Enhancing School Staff Understanding of Mental Health and Psychosocial Concerns: A Guide to

I.   Delivery Strategies for Professional Development

II. Ensuring a Good Instructional Match for Staff

III. Finding Relevant Content Resources

IV. Accounting for All Students

This Guide is designed to outline a variety of ways to play a significant role in providing inservice at schools. Seven delivery systems are highlighted. Then, basic guidelines are presented for enhancing inservice processes and content and countering tendencies toward over-emphasizing pathology and under-emphasizing environmental causes.

Enhancing School Staff Understanding of Mental Health and Psychosocial Concerns

Contents

Introduction

If all students are to have an equal opportunity to succeed at school and if schools are to leave no child behind, then all school staff must enhance their understanding of how to address barriers to student learning – including a variety of mental health (MH) and psychosocial concerns.

Easy to say; hard to do.

One aspect of making this a reality is to ensure that the job descriptions of student support staff include a formal role and specific functions related to planning and implementing *inservice* learning at each school. This, of course, involves changing the nature and scope of current approaches to inservice training.

For the most part, the tendency is to think about inservice as something that only happens at staff meetings after general school business is addressed or at special workshops and classes. These certainly are appropriate times and places for staff to learn. However, the time allotted usually is minimal, and the main focus is on how to teach academics better. (Often, support service staff are not even participants at staff meetings.) Any time allowed for topics related to addressing barriers to learning and teaching is sparse and marginalized. MH and psychosocial concerns usually are discussed only when problems are manifested on a large-scale and experienced by the school staff as pressing.

Clearly, a change in the way schools approach inservice is needed.

School policy and practices for inservice must be modified so they better reflect the reality of what school staff need to learn if students are to connect with promising instructional practices. Support staff can use school accountability data related to excessive absences, tardies, bullying on the playground, low achievement test scores, and other relevant problems as a stimulus for clarifying the need for expanding the focus of inservice efforts.

Expanded inservice must encompass training to enhance understanding of the factors that interfere with effective student learning and productive teaching; and then it spells out what can be done to address such barriers. What can be done includes increasing the capability of all school staff for promoting healthy development, preventing problems, responding as early after problem onset as is feasible, and playing a role in handling severe and pervasive problems.

Given the need, inservice planners must broaden thinking about the who, when, and how of inservice learning. To these ends, this brief document highlights some guidelines for thinking about

- delivery strategies for professional development

- ensuring a good instructional match for staff

- finding relevant content resources

- accounting for all students

Our intent is to provide a starting point. Thus, we make no attempt to be exhaustive. Creative users of this guide certainly will come up with other useful guidelines and ideas.

Frequently Asked Questions about Mental Health in Schools

1. *WHAT ARE THE MENTAL HEALTH NEEDS OF YOUTH?*

A. What are "mental health needs?"

At the onset, it is essential to stress that the field of "mental health" is concerned with more than "mental illness." Mental health should always be understood as including

- *strengths* (e.g., positive social and emotional development and intrinsic motivation) and
- *deficits* – which encompass psychosocial problems as well as mental disorders

Given this, mental health needs are best understood along a continuum ranging from efforts to

> promote healthy social and emotional development and prevent problems for everyone
> respond to psychosocial and mental health problems as soon after onset as is feasible
> provide intensive care for severe, pervasive, and chronic problems

B. How many young people have behavior and emotional problems?

Focusing mainly on those who have been diagnosed, it is widely estimated that *12% to 22% of youngsters under age 18 need services for mental, emotional or behavioral problems.*

In discussing how many youngsters have diagnosable mental disorders, the Surgeon General's 1999 report on *Mental Health* provides one prominent example of efforts to highlight available data.*

Referring to ages 9 to 17, that document states that 21% or "one in five children and adolescents experiences the signs and symptoms of a DSM-IV disorder during the course of a year" – with 11% of all children experiencing significant impairment and about 5 percent experiencing "extreme functional impairment." Of the 5 percent with extreme problems, estimates suggest that 13% have anxiety disorders, 10% have disruptive disorders, 6% have mood disorders, 2% have substance abuse disorders; some have multiple diagnoses. (Using the 2000 data that indicate 70.4 million children 17 or younger in the U.S.A., the 21% estimate translates into about 14 million who show "the signs and symptoms of a DSM-IV disorder during the course of a year.")

> Note: The picture worsens when one expands the focus beyond the limited perspective on diagnosable mental disorders to the number of young people experiencing psychosocial problems and who Joy Dryfoos cautions are "at risk of not maturing into responsible adults." For general purposes, it can be stressed that the number of such youngsters in many schools serving low-income populations has climbed over the 50% mark, and few public schools have less than 20%. The Center for Demographic Policy has estimated that 40% of young people are in bad educational shape and therefore will fail to fulfill their promise. The reality for many large urban schools is that well-over 50% of their students manifest significant learning, behavior, and emotional problems. For a large proportion of these youngsters, the problems are rooted in the restricted opportunities and difficult living conditions associated with poverty. All current policy discussions stress the crisis nature of the problem in terms of future health and economic implications for individuals and for society and call for major systemic reforms.

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*As cautioned in the Center report *Youngsters' Mental Health and Psychosocial Problems: What are the Data?* (http://smhp.psych.ucla.edu/pdfdocs/prevalence/youthMH.pdf), "Data on youngsters mental health and psychosocial problems have the power to influence life-shaping decisions for better and for worse. At this stage in the development of the field, the best available data are still rather limited. They provide snapshots, but the pictures are for the most part fuzzy."

2. WHY IS IT ESSENTIAL FOR SCHOOLS TO ADDRESS THESE NEEDS?

It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways and must be addressed if schools are to function satisfactorily and students are to succeed at school. Moreover, such problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure.

So, to achieve their mission of educating all students, schools must address barriers to learning and promote healthy development. This is especially the case for schools designated as "in need of improvement." As the Carnegie Task Force on Education has pointedly stressed:

> *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.*

Not doing so reduces the likelihood that *all* students will have an equal opportunity to succeed at school and guarantees that too many students will be left behind.

Available Data Underscore the Necessity for Schools to Meet the Challenge

T National findings related to high school graduation indicate that nearly one-third of all public high school students fail to graduate.

T Findings indicate that one-quarter to one-half of all beginning teachers leave teaching within four years and many do so because of the lack of an adequate system of learning supports

T In most states, a significant proportion of schools are designated as "High Priority" (previously Low Performing) Schools

T Evidence is growing that when test score gains are achieved, they mainly occur for young students, are related to noncomplex skills, and tend to plateau after a district shows modest gains over a three year period (http://www.nctimes.net/news/2002/20020830/90153.html; http://www.wcboe.k12.md.us/downloads/NewsReleases/050702anews.htm; http://edreform.com/press/naeptrends.htm)

Other reasons given in advocating for mental health (MH) in schools:

- to increase *access* to kids and their families for purposes of providing MH services

- to increase *availability* of MH interventions
    (a) through expanded use of school resources
    (b) through co-locating community resources on school campuses
    (c) through finding ways to combine school and community resources.

- to encourage schools to adopt/enhance specific programs and approaches
    (a) for treating specific individuals
    (b) for addressing specific types of problems in targeted ways
    (c) for addressing problems through school-wide, "universal interventions"
    (d) for promoting healthy social and emotional development.

- to improve specific processes and interventions related to MH in schools
    (e.g., improve systems for identifying and referring problems and for case management, enhancing "prereferral" and early intervention programs, enhancing communication, coordination, and integration of services)

It also should be recognized, however, that there are advocates for reducing school involvement in MH programs and services (e.g., to avoid competition for sparse instructional resources, to focus more on youth development, to keep the school out of areas where family values are involved).

3. *HOW ARE SCHOOLS DOING IT CURRENTLY?*

Varied policies and initiatives have emerged relevant to efforts to enhance mental health in schools. Some are generated by school owned resources, and others stem from the community.

A. School Owned Student/Learning Supports

Some current efforts directly support school programs and personnel. School policy makers, have a lengthy (albeit somewhat reluctant) history of trying to assist teachers in dealing with problems that interfere with schooling. Prominent examples are seen in the range of counseling, psychological, and social service programs schools provide.

B. Community Owned, School-Based or Linked

Adding to what school education support staff do, there has been renewed emphasis over the past 20 years in the health and social services arenas on increasing linkages between schools and community service agencies to enhance the well-being of young people and their families. These school-based or linked services have added impetus to advocacy for mental health in schools.

More recently, the efforts of some advocates for basing or linking community services have merged with forces working to enhance initiatives for community schools, youth development, and the preparation of healthy and productive citizens and workers. The merger has expanded interest in social-emotional learning and protective factors as avenues to increase students' assets and resiliency and reduce risk factors.

C. As a result . . .

Most schools have some programs to address a range of mental health and psychosocial concerns (e.g., school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, violence). Programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and promotion of positive social and emotional development.

But, the current norm related to mental health in schools is for a vast sea of advocates to compete for the same dwindling resources. This includes advocates representing different professional practitioner groups. Naturally, all such advocates want to advance their agenda. And, to do so, the temptation usually is to keep the agenda problem-focused and rather specific and narrow. Politically, this makes some sense. In the long-run, however, it is counter-productive in that it perpetuates piecemeal and fragmented policies and practices. The impact of all this is seen in the deployment of diverse school and community resources in ways that are highly fragmented (see Figure). This continues the current trends toward redundancy, inappropriate competition, marginalization, and inadequate results.

> And, this means that only a relatively small
> percentage of students' who need it are helped.

4. *WHAT'S GOOD ABOUT WHAT SCHOOLS ARE DOING*
& WHAT NEEDS TO CHANGE?

Clearly, mental health activity is going on in schools. Available research suggests that for some youngsters schools are the main providers of mental health services. As Burns and her colleagues report from the study of children's utilization of MH services in western North Carolina,

> "the major player in the de facto system of care was the education sector — more than three-fourths of children receiving mental health services were seen in the education sector, and for many this was the sole source of care."

A. What's good?

T Schools already know a good deal about addressing barriers to student learning.

T Schools are trying to work with communities to enhance how they do this.

T Schools are helping some students who have mental health problems.

T A foundation has been laid for essential changes in policy and practice.

B. Major Systemic Changes are Needed

Systemic changes must focus on ensuring that the available, sparse resources are used in ways that serve a much larger proportion of students. For this to happen, it is essential to end the fragmentation, marginalization, counter-productive competition, and costly redundancy that characterizes what schools and communities do to address barriers to student learning.

- The aim must be to weave school owned and community owned resources together to develop comprehensive, multifaceted, and integrated approaches for addressing barriers to learning and enhancing healthy development.

- The process must stress the importance of school-community-home collaborations.

- And, the work must connect in major ways with the mission of schools and integrate with a restructured system of education support programs and services.

- Moreover, pursuit of such changes also must address complications stemming from the scale of public education. That is, efforts to advance mental health in schools must adopt effective models and procedures for replication and "scale-up."

> Advancing mental health in schools is about much more than expanding services and creating full service schools. It requires comprehensive, multi-faceted approaches that help ensure schools are caring and supportive places that maximize learning and well-being and strengthen students, families, schools, and neighborhoods.
>
> Howard Adelman & Linda Taylor (2006). The School Leader's Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning. Corwin Press.

5. *WHAT CAN/SHOULD POLICY MAKERS DO TO SUPPORT SCHOOLS IN MEETING THE MENTAL HEALTH NEEDS OF YOUTH?*

It is a given that government will continue to invest sparingly in advancing the role schools play in mental health for children and adolescents. Therefore, it is essential for policy makers to take a close look at all the pieces that already are in place related to mental health in schools. To date, there has been no comprehensive mapping and no overall analysis of the amount of resources used for efforts relevant to mental health in schools or of how they are expended. Without such a "big picture" analysis, policymakers and practitioners are deprived of information that is essential in determining equity and enhancing system effectiveness. The challenge for those focused on mental health in schools is not only to understand the basic concerns hampering the field, but to function on the cutting edge of change so that the concerns are effectively addressed.

Available evidence makes it clear that policy for mental health in schools must address the fragmentation, marginalization, counter-productive competition, and costly redundancy resulting from current policy and practices. Minimally, this means (1) reversing the trend of piecemeal and fragmented initiatives, (2) promoting efforts to develop comprehensive, multifaceted, and integrated approaches for addressing barriers to learning, including mental health concerns, and (3) ensuring the work is fully integrated into the mission of schools and can be replicated and "scaled-up."

In the process, policy makers should help

- ensure that mental health is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits,

- enhance the capacity and facilitate ways for schools, communities, and families to work together to braid existing school owned and community owned resources,

- pay special attention to reducing the prevalence of problems by promoting development of systems for prevention and responding early after the onset of problems,

- ensure that equity considerations, the varying needs of locales, the problems of accommodating diversity among interveners and among populations served, and the challenges of evidence-based strategies and achieving results are all addressed.

In addition, policy makers must support the development of better systems for gathering quality and generalizable prevalence and incidence data on the problems experienced by children and adolescents. Such data systems are fundamental to improving policy and practice. A beginning has been made related to some problem arenas. But policy is needed that focuses on building a comprehensive system for gathering a full set of indicators that can be used, with critical care, to guide efforts to understand the nature and scope of youngsters' problems and as an accountability "report card" on the well-being of children.

In moving forward, it will be essential to change (e.g., rethink, reframe, reform, restructure) the way student supports are conceived at schools and to proceed *strategically.* Three specific concerns will be (a) infrastructure changes, (b) enhancing leadership, and (c) facilitating bridging within and across agencies and the braiding of resources. Moreover, there must be appropriate training, incentives, and safeguards for those who are expected to facilitate systemic change.

A. Infrastructure. It is rare to find an infrastructure that supports comprehensive, school-based approaches encompassing mental health. In most situations, infrastructure mechanisms must be modified so that improved policy directions are translated into appropriate daily operations. Well-designed mechanisms ensure local ownership, a critical mass of committed stakeholders, processes that overcome barriers to working together effectively, and strategies that mobilize and maintain

proactive change. Such mechanisms cover functions for (1) governance, (2) leadership, (3) planning/ implementation of organizational and program objectives, (4) coordination and integration for cohesion, (5) management of communication and information, (6) capacity building, and (7) quality improvement and accountability.

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

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

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

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

C. Bridging and braiding. It is widely acknowledged that policy and practice are highly fragmented. Such fragmentation not only is costly in terms of redundancy and counter-productive competition, it works against developing cohesive approaches and maximizing results. Government efforts need to promote policy that bridges the "silos" and facilitates braiding of resources. Accomplishing this requires operating with guiding frameworks that encompass the entire range of learning, behavior, and emotional problems seen in schools.

> Given the complexity and range of problems that must be addressed, it seems clear that advancing the field requires adopting a unifying, comprehensive, multifaceted., and cohesive *intervention framework*. Evolving such a comprehensive, systemic approach at a school and throughout a district requires *rethinking infrastructure* and *policy* and using a sophisticated framework and strategies to facilitate major *systemic changes*. With respect to all this, there also is a need to incorporate the invaluable understanding of human motivation that *intrinsic* motivation scholars have developed over the last 40 to 50 years.
>
> Howard Adelman & Linda Taylor (2006). The School Leader's Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning. Corwin Press.

Part I. Delivery Strategies for Professional Development

Seven delivery systems are covered here. The first three involve *information dissemination* mechanisms; the fourth is the traditional *presentation/workshop* approach; the last three encompass what we call *collegial* mechanisms. Clearly, these are not mutually exclusive, and hopefully other strategies will come to mind as efforts are made to expand and improve inservice.

Information Dissemination Mechanisms

(1) ***Mail Boxes, Bulletin Boards, and Electronic Communications.*** Easily digested materials can be distributed through staff mail boxes, displayed on bulletin boards, incorporated into websites, sent as emails, and so forth. When the information also is appropriate for students and families, it can be distributed in classrooms and at other sites throughout the school and community and sent home.

(2) ***Newsletters.*** Addressing barriers to learning (including MH and psychosocial concerns) need to be at least a periodic if not regular feature in all newspapers associated with the school. A special newsletter related to such matters also is a possibility.

(3) ***Special Displays.*** Identify, create, and use every available place that provides an opportunity to display information, ideas, resources, etc. This includes existing bulletin boards and other display areas, as well as working to create new bulletin boards and display areas. Places for displays include classrooms, halls, staff rooms, student libraries, cafeteria, auditorium, multipurpose rooms, front offices and waiting areas, administrative and support staff offices, parent centers, gymnasiums, recreation areas, and anyplace else staff (students and parents) will see the material.

(See Appendix A for examples of materials used for info dissemination.)

Presentation and Workshop Mechanisms

(4) ***Staff Meetings and Workshops.*** Essentially, these are the traditional forms of inservice. The challenges here are to expand the focus and get a fair share of time on the schedule. (See Appendix B for information about the Center's Quick Training Aids for staff development.)

Collegial Mechansims

(5) ***Teaming to Capture Teachable Moments for Mentoring and Cross Training.*** Whenever problems arise and support staff are brought to the table, there are opportunities to teach others and to learn from them. Examples of such times arise whenever support staff are involved in discussing and/or taking action related to

general school problems (e.g., daily problems related to attendance, discipline, bullying, drugs, pregnancy), crisis events, or a specific child's behavior, emotional, and learning problems. At such times, a support staff member may be working with administrators, other support staff, regular and special ed teachers and aids, staff who supervise recess, lunch, and before and after school activities, front office personnel, family members, and so forth. While the focus often is on a specific event or individual, the opportunity is not only to enhance understanding of how to deal with the specific case but how to clarify some general principles and rethink practices to prevent and correct subsequent problems. This form of inservice may take different forms, including consultation, mentoring and tutoring, and modeling while teaming together to address problems. For teachers, some of the most powerful ways to learn is for support staff to work with them in the classroom for a period of time while new approaches and learned and instituted.

(6) *Integrating Material into Health Education and Other Regular Coursework*. Besides formal health education, almost every subject taught in a classroom provides an opportunity to enhance understanding of psychosocial and mental health concerns. Support staff can use this delivery system if they team with teachers to plan the lessons and, as feasible, teach the material.

(7) *Lunch "Brown Bags" and Office Hours.* Informal and optional opportunities for sharing, teaching, and learning include offering periodic presentations and interchanges during lunch (e.g., perhaps bringing in community expertise to stimulate interest and show the breadth of support available or focusing on a specific reading/topic) and holding a regular open "office hour" each week for staff who want to learn more.

> (See Appendix C for some related material on colleagues working and learning together.)

Monthly Focus on a Matter that Matches the Rhythm of the School

Schools have a yearly rhythm – changing with the cycle and demands of the school calendar. There is the Season of Hope as the school year starts; then comes homework discontent, conferences of concern, grading and testing crises, newspaper attacks, worries about burnout, and the search for renewal. In keeping with all this, each month support staff can provide some ideas and activities the school can use to enhance support for students, their families, and the staff. These can be incorporated into any of the above delivery mechanisms. Examples of topics for a monthly focus are: September – Getting off to a Good Start; October - Enabling School Adjustment; November - Responding to Referrals in Ways That Can "Stem the Tide"; December – Re-engaging Students: Using a student's time off in ways that pay off! Also, special days, weeks, or months can be used to focus on problems such as depression, suicide prevention, substance abuse, etc.

(An example is included in Appendix D; others can be found on the
Center website – http://smhp.psych.ucla.edu)

Part II. Ensuring a Good Instructional Match for Staff

> *Just enough material,*
> *in just the right format,*
> *at just the right time,*
> *with just the right personalized follow through.*

Successful inservice calls for good teaching. Good teaching always revolves around the concept of a good "match" or good "fit" – that is, meeting the learner where they are in terms of both motivation and capability.

Each delivery system shapes the types of activities that can be brought to play to create a good match for learning. In addition, windows of opportunity periodically open-up. When they do, it is helpful to have a "tool kit" of materials at hand that allow for an immediate response. (Sources for expanding a school's "tool kit" are covered in Part III of this guide.) However, good tools are not enough. The following three guidelines are key o ensuring a good instructional match.

It's About Motivation

The first set of concerns in creating a good match are motivational. Staff need to be attracted to learning more about addressing barriers to learning and teaching (including MH and psychosocial concerns). At the same time, it is clear there are competing demands on the amount of time staff can devote to such content. Excessive time demand counter positive motivation. Thus, it is important to ensure that the time set aside for inservice (including released time from the classroom) is distributed appropriately and that staff are credited equitably (salary point credit, certificates of accomplishment) for learning more about such matters. Then, the focus turns to ensuring that topics and content reflect staff interests and especially the problems they confront each day in the classroom. And, a strong thread in all inservice activity should be an emphasis on capturing teachable moments.

It's About Building on Current Strengths

Everyone knows something about barriers to learning and MH and psychosocial concerns. Some of what people know is useful; some isn't. As with most learning situations, school staff involved in inservice situations respond more positively when we build on what they have learned and what they can use immediately. (The oft heard reaction during inservice sessions is: Yes, but ... how will that help me on Monday?)

Thus, in planning inservice priorities, it is important from a motivational perspective to address fundamental needs as perceived through the eyes of school staff. In planning inservice activities that help them meet their needs, it is important to build on their current capabilities. At the same time, it is essential to frame the needs within the context of a broad understanding of the causes of and ways to correct student problems (more on this in Part IV).

It's About Personalizing the Material and Facilitating Active Learning

Ultimately, the best match is achieved when the learner is highly motivated to learn and is enabled to do so actively. To create such a match, the ideal is for staff to have options and choices related to content and processes so that inservice can be personalized. This includes varied opportunities for motivated application so that staff can practice what is learned and for timely follow-ups to help consolidate learning. Clearly, no one delivery system can do the job. Indeed, it often will require use of all information dissemination, presentation/workshop, and collegial mechanisms.

Part III. Finding Relevant Content Resources

Just as using a range of delivery systems is essential, so is use of various formats for sharing information, ideas, and resources. For instance, when there is an immediate "need to know," Fact Sheets, Practice Notes, and specific "tools" are useful. When there is sustaining interest, indepth materials are needed. When addressing barriers to learning and MH and psychosocial concerns are a major priority for the school, a range of resources compiled into a campaign and/or course are called for to cover the topic and maintain interest and momentum (e.g., see the example offered in Part I of a monthly focus that matches the rhythm of the school year).

The support staff at a school are the logical ones to build up, over time, a "tool kit" of content resources on the wide range of relevant topics. This can be done with relative ease through the internet. There are some major sites that provide ready access to a wealth of resources on almost any topic that might be relevant to the inservice agenda. Ours is one. Moreover, not only have we have developed our website to provide access at no cost to a wealth of Center prepared resources for use in training, we have designed it to provide direct linkage to a world of resources available from others.

Here's some easy ways to proceed in finding relevant resources:

(1) Log on to http://smhp.psych.ucla.edu

(2) On the top of the homepage click on the button "First Visit"

(3) There you will find a section entitled: *Finding Information and Getting Technical Assistance.* There you will find descriptions of such Center features as:

- Quick Finds (These offer a fast way to access Center technical information and resources on a large menu of topics. When you click on a topic, you are provided with access to Center developed materials and links to materials available from other sources.)

- Search Engines (Through our search engines you can either search our website or the Center databases for clearinghouse documents, consultation cadre members, and list of other organizations and websites.)

You will also find information on how to download the Center Resources.

Among the various Center resources useful for inservice efforts are:

- Continuing Education Modules, Training Tutorials, and Quick Training Aids

- Guidebooks & Guidelines

- Newsletter articles

- Special Resource Packets & Aids.

The Center makes all its packets and technical assistance information available electronically, mostly in Adobe Acrobat PDF files that are easy to view, navigate, print, or copy on a hard drive for a quick and easy reference. (See Appendix E for the List of Special Resources Available from the Center.)

Should you not find what you need through our Quick Find and other search mechanisms, we have designed a *Gateway to a World of Resources.* This is a links "map" that provides quick access to a wealth of relevant resources on the internet.

If all else fails you can request *Technical Assistance* from our Center staff and Consultation Cadre members. If you have a question that needs answering, need assistance on a specific topic, or are looking for materials and/or resources, you will find our Center staff and Consultation Cadre helpful.

Part IV. Accounting for All Students

In designing inservice to enhance staff understanding of barriers to learning and MH and psychosocial concerns, the following guidelines are meant to ensure what is taught accounts for all students, not just those with the most severe problems. The emphasis is on helping staff acquire a broad perspective for understanding the problems they are experiencing and what needs to be done in both the short- and long-run to enable all students to have an equal opportunity to succeed at school.

Guidelines for Inservice on the Causes of Problems

When discussing the *causes of problems*, it is essential to counter tendencies to view them too simplistically and in categorical terms. Thus, presentations that discuss causes should be designed with a view to ensuring that staff continue to learn more about

- the full range of causes for emotional, behavior, and learning problems – contrasting problems caused by external from those caused by internal factors from those resulting from both external and internal causes

- how to differentiate commonplace behavior, emotional, and learning problems from true disorders and disabilities

- how often problems are caused by multiple factors

- how often youngsters have multiple problems

- how the same problem behaviors ("symptoms") may arise from different underlying causes and motives

- how different problem behaviors may arise from the same underlying causes and motives.

Guidelines for Inservice on Interventions to Address Problems

When discussing *how to address problems*, it is essential to counter tendencies toward simplistic and categorical solutions to complex problems. Thus, each inservice activity should ensure that discussions of student/learning support are presented (a) from a system's perspective and (b) with a commitment to personalizing interventions. In all this, there should be an emphasis on ensuring that a caring classroom and school-wide climate and culture emerge from the various intervention efforts.

The system's perspective should encompass learning

- a "big picture" intervention framework – Such a framework should delineate the type of comprehensive, multifaceted continuum of interventions that are required to effectively address the full range of factors that interfere with school learning and teaching (i.e., promotion of healthy development, problem prevention, intervening as early after the onset of problems as is feasible, treatment and follow up support)

- how to integrate student/learning support as a necessary, high level priority in all school improvement planning

- how to enhance teaming and collaboration as a necessary element of comprehensive approaches – in the classroom, school-wide, and with families and others in the community

- how to apply the principle of "least intervention needed" in a sequential manner – focusing *first* on *changes in the classroom and school-wide environment* to address environmental causes; *then, if necessary, focusing on addressing other needs* with increasing attention to specialized assistance for those few students and families whose problems remain chronic.

The commitment to personalizing interventions should encompass learning

- how to ensure that motivational differences as well as differences in capability are appropriately accounted for – with a particular focus on intrinsic motivation and the need to address motivation as a readiness, process, and outcome consideration.

> The overriding inservice guideline is that all efforts to enhance staff understanding of student/learning support should have as a major outcome enhanced *motivation* on the part of school staff to want to know more and to use what they have learned in ways that lead to *more success, more often, with more students and their families.*

Appendix A

Examples of Materials Used for Information Dissemination

This appendix contains examples of newsletter
articles, Fact Sheets, and Practice Notes.

Addressing Barriers to Learning

New ways to think . . .

Better ways to link

Mental Health in Schools:
Much More than Services for a Few

It's wonderful to be able to provide individual and small group counseling/therapy for those children and adolescents who need it. It's tragic that not enough of these clinical services are equitably available. It's fortunate that schools have been able to provide such services at least for a few students via school personnel and/or co-located and linked community service providers.

It is clear, however, that the number of students experiencing behavior, learning, and emotional problems far outstrips the possibility of providing more than a small percentage with clinical services – even if this were the best way to address the wide range of concerns.

Given all this, leaders concerned with advancing mental health in school need to focus on much more than just increasing clinical services. That, of course, has long been the message conveyed by advocates for prevention programs. It is also the message conveyed by those who stress that concerns about mental *health* involve much more than the focus on mental *illness.* This latter view includes an emphasis on promoting youth development, wellness, social and emotional learning, and fostering the emergence of a caring, supportive, and nurturing climate throughout a school.

In the abstract, most stakeholders support all efforts to advance the mental health field. When it comes to policy, however, competition arises related to priorities. Advocates for those with serious and chronic personal problems know there are not enough available and accessible services, especially for low income families. So, they mainly support expansion of specialized clinical services and tend to view other mental health agenda items (e.g., prevention) as competition for sparse resources.

One poignant irony in all this is that advocacy for specialized clinical services has contributed not only to identifying more students who have diagnosable problems, but also to formally assigning diagnostic labels to many commonplace behavior, learning, and emotional problems. In the last decade the number of youngsters diagnosed as ADHD, LD, and clinically depressed has escalated exponentially. As a result, students whose problems can and should be addressed through other means are consuming resources needed for those with severe and chronic problems. And, the demand for clinical services continues to outstrip supply in alarming ways.

Continuing along this path is untenable.

Needed: Widespread Acknowledgment of the Zero Sum Game

A zero sum game is a situation or interaction in which one participant's gains result only from another's equivalent losses. In trying to make the world a better place for children and adolescents, many advocates feel they must focus strategically and laser-like on one concern because resources are sparse and distributed politically. Thus, they enter into a zero sum game.

The continuing tendency of many advocates for mental health in schools is to compete in this way even though it pits the needs and interests of some youngsters against the needs and interests of others. And, too often, it generates counterproductive relationships among school staff and between school and community professionals, with the situation sometimes exacerbated by narrow pursuit of specific professional guild interests.

It is inevitable that some advocates will fight for specific groups of children and adolescents. Given current policy inequities, however, they can hope only for small zero sum successes. With respect to mental health in schools, usually this means immediate clinical help for a few more students, but at a cost for others that seldom is articulated.

The mission of schools calls for ensuring that *all* students have an equal opportunity to succeed at school and beyond. Therefore, advocacy for mental health in schools must address the needs and interests of all students. And, given that these needs and interests depend largely on the way school staff function, advocacy for mental health in schools must encompass a focus on staff as well as students.

Needed: A New Advocacy Coalition for the Few *AND* the Many

Anyone who has done a substantive analysis of what schools do to address psychosocial and mental health concerns can articulate a host of deficiencies. Adequate data are available to make the case that something needs to be done to improve matters. In an age of data driven decision making, one would hope that school improvement planning would significantly redress the deficiencies. However, as Goodwin and Dean (2007) have sagely noted with respect to data driven decision making: "data are no more instructive than tea leaves. Schools must dig below the surface to get at the real issues and address them head on rather than serving up a 'cocktail' of symptom treating medications." Data are one thing; interpretation of data is quite another.

Those who view mental health in schools through the lens of providing as many specialized clinical services as possible point to the number who are not served and then advocate for more services. A different agenda surfaces when the situation is viewed by those concerned mainly with classroom management and school discipline interventions. And, still other agenda arise when the concern is about promoting youth development, wellness, social and emotional learning, and fostering the emergence of a caring, supportive, and nurturing climate throughout a school.

The different perspectives have led to advocacy for a variety of initiatives, such as Positive Behavior Support, Coordinated School Health, Safe Schools/Healthy Students, Response to Intervention, Early Intervening, social and emotional learning, character education, projects to ameliorate bullying, violence, substance abuse, pregnancy, dropouts, efforts to enhance school connectedness and student re-engagement, and many more. Each initiative focuses on a major concern; each has a political constituency and a silo of economic support; each has established a niche. And, each has contributed to the piecemeal, ad hoc, and often simplistic approaches that characterize efforts to address problems.

Putting it Together to Transform Student and Learning Supports

Given that many problems experienced by students arise from the same underlying causes, it makes sense not to consider each separately. Indeed, various policy and practice analyses indicate that it is unwise to do so. The complexity of factors interfering with learning and teaching underscore the need to coalesce efforts to address the variety of factors that interfere with a school accomplishing its mission. And, the coalesced efforts must be embedded into the larger agenda for school improvement.

To these ends, we have suggested that four fundamental concerns must be brought to school improvement planning tables. These concerns stress the need to:

(1) *Expand policy* – broadening policy for school improvement to fully integrate, as primary and essential, a comprehensive, multifaceted, and cohesive system for addressing barriers to learning and teaching, with school safety embedded in natural and authentic ways,

(2) *Reframe interventions* in-classrooms and school-wide – unifying the fragmented interventions used to address barriers to learning and teaching and promote healthy development under a framework that can guide development of a comprehensive system at every school,

(3) *Reconceive infrastructure* – reworking the operational and organizational infrastructure for a school, a family of schools, the district, and for school-family-community collaboration with a view to weaving resources together to develop a comprehensive system,

(4) *Rethink the implementation problem* – framing the phases and tasks involved in "getting from here to there" in terms of widespread diffusion of innovations in organized settings that have well-established institutional cultures and systems.

We have discussed each of these in detail in various publications and reports (some references are cited on page 5). Exhibits 1 and 2 are included here as a way of underscoring the type of cohesive and unifying policy and intervention frameworks that are needed.

Exhibit 1

A Proposed Policy Framework:
Establishing a School Improvement Policy Umbrella for
Addressing Barriers to Learning and Promoting Healthy Development

The figure below illustrates the notion that, from a policy perspective, all student/learning supports can be coalesced under a rubric such as *addressing barriers to student learning.* The resulting component is defined as a comprehensive system of learning supports designed to enable learning by addressing barriers. Once unified, the whole enterprise is in a better position to be recognized as a *primary and essential component* of an expanded policy for school improvement.
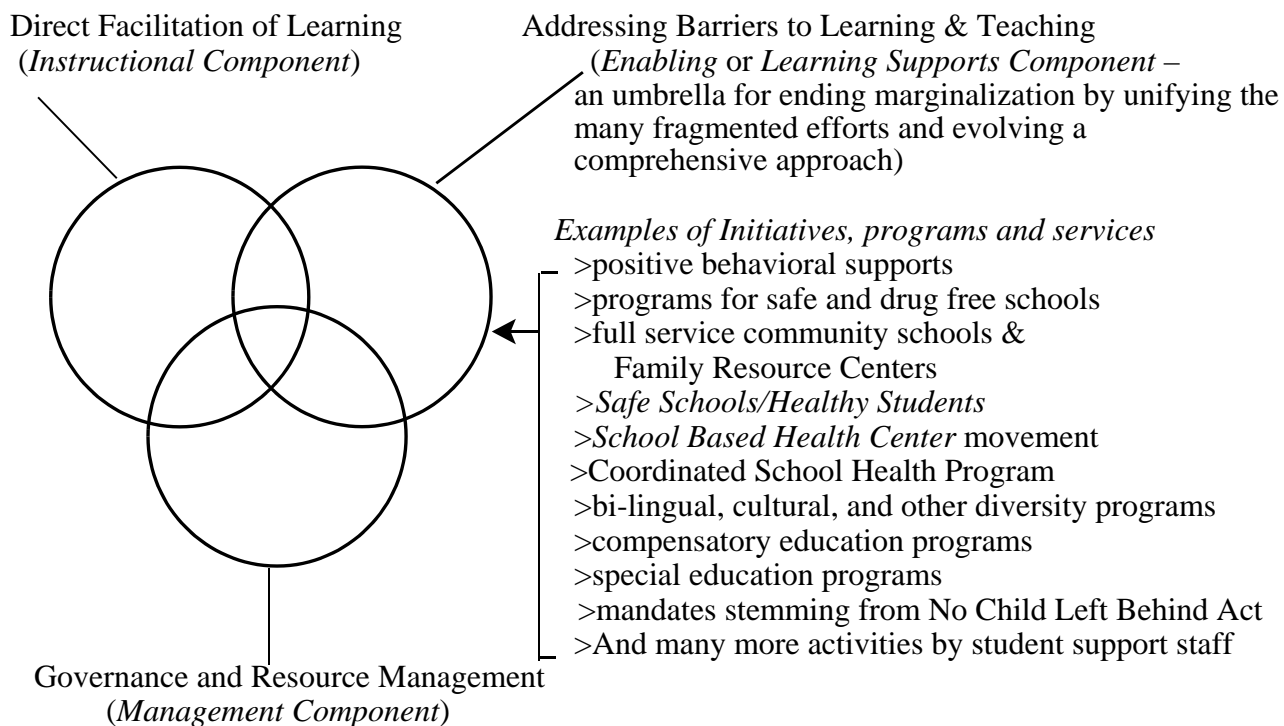
Direct Facilitation of Learning
(*Instructional Component*)

Addressing Barriers to Learning & Teaching
(*Enabling* or *Learning Supports Component* – an umbrella for ending marginalization by unifying the many fragmented efforts and evolving a comprehensive approach)

Examples of Initiatives, programs and services
>positive behavioral supports
>programs for safe and drug free schools
>full service community schools &
   Family Resource Centers
>*Safe Schools/Healthy Students*
>*School Based Health Center* movement
>Coordinated School Health Program
>bi-lingual, cultural, and other diversity programs
>compensatory education programs
>special education programs
>mandates stemming from No Child Left Behind Act
>And many more activities by student support staff

Governance and Resource Management
(*Management Component*)

Exhibit 2

**A Proposed Unifying Intervention Framework for Coalescing
a Comprehensive and Multifaceted Approach for the Many as Well as the Few**

Given the need to coalesce an approach for the many as well as the few and given that the range of barriers to student learning is multifaceted and complex, reframing intervention efforts into a comprehensive and systemic approach is essential. Current descriptions of student/learning supports often amount to little more than itemizations of specific interventions and listings of various disciplines providing services.

One trend toward categorization has been to formulate a continuum of interventions. For example, a graphic some are using offers a pyramid-like triangle that outlines three tiers: "intensive interventions" (for a few), "supplemental interventions" (for some), and "universal interventions" (for all). Other formulations highlight a continuum encompassing prevention, early intervention, and treatment approaches. Still others emphasize a continuum encompassing an integrated set of intervention systems.

As those who follow our work know, we have called for formulation and operationalization of a comprehensive, multifaceted, and cohesive framework. The proposed framework delineates (1) an integrated and systemic continuum of interventions and (2) a multifaceted and cohesive set of content arenas. The continuum is conceived as an integrated set of three systems:

- a system for promoting healthy development and preventing problems
- system for intervening early to address problems as soon after onset as is feasible
- a system for assisting those with chronic and severe problems.

The continuum encompasses approaches for enabling academic, social, emotional, and physical development and addressing learning, behavior, and emotional problems and does so in ways that yield safe and caring schools. Such a range of interventions is intended to meet the needs of the many and the few and, properly implemented, should significantly reduce the number of students requiring individual assistance.

To enhance efforts across the continuum, pioneering work has begun to coalesce programs and services into a multifaceted and cohesive set of content arenas. In doing so, they have moved from a "laundry list" to a defined and organized way of capturing the essence of basic intervention domains. One example defines six content arenas. These encompass efforts to effectively:

» Enhance regular classroom strategies to enable learning (i.e., improving instruction for students who have become disengaged from learning at school and for those with mild-moderate learning and behavior problems)
» Support transitions (i.e., assisting students and families as they negotiate school and grade changes and many other transitions)
» Increase home and school connections
» Respond to, and where feasible, prevent crises
» Increase community involvement and support (outreach to develop greater community involvement and support, including enhanced use of volunteers)
» Facilitate student and family access to effective services and special assistance as needed.

Combining the continuum and the content arenas yields a 3 x 6 matrix that provides a unifying intervention framework to guide school improvement planning for developing a comprehensive and multifaceted system to address barriers to learning and teaching. This unifying framework facilitates mapping and analyzing the current scope and content of how a school, a family of schools (e.g., a feeder pattern of schools), a district, and the various levels of community address factors interfering with learning, development, and teaching.

(text continued from p. 3)

Call to Action

If school improvement efforts are to be effective in enabling all students to have an equal opportunity to succeed at school, policymakers must move significantly beyond prevailing thinking. They must revise policy that perpetuates narrow-focused, categorical approaches since such policy is a grossly inadequate response to the many complex factors that interfere with positive development, learning, and teaching. Current policy promotes an orientation that overemphasizes individually prescribed treatment services to the detriment of prevention programs, results in marginalized and fragmented interventions, and undervalues the human and social capital indigenous to every neighborhood. School improvement policy must be expanded to support development of the type of comprehensive, multifaceted, and cohesive approach that can effectively address barriers to learning and teaching. To do less is to make values such as *We want all children to succeed* and *No child left behind* simply rhetorical statements.

Needed is a fundamental, systemic *transformation* in the ways schools, families, and communities address major barriers to learning and teaching. Such a transformation is essential to enhancing achievement for all, closing the achievement gap, reducing dropouts, and increasing the opportunity for schools to be valued as treasures in their neighborhood.

Given the current state of school resources, the transformation must be accomplished by rethinking and redeploying how existing resources are used and by taking advantage of the natural opportunities at schools for countering problems and promoting personal and social growth. Staff and students need to feel good about themselves if they are to cope with challenges proactively and effectively. Every school needs to commit to fostering staff and student strengths and creating an atmosphere that encourages mutual support, caring, and sense of community. For example, a welcoming induction and ongoing social support are critical elements both in creating a positive sense of community and in facilitating staff and student school adjustment and performance. School-wide strategies for welcoming and supporting staff, students, and families at school *every day* are part of creating a safe and healthy school – one where staff, students, and families interact positively and identify with the school and its goals.

All this, of course, involves major systemic changes. Such changes require weaving school owned resources and community owned resources together over time at every school in a district. And, it requires addressing the complications stemming from the scale of public education in the U.S.A.

The next decade must mark a turning point for how schools, families, and communities address the problems of children and youth. In particular, the focus must be on initiatives to transform how schools work to prevent and ameliorate the many problems experienced by too many students. There is much work to be done as public schools across the country strive to leave no child behind by meeting the needs of the many as well as the few.

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Note: For more extensive discussions of the above matters, see:

Adelman, H.S. & Taylor, L. (2006). *The School Leader's Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning.* Thousand Oaks, CA: Corwin Press.

Adelman, H.S. & Taylor, L. (2006). *The Implementation Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning.* Thousand Oaks, CA: Corwin Press.

Center Policy & Practice Analysis Reports:
The Current Status of Mental Health in Schools
http://smhp.psych.ucla.edu/currentstatusmh.htm
Addressing What's Missing in School Improvement Planning: Expanding Standards and Accountability to Encompass an Enabling or Learning Supports Component
http://smhp.psych.ucla.edu/pdfdocs/enabling/standards.pdf
Another Initiative? Where Does it Fit? A Unifying Framework and an Integrated Infrastructure for Schools to Address Barriers to Learning and Promote Healthy Development
http://smhp.psych.ucla.edu/pdfdocs/infrastructure/anotherinitiative-exec.pdf
Systemic Change for School Improvement: Designing Implementing, and Sustaining Prototypes and Going to Scale
http://smhp.psych.ucla.edu/pdfdocs/systemic/systemicreport.pdf

How was school today?

Well, if it's true we learn from our mistakes, I had a great day!

Addressing Barriers to Learning

New ways to think . . .

Better ways to link

...consider the American penchant for ignoring the structural causes of problems. We prefer the simplicity and satisfaction of holding individuals responsible for whatever happens: crime, poverty, school failure, what have you. Thus, even when one high school crisis is followed by another, we concentrate on the particular people involved -- their values, their character, their personal failings -- rather than asking whether something about the system in which these students find themselves might also need to be addressed.

<div align="right">Alfie Kohn, 1999</div>

Youth Suicide/ Depression/Violence

"I am sad all the time."
"I do everything wrong."
"Nothing is fun at all."
items from the
"Children's Depression Inventory"

Too many young people are not very happy. This is quite understandable among those living in economically impoverished neighborhoods where daily living and school conditions frequently are horrendous. But even youngsters with economic advantages too often report feeling alienated and lacking a sense of purpose.

Youngsters who are unhappy usually act on such feelings. Some do so in "internalizing" ways; some "act out;" and some respond in both ways at different times. The variations can make matters a bit confusing. Is the youngster just sad? Is s/he

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depressed? Is this a case of ADHD? Individuals may display the same behavior and yet the causes may be different and vice versa. And, matters are further muddled by the reality that the causes vary.

The causes of negative feelings, thoughts, and behaviors range from environmental/system deficits to relatively minor group/individual vulnerabilities on to major biological disabilities (that affect only a small proportion of individuals). It is the full range of causes that account for the large number of children and adolescents who are reported as having psychosocial, mental health, or developmental problems. In the USA, estimates are approaching 20 percent (11 million).

Recent highly publicized events and related policy initiatives have focused renewed attention on youth suicide, depression, and violence. Unfortunately, such events and the initiatives that follow often narrow discussion of causes and how best to deal with problems.

Shootings on campus are indeed important reminders that schools must help address violence in the society. Such events, however, can draw attention away from the full nature and scope of violence done to and by young people. Similarly, renewed concern about youth suicide and depression are a welcome call to action. However, the actions must not simply reflect biological and psychopathological perspectives of cause and correction. The interventions must also involve schools and communities in approaches that counter the conditions that produce so much frustration, apathy, alienation, and hopelessness. This includes increasing the opportunities that can enhance the quality of youngsters' lives and their expectations for a positive future.

About Violence

Violence toward and by young people is a fact of life. And, it is not just about guns and killing. For schools, violent acts are multifaceted and usually constitute major barriers to student learning. As Curcio and First (1993) note:

Violence in schools is a complex issue. Students assault teachers, strangers harm

children, students hurt each other, and any one of the parties may come to school already damaged and violated [e.g., physically, sexually, emotionally, or negligently at home or on their way to or from school]. *The kind of violence an individual encounters varies also, ranging from mere bullying to rape or murder.*

Clearly, the nature and scope of the problem goes well beyond the widely-reported incidents that capture media attention. We don't really have good data on how many youngsters are affected by all the forms of violence or how many are debilitated by such experiences. But few who have good reason to know would deny that the numbers are large. Far too many youngsters are caught up in cycles where they are the recipient, perpetrator, and sometimes both with respect to physical and sexual harassment ranging from excessive teasing and bullying to mayhem and major criminal acts. Surveys show that in some schools over 50% of the students have had personal property taken (including money stolen or extorted). Before recent campaigns for safe schools, one survey of 6th and 8th graders in a poor urban school found over 32% reporting they had carried a weapon to school -- often because they felt unsafe.

About Suicide and Depression

In the Surgeon General's *Call to Action to Prevent Suicide 1999*, the rate of suicide among those 10-14 years of age is reported as having increased by 100% from 1980-1996, with a 14% increase for those 15-19. (In this latter age group, suicide is reported as the fourth leading cause of death.) Among African-American males in the 15-19 year age group, the rate of increase was 105%. And, of course, these figures don't include all those deaths classified as homicides or accidents that were in fact suicides.

Why would so many young people end their lives? The search for answers inevitably takes us into the realm of psychopathology and especially the arena of depression. But we must not only go in that direction. As we become sensitive to symptoms of depression, it is essential to differentiate common-place periods of unhappiness from the syndrome that indicates clinical depression. We must also remember that not all who commit suicide are clinically depressed and that most persons who are unhappy or even depressed do not commit suicide. As the National Mental Health Association cautions: "Clinical depression goes beyond sadness or having a bad day. It is a form of mental illness that affects the way one feels, thinks, and acts." And, it does so in profound and pervasive ways that can lead to school failure, substance abuse, and sometimes suicide.

Numbers for depression vary. The National Institute of Mental Health's figure is 1.5 million children and adolescents. The American Academy of Child and Adolescent Psychiatry estimates 3.0 million. Variability in estimates contributes to appropriate concerns about the scope of misdiagnoses and misprescriptions. Such concerns increase with reports that, in 1998, children 2-18 years of age received 1.9 million prescriptions for six of the new antidepressants (an increase of 96% over a 4 year period) and about a third of these were written by nonpsychiatrists -- generally pediatricians and family physicians. This last fact raises the likelihood that prescriptions often are provided without the type of psychological assessment generally viewed as necessary in making a differential diagnosis of clinical depression. Instead, there is overreliance on observation of such symptoms as: *persistent sadness and hopelessness, withdrawal from friends and previously enjoyed activities, increased irritability or agitation, missed school or poor school performance, changes in eating and sleeping habits, indecision, lack of concentration or forgetfulness, poor self-esteem, guilt, frequent somatic complaints, lack of enthusiasm, low energy, low motivation, substance abuse, recurring thoughts of death or suicide.*

Clearly, any of the above indicators is a reason for concern. However, even well trained professionals using the best available assessment procedures find it challenging to determine in any specific case (a) the severity of each symptom (e.g., when a bout of sadness should be labeled as profoundly persistent, when negative expectations about one's future should be designated as "hopelessness"), (b) which and how many symptoms are transient responses to situational stress, and (c) which and how many must be assessed as severe enough to warrant a diagnosis of depression.

Linked Problems

Wisely, the Surgeon General's report on suicide stresses the linkage among various problems experienced by young people. This point has been made frequently over the years, and just as often, its implications are ignored.

One link is life dissatisfaction. For any youngster and among any group of youngsters, such a state can result from multiple factors. Moreover, the impact on behavior and the degree to which it is debilitating will vary considerably. And, when large numbers are affected at a school or in a neighborhood, the problem can profoundly exacerbate itself. In such cases, the need is not just to help specific individuals but to develop approaches that can break the vicious cycle. To do so, requires an appreciation of the overlapping nature of the many "risk" factors researchers find are associated with youngsters' behavior, emotional, and learning problems.

Risk Factors

Based on a review of over 30 years of research, Hawkins and Catalano (1992) identify the following 19 common risk factors that reliably predict youth delinquency, violence, substance abuse, teen pregnancy, and school dropout:

A. Community Factors
   1. Availability of Drugs
   2. Availability of Firearms
   3. Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime
   4. Media Portrayals of Violence
   5. Transitions and Mobility
   6. Low Neighborhood Attachment and Community Disorganization
   7. Extreme Economic Deprivation

B. Family Factors
   8. Family History of the Problem Behavior
   9. Family Management Problems
   10. Family Conflict
   11. Favorable Parental Attitudes and Involvement in the Problem Behavior

C. School Factors
   12. Early and Persistent Antisocial Behavior
   13. Academic Failure Beginning in Late Elementary School
   14. Lack of Commitment to School

D. Individual / Peer Factors
   15. Alienation and Rebelliousness
   16. Friends Who Engage in the Problem Behavior
   17. Favorable Attitudes Toward the Problem Behavior
   18. Early Initiation of the Problem Behavior

E. 19. Constitutional Factors

Hawkins, J.D. & Catalano, R.F. (1992). *Communities That Care; Action for Drug Abuse Prevention.* Jossey-Bass.

General Guidelines for Prevention

Various efforts have been made to outline guidelines for both primary and secondary (indicated) prevention. A general synthesis might include:

• Systemic changes designed to both minimize threats to and enhance feelings of competence, connectedness, and self-determination (e.g., emphasizing a caring and supportive climate in class and school-wide, personalizing instruction). Such changes seem easier to accomplish when smaller groupings of students are created by establishing smaller schools within larger ones and small cooperative groups in classrooms.

• Ensure a program is integrated into a comprehensive, multifaceted continuum of interventions.

• Build school, family, and community capacity for participation.

• Begin in the primary grades and maintain the whole continuum through high school.

• Adopt strategies to match the diversity of the consumers and interveners (e.g., age, socio economic status, ethnicity, gender, disabilities, motivation).

• Develop social, emotional, and cognitive assets and compensatory strategies for coping with deficit areas.

• Enhance efforts to clarify and communicate norms about appropriate and inappropriate behavior (e.g., clarity about rules, appropriate rule enforcement, positive "reinforcement" of appropriate behavior; campaigns against inappropriate behavior).

Suicide Prevention

With specific respect to suicide prevention programs, one synthesis from the U.S. Dept. of Health and Human Services delineates eight different strategies: (1) school gatekeeper training, (2) community gatekeeper training, (3) general suicide education, (4) screening, (5) peer support, (6) crisis centers and hotlines, (7) means restriction, and (8) intervention after a suicide (CDC, 1992). Analyses suggested the eight could be grouped into 2 sets -- those for enhancing identification and referral and those for directly addressing risk factors. And, recognizing the linkage among problems, the document notes:

Certainly potentially effective programs targeted to high-risk youth are not thought of as "youth suicide prevention" programs. Alcohol and drug abuse treatment programs and programs that provide help and services to runaways, pregnant teens, or school dropouts are examples of programs that address risk factors for suicide and yet are rarely considered to be suicide prevention programs.

Enhancing Protective Factors and Building Assets

Those concerned with countering the tendency to overemphasize individual pathology and deficits are stressing resilience and preventive factors and developing approaches designed to foster such factors. The type of factors receiving attention is exemplified by the following list:

Community and School Protective Factors

- Clarity of norms/rules about behavior (e.g., drugs, violence)
- Social organization (linkages among community members/capacity to solve community problems/ attachment to community)
- Laws and consistency of enforcement of laws and rules about behavior (e.g., limiting ATOD, violent behavior)
- Low residential mobility
- Low exposure to violence in media
- Not living in poverty

Family and Peer Protective Factors

- Parental and/or sibling negative attitudes toward drug use
- Family management practices (e.g., frequent monitoring & supervision/consistent discipline practices)
- Attachment/bonding to family
- Attachment to prosocial others

Individual Protective Factors

- Social & emotional competency
- Resilient temperament
- Belief in societal rules
- Religiosity
- Negative attitudes toward delinquency
- Negative attitudes toward drug use
- Positive academic performance
- Attachment & commitment to school
- Negative expectations related to drug effects
- Perceived norms regarding drug use and violence

Note: This list is extrapolated from guidelines for submitting Safe, Disciplined, and Drug-Free Schools Programs for review by an Expert Panel appointed by the U.S. Department of Education (1999). The list contains only factors whose predictive association with actual substance use, violence, or conduct disorders have been established in at least one empirical study. Other factors are likely to be established over time.

The focus on protective factors and assets reflects the long-standing concern about how schools should play a greater role in promoting socio-emotional development and is part of a renewed and growing focus on youth development. After reviewing the best programs focused on preventing and correcting social and emotional problems, a consortium of professionals created the following synthesis of fundamental areas of competence (W.T. Grant Consortium on the School-Based Promotion of Social Competence , 1992):

Emotional

- identifying and labeling feelings
- expressing feelings
- assessing the intensity of feelings
- managing feelings
- delaying gratification
- controlling impulses
- reducing stress
- knowing the difference between feelings and actions

Cognitive

- self-talk -- conducting an "inner dialogue" as a way to cope with a topic or challenge or reinforce one's own behavior
- reading and interpreting social cues -- for example, recognizing social influences on behavior and seeing oneself in the perspective of the larger community
- using steps for problem-solving and decision-making -- for instance, controlling impulses, setting goals, identifying alternative actions, anticipating consequences
- understanding the perspectives of others
- understanding behavioral norms (what is and is not acceptable behavior)

- a positive attitude toward life
- self-awareness -- for example, developing realistic expectations about oneself

Behavioral

- nonverbal -- communicating through eye contact, facial expressiveness, tone of voice, gestures, etc.
- verbal -- making clear requests, responding effectively to criticism, resisting negative influences, listening to others, helping others, participating in positive peer groups

Note: With increasing interest in facilitating social and emotional development has come new opportunities for collaboration. A prominent example is the Collaborative for the Advancement of Social and Emotional Learning (CASEL) established by the Yale Child Study Center in 1994. CASEL's mission is to promote social and emotional learning as an integral part of education in schools around the world. Those interested in this work can contact Roger Weissberg, Executive Director, Dept. of Psychology, University of Illinois at Chicago, 1007 W. Harrison St., Chicago, IL 60607-7137. Ph. (312) 413-1008.

Initiatives focusing on resilience, protective factors, building assets, socio-emotional development, and youth development all are essential counter forces to tendencies to reduce the field of mental health to one that addresses only mental illness.

System Change

When it is evident that factors in the environment are major contributors to problems, such factors must be a primary focal point for intervention. Many aspects of schools and schooling have been so-identified. Therefore, sound approaches to youth suicide, depression, and violence must encompass extensive efforts aimed at systemic change. Of particular concern are changes that can enhance a caring and supportive climate and reduce unnecessary stress throughout a school. Such changes not only can have positive impact on current problems, they can prevent subsequent ones.

Caring has moral, social, and personal facets. From a psychological perspective, a classroom and school-wide atmosphere that encourages mutual support and caring and creates a sense of community is fundamental to preventing learning, behavior, emotional, and health problems. Learning and teaching are experienced most positively when the learner *cares* about learning, the teacher *cares* about teaching, and schools function better when all involved parties *care* about each other. This is a key reason why caring should be a major focus of what is taught and learned.

Caring begins when students first arrive at a school. Schools do their job better when students feel truly welcome and have a range of social supports. A key facet of welcoming is to connect new students with peers and adults who will provide social support and advocacy. Over time, caring is best maintained through personalized instruction, regular student conferences, activity fostering social and emotional development, and opportunities for students to attain positive status. Efforts to create a caring classroom climate benefit from programs for cooperative learning, peer tutoring, mentoring, advocacy, peer counseling and mediation, human relations, and conflict resolution. Clearly, a myriad of strategies can contribute to students feeling positively connected to the classroom and school.

Given the need schools have for home involvement, a caring atmosphere must also be created for family members. Increased home involvement is more likely if families feel welcome and have access to social support at school. Thus, teachers and other school staff need to establish a program that effectively welcomes and connects families with school staff and other families in ways that generate ongoing social support.

And, of course, school staff need to feel truly welcome and socially supported. Rather than leaving this to chance, a caring school develops and institutionalizes a program to welcome and connect new staff with those with whom they will be working.

What is a psychological sense of community?

People can be together without feeling connected or feeling they belong or feeling responsible for a collective vision or mission. At school and in class, a psychological sense of community exists when a critical mass of stakeholders are committed to each other *and* to the setting's goals and values *and* exert effort toward the goals and maintaining relationships with each other.

A perception of community is shaped by daily experiences and probably is best engendered when a person feels welcomed, supported, nurtured, respected, liked, connected in reciprocal relationships with others, and a valued member who is contributing to the collective identity, destiny, and vision. Practically speaking, such feelings seem to arise when a critical mass of participants not only are committed to a collective vision, but also are committed to being and working together in supportive and efficacious ways. That is, a conscientious effort by enough stakeholders associated with a school or class seems necessary for a sense of community to develop and be maintained. Such an effort must ensure effective mechanisms are in place to provide support, promote self-efficacy, and foster positive working relationships.

There is an clear relationship between maintaining a sense of community and countering alienation and violence at school. Conversely, as Alfie Kohn cautions:

The more that ... schools are transformed into test-prep centers -- fact factories, if you will -- the more alienated we can expect students to become.

Knowing What to Look For & What to Do

Of course, school staff must also be prepared to spot and respond to specific students who manifest worrisome behavior. Recently, the federal government circulated a list of "Early Warning Signs" that can signal a troubled child. Our Center also has put together some resources that help clarify what to look for and what to do. A sampling of aids from various sources is provided at the end of this article. In addition, see *Ideas into Practice* on p. 9.

Concluding Comments

In current practice, schools are aware that violence must be addressed with school-wide intervention strategies. Unfortunately, prevailing approaches are extremely limited, often cosmetic, and mostly ineffective in dealing with the real risk factors.

In addressing suicide, depression, and general life dissatisfaction, practices tend to overemphasize individual and small group interventions. Given the small number of "support" service personnel at a school and in poor communities, this means helping only a small proportion of those in need.

If schools are to do a better job in addressing problems ranging from interpersonal violence to suicide, they must adopt a model that encompasses a full continuum of interventions -- ranging from primary prevention through early-after-onset interventions to treatment of individuals with severe and pervasive problems. School policy makers must quickly move to embrace comprehensive, multi-faceted school-wide and community-wide models for dealing with factors that interfere with learning and teaching. Moreover, they must do so in a way that fully integrates the activity into school reform at every school site.

Then, schools must restructure how they use existing education support personnel and resources to ensure new models are carried out effectively. This restructuring will require *more than* outreach to link with community resources (and certainly *more than* adopting school-linked services), *more than* coordinating school-owned services with each other and with community services, and *more than* creating Family Resource Centers, Full Service Schools, and Community Schools.

Restructuring to develop truly comprehensive approaches requires a basic policy shift that moves schools from the inadequate two component model that dominates school reform to a three component framework that guides the weaving together of school and community resources to address barriers to development and learning. Such an expanded model of school reform is important not only for reducing suicide, depression, and violence among all children and adolescents, it is essential if schools are to achieve their stated goal of ensuring all students succeed.

Cited References and A Few Resource Aids

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The Surgeon General's Call to Action to Prevent Suicide 1999. Available from the U.S. Dept. of Health & Human Services, Download- http://www.mentalhealth.org/links/suicide.htm

Early Warning, Timely Response: A Guide to Safe Schools (1999). Printed version available from ED PUBS toll-free at 1-877-4ED-PUBS (1-877-433-7827) or by e-mail at edpuborders@aspensys.com. Can be downloaded from web http://www.ed.gov/offices/OSERS/OSEP/earlywrn.html

Youth Suicide Prevention Programs: A Resource Guide (1992). Available from the U.S. Dept. of Health & Human Services, CDC. Can be downloaded from http://aepo-xdv-www.epo.cdc.gov/wonder/prevguid/p0000024/p0000024.htm

The following are resources put together at our Center. All are available as described on p. 3 (*Center News*); most can be downloaded through our website: *http://smhp.psych.ucla.edu/.*

> *Screening/Assessing Students: Indicators and Tools*
> *Responding to Crisis at a School*
> *Violence Prevention and Safe Schools*
> *Social and Interpersonal Problems Related to School Aged Youth*
> *Affect and Mood Problems Related to School Aged Youth*
> *Conduct and Behavior Problems in School Aged Youth*
> *What Schools Can Do to Welcome and Meet the Needs of All Students and Families*
> *Protective Factors (Resiliency)*

Some Websites:
> *Safe and Drug Free Schools Office, U.S. Dept. of Educ.* http://www.ed.gov/offices/OESE/SDFS
> *National Institute of Mental Health* http://www.nimh.nih.gov
> *National School Safety Center* http://nssc1.org
> *Youth Suicide Prevention Program* http://depts.washington.edu/ysp
> *Suicide Resources on the Internet* http://psychcentral.com/helpme.htm

What should you do if you come upon a youngster who seems about to commit a violent act against self or others? The following points are extrapolated from guidelines usually suggested for responding when a student talks of suicide.

First, you must assess the situation and reduce the crisis state. (You can access assessment tools in the resources listed on p. 8.)

Then, here's some specific suggestions for

When a Student Talks of Suicide . . .

What to do:

- Send someone for help; you'll need back-up.
- Remain calm; remember the student is overwhelmed and confused as well as ambivalent.
- Get vital statistics, including student's name, address, home phone number and parent's work number.
- Encourage the student to talk. Listen! Listen! Listen! And when you respond, reflect back what you hear the student saying. Clarify, and help him/her define the problem, if you can.

Consider that the student is planning suicide. How does the student plan to do it, and how long has s/he been planning and thinking about it? What events motivated the student to take this step?

- Clarify some immediate options (e.g., school and/or community people who can help).
- If feasible, get an agreement to no-suicide ("No matter what, I will not kill myself.")
- Involve parents for decision making and follow-through and provide for ongoing support and management of care (including checking regularly with parents and teachers).

What to avoid:

- Don't leave the student alone and don't send the student away
- Don't minimize the student's concerns or make light of the threat
- Don't worry about silences; both you and the student need time to think
- Don't fall into the trap of thinking that all the student needs is reassurance
- Don't lose patience
- Don't promise confidentiality -- promise help and privacy
- Don't argue whether suicide is right or wrong

When a Student Attempts Suicide . . .

A student may make statements about suicide (in writing assignments, drawing, or indirect verbal expression). Another may make an actual attempt using any of a variety of means. In such situations, you must act promptly and decisively.

What to do:

- Be directive. Tell the student, "Don't do that; stand there and talk with me." "Put that down." "Hand me that." "I'm listening."
- Mobilize someone to inform an administrator and call 911; get others to help; you'll need back-up.
- Clear the scene of those who are not needed.
- An "administrator" should contact parents to advise them of the situation and that someone will call back immediately to direct the parent where to meet the youngster.
- Look at the student directly. Speak in a calm, low voice tone. Buy time. Get the student to talk. Listen. Acknowledge his or her feelings "You are really angry." "You must be feeling really hurt."
- Secure any weapon or pills; record the time any drugs were taken to provide this information to the emergency medical staff or police.
- Get the student's name, address and phone.
- Stay with the pupil; provide comfort.
- As soon as feasible, secure any suicide note, record when the incident occurred, what the pupil said and did, etc.
- Ask for a debriefing session as part of taking care of yourself after the event.

What to avoid:

- Don't moralize ("You're young, you have everything to live for.")
- Don't leave the student alone (even if the student has to go to the bathroom).
- Don't move the student.

In all cases, show concern and ask questions in a straightforward and calm manner. Show you are willing to discuss suicide and that you aren't appalled or disgusted by it. Open lines of communication. Get care for the student.

A Few References

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Should Schools Be Addressing Mental Health and Psychosocial Concerns?

The July 16th issue of the *CQ Researcher* (published by Congressional Quarterly Inc.) focuses on *Childhood Depression*. In that context, it addresses the pros and cons of pursuing mental health concerns at schools. They asked Center co-director, Howard Adelman, to prepare a statement expressing the pro-side of the issue. The following is what he wrote:

*E*very day too many youngsters encounter barriers that interfere with their healthy development. From an educational perspective, such barriers encompass any factor that interferes with academic performance -- including factors that make it difficult for teachers to teach effectively.

Among those living in poverty, major inequities of opportunity exist that interfere with school readiness, and this contributes to the large proportion of learning, behavior, and emotional problems found in urban and rural schools serving economically impoverished families.

How many youngsters are affected? Estimates vary, but the number is large and growing. With specific respect to mental health concerns, between 12 and 22 percent of all children are described as suffering from a diagnosable mental, emotional or behavioral disorder, with relatively few receiving mental health services anywhere. If one adds the many others experiencing significant psychosocial problems the numbers grow dramatically. The reality for many large urban and poor rural schools is that over half of their students manifest learning, behavior and emotional problems.

Clearly, young people are facing multiple barriers to their successful development and learning. It is critical to deal with these barriers in ways that enable more of them to achieve successfully in school. However, as is widely acknowledged, schools are not in the mental health business. Their primary mission is to educate. At the same time educators, policy-makers, families and communities have long recognized that schools must play an expanding role in addressing barriers to learning so that all students can learn and perform effectively. Thus, the question before policy-makers isn't whether schools should be involved in such matters. The real question is how to address the many barriers and promote healthy development most effectively.

Although mistakes have and will be made in finding better ways to do all this, such errors are not reasons for backing away from major efforts to ensure that schools address psychosocial and mental health concerns. If we back away from these responsibilities, we will surely jeopardize the futures of too many young people and ensure the failure of current policy initiatives for school reform and renewal. Schools can and must strive to do a better job in meeting their responsibilities to protect everyone's rights, and this especially includes ensuring that no young person is deprived of interventions that are essential to enabling them to benefit appropriately from the school's instructional program.

Putting Depression in Perspective

*I*n the Summer, 1999, issue of this newsletter, we discussed "Youth Suicide/Depression/Violence." We introduced the discussion as follows: Too many young people are not very happy. This is quite understandable among those living in economically impoverished neighborhoods where daily living and school conditions frequently are horrendous. But even youngsters with economic advantages too often report feeling alienated and lacking a sense of purpose.

Youngsters who are unhappy usually act on such feelings. Some "internalize;" some "act out;" and some respond in both ways at different times. The variations can make matters a bit confusing. Is the youngster just sad? Is s/he depressed? Is this a case of ADHD? Individuals may display the same behavior and yet the causes may be different and vice versa. And, matters are further muddled by the reality that the causes vary.

The causes of negative feelings, thoughts, and behaviors range from environmental/system deficits to relatively minor group and individual vulnerabilities on to major biological disabilities (that affect only a relatively few individuals). It is the full range of causes that account for the large number of children and adolescents reported as having psychosocial, MH, or developmental problems.

Recent highly publicized events and related policy initiatives have focused renewed attention on youth suicide, depression, and violence. Unfortunately, such events and the initiatives that follow often narrow discussion of causes and how best to deal with problems.

The Classification of Child and Adolescent Mental Diagnoses in Primary Care (DSM-PC) developed by the American Academy of Pediatrics is a useful resource to help counter this tendency to overpathologize (see below and on p. 12). For more on this topic, see the references on page 5. Download our Center's new Quick Training Aid on: *School Interventions to Prevent & Respond to Affect and Mood Problems.* Also, see the website for the Quick Find on depression. And, watch for more on this topic from our Center over the next few months.

Table #1: Developmental Variations: Behaviors within the Range of Expectation for Age Group*

DEVELOPMENTAL VARIATIONS

Sadness Variation
Transient depressive responses or mood changes to stress are normal in otherwise healthy populations.

Bereavement
Sadness related to a major loss that typically persists for less than 2 months after the loss...

COMMON DEVELOPMENTAL PRESENTATIONS

Early Childhood
The child may have transient withdrawal and sad affect that may occur over losses and usually experiences bereavement due to the death of a parent or the loss of a pet or treasured object.

Middle Childhood
The child feels transient loss of self-esteem aver experiencing failure and feels sadness with losses as in early childhood.

Adolescence
The adolescent's developmental presentations are similar to those of middle childhood but may also include fleeting thoughts of death. Bereavement includes loss of a boyfriend or girlfriend, friend, or best friend.

Thoughts of Death Variation
Anxiety about death in early childhood.

Focus on death in middle childhood or adolescence.

Early Childhood
In early childhood anxiety about dying may be present

Middle Childhood
Anxiety about dying may occur in mid childhood, especially after death in family.

Adolescence
Some interest with death and morbid ideation may be manifest by a preference for black clothing and an interest in the occult. If this becomes increased to a point of preoccupation, a problem or a serious ideation should be considered.

Thoughts of Death Problem
The child has thoughts of or a preoccupation with his or her own death.

If the child has thoughts of suicide, consider suicidal ideation and attempts (...).

Early and Middle Childhood
The child may express a wish to die through discussion or play. This often follows significant punishment or disappointment.

Adolescence
The adolescent may express nonspecific ideation related to suicide.

SPECIAL INFORMATION

Between 12% and 25% of primary school and high school children have some form of suicidal ideation. Those with a specific plan or specific risk factors should be considered at most risk.

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*Adapted from *The Classification of Child and Adolescent Mental Diagnoses in Primary Care.* (1996) American Academy of Pediatrics. Notes: Dots (...) indicate that the original text has a reference to another section.

Table #2: Problems -- Behaviors Serious Enough to Disrupt Functioning with Peers, at School, at Home, but Not Severe Enough to Meet Criteria of a Mental Disorder*

PROBLEM

Sadness Problem

Sadness or irritability that begins to include some symptoms of major depressive disorders in mild form.

- depressed/irritable mood
- diminished interest or pleasure
- weight loss/gain, or failure to make expected weight gains
- insomnia/hypersomnia
- psychomotor agitation/retardation
- fatigue or energy loss
- feelings of worthlessness or excessive or inappropriate guilt
- diminished ability to think/concentrate

However, the behaviors are not sufficiently intense to qualify for a depressive disorder.

These symptoms should be more than transient and have a mild impact on the child's functioning. Bereavement that continues beyond 2 months may also be a problem.

_____

*Adapted from *The Classification of Child and Adolescent Mental Diagnoses in Primary Care.* (1996) American Academy of Pediatrics. Notes: Dots (...) indicate that the original text has a reference to another section.

COMMON DEVELOPMENTAL PRESENTATIONS

Early Childhood

The child may experience similar symptoms as in infancy, but sad affect may be more apparent. In addition, temper tantrums may increase in number and severity, and physical symptoms such as constipation, secondary enuresis (...), encopresis (...), and nightmares may be present.

Middle Childhood

The child may experience some sadness that results in brief suicidal ideation with no clear plan of suicide, some apathy, boredom, low self-esteem, and unexplained physical symptoms such as headaches and abdominal pain (...).

Adolescence

Some disinterest in school work, decrease in motivation, and day-dreaming in class may begin to lead to deterioration of school work. Hesitancy in attending school, apathy, and boredom may occur.

SPECIAL INFORMATION

Sadness is experienced by some children beyond the level of a normal developmental variation when the emotional or physiologic symptoms begin to interfere with effective social interactions, family functioning, or school performance. These periods of sadness may be brief or prolonged depending on the precipitating event and temperament of the child. Reassurance and monitoring is often needed at this level. If the sad behaviors are more severe, consider major depressive disorders.

The potential for suicide in grieving children is higher. Evaluation of suicidal risk should be part of a grief workup for all patients expressing profound sadness or confusion or demonstrating destructive behaviors toward themselves or others.

Behavioral symptoms resulting from bereavement that persist beyond 2 months after the loss require evaluation and intervention. Depressed parents or a strong family history of depression or alcoholism (...) puts youth at very high risk for depressive problems and disorders. Family and marital discord, ... exacerbates risk. Suicidal ideation should be assessed (see Suicidal Thoughts or Behaviors cluster).

Lying, stealing, suicidal thoughts (see Suicidal Thoughts or Behaviors cluster), and promiscuity may be present. Physical symptoms may include recurrent headaches, chronic fatigue, and abdominal pain (...).

(From: The Center for Mental Health in School newsletter – *Addressing Barriers to Learning,* Fall 2002)

Responding to a Student in Crisis

A student who is emotionally distraught is unlikely to be able to focus on instruction.

Pynoos and Nader (1988) discuss psychological first aid for use during and in the immediate aftermath of a crisis (providing a detailed outline of steps according to age). We can draw on this work to specify some general points about responding to a student who is emotionally upset.

Pynoos and Nader stress that psychological first aid for students/staff/parents can be as important as medical aid. The immediate objective is to help individuals deal with the troubling psychological reactions.

(1) Managing the situation -- A student who is upset can produce a form of *emotional contagion.* To counter this, staff must

- present a calm, reassuring demeanor,
- clarify for classmates and others that the student is upset
- if possible indicate why (correct rumors and distorted information)
- state what can and will be done to help the student.

(2) Mobilizing Support -- The student needs *support and guidance.* Ways in which staff can help are to

- try to engage the student in a problem-solving dialogue
  > normalize the reaction as much as feasible
  > facilitate emotional expression (e.g., through use of empathy, warmth, and genuineness)
  > facilitate cognitive understanding by providing information
  > facilitate personal action by the student (e.g., help the individual do something to reduce the emotional upset and minimize threats to competence, self-determination, and relatedness)

- encourage the student's buddies to provide social support
- contact the student's home to discuss what's wrong and what to do
- refer the student to a specific counseling resource.

(3) Following-up -- Over the following days (sometimes longer), it is important to check on how things are progressing.

- Has the student gotten the necessary support and guidance?
- Does the student need help in connecting with a referral resource?
- Is the student feeling better? If not, what additional support is needed and how can you help make certain that the student receives it?

See Pynoos & Nader (1988). Psychological first aid and treatment approach to children exposed to community violence. *Journal of Traumatic Stress, 1*, 445-473.


Good ideas and missionary zeal are sometimes enough to change the thinking and actions of individuals; they are rarely, if ever, effective in changing complicated organizations (like the school) with traditions, dynamics, and goals of their own.

Seymour Sarason

Sarason's classic book on the difficulty of system change in schools has been updated and is worth your time.

S. Sarason, (1996). *Revisiting "The culture of schools and the problem of change."* New York: Teachers College Press.

Bullying: a Major Barrier to Student Learning
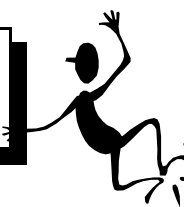
Estimates indicate that as many as 8 percent of urban junior and senior high school students miss one day of school each month because they are afraid to attend.

*B*ullying is by far the biggest violence problem on many school campuses in many countries. As with other forms of violence, the conditions at school seem to play a role in minimizing or exacerbating bullying. Schools need to create caring, supportive, and safe environments and a sense of community in order to reduce violence and promote well-being.

Bullying is repeated harassment, abuse, oppression, or intimidation of another individual physically or psychologically. It can take the form of teasing, threatening, taunting, rejecting (socially isolating someone), hitting, stealing, and so forth. A bully is someone who engages in such acts fairly often. Bullies often claim they were provoked and appear to lack empathy for their victims.

Best estimates are that approximately 15% of students either bully or are bullied regularly. While more boys than girls are bullies, the problem is far from limited to males. Girls tend to use less direct strategies (e.g., spreading malicious rumors and shunning). Bullies may act alone or in groups.

Direct physical bullying is reported as decreasing with age (peaking in the middle school). Verbal abuse seems not to abate.

Understanding Why

There are many underlying factors that can lead to acting out or externalizing behavior. Those who bully tend to come from homes where problems are handled by physical punishment and physically striking out. This is frequently paired with caretaking that lacks warmth and empathy.

From a motivational perspective, the roots are in experiences that threaten one's feelings of competence, self-determination, or relatedness to others or that directly produce negative feelings about such matters.

What causes acting out behavior to take the form of bullying is unclear. As with many actions, the acts initially may be "modeled" and/or encouraged by significant others (e.g., imitating family members or peers).

Over time, it is likely that bullying behavior develops because the youngster (1) finds the aggression enhances feelings of competence, self-determination, or connection with valued others and (2) perceives the costs of bullying as less than the "benefits." Some bullies seem to use the behavior mostly as a reactive defense; others seem to find so much satisfaction in the behavior that it becomes a proactive way of life.

What to Do

Unfortunately, much of the current literature on interventions to address bullying focuses on the behavior, per se. Too little attention is paid to underlying causes. Relatedly, there is little discussion of different types of bullying. And, solutions are often narrow programs (usually emphasizing only skill development), rather than comprehensive approaches to prevention and intervention.

When different types of bullying are considered, it helps interveners to differentiate how best to approach the problem. In particular, understanding the causes of the behavior helps place discussion of social/prosocial skills in proper context. Such understanding underscores that in many cases the problem is not one of undeveloped skills, and thus, the solution in such instances is not simply skill training. Indeed, the central task confronting the intervener often is to address motivational considerations. This encompasses the underlying motivation for not using already developed skills and/or finding ways to enhance motivation for acquiring and practicing under-developed skills.

>>For example, a considerable amount of the bullying at school is done by groups "ganging up" on students who are "different." In most cases, many of those doing the bullying wouldn't engage in this activity on their own, and most probably know and can demonstrate appropriate social skills in other situations.

In this example, the cause of the problem and thus the focus of intervention should be on the subgroup and school culture, rather than specific individuals. Current strategies encompass a range of human relations programs (including strategies to enhance motivation for resisting inappropriate peer pressure) and environment-oriented approaches (e.g., for creating a sense of community and caring culture in schools). Such interventions require broad-based leadership on the part of staff and students. The essence of the work is to maximize inclusion of all students in the social support fabric of the school

and, in the process, to minimize scapegoating and alienation. Program examples are readily accessible using the Center website's Quick Find; see topics such as "Conflict resolution in schools;" "Environ-ments that support learning;" "Peer relationships;" "Prevention of social and MH problems."

>>Other students may bully in an attempt to feel a degree of mastery and control over situations in which their sense of competence is threatened by daily academic failure. These students often are expressing frustration and anger at the broader system by targeting someone more vulnerable than themselves. It is not uncommon for such students to have the requisite social skills, but to manifest them only in the absence of threats to their sense of well-being.

Here, too, an understanding of cause helps interveners address the source of frustration – the factors causing academic failure. Approaches for addressing such factors in classrooms and schools are assembled under such Center Quick Find topics as: "Classroom Focused Enabling;" "Enabling Component;" "Mentoring;" "Motivation;" "Prevention for Students At-Risk;" "Resilience;" "Self-esteem;" "Youth Development."

>>Some students do lack social awareness and skills and end up bullying others because they do not have the capabilities necessary for establishing positive peer relationships. Their problem often is compounded by the frustration and anger of not knowing alternatives. In such cases, probably any contemporary synthesis of social skills and any rigorous theory of moral development provide important insights and relevant frameworks to guide intervention. See our Quick Find on "Social Skills" and visit the Collaborative for Academic, Social, and Emotional Learning (www.casel.org) and review their publication entitled: "Promoting Social and Emotional Learning: Guidelines for Educators."

>>A few other youngsters fall into a more proactive category of bullying. These are students whose behavior is not motivated by peer pressure and are not reacting to threats to their feelings of competence, self-determination, or connection to others. They are unmoved by efforts to create a caring community. Instead, they proactively, persistently, and chronically seek ways to intimidate others, apparently motivated by the "pleasure" they derive from their actions.

For approaches to the last two groups, see our Quick Finds: "Anger Management;" "Conduct Disorders;" "Emotionally Disturbed Children;" "Family Counseling;" and "Oppositional Defiant Disorder"

By now it should be evident that bullying is a complex and multi-determined phenomenon. As such, comprehensive, multifaceted, and integrated approaches are needed to address the problem. These can be built on the resources of the family, teachers and other school staff, and community support networks. The process begins by enhancing a caring and socially supportive climate throughout the school and in every classroom, as well as providing assistance to individual students and families.

* * * * * * * * * *

There is a great deal of information on empirically supported programs for bullying. For example, see the
Blueprints for Violence Prevention at
http://www.colorado.edu/cspv/blueprints/

For a quick look at a range of resources, see our website (http://smhp.psych.ucla.edu); go to "Quick Finds," find "Center Responses," scroll to: "Bullying;" "Hate Groups: Helping Students and Preventing Hate Crimes;" "Threat Assessment: Resources & Cautions;" and "Safe Schools and Violence Prevention." Each of these contains links to key references, empirically supported programs, and centers specializing in the topic and related topics.

In the Forward to the fourth (2001) edition of
Indicators of School Crime and Safety
http://www.ojp.usdoj.gov/bjs/pub/pdf/iscs01.pdf
Gary Phillips (Acting Commissioner of Education Statistics) & Lawrence Greenfeld (Acting Director of the Bureau of Justice Statistics) state:

The safety of our students, teachers, and staff at school continues to be the focus of considerable national attention. National indicators affirm that the levels of crime in school have continued to decline, that acts that promote fear and detract from learning are decreasing, and that students feel more safe in school than they did a few years ago. Despite declining rates, students ages 12 through 18 were victims of about 2.5 million crimes of violence or theft at school in 1999. Violence, theft, bullying, drugs, and firearms still remain problems in many schools throughout the country and periodically the news headlines relate the details of a tragic event in a school somewhere in America.

As the report stresses, the goal remains one of ensuring that schools are safe and secure places for all students, teachers, and staff members. "Without a safe learning environment, teachers cannot teach and students cannot learn."

Lessons Learned
Toward Improving Home Involvement in Schooling
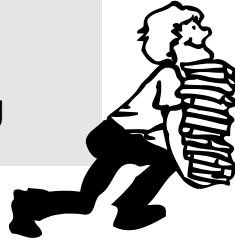
*C*urrently, all school districts are committed to some form of parent involvement. However, we have learned the hard way that the term means different things in different schools and among the various stakeholders at any school. There are two lessons that seem fundamental.
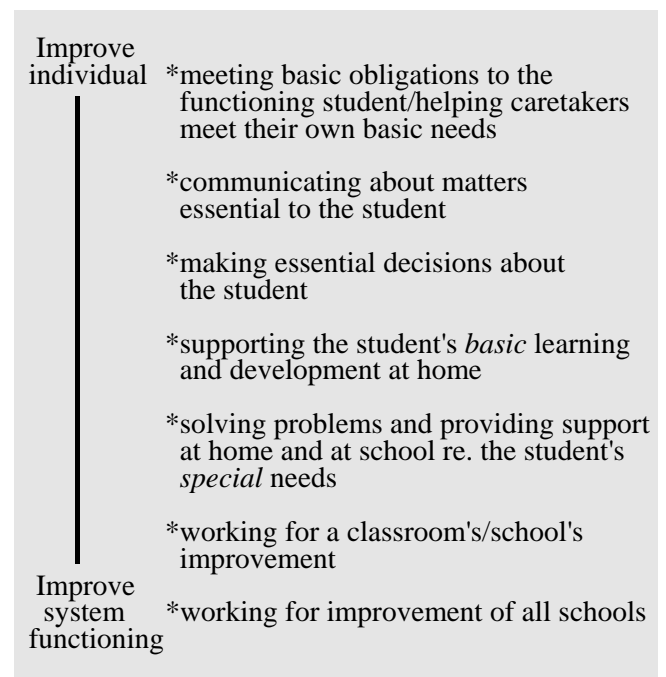
First, we find that most efforts to involve parents seem aimed at those who want and are able to show up at school. It's important to have activities for such parents. It's also important to remember that they represent the smallest percentage of parents at most schools. What about the rest? Especially those whose children are doing poorly at school. Ironically, efforts to involve families whose youngsters are doing poorly often result in parents who are even less motivated to become involved. Typically, a parent of such a youngster is called to school because of the child's problems and leaves with a sense of frustration, anger, and guilt. Not surprisingly, such a parent subsequently tries to avoid the school as much as feasible. If schools really want to involve such families, they must minimize "finger wagging" and move to offer something more than parent education classes.

A second basic lesson learned is that in many homes mothers or fathers are not the key to whether a youngster does well at school. Many youngsters do not even live with their parents. Besides those placed in foster care, it is common for children to live with grandparents, aunts, or older siblings. Moreover, even when a youngster is living with one or more parents, an older sibling may have the greatest influence over how seriously the individual takes school. Given these realities, we use the term home involvement and try to design involvement programs for whoever is the key influence in the home.

Home involvement is a basic area for enabling learning (see pages 8 and 10-12). Schools must develop programs to address the many barriers associated with the home and the many barriers in the way of home involvement. Unfortunately, as with other facets of enabling learning, limited finances often mean verbal commitments are not backed up with adequate resources. Meaningful home involvement requires on-site decision makers to commit fully. This means creating and maintaining effective mechanisms for program development and overcoming barriers related to home involvement.

There are many ways to think about an appropriate range of activities. We find it useful to differentiate whether the focus is on improving the functioning of individuals (students, parent/caretaker), systems (classroom, school, district), or both. And with respect

to those individuals with the greatest impact on the youngster, we distinguish between efforts designed mainly to support the school's instructional mission and those intended primarily to provide family assistance (see figure).

Improve individual
*meeting basic obligations to the functioning student/helping caretakers meet their own basic needs

*communicating about matters essential to the student

*making essential decisions about the student

*supporting the student's *basic* learning and development at home

*solving problems and providing support at home and at school re. the student's *special* needs

*working for a classroom's/school's improvement

Improve system functioning
*working for improvement of all schools

A Few Resources

Just out:

From Parent Involvement to Parent Empowerment and Family Support -- A resource guide for school community leaders -- Using the nationally-acclaimed RAINMAKER program as a centerpiece, this resource outlines a philosophy that calls for restructuring the way educators and families work together, defines roles for each, highlights parent-run Family Resource Centers, provides an overview of a step-by-step model of training for parents, covers matters related to funding, and much more. By Briar-Lawson, Lawson, Rooney, Hansen, White, Radina, & Herzog. Available from the Institute for Educational Renewal. Ph: 513/529-6926.

Available from our Center:

An introductory packet on: *Parent and Home Involvement in Schools* -- Provides an overview of how home involvement is conceptualized and outlines current models and basic resources. Issues of special interest to underserved families are addressed

A technical aid packet on: *Guiding Parents in Helping Children Learn* -- Contains (1) a "booklet" to help nonprofessionals understand what is involved in helping children learn, (2) info about basic resources to draw on to learn more about helping parents and other nonprofessionals enhance children's learning, and (3) info on other resources parents can use.

OJJDP FACT SHEET

June 2001 #27

Addressing the Problem of Juvenile Bullying

by Nels Ericson

Bullying, a form of violence among children, is common on school playgrounds, in neighborhoods, and in homes throughout the United States and around the world. Often occurring out of the presence of adults or in front of adults who fail to intercede, bullying has long been considered an inevitable and, in some ways, uncontrollable part of growing up. School bullying has come under intense public and media scrutiny recently amid reports that it may have been a contributing factor in shootings at Columbine High School in Littleton, CO, in 1999 and Santana High School in Santee, CA, in early 2001 and in other acts of juvenile violence including suicide. Bullying can affect the social environment of a school, creating a climate of fear among students, inhibiting their ability to learn, and leading to other anti-social behavior. Nevertheless, through research and evaluation, successful programs to recognize, prevent, and effectively intervene in bullying behavior have been developed and replicated in schools across the country. These schools send the message that bullying behavior is not tolerated and, as a result, have improved safety and created a more inclusive learning environment.

A recently published report by the National Institute of Child Health and Human Development (NICHD) on the U.S. contribution to the World Health Organization's Health Behavior in School-Aged Children survey found that 17 percent of the respondents had been bullied "sometimes" or "weekly," 19 percent had bullied others sometimes or weekly, and 6 percent had both bullied others and been bullied. The researchers estimated that 1.6 million children in grades 6 through 10 in the United States are bullied at least once a week and 1.7 million children bully others as frequently. The survey, the first nationwide research on the problem in this country, questioned 15,686 public and private school students, grades 6 through 10, on their experiences with bullying. In a study of 6,500 middle school students in rural South Carolina, 23 percent said they had been bullied regularly during the previous 3 months and 20 percent admitted bullying another child regularly during that time (Olweus and Limber, 1999).

What Is Bullying?

Bullying among children encompasses a variety of negative acts carried out repeatedly over time. It involves a real or perceived imbalance of power, with the more powerful child or group attacking those who are less powerful. Bullying can take three forms: physical (hitting, kicking, spitting, pushing, taking personal belongings); verbal (taunting, malicious teasing, name calling, making threats); and psychological (spreading rumors, manipulating social relationships, or engaging in social exclusion, extortion, or intimidation).

The NICHD survey found that males tend to bully and be bullied more frequently than females. For males, experiencing physical and verbal bullying is most common; for females, verbal bullying (both taunting and insults of a sexual nature) and spreading rumors are most common. Bullying generally begins in the elementary grades, peaks in the sixth through eighth grades, and persists into high school.

The Effects of Bullying

The NICHD study found that bullying has long-term and short-term psychological effects on both those who bully and those who are bullied. Victims experienced loneliness and reported having trouble making social and emotional adjustments, difficulty making friends, and poor relationships with classmates. Victims of bullying often suffer humiliation, insecurity, and a loss of self-esteem, and they may develop a fear of going to school. The impact of frequent bullying often accompanies these victims into adulthood; they are at greater risk of suffering from depression and other mental health problems, including schizophrenia. In rare cases, they may commit suicide.

Bullying behavior has been linked to other forms of antisocial behavior, such as vandalism, shoplifting, skipping and dropping out of school, fighting, and the use of drugs and alcohol. Pioneering research by Professor Dan Olweus in Norway and Sweden suggests that bullying can lead to criminal behavior later in life: 60 percent of males who were bullies in grades 6 through 9 were

convicted of at least one crime as adults, compared with 23 percent of males who did not bully; 35 to 40 percent of these former bullies had three or more convictions by age 24, compared with 10 percent of those who did not bully.

The NICHD study found that those who bully and are bullied appear to be at greatest risk of experiencing the following: loneliness, trouble making friends, lack of success in school, and involvement in problem behaviors such as smoking and drinking.

Addressing the Problem

A perpetrator's bullying behavior does not exist in isolation. Rather, it may indicate the beginning of a generally antisocial and rule-breaking behavior pattern that can extend into adulthood. Programs to address the problem, therefore, must reduce opportunities and rewards for bullying behavior. The Olweus Bullying Prevention Program, developed, refined, and systematically evaluated in Bergen, Norway, in the mid-1980s, is the best-known initiative designed to reduce bullying among elementary, middle, and junior high school children (Olweus and Limber, 1999). The strategy behind the program is to involve school staff, students, and parents in efforts to raise awareness about bullying, improve peer relations, intervene to stop intimidation, develop clear rules against bullying behavior, and support and protect victims. The program intervenes on three levels:

◆ **School:** Faculty and staff survey students anonymously to determine the nature and prevalence of the school's bullying problem, increase supervision of students during breaks, and conduct schoolwide assemblies to discuss the issue. Teachers receive inservice training on how to implement the program.

◆ **Classroom:** Teachers and/or other school personnel introduce and enforce classroom rules against bullying, hold regular classroom meetings with students to discuss bullying, and meet with parents to encourage their participation.

◆ **Individual:** Staff intervene with bullies, victims, and their parents to ensure that the bullying stops.

The Bergen research showed that the program was highly effective among students in elementary, middle, and junior high schools: Bullying dropped by 50 percent or more during the program's

2 years. Behavioral changes were more pronounced the longer the program was in effect. The school climate improved, and the rate of antisocial behavior, such as theft, vandalism, and truancy, declined during the 2-year period.

For Further Information

For more information on the Bullying Prevention Program, contact Susan P. Limber, Ph.D., Institute on Family and Neighborhood Life, Clemson University, 158 Poole Agricultural Center, Clemson, SC 29634–5205; 864–656–6271; 864–656–6281 (fax); http://virtual.clemson.edu/groups/ifnl/index.htm.

For information on the Blueprints for Violence Prevention series, contact Delbert S. Elliot, Ph.D., Director, Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado at Boulder, Campus Box 439, Boulder, CO 80309–0439; 303–492–8465; 303–443–3297 (fax); http://www.colorado.edu/cspv/blueprints/index.html.

For additional information on bullying and conflict resolution, visit the following Web sites: Communities In Schools (http://www.cisnet.org), the National Center for Conflict Resolution Education (http://www.nccre.org), the Northwest Regional Educational Laboratory (http://www.nwrel.org), and the Office of Juvenile Justice and Delinquency Prevention (http://www.ojjdp.ncjrs.org).

Reference

Olweus, D., and Limber, S. 1999. *Blueprints for Violence Prevention: Bullying Prevention Program (Book Nine).* Boulder, CO: University of Colorado at Boulder, Institute of Behavioral Science, Center for the Study and Prevention of Violence.

Nels Ericson is a Senior Writer-Editor with the Office of Juvenile Justice and Delinquency Prevention.

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What to do When a Friend is Depressed: Guide for Students

National Institute of Mental Health, 2000

Excerpted from: http://www.nimh.nih.gov/publicat/friend.cfm

You know that these school years can be complicated and demanding. Deep down, you are not quite sure of who you are, what you want to be, or whether the choices you make from day to day are the best decisions.

Sometimes the many changes and pressures you are facing threaten to overwhelm you. So, it isn't surprising that from time to time you or one of your friends feels "down" or discouraged.

But what about those times when a friend's activity and outlook on life stay "down" for weeks and begin to affect your relationship? If you know someone like this, your friend might be suffering from depression. As a friend, you can help.

……Find Out More About Depression

What is depression?

Depression is more than the blues or the blahs; it is more than the normal, everyday ups and downs.

When that "down" mood, along with other symptoms, lasts for *more than a couple of weeks*, the condition may be clinical depression. Clinical depression is a serious health problem that affects the total person. In addition to feelings, it can change behavior, physical health and appearance, academic performance, social activity and the ability to handle everyday decisions and pressures.

What causes clinical depression?

We do not yet know all the causes of depression, but there seem to be biological and emotional factors that may increase the likelihood that an individual will develop a depressive disorder...

...Be Able To Tell Fact From Fiction

Myths about depression often separate people from the effective treatments now available. Friends need to know the **facts.** Some of the most common myths are these:

Myth: It's normal for teenagers to be moody; Teens don''t suffer from "real" depression.

Fact: Depression can affect people at any age or of any race, ethnic, or economic group.

Myth: Teens who claim to be depressed are weak and just need to pull themselves together. There''s nothing anyone else can do to help.

Fact: Depression is not a weakness, but a serious health disorder. Both young people and adults who are depressed need professional treatment. A trained therapist or counselor can help them learn more positive ways to think about themselves, change behavior, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the symptoms of depression. For many people, a combination of psychotherapy and medication is beneficial.

Myth: Talking about depression only makes it worse.

Fact: Talking through feelings may help a friend recognize the need for professional help. By showing friendship and concern and giving uncritical support, you can encourage your friend to talk to his or her parents or another trusted adult, like a teacher or coach, about getting treatment. If your friend is reluctant to ask for help, you can talk to an adult -- that's what a real friend will do.

Myth: Telling an adult that a friend might be depressed is betraying a trust. If someone wants help, s/he will get it.

Fact: Depression, which saps energy and self-esteem, interferes with a person's ability or wish to get help. And many parents may not understand the seriousness of depression or of thoughts of death or suicide. It is an act of true friendship to share your concerns with a school guidance counselor, a favorite teacher, your own parents, or another trusted adult.

...Know the Symptoms

The first step toward defeating depression is to define it. But people who are depressed often have a hard time thinking clearly or recognizing their own symptoms. They may need your help. Check the following to see if a friend or friends have had any of these symptoms persisting longer than two weeks.

Do they express feelings of
- Sadness or "emptiness"?
- Hopelessness, pessimism, or guilt?
- Helplessness or worthlessness?

Do they seem
- Unable to make decisions?
- Unable to concentrate and remember?
- To have lost interest or pleasure in ordinary activities -- like sports or band or talking on the phone?
- To have more problems with school and family?

Do they complain of
- Loss of energy and drive -- so they seem "slowed down"?
- Trouble falling asleep, staying asleep, or getting up?
- Appetite problems; are they losing or gaining weight?
- Headaches, stomach aches, or backaches?
- Chronic aches and pains in joints and muscles?

Has their behavior changed suddenly so that
- They are restless or more irritable?
- They want to be alone most of the time?
- They've started cutting classes or dropped hobbies and activities?
- You think they may be drinking heavily or taking drugs?

Have they talked about
- Death?
- Suicide - or have they attempted suicide?

...Find Someone Who Can Help

If you answered yes to several of the items, a friend may need help. Don''t assume that someone else is taking care of the problem. Negative thinking, inappropriate behavior or physical changes need to be reversed as quickly as possible. Not only does treatment lessen the severity of depression, treatment also may reduce the length of time (duration) your friend is depressed and may prevent additional bouts of depression.

If a friend shows many symptoms of depression, you can listen and encourage him or her to ask a parent or teacher about treatments. If your friend doesn't seek help quickly, talk to an adult you trust and respect -- especially if your friend mentions death or suicide.

There are many places in the community where people with depressive disorders can be diagnosed and treated. Help is available from family doctors, mental health specialists in community mental health centers or private clinics, and from other health professionals...

CREATING A CARING CONTEXT FOR
LEARNING AND HEALTHY DEVELOPMENT

*Learning is neither limited to what is formally taught nor to time spent in classrooms. It occurs whenever and wherever the learner interacts with the surrounding environment. All facets of the community (including the school) provide learning opportunities – thus the term **learning community.***

Whenever a surrounding environment tries to facilitate learning, the process can be called teaching. Teaching occurs at school, at home, and in the community at large. It may be formalized or informally transmitted. Teaching happens most positively when the learner wants to learn something and the surrounding environment wants to help the learner do so. That is, positive learning is facilitated when the learner cares about learning and the teacher cares about teaching. The whole process undoubtedly benefits greatly when all the participants care about each other.

From a psychological perspective, it is important that teachers establish a classroom atmosphere that encourages mutual support and caring and that creates a sense of community. Such an atmosphere can play a key role in preventing learning, behavior, emotional, and health problems. Learning and teaching are experienced most positively when the learner cares about learning and the teacher cares about teaching.

Stated simply, the whole process benefits greatly when all the participants care about each other.

Caring has moral, social, and personal facets. And when all facets of caring are present and balanced, they can nurture individuals and facilitate the process of learning. At the same time, caring in all its dimensions should be a major focus of what is taught and learned. That is, the classroom curriculum should encompass a focus on fostering socio-emotional and physical development.

Caring begins when students (and their families) first arrive at a school. Classrooms and schools can do their job better if students feel they are truly welcome and have a range of social supports. A key facet of welcoming encompasses effectively connecting new students with peers and adults who can provide social support and advocacy.

On an ongoing basis, caring is best maintained through use of personalized instruction, regular student conferences, activity fostering social-emotional development, and opportunities for students to attain positive status. Efforts to create a caring classroom

climate benefit from programs for cooperative learning, peer tutoring, mentoring, advocacy, peer counseling and mediation, human relations, and conflict resolution. Clearly, a myriad of strategies can contribute to students feeling positively connected to the classroom and school.

*In the learning community, all are learners, and all may play some role as teachers. A teachers can be anyone who wants to facilitate learning – professional teachers, aides, volunteers, parents, siblings, peers, mentors in the community, librarians, recreation staff, etc. All constitute what can be called the **teaching community.***

Given the importance of home involvement, attention also must be paid to creating a caring atmosphere for family members. Increased home involvement is more likely if families feel welcome and have access to social support at school. Thus, teachers and other school staff need to establish a program that effectively welcomes and connects families with school staff and other families to generate ongoing social support and greater participation in home involvement efforts.

Also, just as with students and their families, school staff need to feel truly welcome and socially supported. Rather than leaving this to chance, a caring school develops and institutionalizes a program to welcome and connect new staff with those with whom they will be working. And it does so in ways that effectively incorporates newcomers into the organization.

As Andy Hargreaves stresses, the way to relieve "the uncertainty and open-endedness in teaching" is to create "communities of colleagues who work collaboratively [in cultures of shared learning and positive risk-taking] to set their own professional standards and limits, while still remaining committed to continuous improvement. Such communities can also bring together the professional and personal lives of teachers in a way that supports growth and allows problems to be discussed without fear of disapproval or punishment."

OPENING THE CLASSROOM DOOR TO ENHANCE LEARNING

Opening the classroom door is essential for enhancing the learning of teachers and other staff and increasing the productivity of classroom instruction.

The crux of the matter is to ensure use of effective mentoring and collegial practices to enhance learning through modeling and guiding change in a teacher's own classroom or in colleagues' rooms. This includes demonstrating and discussing new approaches, guiding initial practice and eventual implementation, and following-up to improve and refine.

Schools also can use specialist personnel (e.g., school psychologists, counselors, resource teachers) to mentor and demonstrate rather than pursuing traditional consultant roles. That is, instead of *telling* teachers about how to address student learning, behavior, and emotional problems, specialists can be trained to go into classrooms to model and guide teachers in implementing new practices to engage and re-engage students in learning.

Opening the classroom door also allows for adding a variety of assistance and useful partnerships. Student learning is neither limited to what is formally taught nor to time spent in classrooms. It occurs whenever and wherever the learner interacts with the surrounding environment. All facets of the community provide opportunities; anyone in the community who wants to facilitate learning might be a contributing teacher.

When a classroom successfully joins with its surrounding community, everyone has the opportunity to learn and to teach. Indeed, most schools do their job better when they are an integral and positive part of the community. The array of people who might be of assistance are:

- Aides and a variety of volunteers
- Other regular classroom teachers
- Family members
- Students
- Specialist teachers and support service personnel
- School administrators
- Classified staff
- Professionals-in-training

It is evident that teachers need to work closely with other teachers and school personnel, as well as with parents, professionals-in- training, volunteers, and so forth. Collaboration and teaming are key facets of mobilizing and enabling learning. These practices allow teachers to broaden the resources and strategies available in and out of the classroom to enhance learning and performance.

Examples of Opening the Door

Using Aides/Volunteers in Targeted Ways – Chronically, teachers find classroom instruction disrupted by some student who is less interested in the lesson than in interacting with a classmate. The first tendency usually is to use some simple form of social control to stop the disruptive behavior (e.g., using proximity and/or a mild verbal intervention). Because so many students today are not easily intimidated, teachers find such strategies do not solve the problem. So, the next steps escalate the event into a form of Greek tragedy. The teacher reprimands, warns, and finally sends the student to "time-out" or to the front office for discipline. And, the lesson usually is disrupted.

In contrast to this scenario, teachers can train an aide (if they have one) or a volunteer who has the ability to interact with students to focus on these youngsters. Specifically, the aide or volunteer should be taught to go and sit next to any youngster when a problem starts to emerge. The focus is on re-engaging the student in the lesson. If this proves undoable, the next step involves taking the student for a walk.

It is true that this means the student won't get the benefit of instruction during that period, but s/he wouldn't anyway. And, not having to shift into a discipline mode has multiple benefits. For one, the teacher is able to carry out the day's lesson. For another, the other students do not have the experience of seeing the teacher having a control contest with a student. (Even if a teacher wins such contests, it may have a negative effect on how students perceive the teacher; and if the teacher somehow "loses it," that definitely conveys a wrong message. Either outcome can be counterproductive with respect to a caring climate and a sense of community.) Finally, there has not been a negative encounter with the student. Such encounters build up negative attitudes on both sides which can be counterproductive to future teaching, learning, and behavior. Because there has been no negative encounter, the teacher can reach out to the student after the lesson is over and start to think about how to use an aide or volunteers to work with the student to prevent future problems.

Team Teaching – The obvious point here is that partnering with a compatible colleague enables team members to complement each others' areas of competence, provide each other with nurturance and personal support, and allow for relief in addressing problems.

Collaborating with Special Educators and other Specialists – Almost every school has personnel who have special training relevant to redesigning the classroom to work for a wider range of students. These specialists range from those who teach music or art to those who work with students designated as in need of special education. They can bring to the classroom not only their special expertise, but ideas for how the classroom design can incorporate practices that will engage students who have not been doing well and can accommodate those with special needs.

Mental Health in Schools UCLA Center Program and Policy Analysis

USING VOLUNTEERS

Volunteers can be especially helpful working under the direction of the classroom teacher to establish a supportive relationship with students who are having trouble adjusting to school.

Volunteers may help students on a one to one basis or in small groups. Group interactions are especially important in enhancing a student's cooperative interactions with peers. One to one work is often needed to develop a positive relationship with a particularly aggressive or withdrawn student and in fostering successful task completion with a student easily distracted by peers.

Volunteers can help enhance a student's motivation and skills and, at the very least, help counter negative effects that arise when a student has difficulty adjusting to school.

The majority of people who seek out the opportunity to volunteer at school are ready, willing, and able to get into the classroom and interact well with students. These individuals are *naturals.*

All they need is a clear orientation about what is expected, as well as ongoing supervision designed to help them learn to be increasingly effective in working collaboratively with teachers and dealing with problems.

There are some volunteers who are not naturals. Many of these individuals can learn rapidly and be extremely helpful withjust a bit of investment of time and effort. The following are some guidelines that may help to avoid losing or prematurely giving up on a potentially valuable volunteer resource.

1. Take some time to appreciate what a volunteer can do. In some cases, it takes a while to see the positive qualities a volunteer can bring to the classroom. Try to work with a volunteer for a few weeks before deciding what (s)he is or isn't able to do. (Obviously, if a volunteer is completely inept, there is little point in keeping him or her on, and steps should be taken to kindly redirect their good intentions.)

(Note: Despite the best of intentions on everyone's part, some volunteers do not work well with students. If a volunteer continues to demonstrate an inability to do so, [s]he may be willing to help with other tasks such as preparing and organizing materials.)

2. Watch for the need to re-clarify points made during the initial orientation. Volunteers have a lot they are trying to learn and remember when they first start. If they are not following-through on points made during the initial orientation, it may be that they didn't, assimilate the information.

3. Initially, some volunteers will need to spend more time observing than working with students. It usually does not take long before most of them will be comfortable with the students and class routines.

4. Initially, some volunteers (like some students) need a little more support and direction. At first, they may need to be told specifically what to do during the class. After they have a little experience and with a little encouragement, they can be expected to show greater initiative.

5. All volunteers need to know the teacher's plan for helping a particular student and to feel they can play a positive role in carrying out that plan. It is important for them to feel they are part of the teaching team. Volunteers who do not understand a teacher's plans tend to get confused and upset, particularly when the teacher must deal with the misbehavior of a student the volunteer is helping. Clarifying the plan and even including a volunteer in planning helps them to feel they are working collaboratively with the teacher.

6. Volunteers need a maximum of positive feedback and a minimum of evaluative criticism. Although they may not be clear about what specifically they are doing wrong, most volunteers are aware that they are not well-trained to work with students. Thus, they tend to interpret the lack of positive feedback from the teacher as an indication that they are not doing very well and often interpret relatively mild negative feedback as severe criticism. Volunteers respond well to daily appreciations; in place of critiques, what seems to work best are comments from the teacher that recognize how hard it is for even trained professionals to deal with some problems -along with suggestions about what to try next.

TALKING WITH KIDS

*T*o help another, it is of great value and in many instances essential to know what the other is thinking and feeling. The most direct way to find this out is for the person to tell you. But, individuals probably won't tell you such things unless they think you will listen carefully. And the way to convince them of this is to listen carefully.

Of course, you won't always hear what you would like.

> Helper: *Well, Jose, how do you like school?*
> Jose: *Closed!*

In general, effective communication requires the ability to carry on a *productive dialogue*, that is, to talk with, not at, others. This begins with the ability to be an active (good) listener and to avoid prying and being judgmental. It also involves knowing when to share information and relate one's own experiences as appropriate and needed. The following are suggestions for engaging youngsters in productive dialogues.

I. Creating the Context for Dialogues

- Create a private space and a climate where the youngster can feel it is safe to talk.

- Clarify the value of keeping things confidential.

- Pursue dialogues when the time, location, and conditions are right.

- Utilize not just conferences and conversations, but interchanges when working together (e.g. exploring and sampling options for learning).

II. Establishing Credibility (as someone to whom it is worth talking)

- Respond with *empathy, warmth, and nurturance* (e.g., the ability to understand and appreciate what others are thinking and feeling, transmit a sense of liking, express appropriate reassurance and praise, minimize criticism and confrontation).

- Show *genuine regard and respect* (e.g., the ability to transmit real interest, acceptance, and validation of the other's feelings and to interact in a way that enables others to maintain a feeling of integrity and personal control.

- Use active and undistracted listening.

- Keep in mind that you want the student to *feel* more competent, self-determining, and related to you (and others) as a result of the interchange.

III. Facilitating Talk

- Avoid interruptions.

- Start slowly, avoid asking questions, and minimize pressure to talk (the emphasis should be more on conversation and less on questioning).

- Encourage the youngster to take the lead.

- Humor can open a dialogue; sarcasm usually has the opposite effect.

- Listen with interest.

- Convey the sense that you are providing an opportunity by extending an invitation to talk and avoiding the impression of another demanding situation (meeting them "where they are at" in terms of motivation and capability is critical in helping them develop positive attitudes and skills for oral communication).

- Build on a base of natural, informal inter-changes throughout the day.

- When questions are asked, the emphasis should be on open-ended rather than Yes/No questions.

- Appropriate self-disclosure by another can disinhibit a reluctant youngster.

- Pairing a reluctant youngster with a supportive peer or small group can help.

- Train and use others (aides, volunteers, peers) to (1) enter into productive (nonconfidential) dialogues that help clarify the youngster's perceptions and then (2) share the information with you in the best interests of helping.

- For youngsters who can't seem to convey their thoughts and feelings in words, their behavior often says a lot about their views; based on your observations and with the idea of opening a dialogue, you can share your perceptions and ask if you are right.

- Sometimes a list of items (e.g. things that they like/don't like to do at school/after school) can help elicit views and open up a dialogue.

- When youngsters have learning, behavior, and emotional problems, find as many ways as feasible to have positive interchanges with them and make positive contacts outweigh the negatives.

- *Remember:* Short periods of silence are part of the process and should be accommodated.

Intervention Focus in Dealing with Misbehavior

I. *Preventing Misbehavior*

A. Expand Social Programs
   1. Increase economic opportunity for low income groups
   2. Augment health and safety prevention and maintenance (encompassing parent education and direct child services)
   3. Extend quality day care and early education

B. Improve Schooling
   1. Personalize classroom instruction (e.g.,accommodating a wide range of motivational and developmental differences)
   2. Provide status opportunities for nonpopular students (e.g., special roles as assistants and tutors)
   3. Identify and remedy skill deficiencies early

C. Follow-up All Occurrences of Misbehavior to Remedy Causes
   1. Identify underlying motivation for misbehavior
   2. For unintentional misbehavior, strengthen coping skills (e.g., social skills, problem solving strategies)
   3. If misbehavior is intentional but reactive, work to eliminate conditions that produce reactions (e.g., conditions that make the student feel incompetent, controlled, or unrelated to significant others)
   4. For proactive misbehavior, offer appropriate and attractive alternative ways the student can pursue a sense of competence, control, and relatedness
   5. Equip the individual with acceptable steps to take instead of misbehaving (e.g., options to withdraw from a situation or to try relaxation techniques)
   6. Enhance the individual's motivation and skills for overcoming behavior problems (including altering negative attitudes toward school)

II. *Anticipating Misbehavior*

A. Personalize Classroom Structure for High Risk Students
   1. Identify underlying motivation for misbehavior
   2. Design curricula to consist primarily of activities that are a good match with the identified individual's intrinsic motivation and developmental capability
   3. Provide extra support and direction so the identified individual can cope with difficult situations (including steps that can be taken instead of misbehaving)

B. Develop Consequences for Misbehavior that are Perceived by Students as Logical (i.e., that are perceived by the student as reasonable fair, and nondenigrating reactions which do not reduce one's sense of autonomy)

III. *During Misbehavior*

A. Try to base response on understanding of underlying motivation (if uncertain, start with assumption the misbehavior is unintentional)

B. Reestablish a calm and safe atmosphere
   1. Use understanding of student's underlying motivation for misbehaving to clarify what occurred (if feasible, involve participants in discussion of events)
   2. Validate each participant's perspective and feelings
   3. Indicate how the matter will be resolved emphasizing use of previously agreed upon logical consequences that have been personalized in keeping with understanding of underlying motivation
   4. If the misbehavior continues, revert to a firm but nonauthoritarian statement indicating it must stop or else the student will have to be suspended
   5. As a last resort use crises back-up resources
      a. If appropriate, ask student's classroom friends to help
      b. Call for help from identified back-up personnel
   6. Throughout the process, keep others calm by dealing with the situation with a calm and protective demeanor

IV. *After Misbehavior*

A. Implement Discipline -- Logical Consequences/ Punishment
   1. Objectives in using consequences
      a. Deprive student of something s/he wants
      b. Make student experience something s/he doesn't want
   2. Forms of consequences
      a. Removal/deprivation (e.g., loss of privileges, removal from activity)
      b. Reprimands (e.g., public censure)
      c. Reparations (e.g., of damaged or stolen property)
      d. Recantations (e.g., apologies, plans for avoiding future problems)

B. Discuss the Problem with Parents
   1. Explain how they can avoid exacerbating the problem
   2. Mobilize them to work preventively with school

C. Work Toward Prevention of Further Occurrences (see I & II)

Appendix B

Examples of Quick Training Aids for Staff Development

The Center has developed a series of Quick Training Aids to provide a brief set of resources to guide those providing staff development.

Examples of topics developed t date include:

>*Assessing & Screening*
>*Attention Problems in School*
>*Behavior Problems in School*
>*Bullying Prevention*
>*Case Management in the School Context*
>*Confidentiality*
>*Addressing Barriers to Learning: An Overview of the*
   Curriculum for an Enabling (or Learning Supports) Component
>*Financing Strategies to Address Barriers to Learning*
>*Re-engaging Students in Learning*
>*School-Based Crisis Intervention*
>*School Interventions to Prevent and Respond to Adolescent*
   Affect and Mood Problems
>*School Staff Burnout*
>*Suicide Prevention*
>*Violence Prevention*

An example of the contents of the one on *Bullying Prevention* is provided on the following pages.

Bullying Prevention

Periodically, windows of opportunities arise for providing inservice at schools about mental health and psychosocial concerns. When such opportunities appear, it may be helpful to access one or more of our Center's *Quick Training Aids*.

Each of these offers a brief set of resources to guide those providing an inservice session. (They also are a form of quick self-tutorial and group discussion.)

Most encompass

> key talking points for a short training session

> a brief overview of the topic

> facts sheets

> tools

> a sampling of other related information and resources

In compiling resource material, the Center tries to identify those that represent "best practice" standards. If you know of better material, please let us know *so that we cam make improvements.*

This set of training aids was designed for free online access and interactive learning. It can be used online and/or downloaded at http://smhp.psych.ucla.edu – go to Quick Find and scroll down in the list of "Center Responses" to Bullying.   Besides this Quick Training Aid, you also will find a wealth of other resources on this topic.

Guide for Suggested Talking Points

I. Brief Overview

A. Present main points from: <u>Bullying: A Major Barrier to Student Learning</u> 📄 - Excerpted from the Fall 2001 Addressing Barriers to Learning newsletter (Vol. 6, #4).

1. The introduction provides a brief description of the types of behaviors which are subsumed under the definition of "bullying," and includes statistics on bullying which may be used to introduce the extent of the problem.

2. Note the section entitled "Understanding Why," which provides information regarding psychological factors which may contribute to the development of bullying behaviors.

3. The points under the section titled "What to do" can form the basis for discussion in an effort to understand the associations between different forms of bullying, their unique causes, and the school's role in providing interventions that will address the source and nature of the problem.

B. Review Study
    <u>Bullying common, linked to poor psychosocial adjustment.</u> - Excerpt from *The Brown University Child and Adolescent Behavior Letter*, June, 2001. Available from FindArticles.com
    (http://www.findarticles.com/cf_0/m0537/6_17/76486920/print.jhtml)

1. This review of a research article provides more detailed information regarding the nature and extent of bullying in the US described in the brief overview (above).

II. Fact Sheets

A. <u>Addressing the Problems of Juvenile Bullying</u> 📄 US Department of Justice, Office of Juvenile Justice and Delinquency Prevention (June 2001). OJJDP Fact Sheet #27. (http://ericcass.uncg.edu/virtuallib/bullying/juvenilebullying.pdf)

1. This fact sheet provides an overview of bullying. In addition, note the section entitled "The Effects of Bullying," which provides an argument for the association between bullying and subsequent social as well as academic problems in childhood and throughout adult life.

2. "Addressing the Problem" provides bulleted strategies for intervening at all levels of the school system that have been proven effective. This section may provide a starting point for discussing intervention at the school, classroom and individual levels.

3. A model program discussed in this article (Olweus Bullying Prevention Program) is referenced at the end. More information about the program can also be found online:
    http://www.colorado.edu/cspv/blueprints/model/ten_bully.htm

B. [Bullying Prevention: Recommendations for Schools](#) - Center for the Study and Prevention of Violence Fact Sheet (http://www.Colorado.EDU/cspv/factsheets/SCSS%20Bullying%20-%20School%20Recommendations.html)

    1. This fact sheet provides a more comprehensive explanation of how interventions must target all relevant levels (school, classroom and individual) to eradicate bullying in schools (as discussed in Addressing the Problem of Juvenile Bullying). More in depth strategies are provided as to how schools can begin to affect change at these levels. You can refer to this fact sheet if further information is requested regarding system-level strategies.

C. [Bullying](#) - Voices for Children Fact Sheet (http://www.voices4children.org/factsheet/factsheet15.htm)

    1. The section entitled "Why care about bullying?" is targeted towards school administrators and staff. It provides statistics and consequences, as well as factors that may make school personnel less aware of the extent of the problem. This section may be helpful in providing a case for discussion.

    2. Note the section on peer-focused intervention strategies listed in this fact sheet. This section highlights why peer intervention is important, and how it can be effective.

III. Tools/Handouts

Here are some sample surveys that are intended to assess the frequency and nature of bullying in your school, with the ultimate objective being to determine the need for intervention.

A. [Staff Survey on School Violence](#) - NoBullies.com (http://www.nobullies.com/surveys/staff.html).

B. Student Surveys

    1. [Primary School Student Survey](#) - NoBullies.com (http://www.nobullies.com/surveys/primary.html).

    2. [Intermediate to High School Student Survey](#) - NoBullies.com (http://www.nobullies.com/surveys/student.html)

IV. Model Programs and Additional Resources

A. Classroom Resources - Excerpted from *Preventing Bullying: A Manual for Schools and Communities*. US Department of Education (1998).

    1. This section provides information regarding specific resource materials for educators on the subject of bullying.

V. Originals for Overheads

A. Facts About Bullying

B. Bullying Prevention: Recommendations for Schools

This material provided by:	UCLA Center for Mental Health in Schools/Los Angeles, CA 90095-1563 (310) 825-3634/ Fax: (310) 206-8716/ Email: smhp@ucla.edu

Note: Documents in PDF format (identified with a ![pdf]) require Adobe Reader 3.0 or higher to view. If you don't have this program, you can download it for free from Adobe.

Appendix C

Resources Related to Colleagues Working and Learning Together

This appendix contains:

- an Exhibit highlighting some key matters related to working and learning together

- a example of the type of flyer that can be used to announce a formal or informal interchange

- the table of contents from a Training Tutorial Developed by the Center on the topic of *Home Involvement in Schooling*

Example of some of the Training Tutorials developed by the Center are:

>*Classroom Changes to Engage and Re-engage Students in Learning*
>*Community Outreach: School-Community Resources to Address Barriers to Learning*
>*Creating the Infrastructure for an Enabling (Learning Support) Component to Address Barriers to Student Learning*
>*Crisis Assistance and Prevention: Reducing Barriers to Learning*
>*Home Involvement in Schooling*
>*Student & Family Assistance Programs and Services to Address Barriers to Learning*
>*Support for Transitions to Address Barriers to Learning*

Exhibit

Working and Learning Together

Collaboration and collegiality

As Hargreaves and others have noted, these concepts are fundamental to improving morale and work satisfaction and to the whole enterprise of transforming schools to meet the needs of individuals and society. *Collaborative cultures* foster collaborative working relationships which are spontaneous, voluntary, development-oriented, pervasive across time and space, and unpredictable. When collegiality is *mandated*, it often produces what has been called *contrived collegiality* which tends to breed inflexibility and inefficiency. Contrived collegiality is administratively regulated, compulsory, implementation-oriented, fixed in time and space, and predictable.

Teacher collaboration and teaming

Increasingly it is becoming evident that teachers need to work closely with other teachers and school personnel as well as with parents, professionals-in-training, volunteers, and so forth. Collaboration and teaming are key facets of addressing barriers to learning. They allow teachers to broaden the resources and strategies available in and out of the classroom to enhance learning and performance.

Welcoming for new staff and ongoing social support for all staff

Just as with students and their families, there is a need for those working together at a school to feel they are truly welcome and have a range of social supports. Thus, a major focus for stakeholder development activity is establishment of a program that welcomes and connects new staff with others with whom they will be working and does so in ways that effectively incorporates them into the community.

Barriers to working together

Problems related to working relationships are a given. To minimize such problems, it is important for participants to understand barriers to working relationships and for sites to establish effective problem solving mechanisms to eliminate or at least minimize such barriers.

Rescue dynamics

A special problem that arises in caring communities are rescue dynamics. Such dynamics arise when caring and helping go astray, when those helping become frustrated and angry because those being helped don't respond in desired ways or seem not to be trying. It is important to minimize such dynamics by establishing procedures that build on motivational readiness and personalized interventions.

Making Home Involvement Work

Why aren't parents more involved with the school?

Why offering parent education classes is not enough.

How to re-engage families.

Want to learn more?

See the brief article that has been posted_____.

Join in a continuing learning opportunity on:

HOME INVOLVEMENT IN SCHOOLING

Time:

Place:

The Center's Training Tutorials are organized topically, with readings and related activities for "preheating," active learning, and follow-up. All readings and activity guides are available on the website of the national *Center for Mental Health in Schools* at UCLA.

http://smhp.psych.ucla.edu

HOME INVOLVEMENT IN SCHOOLING

Learning Sessions

Follow-up for Ongoing Learning

As you decide to learn more about these matters, the following Center resources should be a helpful next step.

(1) The ***Quick Finds*** section of the Center website offers topic areas that are regularly updated with new reports, publications, internet sites, and centers specializing in the topic. Stakeholders can keep current on *Home Involvement in Learning* by visiting topic areas such as:
>Early Childhood Development
>Parent/Home Involvement in Schools
>Parent Skills and Parent Education

(2) Consider forming ongoing study groups

(3) Request ongoing inservice training on these matters

Appendix D

Examples of a Monthly Focus for a School

In keeping with the yearly rhythm at a school, each month support staff can provide some ideas and activities the school can use to enhance support for students, their families, and the staff. These can be incorporated into any of the delivery mechanisms.

The example on the following page reflects how the Center presents such a monthly focus on its website. The focus for other months are archived on the site. As with all Center materials, these can be adapted for use by anyone.

December

Re-engaging Students: Using a student's *time off* in ways that *pay off!*

For school staff and students the winter break is a welcome time for rest and relaxation.

It is also a valuable opportunity for appreciating what we have accomplished in the first part of the school year, facing the fact that there are some problems that need to be addressed, and anticipating a fresh start in the new year.

We began the school year in September with a focus on Welcoming Students and their Families; in October we looked at strategies to help with school adjustment; in November we explored procedures for more effective referrals including strategies for talking with kids to better understand the motivational bases of problems.

By December, school staff and students know that for some students "it isn't working."

Since giving up is no option, we need to focus on *re-engagement.*

Remember "burn out" of school staff and students
is grounded in intrinsic motivation.

In particular, staff feel discouraged when we experience a lack of success with students. It threatens our feelings of competence and makes us feel disconnected from the kids we mean to help. And, it can lead to feelings that we aren't really in control of our work.

December is a time for mid-course corrections to turn this all around. A time to think how we might do things differently to get the results we want.

> As Winnie the Pooh says (while Christopher Robin is dragging him by his heel downstairs and his head is bumping on each stair), "I think there is a better way to do this if only I could stop bumping long enough to think of it."

School breaks provide the time to stop bumping and try to re-engage students who seem to have become rather disengaged from classroom learning (and are finding other, often disruptive, ways to spend their time at school.)

For support staff and teachers , the following are some ideas to use to start to turn things around before winter break and to follow-up with immediately after students return.

The first step is for support staff and teachers to establish the kind of working relationship that is motivated by the desire to (a) understand the causes for students' lack of engagement and difficult behavior and (b) try some different strategies.

While the initial focus may be on a particular student, move toward thinking more generally about that student as one of a type who experiences learning or relationship problems and how changes in strategy would benefit as many as we can. That makes the potential pay off much greater.

Ask *WHY?* Why are some students not engaged in classroom learning? Why are they misbehaving? Real pathology as the cause is relatively rare. Factors away from school can be barriers, but at this time, we should focus on some of the common school-related reasons. These include:

- not experiencing sufficient success in learning, so they give up;

- not having a good relationship with the teacher, so they react/resist;

- not having connected with a supportive group of friends, so they feel isolated/alienated.

Worse yet, a few students may be experiencing a lack of success related to all three matters.

Any of the above can set a negative cycle into motion. And, once students have a negative image and reputation, we are all in trouble.

SOME THINGS TO DO BEFORE AND AFTER WINTER BREAK

(1) INDIVIDUAL CONFERENCES BEFORE THE BREAK: Schools need to assist teachers at this time of year by facilitating time for them to conference individually with each student who has been having problems. In some cases, the student's parents need to be included. The focus is on how to use the time before and through the winter break as a period for renewing positive relationships and re-engaging the student in classroom learning. Student support staff can play a role in arranging such conferences and then covering the teacher's class while the teacher holds the conferences. The discussions should cover (a) why there has been a problem (without getting into a "blame-game"), (b) exploring some new ways that the student thinks could make things better for all concerned, and (c) arriving at some mutual agreements (not one-way "contracts").

(2) IMMEDIATE OPPORTUNITIES FOR CHANGE OF IMAGE: For students who have acquired a negative reputation, it is critical to develop some immediate opportunities for them to take on some attractive, positive roles (e.g., team captain, special monitor, photographer for the school newspaper, part of the design group for the school's website).

(3) ADD SOME EXTRA CARING SUPPORT: Use volunteers, aids, and/or other students to provide additional support to these specific students. Make certain the tone is one of caring not censure and that the support provides real opportunities to discover the value of learning and not another monitoring device.

(4) POSITIVE ACTIVITIES OVER THE WINTER BREAK: While it would be good if these students could use the break to catch up on missing skills, the greater pay off will come if families focus on enhancing motivation for school. A strategy for this is for the teacher to outline for students and families some fun activities (e.g., intrinsically motivating projects) to do over the break. These should be ways to build on the new classroom activities that have been designed to re-engage the students. Such activities can consolidate something that has been learned recently or lay a foundation for future learning (e.g., school reading and writing projects), especially activities that are planned for re-engaging the students after the break Examples include involving students in (a) carrying out special roles related to holiday events, (b) taking pictures while on trips to special places and later bringing them to school to include in learning activities (e.g., writing stories), (c) choosing videotapes that teach as well as entertain, and so forth.

(5) FIRST DAY BACK: This is the time for support staff and teachers to take special steps to individually greet and welcome back these students and be prepared to help them re-engage in positive activities and learning. Again, use volunteers, aids, and/or other students to provide extra support. *Make them feel cared about and positively special.*

(6) KEEP IT UP UNTIL IT PAYS OFF.

>>Some points about: *Students who have not been successful in learning the material taught.*
It could be motivational or a lack of readiness skills or????.

> *"Successful, engaged learners are responsible for their own learning. These students are self-regulated and able to define their own learning goals and evaluate their own achievement. They are also energized by their learning, their joy of learning leads to a lifelong passion for solving problems, understanding, and taking the next step in their thinking. . . . In order to have engaged learning, tasks need to be challenging, authentic, and multidisciplinary. . . . The most powerful models of instruction are interactive. Instruction actively engages the learner..."*
>
> From: *Designing Learning and Technology for Educational Reform* (1994).
> Jones, et al., North West Regional Educational Laboratory.

What changes could be made in classrooms, with the help of support staff, special ed., and administration that would lead to most/all students being described as engaged learners? Keeping specific students in mind, what do they need in order to re-engage in classroom learning?

- *Changes in the physical arrangement of the classroom?*

  Think about how you learn best (think of the best staff development you ever attended, your favorite place to read, the materials you need to do your best writing). What have these students told you about what makes it hard for them to function well in class? Do they do well sitting for lengthy periods of time at a desk? Do they work well with some but not other students? What distracts them? Now, explore ways to rearrange the classroom to accommodate a wider range of student differences and needs.

- *Changes in the presentation of material?*

  Given that there are district mandated materials and content (e.g., texts), re-engaging students requires using the material differently (e.g., digestible chunks, designing opportunities for motivated practice) and supplementing it with materials and activities that the student perceives as motivating (e.g., enrichment opportunities). From a motivational perspective, offering real options and enabling student choice are essential in re-engaging students.

- *Changes in workload and nature of feedback?*

  Given the above changes, some students still need to have workload and feedback accommodations (e.g., more time to do something, feedback that enables them to experience even small successes). From a motivational perspective, it is essential to maximize student feelings of competence, self-determination, and connectedness to others and to minimize threats to such feelings.

The emphasis in all the above is to account for differences in motivation as well as capability in designing learning opportunities and then implementing them in ways than enhance intrinsic motivation for ongoing learning at school.

>>**Some points about:** *Students who haven't made a good relationship with teachers and are reacting/resisting.*

Common laments:

   •*They could do it if they only wanted to!!!*

   •*These are smart kids, but they just won't do the work!*

   •*If he survives his childhood and adolescence, he'll probably be a very successful adult!*

Making a positive, caring connection with such students is essential.

> Researchers such as David Hawkins and Richard Catalano have found that a core factor in preventing problems is "strong, attached relationships with adults who hold healthy beliefs and clear standards for young people, and an investment in positive lines of action such as school, service and work."
>
> It is ironic that this is often translated into "mentor" programs where a few students spend a few hours in such attached relationships. The real opportunity every day, all day in school (and at home) is for a teacher (and parent) to be the adult with whom a student has a strong relationship.
>
> In their description of Communities that Care, Hawkins and Catalano describe how such bonds between students and adults are established:
>
>> "Research shows that a child living in a high-risk environment can be protected from problem behaviors by a strong, affectionate relationship with an adult who cares about, and is committed to, his or her healthy development. This can be any caring adult – a parent, a teacher, an extended family member, a coach, and employer or an adult from the child's faith community. The most important part of this relationship is that the youth has a long-term investment in it, that he or she believes the relationship is worth protecting, and so is motivated to follow the healthy beliefs and clear standards held by the person.
>>
>> So what creates these protective bonds?
>>
>> There must be opportunities for young people to be involved in their families, school and communities in meaningful, developmentally appropriate ways – to make a real contribution and feel valued for their efforts and accomplishments.
>>
>> For young people to take advantage of those opportunities, they need the social, cognitive, emotional and behavioral skills to be successful.
>>
>> Finally, young people need recognition for their involvement . . . ."

Building a strong, positive relationship with difficult students is a challenge. Looking for the strengths, building on the competence, and re-establishing relationships of mutual respect is best achieved when support staff and teachers work as a team. Support staff often have the opportunity to get to know these students and can take the lead is helping others see what is "special" in a student who hasn't yet made good connections with teachers and school staff.

>>**Some points about:** *Students who haven't found a supportive group of friends and feel isolated/alienated.*

For many students there is nothing as important in school as the social dynamics:

> *Who's in and who's out?*

> *Who is my friend?*

> *Who likes me and who do I like?*

While schools focus on cognitive skills, they too seldom address the development of social and emotional skills. There are programs and curriculum designed for this important area of development, but every day there are natural opportunities for schools to enhance students' positive relations with each other.

In class, during breaks, before and after school, during lunch, at student activities, in the community.

This is the time of year to consider how the school is promoting social and emotional development and to plan ways to enhance the focus on such matters as:.

- cooperative learning and team play

- students as leaders at school

- groups of students engaged in project learning

- students involved in service learning in the community

- same-age and cross-age peer contact

Schools have learned a great deal about reducing bullying and violence and promoting a supportive environment. Some students need just a bit more help in connecting with other students in a positive way. School support staff and teachers can create a range of opportunities both inside the classroom and out of class to address these problems.

In January, we will begin the new year with a range of ideas for moving on in ways that leave no child behind!

For more materials on these topics, go to the Center Website and use the Quick Find Search to explore the following (among other) topics:

- Barriers to Learning
- Classroom-focused Enabling
- Environments that Support Learning
- Mentoring
- Motivation
- Peer Relationships
- Prevention for Students at Risk
- Resilience
- Volunteers

Appendix E

Materials Produced by the Center for Mental Health in Schools at UCLA

All the following resources can be downloaded at no cost from the Website of the School Mental Health Project and its Center for Mental Health in Schools (see http://smhp.psych.ucla.edu)

The following documents represent a variety of resources, including

(1) *Introductory Packets* – these provide overview discussions, descriptions or model programs, references to publications, access information to other relevant centers, agencies, organizations, advocacy groups, and internet links, and a list of consultation cadre members ready to share expertise;

(2) *Resource Aid Packets* (designed to complement the Introductory Packets) – these are a form of tool kit for fairly circumscribed areas of practice. They contain overviews, outlines, checklists, instruments, and other resources that can be reproduced and used as information handouts and aids for training and practice;

(3) *Technical Aid Packets* – these are designed to provide basic understanding of specific practices and tools;

(4) *Technical Assistance Samplers* – these provide basic information for accessing a variety of resources on a specific topic such as agencies, organizations, websites, individuals with expertise, relevant programs, and library resources;

(5) *Guides to Practice* – translates ideas into practice;

(6) *Continuing Education Modules, Training Tutorials & Quick Training Aids* – these provide learning opportunities and resources for use in inservice training;

(7) *Special Reports & Center Briefs*

Some Resources Focused on Psychosocial Problems

- Affect and Mood Problems Related to School Aged Youth (Introductory Packet)
- Anxiety, Fears, Phobias, and Related Problems: Intervention and Resources for School Aged Youth (Introductory Packet)
- Attention Problems: Intervention and Resources (Introductory Packet)
- Behavioral Problems at School (Quick Training Aid)
- Bullying Prevention (Quick Training Aid)
- Common Psychosocial Problems of School Aged Youth: Developmental Variations, Problems, Disorders and Perspectives for Prevention and Treatment (Guide to Practice)
- Conduct and Behavior Problems in School Aged Youth (Introductory Packet)
- Dropout Prevention (Introductory Packet)
- Learning Problems and Learning Disabilities (Introductory Packet)
- Sexual Minority Students (Technical Aid Packet)
- School Interventions to Prevent Youth Suicide (Technical Aid Packet)
- Social and Interpesonal Problems Related to School Aged Youth (Introductory Packet)

- Substance Abuse (Resource Aid Packet)
- Suicide Prevention (Quick Training Aid)
- Teen Pregnancy Prevention and Support (Introductory Packet)
- Violence Prevention (Quick Training Aid)

Some Resources Focused on Program/Process Concerns

- Addressing Barriers to Learning: New Directions for Mental Health in Schools (Continuing education modules)
- Addressing Barriers to Learning: Overview of the Curriculum for an Enabling (or Learning Supports) Component (Quick Training Aid)
- After-School Programs and Addressing Barriers to Learning (Technical Aid Packet)
- Assessing to Address Barriers to Learning (Introductory Packet)
- Assessing & Screening (Quick Training Aid)
- Behavioral Initiatives in Broad Perspective (Technical Assistance Sampler)
- Classroom Changes to Enhance and Re-engage Students in Learning (Training Tutorial)
- Case Management in the School Context (Quick Training Aid)
- Community Outreach: School-Community Resources to Address Barriers to Learning (Training Tutorial)
- Confidentiality (Quick Training Aid)
- Confidentiality and Informed Consent (Introductory Packet)
- Creating the Infrastructure for an Enabling (Learning Support) Component to Address Barriers to Student Learning (Training Tutorial)
- Crisis Assistance and Prevention: Reducing Barriers to Learning (Training Tutorial)
- Cultural Concerns in Addressing Barriers to Learning (Introductory Packet)
- Early Development and Learning from the Perspective of Addressing Barriers (Intro Packet)
- Early Development and School Readiness from the Perspective of Addressing Barriers to Learning (Center Brief)
- Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom Focused Enabling (Continuing Education Modules with accompanying readings and tool kit)
- Financing Strategies to Address Barriers to Learning (Quick Training Aid)
- Financial Strategies to Aid in Addressing Barriers to Learning (Introductory Packet)
- Financing Mental Health for Children & Adolescents (Center Brief and Fact Sheet)
- Guiding Parents in Helping Children Learn (Technical Aid)
- Home Involvement in Schooling (Training Tutorial)
- Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Needs (Introductory Packet)
- Mental Health and School-Based Health Centers (Guide to Practice)
- Mental Health in Schools: New Roles for School Nurses (Continuing Education Modules)
- Parent and Home Involvement in Schools (Introductory Packet)
- Protective Factors (Resiliency) (Technical Assistance Sampler)
- Re-engaging Students in Learning (Quick Training Aid)
- Responding to Crisis at a School (Resource Aid Packet)
- School-Based Client Consultation, Referral, and Management of Care (Tech. Aid Packet)
- School-Based Crisis Intervention (Quick Training Aid)
- School-Based Health Centers (Technical Assistance Sampler)

- School-Based Mutual Support Groups (For Parents, Staff, and Older Student) (TA Packet)
- Screening/Assessing Students: Indicators and Tools (Resource Aid)
- Students & Family Assistance Programs and Services to Address Barriers to Learning (Training Tutorial)
- Students and Psychotropic Medication: The School's Role (Resource Aide Packet)
- Support for Transitions to Address Barriers to Learning (Training Tutorial)
- Sustaining School-Community Partnerships to Enhance Outcomes for Children and Youth (A Guidebook and Tool Kit)
- Understanding and Minimizing Staff Burnout (Introductory Packet)
- Using Technology to Address Barriers to Learning (Technical Assistance Sampler)
- Violence Prevention and Safe Schools (Introductory Packet)
- Volunteers to Help Teachers and School Address Barriers to Learning (Tech. Aid Packet)
- Welcoming and Involving New Students and Families (Technical Aid Packet)
- What Schools Can Do to Welcome and Meet the Needs of All Students and Families (Guide to practice)
- Where to Get Resource Materials to Address Barriers to Learning (Resource Aid Packet)
- Where to Access Statistical Information Relevant to Addressing Barriers to Learning: An Annotated Reference List (Resource Aid Packet)

Some Resources Focused on Systemic Concerns

- About Mental Health in Schools (Introductory Packet)
- Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It Needs (Resource Aid Packet)
- Addressing Barriers to Student Learning: Closing Gaps in School/Community Policy and Practice (Center Report)
- Addressing Barriers to Student Learning & Promoting Healthy Development: A Usable Research-Base (Center Brief)
- Evaluation and Accountability: Getting Credit for All You Do! (Introductory Packet)
- Evaluation and Accountability Related to Mental Health in Schools (TA Sampler)
- Expanding Educational Reform to Address Barriers to Learning: Restructuring Student Support Services and Enhancing School-Community Partnerships (Center Report)
- Framing New Directions for School Counselors, Psychologists, & Social Workers (Ctr Rep)
- Guides for the Enabling Component -- Addressing Barriers to Learning and Enhancing Healthy Development (Guides to practice)
- Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together (Center Brief)
- Introduction to a component for Addressing Barriers to Student Learning (Center Brief)
- Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations (Ctr Rep)
- New Directions in Enhancing Educational Results: Policymakers' Guide to Restructuring Student Support Resources to Address Barriers to Learning (Guide to practice)
- New Directions for School & Community Initiatives to Address Barriers to Learning: Two Examples of Concept Papers to Inform and Guide Policy Makers (Center Report)
- New Initiatives: Considerations Related to Planning, Implementing, Sustaining, and Going-to-Scale (Center Brief)

- Organization Facilitators: A Change Agent for Systemic School and Community Changes (Center Report)
- Pioneer Initiatives to Reform Education Support Programs (Center Report)
- Policies and Practices for Addressing Barriers to Learning: Current Status and New Directions (Center Report)
- Resource Mapping and Management to Address Barriers to Learning: An Intervention for Systemic Change (Technical Assistance Packet)
- Resource-Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education Supports (Center Report)
- Restructuring Boards of Education to Enhance Schools' Effectiveness in Addressing Barriers to Student Learning (Center Report)
- Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning (Technical Assistance Sampler)
- School-Community Partnerships: A Guide
- Thinking About and Accessing Policy Related to Addressing Barriers to Learning (TA Sampler)
- Working Together: From School-Based Collaborative Teams to School -Community-Higher Education Connections (Introductory Packet)

Current QuickFind Topics

The QuickFind search feature on our website provides easy access to resources from our Center and direct links to other resources. A topical menu is provided. Each QuickFind reflects a response to a technical assistance request on a given topic. Go to http://smhp.psych.ucla.edu

The following are a recent list of topics, but additions are made regularly.

- Abuse (incl. sexual assault & harassment)
- After School programs (and evaluation)
- Alternative Schools & Alternative Education
- Anger Management
- Anxiety
- Assessment & Screening
- Attention Deficit Hyperactivity Disorder
- Barriers to Learning
- Behavior and mass media
- Bullying
- Burnout
- Business support for Schools
- Case Management
- Change Agent/Organizational Facilitator
- Child Abuse and Neglect
- Children and poverty
- Children of alcoholics and substance abusers
- Chronic Illness: Info and coping
- Classroom Management
- Classroom Focused Enabling
- Collaboration - school, community, interagency
- Community Outreach for Involvement and Support
- Conduct Disorders and Behavior Problems
- Confidentiality (including interagency release forms)
- Conflict Resolution in Schools
- Crisis Prevention and Response
- Cultural competence and Related Issues
- Data Management Systems for Schools and Clinics
- Day Treatment
- Depression
- Discipline Codes and Policies
- Domestic violence
- Dropout Prevention
- Early Childhood Development
- Early Intervention
- Eating Disorders
- Education, Health & Mental Health Reports
- Emotionally Disturbed

- Visually/Aurally Impaired Students
- Emotionally Disturbed Children
- Empirically Supported Interventions for Children's Mental Health
- Enabling Component: Addressing Barriers to Learning by Enabling Students to Succeed
- Environments that support learning
- Evaluation of Programs to Address Barriers to Learning
- Fact Sheets related to MH in Schools and addressing barriers to learning
- Family Counseling and Support
- Financing and Funding - General Material
- Funding Sources: Surfin' for funds
- Gangs
- Gay, Lesbian, & Bisexual Issues
- Grief & Bereavement
- Hate Groups: Helping Students and Preventing Hate Crimes
- Homeless Children and Youth
- Hotlines
- Individuals with Disabilities Education Act – Accommodations/Inclusion
- Immigrant Students and Mental Health
- Juvenile justice and mental health
- Legal/ethical Issues in School Health/Mental Health
- Mapping School and Community Resources
- Medicaid and Managed Care for School-Based Mental Health
- Memoranda of Agreements (including joint agency agreements, MOUs)
- Mental Health Curriculum
- Mental Health in Schools - Sampling of References
- Mentoring
- Model Programs Information
- Motivation
- Native American students
- Needs & Assets Assessment and Mapping
- Oppositional Defiant Disorder
- Parent/Home Involvement in Schools
- Parenting Skills and Parent Education

- Peer relationships and peer counseling
- Physical and somatic complaints
- Policy related to mental health in schools and addressing barriers to learning
- Post-traumatic stress
- Prevention for Student "At Risk"
- Resilience/Protective Factors
- Rural School Mental Health
- Safe Schools & Violence Prevention
- School Avoidance
- School Based Health Centers
- School and Community Collaboration
- School Linked Services
- Self-esteem
- Social Promotion
- Social and Emotional Development and Social Skills
- Staffing Student Support Systems
- Statistical Information on Mental Health and Education Related Topics

- Student and Family Assistance - Outcomes
- Substance Abuse
- Suicide prevention
- Support for Transitions
- Sustainability of Initiatives
- Systems of Care
- Technology as an Intervention Tool
- Teen Pregnancy
- Therapeutic Specialities
- Threat Assessment: Resources & Cautions
- Tolerance
- Transition Programs/Grade Articulation Tutoring
- Volunteers in Schools
- Youth Development
- Zero Tolerance

INFORMATION RESOURCE
Resources for Planning Mental Health in Schools
(http://smhp.psych.ucla.edu/pdfdocs/planning.pdf)

Training in children's mental health provides a solid base upon which to build an approach to mental health in schools. Fortunately, to build on this base, there is a growing set of resources specifically related to mental health in schools.

***For someone just starting to think about the topic, we have developed a special introduction on our website -- with many links to resources and a reference list that includes various overview articles and edited books. See: http://smhp.psych.ucla.edu/aboutmh/aboutmhover.htm

****Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations*. This field-defining resource and reference work is designed to address national policy and practice concerns about what mental health in schools is, is not, and should be. See - http://smhp.psych.ucla.edu/pdfdocs/policymakers/cadreguidelines.pdf

***We also have developed a special "Gateway to a World of Resources for Enhancing MH in Schools." This is a categorized links "map" that provides quick access to relevant internet sources for resources. It is also a tool to facilitate various forms of networking and to help analyze strengths, weaknesses, and gaps/inequities in available resources. The gateway also can be a starting point for enhancing collaborative partnerships among key groups with overlapping interests related to mental health in schools. See – http://smhp.psych.ucla.edu/gateway/gateway_sites.htm

***To provide a Quick Find tool with direct links to available resources – including the many we have developed on specific topics – go to our Quick Find Online Clearinghouse menu – http://smhp.psych.ucla.edu/websrch.htm

***Also see the Center's *Resource Synthesis to Help Integrate Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health* – http://smhp.psych.ucla.edu/pdfdocs/newfreedomcommisison/resourcesynthesis.pdf

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**From our perspective, efforts to enhance mental health in schools go well beyond delivering school-based mental health services. A fundamental concern is connecting with the wide array of folks who can contribute to the work, some of whom already are involved with mental health in a school. From a school's perspective, the objective should be to build and strengthen a comprehensive, multifaceted, and cohesive approach to addressing barriers to learning and teaching. For more on this broad perspective, see our Center documents:

>>*About Mental Health in Schools* – http://smhp.psych.ucla.edu/pdfdocs/aboutmh/aboutmhinschools.pdf

>>*Addressing Barriers to Learning: New Directions for Mental Health in Schools* – http://smhp.psych.ucla.edu/pdfdocs/contedu/conted.pdf

As can be seen from the above resources, a good starting place is to learn about what and who the school district and schools already have in place to (a) support students who manifest mental health and psychosocial problems and (b) promote mental health and prevent problems. Ask those already working on such matters about what is working well and where the gaps are. This involves clarifying priorities in terms of what needs strengthening and what gaps need to be filled (e.g., mental health promotion? prevention? early intervention? treatment?).

As contact is made with the folks already involved with mental health and psychosocial concerns in a district and at a school, it is important to set up an ongoing "resource-oriented" mechanism (e.g., a resource-oriented team) for meeting together to enhance what many schools are now calling "learning supports." (The term "learning supports" or a "learning support component" provides a unifying concept under which to pursue mental health in schools in a way that schools can see as directly relevant to achieving their mission). The objective of meeting together on a regular basis is for ongoing coordination, monitoring, evaluation, and enhancement of resources to do the work. For more about this, see the Center's online documents:

>>*Resource Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education Supports* –
http://smhp.psych.ucla.edu/pdfdocs/report/resource_oriented_teams.pdf

>>*Developing Resource-oriented Mechanisms to Enhance Learning Supports* –
http://smhp.psych.ucla.edu/pdfdocs/contedu/developing_resource_oriented-mechanisms.pdf

**For guidance in working with others at a school related to "case-oriented" concerns, see:

>>*School Based Client Consultation, Referral, and Management of Care* –
http://smhp.psych.ucla.edu/pdfdocs/consultation/consultation2003.pdf

>>*Enhancing School Staff Understanding of MH and Psychosocial Concerns: A Guide* -
http://smhp.psych.ucla.edu/pdfdocs/Report/enhancingschoolstaff.pdf

**For resources related to frequently occurring problems at schools, see:

>>*Attention Problems: Interventions and Resources* –
http://smhp.psych.ucla.edu/pdfdocs/attention/attention.pdf

>>*Conduct and Behavior Problems in School Aged Youth* –
http://smhp.psych.ucla.edu/pdfdocs/conduct/conduct.pdf

>>*Bullying Prevention* –
http://smhp.psych.ucla.edu/pdfdocs/quicktraining/bullyingprevention.pdf

**Of special importance to mental health in schools is work with teachers. They need help to become more effective in working with students who manifest behavior, emotional, and learning problems. In many schools, one of the biggest problems confronting teachers is how to re-engage students who have become disengaged from classroom learning. Re. this concern, see:
>>*Re-engaging Students in Learning* –
http://smhp.psych.ucla.edu/pdfdocs/quicktraining/reengagingstudents.pdf

**In general, working as part of a team in a school can be a great opportunity to create a safe, caring, and nurturing school climate and sense of community to benefits everyone at the school. There are many good resources on this. See, for example:
>>*Natural Opportunities to Promote Social-emotional Learning and Mental Health* –
http://smhp.psych.ucla.edu/pdfdocs/newsletter/fall03.pdf

Can't find what you need? Contact us by email at smhp@ucla.edu or call 310/825-3634 (toll free – 866/846-4843) or write Center for Mental Health in Schools, Dept. of Psychology, UCLA, Box 951563, Los Angeles, CA 90095-1563.

Internet Sites for a Sampling of Major Agencies and Organizations

There are many agencies and organizations that help and advocate for those with learning, behavior, and emotional problems. The following is a list of major links on the World Wide Web that offer information and resources related to such matters. This list is not an exhaustive listing; it is meant to highlight some premier resources and serve as a beginning for your search. Many of the websites will have "links" to others which cover similar topics. In general, the Internet is an invaluable tool when trying to find information on learning, behavior, and emotional problems.

Access KEN (Knowledge Exchange Network)
http://www.mentalhealth.org/
The federal *Center for Mental Health Services* provides a national, one-stop source of info and resources on prevention, treatment, and rehabilitation services for mental illness via toll-free telephone services, an electronic bulletin board, and publications. KEN was developed for users of mental health services and their families, the general public, policy makers, providers, and the media.
Contact: P.O. Box 42490, Washington, DC 20015
Phone: 1-800-789-CMHS (2647) Monday to Friday
　　(8:30 A.M. to 5:00 P.M., EST)
Electronic Bulletin Board System (BBS):
　　1-800-790-CMHS (2647)
Telecommunications Device for the Deaf (TDD):
　　301-443-9006; Fax: 301-984-8796
E-mail: kengmentalhealth.org

American Academy of Child & Adol. Psychiatry
http://www.aacap.org/
Site serve both AACAP Members, and Parents and Families. Provides info to aid in the understanding and treatment of the developmental, behavioral, and mental disorders, including.fact sheets for parents and caregivers, current research, practice guidelines, managed care information, and more. Provides fact sheets and other info.

American Psychiatric Association
http://www.psych.org
Has a variety of reports, publications, and links.

American Psychological Association
http://www.apa.org
Has a variety of reports, publications, and links.

American School Counselor Association
http://www.schoolcounselor.org
Partners with Learning Network to provide school counseling-related content for parents, including age- and grade-specific info to help enhance learning and overall development – both in and outside of school. FamilyEducation.com offers 20 free e-mail newsletters, expert advice on education and child rearing, and home learning ideas. Includes materials for kids with special needs, gifted children, and homeschooling families.

Center for Effective Collaboration and Practice
http://www.air.org/cecp/
This Center (at the American Institute for Research) identifies promising programs and practices, promotes info exchanges, and facilitates collaboration among stakeholders and across service system disciplines with a focus on the development and adjustment of children with or at risk of developing serious emotional disturbances.

Center for Mental Health in Schools
http://smhp.psych.ucla.edu
Approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Its mission is to improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools. Website has extensive online resources accessible at no cost.

Center for School Mental Health
http://csmh.umaryland.edu
Provides leadership and TA to advance effective interdisciplinary school-based MH programs.

Center for the Study & Prevention of Violence
http://www.colorado.edu/cspv
This Center, at the Institute of Behavioral Sciences, University of Colorado at Boulder, provides informed assistance to groups committed to understanding and preventing violence, particularly adolescent violence.

Collaborative for Academic, Social, and Emotional Learning (CASEL)
http://www.casel.org/
This is an international collaborative of educators, scientists, policy makers, foundations, and concerned citizens promoting social and emotional educational and development in schools.

Connect for Kids
http://www.connectforkids.org
A virtual encyclopedia of info for those who want to make their communities better places for kids. Through radio, print, and TV ads, a weekly E-mail newsletter and a discussion forum, provides tools to help people become more active citizens—from volunteering to voting—on behalf of kids.

Council for Exceptional Children
http://www.cec.sped.org/
Largest international professional organization dedicated to improving educational outcomes for individuals with exceptionalities, students with disabilities, and/or the gifted. Has divisions focused on LD and Behavioral Disorders.

Education World
http://www.educationworld.com
Education-based resource and internet search site designed especially for teachers, students, administrators and parents.

ERIC Clearinghouses
http://www.eric.ed.gov

ERIC provides free access to more than 1.2 million bibliographic records of journal articles and other education-related materials and, if available, includes links to full text. ERIC is sponsored by the U.S. Department of Education, Institute of Education Sciences (IES).

Family Resource Coalition of America
http://www.familysupportamerica.org/

For community-based providers, school personnel, those who work in human services, trainers, scholars, and policymakers. Provides resources, publications, technical assistance and consulting, as well as public education and advocacy.

Federal Citizen Information Center
http://www.pueblo.gsa.gov/health.htm

Publishes a catalog listing booklets from several federal agencies, including works related to learning, behavior, and emotional problems.

Higher Education and the Handicapped
http://www.heath.gwu.edu

National clearinghouse offering statistics and info on post-high school for individuals with disabilities.

Learning Disabilities Association of America
http://www.ldanatl.org

National non-profit advocacy organization. Site includes info on the association, upcoming conferences, legislative updates, and links to other related resources.

LD Online
http://www.ldonline.org

Focused on the education and welfare of individuals with learning disabilities. It is geared toward parents, teachers, and other professionals.

Mental Health Net (MHN)
http://mentalhelp.net

Guide to mental health topics, with over 3,000 individual resources listed. Topics covered range from disorders such as depression, anxiety, and substance abuse, to professional journals and self-help magazines that are available online.

National Association of School Psychologist
http://www.nasponline.org

Largest organization for school psychology. Promotes the rights, welfare, education and mental health of children and youth; and advancing the profession of school psychology.

National Association of State Directors of Special Education
http://www.nasdse.org/

Promotes and supports education programs for students with disabilities.

National Clearinghouse for Alcohol and Drug Information
http://ncadi.samhsa.gov/

The info service of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP.) This is the world's largest resource for current information and materials concerning substance abuse. Has both English- and Spanish-speaking info specialists.

National Dropout Prevention Center
http://www.dropoutprevention.org

Offers clearinghouse and professional development on issues related to dropout prevention and strategies designed to increase the graduation rates.

National Dissemination Center for Children with Disabilities
http://www.nichcy.org

National info and referral center for families, educators, and other professionals. Has a Spanish version accessible from the main web page.

National Institute of Mental Health (NIMH)
http://www.nimh.nih.gov

Conducts and supports research nationwide on mental illness and mental health, including studies of the brain, behavior, and mental health services.

National Technical Assistance Center for Children's Mental Health
http://www.acf.hhs.gov/programs/cb/tta/ntaccmh.htm

Provides TA to improve service delivery and outcomes for children and adolescents with, or at-risk of, serious emotional disturbance and their families. Assists states and communities in building systems of care that are child and family centered, culturally competent, coordinated, and community-based

National Youth Gang Center
http://www.iir.com/nygc

Purpose is to expand and maintain the body of critical knowledge about youth gangs and effective responses to them. Assists state and local jurisdictions in the collection, analysis, and exchange of information on gang-related demographics, legislation, literature, research, and promising program strategies.

Office of Special Education and Rehabilitative Services
http://www.ed.gov/about/offices/list/osers/index.html

Supports programs that assist in educating children with special needs, provides for the rehabilitation of youth and adults with disabilities, and supports research to improve the lives of individuals with disabilities.

Public Citizen
http://www.citizen.org

Consumer organization (founded by Ralph Nader) fights for the consumer in Washington. Looking up the group's "Health Research Group" may be useful when researching learning, behavior, and emotional problems.

Regional Resource and Federal Center Network
http://www.rrfcnetwork.org/

Supports a national technical assistance network that responds quickly to the needs of students with disabilities, especially students from under-represented populations.

Teaching Learning Disabilities
http://www.teachingld.org

Provides up-to-date resources about teaching students with learning disabilities (a service of the Division for Learning Disabilities of the Council for Exceptional Children).

Regional Education Laboratories
http://ies.ed.gov/ncee/edlabs/regions/index.asp

With support from the U. S. Department of Education, Office of Educational Research and Improvement (OERI), this network of 10 Regional Educational Laboratories serves geographic regions that span the nation. They work to ensure that those involved in educational improvement at the local, state, and regional levels have access to the best available information from research and practice. This site is one of many ways that the network reaches out to make that information accessible. While each Laboratory has distinctive features tailored to meet the special needs of the geographic region it serves, they also have common characteristics – one of which is promoting widespread access to information regarding research and best practice.

>>*Northeast and Islands*
http://www.edc.org
Serves Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont, Puerto Rico, and the Virgin Islands.

>>*Mid-Atlantic*
http://www.temple.edu/lss/
Serves Delaware, Maryland, New Jersey, Pennsylvania, and Washington D.C.

>>*Appalachia*
http://www.cna.org/
Serves Kentucky, Tennessee, Virginia, and West Virginia.

>>*Southeast*
http://www.serve.org/
Serves Alabama, Florida, Georgia, Mississippi, North Carolina, and South Carolina.

>>*Midwest*
http://www.learningpt.org
Serves Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, and Wisconsin.

>>*Southwest*
http://www.edvanceresearch.com
Serves Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.

>>*Central*
http://www.mcrel.org/
Serves Colorado, Kansas, Missouri, Nebraska, North Dakota, South Dakota, and Wyoming.

>>*West*
http://www.wested.org/
Serves Arizona, California, Nevada, and Utah.

>>*Northwest*
http://www.nwrel.org/
Serves Alaska, Idaho, Montana, Oregon, and Washington.

>>*Pacific*
http://www.prel.org/
Serves American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Hawaii, Republic of the Marshall Islands, and the Republic of Palau.

Special Education Regional Resource Centers

The following six regional centers offer tools and strategies for achieving effective education and human services delivery systems: coordinating information, providing technical assistance, linking research with practice, facilitating interagency collaboration.

>>*Northeast Regional Resource Center*
http://www.rrfcnetwork.org/nerrc
Serves Maine, New Hampshire, Vermont, New York, New Jersey, Connecticut, Rhode Island, and Massachusetts.

>>*Mid-South Regional Resource Center*
http://www.rrfcnetwork.org/msrrc
Serves Virginia, West Virginia, North Carolina, South Carolina, Maryland, Delaware, Kentucky, Tennessee, and D.C.

>>*Southeast Regional Resource Center*
http://www.rrfcnetwork.org/serrc
Serves Florida, Georgia, Alabama, Mississippi, Arkansas, Louisiana, Texas, Oklahoma, Puerto Rico, and US Virgin Islands.

>>*North Central Regional Resource Center*
http://www.rrfcnetwork.org/ncrrc
Serves the Great Lakes states of Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, Ohio, Pennsylvania, and Wisconsin

>>*Mountain Plains Regional Resource Center*
http://www.rrfcnetwork.org/mprrc
Serves Arizona, Bureau of Indian Affairs, Colorado, Kansas, Montana, Nebraska, New Mexico, North Dakota, South Dakota, Utah, and Wyoming

>>*Western Regional Resource Center*
http://www.rrfcnetwork.org/wrrc
Serves California, Nevada, Idaho, Washington, Oregon, Hawaii, Alaska, and the Pacific Islands.