

Addressing Barriers

to Learning

New ways to think . . .

Better ways to link

Volume 7, Number 2
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Burnout is used to describe a syndrome that goes beyond physical fatigue from overwork. Stress and emotional exhaustion are part of it, but the hallmark of burnout is the distancing that goes on in response to the overload.

Christina Maslach

School Staff Burnout

It is easy to overlook the psychological needs of staff. Yet, when school staff don't feel good about themselves, it is unlikely they will be effective in making students feel good about themselves.

In recent months, the resource packet most often downloaded from our Center website is the one entitled: "Understanding and Minimizing Staff Burnout." These data suggest the need for greater attention to the problem. And, the end of a school year is the right time to think about how to make things better in the coming year. After reading this article, take a good look at next year's school improvement and staff development plans. If these plans don't reflect a concern for preventing burnout, now is the time to redress this oversight.

An Intrinsic Motivational Perspective of Burnout

The behavior referred to as burnout is a psychological phenomenon. One way to understand the problem is in terms of three psychological needs that theorists posit as major

intrinsic motivational determinants of behavior. These are the need to *feel competent*, the need to *feel self-determining*, and the need to *feel interpersonally connected*. From this perspective, burnout can be viewed as among the negative outcomes that result when these needs are threatened and thwarted. And, such needs are regularly threatened and thwarted by the prevailing culture of schools.

"It's too hard;" "it's unfair;" "You can't win;" "No one seems to care" – all are common comments made by school staff. They are symptoms of a culture that demands a great deal and too often fails to do enough to compensate for the problems it creates. It is a culture that too often undermines motivation for too many.

Each day elementary school teachers enter a classroom to work with about 30 students. Secondary teachers multiply that by a factor of at least five. These students bring with them a wide variety of needs. And, in some classrooms, many students have become disengaged from the learning process. Upon entering the classroom, the teacher closes the door, and all present try to cope with each other and with the designated work. The day seldom goes smoothly, and many days are filled with conflict and failure.

For student support staff, the list of students referred for special assistance is so long that the reality is that appropriate services can be provided only to a small percentage. Many support personnel find it virtually impossible to live up to their professional standards.

Others who work at a school, such as front office staff, are overworked, underpaid, often unappreciated, and seldom provided with inservice training. Their dissatisfaction frequently adds another layer of negativity to the school climate.

Accountability demands and daily problems produce a sense of urgency and sometimes crisis that makes the culture of schools more reactive than proactive and more remedial than preventive. The result is a structure oriented more to enhancing external control

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and safety than providing caring support and guidance. This translates into authoritarian demands and social control (rules, regulations, and punishment), rather than promotion of self-direction, personal responsibility, intrinsic motivation, and well-being.

Do youngsters who are “turned off” reflect instances of student burnout?

Given all this, it is not surprising how many staff (and students) find themselves in situations where they chronically feel over-controlled and less than competent. They also come to believe they have little control over long-range outcomes, and this affects their hopes for the future. And, all too common is a sense of alienation from other staff, students, families, and the surrounding neighborhood. Thus, not only don't they experience feelings of competence, self-determination, and positive connection with others, such feelings tend to be undermined.

What Needs to Change

As with so many problems, it is easiest to view burnout as a personal condition. And, as in many other instances, this would be the least effective way to understand what must be done over the long-run to address the matter. The problem is multifaceted and complex. While stress-reduction activities often are prescribed, they are unlikely to be a sufficient remedy for the widespread draining of motivation. Reducing environmental stressors and enhancing job supports are more to the point, but again, alone these are insufficient strategies.

The solution requires reculturing schools in ways that minimize the undermining and maximize the enhancement of intrinsic motivation. This involves policies and practices that ensure a daily focus on (1) promoting staff and student well-being and (2) addressing barriers to teaching and learning.

Promoting Well-Being

From an intrinsic motivational perspective, a school that wants to prevent burnout needs to be experienced by staff and students as a caring, learning environment in which there is a strong collegial and social support structure and meaningful ways to participate in decision making.

Four key elements here are well-designed and implemented programs for

- ?inducting newcomers into the school culture in a welcoming and socially supportive way
- ?transforming working conditions by opening classroom doors and creating appropriate teams of staff and students who support, nurture, and learn from each other every day
- ?transforming inservice training into personalized staff development and support from first induction into a school through ongoing capacity building
- ?restructuring school governance to enable shared decision-making.

Mother to son:

Time to get up and go to school.

Son:

I don't want to go. It's too hard and the kids don't like me.

Mother:

But you have to go – you're their teacher.

Welcoming and social support. From a psychological perspective, learning and teaching at school are experienced most positively when the learner wants to learn and the teacher enjoys facilitating student learning. Each day goes best when all participants care about each other. To these ends, staff must establish a school-wide and classroom atmosphere that is welcoming, encourages mutual support and caring, and contributes to a sense of community. A caring school develops and institutionalizes welcoming and ongoing social support programs for new staff, students, and families. Such efforts can play a key role in reducing staff burnout and also can benefit students in significant ways.

Opening the classroom door. New staff need a considerable amount of support and on-the-job training. All staff need to learn more about mobilizing and enabling learning in the classroom. Opening the classroom door is essential for enhancing the learning of teachers, other staff, and students.

The crux of the matter is to ensure that effective mentoring, support, teaming, and other collegial

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Center News



NOW ONLINE

Guidebook: *What Schools Can Do to Welcome And Meet The Needs of All Students & Families*

Covers schools as caring, learning environments; welcoming and social support; using volunteers; home involvement; connecting students with the right help; understanding and responding to learning problems; response to students' psychosocial and mental health needs; program reporting; and more.

WHAT IS MENTAL HEALTH IN SCHOOLS?

People are always asking what we mean by the term *Mental Health in Schools*. See what we say in our new website section. (Click the icon on the home page labeled "About MH in Schools.") The material also is downloadable as an Intro Packet (click on Center Materials or order in hard copy format).

NEW RESOURCES

Center Report: *New Directions for School & Community Initiatives to Address Barriers to Learning: Two Examples of Concept Papers to Inform and Guide Policy Makers*

Prepared in response to a spate of requests for help in developing a brief, new directions "white paper" to give school boards, district superintendents, and other policy shapers. Provides a foundation for groups to build a concise presentation highlighting the need for a comprehensive, multifaceted, and cohesive approach to address barriers to learning and promote healthy development. It also stresses the type of systemic changes involved. (Download online or order hard copy)

Technical Assistance Packet : *Resource Mapping & Management to Address Barriers to Learning: An Intervention for Systemic Change*

Discusses rationale and provides tools for resource/asset mapping (online with hard copy available)

QUICK TRAINING AIDS

As part of the new Center initiative to enhance schools' inservice efforts related to mental health and psychological concerns, each of the following offers a brief set of resources to guide inservice staff development sessions (or for use as self-tutorials). The format for each includes (a) key talking points for a short training session, (b) a brief overview of the topic, (c) fact sheets, (d) tools, and (e) and sampling of other related info and resources.

New additions include:

- >*Assessment and Screening*
- >*Case Management*
- >*Confidentiality*
- >*Financing*
- >*Re-engaging Students in Learning*
- >*Addressing Barriers to Learning: Overview of the Curriculum on Enabling (or Learning Supports) Component*

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CENTER FOR SCHOOL MENTAL HEALTH ASSISTANCE, UNIVERSITY OF MARYLAND

ANNUAL CONFERENCE ON ADVANCING SCHOOL-BASED MENTAL HEALTH PROGRAMS

Philadelphia, Pennsylvania, September 19 - 21

This year's theme: ***Global Perspectives on the Promotion of Mental Health in Schools***

For more information, contact CSMHA at 410-706-0980/888-706-0980

Website: <http://csmha.umaryland.edu>

Email: csmha@psych.umaryland.edu

*****SPECIAL ANNOUNCEMENT*****

**PROPOSED SUMMIT FOR
ADMINISTRATORS OF STUDENT
SUPPORT PROGRAMS**

The Center for MH in Schools at UCLA proposes to convene and facilitate a one-day summit for student support (pupil service personnel) administrators. This will include leaders from districts, states, and schools. Also invited are faculty from higher education institutions who prepare such personnel.

The focus is to be on:

- ? new directions to advance thinking about the nature of student support and enhance the policy and practice priority status of this component of schooling
- ? exchanges of information about policy and practice around the country
- ? strategic problem-solving related to widespread concerns about student support.

Following the summit, the Center would circulate a document to key school decision makers outlining the summit's recommendations.

While the Center can supply the meeting space and other costs related to organizing the summit, attendees would cover their travel related costs.

To determine interest, we need to hear from or about administrators who might want to participate. Please email us at: smhp@ucla.edu or complete and return the Newsletter insert.

**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.

There is no way to avoid the fact that closing the achievement gap requires more than good instruction and well-managed classrooms and schools.

It will take a comprehensive, multifaceted, and cohesive component that addresses barriers to learning and teaching.

During the next decade, establishing such a component must become the main role for student support staff.

Center Staff:

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

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approaches are used. This includes having specialist personnel (e.g., school psychologists, counselors, special education resource teachers) mentor and demonstrate rather than play traditional consultant roles. Instead of *telling* teachers how to address student learning, behavior, and emotional problems, specialists need to be trained to go into classrooms to model and guide teachers in the use of practices for engaging and re-engaging students in learning.

In addition, teachers can do their jobs better when they integrate community resources. Anyone in the community who wants to help might make a contribution. In general, the array of people who can end the isolation of teachers in classrooms includes: (a) aides and volunteers, (b) other regular/specialist teachers, (c) family members, (d) students, (e) student support staff, (f) school administrators, (g) classified staff, (h) teachers-and other professionals-in-training, (i) school and community librarians, and more.

Personalized staff development and support. As with any learner, staff need instruction and support that is a good match for both their motivation and capabilities. This includes:

- ? inservice programs that account for interests, strengths, weaknesses, and limitations
- ? approaches that overcome avoidance motivation
- ? structure that provides personalized support and guidance
- ? instruction designed to enhance and expand intrinsic motivation for learning and problem solving.

Some staff also require additional, specialized support, guidance, and accommodations.

Personalized staff development and support may encompass programs for cooperative learning, mentoring, advocacy, counseling and mediation, human relations, and conflict resolution. Regular mentoring is essential. However, learning from colleagues is not just a talking game. It involves mentors in modeling and guiding change (e.g., demonstrating and discussing new approaches; guiding initial practice and implementation; and following-up to improve and refine). Depending on practicalities, such modeling could take place in a teacher's own classroom or be carried out in

colleagues' classrooms. Some of it may take the form of team teaching. Personalized contacts increase opportunities for providing support and guidance, enhancing competence, ensuring involvement in meaningful decision-making, and attaining positive social status. All of this can productively counter alienation and burnout.

Shared governance. In any organization, who is empowered to make decisions can be a contentious issue. Putting aside the politics of this for the moment, we stress the motivational impact of not feeling empowered. There is a potent and negative impact on motivation when staff (and students and all other stakeholders) are not involved in making major decisions that affect the quality of their lives. This argues for ensuring that staff are provided with a variety of meaningful opportunities to shape such decisions. Participation on planning committees and teams that end up having little or no impact can contribute to burnout. Alternatively, feelings of self-determination that help counter burnout are more likely when governance structures share power across stakeholders and make room for their representatives around the decision-making table.

Addressing Barriers to Teaching and Learning

At some time or another, most students bring problems with them to school that affect their learning and perhaps interfere with the teacher's efforts to teach. In some geographic areas, many youngsters bring a wide range of problems stemming from restricted opportunities associated with poverty and low income, difficult and diverse family circumstances, high rates of mobility, lack of English language skills, violent neighborhoods, problems related to substance abuse, inadequate health care, and lack of enrichment opportunities. Teachers must learn many ways to enable the learning of such students. Schools must develop school-wide approaches that enable teacher effectiveness.

Too many teachers know too little about how best to support and guide students who manifest commonplace behavioral, learning, and emotional problems. In saying this, we are not teacher-bashing. We have the highest respect and empathy for anyone who pursues the call to work with young people. The problem is that teachers and student support staff are not being taught the fundamentals of how to help those youngsters who do not come to school each day motivationally ready and able to learn. Undoubtedly, this contributes in major ways to staff burnout.

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High stakes expectations, low-powered staff development. In keeping with prevailing demands for higher standards and achievement test scores, the focus of school reform and pre-service teacher training is mainly on curriculum content and instruction. Analyses indicate that implicit in most instructional reforms is a presumption that students are motivationally ready and able to absorb the lesson being taught. Recognition that the teacher must deal with some misbehavior and learning problems generally is treated as a separate matter calling for classroom management and some extra instruction.

There is a major disconnect between what teachers need to learn and what they are taught about addressing student problems – and too little is being done about it.

For the most part, pre-service teacher preparation provides little or no discussion of what to do when students are not motivationally ready and able to respond appropriately to a lesson as taught. This lapse in training is less a problem for teachers in classrooms where few students are doing poorly. In settings where large proportions are not doing well, however, and especially where many are “acting out,” teachers decry the gap in their training. In such settings, one of the overriding inservice concerns is to enhance whatever a teacher has previously been taught.

Typically, schools offer a few, relatively brief sessions on various social control techniques. Examples include eye contact, physical proximity, being alert and responding quickly before a behavior escalates, using rewards as a preventive strategy, assertive discipline, and threats and other forms of punishment. All this, of course, skirts right by the matter of what is causing student misbehavior and ignores the reality that social control practices can be incompatible with enhancing student engagement with learning at school. Indeed, such practices can lead to greater student disengagement.

We hasten to stress that, in highlighting the above matters, we do not mean to minimize the importance of thorough and ongoing training related to curriculum and instruction. Every teacher must have the ability and resources to

bring a sound curriculum to life and apply strategies that make learning meaningful. At the same time, however, teachers and student support staff must learn how to “enable” learning by addressing barriers to learning and teaching – especially factors leading to low or negative motivation for schooling.

Reculturing Classrooms

Think in terms of strategies to engage student interest and attention, one-to-one or small group instruction (e.g., tutoring, cooperative learning groups), enhancing protective factors, and assets building (including use of curriculum-based approaches to promote social emotional development), as well as varied forms of special assistance. All this expands definitions of good teaching to encompass practices that enable teachers to be effective with a wide range of students. From this perspective, good teaching involves fostering a caring context for learning; it encompasses development of a classroom infrastructure that transforms a big classroom into a set of smaller units; it encompasses many strategies for preventing and addressing problems as soon as they arise.

Burnout is a school-wide concern. School-wide the focus must be on ensuring development of a comprehensive, multifaceted, and cohesive approach to addressing barriers to learning and teaching. A widely advocated framework for appreciating the necessary range of interventions outlines a continuum consisting of

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

This continuum encompasses approaches for enabling academic, social, emotional, and physical development and addressing learning, behavior, and emotional problems. Most schools and communities have some programs and services that fit along the entire continuum.

A second framework helps to further organize fragmented approaches into a cohesive component to guide policy and program development. Such a component has been called an enabling component, a learning support component, a supportive learning

support system. Within the component intervention is categorized into six arenas of activity. These are intended to capture the essence of the multifaceted ways schools work with communities to address barriers.

The six categories encompass efforts to effectively

- ? enhance regular classroom strategies to improve instruction for students with mild-moderate behavior and learning problems (reculturing the classroom)
- ? assist students and families as they negotiate the many school-related transitions
- ? increase home involvement with schools
- ? respond to, and where feasible, prevent crises
- ? increase community involvement and support (including enhanced use of volunteers)
- ? facilitate student and family access to specialized services when necessary.

Each arena for intervention is described in detail elsewhere (e.g., Adelman & Taylor, 1997; Adelman, Taylor, & Schnieder, 1999; Center for Mental Health in Schools, 2001).

All school staff need to learn an array of strategies for accommodating and helping students learn to compensate for differences, vulnerabilities, and disabilities. Teachers can learn how to use paid assistants, peer tutors, and volunteers to enhance social and academic support and work in targeted ways with youngsters who manifest problems. Strategies must be developed for using resource and itinerant teachers and other student support professionals to work closely with teachers and students *in the classroom* and on regular activities. Support staff also must play a major role in creating an infrastructure for teaming together *to develop programs* in each of an enabling component's six areas.

Concluding Comments

Anyone who works in school knows about burnout. Staggering workloads, major problems, and endless hassles are the name of the game. The many frustrations, large and small, affect staff (and student) morale and mental health. As with so many other problems, if ignored, burnout takes a

severe toll. Rather than suffer through it all, staff who bring a mental health and motivational perspective to schools can take a leadership role to address the problem. In doing so, they need to focus on both promoting well-being and addressing barriers to teaching and learning. Most of all, they need to imbue school improvement strategies with an intrinsic motivational perspective.

A Few References

- Adelman, H.S., & Taylor, L. (1997). Addressing barriers to learning: Beyond school-linked services and full service schools. *Amer. Journal of Orthopsychiatry*, 67, 408-421.
- Adelman, H.S., Taylor, L., & Schnieder, M.V. (1999). A school-wide component to address barriers to learning. *Reading & Writing Quarterly*, 15, 277-302.
- Center for Mental Health in Schools (2001). *Enhancing classroom approaches for addressing barriers to learning: Classroom-focused enabling*. Los Angeles: Author.
- Chernis, C. (1995). *Beyond burnout: Helping teachers, nurses, therapists, and lawyers recover from stress and disillusionment*. New York: Routledge.
- Leiter M.P., & Maslach C. (2000). *Preventing Burnout and Building Engagement: A Complete Program for Organizational Renewal*. San Francisco: Jossey-Bass.
- Maslach, C., Schaufeli, W.B., & Leiter, M.P. (2001). Job Burnout. *Annual Review of Psychology*, 52, 397-422.
- Taylor, L., & Adelman, H.S. (1999). Personalizing classroom instruction to account for motivational and developmental differences. *Reading & Writing Quarterly*, 15, 255-276.
- Vandenberghe, R., & Huberman, A.M. (Eds.) (1999). *Understanding and preventing teacher burnout: A sourcebook of international research and practice*. New York: Cambridge University Press.

A Few Resources on the Internet

Reducing Occupational Stress

<http://www.workhealth.org/prevention/prred.html>

Stress Topics

http://nimbus.ocis.temple.edu/~mlombard/StressLess/fac_staf.htm

About.com (search "Burnout")

<http://www.nea.org>
(search "Burnout")

*I don't suffer from stress.
I'm a carrier.*

Dilbert





Ideas into Practice

From the Practitioners' Listserv

Note: As another resource for learning and networking, the Center has established a listserv for school mental health practitioners to have a weekly forum. Below are some recent exchanges. For more examples of requests and responses, see Net Exchange on our website.

>Resolving Conflict Among School Staff

"What can you share related to dealing with teacher/administrator stress as it relates to their skills (or lack of) in resolving conflict within the school staff?"

As an initial response, the Center suggested:

(1) There is a large body of literature that addresses staff conflict. The focus usually is on job frustrations – too demanding, too little support, etc. From this perspective, many staff conflicts are seen as resulting from job frustrations spilling into on-the-job interpersonal relationships. In turn, the interpersonal conflicts make the job even harder and less rewarding. We have a number of resources related to stress/burnout; on our website (<http://smhp.psych.ucla.edu>), see the Quick Find topic *Burnout*; also see the lead article in this Newsletter.

(2) Conflicts often arise because of poor facilitation of team activity and meetings. There is a great deal of info about the skills needed to build effective teams and work groups and facilitate productive meetings. The organizational literature has much to offer related to these matters. We have incorporated relevant resources into our clearinghouse (e.g., see the Quick Find topic *Change Agent* on our website).

(3) There is a great deal to learn from the literature on student conflict resolution. Many of the principles and techniques can be easily adapted to working with school staff. (See Quick Find topic *Conflict Resolution*.)

More proactively, when school staff feel effective, in control of their lives, and experience school as a caring place, frustration and conflict are less likely. See the Center's recent continuing education modules entitled: *Enhancing Classroom Approaches for Addressing Barriers to Learning* for ideas on how to collaborate with teachers in effective ways.

(All Center materials are available online or in hardcopy.)

In the week following the request, this response was received from a listserv participant:

"You need to create a general attitude that stresses the importance of valuing the school staff. Our district directly engages staff who are having problems in a problem solving process. We have also had success with support groups for teachers. The conditions have to be right. First, there must be a principal who wants teachers to be supported. Second, the support group leader must be an expert. Third, it must be confidential. Fourth, the school district's employee assistance program must support the idea."

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WANT TO BE PART OF THE WEEKLY
DIALOGUE/NETWORK AMONG SCHOOL
MENTAL HEALTH PRACTITIONERS?

Let us know by e-mailing smhp@ucla.edu

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Schools Anticipate the Anniversary of September 11th

We have been receiving requests for materials and information that specifically address the need for schools to plan for September 11, 2002. Among the basic concerns are how to meet the needs of those who were personally effected by loss of family and friends. In addition, many at school may have renewed feelings of loss, sadness, outrage, and anger. And, there are ongoing concerns about justice and a need to feel that some steps have been taken to prevent such an event from happening again.

Among the most relevant resources to use in planning are those dealing with disaster and crisis response. For example, following the major earthquake in Los Angeles, Project REBOUND, a Disaster Recovery Program funded by the Federal Emergency Management Agency through the California Department of Mental Health published a series of Informational Bulletins. One is "*Dealing with the Anniversary of a Disaster*." It suggests that feelings resurface at an anniversary and that anticipating this provides an opportunity to put feelings into perspective and helps transition from victim to survivor. It indicates we should expect vivid memories and feelings to arise as the events are recalled. Grief, sadness and regret will be experienced. Fear, anxiety and stress may resurface. Frustration and anger with both the event and the recovery process can cause added tensions.

(cont. on page 9)

The Bulletin stresses the importance of:

- (1) preparation for handling a future disaster in ways that alleviate feelings of powerlessness and helplessness;
- (2) highlighting how those effected met the challenges and responded in healthy and courageous ways, how they have come to value one another, and how they see the possibilities ahead;
- (3) plans for commemorating the anniversary by talking over memories, gather with others for a ceremony to acknowledge the impact of the disaster and put it in perspective, join in public ceremonies that commemorate loss and recognize the heroism, strength, and compassion exemplified in the recovery;
- (4) providing, brief supportive counseling if problems resurface.

Another document that may be useful for planning and that is readily accessible online is:

>>> *A Flood of Emotions: The Anniversary*
<http://www.nncc.org/Guidance/flood.anniversary.html>

This article points out that not everyone will be at the same stage in their grief. Some may be more impacted and feel more strongly while others will be less engaged. This is especially important in working with children. We don't want to re-traumatize them through excessive recall through media images or memorials. The article also stresses the importance of making the responses consistent with the wishes of the local community.

Other useful online documents are:

>>> *Disaster Anniversary Reactions*
<http://members.aol.com/jjdesantis/disaster.html>

>>> *Disaster Stress Intervention Checklist*
<http://cep.jmu.edu/vadisaster/intrvnchk.htm>

>>> *Anniversary Reactions: A Survivor's Guide on How to Cope*
<http://www.sourcemain.com/gift/html/panos2.html>

DO YOU KNOW ABOUT?

*** *Impediments to Enhancing Availability of Mental Health Services in Schools: Fragmentation, Overspecialization, Counterproductive Competition, and Marginalization* (2002)

Written by the center's co-directors, this paper was commissioned by the National Association of School Psychologists (NASP) and the ERIC Clearinghouse on Counseling and Student Services (CASS).

See – <http://ericcass.uncg.edu/nasp.html>

*** *Mental Health, Schools and Families Working Together For All Children and Youth: Toward a Shared Agenda* (2002)

Concept paper by the National Association of State Mental Health Program Directors and the Policymaker Partnership for Implementing IDEA at the National Association of State Directors of Special Education.

See – www.ideapolicy.org/sharedagenda.pdf

*** *Bright Futures in Practice: Mental Health* (2002)

A two-volume set placing children's MH in a developmental context, presenting info on early recognition and intervention for specific MH problems, and providing a tool kit for health professionals and families for screening, care management, and health education. The guidelines were developed by a multi-disciplinary panel with funding from the Health Resources and Services Administration's Maternal and Child Health Bureau.

See – <http://www.brightfutures.org/mentalhealth/pdf>

*** *Toward Large-Scale Implementation of Empirically Supported Treatments for Children*

This review paper by Chorpita and colleagues is followed by a series of commentaries – in the Summer 2002 issue of the journal *Clinical Psychology: Science and Practice*.

*If we learn from our mistakes,
 today should have made me pretty smart.*
 Phi Delta Kappan

PRACTICE NOTES

Welcoming & Social Support: An Essential School Transition Intervention

Youngsters entering a new school and neighborhood are confronted with multiple transition challenges. These are compounded when the transition also involves recent arrivals in a new country and culture. In the short run, failure to cope effectively with these challenges can result in major learning and behavior problems; in the long run, the psychological and social impact may be devastating.

Cardenas, Taylor, & Adelman (1993)

Estimates suggest 20-25% of students change schools each year. The figures are higher in districts with high immigrant populations. Youngsters vary in terms of their capabilities and motivation with respect to psychological transition into new settings. Students entering late in a school year often find it especially hard to connect and adjust. Making friends means adjusting to the new social milieu and personalities of the school population.

A focus on school-wide strategies for successful school adjustment of newly entering students and their families is essential to reduce school adjustment problems, ease the process of bicultural development, and establish a strong psychological sense of community in the school. A commitment to welcoming new students and families not only focuses on those entering at the beginning of a term but for all who enter throughout the year.

Welcoming new students and their families is part of the broader goal of creating schools where staff, students and families interact positively and identify with the school and its goals. An atmosphere can be created that fosters smooth transitions, positive informal encounters, and social interactions; facilitates social support; provides opportunities for ready access to information and for learning how to function effectively in the school culture; and encourages involvement in decision-making. Welcoming and social support are critical elements both in facilitating students' school adjustment and performance and promoting a sense of community.

How well a school welcomes and involves new students and families is an important qualitative indicator of program adequacy and staff attitudes and probably is a predictor of efficacy. Therefore, programs for addressing these matters can be viewed as essential to any effort to improve schools.

Phases of Intervention

Strategies to enhance newcomer transitions involve three overlapping phases:

- ?The first involves a broad focus involving general procedures to welcome and facilitate adjustment and participation of all who are willing and able.
- ?The focus then moves to those who need just a bit more personalized assistance. This may include personal invitations, a few more options to enable effective functioning and make participation more attractive, ongoing support for interacting and becoming involved in activities, aid in overcoming minor barriers to successful adjustment.
- ?Finally, as feasible, the focus narrows to those who have not made an effective adjustment or who remain uninvolved (e.g., due to major barriers, an intense lack of interest, or negative attitudes). This phase continues to use personalized contacts but adds cost intensive specialized procedures.

Key Intervention Tasks

In pursuing each intervention phase, there are *four* major intervention tasks:

1. Institutionalizing a mechanism for planning, implementing, and evolving the programmatic activity
2. Creating welcoming and initial involvement strategies (e.g., info and outreach to new students and families; a school-wide welcoming atmosphere; a series of specific "New Student/New Parent Orientation" processes)
3. Providing social supports and facilitating involvement (e.g., peer buddies; personal invitations to join relevant ongoing activities)
4. Maintaining support and involvement— including provision of special help for an extended period of time if necessary

Each of the phases and tasks is delineated in several Center documents – all of which are available online and in hardcopy. For example, see:

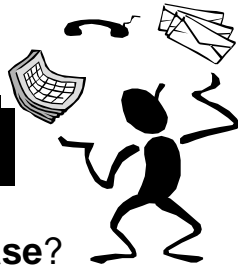
Guidebook:

What Schools Can Do to Welcome and Meet the Needs of All Students and Families

Training Tutorial:

Support for Transitions to Address Barriers to Student Learning

Lessons Learned



What's the Evidence-Base?

This frequently posed question goes to the heart of a growing concern. The field is at a point in time when everyone is asking about evidence-based interventions for prevention, early intervention, counseling, systems of care, and so forth. Unfortunately, we are a long way from having a body of sound research upon which to build truly comprehensive, multifaceted approaches that match the complexity of the problems we face in schools.

Moreover, because “mental health in schools” and “addressing barriers to learning” cover so many different facets, it is hard to summarize available evidence. Much of the literature focuses on only one facet (e.g., prevention, treatment). Most collections of practice include a mixture of home grown programs and research projects.

The summer 2002 issue of *Clinical Psychology: Science and Practice* has a review of empirically supported treatments for children done by a task force in Hawaii, along with a set of commentaries. In their commentary, NIMH researchers Gonzales, Ringeisen, and Chambers note:

... an efficacious treatment cannot produce public health benefits if it is not adopted widely ... Unfortunately, this lack of adoption is sadly common for mental health treatments. ... This is not surprising given the very different systems in which evidence-based treatments are tested and ongoing clinical practices exist. ... evidence-based treatments, by their nature, are often defined in a relatively static, academic fashion for use with a narrowly defined target population. ... health systems, by their nature, are fluid, complex, and difficult to categorize – they must have malleability for survival, and ... are susceptible to ... accelerated change.

The same concerns arise in relation to efforts to transfer practices that have demonstrated efficacy in a research study into the culture of schools. In such settings, decisions about intervention are shaped by many stakeholders (e.g., policy-makers, interveners, consumers) based on a variety of factors in addition to the evidence-base.

Clearly, the challenge of moving carefully controlled clinic/lab models into the complexity of a school setting is tremendous. Those working on doing so must address such matters as:

- ? **What is the intervention designed to do?** *Treat a specific disorder? comorbid disorders? psychosocial problems? correct systemic causes?*
- ? **What outcomes have been empirically supported?** *Symptom reduction for an individual? elimination of the causes of problems? strengths and satisfactions? multiple positive and negative indicators of impact, cost-benefits? long-term impact?*
- ? **How generalizable are the findings?** *Across which populations? which setting?*

Some Practical Concerns

From what we see in schools, we worry that the push to adopt current evidence-based practices will narrow options for dealing with problems. There is also the likelihood of further undermining efforts to deal with complex problems in a comprehensive, multifaceted way. The danger is that resources will be redeployed in ways that favor the current evidence-base – no matter what its deficits.

Some Research and Ethical Questions

How will the field avoid overselling the limited range of evidence-based interventions? avoid reifying and overusing biological models for understanding psychosocial and educational problems? avoid limiting development of an evidence-base to narrow-band interventions, thereby undermining efforts to develop comprehensive, multifaceted approaches? avoid pitting researchers against practitioners? And who is studying the negative impact of all this?

While we build a better evidence-base over the next 20 years, rational judgments must temper the zeal to prematurely claim scientific validation.

Our Center receives frequent inquiries about programs that are evidence-based. For a quick overview, we usually suggest looking at: *A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning* and/or the brief based on the sampler entitled: “*Addressing Barriers to Student Learning and Promoting Healthy Development: A Usable Research Base*.” Both are online and available in hard copy.

Response (Newsletter, Spring, 2002)

(1) PROPOSED SUMMIT FOR ADMINISTRATORS OF STUDENT SUPPORT PROGRAMS

The Center for MH in Schools at UCLA proposes to convene and facilitate a one-day summit for student support (pupil service personnel) administrators. This will include leaders from districts, states, and schools. Also invited are faculty from higher education institution who prepare such personnel. (See p. 4 of Newsletter)

To determine interest, we need to hear or about those who think they might want to participate.

While the Center can supply the meeting space and other costs related to organizing the summit, attendees would cover their travel related costs.

☐ I am interested in participating

☐ I might be interested; let me know if the Center decides to go ahead with it.

Below are some people the Center should contact to see if they are interested:

Name

Contact Info

(2) If you have any resource requests, list them below.

(3) As always, we welcome your feedback on any facets of the Center's operations.

Your Name _____ Title _____

Agency _____

Address _____

City _____ State _____ Zip _____

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

Thanks for completing this form. Return it by FAX to (310) 206-8716 *or* in a separate envelope.

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