

Addressing Barriers

to Learning

New ways to think . . .

Better ways to link

Estimates indicate that as many as 8 percent of urban junior and senior high school students miss one day of school each month because they are afraid to attend.

Bullying and Addressing Barriers to Learning

Note: In the Fall 2001 newsletter we discussed bullying as a major barrier to student learning. Subsequently, the Center staff developed a quick training aid on Bullying Prevention. This article builds on this previous work.

Bullying is becoming a hot political topic. As a result, bullying intervention risks being another project-of-the-year for schools. If “project” thinking prevails, another golden opportunity to improve student support systems will be lost.

For those concerned with moving in new directions for student support, it is essential to resist project mentality. Projects exacerbate the marginalization, fragmentation, counterproductive competition, and overspecialization that characterizes the student support enterprise.

Rather than pursuing one more discrete intervention, it is essential to use each initiative to catalyze and leverage systemic change. The aim should be to take another step toward transforming how schools go about ensuring that all students have an equal opportunity to succeed at school. This means proceeding in ways that establish a comprehensive, multifaceted, and cohesive approach so each school can address barriers to student learning effectively.

School staff are painfully aware that bullying is by far the biggest violence problem on many school campuses in many countries. Bullying is repeated harassment, abuse, oppression, or intimidation of another individual physically or psychologically. It can take the form of teasing, threatening, taunting, rejecting (socially isolating someone), hitting, stealing, and so forth. A bully is someone who engages in such acts fairly often. Bullies often claim they were provoked and appear to lack empathy for their victims.

Best estimates are that approximately 15% of students either bully or are bullied regularly. Direct physical bullying is reported as decreasing with age (peaking in the middle school). Verbal abuse seems not to abate. While more boys than girls are bullies, the problem is far from limited to males. Girls tend to use less direct strategies (e.g., spreading malicious rumors and shunning). Bullies may act alone or in groups.

As with other forms of violence, the conditions at school can minimize or worsen bullying. To reduce violence and promote well-being, schools must create caring, supportive, and safe environments and generate a sense of community.

Why Kids Bully and How Bullies Differ

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

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

Inside

- C *Need resources? technical assistance?*
See pages 7 & 8.
- C *Screening for Depression* – pages 9 & 10
- C *Making the Case that MH in Schools is an Imperative* – page 11
- C *Policing in Schools* – page 12

(cont. on page 2)

What causes acting out behavior to take the form of bullying is unclear. Initially, bullying behavior may be “modeled” and/or encouraged by significant others (e.g., imitating family members or peers).

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

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

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

○ For example, a great deal of bullying at school is done by groups “ganging up” on students who are “different.” Many of those doing the bullying would not engage in this activity on their own, and most probably know and can demonstrate appropriate social skills in other situations.

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

support fabric of the school and, in the process, to minimize scapegoating and alienation.

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

In a recent article in the *American Educational Research Journal* (2004), Watts and Erevelles stress that “most pragmatic responses to school violence seek to assign individual blame and to instill individual responsibility in students.” From the perspective of the intersection of critical race theory and materialistic disability studies, they argue that “school violence is the result of the structural violence of oppressive social conditions that force students (especially low-income, male African American and Latino students) to feel vulnerable, angry, and resistant to the normative expectations of prison-like school environments.”

○ Some students do lack social awareness and skills and end up bullying others because they lack the ability to establish positive peer relationships. Their problem often is compounded by the frustration and anger of not knowing alternatives. In such cases, probably any contemporary synthesis of social skills and any rigorous theory of moral development provide important insights and relevant frameworks to guide intervention.

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

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

Working Toward Comprehensive Systemic Change

Bullying clearly gets in the way of many students having an equal opportunity to succeed at school. The behavior disrupts and is hurtful. And, observing such behavior may disinhibit others. When a student misbehaves, therefore, a natural reaction is to want the youngster to experience, and others to see, *consequences*. It is hoped that public awareness of consequences will deter problems. For these reasons, a considerable amount of school time is devoted to discipline and “classroom management.”

To these ends, schools increasingly overrely on negative consequences and control techniques. In doing so, school staff model behavior that can foster rather than counter development of negative values and can produce other forms of undesired behavior. Moreover, the tactics often make schools look and feel more like prisons than community treasures.

To move beyond overreliance on punishment and control strategies, there is ongoing advocacy for social skills training, positive behavior support, and new agenda for emotional "intelligence" training, asset building, and character education. Relatedly, there are calls for greater home involvement, with emphasis on enhanced parent responsibility for their children's behavior and learning.

More comprehensively, some reformers want to transform schools. They want to enhance an atmosphere of "caring," "cooperative learning," and a "sense of community." They want schools that are holistically- oriented and family-centered. They want curricula to enhance values and character, including responsibility (social and moral), integrity, self-regulation (self-discipline), and a work ethic. They want schools to foster self-esteem, diverse talents, and emotional well-being.

When paired with a contemporary understanding of human motivation, the above ideas mesh well with addressing bullying. And, they account for the reality that the major intent in dealing with behavior problems at school must be the engagement and re-engagement of students in classroom learning.

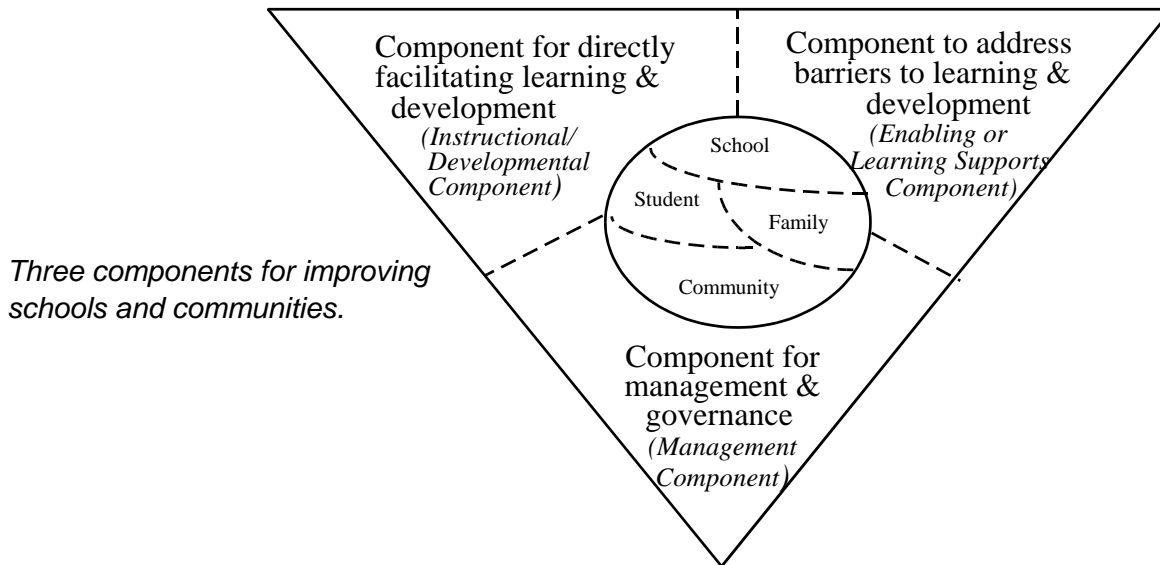
The challenge, then, is not to develop a bullying prevention project; it is to create a comprehensive, multifaceted, and cohesive system that supports student learning and healthy development and addresses barriers. Toward these ends, approaches to learning supports must rethink and redesign

- C policies
- C intervention frameworks, standards, and accountability indicators
- C infrastructure design (a) at the school level, (b) for a feeder pattern (e.g., to achieve economies of scale), and (c) for ensuring appropriate support from the district and community, from intermediate regional agencies, and from the state's department of education and its agency partners.

Pioneering initiatives are showing the way. These initiatives are developing integrated *systems* to promote development and prevent problems, provide assistance as early as feasible after the onset of problems, and address the needs of students with chronic and severe problems. Their work reflects a fundamental commitment to reframing school improvement in terms of three components (see the figure on the next page).

Component to Address Barriers to Learning and Teaching

We have stressed that a multifaceted, cohesive and comprehensive, approach is needed to address bullying and other barriers to learning. A major focus in all this is on interventions to improve classroom, school, home, and neighborhood environments to prevent problems and enhance youngsters' strengths. At the same time, essential supports and assistance are provided those who require something more to address barriers and engage or re-engage them in schooling and *enable* their classroom learning. As the figure indicates, we call the component for addressing barriers an *Enabling Component*.



The usefulness of the concept of an Enabling Component as a broad unifying focal point for policy and practice is evidenced in its adoption by various states and localities around the country. These include the California and Iowa Departments of Education, whose version is called a *Learning Supports* component, and the Hawai'i Department of Education, whose version is called a *Comprehensive Student Support System*.

Whatever the component is called, the goals are the same:

- providing students with comprehensive, multi-faceted, and integrated learning supports that are accessible, timely, and strength-based so students can achieve in school, be confident and caring, and become contributing citizens in their communities;
- involve families, students, educators, and community members as integral partners in the provision of a supportive, respectful learning environment; and
- integrate the human and financial resources of public and private agencies to create caring communities at each school.

The focus of such a component begins in the classroom, with differential classroom practices as the base of support for each student and extends beyond the classroom to include school and community resources. Specifically, each school is to have programs to:

- enhance the ability of the classroom teacher and other to facilitate learning through prevention and early intervention;
- increase family involvement in schools and schooling;
- provide support for the many transitions experienced by students and their families;

- expand community involvement through volunteers, businesses, agencies, faith-based organizations, etc.;
- respond to and prevent crises, violence, bullying, substance abuse, etc.;
- provide specialized student and family assistance.

The above elements are essential to a school's ability to accomplish its instructional mission; they do not represent an agenda separate from that mission. Moreover, the emphasis on these elements helps create a school-wide culture of caring and nurturing. In turn, such an atmosphere helps students, families, staff, and the community at large feel a school is a welcoming, supportive place that accommodates diversity and is committed to assuring equal opportunity for all students to succeed at school.

To pursue the functions involved in developing an enabling or learning supports component at a school, each school should establish:

- an administrative leader who guides and is accountable for daily implementation, monitoring, and problem solving and long-term development of the component;
- a team of learning support staff (e.g., pupil services personnel) who ensure all relevant resources are woven together to install, maintain, and evolve a comprehensive, multifaceted, and cohesive continuum of interventions over a period of years;
- mechanisms for identifying and responding to specific students' problems with the least intervention necessary.

Concluding Comments

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

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

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For more on working toward *comprehensive systemic change*, see the following online resources developed by the Center:

Expanding Educational Reform to Address barriers to Learning: Restructuring Student Support Services & Enhancing School-Community Partnerships – <http://smhp.psych.ucla.edu/pdfdocs/Report/Expand.pdf>

Moving in New Directions for Student Support – <http://smhp.psych.ucla.edu/pdfdocs/contedu/movinginnewdirections.pdf>

Where's it Happening? New Directions for Student Support and Lessons Learned <http://smhp.psych.ucla.edu/pdfdocs/wheresithappening/wheresithappening.html>

Creating the Infrastructure for an Enabling (Learning Support) Component to Address Barriers to Student Learning – http://smhp.psych.ucla.edu/qf/infrastructure_tt/infraindex.htm

Addressing Barriers to Learning: Overview of the Curriculum for an Enabling (or Learning Supports) Component – <http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/addbarr.pdf>

Need More Resources to Develop an Enabling or Learning Supports Component?

Use the Center's Online Clearinghouse Quick Find entitled: *Enabling Component*

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

It is unlikely that a safe learning environment will emerge simply by developing a better "bullying prevention" program. Such programs can help, but ultimately what a school needs is a comprehensive, multifaceted, and cohesive approach for addressing barriers to development and learning. Every school and community should use each opportunity that arises to move forward in establishing an Enabling or Learning Supports Component. By doing so, society will move closer to fulfilling the aim of assuring every child reaches full potential and no child is left behind.

For more resources specifically on *Bullying*, see the specially developed Center Quick Training Aid entitled:

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

Need More on Bullying?

Use the Center's Online Clearinghouse Quick Find on *Bullying*: (It contains links to key references, empirically supported programs, and centers specializing in the topic and related topics.)

Other Quick Finds that may be helpful:

- >> *Hate Groups*
- >> *Threat Assessment*
- >> *Safe Schools & Viol. Prevent.*
- >> *Conflict resolution in schools*
- >> *Environments that support learning*
- >> *Peer relationships*
- >> *Social Skills*
- >> *Prevention of social & MH problems*
- >> *Anger Management*
- >> *Conduct Disorders*
- >> *Emotionally Disturbed Children*
- >> *Family Counseling*
- >> *Oppositional Defiant Disorders*
- >> *At Risk Youth Education*
- >> *Mentoring*
- >> *Motivation*
- >> *Resilience*
- >> *Self-esteem*
- >> *Youth Development*
- >> *classroom focused enabling*

(cont. on page 6)

Among the links you will find on several of the above Quick Finds are:

- >> *Blueprints for Violence Prevention* at <http://www.colorado.edu/cspv/blueprints> which provides a great deal of information on empirically supported programs for bullying, such as *The Bullying Prevention Program* (Olweus, Limber, & Mihalic, 1999).
- >> *Promoting Social and Emotional Learning: Guidelines for Educators* from the Collaborative for Academic, Social, and Emotional Learning – www.CASEL.org
- >> *Bullying Resource Packet* – http://csmha.umaryland.edu/how/bullying_2002.pdf

SAMHSA Has a Wealth of Resources on Bullying And Violence Prevention

- >> Go to the *Center for Mental Health Service's National Mental Health Information Center* – <http://www.mentalhealth.org/> (search for bullying)
 - >> Go to *SAMHSA's library* – <http://www.samhsa.gov/library/searchreal.aspx> (search for bullying)
- A few examples of resources include:
- >> About Bullying – <http://www.mentalhealth.samhsa.gov/15plus/aboutbullying.asp>
 - >> Prevention Pathways – *The ABCs of Bullying: Addressing, Blocking, & Curbing School Aggression* – http://pathwayscourses.samhsa.gov/bully/bully_intro_pg1.htm
 - >> Take Action Against Bullying – www.mentalhealth.samhsa.gov/publications/allpubs/SVP-0056/
 - >> Bullying is Not a Fact of Life – www.mentalhealth.samhsa.gov/publications/allpubs/SVP-0052/
 - >> The School Bully Can Take a Toll on Your Child's Mental Health – <http://www.mentalhealth.samhsa.gov/publications/allpubs/CA-0043/default.asp>
 - >> School violence, bullying prevention, A Family Guide – use search at <http://www.samhsa.gov/library/searchreal.aspx>
 - >> Bullying, teenage peer relationships, parenting tips Family Guide – use search at <http://www.samhsa.gov/library/searchreal.aspx>

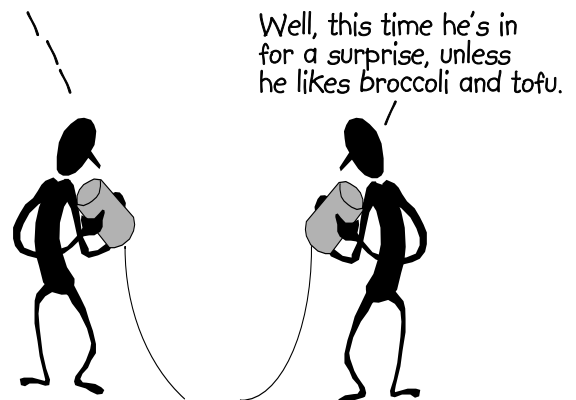
A Few Websites Focusing on Bullying

- >> <http://stopbullyingnow.hrsa.gov/index.asp>
- >> www.bullying.org – “Where you are not alone”
- >> www.bullying.org/public/frameset.cfm
- >> www.bullying.co.uk/ – Bullying online
- >> www.scre.ac.uk/bully/ – Bullying at School
- >> www.stopbullyingnow.com/ – Stop Bullying Now
- >> www.nobully.org.nz/advicek.htm – What's Bullying
- >> www.scre.ac.uk/bully/ – Bullying at School
- >> www.education.unisa.edu.au/bullying/ – Bullying in Schools and what to do about it
- >> www.pta.org/bullying/index.asp – Think you know what a bully looks like?

Some Books

- Stop the Bullying: a handbook for schools* by Ken Rigby. Revised and updated practical handbook, published by the Australian Council for Educational Research in 2003 (ACER Press, Australia). www.acerpress.com.au
 - The Bully, the Bullied, and the Bystander : From Preschool to High School --How Parents and Teachers Can Help Break the Cycle of Violence* by B. Coloroso, HarperResource (2004).
 - Bullying at School: What We Know and What We Can Do (Understanding Children's Worlds)* by D. Olweus, Blackwell Publishers (1993).
 - Schools Where Everyone Belongs: Practical Strategies for Reducing Bullying* by S. Davis, Stop Bullying Now (2004).
 - Bully Free Classroom* by A. Beane, Free Spirit Press, (1999).
 - Quit It! A Teacher's Guide on Teasing and Bullying for use in Grades K-3* by M. Froschl, et al, Educational Equity Concepts (1998).
 - And Words Can Hurt Forever : How to Protect Adolescents from Bullying, Harassment, and Emotional Violence* by James Garbarino, Ellen deLara Free Press (2002).
 - Peer Harassment in School: The Plight of the Vulnerable and Victimized* by Jaana Juvonen & Sandra Graham (Eds.) The Guilford Press (2001).
 - The Anti-Bullying Handbook* by Keith Sullivan, Oxford University Press (2000)
- Also see additional references accompanying the American Psychological Association's “Resolution on Bullying Among Children and Youth” in the *Clinical Child and Adolescent Psychology Newsletter*, 19, pp. 5, 7.

I see that bully stole your lunch again.



Center News



Policy and Practice Analyses of School Improvement Planning

Major concerns in advancing the field are factors that maintain the marginalization of efforts to address barriers to student learning (including psychosocial and MH problems). Based on pilot research and a review of the Annenberg Institute for School Reform's *Tools for School Improvement Planning* <http://www.annenberginstitute.org/tools/index.html>, the Center staff has identified the likelihood that school improvement planning is one such factor.

School improvement planning has fundamental implications for school policy and practice. The question that needs analysis is: To what degree does such planning incorporate a *major* focus on addressing barriers to learning and teaching?

To answer this question, Center staff are about to gather and analyze a broad sample of school improvement plans and prepare and report a set of recommendations. As one facet of our sampling, we invite anyone who has access to state, district, or school site improvement planning documents to send a copy to the Center. (See address in box on page 8.)

Online Clearinghouse Quick Finds

Over the past few years, the Center staff have been converting all the relevant materials in our clearinghouse into a *Quick Find* topical menu of online resources designed for easy access. Clicking on a Quick Find topic brings up direct links to many specific resources, some developed by our Center, some developed by others. The Quick Find also provides links to other relevant centers and organizations and a brief listing of some references available through libraries.

Center staff periodically update the Quick Finds. As a stimulus for doing so, we invite users to inform us about resources and other topics that will improve this Online Clearinghouse. So, the next time you are searching for resources on a topic (e.g., anger management, ADHD, resilience, zero tolerance), use the Quick Find menu. If you don't find what you need, contact us, and we will improve the system. (Contact ltaylor@ucla.edu)

***NEW AND UPDATED RESOURCES

Two recent articles by the Center co-directors:

>“Mental Health in Urban Schools” – prepared for the National Institute for Urban School Improvement's *On Point* Series – soon to be online at <http://www.inclusiveschools.org/>

>“Mental Health in Schools: A Shared Agenda” – invited article for *Emotional & Behavioral Disorders in Youth* from Columbia University's Center for the Advancement of Children's MH.

A few recently updated resources:

>*Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and Needs*
<http://smhp.psych.ucla.edu/pdfdocs/Surveys/Set1.pdf>

>*Behavioral Initiatives in Broad Perspective*
<http://smhp.psych.ucla.edu/pdfdocs/behavioral/behini.pdf>

>*Sustaining School and Community Efforts to Enhance Outcomes for Children and Youth: A Guidebook and Tool Kit*
<http://smhp.psych.ucla.edu/pdfdocs/sustaining.pdf>

For more, see the section of the Center Website labeled *What's New?*.

***SEE THE WEBSITE FOR HOT TOPICS

Periodically, we highlight resources for use in responding to a particularly prominent concern. To go along with this issue of the newsletter, the latest “Hot Topic” is *Bullying: A Major Barrier to Student Learning*. Go online to see this and previous ones.

***JOIN: PRACTITIONERS' LISTSERV

Every Monday a large group of folks involved with schools are part of a Practitioner Listserv. The email deals with concerns, questions, and responses from the field and facilitates sharing of experiences and resources. To join, email smhp@ucla.edu and ask to be added to the Practitioner Listserv. Send questions and topics for discussion to ltaylor@ucla.edu. (See page 9 of this newsletter for a recent Listserv discussion about *Screening for Depression*.)

**You can live to be a
hundred if you give up
all the things that
make you want to live
to be a hundred.**
Woody Allen

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

New Directions for Student Support

In support of the Initiative: *New Directions for Student Support*, our Center compiles information about places across the country where beginnings have been made that have relevance for developing comprehensive approaches. These are presented in a report entitled: *Where's it Happening? New Directions for Student Support and Lessons Learned*, which Center staff have just updated. It's online at <http://smhp.psych.ucla.edu/pdfdocs/wheresithappening/wheresithappening.html>

The trailblazing and pioneering efforts described provide an intriguing glimpse into the future of student support and offer invaluable lessons learned. Some endeavors already are well along the way; some are in the planning stage or are taking first steps. A few have implemented innovations but have yet to generate the type of momentum necessary to produce full blown systemic change.

Examples of the broad-based systemic designs and initiatives described in the report are:

- C Urban Learning Center Design – prototype model developed as part of the New American Schools initiative
- C Hawai`i – statewide initiative, including state legislation
- C Iowa – state dept. of education initiative
- C Madison, WI – district initiative
- C St. Paul, MN – district and school initiative
- C California – Proposed Legislation for a Comprehensive Learning Supports System
- C Multnomah (OR) Education Service District – School Board Policy for Learning Supports

Highlights of other initiatives also are included in this report, and we look forward to adding more and more examples in coming years.

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 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, E-mail, or the Net Exchange on our website.

Why were you
late for school?



Because the sign
told me,
School ahead, go slow.



Learn More About the *New Directions for Student Support Initiative*

For detailed information on the initiative, click on "Summits on New Directions" on the homepage of the Center for Mental Health in Schools' website – <http://smhp.psych.ucla.edu/>. It provides a list of the co-sponsors, a concept paper, reports and recommendations from the summits, guidelines for a student support component at a school, resource aids for new directions, descriptions of trailblazing efforts, and much more. There are also guidelines for how to start the process for a state-wide summit.

Those interested in being involved in developing a Summit for New Directions for Student Support in their state should contact the Center at Box 951563, UCLA, Los Angeles, CA 90095-1563
Ph: (310) 825-3634 | Toll free (866) 846-4843 | Fax: (310) 206-8716 | Email: smhp@ucla.edu

Research into Practice

Screening for Depression



Note: Questions about using schools to screen for depression (and other emotional, behavioral, and learning problems) frequently come to the Center. A recent Center response given on the Practitioner's Listserv is reproduced below. Other comments can be found on our Website's Net Exchange.

Screening is a popular activity, and screening for depression and suicide are becoming very hot topics (e.g., see the Children's Mental Health Screening and Prevention Act of 2003 and the Garrett Lee Smith Memorial Act of 2004; also see the NIMH Selected Bibliography on Suicide Research <http://www.nimh.nih.gov/research/suibib99.cfm>). Even greater discussion of mental health screening is likely since it is a featured facet of the President's New Freedom Commission on Mental Health (see our Center's analysis of Goal 1 – <http://smhp.psych.ucla.edu/pdfdocs/newfreedomcommisison/newfreedbrief.pdf>)

Because the best assessment instruments available still have significant methodological limitations, we have tried to urge a balancing act with respect to large-scale MH screening. Given the complexities of doing research in this arena, what comes out "best" may not be good enough in practice – especially when the focus is on all kids and all schools. (Remember that "best" doesn't always mean "good.")

The tendency in studies of screening initiatives has been to deemphasize major methodological concerns such as incremental validity and utility and the overall number of Type I and Type II errors (false positives plus false negatives). Thus, while advocates point to some empirical support and argue they have the best data available, practitioners still do not have access to really good instruments for school depression screening. And, from a public health perspective, care must be taken not to put all our eggs into screening at the expense of underwriting interventions to improve conditions that stress-out kids and lead to MH and psychosocial problems.

Advocacy for large-scale screening has been cyclical. In the last few years, the political and economic emphasis has been toward wider use of first-level screens. However, there has not been a parallel emphasis on enhancing follow-up assessments to detect false positives and on ensuring essential help is available and accessed.

Over the next few years, we anticipate a strong reaction and another review of the limitations and potential negative consequences of any set of policies and practices that mainly stress large-scale, first level screening of emotional, behavior, and learning problems. Such a reaction already can be seen in the backlash to Learning Disabilities assessment. As reflected in the IDEA reauthorization, the federal government clearly intends to reduce testing by emphasizing a *Response to Intervention* process.

Our reading of the best scientific evidence is that there is a great deal more research that must be done before we should invest in the enterprise of large-scale screening for clinical depression and suicidality among children and adolescents. See, for example, the following references and resources that have relevance to such school-based screening.

For a major state of the art review of screening instruments, see Goldston's *Assessment of Suicidal Behaviors and Risk Among Children and Adolescents* (8/14/00) – <http://www.nimh.nih.gov/suicideresearch/measures.pdf> Among his conclusions:

... as part of the validation procedures for measures of suicidal behavior, it is common to demonstrate that the suicidal behavior instrument correlates in a predicted way with other related constructs such as depression and hopelessness (convergent validity). However, there has been insufficient attention paid to discriminate validity, or the degree to which suicidal behavior does not correlate with constructs with which it should not. There also has been insufficient attention paid to issues of incremental validity, or the degree to which a test provides information not available elsewhere. ...studying the clinical characteristics of juvenile suicidal attempts has not been a particularly fruitful exercise to date. Empirical data about the clinical characteristics of suicidal attempts have not been shown to be related to course or response in therapy, have not been used to demonstrate that certain types of therapy are any more or less effective with specific suicidal behaviors, and have not been found to be related to future behavior. Beyond simply using instruments that assess clinical characteristics of suicidal attempts for descriptive purposes, there is a need to better understand the significance of those clinical characteristics. Unfortunately, there are a limited number of prospective studies which have identified risk factors with predictive utility that might be candidates for potential intervention (it makes sense to intervene with variables that portend later risk, rather than current or past risk). There are even fewer studies in which assessment measures have been administered on multiple occasions and which might yield data on the effects of repeated test administrations. And it almost goes without saying that there is a paucity of controlled intervention studies with suicidal youths - studies which might yield clues about the usefulness of different measures....

From the perspective of primary care and EPSDT, see the U. S. Preventive Services Task Force

Screening for Depression: Recommendations and Rationale (8/15/02) www.aafp.org/afp/20020815/us.html
 They conclude:

the evidence is insufficient to recommend for or against routine screening of children or adolescents for depression The benefit of routinely screening children and adolescents for depression are not known The predictive value of positive screening tests is lower . . . than in adults....

For a discussion of how likely school-based screening in this arena and the likelihood that such screens can balance Type I and Type II errors in favor of false positives, see "Youth Suicide Risk and Prevention Interventions: A Review of the Past 10 years" in the *Journal of the American Academy of Child & Adolescent Psychiatry*, 2003; 42, 386-405. The conclusion offered is that:

The few studies that have examined the efficacy of school-based screening (Reynolds, 1991; Shaffer and Craft, 1999; Thompson and Eggert, 1999) found that the sensitivity of the screens ranged from 83% to 100%, while the specificities ranged from 51 % to 76%. Thus, while there are few false negatives, there were many false-positives

A report in the *Journal of the American Academy of Child & Adolescent Psychiatry* (2004, v. 42, 71-79) done by the staff at Columbia states that the Columbia Teen Screen has

...reasonable specificity identifying students at risk for suicide. A second-stage evaluation would be needed to reduce the burden of low specificity.... As with other suicide risk instruments, the CSS has the potential of having high (0.88) sensitivity at the expense of specificity....

See also "Screening and Assessing Adolescents for Substance Use Disorders" from SAMHSA's Center for Substance Abuse Treatment (*Treatment Improvement Protocol [TIP] Series 31*). It outlines many concerns that also apply to screening for depression and suicide prevention.

We end this by stressing that decisions about screening for depression in schools must be made in terms of a cost-benefit analysis that accounts for the likelihood that something significant will be done to help students – not just identify them. This raises concerns about whether appropriate help is available and accessible and how much empirical support there is for current practices.

Other Resources on Screening for Depression and Suicide Prevention

Of specific relevance to school screening is the work of a task force at the Wisconsin Department of Public Instruction which focused on screening for Suicide Prevention. Their conclusions and their *Resource and Planning Guide for Suicide Prevention* are online at – www.dpi.state.wi.us/dpi/dlsea/sspw/suicideprev.html

For data and more general information, go to:

- >Center for the Study and Prevention of Suicide, University of Rochester
<http://www.rochesterpreventsuicide.org/lsp.html>
- >Suicide Prevention Research Center, Univ. of Nevada
<http://www.suicideprc.com>.
- >National Center for suicide prevention Training
<http://www.ncspt.org>
- >Suicide Prevention Resource Center
<http://www.sprc.org> or email -- info@sprc.org.

You may want to look over what we have online – See our *Quick Find Online Clearinghouse* topics:

- >Assessment and Screening
http://smhp.psych.ucla.edu/qf/p1405_01.htm)
- >Depression
<http://smhp.psych.ucla.edu/qf/depression.htm>)
- >Suicide Prevention
http://smhp.psych.ucla.edu/qf/p3002_02.htm
- >Empirically Supported Interventions
<http://smhp.psych.ucla.edu/qf/ESTs.htm>
 includes data supporting programs for promotion of healthy development, prevention, and school-wide interventions that present strong argument for evidence based interventions that provide an alternative to screening for problems.

Also see our Resource Aid Packet on *Screening/ Assessing Students: Indicators and Tools*
<http://smhp.psych.ucla.edu/pdfdocs/assessment/assessment.pdf>

Of course, prevention is the ideal. See the Center's Quick Finds for information on this topic.

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We are interested in views and experiences related to all this. Let us hear from you so we can share with others. Use the newsletter response insert or send to: ltaylor@ucla.edu

No more prizes for predicting rain . . .

Prizes only for building arks!



Analysis

Making the Case that MH in Schools is an Imperative

Note: The Center's co-directors were invited to write an article for a journal edited by Columbia University's Center for the Advancement of Children's Mental Health. The title of the article is: *Mental Health in Schools: A Shared Agenda*. The analysis included in the concluding comments to that paper are offered below for your reflection and response.

It is one thing to provide a rationale stressing mental health in schools is an imperative; it is quite another to frame how the imperative should be met. From the perspective of the mission of schools, it is insufficient to frame the work only in terms of (a) screening and diagnosing psychopathology, (b) providing clinical services, and (c) connecting community mental health providers to schools. These, indeed, are all fundamental to improving mental health, but the framework for making the case that mental health *in schools* is an *imperative* must be more comprehensive.

Making the case requires proceeding in ways that

- *define mental health broadly* – i.e., encompass the agenda for mental health *in schools* within the broad context of the psychosocial and mental health concerns encountered each day at schools – including an emphasis on strengths as well as deficits; also include an emphasis on the mental health of students' families and school staff
- *enhance partnerships among schools, communities, and the home* – e.g., focus on coalescing and enhancing the roles of schools/communities/homes in addressing emotional, behavioral, and learning problems
- *confront equity considerations* – e.g., stress the role mental health in schools can play in ensuring all students have an equal opportunity to succeed at school
- *address the related problems of marginalization, fragmentation, and counterproductive competition for sparse*

- *resources* – i.e., focus on coalescing policy, agencies, organizations, and daily practice
- *address the challenges of evidence-based strategies and achieving results* – e.g., stress ways to build on current in-school practices using a science-base.

As the New Freedom Commission recognizes, this is a time of sparse resources for public enterprises. Therefore, their report stresses the importance of “policy and program changes that make the most of existing resources by increasing cost effectiveness and reducing unnecessary and burdensome regulatory barriers, coupled with a strong measure of accountability.” The aim is to more wisely invest and use sparse resources. The focus in this brief on mental health in schools is consistent with this aim.

Schools currently expend significant resources on student support programs and services that address behavioral and emotional problems. Such resources are deployed through piecemeal policies and are implemented in a fragmented manner. One focus of the federal Mental Health in Schools Program has been to address these problems so that resources are deployed and redeployed in ways that enhance equity with respect to availability, access, and effectiveness.

As the Commission's recommendations are operationalized, the opportunity arises to further the agenda for schools to play a comprehensive role in transforming mental health in the U.S.A. There are many stakeholders ready to help make this a reality.

Why mental health in schools?

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 on Education Task Force

Let us know your views so we can share them with others. Use the newsletter response insert or send to: ltaylor@ucla.edu

We just missed the school bus.



Don't worry. I heard the principal say
No child will be left behind.

Each month the Center highlights an emerging issue in its electronic newsletter. A recent issue was

Policing in Schools Experiencing Frequent Violence

On 10/19/04 the *New York Times* story "City Adapts a Police Strategy to Violent Schools" noted 16 of New York City's most troubled schools were "blending attention to detail with an influx of police officers, school safety agents and other disciplinary and support staff." The story indicates that preliminary data show a 40% decrease in major crime. It is also stressed that reaction from those in the education community is mixed. The following quotes are cited as examples:

"It always made sense to me that if you flood a school with law enforcement resources, you should be able to reduce violence. The question is: What does it cost, and what is the precise gain for every dollar spent?"

"Are we going to have police in the building forever? Somehow we have to come out with an implementation plan and have a gradual decrease in police presence. If we need police in the building, something is wrong with the building."

"Things are better, but we're at a critical, fragile point. We've turned a corner, but we're at the beginning of a long climb."

"The cry is that we don't have enough safety agents in school. Well, the reality is we never will have that luxury, and that isn't the answer."

What do you think about all this? Concerns? Strategies? Use the newsletter response insert or send your comments to ltaylor@ucla.edu

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.

Response (Newsletter, Winter, 2005)



(1) Share your thoughts about

(a) Screening for Depression (see pages 9 & 10)

(b) Making the case that MH in schools is an imperative (see page 11)

(c) Policing in schools experiencing frequent violence (see page 12)

(2) Do You Want Your State to Organize a State Summit for New Directions for Student Support

A key aspect of developing state-wide initiatives for *New Directions for Student Support* is to help each state begin by organizing a state-wide summit (**See p. 8 of Newsletter**).

___ I want my state to organize a statewide summit on *New Directions for Student Support*.

___ I might be interested; let me know if you plan one in my state.

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

Name

Contact Info

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

(4) 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* by mail.

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



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

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