Chapter 1

THE EDUCATOR'S ROLE IN CHILD AND ADOLESCENT MENTAL HEALTH

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PREREADING QUESTIONS

As you read this chapter, reflect on the following questions and issues:

1. We frequently hear about the shortage of classroom teachers. What are some of the reasons that you think a shortage exists?

2. What would you guess are some of the most common job-related difficulties reported by veteran teachers?

3. Do you think that students today face the same challenges as children from previous decades, or do children today experience more significant challenges? What are those challenges?

4. Should teachers play a role in fostering mental health in their students? If so, what responsibilities do they have? If not, who is responsible for meeting the mental health needs of students?

Teaching is more demanding today than it has ever been. Few researchers would disagree with this statement, and even fewer professional educators would disagree. Myriad factors intermesh to contribute to the challenge. Poor pay has been a longtime complaint. Newer factors related to the difficulties that teachers report include (a) increased bureaucratic demands; (b) the contradictory demands of federal No Child Left Behind (NCLB) legislation, which many teachers feel places them in the position of being "accountable" based on measures that do not measure the effectiveness of their teaching; (c) the cumbersome requirements of the Individuals with Disabilities Education Act (IDEA), which many teachers have not been educated about; (d) concerns about institutional safety in a time of several high-profile episodes of horrific school violence; (e) heightened concerns about personal liability in an era of resolution through civil mediation; and (f) what seems to be an all-time low in the credibility afforded to teachers by the body politic. It is not surprising, therefore, that a drastic shortage in teachers is forecast to worsen in coming years. Perhaps many prospective education graduates find themselves asking the same question as Ogden (2002), who pondered rhetorically,

> Why would a bright student . . . go into a low-paying, low-respect job where the primary responsibility is to expose . . . a small group of people, a sizable proportion of whom could care less about anything of an intellectual nature, in a place where they do not wish to be, to something that all but a few will find totally irrelevant. (p. 367)

What does surprise many is that this shortage is not due primarily to the number of people who enter the field but is instead the result of teacher attrition (Harrell, Leavell, van Tassel, & McKee, 2004; National Commission on Teaching and America's Future [NCTAF], 2003). Teacher training, like most areas of professional training, involves intense commitment, sacrifice, and expense. Unlike most other college training curricula, although there are a few other exceptions (e.g., nursing), teacher training prepares students to leave the college classroom and immediately obtain employment doing a *specific job.* Although the following example is extreme, it seems as unlikely for teachers to successfully undertake obtaining a degree in education and then to leave education as it would be to see a physician go through medical school and then leave the field of medicine. Many people obtain college degrees in a given field of study (although they are not trained to obtain a specific job in that field) and, after graduation, obtain employment in a field unrelated to their course of study. Intuitively, one would not expect this to be the case in education. Therefore, the issue of attrition of professional educators warrants consideration.

One third of beginning teachers leave the field within 5 years (Darling-Hammond, 2001), and the attrition rate is even higher in schools in communities with high poverty rates (Ingersoll, 2001) and in urban locales (McCreight, 2000); attrition is the most severe for teachers in the field of special education (Brownell, Sindelar, Bishop, Langley, & Seo, 2002). Issues such as those listed earlier in the chapter are among some that are the targets of familiar investigation, but two that occur with great frequency have yet to be mentioned: job dissatisfaction and the behavior of students. Job dissatisfaction is inferred to be a given, since teachers leave the profession of education in greater numbers than people leave most other professions. In fact, dissatisfaction with the field often goes hand in hand with the behavior of students, which many new teachers find to be appreciably more challenging than they had anticipated.

We have heard—rarely, we are glad to say—that the students of today are "getting worse," and popular media and impression often reinforces this belief.

Although we disagree with statements such as this on both philosophical and evidentiary grounds, there is a point here that is worthy of exploration. Furthermore, the unanticipated level of challenge presented by student behavior to new teachers is exacerbated by a common criticism debated both within the professional literature and too often heard by professional educators, which is that "most professors do not expand on the realities but concentrate on the theories [of teacher education]" (Walters, 2004, p. 58). We agree that teacher training should focus primarily on practical applications to classroom problems, including effective instruction strategies and behavior management approaches. Moreover, teachers routinely take courses in behavior management in fulfillment of degree requirements. However, we also acknowledge that the needs of children in many areas are more momentous and complex than teacher education programs have systematically addressed. Children with atypical behavior problems, particularly children experiencing **mental health problems**, are in need of specialized behavior management strategies and, more important, behavioral supports that most teachers are not trained to provide. Thus, this book has two primary foci: (a) to respond to the need for practical strategies to support students with mental health issues and (b) to redress the need to provide educators with specific training in the mental health issues commonly seen in school-age children and adolescents.

Gratefully, the data show that, at least in some domains, things are improving for students in this country. For example, the Child Welfare League (2005) reports the following:

- The high school dropout rate has decreased.
- The number of children in juvenile justice facilities has decreased.
- The number of arrests for children under the age of 18 has decreased.

From the standpoint of **mental health**, however, America's students are in crisis. In addition, both the **incidence** and **prevalence** of many of the mental health issues that affect school-age children show clear signs of increasing. At any given time, 1 of every 10 school-age children suffers from a mental health problem significant enough to disrupt that child's functioning in a major area of life, but fewer than 20% of these children receive any form of mental health treatment (U.S. Department of Health and Human Services, 2000). One of the best national studies available reported that the highest prevalence rate of mental health issues occurs in people aged 15 to 24 (Kessler et al., 1994), and this study did not evaluate children younger than 15. In fact, some studies indicate that *most* children will experience a diagnosable mental health problem during the child and adolescent years.

IDEA and NCLB have both encouraged the **inclusion** of students with identified disabilities into the general education setting, and teacher training programs have responded to the need by providing inclusive teaching strategies in the curricula of many college programs. The special education label that predominately serves students who have been identified for special education services is **emotional disorders** (EDs), also referred to as emotional/behavioral disorders (EBDs). Students who are identified as having an ED are likely to be placed into the regular education setting. Unfortunately, research findings consistently reveal that teachers in regular education feel unprepared to meet the needs of students with disabilities (Pivik, McComas, & LaFlamme, 2002), even though, in the 1998 school year, 47% of students with identified disabilities were educated in general education classrooms 79% of the time (U.S. Department of Education, 2001). From this standpoint, it is in one's best professional interest to be familiar with the strategies outlined in the following chapters, as the following veteran teacher discovered:

My 25th year of teaching elementary school has been the most challenging. In all my years of teaching, I have never had a more needy class. Most of my 28 fifth-grade students struggle academically, and 10 of them have standardized test scores that qualify them for intervention services. Three of my students speak no English, and 1 of those students is also legally blind, which obviously makes communication even more difficult. Six of my students are labeled with disabilities and are served part-time in a special education resource classroom. These special education students present some of my biggest challenges.

Jeremy is labeled as emotionally disordered. He was already being served in special education when his mother passed away last year. She died suddenly with no warning that she was ill. The grandmother is now raising Jeremy and his sister. Jeremy does very little class work. It's not that he doesn't try, but he moves and writes so slowly that he has barely gotten his name on a sheet of paper before the rest of the class has completed the assignment. Jeremy rarely speaks or interacts at all with any of his teachers or classmates.

Tamara's mother also died a couple of years ago. Her mother was murdered. Like Jeremy, Tamara is also labeled as emotionally disordered. Tamara's response to her mother's death has been the opposite of Jeremy. Tamara is very loud, disruptive, and often disrespectful. She has yelled and made insulting comments to some of the other teachers. Most of her disrespectfulness toward me has been with defiant comments that she mumbles very quietly. Tamara does not get along well with girls, and she has been in two fights this year. With the boys, Tamara is quite flirtatious. In her fourth-grade year, Tamara was sexually abused and possibly raped by a male relative. Since then, Tamara has had several incidents at school involving sexual comments and notes to male classmates.

Jackson is in special education part of the day because of his ADHD. His mother is in jail for drug possession. Jackson has an explosive temper, and he often lashes out at classmates. Carlos also fights with classmates, although he is not labeled with any sort of disability. He was considered for the gifted program, but his disruptive behavior disqualified him for that program. Carlos was recently suspended for beating a younger, smaller student in the face and head as the younger child sat defenseless on the bus.

I have to keep Bill far away from Jackson and Carlos. Although he is very bright, Bill is served in special education for ADHD, but recently he has been diagnosed with other mental health problems. His counselor says that he is hearing voices, and he has attempted to stab a family member with a knife. At school, Bill is targeted for teasing and bullying by the other children. Bill is always very sweet and respectful toward me, though. He rarely does any written work, but he generally gets all the answers right on the weekly tests and quizzes.

Many of my students are struggling with issues like divorce and family violence. I know that their behavior at school is related to all the things going on at home. Each morning, as the students arrive I go to their desks and say, "Good morning. How are you? I'm glad you're here." I ask them about things that I know are going on in their lives, and I give them a hug or a pat on the back to let them know I care. I have tried to build a bond with my class. Even with all the

challenges going on in these children's lives, we go on with learning. No one considers the personal lives of children when standardized test scores are analyzed. These children will be expected to do as well as children from more privileged homes and neighborhoods.

Many students with mental health problems do not qualify for special education services. Therefore, children with a variety of mental health needs will be in your classroom, and you will be the primary source of school-based support for these students. To be eligible for services under the label ED, the problem must, according to the federal definition, negatively affect student academic performance. This is problematic for a variety of reasons. A student may suffer quietly with depression without necessarily having any noticeable drop in academic performance. Yet another student may be extremely fastidious about her schoolwork but be experiencing suicidal thoughts. Obviously, the academic performance of all students who are suffering will not be negatively affected. There are several other criticisms of the definition of ED, but they can be summed up by a major researcher in the area of ED, who has referred to the definition as being close to "nonsense" (Kauffman, 2005, p. 18). Thus, even if a student appears to be experiencing a clear mental health problem, the subjective nature of defining ED and the procedural difficulties that some educators face can prevent or drastically slow the access to services.

THE TEACHER'S ROLE IN FOSTERING THE MENTAL HEALTH OF CHILDREN

This chapter began with an acknowledgment of the difficulty of contemporary teaching. It seems only prudent to offer to current and prospective teachers the following encouragement: Rather than adding to your workload by giving you the additional stress of feeling responsible for students with mental health problems, you should know that you are already helping children who have mental health problems by fostering one of the most valuable tools available—**psychological resilience**. Gootman (1996) summarized the research findings about the potential contribution of educators to fostering psychological resilience in children by clearly stating that it is the empathy, trust, and patience from teachers, *not* the assignment of additional duties to the professional responsibilities of teachers, that are paramount in supporting the development of protective factors in students.

Psychological Resilience

Although the exact definition of psychological resilience varies, it can be elucidated as follows: If you were to evaluate a group of children who had been exposed to really bad events, some examples of which are discussed in later chapters of this book, a lot of those children would suffer as a result of that exposure, and many would develop mental health problems. However, a detail that has interested numerous mental health professionals is that there will be a subgroup of children who do not seem to suffer significantly and seem to be *protected* against exposure to bad events. This prompted some researchers to investigate these protected

children, to see what it was that kept them from suffering to the extent that other children do. This investigation led to the discovery of several things that protected children seem to have in common that the adversely affected children did *not* seem to have. These factors, often referred to as protective factors, seem to foster the phenomenon of psychological resilience in children.

An alternative method of investigating mental health problems is to look at **risk factors**. A variety of risk factors have been found to increase the odds that an individual will experience a negative mental health impact. A long list of **psychosocial** risk factors have been found to be associated with the development of mental health problems, including low levels of family cohesion, not living with both biological parents (Cuffe, Mckeown, Addy, & Garrison, 2005), low socioeconomic status, and a history of child maltreatment (Harvey & Delfabbro, 2004). Additional risk factors relating to specific mental health problems are discussed in subsequent chapters.

Although this book stipulates a variety of risk factors associated with the development of mental health problems, we hope to offer several strategies for you to implement to cultivate psychological resilience in your students. We think it is important for educators to focus primarily on protective factors for two primary reasons. First, teachers, like most other professionals, have little influence over risk factors. It is simply not within their purview to control whether poverty exists or whether families separate. However, they can have a dramatic influence on the factors associated with resilience. Second, the strategies outlined below are conducive to the training teachers are receiving or have received during their professional training.

SPECIFIC STRATEGIES TO PROMOTE PSYCHOLOGICAL RESILIENCE

Be There

Despite difficulties that may exist in the life of a child, one factor repeatedly found to be protective is having positive interactions with an adult (Anthony & Kohler, 1987; Garmezy, 1993; Werner & Smith, 1992). In fact, the availability of an adult with whom a child shares a positive relationship is probably the most extensively reported predictor of psychological resilience (Masten & Coatsworth, 1998). It is unfortunate that our society seems to be in a period of valuing teachers less, and it is appalling that educators sometimes seem to accept this dilution. Teachers are in a position unique to the lives of children. Teachers spend more time with children than any other professionals. Even when a child's home environment is less than optimal, a teacher can provide a positive, stabilizing presence. When teachers are suspicious that a child is experiencing a mental health problem, their first thought is to refer the child to someone "who can help them," such as a counselor, social worker, or psychologist. In fact, these professionals can provide specialized care to students experiencing mental health problems, but it is difficult to say the care provided by mental health personnel is more valuable than—or even competes with—the protective impact of a positive, supportive teacher.

Model Support of All Students

Classrooms today are inundated with diversity. Culture, ethnicity, and sexual orientation are examples of diversity that may be encountered. How the teacher addresses issues of diversity

can set the tone for how everyone in the classroom manages student differences. Younger students may be especially attuned to any biases subtly manifested by the teacher. Evidence suggests that some people in our society still discriminate based on race (e.g., Waller, DeWeaver, Myers, & Thyer, in press). Adolescents who identify themselves as being homosexual commit suicide at an extremely high rate, which could speak to the level of social isolation and disapproval they experience (Harrison, 2003). Furthermore, society at large tends to frequently relate to individuals with mental health problems in a negative way. Indeed, in one study of animated Walt Disney movies, it was discovered that 85% of the 34 movies evaluated made references to mental illness, and that most references to mental illness (frequently referred to as "crazy" or "nutty") were made in such a way as to insult or socially isolate the person being referred to (Lawson & Founts, 2004). Since Walt Disney is the foremost producer of animated movies viewed by children worldwide (Giroux, 1999), many children are exposed at a very young age to the idea that there is something fundamentally amiss with those who experience a mental health problem. Teachers are in an unparalleled position to model acceptance of those who are different and to facilitate positive peer interactions and social competence (Garmezy, Masten, & Tellegen, 1984).

Be Positive

Many classroom and schoolwide behavior management plans are based on punishment of inappropriate behavior rather than support of positive behavior. Likewise, it is easy to get into a pattern of content instruction that is somewhat negative or intimidating to students. Competitive classroom practices can emphasize areas of failure rather than focus on success. A positive self-perception and an optimistic outlook have been found to be protective factors (Masten, 2001), which can be actively influenced by the educational setting. Varieties of instructional practices de-emphasize competition and have been shown to be effective in facilitating learning. Examples of teaching techniques likely to foster optimism and learning include **cooperative learning** and **mastery learning**, although these are by no means the only two possibilities. Furthermore, many people may be inclined to think that optimism is an intrinsic characteristic and that one is either born with it or without it. To the contrary, optimism has been found to be learned, and the corollary is that optimism can be taught. An eminent psychologist and researcher, Martin Seligman (1991), has written a book titled *Learned Optimism: How to Change Your Mind and Your Life* that provides explicit strategies on increasing optimism.

Teach Problem Solving

Children who are psychologically resilient are effective, active problem solvers (Garmezy, 1993). Adapt your teaching to facilitate investigation and successful problem resolution rather than relying on rote data memorization. Although there are certainly "facts" that must be learned and on which subsequent information is built, true learning is demonstrated by an ability to assimilate a variety of information, develop perspective, and understand the flow of cause and effect and the variables that interact to influence outcomes. Problem-solving skills are not taught through instructional strategies that are observed too frequently—for example, extensive use of worksheets and passive seatwork activities. Students who have learned to think and solve problems are much more likely to be able to generalize these skills from the academic setting to difficulties in their own lives.

Encourage Self-Management

Self-management has been used extensively as a method to improve behavioral and academic performance (Shimabukuro, Prater, Jenkins, & Edelen-Smith, 1999). Self-management focuses attention on teaching the student to evaluate his or her own performance (Huff & DuPaul, 1998), which has been reported to be another skill that facilitates psychological resilience (Masten, 2001). Self-management includes a variety of procedures that give students responsibility for their own behavior, including techniques such as self-monitoring, self-assessment, self-delivered rewards, and self-selected rewards (e.g., Hughes, Harner, Killian, & Niharos, 1995; Hughes, Hugo, & Blatt, 1996). Furthermore, once self-management plans have been developed and implemented, these techniques have received favorable feedback from teachers (Fuchs, Fuchs, & Bahr, 1990).

Contrive Positive Peer Interactions

Some students in your classroom will not interact well with other students. This creates a substantial problem for two reasons. First, having effective social skills and positive social interactions is a protective factor and appears to facilitate psychological resilience. Second, the opposite is clearly true—having poor social skills and being socially isolated are significant risk factors associated with a variety of undesirable outcomes. Therefore, it is in the best interest of your students for you to contrive a variety of opportunities for positive social interaction. Fortunately, a variety of effective strategies have been found that provide opportunities for positive social interaction, enhance academic achievement, and improve behavior. These strategies are frequently subsumed under the heading of **peer-mediated interventions**. Examples include peer monitoring, peer tutoring, peer counseling, and peer assessment (Topping & Ehly, 1998; Utley & Mortweet, 1997), but one quality that adds to the attraction of all these techniques is that they "rel[y] heavily on a relatively abundant resource (i.e., students) and place comparatively modest demands on scarcer resources (i.e. educators)" (Dufrene, Noell, Gilbertson, & Duhon, 2005, p. 75).

SUMMARY

Teachers face more challenges today than during any other time. Students present with more challenges than ever before, particularly in the area of mental health needs. Clear evidence suggests that a variety of mental problems are increasing in frequency, and access to and availability of services for students with mental health needs have not improved for decades. In the face of such need, it is easy for educators to accept the responsibility of this burden borne by so many of today's students. But teachers should resist the propensity to shoulder a burden that is outside the purview of their professional training and focus.

Educators should acknowledge, however, that they can have a positive impact on children's mental health. Teachers can play an incalculable role in fostering psychological resilience in children, which can serve to protect them from exposure to a variety of risk factors. The strategies suggested in this chapter are classroom techniques that can assist in the development of these protective factors. They are techniques that have been found to be effective, while actually tending to decrease, rather than increase, one's workload. In addition, the impact of protective factors seems to be cumulative so that the more of these strategies a teacher implements, the more protection a student may cultivate.

Teachers are among the most involved adults in the lives of children. In our society, physicians maintain a high level of professional prestige, whereas teaching has lost credibility. Ironically, a child may go through life and rarely, if ever, see a physician. The same cannot be said of educators. If a child begins to show symptoms of a mental health problem, teachers are likely to be the first professionals to see them. Thus, teachers can also play an indispensable role in recognition of problems, referral, participation in interdisciplinary planning, advocacy, and monitoring of their students and can do so without making a difficult job impossible. To assist in this, and to fill a void in most teacher training programs, the majority of the remainder of this book is devoted to helping teachers recognize the most common mental health issues seen in children and adolescents and to offer strategies on how they can help encourage and support all their students.

DISCUSSION QUESTIONS

1. Evidence suggests that a variety of mental health problems in children are increasing. What are some strategies that you can use in your classroom to effectively support these students?

2. What are the rights of students with mental health needs in the school setting? What resources are available for such students?

3. The case study in this chapter highlights the difficulties faced by a teacher who was trying to meet the needs of several students in her classroom who had special needs. What other ideas do you have for ways that she could have handled these cases? Are there other sources of help that she might have sought? If so, what are they?

4. What schoolwide policies, procedures, or programs are available where you work to support the needs of students with mental health problems?

FOR ADDITIONAL HELP

	Organization	*Web Address*	*Description*
The Educator's Role in Child and Adolescent Mental Health	American Academy of Child and Adolescent Psychiatry (AACAP) Facts for Families	www.aacap.org/ publications/ factsfam/index.htm	The goal of AACAP is to provide concise and up-to-date information on mental health-related issues that affect children, teenagers, and their families.
	Our-Kids	www.our-kids.org	Our-Kids is a network of parents, caregivers, and others who are working with children with physical and/or mental disabilities and delays.

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