ENEWS: A Monthly Forum for Sharing and Interchange

January, 2004 (Vol. 8 #4)

Source: UCLA SCHOOL MENTAL HEALTH PROJECT/
   CENTER FOR MENTAL HEALTH IN SCHOOLS

WHAT IS ENEWS? (For those who don't know) This is another link for those
concerned with enhancing policies, programs, and practices related to addressing
barriers to student learning and to promoting mental health in schools. It augments
the other ways our Center share information and facilitates
interchange/networking.

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Feel Free to Forward This to Anyone
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WHAT'S HERE THIS MONTH

**Emerging Issue

  >Using Response to Interventions (RTI) for Identifying Problems

**News from Around the Country

**This Month's Focus for Schools to Address Barriers to Learning

  >January: A Time for Renewal; A New Start for Everyone

**Recent Publications Relevant to
  >Children's Mental and Physical Health
  >Family, Schools, & Community
  >Policy, Law, Ethics, Finances & Statistics

**Upcoming Initiatives, Conferences, Workshops

**Calls for Grant Proposals, Presentations & Papers

**Updates from the two National Centers focusing on Mental Health in Schools

**Other Helpful Resources

**Training & Job Opportunities (including fellowships and scholarships)

**Requests/Information/Comments/Questions from the Field

  >About "Strategies for Suicide Prevention"

>Excerpt about School-Based Suicide Prevention Programs from article:
"Youth Suicide risk
   and preventive interventions: A review of the past 10 years" by M. Gould, et al
        >>Suicide Awareness Curriculum
   >>Skills Training
   >>Screening

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To post messages to ENEWS, E-mail them to smhp@ucla.edu

If you were sent ENEWS indirectly, you can be added to our list at no charge by
sending an E-mail request to Listserv@lists.ucla.edu. Leave the subject line blank
and in the body of the message type Subscribe mentalhealth-L.

To remove your name from the mailing list type Unsubscribe mentalhealth-L.

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** Emerging Issue

>>>>Using Response to Interventions (RTI) for Identifying Problems

When more and more schools move toward using RTI, the issue will not just be
about the pros and cons of psychometrics vs. intervention as diagnostic tools.
Some are concerned that the issue already is becoming whether certain diagnostic
categories are valid. For example, cautions have been raised that the focus on RTI
ultimately is aimed at removing Learning Disabilities (LD) as a special education
label   which of course has major economic ramifications. The Council for
Exceptional Children (CEC) argues that more research is needed before the RTI
approach is adopted. Others argue RTI is the best way to end the "waiting for
failure" approach that has been associated with the use of psychometric
approaches to diagnose LD. Others are rallying to defend the concept of LD as a
true disability, rather than lumping all learning problems together as failures of
teaching.

>>Where do you weigh in on this? We look forward to your comments
(ltaylor@ucla.edu). We will post them on our website's Net Exchange at
http://smhp.psych.ucla.edu for others to read and respond.

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**NEWS FROM AROUND THE COUNTRY

>NATIONAL EFFORT EMERGING TO HALT BULLYING
"The federal government is planning a $3.4 million campaign to combat bullying,
drawing support from more than 70 education, law enforcement, civic and
religious groups. With an expected start next year, the effort will frame bullying

as a public health concern, targeting kids and the adults who influence them. The goal is to create a culture change in which bullying is not seen as cool, parents watch for warning signs, kids stand up for each other and teachers are trained to intervene." (CNN.com 12/9/03)

>COURT SET LIMITS ON SCHOOLS DRUG-TESTING
"A desire to discourage drug use among students is not a sufficient reason to justify 'suspicionless' drug screening targeted at student athletes, parking permit holders and extracurricular activity participants, the Pennsylvania Supreme Court Ruled.... The majority opinion ... said the school district has failed to produce sufficient proof its students have a drug problem, has not shown the targeted students contribute to any drug problem and has not described how the policy addresses whatever problem may exist." (Associated Press, 11/24/03)

>NEW GUIDE TO HELP SCHOOLS PLAN FOR CRISES
"In part of its continuing efforts to help keep our teachers and students safe, the U.S. Department of Education recently released a new guide to assist schools in planning for any emergency, including natural disasters, violent incidents and terrorist acts. Using key concepts of good crisis planning 'Practical Information on Crisis Planning: A Guide for Schools and Communities' lists four areas of crisis management that all school crisis plans should address...."
(http://www.ed.gov/admins/lead/safety/emergencyplan/index.html)

>FINAL NCLB GUIDELINES INCREASE FLEXIBILITY IN ASSESSING ACHIEVEMENT OF CHILDREN WITH DISABILITIES
Under final rules to be published in 12/9/03 Federal Register, students with the most significant cognitive disabilities will be assessed by their achievement of standards deemed appropriate for their intellectual development. Nationally, about 9 percent of the total student population is served in special education, of which about 9 percent are identified as having the most significant cognitive disabilities. (http://www.ed.gov/news/pressreleases/2003/12/12092003.html)

>BRITISH WARNING ON ANTIDEPRESSANT USE FOR YOUTH
"British drug regulators recommended against the use of all but one of a new generation of antidepressants in the treatment of depressed children under 18. In a letter sent to doctors and other health professionals, the government regulators said a review of data on the safety and effectiveness of the drugs, know as S.S.R.I.'s, indicated that their benefits did not outweigh their potential risks. Their effectiveness in treating depression in children, they said, has not been sufficiently demonstrated, and some drugs have been linked with suicidal thoughts and self-harm in children and adolescents" (http://www.mhra.gov.uk).
(12/10/03 New York Times)

>"MONITORING THE FUTURE" REPORTS MIXED RESULTS AND SOME CAUTIONS
In releasing the results of the 2003 Monitoring the Future survey, HHS Secretary Tommy G. Thompson and John P. Walters, director of the White House Office of National Drug Control Policy stressed that current use (past 30 days) of any illicit

drug between 2001 and 2003 among students declined from 19.4 percent to 17.3 percent. Similar declines were seen for past year use (from 31.8 percent to 28.3 percent) and lifetime use (from 41 percent to 37.4 percent). In their summary, the survey researchers note that "Earlier surveys in this series showed that illicit drug use reached it recent peak among teens in 1996 or 1997, depending on grade...." Currently, illicit drugs showing signs of increasing use include OxyContin without a doctor's orders (annual prevalence rates in 2003 are 1.7 percent, 3.6 percent, and 4.5 percent for eighth, 10th, and 12th grade students   all three grades showing some increase); Vicodin (prevalence rate is 2.8 percent, 7.2 percent, and 10.5 percent in grades eight, 10 and 12, respectively, with all three grades showing some increase); Inhalants (use by eighth-graders increased significantly to 8.7 percent). The investigators caution: "This year's halting of declines in eighth-graders' use of several substances is of some concern. The eighth-graders have been the harbingers of change observed later in the upper grades.... So, the fact that they are no longer showing declines in their use of a number of drugs could mean that the declines now being observed in the upper grades also will come to an end soon." 12/19/03 (http://www.monitoringthefuture.org)

>MENTAL HEALTH UTILIZATION IN NYC DID NOT INCREASE
GREATLY AFTER 9/11
"With two anniversaries of the terrorist attacks behind us, ... utilization surveys show negligible increases in visits to clinicians.... New York City residents [seem to have relied] on traditional social institutions of community, family, and faith." S. Satel in Psychiatric Services 54:1571 Dec. 2003.

>GRANDPARENTS STEP INTO THE CHILD CARE GAP;
BUT LIVE IN POVERTY
"Across the country, growing numbers of older adults who probably thought they had left such responsibilities behind are once more being called upon to guide youngsters through the milestones of childhood.... They are filling the child-care gap as the children's own parents wrestle with problems like substance abuse, mental illness, jail time, money woes, domestic violence and divorce.... Census Bureau figures show that in 1999, 19 percent of the grandparents serving as primary caregivers to their grandchildren were living in poverty." (New York Times 11/30/03)

>ETS FOCUSES ON UNDERSTANDING BOTH SCHOOL AND SOCIETAL
FACTORS RELATED TO THE ACHIEVEMENT GAP
The Education Testing Service's Policy and Information Center is "parsing" the Achievement Gap in establishing baselines for tracking progress. Factors are being identified "before, during and after school that create and perpetuate the well-documented gaps in achievement among students from different racial and ethnic backgrounds and different family incomes levels." (http://www.ets.org/ 11/20/03)

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"You can't learn at high levels when you're being humiliated and thinking of how you're going to get your butt kicked in the boy's bathroom. The solution is, everyone involved has to have the courage to say 'This isn't right.'"
     Bill Bond

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**MONTHLY FOCUS FOR SCHOOLS TO ADDRESS BARRIERS TO LEARNING

Schools have a yearly rhythm changing with the cycle and demands of the school calendar. School staff can anticipate and plan for they predictable challenges and in doing so strengthen promotion of mental health, as well as prevention and early intervention of problems

See each of the 12 monthly theme for developing a proactive agenda online at http://smhp.psych.ucla.edu. They also have been compiled into a document that can be downloaded at no cost.

The theme for January is: New Year's Resolutions   A Time for Renewal; A New Start for Everyone. The beginning of a new calendar year is a time for "taking stock" about what's been working and what hasn't. It is a time to plan how to build on your strengths and make some changes. See the five "resolutions" for support staff and teachers to consider and ideas for turning resolutions into action. Go to http://smhp.psych.ucla.edu and click on "Ideas for Enhancing Support at Your School this Month."

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"We must reject false choices   improving education is neither about a single, simple solution nor is it so complex that it is unsolvable. On the eve of the 50th anniversary of the Brown v. Board of Education decision, we can point to progress made and work to be done. We have the tools and information at our disposal to help each and every child reach his or her full potential."
     Sharon Robinson

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**RECENT PUBLICATIONS (IN PRINT AND ON THE WEB)

>>>CHILDREN'S MENTAL AND PHYSICAL HEALTH

"Children's Mental Health Resource Kit" (2003) Children's Defense Fund
(http://www.childrensdefense.org/pdf/mentalhealthresourcekit/full.pdf)

"Bullying among young adolescents: the strong, the weak, and the troubled" (2003) J. Juvonen, et al. Pediatrics, 112(6), 1231-1237.

"Childhood and Adolescent Predictors of Major Depression in the Transition to Adulthood" (2003) H. Reinherz, et al. American Journal of Psychiatry, 160:2141-2147.

"Attention-Deficit/Hyperactivity Disorder Treatment and Later Drug Use" (2003) L. Furman, Pediatrics, 112(6) 1459-1460.

"Psychiatric Disorders and Treatments: A Primer for Teachers" (2003) S. Forness, et al, Teaching Exceptional Children, 36(2) 42-49.

"Group Intervention: Improving Social Skills of Adolescents with Learning Disabilities" (2003) D. Court & S. Givon, Teaching Exceptional Children, 36(2) 50-55.

"Reducing Substance Use Among African American Adolescents: Effectiveness of School-Based Health Centers" (2003) W. Robinson, et al, Clinical Psychology: Science and Practice, 10(4) 491-504.

"Barriers to Help-Seeking Among 12th Graders" (2003) J. Helms, Journal of Educational and Psychological Consultation, 14(1) 27-40.

"Bridging evidence-based practice and practice-based evidence: Developing a rigorous and relevant knowledge for the psychological therapies" (2003) M. Barkham & J. Mellor-Clark, Clinical Psychology & Psychotherapy, 10(6) 319-327.

"Efficacy in evidence-based practice" (2003) P. Bower, Clinical Psychology & Psychotherapy, 10(6) 328-336.

"Recent Advances in Telepsychiatry: An Updated Review" (2003) J. Monnier, et al, Psychiatric Services 54:1604-1609.

"Applying the APA Cultural Competency Guidelines: A Cultural and Cognitive Flex Perspective" (2003). M. Ramirez III, G. Valdez, & M. Perez The Clinical Psychologist, 56, 17-23.
http://www.apa.org/divisions/div12/tcp_journals/tcp_fa03.pdf

>>>FAMILIES, SCHOOL & COMMUNITY

"New thinking can prevent gang violence: The proven effectiveness of public health strategies to eradicate the breeding grounds of crime." (2003) G. Yates. Choices for Youth (http://www.preventviolence.org)

"Engaging the Disengaged: Research shows why some students are immersed in

learning while others are indifferent." (2003) S. Black, American School Board Journal, http://www.asbj.com/current/research.html.

"Measuring Student Engagement" (2003) C. Norris, et al, Education Quarterly, 9(2).

"State High School Exit Exams: Put to the test" (2003) K. Gayler, et al, Center on Education Policy. (Http://www.ctredpol.org/testing/)

"Unsupervised Time: Family and Child Factors Associated with Self-Care" (2003) S. Vandivere, et al, Urban Institute (http://www.urban.org/url.cfm?ID=310894)

"A practice-based intervention to enhance quality of care in the first 3 years of life" (2003) C. Minkovitz, et al, Journal of the American Medical Association, 290(23) 3081-91.

"Dimensions of Family and Professional Partnerships: Constructive Guidelines for Collaboration" (2003) M. Blue-Banning, et al, Exceptional Children, 70(2) 167-184.

"Disproportionate representation of minority students in special education: Academic, demographic, and economic predictors" (2003) J. Hosp & D. Reschly, Exceptional Children, 70(2) 185-199.

"Working Knowledge: Work-Based Learning and Education Reform" (2003) T. Bailey, et al, The Institute on Education and the Economy. (Http://movingideas.c.tep1.com/maabKsRaa2Ofvb44r4mb/)

>>>POLICY, LAW, ETHICS, FINANCES & STATISTICS

"A conceptual framework for developing and implementing effective policy in children"s mental health." (2003) R. Friedman, Journal of Emotional and Behavioral Disorders.
http://www.findarticles.com/cf_0/m0FCB/1_11/98829024/print.html

"Youngsters' Mental Health And Psychosocial Problems: What Are the Data?" Center for Mental Health in Schools at UCLA.
http://smhp.psych.ucla.edu/pdfdocs/prevalence/youthMH.pdf

"Delivering, financing & assessing professional development" (2003)
The Finance Project (http://www.financeprojectinfo.org)

"Do Needs Drive Services Use in Young Children?" (2003) S. Horwitz, et al, Pediatrics 112(6) 1373-1378.

"National Estimates of Health Services Expenditures for Children with Behavioral Disorders: An Analysis of the Medical Expenditure Panel Survey" (2003)

J. Guevara, et al, Pediatrics 112(6) 440-446.

"State/local costs of teen pregnancy and teen pregnancy prevention" (2003) W. Leigh, Joint Center for Political and Economic Studies (http://www.jointcenter.org)

"On Sustainability of Project Innovations as Systemic Change" (2003) H. Adelman & L. Taylor, Journal of Educational Psychological Consultation, 14(1) 1-26.

"Psychology in the Prescription Era: Building a Firewall Between Marketing and Science" (2003) D. Antonuccio, et al, American Psychologist, 58(12) 1028-1043

(Note: The Quick Find topic search menu on our website is updated regularly with new reports and publications such as those listed above. Currently there are over 100 topics with direct links to our Center materials and to other online resources and related centers. Http://smhp.psych.ucla.edu)

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"For this great nation to sustain its prominence, we must do a better job educating our children. But we must teach them more than reading and math, we must also teach them the values upon which this nation was built .... In recent weeks a series of studies confirms we have a two-tiered educational system   a great system for some, a failing system for others.... To provide students the best education, we must first provide an environment that nurtures their education."
    Rod Paige
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**UPCOMING INITIATIVES, CONFERENCES, WORKSHOPS

>Diversity Leadership: Healing & Dealing 1/14-16, New York, NY
(http://www.youthbuild.org)

>Children in Trauma Conference, 1/16-17, Chico, CA
(http://rce.csuchico.edu/inservice/childrenintrauma.asp)

>Creating and Sustaining Change, 1/20-23, Washington, DC
(http://NexusEQ.com)

>Beyond School Hours, 2/15-18, San Diego, CA http://www.foundationsinc.org

>Leadership Development Conference on School, Family, and Community Partnership
National Network of Partnership Schools (NNPS) at Johns Hopkins University
Baltimore, 3/12-13, 2004. Registration deadline 2/17 (http://www.partnershipschools.org)

>National Network for Youth, 2/22-25, Washington, DC
http://www.nn4youth.org

>A System of Care for Children's Mental Health: Expanding the Research Base, 2/29-3/3, Tampa, FL (http://rtckids.fmhi.usf.edu/rtcconference/rtcconf.htm)

>Community Schools-Higher Education Partnerships, 3/1-3, Philadelphia, PA
http://www.upenn.edu/ccp/training.html

>National Association of School Psychologists, 3/30-4/3, Dallas, TX
http://www.nasponline.org

>Council for Exceptional Children, 4/14-17, New Orleans, LA
http://www.cec.sped.org

>School Social Work Association of America, 4/15-17, San Francisco, CA
http://www.sswaa.org

>Developing Local Systems of Care for Children and Adolescents with Emotional Disturbances and their Families: Early Intervention, 6/23-27, San Francisco, CA
http://www.gucdc.georgetown.edu.

>Partners for Success: Linking Communities, Families, and Schools, 7/17-19, New Haven CT http://www.yale.edu/bushcenter/21C/

(For more conference announcements, refer to our website at http://smhp.psych.ucla.edu   Go to Contents, then click on Upcoming Conferences. If you want to list your conference, please email ltaylor@ucla.edu.)

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"Socrates didn't have an overhead projector. He asked questions that bothered people and 3,500 years later people are still talking about him."
        Hanoch McCarty
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**CALLS FOR GRANT PROPOSALS, PRESENTATIONS & PAPERS

>GRANTS:

  ***See the "electronic storefront for Federal Grants: at http://www.grants.gov

>Health Resources and Services Administration (http://www.hrsa.gov)
  >Adolescent Health Resource (HRSA-04-057) Due 1/5
  >National Center for School-Based Health Care (HRSA-04-058) Due 1/5
   >Integrated Health and Behavioral Health Care for Children, Adolescents and their Families (HRSA-04-059) Due 2/2
  >School Based Health Centers (HRSA-04-033) Due 5/1

>Substance Abuse and Mental Health Services Administration (http://www.samhsa.gov)

>Knowledge Dissemination Conference Grant (PA-03-022) Due 1/10
>Statewide Consumer Network Grants (SM-04-003) Due 2/25

>Statewide Family Network Grants (SM-04-004) Due 2/27

>U. S. Department of Education (http://www.ed.gov)
  >Research on education finance, leadership, and management (84.305E) Due 2/5

>Center for Disease Control and Prevention (http://www.cdc.gov)
  >Efficacy Trials of Parenting Programs for Fathers. Letter of intent due 1/16,
  application due 2/18.

>CALLS FOR PAPERS:
  >Early Education and Development: Special Issue on Prevention (Due 2/1)
  Contact Susanne Denham, Department of Psychology, George Mason
  University, Fairfax, VA 22030.

>CALLS FOR PROPOSALS
  >Proposals for the 10/27-29 conference "Persistently Safe Schools" in
  Washington, DC are due 1/30. (Http://www.hamfish.org/conference)

(Note: If you want to Surf the Internet for Funds, go to http://smhp.psych.ucla.edu.
Click on Quick Find, scroll down Center Responses to FINANCING AND
FUNDING. Provides links to funding sources and our Quick Training Aid on
Financing Strategies to Address Barriers to Learning)

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"There are two types of people   those who come into a room and say, "Well, here
I am!" and those who come in and say, "Ah, there you are."
   Frederick Collins
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**UPDATES FROM THE TWO NATIONAL CENTERS FOCUSING ON
MENTAL HEALTH IN SCHOOLS

^ ^ ^ Updates from our Center at UCLA

State Summits on New Directions for Student Support

>We are currently doing a follow up with all who have attended Summit meetings
in order to provide follow-up assistance as New Directions for Student Support
get underway. If you haven't heard from us yet, contact us (ltaylor@ucla.edu).

>We are pleased at how many key leaders have indicated interest in organizing
state summits. The California Summit is in February and plans are underway for
Summits in Indiana, Rhode Island, Texas, and Tennessee. If you are interested in
these or in having a summit in your state, let us know (ltaylor@ucla.edu).

>Our steps in helping to creating readiness for a state summit include:

>>Four months prior to the Summit, we contact those from the state who have attended the National or Regional Summits and those who have expressed interest in the Summits to see who would be willing to be on a state planning group. The planning is carried out by email and focuses on the best date, location, who to invite, who might have information to share, etc.

>>Three months prior to the Summit we decide on the date and location and send out the initial invitations. We would plan on only about 60 key leaders (superintendents and directors of student support are the primary invitees).

>>Two months prior to the Summit we send those who plan to participate confirmation of meeting location and an brief concept paper that will help them to prepare to participate.

>>The Summit itself includes a general overview on New Directions for Student Support, time to talk about implications for the state and district, and planning for follow up.

>>We have a feature on our website with information on the Summits and the most recent state summit report from Wisconsin.

For more on the Summits Initiative: New Directions for Student Support, see the Center website at http://smhp.psych.ucla.edu (click on the green button on the home page)

>NEW: Center Report
Youngsters' Mental Health And Psychosocial Problems: What Are the Data?
http://smhp.psych.ucla.edu/pdfdocs/prevalence/youthMH.pdf

A common request to Centers such as ours is for information about the prevalence and incidence of youngsters' problems. The intent of this report is to provide a synthesis of the best data and to clarify the limitations of what has been gathered so far. The Contents Include:

I. How many young people are affected
II. How are the Data Commonly Reported?
III. Increasing Rates?
IV. Are they Served?
Concluding Comments
References
Appendices
A. Mental Health Data
B. Special Education Data
C. Psychosocial Problems Data
D. Related Cultural Concerns Data

>Recent Journal Publication by Center staff:
"On Sustainability of Project Innovations as Systemic Change" Journal of Educational and Psychological Consultation, 14(1) 1-25.

>Mental Health in Schools Practitioner Listserv:
Each week we share technical assistance requests we have received along with our responses. We encourage others to weigh in with ideas, information, and strategies. Recent posting included:
>How to evaluate school consultation teams
>Strategies to support culturally and linguistically diverse students
>Aligning client record keeping and consultation with teachers
>How to improve school teamwork and climate
>Curriculum for child abuse prevention
>Support for student diagnosed ADHD, oppositional, and bipolar.
If you would like to be included in this online communication, send an email to smhp@ucla.edu and asked to be added to the Center's Mental Health in Schools Practitioner Listserv.

Contact us at SCHOOL MENTAL HEALTH PROJECT/
CENTER FOR MENTAL HEALTH IN SCHOOLS
UCLA Department of Psychology
Los Angeles, CA 90095-1563
Phone: (310) 825-3634; Toll Free: (866) 846-4843; Fax (310) 206-8716
Email: smhp@ucla.edu

For more resources and information, go to the Center website:
http://smhp.psych.ucla.edu

^ ^ ^ FOR UPDATES FROM OUR SISTER CENTER: "Center for School Mental Health Assistance," see their website at http://csmha.umaryland.edu or contact Mark Weist, Director, CSMHA, University of Maryland at Baltimore, Department of Psychiatry, 680W Lexington St., 10th fl., Baltimore, MD 21201. Phone (888) 706-0980. Email csmh@umpsy.umaryland.edu

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"The best things in life aren't things."
Art Buchwald
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**OTHER HELPFUL RESOURCES

>Mental Health/Substance Abuse/Health

"Using Resilience as a Framework for Evaluating Safe Start Outcomes" (http://capacitybuilding.net)

"Self-Determination for People with Psychiatric Disabilities" (http://www.psych.uic.edu/UICNRTC/self-determination.htm)

"Clinical Evidence" (http://clinicalevidence.org)

"Evidence-Based Mental Health (http://ebmh.bmjjournals.com/)

"Mount Sinai Adolescent Health Center Evaluation Brief" (http://www.mountsinai.org/ahc)

"American Self-Help Group Clearinghouse" (http://www.selfhelpgroups.org)

>Parents, Schools, Communities

"Targeted Community Action Planning Toolkit" (http://www.ojjdp.ncjrs.org/tcap/203300.pdf)

"National Standards for Teaching of High School Psychology" (http://www.apa.org/ed/hscontents.html)

"Principles and Recommended Standards for Cultural Competence Education of Health Care Professionals" (http://www.calendow.org)

"Helping your child through early adolescents" at Tools for Student Success (http://www.ed.gov/parents/academic/help/adolescence/adolescence.pdf)

National Network of Partnership Schools at Johns Hopkins University (http://www.partnershipschools.org)

(Note: for access to a wide range of relevant websites, see our "Gateway to a World of Resources" at http://smhp.psych.ucla.edu).

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**TRAINING AND JOB OPPORTUNITIES

<Senior Policy Advisor>
Fight Crime: Invest in Kids California, Oakland, CA. Need legislative experience (http://www.fightcrime.org/ca)

<Counseling Faculty>
Department of Counseling, San Francisco State University, San Francisco, CA. Review begins 1/12. Contact Chair, Hiring Committee (415) 338-2005.

<School Psychology Faculty>
School Psychology Program, University of South Florida, Tampa, FL. Deadline 1/12. Contact George Batsche. (Http://www.coedu.usf.edu/schoolpsych/)

<Postdoctoral>
Trauma Center, a program of Arbour Health System and a Boston Community Practice Site of The National Child Traumatic Stress Network, Boston, MA. Deadline 1/15. Rmoore@traumacenter.org.

<School Psychology Faculty>
Queens College, City University of New York, Flushing, NY. Contact J.Vasquez, Chair. 63-30 Kissena Blvd., Flushing, NY 11367-1597.

<School/Child Clinical Faculty>
Department of Psychology, Utah State University, Logan, UT. Deadline 1/16. Contact Gretchen Gimpel, Dept. of Psych., Utah State University, Logan UT 84322-2810.

<Pediatric Psychologist>
Good Samaritan Hospital, Puyallup, WA. Http://www.goodsamhealth.org.

For more information on employment opportunities see http://smhp.psych.ucla.edu. Go to Contents, scroll down to Jobs. Following the listing of current openings, you will see links to HRSA, SAMHSA, and other relevant job sites.

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"Students need to know that you care before they care what you know."
        Author Unknown
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**REQUESTS/INFO/COMMENTS/QUESTIONS FROM THE FIELD

>Responses to last month's emerging issue "Strategies for Suicide Prevention"

"First, let me say that I do not hold myself out to be an expert on suicide prevention. Like most of us I'm still grappling with the issue of what works and what doesn't work. And, of course, the overriding mantra is always, "Do No Harm." I work at a state department of education. We have schools that have implemented Yellow Ribbon, SOS, Teen Screen, and other prevention and intervention efforts. These are all fine "programs." What I am most impressed with, however, is a comprehensive approach that one fairly large urban school district has in place. Over ten years ago they experienced a series of teenage suicides that woke up the whole community. As a result, the proverbial "task force" was established. Over the next ten years they have not had a single school-aged suicide in that community. What was different? In a nutshell, this is what they did. First they established linkages between the school and mental health treatment agencies and individuals in the community. Second, they trained "all" school personnel in the signs and symptoms of depression and suicide. Third, they formed a cadre of administrators, school psychologists, and counselors that carry beepers and are able to respond to a call at anytime during the school day. If a teacher or other staff person happens to notice writings, verbal, or other behavioral clues that something may be happening with a specific child, they immediately activate the beeper system. The staff person then discusses the issue with the teacher and a decision is made whether to intervene or not. Parental involvement is a must. Even though they have not had a suicide over the last ten years, they respond to three or four hundred "beeper" incidents annually."

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Given the interest in this topic, we have excerpted the following information about school-based suicide prevention programs from: "Youth Suicide risk and preventive interventions: A review of the past 10 years" (2003) M. Gould, et al, Journal of the American Academy of Child Adolescent Psychiatry, 42, 385-405.

(1) Suicide Awareness Curriculum.

"Several studies evaluated school-based suicide awareness programs in the past decade (Ciffone, 1993; Kalafat and Elias, 1994; Kalafat and Gagliano, 1996; Shaffer et al., 1991; Silbert and Berry, 1991; Vieland et al., 1991). While improvements in knowledge (Kalafat and Elias, 1994; Silbert and Berry, 1991), attitudes (Ciffone, 1993; Kalafat and Elias, 1994; Kalafat and Gagliano, 1996), and help-seeking behavior (Ciffone, 1993) have been found, other studies reported either no benefits (Shaffer et al., 1990, 1991; Vieland et al., 1991) or detrimental effects of suicide prevention education programs (Overholser et al., 1989; Shaffer et al., 1991). Detrimental effects included a decrease in desirable attitudes (Shaffer et al., 1991); a reduction in the likelihood of recommending mental health evaluations to a suicidal friend (Kalafat and Elias, 1994); more hopelessness and maladaptive coping responses among boys after exposure to the curriculum (Overholser et al.,1989); and negative reactions among students with a history of suicidal behavior, including their not recommending the programs to other students and feeling that talking about suicide in the classroom "makes some kids more likely to try to kill themselves" (Shaffer et al., 1990). Other limitations of this strategy are that baseline knowledge and attitudes of students are generally sound (Kalafat and Elias, 1994; Shaffer et al., 1991), changes in attitudes and knowledge are not necessarily highly correlated with behavioral change (Kirby, 1985; McCormick et al., 1985), and the format and content of some programs might inadvertently stimulate imitation (Gould, 2001).

To date there is insufficient evidence to either support or not support curriculum-based suicide awareness programs in schools (Guo and Harstall, 2002). Accordingly, emphasis has shifted toward alternative school-based strategies that will be presented below."

(2) Skills Training.

"In contrast to suicide awareness curriculum in schools, skills training programs emphasize the development of problem-solving, coping, and cognitive skills, as suicidal youths have deficits in these areas (e.g., Asarnow et al., 1987; Cole, 1989; Rotheram-Borus et al., 1990). It is hoped that an "immunization" effect can be produced against suicidal feelings and behaviors. The reduction of suicide risk factors (e.g., depression, hopelessness, and drug abuse) is also a targeted outcome.

Several evaluation studies have shown promising results, with some evidence for reductions in completed and attempted suicides (Zenere and Lazarus, 1997) and

improvements in attitudes, emotions, and distress coping skills (Klingman and Hochdorf, 1993; Orbach and Bar-Joseph, 1993). The most systematic evaluations have been conducted by a team of researchers (Eggert et al., 1995; Randell et al., 2001; Thompson et al., 2000, 2001) who have focused on skills training and social support programs for students at high risk for school failure or dropout. Enhancements of protective factors and reductions in risk factors following the "active" interventions were consistently found, while the control "intervention as usual" did not yield an increase of protective factors. However, "intervention as usual" sometimes produced significant reductions in suicide risk behaviors (Eggert et al., 1995; Randell et al., 2001). Thus it is not clear which aspects of the skills training program were responsible for risk reduction, a limitation of other studies also (Zenere and Lazarus, 1997). While these studies yield encouraging data, additional research is sorely needed to refine the evaluation of this type of intervention."

(3) Screening.

"A prevention strategy that has received increased attention is case-finding through direct screening of individuals. Self-report and individual interviews are used to identify youngsters at risk for suicidal behavior (Joiner et al., 2002; Reynolds, 1991; Shaffer and Craft, 1999; Thompson and Eggert, 1999). School-wide screenings, involving multistage assessments, have focused on depression, substance abuse problems, recent and frequent suicidal ideation, and past suicide attempts. The few studies that have examined the efficacy of school-based screening (Reynolds, 1991; Shaffer and Craft, 1999; Thompson and Eggert, 1999) found that the sensitivity of the screens ranged from 83% to 100%, while the specificities ranged from 51% to 76%. Thus, while there were few false-negatives, there were many false-positives. ... Second-stage assessments usually employ systematic clinical evaluations, using interviews such as the Suicidal Behaviors Interview (Reynolds, 1990) or the Diagnostic Interview Schedule for Children (DISC), now available in a spoken, self-completion (Voice-DISC) version (Shaffer and Craft, 1999)." The authors conclude that "the ultimate success of this strategy is dependent on the effectiveness of the referral. Considerable effort must be made to assist the families and adolescents in obtaining help if it is needed...."

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THIS THE END OF THIS ISSUE OF ENEWS

Below is a brief description of our Center at UCLA for more see our website http://smhp.psych.ucla.edu

Who are we?
Under the auspices of the School Mental Health Project in the Department of Psychology at UCLA we established a Center for Mental Health in Schools in 1995. The Project and Center are co-directed by Howard Adelman and Linda Taylor.

As sister Centers, the Center at UCLA and the one at the University of Maryland provide support (training and technical assistance) for mental health and psychosocial concerns in schools. Our group at UCLA approaches mental health concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Activities include gathering and disseminating information, materials, development, direct assistance, and facilitating networking and exchanges of ideas. We demonstrate the catalytic use of technical assistance, internet, publications, resource materials, and regional and national meetings to stimulate interest in program and systemic change.

Specific attention is given to policies and strategies that can (a) counter fragmentation and enhance collaboration between school and community programs, and (b) counter the marginalization of mental health in schools. Center staff are involved in model development and implementation, training and technical assistance, and policy analysis. We focus on interventions that range from systems for healthy development and problem prevention through treatment for severe problems and stress the importance of school improvement and systemic change. There is an emphasis on enhancing collaborative activity that braids together school and community resources. The Center works to enhance network building for program expansion and systemic change and does catalytic training to stimulate interest in such activity. We connect with major initiatives of foundations, associations, governmental, and school and mental health departments.

Evaluations indicate the Center has had considerable impact in strengthening the network of professionals advancing the field of mental health in schools and in changing policies and practices.

For more information about the Center or about ENEWS,
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