



**SPECIAL EDUCATION NEXUS BRIEFING SERIES**  
**School-Based Mental Health Services & School-Wide Interventions**  
**Thursday, March 15, 2007 3:30 pm – 5:00 pm**

**Remarks of Rivka Olley, School Psychologist, Baltimore County Public Schools, MD**

Good afternoon. My name is Rivka Olley. I feel truly honored to be here today to speak with you about the education of our children and the link between instruction and school-wide and individual mental health services for all students.

I have been a school psychologist since 1975 and have witnessed the evolution of education law from PL94-142, to IDEA 2004 and the No Child Left Behind Act. I currently am a school psychologist in an elementary and middle school in the Baltimore County Public Schools. Our county forms a horseshoe around Baltimore City. With 163 urban and suburban schools, the Baltimore County Public School district is regarded as one of the largest school districts in the country. Fifty-two percent of our students are Caucasian and 39% African American. Approximately 34% of our students receive free and reduced lunch and 3% are English Language Learners. Our school psychologists to student ratio is 1:1247 I also have worked in an extremely rural setting, serving schools in Vermont where a district may be as small as one elementary school. I have global view of the profession from my work with NASP and as President of the Maryland Association of School Psychologists.

I grew up as an Army brat attending 13 schools in 12 years; three in one year. As an Army kid, I learned what it is like to always be out of sync with a new school's curriculum and to have no permanent friends because you are always the new kid on the block, not knowing who will be a friend or who is the school bully, and having no one know what you are feeling – not the students, not the teachers and often not your parents. I became a school psychologist because of my concern for young girls like me and boys like my brother who encountered many barriers to learning that were not easily detected nor addressed by teachers. My brother was the perfect example of a child who was capable of learning, but because of our frequent moves went undetected as a struggling reader until he was in the 3<sup>rd</sup> grade.

Children gradually develop and learn in a variety of areas: intellectually, academically, physically, socially and emotionally. All children can learn in an environment that nurtures them, is safe and caring, and focused on active learning and high expectations. When teachers are well supported and highly trained to provide appropriate, developmentally relevant instruction, in well-managed classrooms, children learn and develop the behaviors and attitudes critical to learning and citizenship.

In 2000, I wrote the introduction to my district's ADHD Identification and Management Guide, stating, "Teachers enter their profession with optimism and idealism. They spend years in college learning about curriculum, content, and alternative strategies for reaching and teaching the children in their charge. Often they do not have course work, or training, in managing the diversity of behaviors confronted in the average classroom. To be effective, teachers need to evaluate student progress often, give specific feedback about performance, and continuously manage student behaviors so students stay engaged in the learning process."

Importantly, and the reason I am here today, is to recognize that teachers cannot and should not have to, do this on their own.

### **Multi-Tiered Approach**

I would like to focus today on the three-tiered approach to preventing and intervening with students' mental health and behavioral problems as they relate to teaching and learning. A multi-tiered approach that utilizes specialized instructional support is the basis for such successful processes as positive behavior supports (PBS), school-based mental health services, and response to intervention (RTI). In your handout, I've included with my written remarks a chart that depicts how my district views this comprehensive system of learning supports for student's behavioral and mental health. These processes build from broad preventive strategies applied to all students at the school- or district-wide level and then increase in focus and level as students exhibit need for more intensive interventions. At one end of the spectrum is general education for all students; at the other end is special education and intensive services for a few students. These processes bridge general and special education. Underlying both efforts must be a rigorous attention to the individual needs of the whole child, including their cultural background.

### **Response to Intervention**

Within my district, we have incorporated the three-tiered approach as part of a comprehensive system intertwining the structure of NCLB and IDEA. On the school-wide level, we screen all children for pre-reading and reading skills. These assessments are conducted by teachers, reading specialists, and school psychologists. All children are provided with remedial assistance in academic areas as part of the general curriculum. Those children with greater difficulties are brought to the Student Support Team or SST.

The SST is part of the general education initiative that uses the Response to Intervention or RTI process to determine what further assistance is needed for particular students, and utilizes a tracking system sensitive to individual student performance outcomes. RTI is a problem solving process that focuses on prevention, identifying struggling learners, and providing early intervening services to these students at increasing levels of intensity. RTI requires careful monitoring of student progress in response to interventions in order to determine if the degree of improvement is sufficient for the student to reach proficiency. My county includes the school psychologist as a standing member of the SST and we serve to inform instruction, instructional adaptations, and assist with 1) individual student behavioral deficits, 2) classroom interventions, and, 3) school-wide behavioral programs such as PBIS.

### **Specialized Instructional Support**

With regard to behavior support in general education, specialized instructional support often involves the school psychologist or counselor observing the student or students whom the teacher reports demonstrate particularly challenging behaviors that interfere with the student's learning or disrupt the classroom. When these behaviors are not readily addressed by a variety of interventions at the general educational level, the student will be considered for a more formalized Student Support Plan or evaluation through the SST. At that point, the student has been identified for greater assistance and moves to a Level 2 intervention.

Researchers have noted that approximately 5% of students will demonstrate significant emotional and/or behavioral deficits that require greater assistance such as special education, IEP development, and instruction. It is our goal to maintain children in their home schools and in the general education classroom. For these children, greater supports, or Level 3 interventions, require specialized instructional support personnel (like school psychologists, social workers, counselors, speech and language therapists, nurses, etc.) to provide "related services" such as therapeutic and consultative supports for students, staff, and parents. At times, some students require alternative educational settings with a higher ratio of specialized instructional support services.

### **PBIS-Like Program**

In my elementary school, we implemented a school-wide PBIS program a year ago. It was designed by a team comprised of one teacher from each grade level, the administrators, school counselor, and me, a school psychologist, as a consultant. It was important that the teachers help put this program together as the research shows that at least 80 percent of teachers have to buy into any school wide program for it to succeed.

The program mimics much of what is good in the positive behavioral support literature. Each student has a visible "star chart". If they are showing a "star" level, they are demonstrating excellent behavior. Less than "star" behavior receives a Level 1 "reminder", Level 2 "warning", or Level 3 "infraction". At Level 4—"infraction slip"—the student is removed from an activity such as recess, and at Level 5—"focus room/ office referral"—the student is removed from the classroom. Students can move up and down as the day progresses. Parents are notified in writing on days when their child exhibits problem behavior. When students continue to struggle, they move into the more intensive levels of support as described above.

Without this assistance, these students would continue to struggle in school. It is our goal to maintain children in their home schools and in the general education classroom. We are committed to helping all students acquire the needed skills to become effective students academically and behaviorally.

I should note that as a part of this program, we teach a social skills curriculum that is just as direct and specific as reading instruction.. Students are taught behavioral expectations explicitly and expected to demonstrate acquisition of the skill and then mastery. Ideally, such a curriculum should be developed at the state level with assessment and accountability measures applied as rigorously as any other curriculum.

In this first year with the program, I have seen fewer children brought to the SST for behavioral problems. No children with behavioral problems have been brought to the IEP team. The initial data shows that fewer children are referred to the office for significant behavioral infractions. There are a few children who are referred repeatedly and these are primarily students who are new to our school and who have not had the chance to be exposed to our social skills program and positive behavioral plan.

### **Individual Support**

I'd like to emphasize here the importance of being able to recognize and respond to the needs of the individual child by sharing my experience with one particular class.

A few years ago, I started spending three afternoons per week for 45 minutes in the lowest first grade math class. The class was academically and behaviorally challenging even with considerable adult support. We had a teacher, teacher's aide, student teacher, and myself. The students had many behaviors typically associated with attentional weakness and hyperactivity, as well as having emotional deficits. One student also was an English Language Learner (ELL).

I worked to understand the students' emotional and psychological barriers to learning. I spoke individually to each one about what they needed to do as a learner. I encouraged them, praised them, and redirected them. I consulted with their teacher regarding additional strategies she could use to get keep them engaged in learning. I circulated around the class making sure that the more overly active and inattentive students were staying alert and on task.

### **Cultural Competence**

I particularly remember two students in this class. One little girl spoke only Spanish. I worked with her in a variety of ways but at the core was my effort to reach her in culturally appropriate and productive ways. I taught her in both English and Spanish. I connected services to her family through our ELL district-wide department to include provision of Spanish grade level reading books. I helped the teacher make the curriculum accessible to this student and differentiate between her potential cultural barriers and any genuine learning deficits. Culturally competent practice requires educators to be aware and respectful of the values, beliefs, traditions, customs, and parenting styles of the children they serve. This competency is critical to raising the achievement levels of many subgroups within our increasingly diverse student population.

### **Emotional Support**

The other student I specifically remember was a little girl who always seemed disengaged, rarely completed her homework, and was talkative during class. One day, the counselor brought her to class and asked me to speak with her because she was crying. We sat down in the hall and the little girl climbed on my lap. As I held the girl, she told me that she was stupid in math and did not want to come to class. I told her that I knew why she was having trouble and that if she would stop crying so loudly I would tell her about another little girl who had trouble with math. When I finished telling her about this other first grader who cried every day at school, she asked what happened to her. I told her that girl was me and that I knew how she could do better in math. All she needed to do was to listen to the teacher and do her homework.

In the weeks that followed, I provided positive social reinforcement every time she handed in her homework. I cued the teacher to call on her when she had correct answers. By the end of the school year, she had the highest grade on the math benchmark exams and she was a solid student in second grade in all areas. I pulled her aside one day to praise her and asked her why she thought she did so well. She said it was because I told her that all she had to do was to listen and do her homework. She said that was easy to do. And, she did it.

These students are now in fifth grade. Although some students continue to present challenging behaviors they are all still being educated in their regular classes. I relish the hugs they still give me.

I have many stories like this. Unfortunately, they do not all end with success. For example, I worked for a year and a half with a middle school student who cried almost daily at school. Along with the school counselor, I provided counseling, coping strategies, social support at lunch, and care and acceptance. Despite significant support, though, the school did not have all of the resources necessary to help him stay in our school.

### **Community Collaboration**

All schools have students who need far more counseling and supports than the school can provide. In these cases, schools need to work closely with community agencies and supportive family resources. In Baltimore County, we have a Multi-Disciplinary Team for Child Welfare to help facilitate this collaboration. Recently we had a young man with mental retardation and cerebral palsy who had stopped eating. Our nurse monitored his weight and food intake at school but we needed the services of our Multi-Disciplinary Team to provide him with community services and hospitalization to stabilize his medical and psychiatric needs.

### **Conclusion**

With all the positive services that our district provides, the community-school-home based interface, and the intertwining of NCLB and IDEA, we still face challenges each day. We have students who are members of gangs, students who bring knives, and guns to school, and students who sell drugs at school. Despite our best efforts with school-wide awareness programs, it is the counselors, social workers, school psychologists, and school resource officers who are in the trenches with these more disruptive and needy students on a day-to-day basis. There simply aren't enough of us. Never have teachers and administrators needed more specialized instructional support personnel available to assist with general classroom management and specialized interventions. It will be hard to educate fully all our children without considering the needs of the whole child. Specialized instructional support personnel need to be recognized and supported in NCLB for all students and in IDEA for students with more challenging needs.

Again, thank for taking into consideration these views. I would be happy to provide further information or assistance as you work on NCLB reauthorization in the coming months.