Addressing Barriers to Learning

New ways to think . . .

Better ways to link

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Over the many years that school reform has focused on improving instruction, little attention has been paid to rethinking student supports.

Summit on New Directions for Student Support

[On October 28, in response to widespread interest for mounting a nationwide initiative, our Center convened a national summit on *Moving Forward in New Directions*. Below are highlights from the Summit Report. The full report and accompanying resources are available at – http://smhp.psych.ucla.edu.]

Schools and communities increasingly are called on to meet the needs of all youngsters – especially those experiencing problems. Doing so is handicapped by the way in which student support interventions currently are conceived, organized, and implemented.

Because so little attention is paid to rethinking how student supports are provided, many factors that interfere with student performance and progress are not addressed effectively. Moreover, major resources are not used in the best ways to assist schools in accomplishing their mission.

Summit participants began by reviewing the existing state of affairs. They recognized that student supports usually are mandated, developed, and function in relative isolation of each other. The result: an ad hoc and fragmented enterprise that does not meet many of the needs encountered at schools.

Summit discussion centered on four fundamental problems: (1) policy, (2) intervention frameworks, (3) infrastructure, and (4) systemic change. (A set of resource aids were compiled related to these matters and are available in a separate document entitled: *Rethinking Student Support to Enable Students to Learn and Schools to Teach*.)

The Summit Report begins with a concept paper entitled: *New Directions for Student Support* and then highlights key points discussed at the meeting. Among the major points covered:

- *Current policy and practice should be viewed through the lens of how schools address barriers to learning and teaching.*

Such a lens makes clear how much is missing in prevailing efforts to close the achievement gap and ensure no child is left behind. Relatedly, it can help clarify for policy makers why student supports are an essential component of effective schools. Addressing barriers is also a good frame of reference for gathering and analyzing existing data and proposing ways to broaden the data base on the value of student supports.

- *All support activity, including the many categorical programs funded to deal with designated problems, can be embedded in comprehensive, integrated frameworks.*

To improve policy, practice, research, and staff preparation, summit participants concurred that unifying frameworks are needed. Such frameworks are illustrated in the concept paper included in the Report. One figure outlines the full continuum of interventions, highlighting the value of braiding school and community resources. Another figure reframes current school-based and linked programs and services into a cohesive six area "curriculum" for addressing barriers to learning and teaching.

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Inside

- *Student supports can be reframed as a comprehensive, multifaceted, and cohesive component to address barriers to learning.*

Participants concurred that a potentially valuable way to rethink the enterprise of student support was to group all the activity into a unifying component, such as a "learning supports component."

- *New directions means restructuring, transforming, and enhancing school-owned and community resources*

To ensure all students have an equal opportunity to succeed at school, the long-range aim should be to evolve a comprehensive component to effectively address barriers to development, learning, and teaching by weaving resources together into the fabric of every school. The focus should be on *all* school resources (e.g., compensatory and special education, support services, recreation and enrichment programs, adult education, facility use) and *all* community *resources* (e.g., public and private agencies, families, businesses; services, programs, facilities; volunteers, professionals-in-training). Toward these ends, new mechanisms are needed to enhance resource use through braiding, coordination, integration, and careful priority setting.

With resources combined properly, the *end product* can be cohesive and potent *school-community partnerships*. Such partnerships are essential if society is to strengthen neighborhoods and create supportive and caring environments that maximize learning and well-being. All this will be easier to accomplish once policy makers recognize the essential nature of a component for addressing barriers.

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Recommendations

Essentially, the call is for elevating policy to ensure student learning support systems are developed to full potential. The specific focus is on the need for policy makers at all levels to enhance support of efforts to

(1) build multifaceted learning support systems that are developed into a comprehensive, cohesive component and are fully integrated with initiatives for improving instruction at every school (see Exhibit 1 on pages 6);

(2) amass and expand the research-base for building such a learning support component and establish the evaluation processes for demonstrating the component's long-term impact on academic achievement (see Exhibit 2 on page 7).

In addition, policy efforts should be made to ensure

- *boards of education* move toward establishing a standing subcommittee specifically focused on ensuring effective implementation of the policy for developing a component to address barriers to student learning at each school;

- *pre- and in-service programs* move toward a substantial focus on (a) the concept of a component to address barriers to student learning and (b) how to operationalize such a component at a school in ways that fully integrate with instruction.

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Moving the Initiative Along

Over the coming year, our Center will organize three regional summits and promote state-wide summits. Regional and state summits will be designed to encourage advocacy for and initiation of new directions and will build a leadership network. The focus will also be on delineating specific action steps for participants related to getting from here to there. At an appropriate time, we will invite the leadership network to join with us in organizing a national summit on student support for policy makers.

The Center will continue to identify and showcase efforts to move in new directions. In addition, we will enlist other centers, associations, journals, and various media to do the same.

We also will pursue opportunities to encourage funding sources with respect to the recommendation on amassing and expanding the research base. And, we will ask those with whom we network to do so as well.

At the same time, the Center and the growing leadership network will provide technical assistance and training for and foster mutual support among localities and states moving in new directions. This will allow for sharing of effective practices, lessons learned, and data on progress. A listserv will be established as one direct linking mechanism. Other sharing will be done through websites and various conferencing formats.

Why Are Learning Supports Essential?

It is not enough to say that all children can learn or that no child will be left behind. As the new (2002) mission statement of the Council for Chief State School Officers (CCSSO) clearly recognizes, the work involves "achieving the vision of an American education system that *enables* all children to succeed in school, work, and life" (emphasis added). Or as the Carnegie Task Force on Education stresses: "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."

To meet the challenge and enable all children to succeed in school, work, and life, requires (1) enhancing what schools do to improve instruction ***and*** strengthening how they use the resources they deploy for providing student supports and (2) weaving in community resources to strengthen programs and fill gaps.

>To ensure no child is left behind, every school and community need to work together to enhance efforts designed to increase the number of students who arrive each day ready and able to learn what the teacher has planned to teach.

>This involves helping significant numbers of students and their families overcome barriers to development and learning (including proactive steps to promote healthy development).

>Most barriers to learning arise from risk factors related to neighborhood, family, and peers. Many of these external barriers (along with those intrinsic to individual students) can and must be addressed by schools and communities so that youngsters have an equal opportunity to succeed at school.

>School districts usually have resources – people and programs – in place to help address barriers and enhance student readiness for learning each day. Communities also have relevant resources.

>At school sites, existing school-owned student support resources and community services that are linked to the school often are used in an ad hoc, fragmented, and marginalized way, and as a result, their impact is too limited and is not cost-effective.

>Reframing and restructuring the way in which these resources are used at a school site and then working with the school feeder patterns to create networks for effectively addressing barriers to learning is essential to enhancing impact and cost-effectiveness.

Frameworks for pulling together these resources at schools (and for working with community resources) are outlined in the concept paper included in the Summit Report.

(cont. on page 6)

Center News

*****LEADERSHIP SUMMITS TO ENHANCE STUDENT SUPPORT SYSTEMS**

Next steps in the nationwide initiative for new directions related to student supports include a series of regional and state summits. See lead article in this newsletter and the following summit documents which are on the Center's website:

>*Rethinking Student Support to Enable Students to Learn and Teachers to Teach*

>*New Directions for Student Support.*

If you want to be part of this initiative, let us know.

*****NEW WEBSITE FEATURE**

Monthly Ideas for Enhancing Support at School. Schools have a yearly rhythm – a cycle that changes with the demands of the school calendar. Each month we compile ideas and activities for supporting students, families, and staff: September featured "Getting Off to a Good Start;" October dealt with "Enabling School Adjustment;" November's focus was on "Responding to Referrals in Ways that can 'stem the tide.'" See the web for December's ideas.

*****LOOKING FOR GRANTS?**

Go to the Quick Find menu on our website and click on the topic *Funding Sources – Surfin' for Funds*.

******SCHOOL MH PRACTITIONERS LISTSERV CONTINUES TO GROW**

Feedback about this weekly exchange of info on MH practices in schools indicates participants are profiting significantly from networking with colleagues across the country. If you aren't already part of the practitioners' listserv, you can contact the Center to sign up.

e-mail: smhp@ucla.edu

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

When things

go wrong,

don't go with them!

*****CENTER'S YEARLY IMPACT EVALUATION UNDERWAY*****

In addition to the evaluation feedback we elicit on an ongoing basis, each year we conduct an impact evaluation study for purposes of accountability to our funding agencies. Those on our mailing list should have received the brief questionnaire by now. The same questionnaire is provided as an insert in this newsletter for purposes of follow-up and to allow for feedback from others who receive this newsletter indirectly.

This brief questionnaire should only take a few minutes of your time. Your response is of major importance to us. We really need your help with this. Please respond.

If you prefer to respond over the internet, access the questionnaire on our website at http://smhp.psych.ucla.edu/eval2002.htm. Or if you prefer, simply call Perry Nelson at (310) 825-3634, and we will enter your responses directly.

Even if you decide not to fill out the questionnaire, it will help us if you will indicate your name and mail it back to us.

Thank's for your help on this. We look forward to returning the favor by continuing to work with you in the best interests of children, families, schools, and communities.

An optimist thinks this is the best of all possible worlds.

A pessimist fears that this is true!

***HARD COPY & ONLINE RESOURCES

NEW: ***Quick Find on Group Counseling***

Gives ready access to Center documents on group counseling, as well as links to online publications and centers focused on the topic.

NEW: ***Quick Training Aid***

- ***Attention Problem in Schools***: offers a set of brief resources to guide an inservice develop-ment session or for use as a quick self-tutorial.

REVISED/UPDATED RESOURCES

- ***School-Community Partnerships: A Guide***: Outlines partnership dimensions, infrastructure for building effective collaborations, and steps in creating and maintaining partnerships.

- ***Teen Pregnancy: Prevention and Support:*** Includes policies, programs and guidelines, controversies, statistics, and impact of social and psychological factors.

- ***Confidentiality & Informed Consent:*** Features guidelines, fact sheets, sample release forms, policy statements, and references.

See our list of materials on line at
http://smhp.psych.ucla.edu
or contact us and we'll send it to you.

All our materials can be downloaded at no cost.

Want resources?
Need technical assistance?

Contact us at:
E-mail: **smhp@ucla.edu** Ph: **(310) 825-3634**
Write: Center for Mental Health in Schools
Department of Psychology, UCLA
Los Angeles, CA 90095-1563

Or use our website: **http://smhp.psych.ucla.edu**

If you're not receiving our monthly electronic newsletter (ENEWS), send an E-mail request to:
listserv@listserv.ucla.edu
leave the subject line blank, and in the body of the message type: **subscribe mentalhealth-L**

FOR THOSE WITHOUT INTERNET ACCESS, ALL RESOURCES ARE AVAILABLE BY CONTACTING THE CENTER.

Exchange info on MH practices in school and network with colleagues across the country by joining the **Weekly Listserv for School MH Practitioners and the Center's Consultation Cadre**. Contact the Center to sign up – E-mail: smhp@ucla.edu

Also, if you want to submit comments and info for us to circulate, use the insert form in this newsletter or contact us directly by mail, phone, E-mail, or the Net Exchange on our website.

DO YOU KNOW ABOUT?

Recent Publications on Depression and Suicide Prevention

Promoting Positive Mental and Emotional Health in Teens: Some Lessons from Research. (2002) *Child Trends* (http://www.childtrends.org)

Preventing the Onset of Major Depression(2002) R. F.Munoz, et al. in *Handbook of Depression*, Guilford Press.

Adolescent Depression, (2002) D. A. Brent & B. Birmaher. *The New England Journal of Medicine, 347*, 667-671.

Multifaceted Treatment Aids Depressed Young (2002) L. Lamberg. *Journal of the American Medical Association, 288*(11).

Differences in Early Childhood Risk Factors for Juvenile-Onset and Adult-Onset Depression (2002) S. R. Jaffee, et al. *Archives of General Psychiatry, 59*(3).

Mental Health, Educational, and Social Role Outcomes of Adolescents with Depression (2002) D. M. Fergusson & L. J. Woodward. *Archives of General Psychiatry, 59*(3)

Reducing Suicide: A National Imperative (2002) *Institute of Medicine*, National Academies Press. (http://www.iom.edu)

Consequences and Correlates of Adolescent Depression (2002) S. Glied & D. S. Pine. *Archives of Pediatric & Adolescent Medicine, 156*(10).

(continued from page 3)

Exhibit 1 **Summit Recommendation**

Recommendation #1: *Build multifaceted learning support systems that are developed into a comprehensive, cohesive component and are fully integrated with initiatives for improving instruction at every school.*

Policy action is needed to guide and facilitate development of a potent component to address barriers to learning at every school. Such policy should specify that an enabling or learning support component is to be pursued as a primary and essential facet of effective schools and in ways that complement, overlap, and fully integrate with initiatives to improve instruction and promote healthy development.

Guidelines accompanying policy actions for building a comprehensive component should cover how to:

a) *phase-in* development of the component at every school in ways that build on what exists – incorporating best practices into a *programmatic approach;* (Such an approach should be designed to [1] enhance classroom based efforts to enable learning, including re-engaging students who have become disengaged from classroom learning and promoting healthy development, [2] support transitions, [3] increase home involvement, [4] respond to and prevent crises, [5] outreach to develop greater community involvement, and [6] provide prescribed student and family assistance.)

b) expand standards and accountability indicators for school learning supports to ensure this component is fully integrated with the instructional component and pursued with equal effort in policy and practice; (This includes standards and indices related to enabling learning by increasing attendance, reducing tardiness, reducing problem behaviors, lessening suspension and dropout rates, abating the large number of inappropriate referrals for special education, etc. It also encompasses expanded standards and accountability related to the goals for increasing personal and social functioning, such as enhancing civility, teaching safe and healthy behavior, and character education.)

c) restructure at every school and district-wide in ways that

- redefine administrative roles and functions to ensure there is dedicated and authorized administrative leadership;
- reframe the roles and functions of pupil services personnel and other student support staff in keeping with the functions that are required to develop the component;
- redesign school infrastructures to (a) enable the work at each school site and (b) establish formal connections among feeder pattern schools to ensure each supports each other's efforts and achieves economies of scale;
- redesign the central office, county, and state-level infrastructures so they support the efforts at each school and promote economies of scale;
- establish a mechanism (e.g., a team) at every school, for each feeder pattern, and district-wide that plans, implements, and evaluates how resources are used to build the component's capacity;
- build the capacity of administrators and staff to ensure capability to facilitate, guide, and support systemic changes related to initiating, developing, and sustaining such a component at every school;
- broaden accountability at school and district-wide, assuring specific measures are (a) consonant with expanded standards and indicators and (b) yield data to evaluate the relationship between student support and academic achievement and enable cost-benefit analyses.

d) *weave resources into a cohesive and integrated continuum of interventions over time*. Specifically, school and district staff responsible for the component should be mandated to collaborate with families and community stakeholders to evolve systems to 1) promote healthy development, 2) prevent problems, 3) intervene early to address problems as soon after onset as feasible, and 4) assist those with chronic and severe problems.

Exhibit 2 **Summit Recommendation**

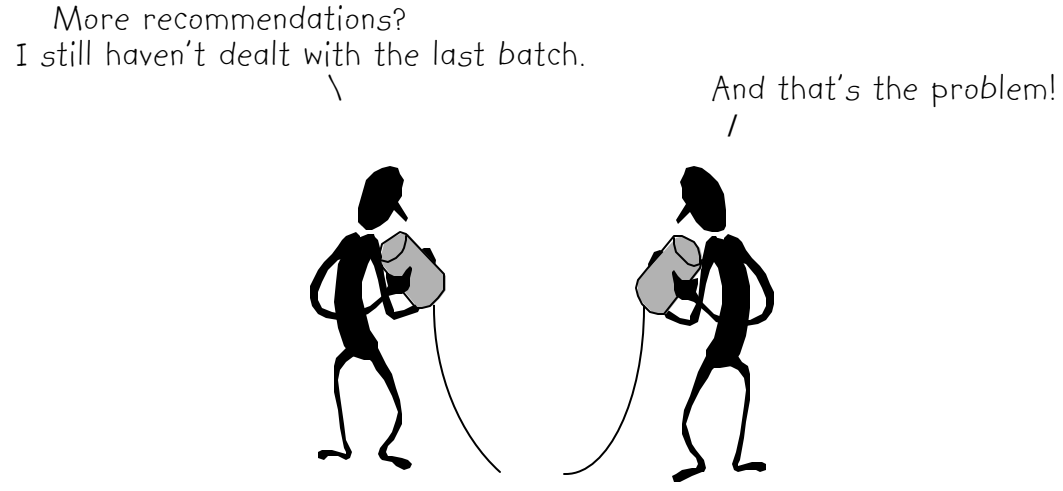
Recommendation #2: *Amass and expand the research-base for building such a learning support component and establish the evaluation processes for demonstrating the component's long-term impact on academic achievement*.

Given the need to build on an evolving research based and given the demand by decision makers for data showing that student support activity improves student achievement, it is recommended that a large scale initiative be developed to address these matters.

Guidelines for such an initiative should specify that it is to

- clarify the need for learning supports and delineate frameworks that can guide development of a cohesive approach for addressing such needs; (Specific attention should be paid to the need to close the achievement gap, the promise to leave no child behind, and the necessity of addressing barriers to learning.)
- use the delineated frameworks to amass and extrapolate from existing data the current research-base for the component and for specific programs and services;
- provide a guide for districts as they refine their information management systems; the guide should delineate the broad base of data essential for evaluation and accountability of learning supports and ensure the data can be disaggregated appropriately;
- evaluate learning support activity by contrasting a sample of districts using traditional approaches with those pursuing new directions;
- describe and analyze models for new directions and document best practices.

To ensure the work is done in ways that mobilize the field, local, state, and national support would be invaluable. For example, the U.S. Department of Education could expand the work of its regional centers to encompass this initiative. State education agencies can encourage districts to play a role by expanding the accountability framework for schools and encouraging use of initial findings mainly for formative evaluation purposes until a comprehensive learning support component is in place.



Ideas into Practice

ANNOTATED "LISTS" OF EMPIRICALLY SUPPORTED/EVIDENCE BASED INTERVENTIONS FOR SCHOOL-AGED CHILDREN AND ADOLESCENTS

The following table provides a list of lists, with indications of what each list covers, how it was developed, what it contains, and how to access it.

I. Universal Focus on Promoting Healthy Development

A. ***Safe and Sound. An Educational Leader's Guide to Evidence-Based Social & Emotional Learning Programs*** (2002). The Collaborative for Academic, Social, and Emotional Learning (CASEL).

1. *How it was developed:* Contacts with researchers and literature search yielded 250 programs for screening; 81 programs were identified that met the criteria of being a multiyear program with at least 8 lessons in one program year, designed for regular ed classrooms, and nationally available.

2. *What the list contains:* Descriptions (purpose, features, results) of the 81 programs.

3. *How to access:* CASEL (http://www.casel.org)

B. ***Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs*** *(2002).* Social Develop. Res. Group, Univ. of Wash.

1. *How it was developed:* 77 programs that sought to achieve positive youth development objectives were reviewed. Criteria used: research designs employed control or comparison group and had measured youth behavior outcomes.

2. *What the list contains:* 25 programs designated as effective based on available evidence.

3. *How to access:* Online journal *Prevention & Treatment* (http://journals.apa.org/prevention/volume5/pre0050015a.html)

II. Prevention of Problems; Promotion of Protective Factors

A. ***Blueprints for Violence Prevention*** (1998). Center for the Study and Prevention of Violence, Institute of Behavioral Science, University Colorado, Boulder.

1. *How it was developed:* Review of over 450 delinquency, drug, and violence prevention programs based on a criteria of a strong research design, evidence of significant deterrence effects, multiple site replication, sustained effects.

2. *What the list contains: 10* model programs and 15 promising programs.

3. *How to access:* Center for the Study and Prevention of Violence (http://www.colorado.edu/cspv/blueprints/)

B. ***Exemplary Substance Abuse Prevention Programs*** (2001). Center for Substance Abuse Prevention (SAMHSA).

1. *How it was developed:* (a) Model Programs: implemented under scientifically rigorous conditions and demonstrating consistently positive results. These science-based programs underwent an expert consensus review of published and unpublished materials on 15 criteria (theory, fidelity, evaluation, sampling, attrition, outcome measures, missing data, outcome data, analysis, threats to validity, integrity, utility, replications, dissemination, cultural/age appropriateness. (b) Promising Programs: those that have positive initial results but have yet to verify outcomes scientifically.

2. *What the list contains*: 30 substance abuse prevention programs that may be adapted and replicated by communities.

3. *How to access:* SAMHSA (http://www.modelprograms.samhsa.gov)

(cont. on p. 9)

C. ***Preventing Drug Use Among Children & Adolescents. Research Based Guide*** (1997). National Institute on Drug Abuse (NIDA).

1. *How it was developed:* NIDA and the scientists who conducted the research developed research protocols. Each was tested in a family/school/community setting for a reasonable period with positive results.

2. *What the list contains:* 10 programs that are universal, selective, or indicated.

3. *How to access:* NIDA (www.nida.nih.gov/prevention/prevopen.html)

D. ***Safe, Disciplined, and Drug-Free Schools Expert Panel Exemplary Programs*** (2001). U.S. Dept. of Educ. Safe & Drug Free Schools

1. *How it was developed:* Review of *132* programs submitted to the panel. Each program reviewed in terms of quality, usefulness to others, and educational significance.

2. *What the list contains:* 9 exemplary and *33* promising programs focusing on violence, alcohol, tobacco, and drug prevention.

3. *How to access*: U.S. Dept. of Education – (http://www.ed.gov/offices/OERI/ORAD/KAD/expert_panel/drug-free.html)

III. Early Intervention: Targeted Focus on Specific Problems or at Risk Groups

A. ***The Prevention of Mental Disorders in School-Aged Children: Current State of the Field*** (2001). Prevention Research Center for the Promotion of Human Development, Pennsylvania State University.

1. *How it was developed:* Review of scores of primary prevention programs to identify those with quasi-experimental or random-ized trials and been found to reduce symptoms of psychopathology or factors commonly associated with an increased risk for later mental disorders.

2. *What the list contains:* 34 universal and targeted interventions that have demonstrated positive outcomes under rigorous evaluation and the common characteristics of these programs.

3. *How to access:* Online journal *Prevention & Treatment* http://journals.apa.org/prevention/volume4/pre0040001a.html

IV. Treatment for Problems

A. ***The American Psychological Association, Division of Child Clinical Psychology, Ad Hoc Committee on Evidence-Based Assessment and Treatment of Childhood Disorders,*** published it's initial work as a special section of the *Journal of Clinical Child Psychology* in 1998.

1. *How it was developed:* Reviewed outcomes studies in each of the above areas and examined how well a study conforms to the guidelines of the Task Force on Promotion and Dissemination of Psychological Procedures (1996).

2. *What it contains:* reviews of anxiety, depression, conduct disorders, ADHD, broad spectrum Autism interventions, as well as more global review of the field. For example:
   - >*Depression:* results of this analysis indicate only 2 series of studies meet criteria for probably efficacious interventions and no studies meet criteria for well-established treatment.
   - >*Conduct disorder:* Two interventions meet criteria for well established treatments: videotape modeling parent training programs (Webster-Stratton) and parent training program based on Living with Children (Patterson and Guillion). Twenty additional studies identified as probably efficacious.
   - >Attention Deficit Hyperactivity Disorder: behavioral parent training and behavioral interventions in the classroom meet criteria for well established treatments. Cognitive interventions do not meet criteria for well-established or probably efficacious treatments.
   - >Phobia and Anxiety: for phobias participant modeling and reinforced practice are well established; filmed modeling, live modeling, and cognitive behavioral interventions that use self instruction training are probably efficacious. For anxiety disorders, only cognitive-behavioral procedures with and without family anxiety management were found to be probably efficacious.

Caution: Reviewers stress the importance of devising developmentally and culturally sensitive interventions targeted to the unique needs of each child; need for research that is informed by clinical practice.

3. *How it can be accessed*: APA *Journal of Clinical Child Psychology* (1998) v.27, pp. 156-205.

(cont. on p. 10)

V. Review/Consensus Statements/ Compendia of Evidence Based Treatments

A. ***School-Based Prevention Programs for Children & Adolescents*** (1995). J.A. Durlak. Sage: Thousand Oaks, CA. Reports results from 130 controlled outcome studies that support "a secondary prevention model emphasizing timely intervention for subclinical problems detected early.... In general, best results are obtained for cognitive-behavioral and behavioral treatments & interventions targeting externalizing problems."

B. ***Mental Health and Mass Violence:*** Evidence-based early psychological intervention for victims/ survivors of mass violence. A workshop to reach consensus on best practices (U.S. Departments of HHS, Defense, Veterans Affairs, Justice, and American Red Cross). Available at: (http://www.nimh.nih.gov/research/massviolence.pdf)

C. ***Society of Pediatric Psychology***, Division 54, American Psychological Association, *Journal of Pediatric Psychology*. Articles on empirically supported treatments in pediatric psychology related to obesity, feeding problems, headaches, pain, bedtime refusal, enuresis, encopresis, and symptoms of asthma, diabetes, and cancer.

D. ***Preventing Crime: What works, what doesn't, what's promising. A Report to the United States Congress*** (1997) by L.W. Sherman, Denise Gottfredson, et al. Washington, DC: U.S. Dept. of Justice. Reviews programs funded by the OJP for crime, delinquency and substance use. (http://www.ncjrs.org/pdffiles/171676.pdf). Also see Denise Gottfredson's book: *Schools and delinquency* (2001). New York: Cambridge Press.

E. School Violence Prevention Initiative Matrix of Evidence-Based Prevention Interventions (1999). Center for Mental Health Services SAMHSA. Provides a synthesis of several lists cited above to highlight examples of programs which meet some criteria for a designation of evidence based for violence prevention and substance abuse prevention. (i.e., Synthesizes lists from the Center for the Study and Prevention of Violence, Center for Substance Abuse Prevention, Communities that Care, Dept. of Education, Department of Justice, Health Resources and Services Administration, National Assoc. of School Psychologists) (http://modelprograms.samhsa.gov/matrix_all.cfm)

BUT THE NEEDS OF SCHOOLS ARE MORE COMPLEX!

Currently, there are about 91,000 public schools in about 15,000 districts. Over the years, most (but obviously not all) schools have instituted programs designed with a range of behavior, emotional, and learning, problems in mind. School-based and school-linked programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and promotion of positive social and emotional development. Some programs are provided throughout a district, others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at risk." The activities may be implemented in regular or special education classrooms or as "pull out" programs and may be designed for an entire class, groups, or individuals. There also may be a focus on primary prevention and enhancement of healthy development through use of health education, health services, guidance, and so forth – though relatively few resources usually are allocated for such activity.

There is a large body of research supporting the promise of specific facets of this activity. However, no one has yet designed a study to evaluate the impact of the type of comprehensive, multifaceted approach needed to deal with the complex range of problems confronting schools.

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

Harold Howe II

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. . . 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.

Alfie Kohn, 1999

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What the best and wisest parent wants for (her)/his own child that must the community want for all of its children. Any other idea . . . is narrow and unlovely.

John Dewey

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Ideas into Practice

Putting Depression in Perspective

In 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	COMMON DEVELOPMENTAL PRESENTATIONS
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...**	***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.**

***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.**

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.

(cont. from page 11) **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 (...).

Please respond to the enclosed brief feedback form.

School Mental Health Project/
Center for Mental Health in Schools
Department of Psychology, UCLA
Los Angeles, CA 90095-1563
PX-35

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Both HRSA and SAMHSA are agencies of the U.S. Dept. of Health and Human Services.

UCLA Center for Mental Health in Schools
Impact Evaluation

The Center is trying to determine the impact of our work.

Please take a few minutes to help us out by providing us with feedback.

>Send back your responses using this form OR
>fill out the online version (http://smhp.psych.ucla.edu/eval2002.htm OR
>call Perry Nelson at 310/825-3634 and we will enter your responses directly OR
>check here and we will give you a call. CALL ME_____.

EVEN PARTIAL RESPONSES WILL BE HELPFUL!

IF YOU CHOOSE NOT TO PROVIDE FEEDBACK, IT WILL STILL HELP US IF YOU SEND BACK THIS PAGE WITH THE FOLLOWING IDENTIFYING DATA FILLED OUT.

Date:_____ Your Name_____

Title _____ Role/Function_____

Agency _____ ____Private? ____Public?

Address _____

City _____ State _____ Zip _____

Phone (____)_____ Fax (____)_____ E-Mail _____

Frequency and nature of contact with Center?

___My contact has been of a casual nature (e.g., receive newsletter)
___I have been in frequent contact (e.g., for TA, for resources, etc.)
___I use the Center for strategic assistance (e.g., to help improve programs, systems, etc.)

Do you want to be dropped from our mailing list? **Yes** **No**

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UCLA Center for Mental Health in Schools
(310) 825-3634 / smhp@ucla.edu
http://smhp.psych.ucla.edu

How useful were any of these resources to you?

	TA/ Consultation	Training	Resource Materials*	Electronic Newsletter (ENEWS)	Quarterly Hardcopy Newsletter	Practitioners Listserv	Leadership Summit on New Directions for Student Support	Other Networking Facilitation**	Support for Program/ Initiative Enhancement	Support for Systemic Changes
Not at all										
A Little										
Somewhat										
Quite a Bit										
Not Used										

Your Capability Related to:

What has been the short-term impact or what impact do you anticipate?

	TA/ Consultation	Program Development	Practice	Policy	Training	Research	Networking	Initiating New Approaches & Ideas	Infrastructure Development	General Capacity Building
None										
A Little										
Somewhat										
Quite a Bit										
Not Yet										

What has been the longer-term impact?

	TA/ Consultation	Program Development	Practice	Policy	Training	Research	Networking	Initiating New Approaches & Ideas	Infrastructure Development	General Capacity Building
None										
A Little										
Somewhat										
Quite a Bit										
Not Yet										

---

*Resource materials refers to resource packets and aids, fact sheets, practice notes, guidebooks, concept papers, statements of principles and guidelines, critical issue and policy reports, continuing education modules, special training aids, published articles, chapters, and books, products related to research and development

**Networking facilitation refers to opportunities created by the Center for interacting at regional and national meetings, through participation in coalitions and special cadres, through Center operated listservs, through task workgroups and other collaborative connections, etc.

Ways in which you have had contact with the Center: *(check all that apply)*

____Website

____ Listserv (e.g., ENEWS, MH Practitioners, Policy Makers)

____Received direct mail or email

____Had contact at a presentation or special meetings

____Center staff came to us

____Center materials, special reports, publications, etc. came to us indirectly (e.g., shared by a colleague)

____We visited Center and/or a site with which the Center works

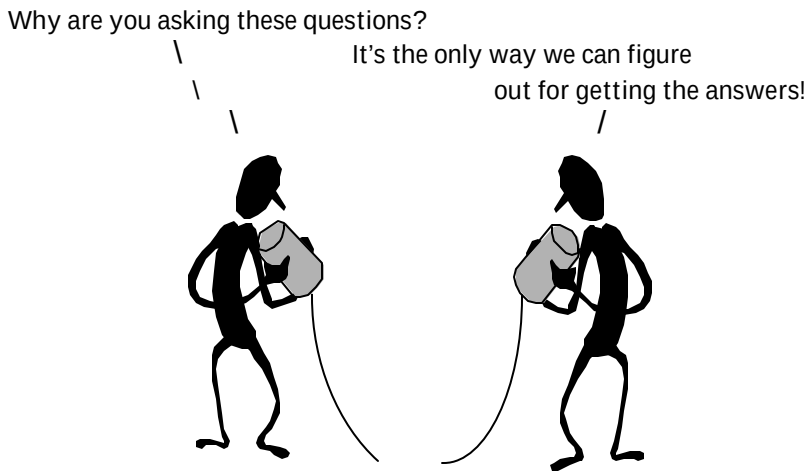
____Other (specify)_____

Satisfaction with Center ***(circle rating)***

How easy was it to access the Center's resources?	Not at all	Somewhat	Very	Extremely Easy
How timely and appropriate was the Center's response to your requests?	Not at all	Somewhat	Very	Extremely Responsive
How well did the Center meet your needs?	Not at all	Somewhat	Very	Extremely Well

Based on your experience with the Center, would you use it again and/or recommend that others make contact? ____Yes ___No

Other comments?



(fold on the dashed line, and seal at bottom)

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