School Practitioner Listserv

**A Weekly Community of Practice Network
for Sharing and Interchange**

Mental Health in Schools
UCLA
Center
Program and Policy Analysis*

March 24, 2014

**More Data for Making the Case for Student
and Learning Supports**

>**About Equity, Poverty, and Student/Learning Supports**

Featured Center Resource

>**Linking to key research findings to enhance practice**

More Data for Making the Case for Student and Learning Supports

>About Equity, Poverty, and Student/Learning Supports

Often when policy makers demand that work be "data driven" they are highly selective about the data they discuss. Usually the emphasis is only on outcomes and on the sparse set of data on interventions for which some evidence is touted. This leads to a fundamental *disconnect* between current school improvement policy and practice and data such as that cited in the latest policy reports referenced below.

Equity and Providing Opportunities for Every Student to Succeed

March 21, 2014 *News Release*

The U.S. Department of Education's Office for Civil Rights (OCR) released today the first comprehensive look at civil rights data from every public school in the country in nearly 15 years. The Civil Rights Data Collection (CRDC) from the 2011-12 school year was announced by U.S. Department of Education Secretary Arne Duncan and U.S. Attorney General Eric Holder.

This is the first time since 2000 that the Department has compiled data from all 97,000 of the nation's public schools and its 16,500 school districts—representing 49 million students. And for the first time ever, state-, district- and school-level information is accessible to the public in a searchable online database at crdc.ed.gov .

"This data collection shines a clear, unbiased light on places that are delivering on the promise of an equal education for every child and places where the largest gaps remain. In all, it is clear that the United States has a great distance to go to meet our goal of providing opportunities for every student to succeed," U.S. Secretary of Education Arne Duncan said. "As the President's education budget reflects in every element—from preschool funds to Pell Grants to Title I to special education funds—this administration is committed to ensuring equity of opportunity for all."

"This critical report shows that racial disparities in school discipline policies are not only well-documented among older students, but actually begin during preschool," said Attorney General Eric Holder. "Every data point represents a life impacted and a future potentially diverted or derailed. This Administration is moving aggressively to disrupt the school-to-prison pipeline in order to ensure that all of our young people have equal educational opportunities."

Data on racial disparities call for greater emphasis on student and learning supports!

Poverty and Mobility

Mar 4, 2014 From Reuters Health
Excerpt from *Moving out of poverty linked to kids' mental health*
http://www.reuters.com/article/2014/03/04/us-poverty-kids-idUSBREA2324J20140304

Moving out of impoverished neighborhoods has different effects on the mental health of boys compared to girls, and those repercussions need to be better understood before tinkering with housing policy, according to a new study.

Researchers found boys had higher rates of mental health problems years after their families got vouchers to move out of impoverished neighborhoods, compared to boys who didn't get assistance. On the other hand, moving out of high-poverty neighborhoods was linked to lower rates of depression and behavior problems among girls....

Between 1994 and 1998 the U.S. Department of Housing and Urban Development (HUD) implemented an experiment known as Moving to Opportunity, which recruited over 4,500 families with young children living in high-poverty areas. The families were randomized to either receive vouchers to move their family to less impoverished communities or to not receive any new assistance. An initial review of the children in the experiment four to seven years later found families that got vouchers moved to better neighborhoods. That review also found lower levels of stress and depression among the girls who moved with their families, but higher levels of behavior problems among the boys.

The new study followed up with 2,872 of those children 10 to 15 years after their families were first recruited for the experiment. Overall, results were similar to those in the earlier review. For example, about 7 percent of boys who received vouchers were depressed, compared to about 4 percent of those who didn't receive additional assistance. The boys whose families received vouchers were also more likely to have post traumatic stress disorder (PTSD) and behavioral problems than those in the comparison group. The rates of PTSD among boys in the study, about 4.4 percent, are similar to those found in studies of soldiers returning from combat, the researchers note. And risk for PTSD was more than three times higher among boys in the voucher group than in the comparison group boys. In contrast, about 7 percent of girls whose families received vouchers were depressed, versus about 11 percent in the comparison group. The girls who got vouchers were also less likely to have behavioral problems."

*Data on poverty call for greater emphasis
on student and learning supports!*

And Just Published:

Seeing Past the "Colorblind" Myth of Education Policy: Why Policymakers Should Address Racial/Ethnic Inequality and Support Culturally Diverse Schools (2014)
by Amy Stuart Wells
http://nepc.colorado.edu/publication/seeing-past-the-colorblind-myth

Demographic data call for greater emphasis on student and learning supports!
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Student and Learning Supports

March, 2014

Over the last 25 years, the fragmented nature of practices for supporting students has been the focus of many initiatives and policy reports. These have generated terms such as school linked services, integrated services, one stop shopping, wraparound services, seamless service delivery, coordinated school health, co location of services, integrated student supports, full service schools, systems of care, and more. Recent policy oriented reports have come from Child Trends using the term "Integrated Student Supports" and from the Association of Maternal & Child Health Programs (AMCHP) and the Lucile Packard Foundation for Children's Health focusing on "Systems of Care". Furthermore, the Centers for Disease Control and Prevention (CDC) has revamped their "Coordinated School Health Program". And on March 27, the *White House Initiative on Educational Excellence for Hispanics* will hold a National Forum on Integrated Student Supports.

All the activity related to "integrated student supports" underscores increasing interest in addressing barriers to learning and teaching and re-engaging disconnected students. However, the efforts continue to portray student and learning supports in too limited a way. In response, our Center at UCLA has prepared the following brief policy notes.

Integrated Student Supports and Equity: *What's Not Being Discussed?*
http://smhp.psych.ucla.edu/pdfdocs/integpolicy.pdf

Abstract

Connecting school, home, and community resources is essential to the well being of children and youth and to enhancing equity of opportunity for them to succeed at school and beyond. With this in mind, many initiatives and policy reports have focused on addressing the widespread fragmentation of supports for families and their children. Considerable policy emphasis has centered on the notion of integrated student supports. While most of the discussion of integrated student supports is well intentioned, the examples most frequently cited have little chance of enhancing equity of opportunity for students across the country. Moreover, as practiced, serious unintended negative consequences have been observed. This set of policy notes stresses the need and directions for moving forward.

As most of you know, the Center has many resources related to (a) understanding student learning, behavior, and emotional problems, (b) how to develop a comprehensive student and learning supports system, as well as (c) how to address specific concerns such as the significant student mobility problem cited above.

For example, see:

>*Determinants of Students' Problems* –
   http://smhp.psych.ucla.edu/pdfdocs/determinants.pdf

We find it useful for schools generally to adopt a developmentally-oriented, transactional paradigm of the determinants of student behavior. Such a model stresses that student problems can be grouped along a continuum. At one end are those for whom internal factors are the primary determinants of the behavior; at the other end are those for whom environmental factors are the primary determinants; and at each point along the continuum, there are those for whom some degree of transaction between internal and environmental factors determine the problem behavior.

>*System Change Toolkit – Transforming Student Supports into a Unified & Comprehensive System for Addressing Barriers to Learning and Teaching* –
   http://smhp.psych.ucla.edu/summit2002/resourceaids.htm

>*Transitions* – http://smhp.psych.ucla.edu/qf/p2101_01.htm

Listserv Participants: What's your experience in using data to make the case for enhancing student and learning supports? Send to ltaylor@ucla.edu

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Center Featured Resource
>Linking to key research findings to enhance practice

As we have above, our Center regularly highlights and provides links to data that have implications for policy and practice. We add such links to our Online Clearinghouse resources and highlight some in the Center's monthly ENEWS and in this weekly community of practice listserv.

Our intent is not only to present positive findings, but to emphasize major issues (see *Hot Issues* – http://smhp.psych.ucla.edu/hottopic.htm) and ethical concerns. For example, below are excerpts from a cautionary article about the negative impact of interventions. (All efforts public education and public health efforts to enhance student supports and well-being can have adverse effects; however, such data are under-reported, if reported at all.)

Adverse effects of public health interventions: A conceptual framework
   http://jech.bmj.com/content/68/3/288.full.pdf+html
Lorenc T, Oliver K. J. *Epidemiol. Community Health* 2014; 68(3): 288-290.

Excerpt:
   "...the possibility of adverse effects needs to be taken into account by those implementing and evaluating interventions.... Researchers in some subfields, such as suicide prevention have given sustained attention to the possibility of adverse

'iatrogenic' effects.... The aim of this paper is to illustrate five types of harms that may potentially be brought about by public health interventions in order to begin the process of formulating an analytical framework to understand harms. ...

>DIRECT HARMS – In some cases, desired health outcomes may have directly harmful effects, regardless of the content of the intervention targeting them. For example, ... programs to increase sports participation may increase injury risk. ...

> PSYCHOLOGICAL HARMS – A more indirect category of harms is the possibility of negative psychological impacts on individuals as a result of interventions. Perhaps, most obviously, some population screening programs may produce high numbers of false-positive results, potentially leading to substantial adverse effects in terms of psychological stress and unnecessary treatment; Some universal psychological interventions, such as ' debriefing ' after traumatic events, may have adverse mental health impacts....

>EQUITY HARMS – Interventions may create harm by worsening health inequalities. That is, some successful interventions may improve outcomes across the population, but exacerbate existing inequalities by benefiting privileged groups more than disadvantaged groups....

>GROUP AND SOCIAL HARMS – Group-based interventions may inadvertently create harms by singling out a particular subset of the population, or by the effects of bringing them together. A particular concern in the literature has been the so-called ' deviancy training' effect in group-based targeted interventions with young people for outcomes such as antisocial behavior or drug use. That is, group interventions may generate harms by facilitating social interaction between people who are already partially socialized into marginal or ' deviant ' norms, although the empirical evidence is mixed. Targeting particular groups or behaviors for intervention may contribute to stigmatizing them. This may operate at an individual level, for example, in interventions targeting obesity, or on a larger scale, where the targeting of social interventions at disadvantaged groups or areas may exacerbate the stigma experienced by their members or residents. It may also contribute to divisions between groups...

> OPPORTUNITY COST HARMS – A final category of potential harms relates to the opportunity costs of interventions, that is, the potential benefits which may be forgone as a result of committing resources to ineffective or less effective interventions, or to less serious public health problems....

CONCLUSIONS – Whether intended or unintended, direct or indirect, interventions of any kind are likely to have wider effects than usually acknowledged by evaluators. For ethical and methodological reasons, it is imperative that the harmful effects of interventions are considered, collected and if possible alleviated by evaluators and designers of interventions. ... Our framework suggests that many potential adverse effects may concern impacts which are diffuse and hard to measure— such as attitudes, emotional reactions, or social relationships or norms. ...   we would encourage researchers and practitioners to think as broadly as possible about the potential range of impacts before implementing or evaluating any intervention or policy...."

Please share relevant resources ideas, requests, comments, and experiences!

Send to ltaylor@ucla.edu

Note: Responses come only to the Center for Mental Health in Schools at UCLA for possible inclusion in the next week's message.

We also post a broad range of issues and responses to the *Net Exchange* on our website at http://smhp.psych.ucla.edu/newnetexchange.htm and to the *Facebook* site (which can be accessed from the Center's website homepage http://smhp.psych.ucla.edu/