29 years & counting

Addressing Barriers to Learning

New ways to think . . .
Better ways to link

Mental Health in Schools UCLA Center Program and Policy Analysis

Vol. 20, # 2

Note: The following is a chapter from the new (free) book the Center has put online entitled: *Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System* – http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf. (The other chapters provide protocol frameworks and many specifics for a systemic learning supports component to replace the existing marginalized and fragmented set of student and learning supports in districts and schools. The work also stresses that transformation can be done by redeploying existing resources and garnering economies of scale.)

Crises Assistance and Prevention: A Major Facet of a Learning Supports System

There cannot be a crisis next week. My schedule is already full.
Henry Kissinger

Crisis, emergency, disaster, catastrophe, tragedy, trauma – all are words heard frequently at schools today. Too many schools have had a major crisis; any school may have one soon.

Besides natural disasters such as earthquakes, fires, and pandemic diseases, students experience violence and death related to suicide, gang activity, snipers, hostage-taking, and rape. Some students and staff react with severe emotional responses – fear, grief, post traumatic stress syndrome. And, when a significant portion of a school's population is affected, major facets of a school's functioning are jeopardized. When too little effort is made to intervene, the aftermath can interfere with school and home performance, and long-term psychosocial and educational problems may ensue.

Crisis intervention is for responding to, minimizing the impact of, and preventing school and personal crises. After a crisis, the first concern is to ensure physical safety and medical first aid; this is followed immediately by attention to psychological considerations. Then, the emphasis is on the school's need to regain stability and a sense of normality so that students and staff can resume learning and teaching. This includes attending to follow-up care as needed.

Districts differ in the specificity with which they spell out procedures for schools to follow during and in the aftermath of a crisis. Based on district policy, schools plan for emergencies. It is rare, however, for districts to have addressed, in sufficient detail, policies and procedures for what to do in the days and weeks that follow a crisis event and what to do to prevent future occurrences when feasible.

Districts also differ in the amount of support they provide in helping schools establish and maintain crisis response mechanisms (e.g., crisis teams) and in training staff, as well as how much district level staffing is available for crisis intervention. Some, usually larger districts, may have regional support crisis teams that provide crisis management, medical and psychological/counseling support services, media relations, and debriefing. Others provide only an immediate response.

Proper handling of school crises is essential to minimizing negative impact on learning and physical and mental health. Comprehensive crisis intervention planning and implementation provides ways for school personnel, students, and families to return to normalcy as quickly as feasible, address residual (longer-term) psychosocial problems, and explore preventive measures for the future.

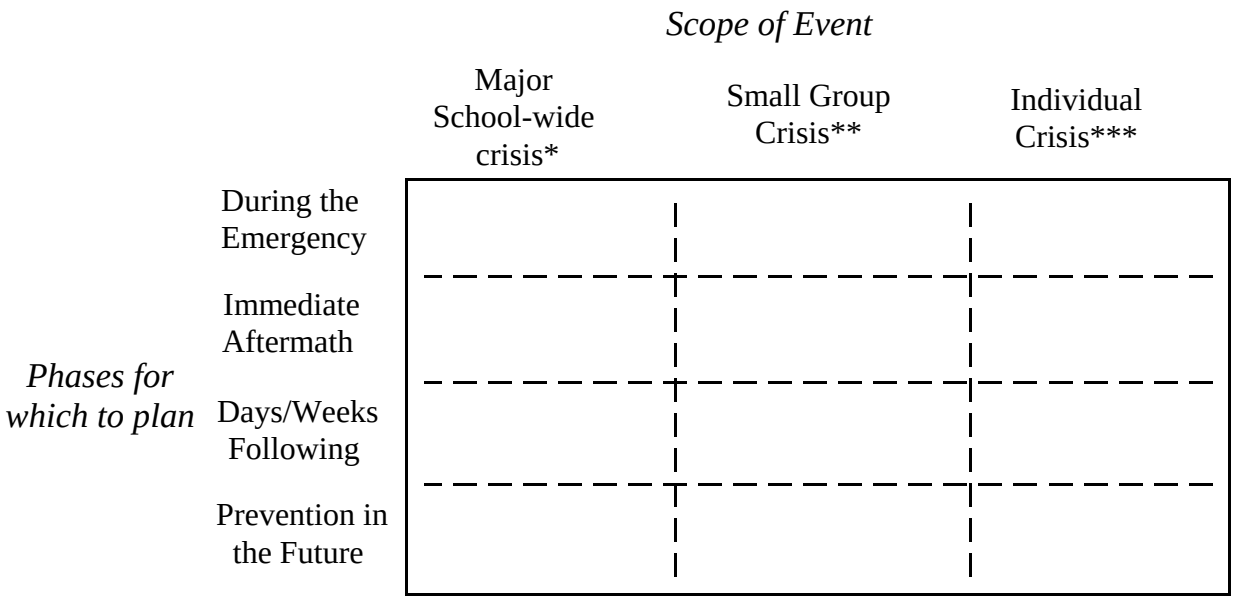
Examples of crisis intervention include activity designed to minimize the personal and institutional impact of crises and establish

- a safe and productive school environment (e.g., that deters violence and reduces injury)
- emergency/crisis responses at a site
- collaboration with local schools (e.g., a high school feeder pattern) and the community at-large for crisis planning and response and to develop and implement strategies to enhance safety and reduce violence, bullying, child abuse, suicide
- follow-up care when needed
- a violence prevention and resiliency curriculum designed to teach students anger management, problem-solving skills, social skills, and conflict resolution.

FRAMING AND DESIGNING CRISES ASSISTANCE AND PREVENTION

Exhibit 1 presents a prototype framework to help plan crisis assistance and prevention. (The resources referenced at the end of this chapter offer specific intervention ideas related to each of these concerns.)

Exhibit 1
Prototype Framework for Crises Assistance and Prevention



*Major school-wide crisis (e.g., major earthquake, fire in building, gun violence on campus)

**Small group crisis (e.g., in events where most students are unaffected such as a classmate's death, the focus is on providing for *specific* classes, groups, and individuals who are upset)

***Individual crisis (e.g., student confides threat to hurt self or others such as suicide, assault)

Several points should be highlighted related to the prototype framework. Clearly, the scope of the event (major school-wide crises as contrasted to small group or individual crises) profoundly shapes the number of responders needed during the various phases of the crisis.

Also, problems requiring attention during the crisis are quite distinct from those arising in the immediate aftermath and in the days and weeks following the event (e.g., hysteria and fear as contrasted with grief reactions and post traumatic stress).

As with every intervention, multi-year strategic development requires gap analyses and priority setting and feasibility considerations. And, as with all student and learning supports, the work is strengthened when a broad range of stakeholders and resources are coalesced to help with planning and implementation (e.g., students, staff, home, police, medical, and other community resources).

WHAT ARE PRIORITIES IN ENHANCING CRISES ASSISTANCE AND PREVENTION?

The prototype framework in Exhibit 1 can guide gap analysis and setting priorities for intervention, personnel development, and ongoing support. For more specific examples to aid gap analysis, see the self-study survey in Appendix C of the book (http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf}.

The first priority is to *upgrade crisis intervention planning and response capability*. This can be done by a school's administration or by establishing a standing crisis response and prevention workgroup. In some districts, a school-based crisis intervention team is delineated as the key planning and implementation mechanism. Planning groups vary in size; they benefit from the participation of an administrator, student support staff (e.g., nurse, psychologist, counselor), and anyone with special expertise from the district and community.

Early tasks include

- reviewing strategic and action plans for crisis response and prevention
- preparing all at a school for responding to the different types of emergencies and making specific assignments and building capacity for crowd management, immediate medical and psychological first aid, rumor control, and handling media
- preparing all at a school to implement recovery efforts so students can resume learning and staff can resume their duties and designing and building capacity for immediate aftermath counseling and debriefing

As the above basics are accomplished, the workgroup can enhance plans and capacity for

- providing brief and longer-term follow-up care as necessary
- preventing what is readily preventable.

About Reviewing Strategic and Action Plans

Every school needs crisis assistance and prevention plans that establish specific responses and delineate capacity building for implementation. The focus in strategic and action planning is on such matters as:

- who will assume what roles and functions in responding to a crisis
- what types of events the school defines as a crisis warranting a school-based response
- what defines a particular event as a crisis
- how will different facets of crisis response be handled (who, what, where)
- how to assess and triage medical and psychological trauma
- how to identify students and staff in need of aftermath intervention
- what types of responses will be made with respect to students, staff, parents, district, community, media

- what special provisions will be implemented to address language and cultural considerations
- which school personnel will make the responses
- how district and community resources will be used
- which personnel will review the adequacy of each response and make appropriate revisions in crises response plans
- what in-service staff development and training are needed.
- how will everyone be informed about emergency and crisis procedures

Planning also addresses contingencies. What will be done if someone is not at school to carry out specified crisis response duties? What if a location is not accessible for carrying on a planned activity?

School crises, of course, often are community crises. Therefore, the school's plan should be coordinated with other local schools and with community crisis response personnel. The ideal is to seamlessly interweave plans and resources to enhance the benefits of the wider range of expertise and increase cost-effectiveness.

Once a general response plan is made planners can, over time, work out further details related to specific concerns and how to prevent what is preventable. In doing so, priority is given to high frequency and high impact concerns, such as wide-spread bullying.

About Ensuring Effective Immediate Crisis Response

Action planning focuses on establishing and preparing a *response team* to

- organize planning and training sessions for all at a school
- provide overall coordination during a crisis response
- liaison with district and school administrators and with community emergency response agencies (e.g., fire department, police, emergency medical teams).

The plan also designates which responders will take on roles and functions related to

- mobilizing the team when needed (e.g., telephone trees, email listservs)
- coordinating communications and controlling rumors
- first aid (medical, psychological)
- crowd management
- media
- evacuation and transportation
- individual and group supportive counseling
- aftermath interventions

and so forth.

Every role and function needs to be backed-up by 1-2 team members in case someone is absent or incapacitated. Team contact information must be posted in visible places (e.g., next to phones and computers in office locations).

There's never time to plan things right.

True, but there's always time to do things wrong!

Note: While training for delivering medical first aid is fairly commonplace, relatively little attention is paid to preparing responders to administer psychological first aid. To correct this oversight, Exhibit 2 provides an overview from a guide prepared by the National Child Traumatic Stress Network and the National Center for PTSD.

Exhibit 2
About Psychological First Aid in Schools

The National Child Traumatic Stress Network and the National Center for PTSD have made the Psychological First Aid for Schools Field Operations Guide* and accompanying handouts available online http://www.nctsn.org/content/psychological-first-aid-schoolspfa

Psychological First Aid for Schools is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of a school crisis, disaster, or terrorism event.

The guide is divided into the following sections:

Introduction and Overview
Preparing to Deliver Psychological First Aid
The Core Actions
- •Contact and Engagement
- •Safety and Comfort
- •Stabilization
- •Information Gathering: Current Needs and Concerns
- •Practical Assistance
- •Connection with Social Supports
- •Information on Coping
- •Linkage with Collaborative Services

Appendices

As stated in the manual:

"The basic objectives of a Psychological First Aid provider in schools are:

- To establish a positive connection with students and staff members in a non-intrusive, compassionate manner
- To enhance immediate and ongoing safety and provide physical and emotional comfort
- To calm and orient emotionally overwhelmed or distraught students and staff
- To help students and staff members identify their immediate needs and concerns
- To offer practical assistance and information to help students and staff members address their immediate needs and concerns
- To connect students and staff members as soon as possible to social support networks, including family members, friends, coaches, and other school or community groups
- To empower students, staff, and families to take an active role in their recovery, by acknowledging their coping efforts and strengths, and supporting adaptive coping
- To make clear your availability and (when appropriate) link the student and staff to other relevant school or community resources such as school counseling services, peer support programs, afterschool activities, tutoring, primary care physicians, local recovery systems, mental health services, employee assistance programs, public-sector services, and other relief organizations

(cont.)

Core actions are:

1. Contact and Engagement
   Goal: To initiate contacts or to respond to contacts by students and staff in a non-intrusive, compassionate, and helpful manner

2. Safety and Comfort
   Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort

3. Stabilization (if needed)
   Goal: To calm and orient emotionally overwhelmed or disoriented students and staff

4. Information Gathering: (Current Needs and Concerns)
   Goal: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid for Schools interventions to meet these needs

5. Practical Assistance
   Goal: To offer practical help to students and staff in addressing immediate needs and concerns

6. Connection with Social Supports
   Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support, including family, friends, teachers, and other school and/or community resources

7. Information on Coping
   Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning

8. Linkage with Collaborative Services
   Goal: To link students and staff with available services needed at the time or in the future

These core actions of Psychological First Aid for Schools constitute the basic objectives of providing early assistance within hours, days, or weeks following an event."

The manual stresses the importance of being flexible and devoting the amount of time spent on each core action based on the person's specific needs and concerns.

*Brymer M., Taylor M., Escudero P., Jacobs A., Kronenberg M., Macy R., Mock L., Payne L., Pynoos R., & Vogel J. *Psychological first aid for schools: Field operations guide, 2nd Edition.* (2012). Los Angeles: National Child Traumatic Stress Network.
http://www.nctsnet.org/sites/default/files/pfa/school/1-PFA_for_Schools_final.pdf

About Designing Recovery Efforts

The aftermath of any crisis may affect a significant segment of a school's stakeholders. Of particular concern is the need for rumor control, dealing with contagion effects, and providing support for anyone experiencing medical problems and strong psychological reactions. Recovery planning and action focuses on specific steps to be taken in the ensuing days/weeks. The emphasis is on:

(1) Preparing and circulating accurate information to minimize destructive/disruptive rumors. An example is providing teachers with accurate information about the event and asking them to judiciously cover the matter with their students. The point is not only to provide accurate information about the event, but to clarify that the feelings students are having are natural and to remind students of available resources. Provision should be made to back up teachers (e.g., those who feel their situation requires someone with specific skills). The same type of information is relevant for staff and families.

(2) Preparing and circulating a handout to all school personnel regarding what they should watch for in the aftermath and what they can do if anyone appears especially upset.

3) Implementing classroom discussions and activities that enable students to express and discuss feelings about crises.

(4) Implementing counseling and other special supports for classes, groups, and individuals.

Special expertise may be required in handling problems that arise in the days and weeks following an event. If there is not anyone with the needed expertise at the school, referrals are indicated.

As soon as feasible, planners meet for a debriefing session to evaluate how procedures worked, what revisions are needed, and to clarify preventive implications.

About Brief and Longer-term Follow-up

For some at a school, extended counseling and other special supports are needed. See Chapter 9 for the processes involved in providing student and family special assistance. Processes similar to those presented can be established for affected staff.

Preventing What is Readily Preventable

Prevention is a fundamental element of well-designed crises planning. Prevention strategies play a significant role in creating an environment in which a positive school climate can emerge.

A major focus of prevention is on strategies for deterring violence and reducing injury (e.g., violence prevention and resiliency curriculum; initiatives for conflict resolution and restorative justice). Another facet is concern for enhancing resiliency in the form of enhanced motivation and capacity for coping with stress. At all times, the emphasis is on minimizing circumstances that undermine personal well-being (e.g., threats to feelings of competence, self-determination, and connectedness to significant others).

CONCLUDING COMMENTS FOR THIS CHAPTER

In the context of transforming student and learning supports, developing the highlighted range of school-based crisis intervention requires more than a typical emergency/crisis response team. Where such a team is in place, it needs to be expanded into a broad-based workgroup charged with planning, development, implementation, ongoing evaluation, and quality improvement related to crisis assistance and prevention. This type of standing workgroup can ensure integration with the other five learning supports arenas and with the district, neighboring schools, and the surrounding community.

The workgroup will need members who have or will develop the specific expertise related to crises assistance and prevention. Some members of such a workgroup are dictated by their formal role in a school and will bring expertise (e.g., a school administrator, nurse, psychologist, social worker, counselor); in addition, there almost always are other staff who have special expertise and will be interested in participating (e.g., those with first aid and counseling training, those concerned with school climate and safety).

Optimally, the district should provide not only policy and procedural guidelines, but also district support staff to help workgroups formulate specific plans, organize and train designated responders, and coordinate with relevant district and community resources. And if any schools cannot generate a standing crisis assistance and prevention workgroup, the district and neighboring schools can pool resources to meet the need.

For more specific examples of ways to enhance *Crises Assistance and Prevention*, see the self-study survey in Appendix C. (Also accessible at http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/crisissurvey.pdf**)**

For Free and Easily Accessed Online Resources Related to *Crises Assistance and Prevention*

See the special section on our website:
>*Responding to a Crisis*
http://smhp.psych.ucla.edu/crisisresp.htm

See our Center's Resource Aid on
>*Responding to a Crisis at a School*
http://smhp.psych.ucla.edu/pdfdocs/crisis/crisis.pdf

See our Center's Quick Finds on
>*Crisis Prevention and Response*
http://smhp.psych.ucla.edu/qf/p2107_01.htm
>*Prevention*
http://smhp.psych.ucla.edu/qf/prevention.html

Also see related topics listed on the Quick Find menu
http://smhp.psych.ucla.edu/quicksearch.htm

Each of the above contains citations to references used in preparing this chapter.

Addressing Stigma as Part of Student Supports

Negative effects of assigning diagnostic labels of disorders and disabilities are widely recognized. Too often, people see only the diagnosis, not the person; diagnostic labels can lead to self-fulfilling prophecies and stigmatization. They may also lead to misunderstandings about causality and appropriate corrective actions. All this can exacerbate emotional, behavioral, and learning problems at school and at home and may confound sound decision making about policy and practice.

Stigma related to mental health problems is defined by the Mental Health Commission of Canada as "beliefs and attitudes about mental health and mental illness that lead to the negative stereotyping of people and to prejudice against them and their families." Stigma has been reported as the number one factor interfering with children and adolescents accessing appropriate help. Of those accessing mental health services, about a third indicate they feel stigmatized.

Researchers suggest that children and adolescents are highly susceptible to stigma because they are at a stage when social interactions and peer acceptance are top priorities, and they worry a great deal about what others think about them. Thus, they may hide their emotional and learning problems and not seek help. This can worsen their problems and, in extreme instances, may increase suicidal tendencies. Researchers interviewing parents and others who were close to a recent suicide victim found that stigma was reported as a primary barrier to the individual accessing help.

In general, when those with problems perceive others as viewing them negatively, feelings of shame may be aroused and efforts made to hide the problem, including withdrawal from social interactions. Social withdrawal essentially affects their relationships with peers and can exacerbate emotional, behavioral, and learning problems. And when a family feels there is stigma attached to a problem, parents may refuse to acknowledge it and seek help.

Stigma is not just about hurting someone's feelings. Stigma is about prejudice, discrimination and the violation of a person's human rights.

Centre of Addiction and Mental Health (CAMH)

Why Should Schools Focus on Stigma Reduction?

Parents, care-givers, school staff, and peers, all may be sources of stigmatization; alternatively they can play a role in countering stigma and promoting help-seeking. Here we focus on the role of schools.

Researchers have reported that teachers and other school staff are not well-prepared or supported in dealing with mental health and related concerns. In a recent study, only 31% of students interviewed felt that their teachers were well prepared to respond to students' mental health needs.

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*The material in this document was culled from the literature by Shannon Kanegawa as part of her work with the Center at UCLA. References used as resources for this work are cited at the end.

It is not a far reach to understand that stigmatization is a form of bullying and can be a significant barrier to learning and teaching. Thus, from an intervention perspective, stigma reduction is part of every school's concern about addressing such barriers and re-engaging disconnected students.

- A first focus is on enhancing the promotion of healthy social and emotional development (for students and staff). This encompasses a major emphasis on appreciating individual and group differences and problems, empathy for others, and how to be supportive of anyone whose problems require special assistance.
- The next focus is on ensuring the school environment establishes ways to counter and buffer against stigmatization and build resilience for students to handle such negative interpersonal experiences.
- Finally, for students suffering the effects of stigmatization, personalized student and learning supports need to be available, including referral for specialized assistance if necessary.

Properly implemented, such a continuum of intervention can prevent many students from suffering the negative effects of stigma, can provide relief for others, and can facilitate student learning, performance, relationship building, and overall well-being. And all this helps with the emergence of a more positive school climate.

The *Centre for Addiction and Mental Health (CAMH)* highlights seven actions that everyone can do to reduce the prejudice and discrimination that produces stigma. As adapted for our purposes here, these are:

1) *Know the facts about mental health problems* ("Learn the facts instead of the myths.")
2) *Be aware of one's own attitudes and behaviors towards others with problems and, as necessary, work on changing the way one thinks* ("We've all grown up with prejudices and judgmental thinking, which are passed on by society and reinforced by family, friends and the media. But we can change the way we think – and see people as unique human beings, not as labels or stereotypes.")
3) *Choose words carefully – use accurate and sensitive words in describing that a person has certain problems; don't stigmatize them by characterizing them as being their diagnostic label* ("The way we speak can affect the way other people think and speak.")
4) Related to the above, *focus on the positive by understanding that mental illness is only one part of a person and does not define them*
5) *Educate others by finding opportunities to spread facts and positive attitudes about people's problems* ("Challenge myths and stereotypes. Let others know how their negative words and incorrect descriptions affect people with problems and keep alive false ideas.")
6) *Support people by supporting their choices, encouraging their efforts, and giving them dignity and respect* ("Think about how you'd like others to act toward you if you were in the same situation.")
7) *Include everyone; excluding those with experiencing learning and emotional difficulties is inappropriate and can exacerbate their problems* ("People with problems have a right to take an equal part in society." Indeed, it is their basic human right, and some forms of exclusion are illegal in many countries.)

http://knowledgex.camh.net/amhspecialists/resources_families/Pages/stigma_brochure.aspx

Concluding Comment

Clearly, schools must attend to stigmatization – *but not as one more separate initiative*. As with all mental health concerns, efforts to address stigma need to be embedded into a unified, comprehensive, and equitable system of student and learning supports. And for this to happen will require transforming the current fragmented and marginalized interventions pursued at most schools.

Examples of Resources

Social-emotional focus on enhancing empathy

>*Teaching empathy: Evidence based tips for fostering empathy in children* – http://www.parentingscience.com/teaching-empathy-tips.html

>*School materials for a mental health friendly classroom* – http://promoteacceptance.samhsa.gov/publications/school_modules.aspx

Promoting resilience (with a view to reducing the impact of stigma)

>*Fostering resilience in children* – http://ohioline.osu.edu/b875/b875_2.html

Teaching about mental health (with a view to reducing stigmatization)

>*Reducing mental health stigma in schools* – http://au.professionals.reachout.com/reducing-mental-health-stigma-in-schools

>*Breaking the Silence* – http://www.btslessonplans.org/

>*Mental Health First Aid* – http://www.mentalhealthfirstaid.org/cs/

>*Typical or troubled?* – http://www.americanpsychiatricfoundation.org/what-we-do/public-education/typical-or-troubled

>*StigmaBusters* – http://www2.nami.org/Content/NavigationMenu/Take_Action/Fight_Stigma/Fight_Stigma_StigmaBusters.htm

>*Lets Erase the Stigma* – http://www.letserasethestigma.com/

>*The Centre for Addiction and Mental Health (CAMH) Knowledge Exchange* – http://knowledgex.camh.net/amhspecialists/promotion/Pages/stigma.aspx

>*The Colorado Education Initiative Stigma Reduction* – http://www.coloradoedinitiative.org/wp-content/uploads/2014/03/28.-CEI-Created-Mental-Health-Stigma-Reduction.pdf

Many of the above resources provide links to other resources.

So does our Center *Quick Find* on
> *Stigma Reduction* – http://smhp.psych.ucla.edu/qf/stigma.htm

Normality and exceptionally (or deviance) are not absolutes; both are culturally defined by particular societies at particular times for particular purposes.

--Ruth Benedict

A Sample of References Used in Developing this Resource

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Center Update

Latest Center Resources

For regular updates about new Center resources, go to
>http://smhp.psych.ucla.edu and click on *What's New*.

Examples of Recently Developed Resources

New Free Online Book

>*Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System* – http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf

Practice Notes

>*Agencies Addressing Problems of Children and Youth: Pursuing a Continuum of Interventions and Working with Schools*
http://smhp.psych.ucla.edu/pdfdocs/agenciesschools.pdf

Quick Find

>*Misdiagnosis* – http://smhp.psych.ucla.edu/qf/misdiagnosis.htm

Online Webinar Presentation

We have had many requests for a brief introductory webinar to our approach to addressing barriers to learning and teaching and re-engaging disconnected students. We have just done a 30 minute introductory power point with narration and an accompanying set of handouts.

>The introductory presentation is online at
http://smhp.psych.ucla.edu/powerpoint/briefintroslidesrec.pptx

>The accompanying set of handouts is at
http://smhp.psych.ucla.edu/pdfdocs/intropphandouts.pdf

We are aware that the narration could have more spark and will try to enliven it at a future date. At this time, we would like feedback on the following:

(1) Is the webinar something you could use in providing an introduction to others?

(2) What changes are needed in the presentation and accompanying handouts?

(3) Is there anyone who you want us to send information to about accessing and using this webinar?

Send feedback to Ltaylor@ucla.edu .

Want resources? Need technical assistance? Coaching?

Use our website: http://smhp.psych.ucla.edu
or contact us – E-mail: smhp@ucla.edu or Ph: (310) 825-3634

Not receiving our monthly electronic newsletter *(ENEWS)?*
Or our weekly *Community of Practice Interchange?*

Then, send your request to Ltaylor@ucla.edu

2015 National Initiative for Transforming Student & Learning Supports

Equity of opportunity is fundamental to enabling civil rights; transforming student and learning supports is fundamental to enabling equity of opportunity and promoting whole child development.

The 2015 Initiative has generated a great deal of interest from those concerned about school improvement. We have been contacted by many superintendents, principals, and school leaders, departments and boards of education, and national and state organizations.

Those seeking more information are first referred to the

>webpages for the initiative http://smhp.psych.ucla.edu/newinitiative.html

>the book on *Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System* – http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf

>the 30 minute introductory power point with narration
http://smhp.psych.ucla.edu/powerpoint/briefintroslidesrec.pptx

and the accompanying set of handouts
http://smhp.psych.ucla.edu/pdfdocs/intropphandouts.pdf

Then, for those wanting to move forward in developing a unified, comprehensive, and equitable system of student supports, ***we offer free distance coaching and technical assistance***.

Interested? Send an email to ltaylor@ucla.edu

AND LET US KNOW WHAT YOU SEE HAPPENING TO TRANSFORM STUDENT AND LEARNING SUPPORTS

Why do they keep asking us the same needs-assessment questions over and over again?

Because it's cheaper than doing something to address the needs!

The Center for Mental Health in Schools operates under the auspices of the School Mental Health Project in the Dept. of Psychology, UCLA.

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. . . and a host of students