

Rates of Common Problems among Low-Income Kids:

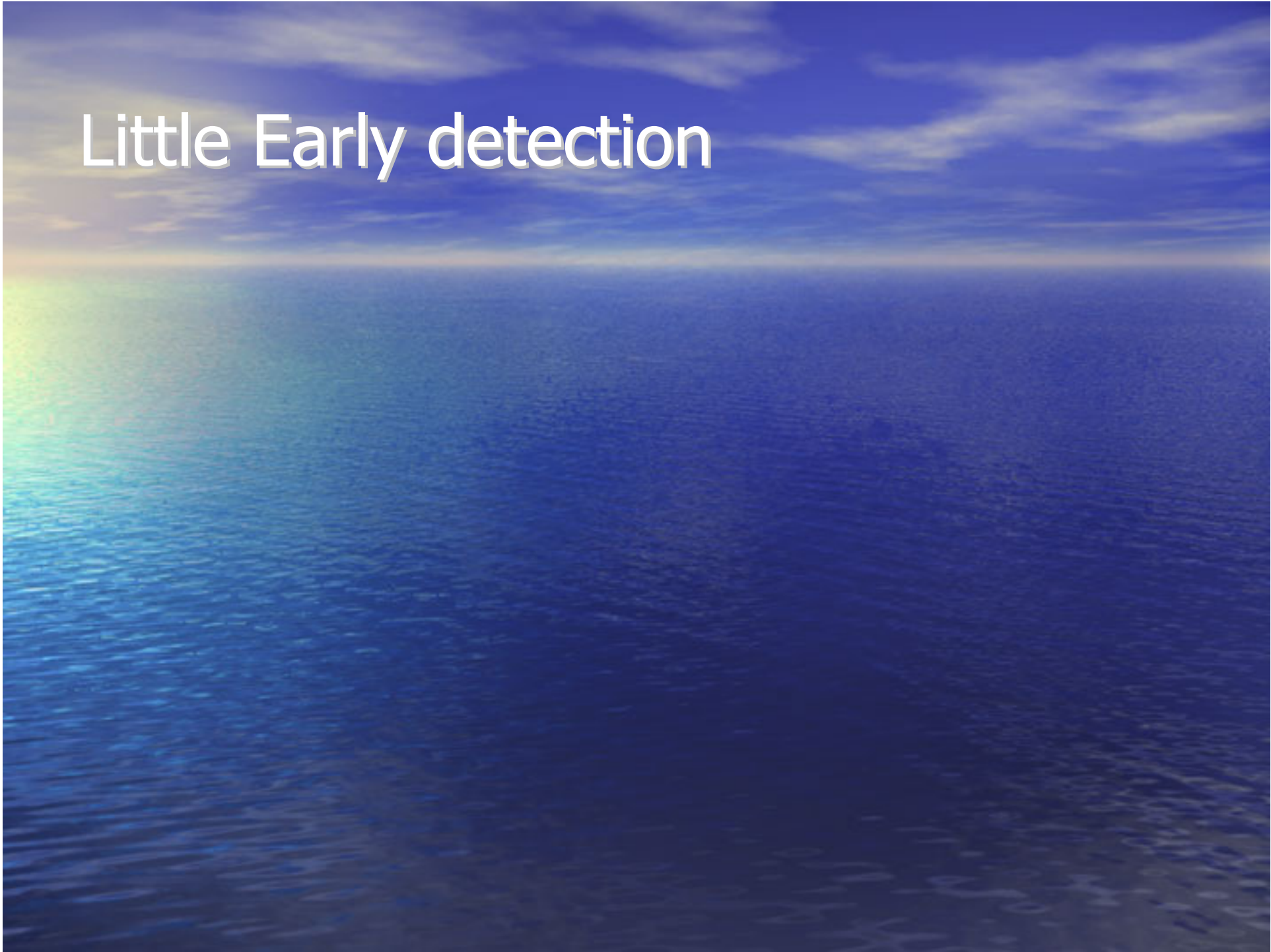
Rates of Common Problems among Low-Income Urban Kids:

- Self-Regulation/Impulse-Control/Behavioral Trouble
- Depression--- 20% at some point in childhood across income levels
- Sleep Deprivation-- 20-25% (?)
- Vision Problems-- 10-20% (?)
- Mobility-- 20-30%
- Exposure to Domestic Violence--20% (Across Income Levels)
- Exposure to Community Violence (?)
- Caretaking Responsibilities

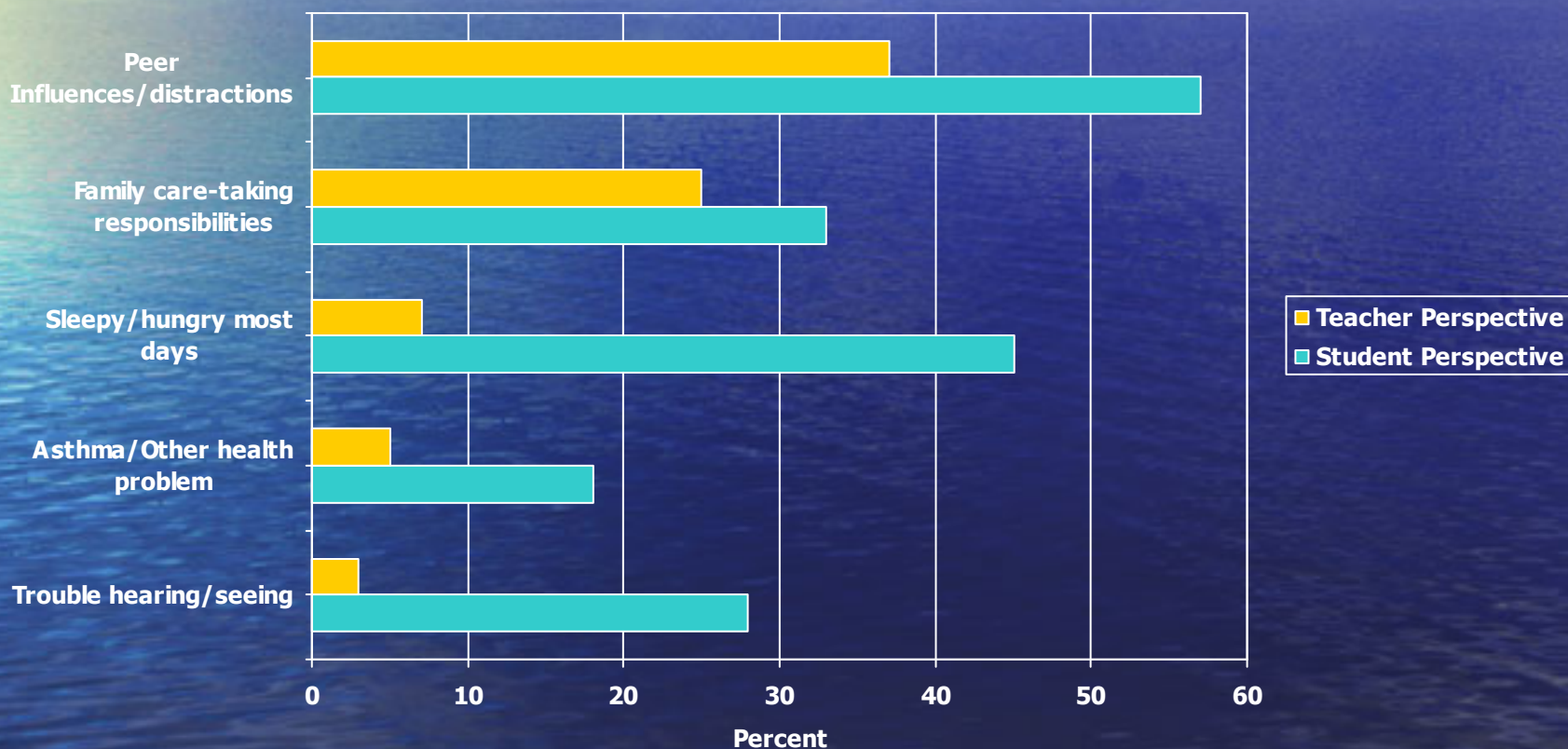
Challenges

- No data on what problems are most pervasive and damaging, no tracking systems.
- “Projectitis” and Trend-Driven
- Mental health providers consumed by crises and individual kids with behavior problems
- Children treated in isolation from families and no one holds whole, complex story of child.
- The Rhetoric but not the Reality of Resilience

Little Early detection



Comparison of Factors That Impede Individual Students' Learning: Student vs. Teacher Perspectives



Toward a New System of Care

- Teachers *not acting as social workers* but with greater capacity to detect troubles, to “hold story of child,” to develop relationships with families, to manage difficult behaviors effectively.
- System of care that engages families early and in multiple ways (homevisiting)
- System of Care that is data driven.

New System of Care cont...

- New, More Coherent and Focused Roles for Various School Staff

The Mental Health Professional's Dilemma

1. Crisis Intervention
 2. Individual therapy
 3. Case Management
 4. Connecting students to community activities / supports
 5. Family therapy / family case management
 6. Service broker / service liaison for school
 7. Assistance with school culture
 8. Assistance with teacher conflicts and teacher principal conflicts
 9. Assistance with classroom management
 10. Assistance with classroom culture / community building
 11. Resilience-based strategies – strength identification, teacher-student relationships, coping capacities
 12. Support for parent engagement strategies
 13. Assisting teachers in detecting and responding “quiet” problems
- Principal
 - Assistant Principal
 - Nurse
 - SPED Staff
 - Mental Health Professional
 - Outside Collaborators

Starting with a Few Priorities: What Key Problems Need to be Solved?

- 1. Behavior problems/classroom management/teacher-student relationships
PBIS, Incredible Years
- 2. Well-functioning Student Support Teams that respond to serious “quiet” problems.
- 3. Access to Outside Mental Health Providers for kids with serious mental health issues

Stage 2 Priorities

- Data Collection and school-wide mobilization around a couple of quiet problems: Consider sleep deprivation
- The Promotion of Resilience

Stage 3-- Time and Resource Dependent

- Reaching out to families when kids have reading struggles
- Individual success plans for every child
- Full-Service schools built on strong infrastructure
- Collaborations with Public Health and other agencies focused on parental depression

A Caveat:

- Maintain Focus on Rich, Vibrant, High Quality Instruction

Resources

- PBIS: www.pbis.org/PBISgoals.htm
- Incredible Years: www.incredibleyears.com
- Risk survey
- Resilience Strategies