

Addressing Barriers

to Learning

New ways to think . . .

Better ways to link



Volume 11, Number 2
Spring, 2006

No more prizes for predicting rain;
awards will be given only for building arks.

Concerns = Opportunities: Addressing Student Disengagement, Acting Out, and Dropouts by Moving in New Directions

Effective instruction is, of course, fundamental to a school's mission. None of us want to send our children to a school where teachers do not have high standards, expectations, and competence.

At the same time, the reality is that many factors can interfere with learning and teaching. Teachers in low performing schools point to how few students appear motivationally ready and able to learn what the daily lesson plan prescribes. Teachers in the upper grades report that a significant percentage of their students have become actively disengaged and alienated from classroom learning. And, "acting out" behavior, especially bullying and disrespect for others, is rampant. (So is passivity, but "hypoactivity" attracts less attention.) One result of all this is seen in the increasing number of students misdiagnosed as having learning disabilities (LD) and attention deficit-hyperactivity disorders (ADHD). Another result is the number of dropouts (students and teachers) – often referred to as "pushouts."

Teachers need and want considerable help in addressing barriers to student and school success. Unfortunately, the sparse help they currently receive is grossly inadequate.

Part of the problem is that most guidelines for school improvement give only sparse attention to matters other than the instructional component of schooling. Such guides *do* recognize that "acting out" students are disruptive of teaching and may harm others. And, thus, some planning focuses on improving classroom management and enhancing school safety. Sometimes this includes classroom instructional initiatives intended to enhance students' respect for school staff, parents, and each other (e.g., "character education").

But, the overall approach to school improvement conveys the impression that better academic instruction is sufficient for increasing a school's test score averages, closing the achievement gap, and reducing the number of students leaving school before graduation. Anything not directly instruction-centered runs a distant second in planning and therefore in resource allocation.

The reality in too many classrooms, however, is that improved instruction is not sufficient. In daily practice, schools continue to be plagued by student disengagement, behavior problems, and dropouts. Thus, to whatever degree is feasible, efforts are made to provide some "supports." But, the marginalized policy status of student and learning supports leads to reactive, ad hoc, piecemeal, and fragmented practices that often reach only a small percentage of students in need.

A fair interpretation of the phrase "No Child Left Behind" is that all students will have an equal opportunity to succeed at school. Unless school improvement efforts ensure there is a potent *system* of learning supports to enable that success, many will continue to be left behind. With this in mind, we suggest that concerns about student disengagement, disrespect, misconduct, and the new cycle of distress over dropouts, all need to be pursued as critical opportunities for a *fundamental transformation in how schools enable learning*.

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Moving from the status quo will require a substantial cultural shift in schools. Those who want to facilitate the shift must become catalysts for systemic change. They must help others understand the need to escape old ideas and increase general awareness of new ideas that must replace the old ones.

Escaping Old Ideas

John Maynard Keynes stressed:

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

The current culture for student support at schools stresses (a) clinical models, (b) separate initiatives, and (c) specialized roles and functions. Each of these has some merit. But, as highlighted below, they also represent approaches that are too confining if we are to ensure all students have an equal opportunity to succeed at school.

Clinical models – In great measure, the language of student support is clinical. Functions include referral, triage, treatment, and the monitoring and management of cases. Staff have “case-loads.” Teams are case-oriented. Schools are encouraged to expand their “services.” This emphasis on expanding services has generated initiatives for bringing community service providers (e.g., MH clinicians) on campus to set up shop and establish “Full Service Schools.”

In instances when primary prevention is pursued, there is a shift from clinical thinking. However, primary prevention usually is limited to a few “universal” or school-wide efforts to address discrete concerns. Secondary prevention returns the focus to small groups and individuals. And, tertiary prevention is tied to special education plans for individuals with severe and pervasive treatment needs.

In general, student support interventions are geared to individuals who create significant disruptions or experience serious personal problems and disabilities. In responding to the troubling and the troubled, the tendency is to rely on narrowly focused, short-term, cost intensive interventions. Given that resources are sparse, this means serving only a small proportion of the many students who require assistance and doing so in a noncomprehensive way.

Separate initiatives – Besides the clinical orientation, schools tend to address problems by labeling and approaching them as separate entities. There are initiatives for learning problems, discipline, substance abuse, teen pregnancy, school violence (especially bullying), dropouts, delinquency, suicide, and so forth. The reality, however, is that many students have multiple concerns. Effectiveness and cost-efficacy are limited by ignoring this reality.

Effectiveness is undercut when interventions are carried out in a piecemeal and competitive fashion and with little follow-through. Moreover, discrete initiatives perpetuate fragmentation and contribute to the counter-productive competition that undermines collaboration.

To counter extreme “categorical” thinking and funding, there have been widespread calls for “coordinated/integrated services.” However, the complexity and overlapping nature of problems experienced by students and schools require more than coordination and integration.

Specialized roles and functions – The emphasis on services and discrete initiatives paired with specialist training has resulted in an overemphasis on specialized roles and functions and “ownership” of specific forms of intervention.

Clearly, different groups of pupil service personnel (e.g., counselors, psychologists, social workers, nurses) are trained to provide specialized assistance when such help is essential. At the same time, specialized roles and functions have consumed their time and energy at the expense of their wider participation in school improvement.

Debates over balancing generalist and specialist roles have given renewed life to discussions of differentiated staffing and specific roles and functions for generalists, specialists, and properly trained paraprofessionals and nonprofessionals. The possibility of reframing roles and functions is fostering increased interest in cross-disciplinary training and interprofessional education. The focus is on increasing the use of generalist strategies in addressing the common factors underlying many student problems. The aim also is to encourage less concern about who owns the program and more attention to accomplishing desired outcomes.

New Directions

The deficiencies of prevailing approaches to school improvement are stimulating ideas for new directions for student support. Five major themes have emerged so far. They call for moving

- (1) from serving the few to ensuring an equal opportunity to succeed for the many
- (2) from fragmented practices to integrated approaches
- (3) from narrowly focused, problem specific, and specialist-oriented services to comprehensive, multifaceted, cohesive systemic approaches
- (4) from an efficacy research toward effectiveness research as the base for

student support interventions – with articulated standards that are reflected in an expanded approach to school accountability

- (5) from projects and demonstration pilots toward sustainable initiatives that are designed to “go to scale”

These themes have major implications for theory, policy, research, practice, and training. For example, they point to the need for an increasing focus on:

- framing intervention comprehensively and systemically and in ways that bridge school and community
- policy shifts that move student support from the margins into the mainstream of school improvement and *transform* efforts to enhance and connect systems of intervention (e.g., school and community systems for promoting healthy development, preventing problems, responding early after problem onset, treating severe/pervasive/chronic problems)
- systemic infrastructure considerations that ensure systems of intervention are enhanced and connected appropriately and effectively
- systemic change frameworks that enhance replicability, sustainability, and scale-up with appropriate fidelity and effectiveness

Everyone who wants to ensure that all students have an equal opportunity to succeed at school must be proactive in moving student and learning supports in new directions. In doing so, they must understand and take advantage of the windows of “opportunity” that are opening up. These encompass ongoing and renewed concerns about student disengagement, acting out, and dropouts. They also include policies that eliminate social promotion, enact zero tolerance, and call for inclusion of special education populations in regular programs.

Another opportunity arises from emerging concerns about the plateau or leveling off effect of achievement test score averages for districts and states. So is the data on the costs of not addressing barriers to learning (see page 7 of this newsletter).

In pursuing the opportunities, those who want new directions for student support must move beyond their current functions to play increased roles as advocates, catalysts, brokers, and facilitators of systemic school improvement. And, this specifically means finding their way to the leadership tables where designs for school improvement are planned and resources are allocated.

Most learning, behavior, and emotional problems seen in schools are rooted in failure to address external barriers and learner differences in a comprehensive manner. And, the problems are exacerbated as youngsters internalize frustrations of confronting barriers and experience the debilitating effects of performing poorly at school.

Thus, the bottom line is: for schools to ensure that students succeed, school improvement designs must reflect the full implications of the word *all*. Clearly, *all* includes more than students who are motivationally ready and able to profit from demands and expectations for “high standards.” Leaving no child behind means addressing the problems of the many who aren’t benefitting from instructional reforms because of a host of *external* and *internal* barriers interfering with their development and learning.

Where to Start

Those concerned with improving systems often use the metaphor of focusing first on “picking low hanging fruit.” That’s O.K. as long as they remember that after the easy pickings, one needs to be willing to go a bit out on a limb because that’s where the rest of the fruit is.

Of course, it’s risky, limbs do break.

But if we want enough good fruit for the many youngsters in need, it’s worth the risk; indeed, risk is a necessity.

In the case of moving toward major systemic changes, the “low hanging fruit” are the people who are ready for change. However, if they don’t represent a critical mass of key decision makers, the first phase of systemic change involves creating readiness and building capacity. For any initiative for new directions, this requires using current concerns to make the case for bolstering the way school improvement planning guides address barriers to learning.

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Exhibit 1 highlights a few brief references and resources that can be used in creating readiness, and Exhibit 2 suggests a “Calendar” for those who have a critical mass of stakeholders who are ready to begin.

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Exhibit 1:

Resources for Creating Readiness for New Directions

A few brief documents that can be used for:

Making the Case

> *Talking Points - Five Frequently Asked Questions About: Why Address What's Missing in School Improvement Planning?*

<http://smhp.psych.ucla.edu/summit2002/q&aschoolimprove.pdf>

> *Costs of Not Addressing Barriers to Learning*

<http://smhp.psych.ucla.edu/pdfdocs/costs.pdf>

> *Data on the Plateau or Leveling Off Effect of Achievement Test Scores*

<http://smhp.psych.ucla.edu/pdfdocs/plateau.pdf>

> *Data Related to the Need for New Directions for School Improvement*

<http://smhp.psych.ucla.edu/pdfdocs/data.pdf>

> *Another Initiative? Where Does it Fit? A Unifying Framework and an Integrated Infrastructure for Schools to Address Barriers to Learning & Promote Healthy Develop.*

<http://smhp.psych.ucla.edu/pdfdocs/infrastructure/anotherinitiative-exec.pdf>

Building the Work into School Improvement Planning Guides

> *School Improvement Planning: What's Missing?*

<http://smhp.psych.ucla.edu/whatsmissing.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>

* * * *

Also see the Corwin Publications on New Directions written by the Center's Co-directors:

>>> *The School Leader's Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning*

<http://www.corwinpress.com/book.aspx?pid=11343>

>>> *The Implementation Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning*

<http://www.corwinpress.com/book.aspx?pid=11371>

Do you think going to school is important?

Sure! Everyone needs an education, even if they already know everything.

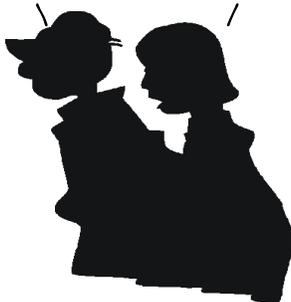


Exhibit 2. A Calendar for Enhancing Student Support by Integrating a Comprehensive Learning Supports Component into School Improvement Planning

Spring – Getting Started and Looking Ahead to the Coming Year

***Establish and build the capacity for mapping and analysis of the resources currently allocated for all learning support activity and personnel at the school

One way to do this is to coalesce those at the school who are most concerned with addressing barriers to learning and teaching into a “Learning Supports Resource Team.”

See:

>*Developing Resource-Oriented Mechanisms to Enhance Learning Supports*

http://smhp.psych.ucla.edu/pdfdocs/contedu/developing_resource_oriented-mechanisms.pdf

***Map and analyze resources using a comprehensive intervention framework that provides an umbrella for all personnel and activity currently used to support learning at school

See:

>*Resource Mapping and Management to Address Barriers to Learning: An Intervention for Systemic Change*

<http://smhp.psych.ucla.edu/pdfdocs/resourcemapping/resourcemappingandmanagement.pdf>

>*Another Initiative? Where Does it Fit? A Unifying Framework and an Integrated Infrastructure for Schools to Address Barriers to Learning and Promote Healthy Develop.*

<http://smhp.psych.ucla.edu/pdfdocs/infrastructure/anotherinitiative-exec.pdf>

Summer/Fall – Becoming a Major Partner in School Improvement

***Plan a system of learning supports (e.g., an enabling/learning support component) and integrate it fully into the school improvement plan (include standards and quality indicators for accountability)

See:

>*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>

***Formulate prioritized recommendations for strengthening learning supports

In doing this, review school data to determine which problems are affecting many students and are most in need of programmatic intervention to enable learning and teaching (e.g., attendance, newcomer transitions, excessive referrals for specialized services and special education). Then, identify what would be the best use of existing resources and personnel to address these problems.

***Request access to (and, better yet, participation at) planning & decision making tables

Winter – Making it Happen

*Interact formally with decision makers in planning for next year through offering specific recommendations based on plans for redeploying existing resources that ensure there is movement toward developing a comprehensive and multifaceted approach to addressing barriers to learning and teaching

*Help to ensure available funds, space, and other resources for programs, capacity building (including staff development) are allocated in ways that ensure learning supports are not marginalized and fragmented

See:

>*The School Leader’s Guide to Student Learning Supports: New Directions for Addressing Barriers to Learning* – <http://smhp.psych.ucla.edu/corwin/bookannouncement.htm>



Center News

**Impact Evaluation

Thanks to all of you who provided feedback. Watch for the report on the findings.

**A New "Practice Notes" Resource

Countering the Over-pathologizing of Students' Feelings & Behavior: A Growing Concern Related to MH in Schools – <http://smhp.psych.ucla.edu/pdfdocs/practicenotes/pathology.pdf>

Note: Other "Practice Notes" as well as all the latest resources developed by the Center are listed at: <http://smhp.psych.ucla.edu/whatsnew/JustPutOnline.htm>
<http://smhp.psych.ucla.edu/whatsnew/otherResources.htm>

* * * *

Watch for the *Handbook of Multicultural School Psychology: An Interdisciplinary Perspective*, edited by Giselle Esquivel, Emilia Lopez and Sara Nahari, (2006) Lawrence Erlbaum. We are pleased to have provided a chapter entitled "Reorganizing Student Supports to Enhance Equity."

* * * *

**National Initiative: New Directions for Student Support

More Leadership Institutes were held in March. While the intent of the Institutes is to work specifically with key educational leaders across a state, the sessions are also accommodating a few individuals and teams from other states who are ready to move in New Directions for Student Support. Interested? Email us at smhp@ucla.edu

For Updates on the initiative, see:
<http://smhp.psych.ucla.edu/summit2002/ndannouncement.htm>

We are willing to make mistakes if someone else is willing to learn from them.

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

Want resources? Need technical assistance?

Contact us at:

E-mail: smhp@ucla.edu Ph: (310) 825-3634

Toll Free Ph: (866) 846-4843

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:

smhp@ucla.edu

or subscribe online @ – <http://lists.ucla.edu/cgi-bin/mailman/listinfo/mentalhealth-L>

For access to the latest Center developed resources, go to:
<http://smhp.psych.ucla.edu/whatsnew/JustPutOnline.htm>
<http://smhp.psych.ucla.edu/whatsnew/otherresources.htm>

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

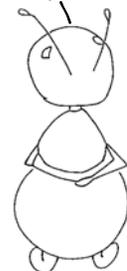
Exchange info on MH practices in school and network with colleagues across the country by joining (1) the **Weekly Listserv for School MH Practitioners** and/or (2) the **Center's Consultation Cadre**. Sign up by email at smhp@ucla.edu or by phone (toll Free (866) 846-4843).

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, or E-mail.

Now that they've added sex education to the curriculum, I finally understand how we were born.



Yea, and now let's have a course that explores why.



(adapted from Jason Love)

INFO SHEET – Important information to circulate (copy and share)

Costs of Not Addressing Barriers to Learning

On October 24 and 25, 2005 Teachers College, Columbia University sponsored a symposium on the “Social Costs of Inadequate Education.” Major presentations were given by a group of distinguished researchers. See <http://www.tc.edu/equitysymposium/>

Below are a few major points from the presentations:

>In 2005, it is estimated that close to one trillion dollars was spent on education in the U.S. This approaches 10% of the overall economy.

>What are the benefits or return on this investment? Estimates depend on whether we are talking only in terms of immediate increases in test scores or are including longer-term economic, social, health, and cultural benefits. From strictly an economic perspective, symposium presenters estimated that the U.S. could recoup nearly \$200 billion a year in economic losses by raising the quality of schooling, investing more money and other resources in education, and lowering dropout rates.

Some Data from the Symposium Papers:

- A high school dropout earns about \$260,000 less over a lifetime than a high school graduate and pays about \$60,000 less in taxes. Annual losses exceed \$50 billion in federal and state income taxes for all 23 million of the nation's high school dropouts ages 18 to 67.
- The United States loses \$192 billion– 1.6% of its current gross domestic product – in combined income and tax-revenue losses with each cohort of 18-year-olds who never complete high school. Increasing the educational attainment of that cohort by one year would recoup nearly half those losses.
- Health-related losses for the estimated 600,000 high school dropouts in 2004 totaled at least \$58 billion, or nearly \$100,000 per student. High school dropouts have a life expectancy that is 9.2 years shorter than that of graduates.
- Increasing the high school completion rate by 1% for men ages 20 to 60 could save the U.S. up to \$1.4 billion a year in reduced costs from crime. A one-year increase in average years of schooling for dropouts correlates with reductions of almost 30 % in murder and assault, 20% in car theft, 13% in arson, and 6% in burglary and larceny.
- The country will have a shortfall of 7 million college-educated workers by 2012, compared with the projected need.
- Participation in excellent preschool programs has been shown to boost academic achievement and reduce dropout rates, among other benefits. The economic benefits of such programs range as high as \$7 for each dollar spent (although savings and positive results are not linked to preschools that lack adequate funding and strong teaching).

Henry Levin, who chaired the symposium, reminds us that: “Educational inequity is first and foremost an issue of justice and fairness, but the research findings ... show that it is also an issue that affects all of us in our daily lives – and will affect our children even more so.”

This info sheet was prepared by the Center for Mental Health in Schools at UCLA.
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 email: smhp@ucla.edu website: <http://smhp.psych.ucla.edu>

Support comes in part from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health, with co-funding from the Substance Abuse and Mental Health Services Administration’s Center for Mental Health Services.



Special Report
Executive Summary:



*The Current Status of Mental Health in Schools:
A Policy and Practice Analysis*

Editors' Note:

This is a critical time for enhancing attention to policy and practice for mental health in schools. To stimulate interest and action, the Center prepared a report analyzing the current status of the field. This is the Executive Summary of that report.

The full report is online at – <http://smhp.psych.ucla.edu/currentstatusmh.htm>

In many schools, the need for enhancing mental health is a common topic. And, as the final report of the President's New Freedom Commission on Mental Health recognizes, efforts to enhance interventions for children's mental health must involve schools. Thus, those interested in improving education and those concerned about transforming the mental health system in the U.S.A. all are taking a new look at schools.

Anyone who has spent time in schools can itemize the multifaceted MH and psychosocial concerns that warrant attention. The question for all of us is:

How should our society's schools address these matters?

In answering this question, it is useful to reflect on what schools have been and are doing about mental health concerns. Therefore, this report begins by highlighting a bit of history and outlines the current status of MH in schools. Then, we explore emerging trends and discuss policy implications.

**Past as
Prologue**

It is, of course, not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily and students are to succeed at school. It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways. School policy makers have a lengthy (albeit somewhat reluctant) history of trying to assist teachers in dealing with factors that interfere with schooling. Prominent examples are seen in the range of health, social service, counseling, and psychological programs schools have provided from the end of the 19th century through today.

Many initiatives and a variety of agenda have emerged – including efforts to expand clinical services in schools, develop new programs for “at risk” groups, and incorporate programs for the prevention of problems and the promotion of social-emotional development. And, ongoing efforts to enhance access to clients in health and social services sectors has resulted in increased linkages between schools and community service agencies.

Over the years, the most widespread activity related to MH in schools has been carried out by school staff described variously as student support staff, pupil personnel professionals, and specialists. Schools have used their resources to hire a substantial body of these professionals. As a result, it is these school staff who have been the core around which programs have emerged.

And, in support of MH in schools, various federal initiatives have been developed. Besides those emanating from the U.S. Department of Health and Human Services, significant initiatives have been generated by the U.S. Department of Education and through special interagency collaborative projects.

Where the Field is Now

Most schools have some interventions to address a range of MH and psychosocial concerns, such as school adjustment and attendance problems, bullying, violence, relationship difficulties, emotional upset, physical and sexual abuse, substance abuse, dropouts, and delinquency. Some are funded by the schools or through extra-mural funding; others are the result of linkages with community service and youth development agencies. Some programs and services are found 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." Overlapping problems may be targeted and dealt with in isolation of each other through separate, categorical programs or may be addressed as part of other school-wide and classroom programs. 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.

Despite the range of personnel and activity, it is common knowledge that few schools come close to having enough resources to deal with a large number of students with MH and psychosocial problems. And, schools do report having many children and adolescents in need of assistance; for some, the numbers have risen to over half those enrolled.

Given this state of affairs, it is poignant to see how low a priority schools assign in both policy and practice to addressing psychosocial and mental health concerns. Indeed, this arena of activity is extremely marginalized.

As a result, interventions are developed and function in relative isolation of each other, and they rarely are envisioned in the context of a comprehensive approach to addressing behavior, emotional, and learning problems and promoting healthy development. Organizationally, the tendency is for policy makers to mandate and planners and developers to focus on specific services and programs, with too little thought or time given to mechanisms for program development and collaboration. Functionally, most practitioners spend their time applying specialized interventions to targeted problems, usually involving individual or small groups of students. Consequently, efforts to address behavior, emotional, learning, and physical problems rarely are coordinated with each other or with educational programs. Intervention planning and implementation are widely characterized as being fragmented and piecemeal which is an ineffective way for schools to deal with the complex sets of problems confronting teachers and other school staff. The fragmentation has been well documented, and a variety of federal, state, and local initiatives have offered models for enhancing coordination.

Analyses indicate that there is a fundamental policy weakness that maintains the unsatisfactory status quo related to how schools address learning, behavior, and emotional problems. School policy and school improvement planning are currently dominated by a two-component systemic model. That is, the primary thrust is on improving instruction and school management. While these two facets obviously are essential, ending the marginalization of efforts to effectively address barriers to learning, development, and teaching requires establishing a third component as a fundamental facet of transforming the educational system.

In states and localities where pioneering efforts are underway to move from a two- to a three- component policy framework, the component to address barriers to learning is denoted by various terms, such as an Enabling Component, a Learning Supports Component, a Comprehensive Student Support System. This third component not only is intended to provide a basis for combating marginalization, it establishes a focal point for developing a comprehensive approach in which MH and psychosocial concerns are embedded and fully integrated with the school's mission. To this end, the pioneering efforts recognize that all three components are essential, complementary, and overlapping.

Where is the Field Going?

It is clear that the field of mental health in schools is in flux. There is widespread agreement that a great deal needs to be done to improve what is taking place, but no specific perspective or agenda is dominating policy, practice, research, or training.

One perspective on the future comes from the *New Freedom Initiative's* efforts to follow-up on the work of the *President's New Freedom Commission on Mental Health*. The stated aim in the Commission's report is to more wisely invest and use sparse resources. One set of relevant resources certainly are those already committed to MH in schools. However, because of the Commission's limited focus on MH in schools, this venue is unlikely to play a major role in immediate efforts to transform the mental health system, never mind enhancing MH in schools.

Approaching MH in schools from a different perspective, a variety of stakeholders are pushing to enhance policy and practice in ways that directly connect various mental health agenda with the mission of schools. This emerging view is calling for much more than expanded services and full service schools. It is focused on enhancing strategic collaborations to develop comprehensive approaches that strengthen students, families, schools, and neighborhoods and doing so in ways that maximize learning, caring, and well-being. Moreover, advocates of the emerging view stress that when students are not doing well at school, mental health concerns and the school's mission usually overlap because the school cannot achieve its mission for such students without addressing factors interfering with progress. This is especially the case in schools where the number of students not doing well outnumbers those who are.

The specific emphasis of the emerging view is on developing, over time, a full continuum of systemically interconnected school and community interventions that encompasses (a) a *system* for promoting healthy development and preventing problems, (b) a *system* for responding to problems as soon after onset as is feasible, and (c) a *system* for providing intensive care. This encompasses the full integration of mental health concerns into a school's efforts to provide students with learning supports by connecting in major ways with the mission of schools.

Policy Implications

- *Ending the Marginalization of MH in Schools.* Based on the background and analyses set forth in this report, it is concluded that the most fundamental policy concern at this time is to end the *marginalization* of mental health in schools. To achieve this goal, it is suggested that a policy shift is needed to ensure that every school improvement effort includes a focus on development, implementation, and validation of a comprehensive system to address barriers to learning and teaching. Moreover, it is suggested that such a system needs to be built using a unifying umbrella concept that fits school improvement needs and embeds concerns about mental health. The report includes specific examples of policy that incorporate this perspective.
- *Addressing the Complications of Systemic Change.* At the same time, to address the complexities of implementing innovative changes in schools, policy must specifically focus on the complications of *systemic change*, including rethinking and redeploying use of existing resources and phasing-in changes over time. Those who set out to enhance mental health in schools across a district are confronted with two enormous tasks. The first is to develop, implement, and validate prototypes; the second involves large-scale replication. One without the other is insufficient. The report provides a framework highlighting key elements of and the linkages between these tasks. Policy is needed to ensure that strategic planning for school improvement accounts for each of the highlighted elements with respect to (1) prototypes for ensuring that all students have an equal opportunity to succeed in school and (2) how the school will accomplish and validate essential changes. And, at the district level, the need is for policy ensuring strategic planning for how the district will facilitate replication and scale-up of prototype practices

Concluding Comments

At present, mental health activity is going on in schools with competing agenda vying for the same dwindling resources. Diverse school and community stakeholders are attempting to address complex, multifaceted, and overlapping psychosocial and mental health concerns in highly fragmented and marginalized ways. This has led to inappropriate competition for sparse resources and inadequate results.

Enhancing MH in schools clearly is not an easy task. The bottom line is that limited efficacy seems inevitable as long as the full continuum of necessary programs is unavailable and staff development remains deficient; limited cost effectiveness seems inevitable as long as related interventions are carried out in isolation of each other; limited systemic change is likely as long as the entire enterprise is marginalized in policy and practice.

The present state of affairs calls for realigning policy and practice around a unifying and cohesive framework based on well-conceived models and the best available scholarship. Initiatives for MH in schools must be connected in major ways with the mission of schools and integrated into a restructured system of education support programs and services. This means braiding resources and interventions with a view to ensuring there is a *system of learning supports*, rather than separate programs and services. Coordinated efforts naturally are part of this, but the key is development of a system of learning supports that meets overlapping needs and does so by fully integrating mental health agenda into school improvement planning at school and district levels. The implications for policy and practice seem clear:

Policy and practice must end the marginalization of mental health in schools. To do less is to leave too many children behind.

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.
Carnegie Council Task Force on Education of Young Adolescents

Reframing

As he practiced hitting the baseball, the youngster thought to himself:
"I'm going to be a great hitter."

He tossed the ball into the air, swung and missed.
"Well that's only Strike One!" he thought.

He tossed the ball up again, swung and missed again.
"Oh my, that's Strike Two!"

The boy paused to examine his bat and ball. Then, he spit on his hands, rubbed them together, and straightened his cap and said again to himself,
"I'm going to be a great hitter!"

Carefully, he tossed the ball up in the air and swung at it and missed. "Strike Three!"

Wow!" he exclaimed. "Looks like I'm really going to be a great *pitcher!*"

Moral: *Sometimes reframing our experiences is the route to a better future.*

More on Intrinsic Motivation and the Reward Controversy

Given the psychosocial implications of the degree to which students disengage from classroom learning and leave school before graduation, our Center has tried to enhance the focus of schools on the motivational underpinnings of instructional and management interventions used in schools. Because the primary emphasis in pre and inservice professional education programs has been on reinforcement theory, over the years we have stressed the importance of increasing staff understanding of intrinsic motivation and the degree to which psychological reactance stems from an overreliance on social control strategies. (See the Center's Online Clearinghouse Quick Find on "Motivation" <http://smhp.psych.ucla.edu/qf/motiv.htm>)

In keeping with this effort, we featured "The Rewards Controversy" in the last issue of this Newsletter. If you missed it, see it online at <http://smhp.psych.ucla.edu/pdfdocs/Newsletter/winter06.pdf>

In response, one of our longstanding readers weighed in with the following: "I believe ... [the Deci & Ryan research] does not align with the overwhelming data in support of positive reinforcement correctly applied." He draws attention to a variety of the articles that have been generated about this matter and thinks "the most balanced review of the literature" is an article by K. A. Akin-Little, T. L. Eckert, B. J. Lovett, & S.G. Little (2004). Extrinsic reinforcement in the classroom: Bribery or best practices. *School Psychology Review*, 33, 344-362.

We invite others to reflect on and share views about the critical relationship between such school problems as student disengagement and dropout/pushout and the motivational underpinnings of interventions schools use to teach and manage behavior. We all need to learn and do more about this.

Please see the insert and take a few minutes to provide us with some comments and feedback and/or to make a request.

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The Center for Mental Health in Schools is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project in the Dept. of Psychology, UCLA. Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration. Co-funding comes from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Both HRSA and SAMHSA are agencies of the U.S. Dept. of Health and Human Services.



Newsletter Response Form (Spring 2006)

(1) Based on what you know about the Center, are there any resources and/or assistance we can offer that would aid your efforts to move schools forward? (Indicate below.)

(2) Would it be helpful to have a Leadership Institute in your state or locale? Yes No
(Indicate what type of Institute focus you would find helpful)

(3) Other thoughts you want to share about and examples of important initiatives in your locale:
(Don't be limited by the space below)

If you aren't already, indicate below if you want

___ to join the network for the *National Initiative: New Directions for Student Support* – see description online at –

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

___ to receive our free monthly *electronic newsletter (ENEWS)* – see recent issue online at –

<http://smhp.psych.ucla.edu/enews.htm>

___ to receive our free *quarterly hardcopy newsletter* – see past issues online at –

<http://smhp.psych.ucla.edu/news.htm>

___ to be part of the *weekly Practitioners Listserv exchanges* – see last interchange online at –

<http://smhp.psych.ucla.edu/pdfdocs/mhpractitioner/practitioner.pdf>

___ to be part of the *Center's Consultation Cadre* – see description at –

<http://www.smhp.psych.ucla.edu/consult.htm>

Your Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

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

Thanks for completing this form. Return by FAX to (310) 206-8716 or by mail.

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