Addressing Barriers to Learning

New ways to think . . .

Better ways to link

It is either naive or irresponsible to ignore the connection between children's performance in school and their experiences with malnutrition, homelessness, lack of medical care, inadequate housing, racial and cultural discrimination, and other burdens.

Harold Howe II

Complex Problems, Limited Solutions

Note: The following is an excerpt from:
   The School Leader's Guide to Student Learning Supports:
   New Directions for Addressing Barriers to Learning
         by Howard Adelman & Linda Taylor
         just published by Corwin Press.
   http://smhp.psych.ucla.edu/corwin/bookannouncement.htm

Teachers and student support staff know that a student who has a learning problem is likely to have behavior problems and vice versa. Moreover, students with learning and behavior problems tend to develop an overlay of emotional problems. And, of course, emotional problems can lead to and exacerbate behavior and/or learning problems. Schools find that a student who is abusing drugs often also has poor grades, is truant, at risk of dropping out, and more. The term co-morbidity is used to account for the fact that individuals frequently have several problems at the same time; clinicians use this term to indicate that an individual has more than one diagnosable problem. All this underscores that the problems students bring to school tend to be multifaceted and complex.

Inside

In many schools, when students are not doing well, the trend is to refer them directly for assessment in hopes of referral for special assistance, perhaps even assignment to special education. In some schools and classrooms, the number of referrals is dramatic. Where special teams exist to review students for whom teachers request help, the list grows as the year proceeds. The longer the list, the longer the lag time for review – often to the point that, by the end of the school year, the team has reviewed just a small percentage of those referred. *And, no matter how many are reviewed, there are always more referrals than can be served*. In many schools, the numbers of students experiencing problems is staggering.

So how do schools respond? School interventions to address student problems usually are developed and function in relative isolation of each other. Organizationally, the tendency is for policy makers to mandate and planners and developers to focus on specific programs. Functionally, most practitioners spend their time working directly with specific interventions and targeted problems and give little thought or time to developing comprehensive and cohesive approaches. Furthermore, the need to label students in order to obtain special, categorical funding often skews practices toward narrow and unintegrated intervention approaches. One result is that a student identified as having multiple problems may be involved in programs with several professionals working independently of each other. Similarly, a youngster identified and helped in pre-school or elementary school who still requires special support may cease to receive appropriate help upon entering kindergarten or middle school. Pursuit of grant money often further diverts attention from one concern to another. And so forth.

What should be clear then is that the problems addressed are complex and multifaceted and the

response is piecemeal and narrowly focused. The result is fragmented intervention that does not and cannot meet the needs of any school where large numbers of students are experiencing problems.

The solution is not found in efforts to convince policy makers to fund more special programs and services at schools. Even if the policy climate favored more special programs, such interventions alone are insufficient. More services to treat problems certainly are needed. But so are programs for prevention and early-after-problem onset that can reduce the numbers that teachers send to review teams.

It is time to face the fact that *multifaceted problems usually require comprehensive, integrated solutions applied concurrently and over time.*

How Close are Schools to Having a Comprehensive Approach?

In our work, we use the framework presented in Exhibit 1 to analyze what exists already and where the gaps are. We emphasize both school and community because developing a comprehensive, multifaceted, and cohesive approach takes the committed collaboration of schools and communities working together.

Frameworks for Mapping and Analysis

One facet of Exhibit 1 encompasses a *continuum of interventions* conceived as three overlapping *systems*:

- C systems for positive development and prevention of problems

- C systems of early intervention to address problems as soon after onset as feasible

- C systems of care for those with chronic and severe problems.

The continuum embraces (1) public health protection, promotion, and maintenance to foster positive development and wellness, (2) preschool-age support to enhance health and psychosocial growth, (3) early-schooling targeted interventions, (4) augmentation of ongoing regular support, (5) ongoing interventions for targeted assistance prior to referral, and (6) intensive treatments. The focus is on individuals, families, and the contexts in which they live, learn, work, and play. It should be noted that the continuum incorporates a holistic and developmental emphasis. And, a basic underlying assumption is that the least restrictive, nonintrusive forms of intervention needed should be used to address problems and accommodate diversity. Another assumption is that problems usually are not discrete, and thus,

interventions that address root causes should be used.

> *Unfortunately, society's policy makers have not yet committed to establishing such a continuum of interconnected systems.*

The other facet of the matrix encompasses the *six content or "curricular" arenas of an Enabling or Learning Supports Component*. This provides a much needed conceptual framework for grouping the many programs and services used in schools to address barriers and enable learning and teaching. The six areas are:

- C *enhancing regular classroom strategies to enable learning* (e.g., improving instruction for students with mild-moderate learning and behavior problems and re-engaging those who have become disengaged from learning at school)

- C *responding to, and where feasible, preventing school and personal crises*

- C *supporting transitions* (e.g., assisting students and families as they negotiate school and grade changes, daily transitions, etc.)

- C *increasing home and school connections*

- C *increasing community involvement and support* (e.g., outreach to develop greater community involvement and support, including enhanced use of volunteers)

- C *facilitating student and family access to effective services and special assistance as needed.*

The matrix in Exhibit 1 creates a unifying guide for rethinking and restructuring the daily work of all staff at a school site who focus on providing learning supports. It can be used to map the current scope and content of how a school, a family of schools, and a school district address barriers. This information then can be used to generate a gap analysis as a basis for school improvement planning and evaluation.

Exhibit 1

A Unifying Umbrella Framework to Guide Rethinking of Learning Supports*

Scope of Intervention

	Systems for Promoting Healthy Development & Preventing Problems	Systems for Early Intervention (Early after problem onset)	Systems of Care
Classroom-Focused Enabling			
Crisis/ Emergency Assistance & Prevention			
Support for transitions			
Home Involvement in Schooling			
Community Outreach/ Volunteers			
Student and Family Assistance			

Organizing around the

Content/ "curriculum"

for addressing barriers to learning & promoting healthy development

Accommodations for differences & disabilities

Specialized assistance & other intensified interventions (e.g., Special Education & School-Based Behavioral Health)

* Note that specific school-wide and classroom-based activities related to positive behavior support, "prereferral" interventions, and the eight components of Center for Disease Control and Prevention's Coordinated School Health Program are embedded into the six content ("curriculum") areas.

Analyzing Learning Supports at Schools

Our analyses consistently find major gaps and a high degree of fragmentation and marginalization related to school and community efforts to address barriers to learning. Most collaborative initiatives are not braiding resources and establishing effective mechanisms for sustainability. Little horizontal and vertical integration is found for programs and services within and between jurisdictions (e.g., among departments, divisions, units, schools, clusters of schools, districts, community agencies, public and private sectors). Such integration is essential to counter tendencies to develop separate programs for every observed problem.

For the most part, schools are not playing much of a role in establishing the type of student supports and developing the support systems essential to *enabling* all students to benefit from higher standards and improved instruction. In particular, they do relatively little to prevent or intervene early after the onset of a student's learning, behavior, or emotional problem. As budgets have tightened, they are doing less and less to provide students with social supports and recreational and enrichment opportunities. And, even as educators call for greater home involvement, there continues to be little proactive outreach to help family members overcome barriers to involvement (e.g., improving family literacy, facilitating social support networks).

What's Holding us Back?

Keeping the full continuum in mind, let's look at school reform and improvement through the lens of learning, behavior, and emotional problems. Doing so, we find school improvement policies and planning mostly give short shrift to such problems. The exceptions proving the point are a few pioneering initiatives around the country demonstrating how schools and communities can meet the challenge by addressing persistent barriers to student learning.

Our analysis of prevailing policies for improving schools indicates that the primary focus is on two components: (1) enhancing instruction/curriculum and (2) restructuring school management. Implementation of such efforts is shaped by demands for every school to adopt high standards and expectations and be more accountable for results, as measured by standardized achievement tests. Toward these ends, the calls have been to enhance direct academic support and move away from a "deficit" model by adopting a strengths or resilience-oriented paradigm. All this is reflected in federal guidelines. Given this state of affairs, it is not surprising that the federal emphasis in providing for "supplemental services" is only on tutoring.

At the same time, barriers that cannot be ignored continue to be addressed in a piecemeal manner – school violence, drugs on campus, dropouts, teen pregnancy, delinquency, and so forth. These are pursued as auxiliary programs. They are funded as "categorical" initiatives, some supported by school district general funds and some underwritten by the federal and private sector.

Analyses consistently underscore the fragmented and marginalized way in which policy makers are attending to the multifaceted barriers that interfere with students learning and performing well at school.

> The degree to which marginalization is the case is seen in the lack of attention given to addressing barriers to learning and teaching in consolidated school improvement plans and certification reviews. It is also seen in the lack of attention to mapping, analyzing, and rethinking how the resources used to address barriers are allocated. For example, educational reformers virtually have ignored the need to reframe the work of pupil services professionals and other student support staff. All this seriously hampers efforts to provide the help teachers and their students so desperately need.

Needed: A Policy Shift

Some policy makers have come to appreciate that limited intervention efficacy is related to the widespread tendency for programs to operate in isolation. As a result, initiatives have undertaken to reduce *fragmentation.* However, policy makers have failed to come to grips with the underlying *marginalization* that leads to piecemeal approaches and maintains fragmentation. As long as the whole enterprise of addressing barriers is treated as supplementary in policy and practice, little attention will be given to integrating it fully into school improvement planning.

Thus, present policies designed to enhance support for teachers, students, and families are seriously flawed. It is unlikely that an agenda to enhance academics can succeed in the absence of concerted attention to ending the marginalized status of efforts to address barriers to learning and teaching. Increased awareness of policy deficiencies has stimulated analyses that indicate current policy is

dominated by a two-component model of school improvement. That is, the primary policy focus is on improving instruction and school management. While these two facets obviously are necessary, our analyses emphasize that a third component – one to enable students to learn and teachers to teach – is essentially missing in policy (see the top part of Exhibit 2).

Used as a proxy for the missing component are all the marginalized and fragmented activity that goes on as school-after-school struggles to address the many factors interfering with student learning and performance (see the bottom section of Exhibit 2). Various states and localities are moving in the direction of pulling all these resources together into a primary and essential third component for *school improvement.* (Some of the pioneering efforts are highlighted in Part II of the book.) In each case, there is recognition at a policy level that schools must do much more to enable *all* students to learn and *all* teachers to teach effectively. In effect, the intent, over time, is for schools to play a major role in establishing a full continuum of school-community interventions.

Overlapping what schools offer are initiatives from the *community* to link resources to schools (e.g., school-linked services, full-service schools, community and school partnerships, community schools). Some of these efforts braid resources together; however, others contribute to further fragmentation, counterproductive competition, and marginalization of student support.

A third set of initiatives is designed to promote coordination and collaboration among *governmental* departments and their service agencies. The intent is to foster integrated services, with an emphasis on greater local control, increased involvement of parents, and locating services at schools when feasible. Although federal and state government has offered various forms of support to promote this policy direction, few school districts have pursued the opportunity in ways that have resulted in comprehensive and multifaceted approaches for addressing barriers to learning. To facilitate coordinated planning and organizational change, local, state, and federal intra- and interagency councils have been established. Relatedly, legislative bodies have been rethinking their committee structures.

The various initiatives do help *some* students who are not succeeding at school. However, they come nowhere near addressing the scope of need. Indeed, their limited potency further highlights the degree to which efforts to address barriers to learning are marginalized in policy and practice.

Needed: A Three Component Framework for School Improvement

The limited impact of current policy points to the need to rethink school reform and improvement. Our analyses indicate that the two component model upon which current reforms are based is inadequate for significantly improving the role of schools in helping prevent and correct learning, behavior, and emotional problems.

Prevailing approaches to school improvement do not address the factors leading to and maintaining students' problems, especially in schools where large proportions of students are not doing well. Despite this, in their rush to raise test scores, school leaders usually pursue instruction as if this was sufficient to ensure that every student will succeed. That is, the emphasis is mostly on intensifying and narrowing the agenda for school improvement to discussions of curriculum, instruction, and classroom discipline. (See almost any school improvement planning guide.[1]) This ignores the need for fundamental restructuring of school and community resources for *enabling learning* and continues to marginalize such efforts.

While improved instruction is necessary, for too many youngsters it is not sufficient. Students who arrive at school lacking motivational readiness and/or certain abilities need something more. That "something more" is best conceived as a major component to address barriers to learning. Adoption of a three component framework elevates addressing barriers to the level of a fundamental and primary facet of school improvement. (Part II of the book discusses this in detail.)

> *Movement to a three component model is necessary so schools can do better in enabling all young people to have an equal opportunity to succeed at school.*
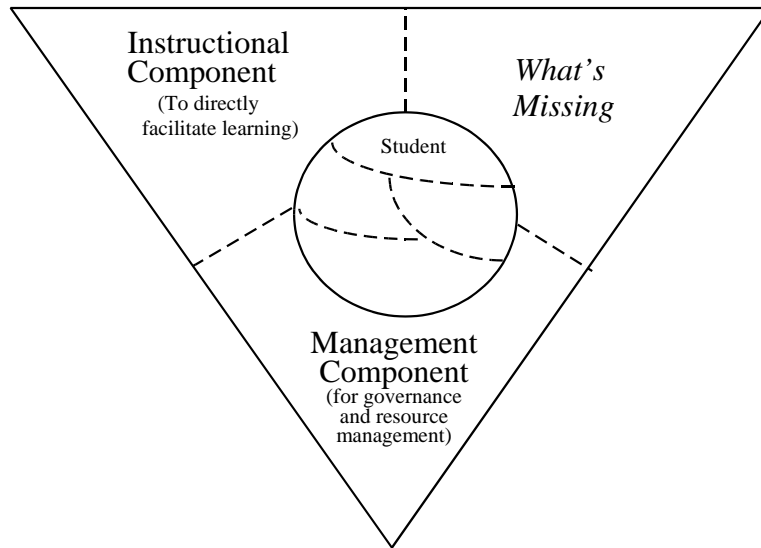
Concluding Comments

How often have you been asked:

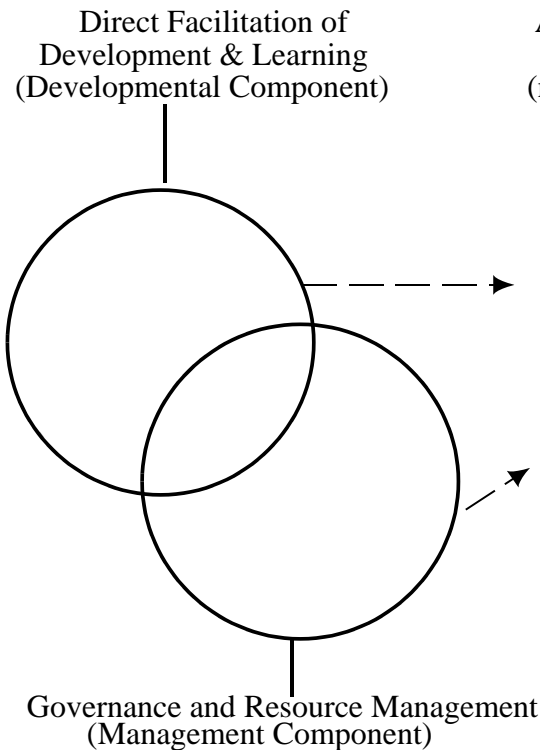> *Why don't schools do a better job in addressing students' problems?*

We answer the question by stressing that *efforts to address such problems are marginalized in school policy and daily practice.* We emphasize that most programs, services, and special projects providing

Exhibit 2
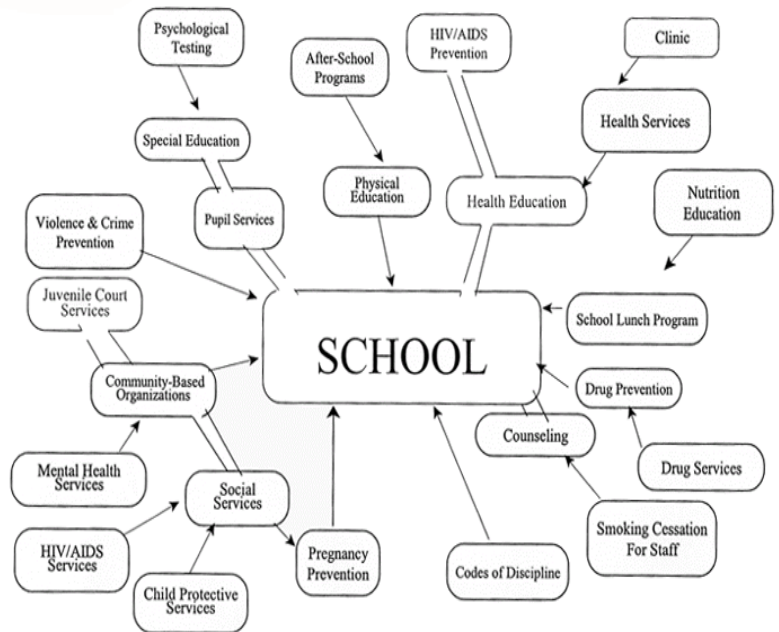
Current Two Component Model for Reform and Restructuring

(a) What's missing?

Instructional
Component
(To directly
facilitate learning)

*What's
Missing*

Student

Management
Component
(for governance
and resource
management)

(b) Not really missing, but marginalized and fragmented in policy and practice.

Direct Facilitation of
Development & Learning
(Developmental Component)

Addressing Barriers to Development,
Learning, & Teaching
(not treated as a primary component)*

Governance and Resource Management
(Management Component)

Psychological
Testing

After-School
Programs

HIV/AIDS
Prevention

Clinic

Special Education

Physical
Education

Health Education

Health Services

Nutrition
Education

Violence & Crime
Prevention

Pupil Services

Juvenile Court
Services

SCHOOL

School Lunch Program

Community-Based
Organizations

Drug Prevention

Counseling

Mental Health
Services

Social
Services

Drug Services

HIV/AIDS
Services

Pregnancy
Prevention

Codes of Discipline

Smoking Cessation
For Staff

Child Protective
Services

Adapted from: *Health is Academic: A guide to Coordinated School Health Programs* (1998).
Edited by E. Marx & S.F. Wooley with D. Northrop. New York: Teachers College Press.

*While not treated as a primary and essential component, every school offers a relatively small amount of
school-owned student "support" services – some of which links with community-owned resources.
Schools, in particular, have been reaching out to community agencies to add a few more services.
All of this, however, remains marginalized and fragmented in policy and practice.

learning supports at a school and district-wide are treated as nonessentials. The result is that

- planning and implementation often are done on an ad hoc basis;

- staff tend to function in relative isolation of each other and other stakeholders, with a great deal of the work oriented to discrete problems and with an overreliance on specialized services for individuals and small groups;

- in some schools, the deficiencies of current policies give rise to such aberrant practices as assigning a student identified as at risk for grade retention, dropout, and substance abuse to three counseling programs operating independently of each other. This fragmentation not only is costly, it works against cohesiveness and maximizing results.

It also should be stressed that the tendency among reformers has been to focus mainly on the symptom – fragmentation. As a result, the main prescription for improvement has been to improve coordination. Better coordination is a good idea. But it doesn't really address the continued marginalization of school-owned student supports.

And, we note that, for the most part, community involvement at schools also remains a token and marginal concern. Moreover, the trend toward fragmentation is compounded by most school-linked services initiatives. This happens because such initiatives focus primarily on coordinating *community* services and *linking* them to schools using a collocation model, rather than integrating such services with the ongoing efforts of school staff.

The marginalized status and associated fragmentation of efforts to address student problems are long-standing and ongoing. The situation is unlikely to change as long as reforms continue to ignore the need to rethink the work of student support professionals. Most school improvement plans currently do not focus on using such staff to develop a comprehensive, multifaceted, and integrated approach for addressing the many overlapping barriers to learning, develop-ment, and teaching. At best, most reformers have offered the notions of *Family Resource Centers* and *Full Service Schools* to link community resources to schools and coordinate services. Clearly, much more fundamental changes are needed.

Also mediating against developing school-wide approaches to address factors interfering with learning and teaching is the marginalized, fragmented, and flawed way in which these matters are handled in providing on-the-job education. Little or none of a teacher's inservice training focuses on improving classroom and school-wide approaches for dealing effectively with mild-to-moderate behavior, learning, and emotional problems. Paraprofessionals, aides, and volunteers working in classrooms or with special school projects and services receive little or no formal training/supervision before or after they are assigned duties. And little or no attention is paid to inservice for student support staff.

The time has come to change all this. New directions for learning supports must be made an essential agenda item in ensuring no child is left behind. As a colleague of ours often says: *All children want to be successful – let's give them a fighting chance*.

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

[1] See also: *School Improvement Planning: What's Missing?* Online at http://smhp.psych.ucla.edu/whatsmissing.htm

Center News

***New and Updated Resources

For the lists of latest resources, see

http://smhp.psych.ucla.edu/whatsnew/JustPutOnline.htm
http://smhp.psych.ucla.edu/whatsnew/otherresources.htm

or phone toll Free (866) 846-4843.

> Let us know what you need, and share
> what you think others might find useful.

***Policy and Program Analyses Underway: Can you provide some information?

>>We are currently doing a review of research on *cost-benefit analyses* related to mental health, MH in schools, student supports, and other interventions designed to address the needs of children and adolescents. If you have resources or references to share, please let us know. A synthesis will be available sometime this summer; a report of the analysis will follow soon after.

>>Similar work is underway on *legislation* related to student support and mental health in schools. If you know of any proposed or enacted bills, let us know. We have already created a growing file of legislative examples and put them online in the Center's Quick Find Online Clearinghouse. What are we missing?
http://smhp.psych.ucla.edu/qf/legislation.html

***Resources for the National Initiative: New Directions for Student Support

We continue to expand the range of resources that can be accessed online related to the Initiative. See:
http://smhp.psych.ucla.edu/summit2002/resourceaids.htm
Among the many requests we receive, there have been repeated calls for power point presentations. So, we have put online our presentation slides related to New Directions using the powerpoint program. S e e :
http://smhp.psych.ucla.edu/powerpoint/newdirections/
newdirectionsstudentsupport.ppt

We are encouraging folks to feel free to use or adapt any or all the materials as they work with schools, districts, and agencies to move things forward.

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 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, E-mail.

I hear you skipped school to play football.
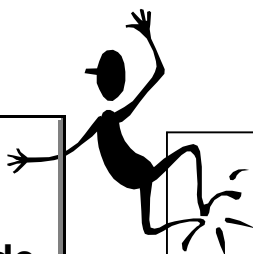
No I didn't, and I have the movie stubs to prove it.
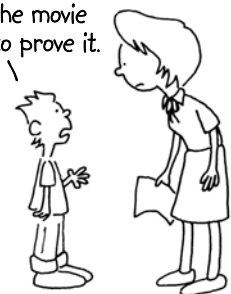
Good schools, like good societies and good families, celebrate and cherish diversity.
Deborah Meier

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

Supporting Successful Transition to Ninth Grade

Examples

Starting ninth grade is not just another grade transition. For most students it is a major life change. Some don't even survive the transition and become early "push outs." For too many others, the emotional toll is high, and this exacerbates behavior and learning problems.

Besides the obvious changes related to school setting and instructional content, processes, and outcome standards, the move to ninth grade usually is accompanied by notable changes in role and status and interpersonal relationships. These yield significant shifts in self-perceptions and expectations and in what is valued by the youngster.

Thus, from a developmental and motivational perspective, eighth and ninth grades are critical times for transition supports designed to assure *all* students have an equal opportunity to succeed at school. Such interventions must encompass programs to

    C   promote and maintain positive attitudes during the transition

    C   anticipate and prevent problems

    C   provide special assistance to those whose problems make it highly likely that the transition will be difficult to negotiate

    C   monitor transitions in order to respond at the first indications a student is having transition problems

Successful ninth grade transition programs are built on the foundation of good schooling through the eighth grade. Eighth grade provides the opportunity for a variety of specific activities aimed at enhancing positive motivation about and capabilities for making the ninth grade transition. This obviously includes traditional broad-band orientation programs for students and their parents (e.g., packets, tours, and discussions clarifying basic info and dispelling myths). But a comprehensive focus on supporting the transition encompasses much more.

With full appreciation of what the ninth grade transition experience entails, support for transition also includes programs designed to deepen students' knowledge and skills, increase social and emotional problem solving capabilities, and enhance student feelings of competence, self-determination, and connectedness with supportive others.

Special course and use of natural opportunities: Offering a transition course in eighth grade and using natural opportunities throughout the school day to enhance specific knowledge, skills, and attitudes related to the transition.

Peer buddies: Connecting eighth graders to ninth grade peer buddies during the last month before the transition or at least from day one in ninth grade. Such buddies would be trained to participate in orienting and welcoming, provide social support for the period of transition, and introduce the newcomer to peers and into activities during the first few weeks of transition.

Personalized programs for those already identified as likely to have difficulty with the transition: Such programs need to be designed no later than the middle of eighth grade. They should be designed to develop an individual transition plan, with specific objectives related to both motivational and capability concerns.

Special assistance for those who don't transition successfully: Ninth grade teachers usually are painfully aware of students who are not making a successful transition. The school's learning supports' component should include a system for responding as soon as a teacher identifies such a student. Such a system should be prepared to develop personalized transition supports and specialized assistance as needed.

As with all good interventions, transition support should aspire to creating a good "match" or "fit" with students. This means attending to diversity among students with particular respect to how differences are manifested in terms of motivation, developmental capability, and actions.

Environments also should be redesigned to maximize opportunities to enhance competence, self-determination, and connectedness to valued others and to minimize threats to such feelings. Particular attention needs to be paid to enhancing opportunities for social support, counseling, and

advocacy by designated school staff (e.g., a homeroom teacher, a member of the school's support staff) and to strategies for eliminating victimization.

Successful transitions are marked by students who feel a sense of connectedness and belonging, who are engaged in classroom learning, and who are able to cope with daily stressors.

The Center's Quick Find Online Clearinghouse has material on Transitions that provides helpful resources:

Go to http://smhp.psych.ucla.edu/qf/p2101_01.htm

Among the sources you can link to from the Quick Find is the Center's intro packet entitled:

Transitions: Turning Risks into Opportunities for Student Support

and a training tutorial entitled:

Support for Transitions to Address Barriers to Learning

One School's Approach

Wheaton High School – http://www.mcps.k12.md.us/schools/wheatonhs/academy/ninth.html

The Ninth Grade Academy (designed as a small learning community) is a school-within-a-school organized around interdisciplinary teams of English, math, science, and social studies who share a specific area of the school building. Freshmen are assigned to a house of 80-100 students. (A house is an organizational arrangement that assigns students and teachers to teams in a set of rooms). Mainstreamed students, supported by special education instructors, are assigned to a house with the same team expectations.

It is a mission of the Ninth Grade Academy to ensure incoming freshman make a smooth transition. The overall goal is to provide programs and supports addressing the unique needs of entering freshman resulting in increased achievement. Incoming freshmen are connected to a select team of caring Academy staff to personalize the transition and address specific students' needs. The freshmen orientation course "Connections" focuses on developing and honing the personal and academic skills of these students, while connecting them to the academic and career pathways that will define their secondary school experiences.

Specific measurable objectives include:

Objective 1: The passing rate of students from grade 9 to grade 10 will increase by 5%.
Objective 2: The percentage of students losing credit and/or failing one or more courses during the freshman year will decline by 5% for each sub-group of the population.
Objective 3: The average GPA of freshman will increase by .25 for each sub group of the population.
Objective 4: The percentage of freshmen who pass the countywide end of course exam and/or the High School Assessment in English, Algebra 1, Biology, and NSL will increase by 5% for each sub-group of the population.
Objective 5: The percentage of freshman who are eligible to participate in extracurricular activities will increase by 5% for each sub group of the population, and the participation levels in these activities will increase at the same level.

Benefits to Be Accrued by Students

C   increased academic achievement and reductions in the achievement gap
C   increased student attendance, attitudes and behavior
C   reduced isolation that often seeds alienation and violence
C   promotion of positive feelings about self and others
C   increased numbers of students matriculating to 10th grade
C   lower student drop out rate
C   increased extracurricular participation rate
C   enhanced student awareness of academic/career options
C   stronger student-teacher relationships
C   enhanced student ability to apply academic content and skills for success in real world settings
C   involvement of each student along with his/her parent/guardian in a guidance and advisory system.

Schools & MH Research

Research related to how schools ensure all students have an equal opportunity to succeed at school requires a strong emphasis on mental health in schools. As such, the research agenda should be conceived in ways that coalesce the recommendations of the President's New Freedom Commission on Mental Health with school improvement policy – especially the aims of the *No Child Left Behind Act* (particularly the goals of closing the achievement gap and addressing dangerous schools) and changes resulting from reauthorization of the *Individuals with Disabilities Education Act.* To be of greatest use to schools and children's mental health, the bulk of such research should focus on systemic policy and practice. And, all such research needs to be formulated with appropriate attention to the diverse populations in schools and systemic and resource differences related to location (urban, rural, suburban).

For example: Consistent with all three policy initiatives cited above is research on how schools can

- < promote social-emotional development, prevent mental health and psychosocial problems, and enhance resiliency and protective buffers

- < intervene as early after the onset of emotional, behavior, and learning problems as is feasible and to address severe and chronic problems

- < address systemic matters at schools that affect student and staff well-being, such as existing practices that engender and new practices that address bullying, alienation, and student disengagement from classroom learning and school

- < build the capacity of all school staff to address emotional, behavioral, and learning problems and promote healthy social-emotional development

Some specifics:

(1) Research is needed to clarify both natural opportunities and formal ways that schools can prevent a range of related mental health and psychosocial problems and reduce stigma associated with diagnosed problems. Natural opportunities occur each day at school as students interact with each other and staff. Formal avenues occur through integration into both regular and special education curricula, including prevention programs, specialized interventions for problems, and as part of courses for social and emotional development and mental health education. Once the various natural and formal avenues are clarified, research can establish how they can best be used to address problems and reduce stigma.

(2) Schools already involve families in IEP development as part of their compliance with special education mandates. A beginning has been made to transform such planning to conform with the consumer and family driven principles of systems of care. Research is needed to identify (a) how to strengthen systems of care efforts (e.g., better connect school and community efforts) and (b) how to extend systemic approaches to include young consumer and family driven individualized planning for interventions that are implemented early after the onset of a problem (before special education becomes necessary).

(3) Research is needed to clarify ways to build the *systemic capacity* of schools and the *professional competence* of personnel who work in schools to more effectively address MH and psychosocial concerns. For example, with specific respect to young children, teachers and other staff at their schools are critical elements in promoting MH or contributing to emotional and behavioral problems. They also are essential to early detection and referral. How does the system address these matters? What aspects of their training are relevant to these matters? What changes are indicated? What changes are feasible? Similar questions arise related to concerns about eliminating disparities, investigating the effects of medications on school learning, investigating the role schools can play when students are traumatized, and so forth.

(4) Research is needed to clarify the interface between school and MH policy, research, training, and practice.

(5) Research is needed to clarify the impact of categorical funding for programs focused on school MH and related psychosocial concerns. This is particularly relevant for advancing efforts to address co-occurring MH and substance problems.

(6) Research on resilience and protective buffers related to schools is still in its earliest stages; much more is needed to clarify the impact of neighborhood, family, peer, school, and individual factors.

(7) Research on the outcomes of special education programs for emotional and behavioral problems has yet to identify approaches that have a high degree of lasting effectiveness.

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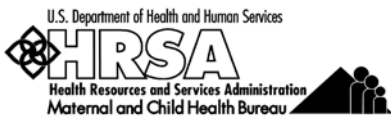
Announcement

As many of you know, June 30 was the last day in our current five year federal funding cycle. An open competition was held this year for the next five year cycle, and we did reapply. And, we are pleased to inform everyone that the work of the national Center for Mental Health in Schools at UCLA will continue to receive support from the Department of Health and Human Services, as will the work of our sister Center at the University of Maryland. This support comes through the auspices of the Office of Adolescent Health, Maternal and Child Health Bureau in the Health Resources and Services Administration and from the Center for Mental Health Services in the Substance Abuse and Mental Health Services Administration.

In the coming years, we will continue to work to improve outcomes for young people by enhancing the field of mental health in schools. The guiding principles and frameworks for the work will continue to emphasize ensuring (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. From this perspective and through collaboration, the Center will continue to strive not only to improve practitioners' competence, but to foster changes in the systems with which they work. In doing so, we will continue to address the varying needs of locales and the problems of accommodating diversity among interveners and among populations served. One important difference as we move forward will be an even greater emphasis on policy and program analyses to inform policy, practice, research, and training.

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-55

(1) Please share any info you can about the program and policy analyses cited on p. 8

>>Research references dealing with cost-benefit analyses related to mental health, MH in schools, student supports, and other interventions designed to address the needs of children and adolescents.

>>References to enacted or proposed legislation related to student support and mental health in schools. (See the Center's Quick Find Online Clearinghouse for what already has been identified – http://smhp.psych.ucla.edu/qf/legislation.html)

(2) Requests/comments related to the national New Directions for Student Support Initiative:

List below any people the Center should contact to see if they are interested:
Name   Contact Info

(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.

And, don't forget that the Center for School Mental Health Assistance will hold its
10th Annual Conference on Advancing School-Based Mental Health
October 27-29 in Cleveland, OH, http://csmha.umaryland.edu
Theme: *Effective School Mental Health Practice: Building a Shared Agenda*

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.

Schools & MH Research

Research related to how schools ensure all students have an equal opportunity to succeed at school requires a strong emphasis on mental health in schools. As such, the research agenda should be conceived in ways that coalesce the recommendations of the President's New Freedom Commission on Mental Health with school improvement policy – especially the aims of the *No Child Left Behind Act* (particularly the goals of closing the achievement gap and addressing dangerous schools) and changes resulting from reauthorization of the *Individuals with Disabilities Education Act.* To be of greatest use to schools and children's mental health, the bulk of such research should focus on systemic policy and practice. And, all such research needs to be formulated with appropriate attention to the diverse populations in schools and systemic and resource differences related to location (urban, rural, suburban).

For example: Consistent with all three policy initiatives cited above is research on how schools can

> < promote social-emotional development, prevent mental health and psychosocial problems, and enhance resiliency and protective buffers

> < intervene as early after the onset of emotional, behavior, and learning problems as is feasible and to address severe and chronic problems

> < address systemic matters at schools that affect student and staff well-being, such as existing practices that engender and new practices that address bullying, alienation, and student disengagement from classroom learning and school

> < build the capacity of all school staff to address emotional, behavioral, and learning problems and promote healthy social-emotional development

Some specifics:

(1) Research is needed to clarify both natural opportunities and formal ways that schools can prevent a range of related mental health and psychosocial problems and reduce stigma associated with diagnosed problems. Natural opportunities occur each day at school as students interact with each other and staff. Formal avenues occur through integration into both regular and special education curricula, including prevention programs, specialized interventions for problems, and as part of courses for social and emotional development and mental health education. Once the various natural and formal avenues are clarified, research can establish how they can best be used to address problems and reduce stigma.

(2) Schools already involve families in IEP development as part of their compliance with special education mandates. A beginning has been made to transform such planning to conform with the consumer and family driven principles of systems of care. Research is needed to identify (a) how to strengthen systems of care efforts (e.g., better connect school and community efforts) and (b) how to extend systemic approaches to include young consumer and family driven individualized planning for interventions that are implemented early after the onset of a problem (before special education becomes necessary).

(3) Research is needed to clarify ways to build the *systemic capacity* of schools and the *professional competence* of personnel who work in schools to more effectively address MH and psychosocial concerns. For example, with specific respect to young children, teachers and other staff at their schools are critical elements in promoting MH or contributing to emotional and behavioral problems. They also are essential to early detection and referral. How does the system address these matters? What aspects of their training are relevant to these matters? What changes are indicated? What changes are feasible? Similar questions arise related to concerns about eliminating disparities, investigating the effects of medications on school learning, investigating the role schools can play when students are traumatized, and so forth.

(4) Research is needed to clarify the interface between school and MH policy, research, training, and practice.

(5) Research is needed to clarify the impact of categorical funding for programs focused on school MH and related psychosocial concerns. This is particularly relevant for advancing efforts to address co-occurring MH and substance problems.

(6) Research on resilience and protective buffers related to schools is still in its earliest stages; much more is needed to clarify the impact of neighborhood, family, peer, school, and individual factors.

(7) Research on the outcomes of special education programs for emotional and behavioral problems has yet to identify approaches that have a high degree of lasting effectiveness.

(8) Schools increasingly are being called upon to use evidence-based MH practices. Some schools also are involved in pioneering use of health technology and telehealth. Demonstration projects and dissemination strategies have been developed and data gathered. Research is now needed to focus on sustainability, replication, and scale-up strategies.

> *If we knew what we were doing, it wouldn't be called research, would it?*
> Albert Einstein