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**School Practitioner  
Listserv**

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



**September 5, 2016**

**In the News**

**\*What do you think about the decision to assign no homework?**

**Requests from Colleagues**

**>What helps make inclusion successful?**

- Center Response
- Responses from Colleagues in the Field

**Invitation to Listserv Participants to Share Perspectives**

**Featured Set of Center Resources**

**>>Providing student and learning supports in classrooms**

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**Please forward this to a few colleagues you think might be interested.  
The more who join, the more we are likely to receive to share.**

**For those who have been forwarded this and want to be part of  
the weekly exchange, send an email to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)**

**For previous recent postings of this community of practice, see  
<http://smhp.psych.ucla.edu/practitioner.htm>**

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**Note: In keeping with the *National Initiative for Transforming Student & Learning Supports*,\* this is being sent to and forwarded by over 114,000 school and community stakeholders concerned about (1) daily matters confronting schools, (2) promoting whole child development and positive school climate, and (3) the transformation of student and learning supports.**

## In the News

### **What do you think about the decision to assign no homework?**

The letter about no homework sent to parents from a second-grade teacher in Texas went viral, and her decision is being widely discussed. Here's her reasoning:

*"After much research this summer, I am trying something new. Homework will only consist of work that your student did not finish during the school day. There will be no formally assigned homework this year. Research had been unable to prove that homework improves student performance. Rather, I ask that you spend your evenings doing things that are proven to correlate with student success. Eating dinner as a family, read together, play outside, and get your child to bed early."*

Excerpted from:

<http://www.csmonitor.com/USA/Education/2016/0823/Texas-teacher-ditches-homework-for-second-grade-class-Exception-or-trend>

Some time ago, we raised the topic of Homework and Mental Health as part of the *Hot Topic* feature on our website. See

[http://smhp.psych.ucla.edu/hottopic/hottopic\(homework\).htm](http://smhp.psych.ucla.edu/hottopic/hottopic(homework).htm)

**And let us know your views about all this. Send to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)**

And for more about homework, see our online clearinghouse Quick Find on the topic at <http://smhp.psych.ucla.edu/qf/qfhomework.htm>

**R** **Requests from colleagues:** We receive frequent requests about problems that arise when students with special needs are included in regular classrooms. A particular concern is that there are times when they may temporarily need an alternative, less stressful setting. A recent inquiry referred to such a setting as a "transition class" or a "withdrawal room" designed for a small number of students to use as needed throughout the day.

**C** **enter Response:** We know that the inclusion of students with special needs in regular classrooms continues to be a challenging change for schools and students and their families. We also know that successful inclusion involves enhancing student and learning supports in the classroom and school-wide. That is, inclusion planning needs to be embedded within a unified, comprehensive, and equitable system of student and learning supports. One facet of this is designated in the literature as providing a "flex room;" another related facet is a specified mental health focus in the IEP.

>Here is an excerpt from *The Flexroom: Supporting Inclusion and School Success* by Barry M. Prizant online at [http://barryprizant.com/wp-content/uploads/2015/07/asq24\\_flexroom\\_part\\_2\\_fall\\_2013.pdf](http://barryprizant.com/wp-content/uploads/2015/07/asq24_flexroom_part_2_fall_2013.pdf)

"... while it is laudable to include students in as many regular school activities as possible alongside their classmates, it has become abundantly clear that alternative environments also need to be available for many students when the 'flow of life' becomes over stimulating or stressful....

*Identify functions or purposes for the specific student.* Each student should have an individualized, designated plan for how to use the Flexroom under proactive and reactive circumstances. Proactive use involved following a plan to provide regular visits for special learning activities and to support a well regulated emotional state. Reactive use involves unplanned visits to the room when a student is feeling challenged and is experiencing considerable levels of emotional dysregulation which may result in problem behavior. ..."

>Here is an excerpt from one district description of a flexroom – see  
<http://www.presencelearning.com/creating-flexroom-students-autism-spectrum/>

"... This specialized resource room serves multiple grade levels. Each student is assigned to a full general education class schedule. Students move between the resource classroom and their general education classrooms depending on their needs and level of success. Some students may be assigned a specific class period to be in the resource classroom each day. Some students may move in and out of the resource room at different times as their level of need varies. Some students need to be in the resource room most of their day to work through behavioral and emotional issues that may be preventing them from being successful in the general education classroom. General education teachers will send the day's work to the resource room to be completed. The special education teacher will make arrangements with the general education teacher for students to meet with the general education teacher for additional instruction, lab opportunities, and so on. When the students are ready, they will transition back into general education classes. This resource room is the student's 'home base.' This is the safe place for a student to go and deal with frustrations and his or her emotions. The majority of behavioral issues are dealt with by the special education teacher and the student within the resource room, rarely requiring the administrator to get involved. This requires good communication and understanding between the administration and teachers to follow through with the student's behavior plan..."

**R**esponses from Colleagues in the Field: We shared the inquiry with a range of colleagues and here are two responses:

(1) *Re. another flex space at the school* "... consider researching classrooms in these settings:

- >Day Treatment programs
- >Fully self contained classrooms for social emotional and behavior disorders
- >Educational settings in residential treatment
- >And more generally trauma informed classrooms.

There is good information arising from the poverty literature. Also Diana Browning Wright has a lot of info at [pent.ca.gov](http://pent.ca.gov) on intensive behavior classrooms. Dr. Clay Cook worked with the boys town model and has consulted and maybe published on adaptations for special Ed classrooms. Dr. Will Dikel, psychiatrist from university of Minnesota has some good info out there as well."

(2) *Re. MH concerns*: "I can speak to some of the potholes in the road ahead better than what works best. Schools in the USA are fairly proud of being under the local control of the citizens. Certainly, there are state and national regulations, but even those give quite a bit of freedom to individual schools. A district with 10 elementary schools can easily have 10 different approaches to dealing with mental health issues.

The federal special education laws, which are often echoed at the state level, call for the school to do a complete evaluation of the student which results in a statement of 'present level of performance.' Based on that statement, students eligible for special education and related services are supposed to get an individualized action plan. Sounds good on paper.

Whether the school has trained mental health staff or not, the local employees draw on their own prior training and experience to create a treatment plan. There is a push to use 'evidence-based' treatments, but that doesn't stop people from using/recommending anything that comes to mind.

A major problem is lack of proper funding for mental health services. Due to limited funds, some schools really only worry about mental health for those students who are officially qualified for special education as a student with a serious emotional disability. There are

funds for special education, but probably none for prevention. As an example, I visited a middle school that was large enough that they could reasonably expect to have 4~6 students with a bipolar disorder in the building every day that would occasionally be very disruptive to the regular classroom. There was no time spent in planning to be ready for these students. If a student “blew up”, the student could be referred to the counseling center to sit until calm. (They usually did not go willingly.) But the counselors, who mostly counseled students on class schedules, were often out the of the counseling center to attend meetings, do lunch hall supervision, etc. The office was another option, but it was just a chair. If the student continued to be upset, the student was sent home. After about 3~4 repetitions of this, the family was advised to keep the student home. If that didn’t work, expulsion.

Even if you have therapeutic staff and a treatment plan, it is difficult to organize staff to follow the plan. I know of a student who had frequent migraines and needed a quiet, dark space to rest to prevent and recover from a headache. Several of the staff thought the student was malingering and would not follow the plan. Their approach was to yell at the student that he was not trying hard enough. It took the school about 4 months to develop the section 504 plan that they didn’t implement.

Implementing with integrity can be a problem even when a school is trying to do something in the area of prevention. I remember a well-researched prevention program that had several interlocking components. In the manual that came with the materials, it said do NOT use only one module and expect results. But implementing all the modules ‘took away from instruction time’, so several schools picked one and tried that.

Another pothole to avoid is the ‘to a hammer, everything looks like a nail’ syndrome. I’ve seen some classes specifically designed for students with emotional problems use one basic treatment technique for ALL students assigned to the class. Shy, withdrawn students would be placed with chair-throwers who took up all the staff time.

Finally, taking data on student progress can be difficult under the best of circumstances. Remember the student with the migraines? Even in a highly motivated family, recording the date, time, duration, and intensity of a headache got forgotten in the daily swirl of events. Proper services for all students is a very complicated issue. To do it well probably takes a strong, evidence-based approach, a lot of staff, coordination, and good data to guide mid-course corrections.”

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**Invitation to listserv participants:** *What’s your take on all this?*

*Any experiences related to flex classrooms?*

*Addressing MH concerns?*

Share lessons learned. Comments.

Recommendations? What’s happening locally?

Send your responses to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)

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## **F**eatured Set of Center Resources

**>Providing student and learning supports in classrooms**

For easy links to resources from our Center and from others, begin with the Center’s online clearinghouse Quick Find on *Classroom based learning supports* –

<http://smhp.psych.ucla.edu/qf/classenable.htm>

Here are a few of our Center resources you might find helpful

>Classroom based learning supports –

<http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/classroomsurvey.pdf>

>Enhancing Classroom Teachers' Capacity to Successfully Engage All Students in Learning: It's the Foundation of Learning Supports –  
<http://smhp.psych.ucla.edu/pdfdocs/enhanceteachers.pdf>

>Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom-Focused Enabling <http://smhp.psych.ucla.edu/pdfdocs/contedu/cfe.pdf>

- Module I provides a big picture framework for understanding barriers to learning and how school reforms need to expand in order to effectively address such barriers.
- Module II focuses on classroom practices to engage and re-engage students in classroom learning. Module III explores the roles teachers need to play in ensuring their school develops a comprehensive approach to addressing barriers to learning.

Also see the Quick Find for

>Special Education: IDEA, Accommodations, Inclusion –  
<http://smhp.psych.ucla.edu/qf/idea.htm>

And given the range of mental health concerns at schools, also browse the Quick Find menu for other more specific topics – <http://smhp.psych.ucla.edu/quicksearch.htm>

For quick access to some tools and aids, see the

>Practitioner and Professional Development: Virtual Toolbox for Mental Health in Schools  
<http://smhp.psych.ucla.edu/summit2002/toolbox.htm>

In approaching all these resources, remember that mental health is about promoting mental health and preventing problems as well as providing therapeutic responses when problems are noted.

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\*For information about the  
**National Initiative for Transforming Student and Learning Supports,**  
see  
<http://smhp.psych.ucla.edu/newinitiative.html>

And note that our new book detailing the prototypes and related resources is now in press.  
For a preview, contact [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu) .

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**THE MORE FOLKS SHARE, THE MORE USEFUL AND INTERESTING THIS COMMUNITY OF PRACTICE BECOMES!**

Send resources ideas, requests, comments, and experiences to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)

We 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 *Facebook* (access from the Center's home page <http://smhp.psych.ucla.edu/> )

*I'm thinking of suing the school for unfair practices.*

*Because you have a disability?*

*No, because the teacher gave him a "D"*

