

Removing Barriers: Strategies for Merging Mental Health and Educational Advocacy

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Child & Family Guidance Center

Child & Family Guidance Center

- **Programs & Services**

- Individual and group therapy (in-home/school-based)
- Psychiatric Services
- Psychological Testing
- Case Management Services
- Therapeutic Behavioral Services
- Parent Library

- **Evidenced Based Practices**

- **Children Served at the Child & Family Guidance Center**

100% are low income, 50% Hispanic, 26% Caucasian, 24% Black

Why Do Parents Bring Their Children To The Center

- Attention Deficit Disorder..... 18%
- Oppositional Defiant Disorder.....17%
- Anxiety Disorders.....16%
- Major Depression.....11%
- Conduct Disorder.....10%
- Post Traumatic Stress Disorder.....9%
- Dysthymic Disorder.....7%
- Adjustment Disorder.....7%
- Bipolar Disorder.....3%
- Schizophrenic Disorder.....2%

Profile of Youth in the Transitional Youth Services Program

Our Transitional Youth Program targets high school students, ages 14 to 19 years old:

- ❖ **History of longstanding school failure or poor performance that may include school avoidance**
- ❖ **Experiencing significant mental health symptoms that are causing or exacerbating school difficulties**
- ❖ **Lack of realistic future plans and hopes**
- ❖ **May be on probation or at risk for arrest for truancy, tagging, or other misdemeanors**



Program Goals and Interventions

- ❖ **Promote School Success:** Provision of educational advocacy to facilitate coordination between school and mental health providers and linkage to support services such as tutoring, mentoring, pro-social activities
- ❖ **Demystify weaknesses and focus on utilizing strengths:** Interests and strengths as assets
- ❖ **Future Planning:** Short-term and long-term vocational planning and college guidance
- ❖ **Increase Independent Living and Social Skills:** Teach transitional youth skills required to function as an adult
- ❖ **Link to Positive Community Experiences:** Linkage to employment, volunteer work, and community service

How Do Mental Health Issues Impact School Performance

- Poor peer relationships
- Low frustration tolerance
- Difficulty handling negative feedback from teachers
- Shy and withdrawn behavior
- Disruptive behavior in the classroom
- Refusal to do school work
- Short attention span
- Lack of stamina
- Difficulty handling time pressure and multiple tasks
- Increased truancy and poor attendance

Boston University, Center for Psychiatric Rehabilitation, "How does mental illness affect my school performance? 2011



Impact of Specific Diagnosis on Academic Achievement

❖ **Anxiety Disorders**

- ❖ Anxiety disorders are associated with a reduced likelihood of attending college

❖ **Depression**

- ❖ High depression scores have been associated with low academic achievement, increased school suspensions, and decreased ability or desire to complete homework, concentrate and attend class
- ❖ Teens who have attempted suicide in the previous 12 months show significantly lower levels of school performance

❖ **Attention Disorders**

- ❖ Attention problems are the principal predictor of diminished achievement relative to expectations based on the teen's cognitive ability

Outcomes for Youth Identified as Emotionally Disturbed by the School District

Eligibility for Special Education Services at school

- ❖ Emotionally Disturbance
- ❖ Learning Disability
- ❖ Other Health Impairment

Outcomes for Emotionally Disturbed Youth

Youth labeled Emotionally Disturbed by school are most likely to:

- ❖ Drop out of school
- ❖ Receive lower grades than any other disability group
- ❖ Be retained at grade level
- ❖ Have the highest rate of suspensions and expulsions
- ❖ Have the highest rate of absenteeism

Outcomes for Youth in Special Education 2003

Disability	Completion Rate			
	Diploma	Alternative Credential	Total Completion Rate	Dropout Rate
All IDEA students	57	11	68	29
Emotional disturbances	39	6	45	53
Learning disabilities	64	8	71	27
Mental retardation	40	28	68	25
Other cognitive disabilities	57	20	77	13
Speech/language impairments	64	8	72	26
Orthopedic impairments	64	11	76	18
Sensory impairments	69	14	83	14
Other health impairments	68	7	75	23
Multiple disabilities	48	20	68	17

Source: U.S. General Accounting Office. (2003). SPECIAL EDUCATION: Federal Actions Can Assist States in Improving Postsecondary Outcomes for Youth. Report to the Ranking Minority Member, Committee on Health, Education, Labor and Pensions, U.S. Senate (GAO-03-773). Washington, DC: U.S. General Accounting Office.

School to Prison Pipeline

National Trend towards the Criminalization of Youth with Behavior Challenges

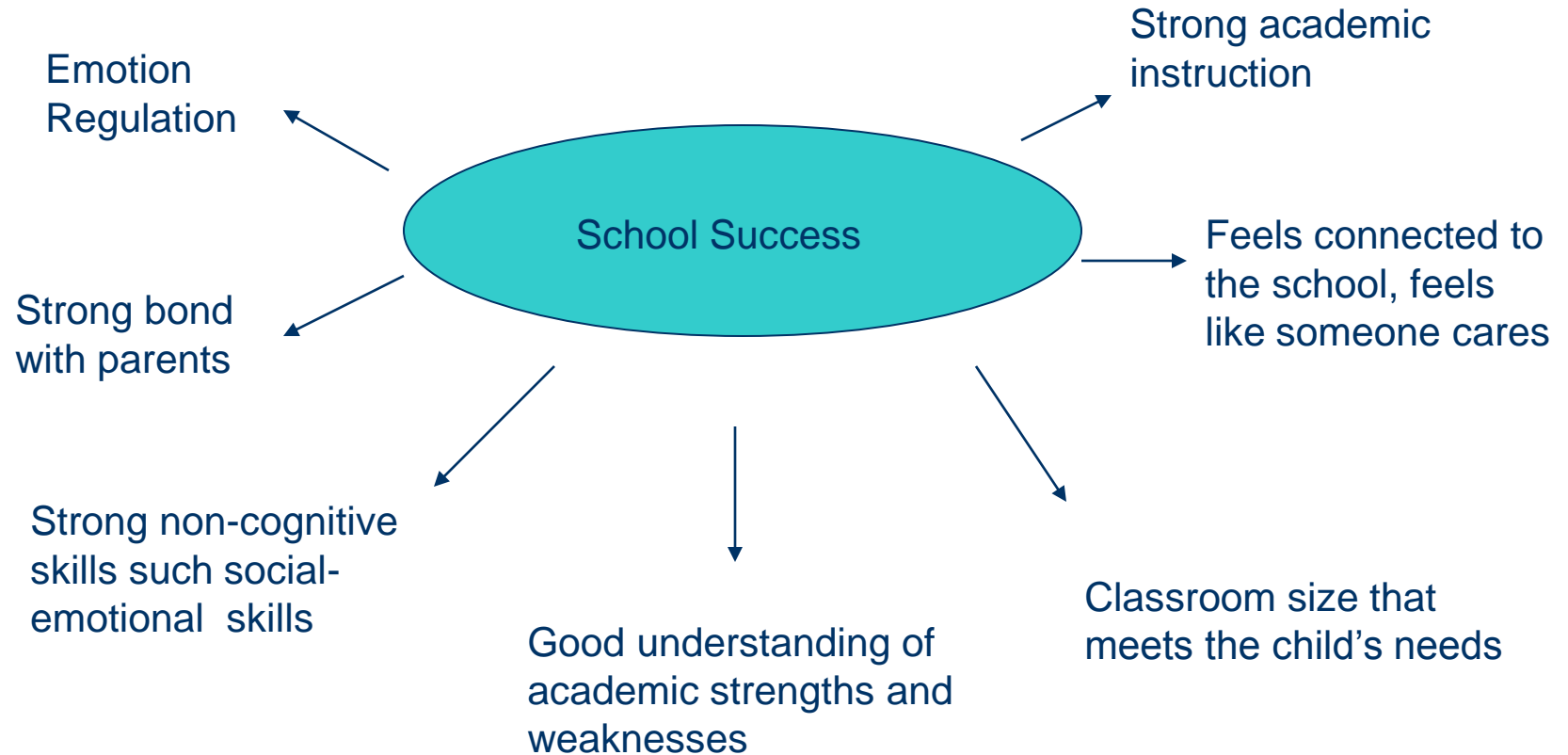
- Zero Tolerance Policies move youth with behavioral problems into the juvenile justice system
- Special Education Students are more likely to be suspended or expelled: 33% vs. 21% nationally
- Students with emotional disturbance are significantly more likely to have been suspended or expelled over their school career than youth in all other disability categories.

National Center for Special Education Research, National Longitudinal Transition Study, "School Behavior and Disciplinary Experiences of Youth with Disabilities, March 2006

Impact of Poverty on School Performance

- ❖ The single greatest predictor of academic and social failure in America's schools is poverty (Illinois State Board of Education 2001; Rylance, 1997)
- ❖ Neuroscientists have found that it is not poverty itself, but the psychological and physical impact of stress created by poverty
- ❖ This stress has an impact on brain functioning, especially vulnerable is the prefrontal cortex which is critical in self regulatory activities of all kinds, both emotional and cognitive. As a result, children who grow up in a stressful environment find it hard to concentrate, harder to follow direction, harder to rebound from disappointment, and harder to sit still. This has a direct effect on their school performance.

How Youth Succeed: Protective Factors



Resiliency and Growth

Resiliency theory and research indicate that children “are better equipped to cope with life’s challenges when they are aware of their weaknesses and vulnerabilities, as well as their assets and talents.”

“Good management of their learning problems should enable children to feel increasingly engaged and effective in school. They should perceive tangible evidence of their progress at the same time that they are developing positive feelings about future possibilities for themselves as students and as adults.”

Evidence-Based Programs that Build Protective Factors in Youth

To help students with disabilities transition from secondary to post secondary education strategies that appear to be most successful include:

1. Instruction that supports competence in:
 - ❖ Functional academic skills
 - ❖ Community living skills
 - ❖ Personal social skills
 - ❖ Vocational skills
 - ❖ Self determination skills
2. Participation in vocational education classes in high school
3. Participation in paid work experience in the community during high school
4. Participation in transitional planning

Effective Practice for Youth with Behavioral Problems

Evidence clearly indicates that academic success is associated with a decrease in problem behavior and involvement with the judicial system (Gottfredson & Gottfredson, 1996; Lipsky, 1991; Maguin & Loeber, 1996)

Students with problem behaviors require effective instruction across the curriculum and into students' extracurricular lives. Research indicates a need for programs that include:

- ❖ social skills training
- ❖ peer mediation
- ❖ conflict resolution
- ❖ transition planning

(Jolivet, Stichter, Nelson, Scott, & Liaupsin, 2000; Peck, Sasso, & Jolivet, 1997)

What Works: Merging School and Mental Health Services

Movement to Merge Mental Health and Schools

Three different models have been established to achieve this goal:

- ❖ **Collaborative Model:**
Increased collaboration between mental health agencies and schools
- ❖ **School-Based Mental Health Services:**
mental health agencies out-stationing a mental health therapist on school sites to provide treatment to youth identified as having mental health needs
- ❖ **Social-Emotional Learning Movement:**
All services are provided by the school. There is a social-emotional learning component to the overall curriculum that is designed to address the mental health of all youth and prevent problems that impact learning

(Center for Mental Health in Schools, Mental Health in Schools: an Overview.
<http://smhp.psych.ucla.edu/aboutmh/mhinschools.html>)

Assessment

“A child with school problems has a need and a right to be understood. Misinterpretation of such a student can cause far more damage than the learning difficulty itself. A proper assessment entails objectivity, the seeking of evidence from multiple sources, and a recognition of the multiplicity of changes & factors that together obstruct the child’s success in school.”

- Chicken or Egg Syndrome: Is school failure caused by mental health symptoms or learning differences or are such difficulties exacerbated by school failure. It is important to understand client’s school, mental health, and family history in order to address and remedy
- Youth are often labeled as lazy, unmotivated, oppositional, or acting out, which may mask genuine symptoms or learning deficits.

Assessment: Obtaining School Records

- Gathering and reviewing school records provides essential background information to help determine a child's strengths and weaknesses, school history and behavioral patterns that allow us to begin formulating a case plan.
- The process of obtaining information involves several steps:
 - 1) Sending a letter to the school, along with authorization forms signed by the parent, in order to commence this process. (attachment)
 - 2) Sending a letter to the school district to obtain special education records and testing reports
 - 3) Requesting that the parent bring in all school records for their child and assist them with creating a binder (handout)

Assessment: Mental Health Records

The Case Manager is responsible for reviewing and organizing all pertinent mental health records, which may include:

- ❖ Initial mental health intake
- ❖ Therapy case notes
- ❖ Psychiatric evaluation
- ❖ Psychological testing reports (from this Center or outside agencies)

How the Special Education Assessment and the Psychological Testing differ. What they both can tell us about the youth.

Assessment: Interviewing the Parent

“ The adults in a child’s life should watch the child performing, behaving, interacting and learning. The observers will begin to discern patterns that recur.” (Mel Levine, page 269)

The parent interview is an essential and ongoing component of the assessment process:

- 1) School history: including grades, behavior, teacher comments (both praise and complaints), school changes, special education history
- 2) Identifying barriers to learning: The case manager utilizes carefully honed interviewing skills to probe deeply to discover patterns
- 3) What does the parent believe the child needs? It is vitally important to formulate a plan that the parent believes addresses child’s needs
- 4) Commencing the process of working with the parent to move anger and hopelessness to advocacy and communication

Establishing Rapport with the Youth

Assignment of a case manager who has a low caseload of 12 to 15 cases.

- ❖ Initial interview: Purpose is to gather information but, more importantly, establish rapport and mutual goals
- ❖ Weekly ongoing appointments to work toward goals, which may include school attendance, improved grades, acquisition of study and organizational skills, employment, and future plans
- ❖ Identification of client's learning style through implementation of Academic Assistance Program
- ❖ Assessment of career goals using testing of interest profiler and other computerized tools

Assessment: Obtaining Information from the Teachers

- ❖ Designing and delivering teacher questionnaires (attachment)
- ❖ Meeting with teachers to obtain current information regarding client's performance and attendance
- ❖ Serving as liaison between school and therapist to obtain information regarding school performance and increase collaboration between mental health provider and school. Establishing communication with counselor, teachers, probation officer, special education providers and coordinator, dean, etc.
- ❖ Identification of behavioral problems and triggers; requesting a functional behavioral analysis when appropriate

Ongoing Work Directly with the Student

Case Manager's Role:

- ❖ Acknowledging Strengths and Weaknesses
- ❖ Goal setting and future planning
- ❖ Incorporating interests
- ❖ Organizational Skills
- ❖ Study Skills
- ❖ Self-Advocacy Skills

Mental Health Therapist Role:

- ❖ Teach emotional regulation
- ❖ Teach social skills
- ❖ Teach frustration tolerance skills

Psychiatrist Role:

- ❖ Determine the need for medication

Parent Education

Parents are an integral and important part of the team

Therapist Role:

- ❖ Educate the parent on their child's diagnosis
- ❖ Teach parent how to manage their child's symptoms

Case Manager's Role:

- ❖ Educate parent regarding diagnosis through the use of videos and literature
- ❖ Teach parent to monitor child's medication

Teaching Parents and Youth Advocacy Skills

Case Manager's Role is to educate parents and youth on their role in the IEP, explain the ground rules of the IEP, empower them to be an active participant and describe the possible outcomes of the meeting.

- ❖ Engage the parent, clarify the importance of their involvement
- ❖ Diffuse their anger, acknowledge their disappointment
- ❖ Facts not emotions
- ❖ Plan ahead and be prepared
- ❖ Be prepared to explain their child's mental health issues
- ❖ Clarify their questions
- ❖ Brainstorm possible solutions
- ❖ Coach youth on how to explain his struggles and articulate what he feels will help

Teaching Parents and Youth Advocacy Skills (continued)

The Case Managers role as teacher in preparation for IEP

- ❖ Start with casual discussion
- ❖ Listen more than you talk
- ❖ Clarify what you hear, paraphrase
- ❖ Story telling reduces tension, increases empathy, parent or youth can tell their story
- ❖ Discussion of needs prior to discussion of solutions
- ❖ Move the focus from the general to the specific
- ❖ Discuss solutions and request in writing

Preparing for the IEP: Sensitive Topics

Educational Advocacy: School and Mental Health Collaboration

- ❖ Exchange of information between mental health professional and school psychologist to document mental health issues. Assist with establishment of eligibility, and contribute to decisions regarding placement and services.
- ❖ Disclosure vs. confidentiality in regard to diagnosis, symptoms, and mental health history.
- ❖ The challenge of establishing and maintaining positive rapport with the school versus advocating for the youth.

Preparing for the IEP: Identifying Team Members

Assuring an Appropriate IEP:

- ❖ Parent
- ❖ Youth: Determining when a teen should attend the IEP
- ❖ Treating therapist
- ❖ A general education teacher who has client in a class
- ❖ A special education teacher who has client in a class
- ❖ School counselor, DIS Counselor
- ❖ Other service providers involved with the youth such as Regional Center, Probation, Department of Rehabilitation

School Placement

SPECIAL EDUCATION PLACEMENT

- **Prognosis for success in school and in life** for these students is frighteningly poor. There is a need to develop effective and efficient prevention and intervention practices. While inclusion is a goal for these students, research indicates that simply placing them in regular education environments with appropriate peer models is not sufficient to facilitate academic or behavioral success.
- **Least restrictive vs. more restrictive setting:** the challenged youth's need for more structure and services
- **Special education placement options:** The spectrum of placement options, balancing setting, services vs. stigma.

(Gable, R.A., McLaughlin, V.L., Sindelar, P., & Kilgore, K. (1993) Unifying general and special education teacher preparation: Some cautions along the road to education reform. Preventing School Failure, 37, 5-10.)

Exploring School Options

Isolating factors that child needs in order to be successful in a school setting in order to evaluate options, such as:

- ❖ School size
- ❖ Class size
- ❖ Availability of appropriate special education services
- ❖ Teaching method matches client's manner of accessing information: (auditory vs. visual)
- ❖ Child's interests are stimulated and future goals are addressed via course offerings, extracurricular activities, etc.
- ❖ Presence of appropriate behavioral and counseling supports
- ❖ Availability of social skills and independent living skill training, study/organizational skills assistance, tutoring,

School and Program Options

Placement options: Matching each student with an appropriate school and setting within the school; visiting schools with parent and the teen

- ❖ Magnet Schools
- ❖ Charter Schools
- ❖ Continuation Schools
- ❖ Occupational Centers.
- ❖ ROP Courses
- ❖ Virtual Schools
- ❖ Non-public Schools

Resorting to IDR, mediation, due process, and special education attorney referrals