SPEAKER NOTES

Mental Health Programs in the Oakland Public Schools

Summarized by Thomas T. Thomas

Mental health problems can affect children as well as adults, and in the case of children, educational issues must be addressed as well as life and treatment issues. The speaker at our March 23 meeting, **Ilene J. Yasemsky, LCSW,** is a member of the Oakland Unified School District, has directed mental health programs in schools, consults on special education programs, and works with Alameda County on services to special education and students with severe emotional disturbance under Assembly Bill 3632.

Yasemsky's first job in the early 1980s was at Villa Fairmont in San Leandro, which was established as an alternative to state hospitalization for the mentally ill, and before that she was an intern with Berkeley Mental Health. For five years she worked with young adults in the unit—the youngest being 17 years old—and became interested in the interplay between mental illness and substance abuse. Then she moved to Alameda County Mental Health and was a case manager, then a supervisor of case managers, finding programs for emotionally disturbed children. These programs were under California Assembly Bill 3632.

ILENE J. YASEMSKY, LCSW

That bill was the result of a lawsuit, *Christopher T.* v. *San Francisco Unified School District.* At the time, to obtain treatment for children with emotional problems who needed a higher level of service, the parents sometimes had to give up custody so that social services could place the child in residential treatment. Christopher's parents challenged this.

Actually, the issue was already covered by the U.S. Education for All Handicapped Children Act of 1975, Public Law 94-142, which states that a free appropriate education must be available to all handicapped children. Mental health treatment is a service in support of education. California was not in compliance with this law, and AB 3632 was passed to put the state in compliance.

"Special education covers several categories of handicapping conditions," Yasemsky said, "including learning disabilities and emotional problems. School districts require one primary handicap to be listed as the qualifying disability, but children often have multiple disabilities." For example, she explained, a child with a learning disability may develop anxieties and frustrations in a group setting. And a child with an emotional disturbance may not be able to perform academically to the level of his or her ability, even if there's no innate learning disability.

"There used to be a debate about nature versus nurture," Yasemsky said. "This was framed in terms of what the parents—usually the mother—did to the child. These are exciting times now because research in neurobiology and developmental psychology have pushed that debate aside. It has always been nature and nurture. When a child comes into the world with a vulnerability, how that vulnerability becomes expressed depends on the environment. How people are treated is vital.

"While some children will always wreak havoc on the world, all events are in some form interpersonal. On the one hand, we are all fragile in some way, and things can go wrong. On the other hand, we are all resilient, and a strong relationship can make us better."

Yasemsky is an advocate for having mental health services come into the classroom and observe the children's interactions, rather than have the child go to a clinic after school hours and discuss remembered interactions at second hand. The teacher, the social worker, and the psychological counselor should work as a team to support the children in special education. This model is called the "counseling enriched class." Under it, the Oakland Unified School District contracts with Alameda County for mental health services and is considered a provider.

Based on the needs of the emotionally disturbed child, the levels of service progress from the counseling enriched class, to school-day based treatment, to non-public day treatment, to residential treatment for the most severely disturbed.

"The power of the counseling enriched program is the power of the day-to-day environment," Yasemsky said. "That's where the staff can intervene based on their personal observation of the child in action, rather than on the child's recollections of the action later, during counseling in a clinic."

Many disabled children need more intervention in order to create a safe and stable environment for learning. For example, if a child can't read an assignment and begins acting out, the social worker observes and interprets what's happening, intervenes and helps the child cope with his or her anxieties. This is called "milieu treatment" or sometimes "life space intervention." The social worker is positioned to intervene at once in the situation or, as appropriate, be a witness who can take the observation back to the therapy session.

"This is taking the therapy to the point of crisis," Yasemsky said. "And the trust that it develops between the student and the social worker is amazing." The simple acknowledgement of the child can have therapeutic effect, she said. In some African cultures a traditional greeting translates "I see you." And the response is "I am seen." The social worker can see the child in place, can see that there's a good person there, and work to bring it out.

Each special education child has his or her own individual education program, which guides the level of services with which the child is provided and is tracked to see if performance is improving. The program incorporates a treatment plan. This can be a good tool if the social worker is in position to see and interpret the environment correctly. For example, if the child is hitting others, what is the cause—frustration or anger or retaliation for some previous hurt? Simply hanging a label on the child as "aggressive" is insufficient.

Or, if a child is blurting out the answer before called on, it is not enough to write a behavior plan with the replacement action of "raise hand before speaking." The social worker must look deeper: is the child seeking approval from the teacher, trying to impress those around him, or simply impulsive and lacking self-control. In this case, milieu treatment is what works.

"Some of the children that I see have been failing for years," Yasemsky said. "It's sad to see a 17-year-old body with a mind that reads at the kindergarten or first grade level."

When asked about trends in diagnosis—juvenile bipolar, schizo-affective disorder, attention deficit hyperactivity disorder (ADHD)—she noted that it can be difficult to differentiate between ADHD and affective disorders in the very young. The professional usually must look to family history and the patient's response to medication to make a diagnosis.

"A child who has been traumatized, sexually abused, and passed from one foster home to another can look a lot like a child who is manic. We need to sort things out, learn who this child really is, and deal in specifics rather than labels. That way, when we make a recommendation for medication, it's based on all the knowledge we have at our disposal."