, and efficiency in providing learning supports to students and their families and (2) enhance partnerships with parents, schools, and community-based efforts to improve outcomes for youth. Building on the same body of work that was used in developing the Urban Learning Center model, the plan called for a major restructuring of school-owned pupil services in order to develop a comprehensive, multifaceted, and integrated "Learning Supports" component to address barriers to learning. Key operational infrastructure mechanisms are a school-based resource team and a cluster coordinating council that focuses on clarifying resources and their best use – all of which are concerned with developing the key elements of the learning supports component at each school. To facilitate restructuring, a cadre of change agents called Organization Facilitators was developed. The plan called for these change agents to assist in establishing the infrastructure at each school and for the high school feeder pattern with the aim of enhancing resource use, as well as integrating other resources from the community.

Community Schools. As exemplified by the Children's Aid Society, Community Schools in New York City is a partnership between the Children's Aid Society, the New York City Board of Education, the school district, and community based partners. The focus is on a model that is designed to help strengthen the educational process for teachers, parents, and students in a seamless way. The approach combines teaching and learning with the delivery of an array of social, health, child and youth development services that emphasizes community and parental involvement. Current demonstrations provide on-site child and family support services – from health-care clinics and counseling to recreation, extended education, early childhood programs, job training, immigration services, parenting programs and emergency assistance.

*For more, see http://smhp.psych.ucla.edu – go to Contents, scroll to Policy Leadership Cadre for MH in Schools, click, and then access the document *Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations.*

A Few Compilations of Practices

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Father
(in a helpful tone):

James, don't forget that 4 o'clock is homework time

O.K., but if I don't remember, go ahead without me!
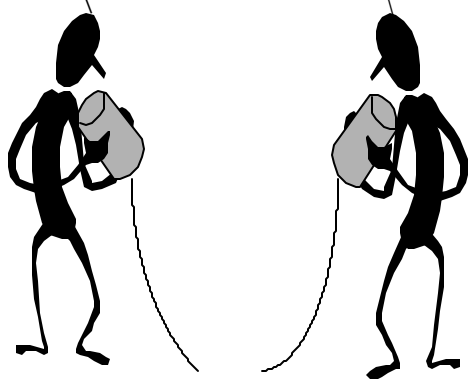
High Stakes Testing, MH, and Barriers to Learning

Those concerned about MH and addressing barriers to learning must focus on how to counteract the negative effects of high stakes testing. Of particular concern are the problems some students (and staff) are having coping with the increasing pressure to perform. In some school settings this is a significant problem for many, and schools have the responsibility to address the matter as an additional barrier to learning for those students affected.

It should be anticipated that the problems of students who will do poorly when tested will be exacerbated. Those who face retention or face the likelihood of not qualifying for graduation need more than additional academic support. Without appropriate attention to the social and emotional consequences, the long-term problem is that we are likely to lose many students and teachers. The correlation between high stakes testing and student dropout rates is worrisome: graduation tests are used in nine of the 10 states with the highest dropout rates and are not in use in the ten states with the highest graduation rates. And, with so many teachers leaving the field, we need to consider the likelihood that using high stakes testing as the primary accountability measure may be making a bad situation worse.

10

Support for Transitions: Articulation Programs

*S*tudents and their families are involved in important transitions every day and throughout the years of schooling. It has taken a long time for schools to face up to the necessity of establishing a full range of transition programs. A good beginning has been made, but there is much more to do. (See Center's Quick Find on *Transition Programs*.)

Interventions to enable successful transitions clearly make a significant difference in how motivationally ready and able youngsters are to benefit from schooling. For example, available evidence supports the positive impact of early childhood programs in preparing young children for school; before-and after-school programs help keep kids safe and steer them away from crime; welcoming and social support programs facilitate the assimilation of newcomers to a school; transition interventions allow students to smoothly use special education programs and are essential for the success of inclusionary policies.

As the end of a school year approaches, a major mental health concern is how well schools will support the transition of students to the next grade or from elementary to middle school and from middle to high school. Although many students make such transitions with little apparent difficulty, it is evident that significant numbers do not. Any youngster may experience academic, social, and emotional challenges in negotiating the move to the next level. Dropouts (pushouts?) occur with too great a frequency between middle and high school and even between elementary and middle school. The problem calls for well-designed transition interventions – usually called articulation programs.

Key Elements

What are the key elements of an articulation program? Some are designed for all students; others target those seen as likely to have difficulty making the transition. Some are designed for a relatively short period just before the transition (e.g., 1-2 weeks). Others begin the process at mid year. A few continue the process into the new setting. All approaches involve some form of activity to reduce anxiety by addressing concerns and enhancing ability.

Attention is given to:

C providing information and transition counseling, including making orientation and "warm-up" visits when feasible;

C teaching "survival" skills;

C training and helping teachers and support staff identify potential transition problems quickly and redesign classroom and school-wide transition tasks so they are not barriers;

C ensuring social support, such as student-to-student and family-to-family "buddy" programs; (This may involve linking students who are making the transition and/or, in the case of transitions to middle or high school, providing an older peer buddy in the new setting. Also, for middle and high school transitions, homerooms have been used to provide support networks and supportive guidance and counseling.)

C ensuring the family is prepared to provide transition support for the student – including seeking assistance as soon as there is an indication that the transition is a problem.

An even broader approach involves working on the whole school environment to make it more welcoming, caring, and supportive of all newcomers and especially those who are having difficulty.

Finally, some efforts focus on priming new settings to accommodate the needs of specific students and monitoring transitions to detect transition problems and then providing special assistance.

An Example

Over the years, a variety of projects have demonstrated the value of articulation programs. For example, in 1997, Sheets at al. reported on *Bridge,* a program designed to ease the transition between middle and high school. It is a one-semester program for all incoming ninth grade students, providing them with activities that promote academic achievement, responsibility, school spirit, fellowship, acceptance, and empowerment. Non-Bridge ninth graders had a 22% withdrawal rate from school (dropouts and transfers) while only 5% of Bridge ninth graders withdrew. Bridge students were disciplined less (22%) than controls (34%). As tenth graders, Bridge students averaged 75.8% of their grades above C (controls averaged 68% of grades above C).

See: Sheets, R.A., Izard-Baldwin, G., & Atterberry, P. (December, 1997). Bridge: A Program Designed to Ease the Transition from the Middle Level to the High School. *Bulletin, 81*(593). National Association of Secondary School Principals. For more info, contact gizard@cks.ssd.k12.wa.us.

Dilbert's Rules of Order

Needing someone is like needing a parachute. If they aren't there the first time, chances are you won't be needing them again.

Lessons Learned
About Talking *With* Kids

To help another, it is of great value and in many instances essential to know what the other is thinking and feeling. The most direct way to find this out is for the person to tell you. But, individuals probably won't tell you such things unless they think you will listen carefully. And the way to convince them of this is to listen carefully.

Of course, you won't always hear what you would like.

> Helper: *Well, Jose, how do you like school?*
> Jose: *Closed!*

In general, effective communication requires the ability to carry on a *productive dialogue*, that is, to talk with, not at, others. This begins with the ability to be an active (good) listener and to avoid prying and being judgmental. It also involves knowing when to share information and relate one's own experiences as appropriate and needed. The following are suggestions for engaging youngsters in productive dialogues.

I. Creating the Context for Dialogues

C Create a private space and a climate where the youngster can feel it is safe to talk.

C Clarify the value of keeping things confidential.

C Pursue dialogues when the time, location, and conditions are right.

C Utilize not just conferences and conversations, but interchanges when working together (e.g. exploring and sampling options for learning).

II. Establishing Credibility (as someone to whom it is worth talking)

C Respond with *empathy, warmth, and nurturance* (e.g., the ability to understand and appreciate what others are thinking and feeling, transmit a sense of liking, express appropriate reassurance and praise, minimize criticism and confrontation).

C Show *genuine regard and respect* (e.g., the ability to transmit real interest, acceptance, and validation of the other's feelings and to interact in a way that enables others to maintain a feeling of integrity and personal control.

C Use active and undistracted listening.

C Keep in mind that you want the student to *feel* more competent, self-determining, and related to you (and others) as a result of the interchange.

III. Facilitating Talk

C Avoid interruptions.

C Start slowly, avoid asking questions, and minimize pressure to talk (the emphasis should be more on conversation and less on questioning).

C Encourage the youngster to take the lead.

C Humor can open a dialogue; sarcasm usually has the opposite effect.

C Listen with interest.

C Convey the sense that you are providing an opportunity by extending an invitation to talk and avoiding the impression of another demanding situation (meeting them "where they are at" in terms of motivation and capability is critical in helping them develop positive attitudes and skills for oral communication).

C Build on a base of natural, informal inter-changes throughout the day.

C When questions are asked, the emphasis should be on open-ended rather than Yes/No questions.

C Appropriate self-disclosure by another can disinhibit a reluctant youngster.

C Pairing a reluctant youngster with a supportive peer or small group can help.

C Train and use others (aides, volunteers, peers) to (1) enter into productive (nonconfidential) dialogues that help clarify the youngster's perceptions and then (2) share the information with you in the best interests of helping.

C For youngsters who can't seem to convey their thoughts and feelings in words, their behavior often says a lot about their views; based on your observations and with the idea of opening a dialogue, you can share your perceptions and ask if you are right.

C Sometimes a list of items (e.g. things that they like/don't like to do at school/after school) can help elicit views and open up a dialogue.

C When youngsters have learning, behavior, and emotional problems, find as many ways as feasible to have positive interchanges with them and make positive contacts outweigh the negatives.

C ***Remember:*** Short periods of silence are part of the process and should be accommodated.

From Hawai'i's Student Support Services Branch Newsletter (Feb., 2001)

Geri Ichimura and Carrie Formway write: "'Work smarter, not harder' begins with the Comprehensive Student Support System (CSSS) *at the school level*. Schools must map their current resources, then work outward in search of appropriate supports to ensure every student will succeed – will achieve the Hawaii Content and Performance Standards and the Expected Schoolwide Learning Results. The Comprehensive Student Support System is a continuum of supports ranging from primary prevention through early intervention to treatment of serious problems by melding school, community, and home resources. Each school will have in place, as part of its School Implementation Design, programs to (1) enhance the ability of the classroom teacher and others to enable learning, (2) increase home involvement in schooling, (3) support for the many transitions experienced by students and their families, (4) expand community involvement (volunteers, agencies, etc.), (5) address concerns before they become impediments to learning, and (6) respond to and prevent crises. As each classroom curriculum expands beyond basic cognitive development (knowledge and skills) . . ., more students will find success; fewer will need to be referred for specialized support."

Caroline Wong writes: "A pivotal role in the success of a Comprehensive Student Support System is that of the Student Services Coordinator (SSC), a new position effective August 1999. [SSCs play a leadership role in school team development and facilitation and in the team's work related to resource coordination.] Because the SSC role requires interdisciplinary leadership and skills training to effectively coordinate a comprehensive, integrated approach that crosses many program areas, a Certificate Program for SSCs has been developed. [It encompasses] a series of five graduate level courses developed collaboratively [with the University of Hawai'i].

Please use the enclosed form to ask for what you need and to give us feedback.
Also, 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-68

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Feedback Form

(1) We are especially interested in feedback on the working drafts of the two new documents described on page 3 of the Newsletter. We need to hear from a wide range of stakeholders so that the final drafts will be of the greatest help to the field.

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

(3) 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 *or* by folding it in half to use the return address on the back as a mailing label.