

Addressing Barriers to Learning

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... the Center's quarterly e-journal

Myths Schools Live By and are Suffering from Related to Addressing Learning, Behavior, and Emotional Problems

Myth #1: That students identified as having a discrete problem only have the one problem.

The reality is that many students experience multiple problems both in terms of cause and impact on learning, behavior, and emotional functioning at school. Dealing with multifaceted problems requires a multifaceted intervention system.

Myth #2: That teachers can handle most student problems if we just train them better.

This leads to overwhelming proposals for in-service teacher education to add a focus on every type of student problem that arises. It also perpetuates the tendency for too many teachers to find themselves in the position of having too little student support in- and out-of-the classroom.

Myth #3: That schools will ever be able to afford hiring all the student support professionals advocates say are needed to address students' problems.

After the influx of relief funds, school budgets again are tight, and there is no indication that funding will increase. Advocacy for more and more student support professionals tends to work against efforts to rethink how schools use the student/learning supports they have.

Myth #4: That efforts to frame student/learning supports as a multilevel intervention continuum (e.g., MTSS) and in the context of Full Service Community Schools are adequate ways to produce a unified, comprehensive, and equitable system of supports in- and out-of-classrooms.

Frameworks such as MTSS and the Full Service Community Schools movement need to be evolved and the policies endorsing these efforts need to be expanded to end the marginalization of student/learning supports in school improvement planning and implementation.

Myth #5: That student problems can be reduced significantly without a major emphasis on transforming how schools provide student/learning supports.

The current approach to student/learning supports can only address the needs of a relatively few students and their families and is unable to provide teachers with the type of supports they need to effectively teach students who have problems. Significant improvements require a fundamental rethinking about how schools go about addressing barriers to learning and teaching.

Myth #6: That most school boards, superintendents, principals, and school improvement planners give equal attention to factors interfering with learning and teaching as they do to instruction.

As school improvement plans show, the focus on improving instruction dominates, and student/learning supports are given marginal attention. It is essential to focus on addressing barriers to learning and teaching with a policy commitment that makes the work a *primary* component in school improvement planning and implementation.

WHAT OTHERS WOULD YOU ADD? Send to Ltaylor@ucla.edu

The following pages offer a brief discussion of each of these myths and what needs to change.

Myth #1: That students identified as having a discrete problem only have the one problem.

The reality is that many students experience multiple problems both in terms of cause and impact on learning, behavior, and emotional functioning at school. Dealing with multifaceted problems requires a multifaceted intervention system.

While prevalence data varies, it is widely acknowledged that many schools have a staggering number students manifesting problems. And, while children and adolescents often are identified as having a discrete problem, it is commonplace to find they have multiple problems.

School 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 terms co-morbidity and co-occurrence are used to account for the fact that individuals frequently have several problems at the same time.

Research confirms the interrelated nature of problems. Examples: In the renowned Pittsburgh Youth Study, delinquency, substance use, attention deficit, conduct problems, physical aggression, covert behavior, and depressed mood were frequently reported among the co-occurring findings (<http://www.lifehistorystudies.pitt.edu/pittsburgh-youth-study>). Focusing just on mental disorders, CDC reports data from a study indicating that about 3 in 4 children with depression also had anxiety (73.8%) and almost 1 in 2 had behavior problems (47.2%); for children with anxiety, more than 1 in 3 also had behavior problems (37.9%) and about 1 in 3 also had depression (32.3%); for children with behavior problems, more than 1 in 3 also had anxiety (36.6%) and about 1 in 5 also had depression (20.3%).*

With respect to special education, the annual report on the Condition of Education from the U.S. Department of Education indicates an increase in the number of students labeled with disabilities. 7.2 million children ages 3 to 21 were served under IDEA during the 2020-2021 academic year. This represents 15% of all served. A disproportionate number continue to be diagnosed as having a specific learning disability (a third of students served under IDEA), and many others are diagnosed as having ADHD (included under "other health impairment"). Many studies report that LD and ADHD coexist. At the same time, informed consensus has long cautioned that many students diagnosed as LD and ADHD are misdiagnosed. These are students experiencing commonplace learning and behavior problems who are assigned those labels mainly to enable schools to fund special assistance for them. The reality in many schools is that the learning, behavior, and emotional problems of most youngsters do not stem from internal pathology. Indeed, many of their troubling symptoms would not have developed if environmental circumstances had differed in good ways and schools had unified, comprehensive, and equitable student/learning support systems. Assigning so many students to special education who do not have true disorders/disabilities often consumes resources needed for improving how schools address barriers to learning and teaching, which is essential in stemming the tide of referrals for general help and special education.

All this underscores that the problems students bring to school tend to be multifaceted and complex. And, addressing multifaceted problems usually require comprehensive, integrated solutions applied concurrently and over time.

*Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH, Blumberg SJ. (2019), Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children. *The Journal of Pediatrics*, 206, 256-267.e3,.
[https://www.jpeds.com/article/S0022-3476\(18\)31292-7/fulltext](https://www.jpeds.com/article/S0022-3476(18)31292-7/fulltext)

Myth #2: That teachers can handle most student problems if we just train them better.

This leads to overwhelming proposals for in-service teacher education to add a focus on every type of student problem that arises. It also perpetuates the tendency for too many teachers to find themselves in the position of having too little student support in- and out-of-the classroom.

Improving continuing professional education for teachers has long been a concern, especially with respect to addressing students' learning, behavior, and emotional problems. For beginning teachers, this often is a primary concern. As the U. S. Department of Education has noted back in 2011: "More than three in five education school alumni report that their education school did not prepare them for 'classroom realities.'"*

In recent years, demands for teachers to learn on-the-job have increased exponentially. One facet of this is attributable to the knowledge explosion, curricula emphases related to STEM and social emotional learning, and the need to address the wide range of language and cultural differences found in many schools. Added to this are regular and increasing calls for teaching teachers to address a variety of health and psychosocial matters (e.g., bullying and harassment, depression, suicide, school violence, etc.). And priorities shift as specific problems receive increased publicity and resulting political attention (e.g., the COVID-19 crisis and recent school shootings have everyone concerned about schools doing more about mental health and the role teachers could play).

No one is likely to argue against the value of preventing violence, suicide, and other mental health and psychosocial concerns. However, the reality is that advocacy for the role teachers should play and therefore be taught to do far outstrips what a rationale approach to teacher professional development can accomplish. Leaders trying to improve schools have long recognized that the ongoing learning of a teacher must be guided by the individual's pressing needs and provided through processes that match current motivation and level of development (i.e., a personalized approach). In this respect, mentoring, coaching, collaboration, and teaming can provide an important foundation for daily on-the-job learning. From a motivational perspective, professionals in a personalized inservice program should experience both the content and process as (a) maximizing their feelings of competence, self-determination, and connectedness to significant others and (b) minimizing threats to such feelings.

But student success can't just be up to teachers, Teachers may be heroic, but they aren't superheroes. Even the best teacher can't do the job alone, especially in schools confronted with a large number of students experiencing learning, behavior, and emotional problems.

It is patently unfair and unreasonable to believe that addressing the wide range of students having problems can be done by teachers alone. School districts hire a range of student/learning support professionals (counselors, psychologists, social workers, nurses, etc.), and more than ever, these stakeholders have a critical role to play. The policy focus on multitiered student supports (e.g., MTSS), community schools, and school based health centers underscores the need.

Teachers rarely have the supports required when they identify students who are having difficulties. Teachers need a system of supports in the classroom and schoolwide to help when students are not responding effectively to instruction. Their pre-service and continuing professional development needs to focus not only on general strategies for dealing with as wide a range of student differences as feasible, but also on how to work collaboratively with student/learning support staff in- and out-of-the classroom.

*U.S. Department of Education (2011). *Our future, our teachers: The Obama administration's plan for teacher education reform and improvement*. Washington, DC.

Myth #3: That schools will ever be able to afford hiring all the student support professionals advocates say are needed to address students' problems.

After the influx of relief funds, school budgets again are tight, and there is no indication that funding will increase. Advocacy for more and more student support professionals tends to work against efforts to rethink how schools use the student/learning supports they have.

The major associations representing *specialized instructional support staff* (i.e., student support staff) advocate for ratios of their constituents to students. The following, for example, are the figures advocated for school counselors, psychologists, social workers, and nurses:

American School Counslors Association (ASCA) recommends a 250-to-1 ratio of students to school counselors; the national average in the 2020–2021 school year was 415-to-1. The national average for grades K-8 ranges from 419:1 to 1,135:1. The national average for grades 9-12 ranges from 164:1 to 347:1.

National Association of School Psychologists (NASP) recommends a ratio of one school psychologist per 500 students in order to provide comprehensive school psychological services. Current data estimates a national ratio of 1:1211; however, great variability exists among states, with some states approaching a ratio of 1:5000.

School Social Workers Association of America (SSWAA) Recommends a general ratio of 1:250 students depending on the characteristics and needs of the student population served. Students with intensive needs would require a lower ratio.

National Association of School Nurses (NASN) recommends a formula-based approach with minimum ratios of nurses-to-students depending on the needs of the student populations as follows: 1:750 for students in the general population, 1:225 in the student populations requiring daily professional school nursing services or interventions, 1:125 in student populations with complex health care needs, and 1:1 may be necessary for individual students who require daily and continuous professional nursing services. Given these ratios and the data on actual staffing, one estimate is that meeting these numbers would cost schools in this country an additional \$13.7 billion annually.

Tight school budgets and the scale of need across about 13,000 districts and about 90,000 schools precludes thinking most schools could come close to adding enough student support professionals to meet the ideals set forth by advocates. As a result, the problems associated with student support activity will continue. These include the fragmentation and marginalization of student/learning supports, the focus on a few rather than all students, and the counterproductive competition for sparse resources. (Frequent conflicts and turf and budget battles occur among student support staff employed by schools and between some members of a school's staff and community professionals working on school sites. These conflicts not only work against efforts to coordinate and integrate efforts, they increase fragmentation.)

Given that existing numbers are inadequate to meeting the need, schools clearly need to rethink how the expertise of existing *specialized instructional support staff* can be used to support classroom and schoolwide efforts to address the barriers to learning and teaching teachers encounter on a daily basis. See:

*New Directions for School Counselors, Psychologists, & Social Workers**
<http://smhp.psych.ucla.edu/pdfdocs/report/framingnewdir.pdf>

*While the focus in the cited document is on school counselors, psychologists, and social workers, clearly the work of nurses and other student support personnel also is essential.

Myth #4: That efforts to frame student/learning supports as a multilevel intervention continuum (e.g., MTSS) and in the context of Full Service Community Schools are adequate ways to produce a unified, comprehensive, and equitable system of supports in- and out-of-classrooms.

Frameworks such as MTSS and the Full Service Community Schools movement need to be evolved and the policies endorsing these efforts need to be expanded to end the marginalization of student/learning supports in school improvement planning and implementation.

As a framework for preventing and addressing behavior and learning problems, the Every Student Succeeds Act (ESSA) offers a school-wide tiered model (also referred to as a multi-tier system of supports). Emphasis on the tiered model is a carryover from previous federal policy guidelines related to “Response to Intervention” and “Positive Behavioral Interventions and Supports.” Federal guidelines note that the tiered model is to be coordinated with similar activities and services carried out under the Individuals with Disabilities Education Act. The result has been that states, districts, and schools increasingly are framing student and learning supports in terms of tiers or levels.

In ESSA, the tiered model is defined as "a comprehensive continuum of evidence-based, systemic practices to support a rapid response to students' needs, with regular observation to facilitate data-based instructional decision-making." The framework is being referred to widely as MTSS and has proven to have considerable appeal for a variety of reasons, including its conceptual simplicity. Unfortunately, while a full continuum of interventions is essential, it is just one facet of a truly comprehensive student/learning support system.

Developing a comprehensive, unified, and equitable system requires moving beyond the limitations of MTSS. Specifically, such a system has to (1) weave together related school and community resources at each tier of the continuum and (2) coalesce student/learning supports into a cohesive set of domains across each tier.*

Note: Schools and the community in which they reside share many interrelated concerns (e.g., child development and socialization, literacy, mental and physical health, violence, crime, safety, substance abuse, homelessness, poverty). Connecting school-community (including home) resources has long been seen as a way to (a) enhance the pool of resources for student/learning supports, (b) increase availability and access, (c) address disparities, and (d) improve intervention outcomes. Unfortunately, school outreach to the community has been rather circumscribed, mainly focused on connecting with service agencies and a few community-based organizations; the range of resources in a community that can enhance a school's efforts to provide student/learning supports is much more extensive than those usually invited to collaborate.

For years, policy mainly focused on demonstration projects and contracted services to bring more community-based health and social services and after school programs to a few school campuses (e.g., full service community schools, school-based health centers, wellness centers). These efforts have heightened concerns about how to counter widespread intervention fragmentation and deal with the challenges of developing and sustaining effective collaborative connections. They also have increased disparities (e.g., when one or two schools capture the resources of agencies in a community, this usually reduces the availability of local resources to other schools in the area).

*See

>*Rethinking Student and Learning Supports*
<http://smhp.psych.ucla.edu/pdfdocs/fall22.pdf>

Myth #5: That student problems can be reduced significantly without a major emphasis on transforming how schools provide student/learning supports.

The current approach to student/learning supports can only address the needs of a relatively few students and their families and is unable to provide teachers with the type of supports they need to effectively teach students who have problems. Significant improvements require a fundamental rethinking about how schools go about addressing barriers to learning and teaching.

With all the criticism of public schools, policy makers have difficult choices to make about improving schools. Ultimately, the choices made will affect not only students and school staff but the entire society. Choosing to continue with old ways of thinking about student/learning supports is a recipe for maintaining the achievement and opportunity gaps. A better alternative is to start an improvement process that transforms student/learning supports into a unified, comprehensive, and equitable system of supports.

Transforming student/learning supports requires focusing on addressing barriers to learning and teaching with a policy commitment that makes the work a *primary* component of school improvement. It also requires an intervention framework that coalesces relevant ad hoc and piecemeal policies and practices. As already noted, such a framework encompasses *both*

- (1) an interconnected continuum of subsystems that weaves school and community resources together to promote healthy development and prevent problems, intervene early after problem onset, and accounts for severe and chronic problems
- (2) student and learning support that are organized cohesively into a circumscribed set of domains (rather than the current trend just to generate laundry lists of programs and services at each level)

Combining the continuum and domains of support provides an intervention matrix that can guide development of a unified, comprehensive, and equitable system (e.g., helps identify and analyze strengths and critical intervention gaps and analyze resource use with a view to redeploying resources to meet priorities over the next few years). The framework embeds the work of specialized instructional support personnel, compensatory and special education efforts, programs for English learners and homeless students, and interventions for psychosocial, mental health, and learning problems.

Effectively designed and developed at a school, a transformed system plays a major role in improving student and school performance and promoting whole child development, fosters positive school-community relationships, minimizes the school's reliance on social control practices, and contributes to fostering safe schools and the emergence of a positive school climate. And it fully embeds interventions to address mental health concerns. Properly implemented, such a system increases the likelihood that schooling will be experienced as a welcoming, supportive experience that accommodates diversity, prevents problems, enhances youngsters' strengths, and is committed to assuring equity of opportunity for all students to succeed.*

*See

>*Student/Learning Supports: A Brief Guide for Moving in New Directions*
<http://smhp.psych.ucla.edu/pdfdocs/briefguide.pdf>

Myth #6: That most school boards, superintendents, principals, and school improvement planners give equal attention to factors interfering with learning and teaching as they do to instruction.

As school improvement plans show, the focus on improving instruction dominates and student/learning supports are given marginal attention. It is essential to focus on addressing barriers to learning and teaching with a policy commitment that makes the work a *primary* component in school improvement planning and implementation.

The number of students manifesting learning, behavior, and emotional problems far outstrips the ways schools deal with these matters. As school board members and administrators know, existing programs, services, and special initiatives tend to be fragmented and often engender fights over turf and counterproductive competition for sparse resources.

Research indicates the fragmentation is a result of the marginalization of student and learning supports in school improvement policy and planning. The nature and scope of need and the deficiencies in prevailing approaches underscore how essential it is to adopt a transformative perspective. From such a perspective, it is clear that districts and their schools need to move in new directions to end the marginalization of student/learning supports and unify available resources for addressing barriers to learning and teaching and develop them into a comprehensive and equitable system. And school boards, superintendents, principals, and school improvement planners need to help them move forward.*

Note: We know there is considerable pressure for schools to do more to meet the pressing, immediate needs related to mental health concerns. We certainly understand the importance of addressing mental health concerns. Such concerns undoubtably should be a high priority for society, and they require a broad-based societal response.

BUT the heavy media blitz and political focus mainly on student mental health and what schools should do about it has a downside.

In contrast, our Center stresses that it is essential not to ignore the reality that students, parents, and school staff are confronted every day with a significant range of learning, behavior, and emotional problems, and the pandemic has increased the numbers related to all these concerns. A related reality is that schools cannot and should not be expected to solve all this alone.

At the same time, given that the mission of schools is to educate, it remains the case that schools must and can play a major role in *addressing barriers to learning and teaching*. As a Carnegie task force on education noted:

School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.

Addressing mental health concerns is part of the challenge, but the larger challenge for schools is to improve the role they play in directly confronting factors negatively affecting students' learning. These factors include a full range of pervasive and complex barriers to learning and teaching. This requires a comprehensive approach that embeds mental concerns rather than frames and limits the focus to mental health problems and services.

See:

> *How School Boards Can Pursue New Directions to Help Schools Address Barriers to Learning and Teaching*
<http://smhp.psych.ucla.edu/pdfdocs/boardrep2022.pdf>

> *Developing a Unified, Comprehensive, & Equitable System of Learning Supports: First Steps for Superintendents Who Want to Get Started*
<http://smhp.psych.ucla.edu/pdfdocs/superstart.pdf>

> *Establishing a Comprehensive System of Learning Supports at a School: Seven Steps for Principals and Their Staff* <http://smhp.psych.ucla.edu/pdfdocs/7steps.pdf>

A New Year's Resolution for All Who Want to Improve How Schools Address Learning, Behavior, and Emotional Problems

2023 can be the year when schools transform student/learning supports.

To this end, we hope you will resolve to advocate with district policy makers that they should adopt/adapt the following policy (which is based on a variety of efforts around the country).

A prototype district policy for improving how schools address learning, behavior, and emotional problems:

Rationale – The Governing Board and the Superintendent recognize that for some of our students, improvements in instruction and curricula are necessary but not sufficient. We recognize that the economic, neighborhood, family, school, peer, and personal circumstances can create barriers to teaching and learning. We believe that the role of schools and the district is to promote development of the whole child and ensure equity of opportunity. This includes addressing barriers to learning and teaching by creating a unified, comprehensive, and equitable system of supports, referred to as a learning supports component, that is fully interwoven with other District wide and site level school improvement efforts.

We recognize that school, home, and community resources combined together and developed into a comprehensive system can support development of the whole child, can address barriers to learning and teaching, and reengage disconnected students. All children, youth, and families members should have equal access to interventions and resources in proportion to their needs. The successful development of such a system is essential to efforts to improve school climate.

With this policy statement, we commit to developing a unified, comprehensive, equitable, and systemic learning supports component for every school. Such a component joins the instructional and management/governance components as the third primary and essential facet of school improvement.

Details – It is the intent of the Board of Education and the Superintendent that a Unified, Comprehensive, and Equitable System of Learning Supports be fully interwoven with other school and district program efforts to improve instruction and maximize the use of resources at individual schools. All interventions are to be tailored to the diversity of students and families in our schools.

Learning supports are defined as the resources, strategies, and practices that provide physical, social, emotional, and intellectual assistance intended to enable all pupils to have an equal opportunity for success at school. To enable effective use of learning supports, school and community resources are unified in a learning supports component and fully integrated with instructional efforts and interventions and professional development. A learning supports component is deployed in classrooms and schoolwide to address barriers to learning and teaching and re engage disconnected students.

The Superintendent shall establish an administrative leader and leadership team to prepare a District design and strategic plan for developing a Unified, Comprehensive, and Equitable Learning Supports Component that facilitates the establishment of such a support system at each school. The design and plan shall clarify how operational infrastructures can be reworked to fully integrate learning support system administrative leadership and mechanisms at District and school levels and ways for clusters (e.g., feeder patterns) of schools and central office operations to support school site efforts (e.g. helping schools achieve economies of scale and implement practices that effectively improve classroom operations and student learning). The design and plan shall also focus on ways to further promote collaboration with a wide range of community resources at the classroom, school, cluster, and central office levels.

The component design should encompass a continuum of interventions that mesh with community efforts to prevent problems, respond as early as feasible after a problem surfaces, and provide for students with severe and chronic problems. The following six domains of in-classroom and schoolwide learning supports should be considered when establishing the continuum:

- I. In classroom supports.** The focus on in classroom supports stresses embedding student and learning supports into regular classroom strategies to enable learning and teaching. The intent is to prevent and intervene as soon as problems arise and reduce the need for out of class referrals. The process involves teachers working collaboratively with each other, with student support staff, volunteers, and others to
- >ensure instruction is personalized with an emphasis on enhancing intrinsic motivation and social-emotional development for all students, especially those experiencing mild to moderate learning and behavior problems
 - >expand the range of curricular and instructional options and choices and provide small group and independent learning options
 - >reduce negative interactions and over-reliance on social control
 - >reengage those who have become disengaged from instruction
 - >provide learning accommodations and supports as necessary
 - >use response to intervention in applying special assistance
 - >address external barriers to learning with a focus on prevention and early intervention
- II. Supports for transitions.** The intent is to support transitions that occur daily and over the year (e.g., supporting daily transitions before, during, and after school; welcoming and social support programs for newcomers; school and classroom adjustment programs; assisting students and families as they negotiate the many hurdles related to reentry or initial entry into school; school and grade changes; program transitions; counseling for vocational and college transition accessing special assistance for vulnerable populations, including, but not limited to, those in homeless education, migrant education, and special education).
- III. Supports to increase home connections and engagement with the school.** The intent is to support the involvement of those who are currently the primary student caretakers at "home" (e.g., parents, grandparents, aunts, older siblings, "nannies," foster home parents, representatives of homeless youngsters). Interventions stress (a) outreach (e.g., enhancing communication and connection between home and school including a focus on reengaging homes that have disengaged from school involvement), (b) reducing barriers to home involvement (e.g., addressing the learning and support needs of adults in the home including helping those in need of health and social services to connect effectively with such resources, offering family literacy programs and parent education, translation services), (c) helping those in the home enhance supports for their children, and (d) encouraging home support for the school's mission.
- IV. Crises responding and prevention** (e.g., preparing for emergencies; implementing plans when an event occurs; countering the impact of traumatic events; providing follow up assistance; implementing prevention strategies; creating a caring and safe schoolwide learning environment that reduces violence, bullying, harassment, abuse, and other threats; establishing collaboration among local schools and the community at-large for crisis planning, prevention, and response)
- V. Supports to increase community involvement and collaborative engagement with schools** (e.g., outreach to develop greater community connection and support from a wide range of resources - including enhanced use of volunteers and mentors and developing a school community collaborative infrastructure encompassing health and social service agencies, libraries, recreational facilities, community artists, businesses, postsecondary education institutions).
- VI. Facilitating student and family access to special assistance** (e.g., in the regular program first and then, as needed, through referral for specialized services on and off campus). After all appropriate efforts have been made to address factors interfering with a student learning and performing at school (including application of Response to Intervention), special assistance for pupils and their families is provided or pursued through referrals that effectively connect those in need with direct services to address barriers to the learning of pupils at school. Interventions might include effective case and resource management, connecting with community service providers, special assistance for teachers in addressing the problems of specific individuals, counseling or special education.

NOTE: Implementation aids are available from the national Center for MH in Schools & Student/Learning Supports at UCLA <http://smhp.psych.ucla.edu/>. For example, see the resources listed on the following page.

Links to Resources to Aid in the Work

For Workgroup and Other Stakeholder Big Picture Preparation & Capacity Building

- > *Examples of State and District Design Documents*
<http://smhp.psych.ucla.edu/toolkitb1a.htm>
- > *Q & A Talking Points* <http://smhp.psych.ucla.edu/toolkita2.htm>
- > Recent books to browse
 - >> *Addressing Barriers to Learning: In the Classroom and Schoolwide*
 - >> *Improving School Improvement*
 - >> *Embedding Mental Health as Schools Change*
 all three can be accessed at
http://smhp.psych.ucla.edu/improving_school_improvement.html

For Mapping Existing Resources

- > *Mapping & Analyzing Learning Supports*
<http://smhp.psych.ucla.edu/summit2002/tool%20mapping%20current%20status.pdf>

For Reworking Operational Infrastructure

- Review Part two, Section D of
 - > *Student/Learning Supports: A Brief Guide for Moving in New Directions*
<http://smhp.psych.ucla.edu/pdfdocs/briefguide.pdf>
 - > *What is a learning supports leadership team?*
<http://smhp.psych.ucla.edu/pdfdocs/resource%20coord%20team.pdf>

About Expanded Accountability

- > *Rethinking School Evaluation and Accountability*
<http://smhp.psych.ucla.edu/pdfdocs/rethaccount.pdf>

Building Readiness

- > *Creating Readiness and Commitment for Developing a Unified and Comprehensive Learning Supports System* <http://smhp.psych.ucla.edu/summit2002/readiness.pdf>

Other Aids and Guides related to getting started

- > *social marketing and public relations*
 - > *personnel development*
 - > *job descriptions*
 - > *reframing roles and functions of support staff*
 - > *blending funding streams*
 - > *benchmarks and monitoring*
- Links to these at <http://smhp.psych.ucla.edu/toolkitb4.htm>

Preparing Design and Strategic Plan Documents

- > *Preparing a Design Document* <http://smhp.psych.ucla.edu/summit2002/resourceaids.htm>
- > *General Guide for Strategic Planning* <http://smhp.psych.ucla.edu/pdfdocs/genguide.pdf>

For more aids, see the **System Change Toolkit**

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

Finally, note that the UCLA Center offers free online mentoring, coaching, & technical assistance <http://smhp.psych.ucla.edu/pdfdocs/coach.pdf>

Concluding Comments

John Maynard Keynes wisely noted:

The real difficulty in changing the course of any enterprise lies not in developing new ideas but in escaping old ones.

The myths we have highlighted here are among the old ideas that must be escaped so that schools can be more effective in reducing the opportunity and achievement gaps.

Even before the COVID-19 pandemic, the educational mission at too many schools was thwarted because of multifaceted factors that interfere with youngsters' learning and performance. The pandemic enlarged the pool of students experiencing learning, behavior, and emotional problems.

This lamentable state of affairs revitalized long-standing calls to hire more student support staff. Budget shortfalls, of course, always work against districts hiring more support staff. Indeed, with funding cutbacks, such personnel usually are prime candidates when lay-offs decisions are necessary.

An unfortunate reality is that schools have never had and are unlikely to ever have the number of student support professionals needed. Given this reality, it is time for education policymakers and planners to rethink student and learning supports so that the focus is on all students and not just a relatively few who are referred and helped because of their difficulties performing at school.

Ultimately, if more students are to have an equal opportunity to succeed in school and beyond, there must be a major and intensive emphasis on transforming how school and community resources are used to help counter learning, behavioral, emotional, and health problems. 2023 is the year for new directions for addressing barriers to student learning.

Why are you upset?



Because you won't let me keep my New Years' resolution to avoid going to school!

Please share this with others.

As always, we hope you will send us what you think others might find related and relevant.

And if you need to find some resources or want technical assistance, contact Ltaylor@ucla.edu

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