



Addressing Barriers

to Learning

New ways to think . . .

Better ways to link



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

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

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

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

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

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

Continuing along this path is untenable.

Needed: Widespread Acknowledgment of the Zero Sum Game

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

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

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

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

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

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

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

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

Putting it Together to Transform Student and Learning Supports

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

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

- (1) *Expand policy* – broadening policy for school improvement to fully integrate, as primary and essential, a comprehensive, multifaceted, and cohesive system for addressing barriers to learning and teaching, with school safety embedded in natural and authentic ways,
- (2) *Reframe interventions* in-classrooms and school-wide – unifying the fragmented interventions used to address barriers to learning and teaching and promote healthy development under a framework that can guide development of a comprehensive system at every school,
- (3) *Reconceive infrastructure* – reworking the operational and organizational infrastructure for a school, a family of schools, the district, and for school-family-community collaboration with a view to weaving resources together to develop a comprehensive system,

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

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

(text cont. on p. 5)

Exhibit 1

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

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

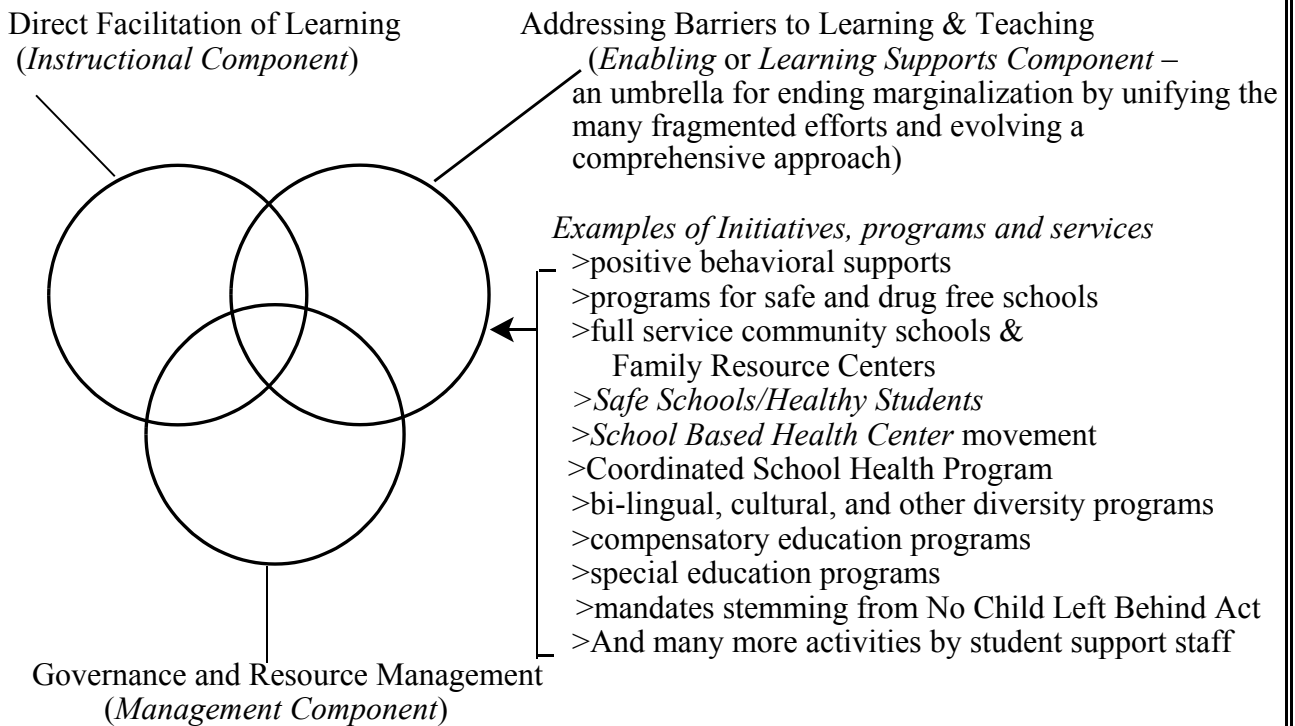


Exhibit 2

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

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

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

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

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

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

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

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

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

(text continued from p. 3)

Call to Action

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

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

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

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

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

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

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

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

Center Policy & Practice Analysis Reports:
The Current Status of Mental Health in Schools
<http://smhp.psych.ucla.edu/currentstatusmh.htm>
Addressing What's Missing in School Improvement Planning: Expanding Standards and Accountability to Encompass an Enabling or Learning Supports Component

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

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

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

Systemic Change for School Improvement: Designing, Implementing, and Sustaining Prototypes and Going to Scale

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

How was school today?



Center News



Have you Visited *What's New*?

For the latest information on Center resources and activities, go to <http://smhp.psych.ucla.edu> and click on *What's New*. See, for example, the latest resources that have been developed and those that have been updated. Among those currently highlighted are:

Policy & Program Analyses focusing on:

- > *Youth Risk Taking Behavior: The Role of Schools*
- > *Toward a School District Infrastructure that More Effectively Addresses Barriers to Learning and Teaching*

Guidance Notes on:

- > *Is the School Year Off to a Good Start?*

A Planning Guide outlining:

- > *Steps and Tools to Guide Planning and Implementation of a Comprehensive System to Address Barriers to Learning and Teaching*

Journal articles:

- > "Systemic Change and School Improvement" by H. Adelman & L. Taylor. *Journal of Educational and Psychological Consultation* (2007).
- > "Mental Health and Social Services: Results from the School Health Policies and Programs Study 2006" by N. Brener, M. Weist, H. Adelman, L. Taylor, & M. Vernon-Smiley. *Journal of School Health* (October 2007).

Revised TA Packet and Guidebook related to transition supports:

- > *Welcoming and Involving New Students and Families*
- > *What Schools Can Do to Welcome and Meet the Needs of All Students and Families*

New and Revised Quick Finds on:

- > *Diversity, Disparities, and Promoting Health Equitably*
- > *Impulse Control*
- > *Response to Intervention (RTI)*
- > *Foster Care*
- > *Disciplinary Practices*
- > *Social & Emotional Development & Social Skills*
- > *Prevention for Students "At-Risk"*

Want resources? Need technical assistance? We can help!

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, Dept. 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 your E-mail address 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/review.htm>

>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, phone, fax, E-mail, or snail mail us if you want to submit feedback, request resources, or send comments and info for us to circulate

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

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, U.S. Dept. of Health and Human Services.

Do You Know About?

National Initiative to Improve Adolescent Health (NIAH)

The *National Initiative to Improve Adolescent Health* was created to enhance efforts to improve the health, safety and well-being of adolescents and young adults through collaborative action at community, state and national levels. NIAH was launched cooperatively by the Centers for Disease Control and Prevention's Division of Adolescent and School Health and the Health Services and Resources Administration, Maternal and Child Health Bureau's Office of Adolescent Health.

NIAH offers a unique opportunity for policy makers, health professionals, community members, adolescents and their families collectively to address issues that affect the health of youth 10 to 24 years old in the USA. The work is anchored by the 21 critical health objectives enumerated in the *Healthy People 2010* campaign (e.g., concerns that greatly threaten the health of adolescents and, subsequently, adults). Achieving these objectives involves reducing existing health disparities.

NIAH takes a broad view of adolescent health, recognizing the importance of healthy youth development and safe, nurturing environments that help young people make healthy decisions. In focusing on healthy youth development, NIAH takes a positive and affirming ecological view that emphasizes young people's potential and the interactions between young people and their environment. In focusing on healthy environments, NIAH recognizes that choices of individual adolescents are shaped by their environment. This requires a societal commitment to young people.

Our Center is pleased to be a participating partner in NIAH. We encourage all interested parties to learn more about the initiative. See:

<http://nahic.ucsf.edu/index.php/niah/C9>

While young people are responsible for their choices, adults also bear responsibility for the world in which adolescents make these choices.

What Works Clearinghouse? (WWC) (www.whatworks.ed.gov/)

The *What Works Clearinghouse* is described as providing educators, policymakers, researchers, and the public with a central and trusted source of scientific evidence of what works in education. It was established in 2002 by the U.S. Department of Education's Institute of Education Sciences. Its aims are to promote informed education decision making through easily accessible databases and user-friendly high-quality reviews of the effectiveness of replicable programs, products, practices, and policies that intend to improve student outcomes.

To these ends, WWC collects, screens, and identifies studies of effectiveness of educational interventions. Current efforts involve conducting systematic reviews and producing intervention and topic reports. Among those already online are reviews focusing on:

- character education
- dropout prevention
- early childhood education
- English language learners
- beginning reading

A Technical Advisory Group composed of experts in research design, program evaluation, and research synthesis works with WWC to ensure quality and integrity. The group helps establish and validate standards, informs methodological aspects of the evidence, and provides guidance to contractors.

Current WWC Standards offer guidance for those planning or carrying out studies, not only related to design but the analysis and reporting as well. The WWC recognizes that WWC standards may not pertain to every situation, context, or purpose of a study. Thus, plans call for regularly updating of technical standards and their application to account for new considerations brought forth by experts and users. Such changes may result in re-appraisals of what was previously reviewed.

The solution to adult problems tomorrow depends in large measure on how our children grow up today.

Margaret Mead

Center Staff:

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



Policy & Practice Not Waiting for Failure

Now that the school year is underway, it is time to look around and see who is being left behind. How are students who have not been promoted responding to repeating a grade? How many students are having difficulty making the transition into the next grade and/or a new school (e.g., adjusting to new teachers, new classmates; new content and standards)? Which students who seemed to make a reasonable start this year are now showing indications of significant learning, behavior, and/or emotional problems? How many are continuing to be affected by a range of barriers to learning that have plagued them previously?

It is only a matter of weeks (sometimes days) after students enter a new school or begin a new year that most teachers know which ones are experiencing difficulties. It is particularly poignant to see a student who is trying hard, but not succeeding.

It is no secret that for some schools the number of students who are not doing well is quite large. And, if problems are not addressed, student motivation dwindles and misbehavior increases. It is clear that the problems of such students are exacerbated the longer they are not effectively addressed. This state of affairs is so widespread that schools have been accused of having a “waiting for failure” policy.

Identifying System Deficiencies

Clearly it is important to respond to each student who is having trouble. And, it is essential to respond to problems as soon after onset as is feasible. But, it is also important to identify and correct deficiencies in current systems in order to prevent problems and improve the ways they are addressed so that fewer students need specialized individual assistance. Consequently, while it is compelling to think about student/learning supports mainly in terms of individual interventions, data on individual students also must be aggregated with a view to identifying system deficiencies.

For example, school staff need to identify who is and who isn't succeeding at school. Then, an analysis must be conducted to determine what is

and isn't being done to (1) prevent, (2) intervene as soon after problem onset as is feasible, and (3) provide special assistance when necessary. This analysis also needs to focus on data gathered in response to general arenas of classroom and school-wide interventions (e.g., efforts to personalize instruction, support transitions, involve the home, provide specialized assistance). These data provide an invaluable basis for identifying major system deficiencies that require in-depth discussion at school improvement planning and decision making tables.

In identifying system deficiencies, here are few basics to look for initially:

(1) *In the classroom* – Focus on how the teacher and support staff affect student engagement and address students who are having difficulty with tasks. Specifically:

- Do classroom interventions appear to
 - >enhance or reduce the engagement of students?
 - >have an impact on unengaged and disengaged students?
 - >modify instruction to fit those who are having difficulty?
- Do support staff work with the teacher in the classroom to help address these concerns?

(2) *Transition supports* – Even though the first wave of newcomers arrive at the start of a school year, others enroll throughout the year. Starting a new school is a critical transition period and, as with all transitions, specific supports often are needed. To identify system deficiencies in this arena, focus on matters such as:

- Does the school and each classroom have a well-designed and implemented welcoming program and mechanisms for ongoing social support?
- Is there capacity building (especially staff development) so that teachers, support staff, and other stakeholders can learn how to establish (a) welcoming procedures, (b) social support networks, and (c) proactive transition supports for family members, new staff, and any other newcomers?
- Has the office staff been provided with training and resources so they can create a welcoming and supportive atmosphere to everyone who enters the school?

(3) *Overall experience at school* (in the classroom and school-wide) – From a psychological perspective,

basic concerns are whether students' experiences at school are resulting in a positive sense of connectedness and engagement, no sense of connectedness and engagement, or psychological reactance. To identify system deficiencies in this arena, focus on matters such as:

- How safe do students feel at school and coming and going to school?
- To what degree does the school minimize threats to and maximize students' feelings of competence and self-determination, as well as connectedness with significant others (e.g., positive relationships between staff and students and among students)?
- To what degree does the school (e.g., teacher, support staff, administrators) overrely on extrinsic reinforcers to enforce rules and control behavior?

(4) *Home involvement* – We stress *home* rather than *parent* to account for the variety of caretakers (including grandparents, siblings, foster caretakers) whose involvement is of concern. The value of home support for student schooling is well-established. Just as students vary in their motivation and ability to participate at school so do their caretakers. For caretakers who are not able or motivated to positively support a child's success at school, the school must outreach in effective ways and provide a continuum of supports to enable effective caretaker involvement in schooling. To identify system deficiencies in this arena, focus on matters such as:

- To what degree does the school help address specific support and learning needs of the family?
- How good are school processes for communicating personally with the home?
- How good are school staff efforts for outreaching positively to caretakers who have not shown the motivation and/or ability to connect with the school?
- How well does the school involve all families in student decision making?
- To what degree does the school provide effective programs to enhance home support for learning and development?

(5) *Special assistance* – Focus on how long identified students have to wait for special

assistance and how appropriate and effective the assistance is.

- To what degree is extra support provided as soon as a need is recognized and pursued in least disruptive ways?
- To what degree are referrals appropriate and effective?
- To what degree is special assistance for students effectively monitored and managed?
- To what degree are special interventions appropriately and effectively coordinated?
- To what degree do special interventions produce positive outcomes that outweigh negative effects?

Correcting System Deficiencies

Identifying problems is relatively easy; correcting them can be exceedingly complicated. As Henry Mencken noted: "There is always a well-known solution for every human problem – neat, plausible, and wrong."

Correcting system deficiencies related to the matters discussed above starts with advocacy and tends to involve revisiting current policy priorities. Decisions about improving an arena of intervention always involve questions about resource use. And, how well improvements are planned and implemented involves infrastructure and systemic change considerations. Finally, we stress that correcting such system deficiencies must be done in ways that avoid exacerbating the marginalization, fragmentation, unnecessary redundancy, and counterproductive competition that characterizes current policy and practice.

To these ends, the Center has developed a range of resources that can be downloaded at no cost (see the Exhibit on the next page).

I heard you only passed one class.

Yea, but it's O.K. I'm planning to be a specialist.



Exhibit

Center Resources for Correcting General System Deficiencies and Enhancing Specific Arenas

Correcting System Deficiencies

Another Initiative? Where Does it Fit? A Unifying Framework and an Integrated Infrastructure for Schools to Address Barriers to Learning and Promote Healthy Development
<http://smhp.psych.ucla.edu/pdfdocs/infrastructure/anotherinitiative-exec.pdf>

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>

Systemic Change for School Improvement: Designing Implementing, and Sustaining Prototypes and Going to Scale
<http://smhp.psych.ucla.edu/pdfdocs/systemic/systemicreport.pdf>

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

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

Steps and Tools to Guide Planning and Implementation of a Comprehensive System to Address Barriers to Learning and Teaching –
<http://smhp.psych.ucla.edu/pdfdocs/stepsandtoolstoguideplanning.pdf>

A Toolkit for Rebuilding Student Supports into a Comprehensive System for Addressing Barriers to Learning and Teaching –
<http://smhp.psych.ucla.edu/summit2002/resourceaids.htm>

Enhancing Specific Arenas

What Schools Can Do to Welcome and Meet the Needs of All Students and Families –
<http://smhp.psych.ucla.edu/WELMEET/welmeetcomplete.pdf>

Support for Transitions –
http://smhp.psych.ucla.edu/qf/transition_tt/transindex.htm

Addressing School Adjustment Problems –
<http://smhp.psych.ucla.edu/pdfdocs/adjustmentproblems.pdf>

Enhancing Classroom Approaches for Addressing Barriers to Learning –
<http://smhp.psych.ucla.edu/pdfdocs/contedu/cfe.pdf>

Re-engaging Students in Learning –
<http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/reengagingstudents.pdf>

Response to Intervention – <http://smhp.psych.ucla.edu/pdfdocs/Newsletter/fall06.pdf>

Parent and Home Involvement in Schools –
<http://smhp.psych.ucla.edu/pdfdocs/parenthome/parent1.pdf>

For more, see the Center's Online Clearinghouse Quick Finds on the specific topic.

For your information . . .**Many Schools, Many Students: Equity in Addressing Barriers**

[from a data set compiled by Institute of Education Sciences (U.S.D.O.E.) –
see <http://nces.ed.gov/fastfacts/display.asp?id=372>]

Anyone interested in enhancing how schools equitably address psychosocial and mental health concerns must strive to understand the scale of efforts to educate young people. While pilot and demonstration programs, projects,

and special initiatives for a few students and a few schools can be helpful, matters of equity and overall impact require a focus on both replication to scale and implementation of major systemic changes.

Consider the following statistics:

Number of Public School Districts (in 2002-03)	=	14, 465
Number of schools		
public elementary and secondary schools (in 2005-06)	=	97,000
charter schools (estimate from 2004-2005)	=	3,300
private elementary and secondary schools (in 2003-04)	=	28,000
Projected number of public school teachers for 2007-08	=	3.2 million
Projected number of private school teachers for 2007-08	=	464,000
Estimated number of student support staff (in 2003-04)	=	1,074,000
>101,400 counselors		
>68,800 nurses		
>53,700 psychologists		
>34,400 social workers		
>80,600 speech therapists		
(See note about student support staff on next page)		
Estimated number of students		
in public elementary and secondary schools (in 2007-08)	=	49.6 million
in charter schools (in 2004-05)	=	887,000
in private elementary and secondary schools (in 2007-08)	=	6.1 million
home-schooled (about 2 percent of all students in 2003)	=	1.1 million
>42 percent of public school students were designated as minority students in 2005.		
>20 percent of school-age children spoke a language other than English at home in 2005		
>13.7 percent of children enrolled in public pre-k through 12 th grade were diagnosed as having disabilities and were being served by federally supported programs (2003-04)		
Of the 6,634,000 served:		
>>2,831,000 were diagnosed as having a learning disability (LD),		
>>1,441,000 as have a speech or language impairment,		
>> 489,000 as having emotionally disturbance (ED),		
>> 464,000 as other health impaired (many of these are diagnosed as ADHD)		
Projected average public school expenditure per pupil for 2007-08	=	\$9,969
Projected expenditure for public schools for 2007-08	=	\$489.4 billion

“The retirement of thousands of baby boomer teachers coupled with the departure of younger teachers frustrated by the stress of working in low-performing schools is fueling a crisis in teacher turnover that is costing school districts substantial amounts of money as they scramble to fill their ranks for the fall term. A National Commission on Teaching and America's Future survey estimated that teacher turnover was costing the nation's districts some \$7 billion annually for recruiting, hiring and training.” *New York Times* (October, 2007)

About Student Support Staff

Student support staff constituted 27 percent of all public school staff in the 2003—04 school year. Included as support staff are licensed or certified professionals (e.g., school counselors, social workers, and speech therapists) and teacher aides (e.g., special education, regular Title I, and library aides),

As the Institute of Education Sciences notes:

“About 857,000 support staff worked in elementary schools and 217,000 worked in secondary schools in 2003-04. Nearly all elementary and secondary schools reported having student support staff (99 and 100 percent, respectively), with a greater number employed full time than part time. In terms of licensed or certified professionals, over two-thirds of elementary and secondary schools reported having school counselors, having nurses, and having speech therapists. In terms of teacher aides, 80 percent of elementary schools and 81 percent of secondary schools reported having special education instructional aides. On average, elementary schools had a lower number

of students per all student support staff than secondary schools (33 vs. 62 percent). Elementary schools had a lower number of students per staff than secondary schools in each category of support staff except school counselors.

The number, percentage, and availability of student support staff varied by schools that were low poverty when compared with those schools that were high poverty. A greater percentage of low-poverty schools than high-poverty schools had psychologists, had special education noninstructional aides, and had library instructional and noninstructional aides. In contrast, a greater percentage of high-poverty schools than low-poverty schools had regular Title I (61 vs. 16 percent) and ESL/bilingual (41 vs. 29 percent) instructional aides. With the exception of school counselors, the average number of students per licensed or certified professional (nurses, social workers, psychologists, speech therapists, and other professionals) was smaller in high-poverty schools than in low-poverty schools.”

Note: Schools vary markedly in their ability to provide quality teachers and support staff. As with many fields, the problem can be particularly acute in some geographic locales. Drawing on several data sets, Richard Ingersoll and David Perda suggest “school staffing problems are not primarily the result of shortfalls in the number ... produced each year to replace retirees or meet increased demand from rising student populations.” The demand is seen as resulting from school staff leaving after only a few years in the field. For support staff, the problem is compounded by lay offs when budgets tighten. (See Ingersoll & Perda at http://nces.ed.gov/whatsnew/commissioner/remarks2007/06_20_2007.asp)

School staff deserve more credit than they get.

You're right. But they wouldn't need it if they were paid better.

