



# School Practitioner Listserv



**25 years & counting**

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

**February 13, 2012**

**Requests from Colleagues:**

- >Resources for young children following a suicide of an older student
- >Vision for a school based counseling program

**Feedback from Colleagues:**

- >Placement and transition for students with emotional problems

**Featured Resource:**

- >Resources related to caution in cuts to learning support programs and staff

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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**  
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**Request #1:** "I am an Elementary Counselor in a rural district. We had a High School Senior commit suicide this week. So far the Elementary children are very quiet. It may be that families are trying to shield them, but we are still very concerned. We have found literature on older students, but almost nothing on either schools or parents dealing with this topic with younger children. About 50% of our families are eligible for free or reduced lunch. Many of our parents are not very articulate or even literate. It is a very caring community that survived a series of tragedies in the 90's within about three years. Two brothers died in separate car accidents, the football coach was murdered by a daughter's ex boyfriend, two cheerleaders were brutally murdered by a neighbor who committed suicide, a third girl suffering from survivors guilt died in a DWI and the 49 year old athletic director died of a heart attack the day before. Many of the parents of those students now have children in school, and may in fact be suffering from PTSD. Does your team have any suggestions?"

**Center Response:** So sorry to hear about the tragedies your community has experienced.

Here are some resources that might be useful

- (1) After a Suicide: – ways to deal with a tragic loss in a school community  
[www.sprc.org/library/AfteraSuicideToolkitforSchools.pdf](http://www.sprc.org/library/AfteraSuicideToolkitforSchools.pdf)

(2) *A Guide for Teachers about Grieving Students: what's your role as a teacher?*

[Http://www.nationalallianceforgrievingchildren.org/guide-teachers-about-grieving-students](http://www.nationalallianceforgrievingchildren.org/guide-teachers-about-grieving-students) -- from the National Alliance for Grieving Children

*Some topics addressed in this guide: Having a plan; Talking about the Death; Daily routine; Safe rooms; Supportive activities; Recommended Reading.*

Excerpt:

"When a death occurs in a community, parents and other adults have an opportunity to turn a tragedy into a learning experience. It is also an opportunity to become closer to the children and teens in your life.

As a role model, your ability to share and communicate openly empowers the children and teens around you to express their feelings more comfortably, and helps them to learn empathy and concern for others.

Give children and teens the facts in a simple, straightforward manner. If you don't have answers to certain questions, it's okay to say "I don't know the answer to that question, but I will try to find out. Ask them what they have heard or know. Ask if there are any words they don't understand.

Use direct, concrete language. Say the words that apply: "accident" "dead" "critical condition" "suicide" "survivor" or "victim".

*Summary:* Grieving students do not need for you to become an instant counselor. They do need for you to be there for them by letting them talk about their fears, concerns and feelings. They need to feel safe and not judged by peers or supervisors.

(3) Also see the UCLA Center online clearinghouse Quick Find on Suicide

Prevention – [http://smhp.psych.ucla.edu/qf/p3002\\_02.htm](http://smhp.psych.ucla.edu/qf/p3002_02.htm)

**Listserv Participants:** What would you recommend to assist this community, school district, students, family and staff? Let us know. [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)

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**Request #2.** “Do you have any articles or web-sites to recommend for developing an elementary school based counseling program. I’ve been asked what my ‘vision’ would be for a school based counseling program and would appreciate any guidance you could provide. I have some ideas, but would like to research more before I put in my proposal”

**Center Response:** Many influences are reshaping the work of school counselors and all other pupil services personnel. Besides changes called for by the growing knowledge based in various disciplines and fields of practice, initiatives to restructure education and community health and human services are creating new roles and functions. Clearly, pupil service personnel will continue to be needed to provide targeted direct assistance and support. At the same time, their roles as advocates, catalysts, brokers, and facilitators of systemic reform should expand so that they can engage in an increasingly wide array of activity to promote academic achievement and healthy development and address barriers to student learning. In doing so, they must be prepared to improve intervention outcomes by helping to develop a unified and comprehensive system of student and learning supports necessary for addressing the complex concerns confronting schools.

See:

*Reframing the Roles and Functions of Student Support Staff –*

<http://smhp.psych.ucla.edu/pdfdocs/studentssupport/toolkit/aide.pdf>

From our perspective, counseling programs and all other student and learning supports need to be embedded into a unified and comprehensive system for addressing barriers to learning and re-engaging disconnected students. To understand this perspective, see:

(1) *What is a Comprehensive Approach to Student Supports?*

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

**Excerpt:** Because of the relentless and increasing demands for school improvement, there is a continuing stream of proposals for how to move forward. Given the current difficulties confronting so many schools, more and more leaders are calling for a renewed focus on student/learning supports. This is seen in the growing number of statements related to the ESEA reauthorization calling for “a comprehensive approach” to supporting students (and their families).

Too often, however, what is being identified as comprehensive is not comprehensive enough, and generally the approach described is not about developing a system of supports but a proposal to enhance coordination of fragmented efforts. Many times the emphasis mainly is on health and social services, usually with the notion of connecting more community services to schools. In some instances, the focus expands to include a variety of piecemeal programs for safe and drug free schools, family assistance, after-school and summer programs, and so forth.

All these programs and services are relevant. But, most proposals to improve supports still fail to escape old ways of thinking about what schools need both in terms of content and process.

(2) *School Engagement, Disengagement, Learning Supports, & School Climate*

<http://smhp.psych.ucla.edu/pdfdocs/Newsletter/winter11.pdf>

**Excerpt:** Most policy makers and administrators know that by itself good instruction delivered by highly qualified teachers is not enough to ensure that all students have an equal opportunity to succeed at school. Schools continue to suffer from high dropout rates of students and staff, an achievement gap that resists closure, a high incidence of schools designated as low performing, and the tendency for achievement test score averages to plateau after a few years of gains.

(3) *Student and Learning Supports: Increasing Availability and Enhancing Student*

*Access and Use* <http://smhp.psych.ucla.edu/pdfdocs/mapping&use.pdf>

This documents present frameworks to guide realignment of resources for student and learning supports. The focus highlights steps related to (a) redeploying and braiding resources to increase what is available and (b) enhancing effective use of such supports by students.

**Listserv Participants:** What resources can you share related to a comprehensive vision for school counselors? Send to [ltaylor@ucla.edu](mailto:ltaylor@ucla.edu)

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## Feedback from Colleagues:

A colleague took the time to provide an extensive response to the various concerns that were raised about **placement and transition for students with emotional problems**

The concerns raised are highlighted in red:

**>I would like to see information on model school programs where schools have developed programs to educate students in permanent and or temporary situations. In other words, what really works, staffing needs, and instructional techniques?**

I know of districts that use behavior specialists or school psychologists who can implement FBA's (functional behavior analyses) or behavior charts that typically work, and coincide with the charts being similarly used at home so that the same language is used in both settings. Look into programs offered in school settings which are individualized support systems designed to meet the unique needs of students -- for example, students who may be transitioning back into high school from hospitalization, residential placement, intensive day treatment programs, drug and alcohol programs. It can be an in-school alternative that delivers a variety of support (academic and therapeutic) in order to help students be successful. The students, families and teachers all work closely together. Sometimes they are referred to as L.I.F.E. or AEP programs, but an easy internet search could find data on who is doing it, the structure of these types of programs, etc. Alternative high schools also tend to offer students a different setting and many offer team building, student-directed activities and regular education in a smaller learning environment. There is typically a central meeting area (like a living room) where students can come to eat their lunch or have a study hall where they get their work done. A staff member is always on duty (usually a sped ed teacher), but I always taught developmental guidance as a school counselor when I had a duty. I would also recommend that they investigate "small school design"

**>Should students with severe emotional/social and mental health issues be permanently educated in separate locations?**

This is very sensitive area as students with emotional disturbance also typically fall under Special Education and should be in regular education classrooms (least restrictive environment). However, going back to alternative programs above, perhaps the alternative high school is a better fit for these students. They would still have the advantage of regular and special education courses, but remain in that specialized (small) environment. Again, I don't know what they are doing. I do know that they can certainly look at the research on providing school clinics, however.. Could providing a clinic within the school be an option?

**>Should the above mentioned students be in settings where not much academic emphasis is going on because it has been determined that they are not stable enough to learn?**

Although, each program may be individualized, should students be in such settings for extended periods of time without receiving instruction that can lead to a high school diploma? It has been my experience that if they are not stable enough to learn, they are typically still in a treatment facility. When they are ready to enter the school environment again, they do so on a half-day basis, and have access to the LIFE program if it is in place.

Again, having access to the school clinic also seems appropriate.

**>Should school programs depend heavily on mental health arrests, calling in the police and threats to correct behavior? What about when students become violent, make threats and are generally out of control in the eyes of the faculty?**

I have experienced this with some of my students because the faculty were not equipped to handle or understand the reasons for the behaviors. One student tried to contain his anger by clenching his fists. The administrator felt that this was a threat gesture. It wasn't. It was how the boy coped with his anger. Now here is certainly an argument for implementing social and emotional learning and training everyone! But as you know, the immediate response for violent kids is to remove them from others nearby as a safety measure. I had students misbehaving at the high school level, I tried to prevent suspensions by having family-school-community meetings which involved an administrator, parents, teachers, psychologists, probation (if they were on probation) and we'd do a roundtable. It works. As do those behavioral plans. Incidentally, I ran across a book entitled *Evidence-Based School Mental Health Services* by Linda Macklem. It discusses using CBT techniques in schools. I've only briefly reviewed it. I am a fan of teaching CBT techniques to school personnel. This could be another resource you might recommend if you've seen it and like it.

**>How long should students be placed on a modified day or home instruction consisting of 2-3 hours of modified instruction? Should students in these situations, be given an opportunity to win their way back into a normal school day and school setting gradually?**

I am not opposed to this idea; we have had students sitting in "in-school suspension" (ISS) getting their work done without being documented as absent. However, there are Board policies in districts that indicate how long suspensions can occur. It's hard to get around that (mindset issue?). A three-day at home suspension results in parents picking up homework on a daily basis. In my experience, the district provided funding for in-home tutoring to students with life-threatening illnesses, hospitalizations, etc, but not for disciplinary issues.

**>What special training should staff receive before working with children who have mental health issues and or who may be emotionally disturbed?**

Behavior modification, social emotional learning, how to build behavioral plans, TF-CBT can be taught to school personnel, along with outside psychologists who specialize in different areas -- autism, trauma, adhd. This can easily be done through professional development days that are set aside for training.

**>The mental health community treats the behaviors associated with mental illness as if they are temporary and will go away when in fact it seems as if many individuals have life-long serious struggles.**

I am not sure what is happening in this district's mental health community, but this statement is typically the behavior I've seen with administrators in schools. For example, when a student passes away, administrators allow a day or two for counseling to occur, but then it is back business as usual. In fact, the "issues are in your tissues" is a motto we once adopted because school folks were still dealing with after affects, grief, loss, of their students. And, of course, the students were still dealing with their own grief. I am not sure how one might

change that mindset except through a lot of psychoeducation -- and a lot of it.

**> I know there are lots of medications available, but what about students who are not compliant with medication, who can't afford it; or have families who do not believe in it.**

A little positive reinforcement and rewarding goes a long way with students who are not compliant -- again those behavior plans. Continued conferences (I did them on a weekly basis) is often necessary, as is ongoing therapy to address noncompliance. I generally was able to get consent forms so that we could work with outside psychologists and support the student at the school level. Sometimes we got to the heart of the issues when parents could not. Always helpful to be collaborative!

Where are the school social workers when families cannot afford meds? Of course, we must respect parents' choice about not using medications, but at that point I think you have to align with parents anyway and come up with other behavioral strategies.

**>What about side effects such as obesity, loss of concentration, memory loss, and low self-esteem issues while on medication for years?**

It's an issue that many of us are concerned about. There are reasons why medication and therapy work together, and science is really not complete. We still don't know the after effects of meds long term, but we know they are helping to keep kids stable, focused in the classroom, and able to learn. We live in a world of evidence-based practice and we are being told that we have to abide by that ethically and legally.

**>Shouldn't mental health and emotional disturbance be treated like other disabilities such as developmental disabilities? At least those disabilities have federal and state programs and services to help the individuals live productive lives.**

In the case of traumatized students, they ought to look into Trauma-Focused CBT in the classroom. I know there is data on what's working (evidence-based), and they should go to the National Child Traumatic Stress Network and look into Trauma-Informed IEP's (Special Education plans). They can join for free and it's a great resource. The strategies can be easily taught by school psychologists with help (professional development) from clinical psychologists. I recommend the book by Cohen, Mannerino & Deblinger, *Treating Trauma and Traumatic Grief in Children and Adolescents*. I can't really speak to what is happening on federal and state levels with regard to emotional disturbance/mental health.

**>What about the fact that schools sometimes classify students as emotionally disturbed when they may in fact have real mental illness disorders? These students are often misunderstood, in trouble, kicked out and rejected from an early age.**

I have had experience with this where a young girl was diagnosed with ED, and we learned through the clinical interview that she was a victim of sexual abuse. Her IEP only listed 'social skills training' as a recommendation. There were also some learning issues as a result of the trauma. I intervened and did TF-CBT training (as I stated above) and taught the skills to the staff. Either the school psychologist or both school psych and clinical psych trained in this area should work together to train staff how to implement strategies with ED kids. Unfortunately, some districts don't really do 'counseling' and some will provide it as a related service. I do think this little girl was given this educational diagnosis of ED, when in fact it was the other piece.

**>Then there are real problems when families try to get help because emotional disturbance does not have the money and funding behind it and is not considered a real mental illness?**

Not unless an outside psychologist has made recommendations in a psychological report that can support the educational diagnosis of ED. This is an issue for sure. But I think the only way to get testing done in a district to see if there are accompanying learning difficulties needs to occur so that under Sped Ed, the student can get support in other ways.

**>What should really be happening for these students who also quite often end up in the criminal justice system at an early age?"**

We certainly have evidence of this happening because of so many adolescents in juvenile probation. I was recently on an interview for internship at a probation department. They inquired as to why I wanted to do my training there. My response was, "I have been thinking about this question for a long time, and I knew you might ask. I want to know the stories of these families, what brought the adolescents here, and what school districts and families missed about what was necessary for these kids." When they asked what I thought the answer was, I stated, "Teaching social emotional learning skills is a preventative measure." The problem is the kids who are already acting out in classrooms and at home require more of our collaborative efforts and that is not always doable. We don't know unless we try, and sometimes what we've known stops working, and it requires new thinking -- also a 'barrier to learning' for school folks who can't bring about change."



**Featured Resources:**

**>Resources related to caution in cuts to learning support programs and staff**

We have heard from a number of colleagues about pending cuts to learning support programs and staff. This, of course creates a difficult environment in which to work effectively (with students and with colleagues who may be competing for the same resources). We have prepared two guides to make the case for caution in making budget cuts to learning support resources and staff. These may be helpful to share with colleagues and administrators to keep a focus on the importance of a comprehensive system of learning supports to help schools achieve their goals of helping all students to succeed.

**>Cut-Backs Make it Essential to Unify and Rework Student and Learning Supports at Schools and Among Families of Schools**

[Http://smhp.psych.ucla.edu/pdfdocs/cutbacks.pdf](http://smhp.psych.ucla.edu/pdfdocs/cutbacks.pdf)

**Brief excerpt:** Given the current slow economic recovery, the consensus is that cut-backs will worsen in the next few years. This makes it essential for policy makers to understand new and cost-effective ways to address factors that interfere with learning and teaching. New approaches are needed because prevailing ideas for using whatever resources are left are inadequate for addressing the many problems undermining student outcomes and doing so in ways that meet the needs of the many rather than just providing traditional services to a relatively few students. In motion across the

country are trail blazing initiatives by several state education agencies and school districts that illustrate such new directions.

>***Balancing Cut-backs at Schools is Essential to Ensuring Equity of Opportunity***  
<http://smhp.psych.ucla.edu/pdfdocs/cut-backs.pdf>

**Brief excerpt:** Lay-offs, cut-backs, increased class size, austerity measures. Each day there is another story about how the troubled economy is hurting education. Chief state school officers, district superintendent, principals, education associations, and unions have detailed the impending crisis that can't be offset by the replacement dollars from the federal stimulus bill.

As has always been the case when education budgets tighten, the tendency is to trim student support efforts more severely than other budget items. This reflects the long-standing marginalization in policy and practice of efforts to address barriers to learning and teaching.

Given the pressing need for learning supports to ensure all students have an equal opportunity to succeed at school, it is time for everyone to recognize that current cut-backs are so unbalanced that essential efforts to address factors that interfere with learning at school will be subverted. While all cuts are harmful, the extreme cuts related to student and learning supports will undermine the hope of ensuring equity of opportunity.

Lessons learned from efforts to improve schools underscore that high quality teaching, enhanced instruction aligned with assessment, collaborative staff development, and home involvement are necessary but insufficient. At the same time, research has made it clear that prevailing school improvement designs remain too limited in nature and scope to counter barriers to learning and teaching.

**Please send in your ideas, requests, comments and experiences relevant to providing learning supports in schools to [ltaylor@ucla.edu](mailto: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> and to the *Facebook* site.**