

Addressing Barriers

to Learning

New ways to think . . .

Better ways to link



Volume 10, Number 4
Fall, 2005

We can't solve problems by using the same kind of thinking we used when we created them.

Albert Einstein

Mental Health in Schools: An Opportunity to Influence Change in a Period of Transformation

Note: The Substance Abuse and Mental Health Services Administration (SAMHSA) has been holding a series of stakeholder meetings focused on better understanding and planning for schools to be transformative environments for mental health, positive youth development, and academic achievement. Below is information on the way these meetings are conceptualized and about the basic questions being discussed. Following this is our Center's perspective related to the questions. We are asking that you send us your views so we can compile input from a broad range of stakeholders and share the perspectives with SAMHSA as they move forward with efforts to transform the mental health system across the country.

SAMHSA Wants Your Views

From SAMHSA (with minor edits): "In response to the President's New Freedom Commission on Mental Health, the Substance Abuse and Mental Health Services Administration and the Center for Mental Health Services have embarked on an ambitious initiative to transform mental health care in America. Supported by an unprecedented collaboration across Federal Departments, agencies, and offices, the US Department of Health and Human Services recently announced the Federal Mental Health Action Agenda which identifies 70 concrete steps to be implemented through this Federal collaboration."

"Given the momentum for transformation, it is an opportune time to better understand how schools can become a more effective component in the nation's efforts to promote mental health, prevent mental and behavioral disorders, and contribute to a community's overall efforts to ensure positive youth development and transition to successful adulthood. In particular, how can schools assure a safe and healthy environment that (a) supports education, (b) promotes mental health, (c) strategically and effectively implements prevention strategies, (d) identifies MH problems early and in partnership with youth, families and communities, and (e) ensures effective interventions and treatments that lead to full life for everyone in the community?"

Building on the overlapping agenda of a number of federal, state, and community initiatives, work of professional associations and academic researchers, we intend to engage a diverse group of federal and nonfederal stakeholders in order to explore the rich potential of schools to support social and emotional well being and academic achievement. Our interest is to facilitate a dialogue among the many groups of people who work in the area of children's mental health, positive development, and achievement, and who value the potential of schools as supportive environments. This dialogue is ongoing and is occurring through a variety of meetings and formats. Our aim is to hear from many voices and to create a variety of opportunities to contribute to the development of public policy and effective practices.

Stakeholder meetings have been conducted to help assess what we have learned from the Safe Schools/Healthy Students initiative about school-based violence prevention programs and practices. The agenda is now being expanded to include a broader discussion of issues related to schools and the new Federal Action Agenda."

Inside	Page
>Need resources? technical assistance?	4
>About Positive Psychology	10
> Addressing School Adjustment Problems	11

(cont. on page 2)

“The purpose of each meeting is to continue the dialogue among a diverse group of stakeholders in order to better understand and plan for the role of schools as transformative environments for mental health promotion, prevention and treatment, positive youth development, and academic achievement.”

Questions for Discussion from SAMHSA

- (1) Who are the stakeholders that are currently defining school-based mental health, what are their definitions, and are these definitions sufficient? Is “school-based mental health” the most appropriate conceptual model for what we want to achieve?
- (2) What are the conflicts between nurturing positive youth development and mental health and those practices that focus on the treatment of mental and behavioral disorders?
- (3) What are the characteristics of a school that is safe, promotes mental health and nurtures academic achievement and positive youth development? Why do some schools develop these characteristics while others do not? What are the barriers that impact a school’s ability to achieve a healthy, respectful, and caring environment?
- (4) What should be the indicators of a school’s mental health? What methods exist for assessing a school climate that supports mental health? How are mental health outcomes currently evaluated? Where are these methods actually being applied? Are the current measures sufficient? What are the impediments for wider application?
- (5) Grantees have heralded the successes and benefits of school-community collaborations, yet speak frequently of the struggles creating successful partnerships between education and mental health. How do systems successfully cross this cultural chasm? What are some specific examples of how this has been accomplished? What are the factors that support these collaborations?
- (6) What are the elements of a successful state and local infrastructure to support school-based mental health programs? Do you know of specific state and local examples that work well?
- (7) What leadership styles have been successful in achieving school climate change? What are the implications for state and local leadership within educational and mental health systems?

(8) What do you see as the role of the federal partners in bridging science, practice and policy? What is the role of state and local governments and school systems, family advocates, academic researchers, and professional associations?

(9) How can we at the federal level facilitate the integration of the education community’s focus on academic achievement with the mental health community’s emphasis on social and emotional well being, and family concerns with positive youth development?

The UCLA Center’s Perspective

Our Center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. In particular, it focuses on comprehensive, multifaceted frameworks for policy, intervention, infrastructure, and systemic change to deal with the many external and internal barriers that interfere with development, learning, and teaching. Specific attention is given policies and strategies that can counter marginalization and fragmentation of essential interventions and enhance school and community collaboration. In this respect, a major emphasis is on enhancing the interface between efforts to address barriers to learning and prevailing approaches to school and community reforms.

In all our work we seek to ensure that (1) mental health is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits, (2) the roles of schools, communities, and homes are enhanced and pursued jointly, (3) equity considerations are confronted, (4) the marginalization and fragmentation of policy, organizations, and daily practice are countered, and (5) the challenges of evidence-based strategies and achieving results are addressed. We also operate in ways designed to address the varying needs of locales and the problems of accommodating diversity among interveners and among populations served.

With respect to the questions from SAMHSA, we have dealt with most of them over the years and shared the work in documents that are online and in many publications. The following perspectives represent brief excerpts from these resources (see online at <http://smhp.psych.ucla.edu/>). Our views reflect our work in the field, the growing literature on mental health in schools (see <http://smhp.psych.ucla.edu/qf/references.htm>),

and the field-defining work of the Policy Leadership Cadre for Mental Health in Schools entitled *Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations* (at <http://smhp.psych.ucla.edu/pdfdocs/policymakers/cadguidelines.pdf>).

(1) Stakeholders have contrasting agenda. Around the country, indeed, around the world – folks are talking about mental health in schools. But what’s being talked about often differs in fundamental ways. This is not only a source of confusion, it is a source of increasing conflict among stakeholders.

The differences reflect the contrasting enterprises being pursued and result in varying perspectives, definitions, and attitudes related to mental health in schools. In turn, this leads to divergent agenda for policy, practice, research, and training.

Part of our Center’s work is to encourage those concerned with mental health in schools and school mental health to clarify, analyze, and discuss the implications of different agenda. To catalyze such activity, we have grouped agenda in terms of the *primary* interests of various parties. As outlined in Exhibit 1, seven major interests are seen as at work – each of which can be subdivided.

While some agenda items are complementary, many are not. Thus, it is not surprising that competing interests come into conflict with each other. At the same time, advocates for the first six items would argue for “school-based mental health” as essential to what they want to achieve.

Exhibit 1. Diverse Agenda for Mental Health in Schools

- (1) Efforts to use schools to increase *access* to kids and their families for purposes of
 - (a) conducting research related to mental health concerns
 - (b) providing services related to mental health concerns.
- (2) Efforts to increase *availability* of mental health interventions
 - (a) through expanded use of school resources
 - (b) through co-locating community resources on school campuses
 - (c) through finding ways to combine school and community resources.
- (3) Efforts to get schools to adopt/enhance specific programs and approaches
 - (a) for treating specific individuals
 - (b) for addressing specific types of problems in targeted ways
 - (c) for addressing problems through school-wide, “universal interventions”
 - (d) for promoting healthy social and emotional development.
- (4) Efforts to improve specific processes and interventions related to mental health in schools (e.g., improve systems for identifying and referring problems and for case management, enhancing “prereferral” and early intervention programs)
- (5) Efforts to enhance the interests of specific disciplines, contractors, businesses, etc. that are
 - (a) already part of school budgets
 - (b) seeking to be part of school budgets.
- (6) Efforts to change (e.g., rethink, reframe, reform, restructure) the way student supports are conceived at schools
 - (a) through enhanced focus on multi-disciplinary team work (e.g. among school staff, with community professionals)
 - (b) through enhanced coordination of interventions (e.g., among school programs and services, with community programs and services)
 - (c) through appropriate integration of interventions (e.g., that schools own, that a community bases at or links to schools)
 - (d) through modifying the roles and functions of various student support staff
 - (e) through developing a comprehensive, multifaceted, and cohesive component for systematically addressing barriers to student learning at every school.
- (7) Efforts to reduce school involvement in mental health programs and services (e.g., to maximize the focus on instruction, to use the resources for youth development, to keep the school out of areas where family values are involved).



Center News

**DISASTER AFTERMATH

In the immediate aftermath, many people mobilized to provide assistance. Because much of this had to be done over and above their regular responsibilities, by now most of their attention has returned to their regular obligations. This leaves the longer-term effects of the disasters to be addressed by those who can muster some resources to help.

For our part and in keeping with our Center's mission, we are helping maintain a focus on what schools should be doing to provide essential psychosocial supports to address daily and longer-term needs of student, their families, and school staff. We are distributing on a regular basis materials, guidance notes, and other resources, as well as being an information sharing conduit. For access, go to the crisis response icon on the Center's web homepage, and let us know if you want to be included in the periodic Special *ENEWS* email we send out.

Join the effort. Send us information to share with others. Also, indicate needs and relate what seems to be helping at schools. Your involvement will be greatly appreciated by others across the country.

**NEW -- A SERIES OF GUIDANCE NOTES

For some time, we have been developing *Fact and Info Sheets* to provide a quick synthesis on various topics. Recently, we began developing a series of *Guidance Notes* to provide another set of resource aids for practitioners and those involved with training. Three have been developed so far:

- © *About Planning and Action for the MH Needs of Students & School Staff in the Aftermath of Disaster*
<http://smhp.psych.ucla.edu/pdfdocs/planningneeds.pdf>
- © *Schools Helping Students Deal with Loss*
<http://smhp.psych.ucla.edu/pdfdocs/loss.pdf>
- © *Addressing School Adjustment Problems*
<http://smhp.psych.ucla.edu/pdfdocs/adjustmentproblems.pdf>

#####

For ready access to
all Center materials go to

<http://smhp.psych.ucla.edu/selection.html>

#####

Want resources? Need technical assistance?

Contact us at:

E-mail: smhp@ucla.edu Ph: (310) 825-3634

Toll Free Ph: (866) 846-4843

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:

smhp@ucla.edu

or subscribe online @ – <http://lists.ucla.edu/cgi-bin/mailman/listinfo/mentalhealth-L>

For access to the latest
Center developed resources, go to:

<http://smhp.psych.ucla.edu/whatsnew/JustPutOnline.htm>

<http://smhp.psych.ucla.edu/whatsnew/otherresources.htm>

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

Exchange info on MH practices in school and network with colleagues across the country by joining (1) the **Weekly Listserv for School MH Practitioners** and/or (2) the **Center's Consultation Cadre**. Sign up by email at smhp@ucla.edu or by phone (toll Free (866) 846-4843).

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.

Reflecting on high school exit exams . . .

What are you going to be when
you get out of school?



Old!



** POLICY ANALYSES

>New Center Reports:

>>*School Improvement Planning: What's Missing?*
<http://smhp.psych.ucla.edu/whatsmissing.htm>

>>*Addressing What's Missing in School Improvement Planning: Expanding Standards & Accountability to Encompass an Enabling/Learning Supports Component*
<http://smhp.psych.ucla.edu/pdfdocs/enabling/standards.pdf>

>>*Another Initiative? Where Does it Fit? A Unifying Framework and an Integrated Infrastructure for Schools to Address Barriers to Learning and Promote Healthy Development*
<http://smhp.psych.ucla.edu/pdfdocs/infrastructure/anotherinitiative-exec.pdf>

This report illustrates the value of a unifying framework and integrated infrastructure for the many initiatives, projects, programs, and services schools pursue in addressing barriers to learning and promoting healthy development. Specifically, it highlights how initiatives can be embedded into a comprehensive, multifaceted, and cohesive framework and outlines how existing infrastructure mechanisms can be integrated to address marginalization, fragmentation, counter-productive competition, and redundancy.

>New Center Policy Issues Analysis Briefs:

This series of briefs focuses on current controversies related to mental health in schools.

>>*Screening Mental Health Problems in Schools*
<http://smhp.psych.ucla.edu/pdfdocs/policyissues/mhscreeningissues.pdf>

>>*Should Policy Specify a Formal Role for Schools Related to Mental Health*
<http://smhp.psych.ucla.edu/pdfdocs/policyissues/shouldschoolsaddressmh.pdf>

>>*Suicide Prevention in Schools*
<http://smhp.psych.ucla.edu/pdfdocs/policyissues/suicide.pdf>

>Now Published:

- C *The School Leader's Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning*
- C *The Implementation Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning*

>Now Offered:

Leadership Institutes for Policy Leadership
for Mental Health in Schools

For details, see <http://smhp.psych.ucla.edu/summit2002/upcomingevents.htm#policy>

**NEW DIRECTIONS FOR STUDENT SUPPORT . . . a national initiative

For ongoing updates about the initiative, see

<http://smhp.psych.ucla.edu/summit2002/currentstatus.htm>

>Next statewide Summit –

Harrisburg, PA, November 14

>**Leadership Institutes Underway** – The first was on August 16th in St. Paul, Minnesota, then, on September 19, one was held in Dallas, Texas. A third was in Cedar Rapids, IA on October 13.

For details, see – <http://smhp.psych.ucla.edu/summit2002/currentstatus.htm#upcom>

>**California Legislation** – The proposed assembly bill related to new directions continues to garner support and will be taken to the appropriation committee this session.

[http://smhp.psych.ucla.edu/summit2002/ab171\(1-20-05\).pdf](http://smhp.psych.ucla.edu/summit2002/ab171(1-20-05).pdf)

>**Tool Kit** – Resources for the initiative continues to expand and are compiled into a tool kit (online or in hardcopy – see insert about receiving a free hardcopy). In response to specific requests, we have added:

>>*Example of a Formal Proposal for Moving in New Directions*

(proposing integration of a comprehensive approach for addressing barriers to learning into school improvement planning to decision makers)

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

>>*Infrastructure for Learning Supports at District, Regional, and State Offices*

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

>>*Phasing-in an Enabling or Learning Supports Component – throughout a District or in One School*

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

As always, we value input on how to maximize the initiative's impact. Contact: ltaylor@ucla.edu

94.5% of all statistics are made up.
Woody Allen

Center Staff:

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

(Continued from page 3)

(2) Positive development -- psychosocial problems.

Given sparse resources, those concerned with nurturing positive youth development and mental health and those focusing on the treatment of mental and behavioral disorders often find themselves in counter-productive competition for school time and resources. This contributes to the marginalization, in policy and practice, that characterizes mental health in schools and to the backlash to efforts to enhance such policy and practice.

Schools and communities increasingly are being called on to meet the needs of all youngsters – including those experiencing behavior, learning, and emotional problems. This provides both an opportunity and challenge to rethink mental health in ways that involve schools and communities working together to develop systems for intervention that are comprehensive, multifaceted, and cohesive. Such collaboration is essential in maximizing resources to strengthen young people, their families, neighborhoods, and schools.

Currently, the situation is one where there is a considerable amount of promising activity, but it is implemented in fragmented and usually competitive ways. Of even greater import is the fact that most of this activity is *marginalized* in policy and practice – especially at school sites. The challenge is to enhance policy and practice based on *unifying frameworks* that are *comprehensive, multifaceted, and integrated*. For schools and communities, this means developing, over time, a full continuum of systemic interventions (not just integrated, school-linked *services*) that encompass

- > *systems* for promoting healthy development and preventing problems
- > *systems* for responding to problems as soon after onset as is feasible
- > *systems* for providing intensive care

(3) Safe and healthy students and schools. The complex nature of these concerns calls for developing a comprehensive, multifaceted, and cohesive approach. Developing such an approach requires creative leadership and staffing.

In addition to a strong academic focus, efforts to promote safety and health must be fully integrated in classrooms and schoolwide as part of a comprehensive system of learning supports. At individual schools, in families of schools, and in their neighborhoods, the need is to develop, over time, clusters of programmatic activity that address barriers to learning and enhance healthy development. Based on analyses of school and

community activity, such activity can be grouped into six basic areas of function (“curricular areas”) to enable every school to

- > enhance classroom-based efforts to enable learning
- > provide support for transitions
- > respond to and prevent crises
- > increase home involvement in schooling
- > provide prescribed student and family assistance
- > outreach to increase community involvement & support – including volunteer recruitment

Programs in each area are designed to (1) create an atmosphere where youngsters and staff feel welcome, respected, and comfortable, (2) structure ongoing opportunities for establishing caring relationships, (3) provide information, counseling, and expectations that enable youngsters to determine what it means to care for themselves and to care for a definable group, and (4) generate opportunities, training, and expectations that encourage contributing to the greater good through service, advocacy, and active problem solving with respect to important matters. The closer a school comes to encompassing all this, the more likely a responsive, nurturing, and caring environment will emerge, and students and staff will be positively engaged as a learning community.

Schools that readily accomplish much of this tend to be ones that enroll a high proportion of students who are motivated and able to meet the demands of the school and have good resources. The absence of such conditions mediate against success, but circumstances could be turned around with greater policy support for addressing the barriers that are producing the achievement gap and various inequities of opportunity for many students.

(4) Evaluation indicators. Exhibit 2 outlines a set of potential indicators that can capture the concerns about evaluation and accountability. The range of indicators outlined not only provide data for assessing progress, they provide relevant findings for accountability. Every school gathers data on a few of these indicators; no school has invested the resources or developed the type of system needed to gather such a broad range of data. A few school-based health centers also gather more traditional clinical data.

Exhibit 2. Examples of Intervention Evaluation and Accountability Indicators

<i>Student Indicators</i>	<i>Family & Community Indicators</i>	<i>Program & System Indicators</i>
<p>Expanding knowledge, skills, & attitudes to increase</p> <ul style="list-style-type: none"> •acceptance of responsibility (including attending, following directions & agreed upon rules/laws) •self-esteem & integrity •social & working relationships •self-evaluation & self-direction/regulation •physical functioning •health maintenance •safe behavior 	<p>Increased</p> <ul style="list-style-type: none"> Ⓒsocial and emotional support for families Ⓒfamily access to special assistance Ⓒfamily ability to reduce child risk factors that can be barriers to learning Ⓒbilingual ability and literacy of parents Ⓒfamily ability to support schooling Ⓒpositive attitudes about schooling Ⓒhome participation at school Ⓒpositive attitudes toward school and community Ⓒcommunity participation in school activities Ⓒperception of the school as a hub of community activities Ⓒpartnerships designed to enhance education & service availability in the community Ⓒcoordination & collaboration between community agencies and school programs & services Ⓒfocus on agency outreach to meet family needs Ⓒpsychological sense of community 	<p>Improved processes for staff and families to learn about available programs and services and how to access those they need</p> <p>Increased</p> <ul style="list-style-type: none"> Ⓒservices/programs provided at school sites Ⓒcoordination and integration among services and programs Ⓒcollaboration within and among school, family, and community designed to enhance intervention effectiveness Ⓒquality of services and programs because of improved systems for planning, implementation, and evaluation <p>Establishment of a long-term financial base to sustain a comprehensive intervention system</p>
<p>Reduced barriers to school attendance and functioning by addressing problems related to</p> <ul style="list-style-type: none"> •health •lack of adequate clothing •family stress •limited home support for student improvement •physical/sexual abuse •substance abuse •gang involvement •pregnant/parenting minors •dropouts •need for compensatory learning strategies 		

(5) School-community connections. The topic of school-community connections is just beginning to receive the type of scholarly attention it warrants. A significant portion of the work done to date has focused on school-community collaboration and especially “Full-service Community Schools.” Any discussion of this topic needs to (a) conceptualize the full range of and major dimensions related to school-community connections, (b) explore the differences in underlying rationale and resulting conflicting agenda, (c) review what has been tried, (d) analyze contrasting approaches, and (e) highlight lessons learned and implications for policy, research, practice, and training – including systemic concerns about sustainability, replication, and going-to-scale. We have addressed some of this in various works, including many documents that can be downloaded from the Center’s website.

Mark Warren’s review provides another recent example of efforts to analyze the current state of affairs. In “Communities and Schools: A New View of Urban Education Reform” (*Harvard Educational Review*, Summer 2005), he offers a typology of three dominant approaches. In doing so, he contrasts school collaboration with local community service agencies and an organizing approach that forges collaborations between a broad-base of stakeholders in communities and schools designed to maximize social capital. He argues that the organizing approach can improve the social context of education and reduce the disconnection of most urban schools from their surrounding neighborhoods so that children come to school ready and able to learn.

See also RAND’s research brief entitled: *The Challenges of Building Local Collaboratives for*

Sustaining Educational Improvement (online at <http://www.rand.org/publications/RB/RB9075/>). It describes quite a different approach funded by the Ford Foundation. The conclusion from that work was that “collaboratives are an uncertain approach to sustaining education reform.” Such a conclusion probably is as unwarranted at this stage as is the promotion of the Full-services Community School model as the single best approach.

(6) Infrastructure. An infrastructure that supports a comprehensive school-based approach encompassing mental health is rare. In most situations, existing infrastructure mechanisms must be modified so that new policy directions are translated into appropriate daily operations. Well-designed mechanisms ensure local ownership, a critical mass of committed stakeholders, processes that overcome barriers to working together effectively, and strategies that mobilize and maintain proactive change. Such mechanisms cover functions for: (1) governance, (2) leadership, (3) planning/implementation of organizational and program objectives, (4) coordination and integration for cohesion, (5) management of communication and information, (6) capacity building, and (7) quality improvement and accountability.

Exhibit 3 illustrates the type of infrastructure that needs to emerge at a school if it is to effectively pursue the above functions in developing a comprehensive component to address barriers to learning. Note especially the links among the three components, and the connection within the various groups involved in planning, implementing, evaluating, and sustaining learning supports.

Beyond the school, links among a “family of schools” (e.g., a feeder pattern of schools) focus on maximizing use of resources. When schools in a geographic area collaborate, they can share programs and personnel in many cost-effective ways, including achieving economies of scale by assigning staff and implementing staff development across linked schools. To these ends, the illustrated infrastructure needs to be paralleled for a family of schools. And, it also must connect effectively at the district level and with relevant facets of community and government infrastructure at all levels.

In redesigning mechanisms to address these matters, new collaborative arrangements must be established, and authority (power) redistributed (easy to say, extremely hard to accomplish). Obviously all this requires ensuring that those who operate essential mechanisms have adequate resources and support, initially and over time. Moreover, there must be appropriate incentives and safeguards for individuals

as they become enmeshed in the complexities of systemic change.

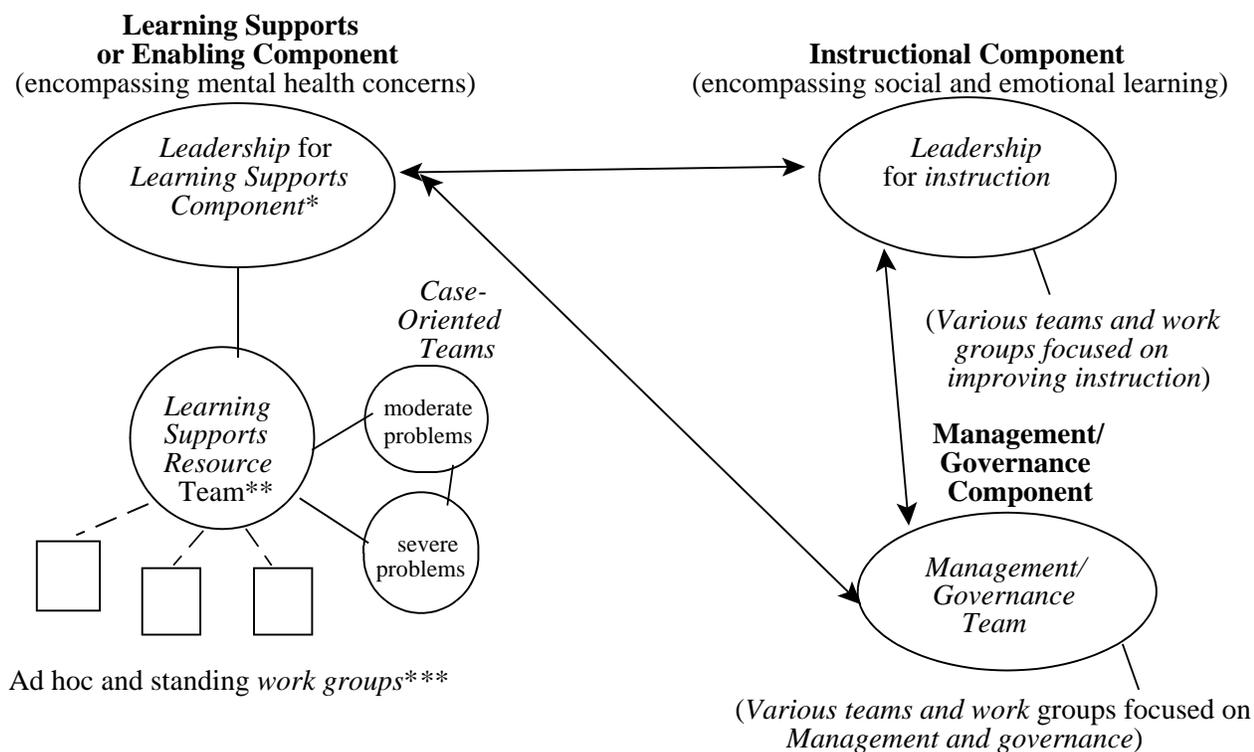
(7) Leadership. Research on leadership in education and agencies has shifted from a focus on personal characteristics of *leaders* to an emphasis on what is involved in providing effective *leadership*. In such settings, the systemic change literature suggests that leadership entails the ability to catalyze, advocate, influence, create readiness, guide, support, facilitate, maintain the “big picture vision,” and create renewal. This includes the ability to play a role in

- > conveying a full understanding and appreciation of the big picture and its various facets
- > developing and maintaining effective shared governance
- > braiding and prioritizing allocation of resources
- > ensuring effective daily operations
- > accomplishing systemic changes
- > ensuring ongoing capacity building for the entire system
- > ensuring aggregation and disaggregation of appropriate data for formative and summative evaluation and for accountability and social marketing purposes
- > ensuring periodic revision of strategic plans

(8) Bridging and braiding. It is widely acknowledged that policy and practice are highly fragmented. Such fragmentation not only is costly in terms of redundancy and counter-productive competition, it works against developing cohesive approaches and maximizing results.

Government efforts need to promote policy that ends the marginalization, bridges the silos, and facilitates braiding of resources. Accomplishing this requires operating with guiding frameworks that encompass the entire range of learning, behavior, and emotional problems seen in schools. For example, given the complexity and range of problems that must be addressed, it is clear that advancing the field requires adopting the type of comprehensive, multifaceted., and cohesive *intervention framework* suggested above. Evolving such a comprehensive, systemic approach at a school and throughout a district requires *rethinking infrastructure* and *policy* and using a sophisticated framework and strategies to facilitate major *systemic changes*. With respect to all this, there also is a need to incorporate the invaluable understanding of human motivation that *intrinsic* motivation scholars have developed over the last 40 to 50 years.

Exhibit 3. Example of an Integrated Infrastructure at the School or District Level



*A Learning Supports or Enabling Component Leadership Group consists of advocates/champions whose responsibility is to ensure the vision for the component is not lost. It meets as needed to monitor and provide input to the Learning Supports Resource Team.

**A Learning Supports Resource Team is the key to ensuring component cohesion, integrated implementation, and ongoing development. It meets weekly to guide and monitor daily implementation and development of all programs, services, initiatives, and systems at a school that are concerned with providing learning supports and specialized assistance.

***Ad hoc and standing work groups – Initially, these are the various “teams” that already exist related to various initiatives and programs. Where redundancy exists, work groups can be combined. Others are formed as needed by the Learning Supports Resource Team to address specific concerns. These groups are essential for accomplishing the many tasks associated with such a team’s functions.

(9) The federal role. Given the sparse resources the federal government invests in advancing the role schools play in mental health for children and adolescents, the emphasis needs to be on increasing the capacity of policy makers, administrators, school personnel, primary care health providers, mental health specialists, agency staff, consumers, and other stakeholders so that they can enhance how schools, communities, and families work together to address psychosocial and mental health concerns. All efforts should help ensure that mental health is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits. Particular attention should be given to prevention and responding early after the onset of problems as essential in reducing the prevalence of problems. And, the emphasis should be on systemic change, going-to-scale, and sustainability.

In supporting a focused program of research (including policy and program analyses) and technical assistance and training, the federal role must continue to include ways to ensure that equity considerations, the varying needs of locales, the problems of accommodating diversity among interveners and among populations served, and the challenges of evidence-based strategies and achieving results are all addressed.

#####

What are Your Views?

Send your thoughts about the above matters to us for compilation and forwarding to SAMHSA.

Fax: 310/206-8716 email: ltaylor@ucla.edu

Research into Practice About Positive Psychology



Excerpts from: “Positive psychology progress: Empirical validation of intervention” (2005) by Martin Seligman, Tracy Steen, Nansook Park & Christopher Peterson, *American Psychologist*, 60, 410-421.

Psychotherapy has for some time focused on an individual’s troubles with a view to helping the person deal with weaknesses. In general, too little attention has been given to the idea that increasing an individual’s strengths with a view to helping the person find happiness may be beneficial. (The emphasis on happiness stresses more than just feeling good. Happiness is associated with well-being – health, success, extroversion.) This focus is a major concern of positive psychology.

What is Positive Psychology?

Positive psychology is devoted to the study of positive emotions, positive character traits, and positive enabling institutions. The term represents an effort to unite “scattered and disparate lines of theory and research about what makes life most worth living.” The goal is to supplement “what is known about human suffering, weakness, and disorder.” “The intent is to have a more complete and balanced scientific understanding of the human experience – the peaks, the valleys, and everything in between.” With a view to application, there is a focus on creating evidence-based practices for “making people lastingly happier.”

Classifying Character Strengths and Virtues

As an essential step in delineating well-being, Seligman and his colleagues (2004) have generated a classification schema for character strengths and values and published a handbook* designed “to do for psychological well-being what the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* ... does for psychological disorders....”

The schema encompasses six overarching virtues expressed in most cultures around the world: (1) wisdom & knowledge, (2) courage, (3) humanity, (4) justice, (5) temperance, and (6) transcendence. A total of 24 strengths of character are grouped under these virtues.

Efficacy of Interventions to Increase Individual Happiness

Seligman et al. stress that “the word *happiness* is a scientifically unwieldy term and that its serious study involves dissolving the term into at least three distinct and better-defined routes to ‘happiness’” – “(a) positive emotion and pleasure (the pleasant life); (b) engagement (the engaged

life); and (c) meaning (the meaningful life).” Thus, their use of the term “happiness” is atheoretical – designed to stress the overall aim of positive psychology and to refer jointly to positive emotion, engagement, and meaning. They stress that the ability to integrate all three aspects is seen as more likely to be personally satisfying.

Instead of studying interventions focused on reducing suffering, their emphasis is on ways to enhance happiness. This is seen as leading to a form of psychotherapy where an individual goes not just to discuss weaknesses, but also strengths.

In studying interventions, they have identified a large set of practices that make claims about enhancing happiness, and they are pursuing randomized control trials to study them. They report some early findings and conclude that specific interventions can make people lastingly happier and that the findings have implications “for the future of positive interventions and perhaps for clinical interventions.”

A Few Implications for Mental Health in Schools

Enhancing understanding of positive psychology is consistent with the efforts of schools to

- avoid a deficit view of students and emphasize strengths, assets, resilience, protective buffers
- develop a supportive, nurturing, and caring climate in classrooms and school-wide
- enhance student self-regulation
- promote social and emotional learning

*Peterson, C. & Seligman, M. (2004). *Character strengths and virtues: A handbook and classification*. Washington, DC: Amer. Psychological Association.



Ideas into Practice

Addressing School Adjustment Problems



Because so many students were displaced by the recent disasters, the Center recently developed a new resource on addressing school adjustment problems as part of its “Guidance Notes” series. However, the topic clearly is of more widespread concern since student mobility is a fact of school life all year long. The following are excerpts from the guidance which is online at –

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

Some Guidelines

- C Through enhanced personal contacts, build a positive working relationship with the youngster and family.
- C Focus first on assets (e.g. positive attributes, outside interests, hobbies, what the youngster likes at school and in class).
- C Ask about what the youngster doesn't like at school.
- C Explore the reasons for “dislikes” (e.g., Are assignments seen as too hard? as uninteresting? Is the youngster embarrassed because others will think s/he does not have the ability to do assignments? Is the youngster picked on? rejected? alienated?)
- C Explore other possible causal factors.
- C Explore what the youngster and those in the home think can be done to make things better (including extra support from a volunteer, a peer, friend, etc.).

Some Basic Strategies

Try new strategies in the classroom – based on the best information about what is causing the problem. Enhance student engagement through (a) an emphasis on learning and enrichment options that are of current greatest interest and which the student indicates (s)he wants to and can pursue and (b) a temporary deemphasis on areas that are not of high interest.

The guidance delineates things to do if a student

- T** seems easily distracted
- T** needs more direction
- T** has difficulty finishing tasks as scheduled

To accomplish the work, the school can enhance use of aides, volunteers, peer tutors/coaches, mentors, those in the home, etc. not only to help support student efforts to learn and perform, but to enhance the student’s social support network. It can also encourage structured staff discussions and staff development about what teachers can do and what other staff (mentors, student support staff, resource teachers, etc.) can do to team with teachers in their classrooms to enable school adjustment.

What Else?

- > If the new strategies don't work, it is important to *talk to others* at school to learn about approaches they find helpful (e.g., reach out for support/mentoring/coaching; participate with others in clusters and teams; observe how others teach in ways that effectively address differences in motivation and capability; request additional staff development on working with such youngsters).
- > After trying all the above, add some tutoring designed to enhance student engagement in learning and to facilitate learning of specific academic and social skills that are seen as barriers to effective classroom performance and learning.
- > Only after all this is done and has not worked is it time to use the school’s referral processes to ask for additional support services. As such services are added, it of course becomes essential to coordinate them with what is going on in the classroom, school-wide, and at home.

Finally, the guidance provides links to a variety of resources related to this concern.

I heard you only passed one class.



Yea, but it's OK. I'm planning to be a specialist.



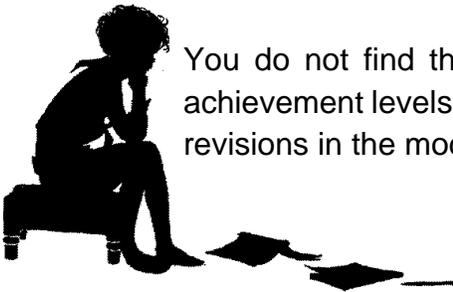
"There is no misery index for the children of apartheid education. There ought to be; we measure almost everything else that happens to them in their schools.

Do kids who go to schools like these enjoy the days they spend in them?

Is school, for most of them, a happy place to be?

You do not find the answers to these questions in reports about achievement levels, scientific methods of accountability, or structural revisions in the modes of governance."

Jonathan Kozol



Please see the insert and take a few minutes to provide us with some comments and feedback and/or to make a request.

School Mental Health Project/
 Center for Mental Health in Schools
 Department of Psychology, UCLA
 Los Angeles, CA 90095-1563
 PX-92

NON-PROFIT
 ORGANIZATION
 U.S. POSTAGE
PAID
 UCLA



The Center for Mental Health in Schools is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project in the Dept. of Psychology, UCLA. Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration. Co-funding comes from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Both HRSA and SAMHSA are agencies of the U.S. Dept. of Health and Human Services.



Newsletter Response (Fall, 2005)

(1) SAMHSA wants your views on the questions listed on page 2 of the newsletter. Also, let us know your reactions to our responses. – Comment below or separately. FAX to 310/206-8716. The Center will compile all responses on forward them. We will also circulate a general report on the responses.

(2) Do you want a hardcopy of the Tool Kit: *Rethinking Student Support to Enable Students to Learn and Schools to Teach?* If you don't want to download the toolkit (online at <http://smhp.psych.ucla.edu/toolkit.htm>), we will be pleased to send you a copy at no cost.

____ Please send a hardcopy (Be certain to provide your contact info below.)

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

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

Your Name _____ Title _____
Agency _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____ E-Mail _____

Thanks for completing this form. Return it by FAX to (310) 206-8716 *or* by mail.

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

Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration.

Co-funding comes from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

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

