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Challenges we Face: Advocating for Children

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Description

Physicians and other professionals face many challenges in serving children effectively. This mini review is from a School Psychologist who has worked with pediatricians, psychiatrists, and other professionals at the local, state, and national levels on developing service delivery policies and implementing practices. She shares successful experiences that involved pediatricians in developing policies to guide service delivery within a social justice framework.

When I received the invitation to write a Mini Review based on my book chapter entitled, "My Journey as a School Psychology Advocate", I started to think about all the times I have worked together with related health professionals. For example, when the USA was implementing P. L. 94-142, the Education for all Handicapped Children Law of 1975, I was part of a national team that trained pediatricians and special educators on the new law. I clearly remember the discussions about how we work with both the visible physical issues and those issues not visible, including reading difficulties and emotional challenges.

What I have written here are examples of when health, mental health and educators worked together to provide quality services for children. Those efforts that worked almost always involved group members focusing on what a child or children needed because the perspectives of all professionals and family members become germane.

My first policy experience was helping to develop the regulations (i.e., the interpretation) of P. L. 94-142, the Education for all Handicapped Children Act of 1975. In the dozen years I represented school psychology in Washington, DC. I was in alliances and consortia that included pediatrician (e.g., American Academy of Pediatrics). Psychiatrists (e.g., American Academy of Child and Adolescent Psychiatry), and related organizations (e.g., American Medical Association, American Psychological Association, and the National Association of School Psychologists). We worked closely on service delivery issues. Since early childhoods have been my major focus, I made sure that all legislation we developed in Special Education and Mental Health included a focus on early childhood.

I have been an educator of school psychologist throughout my career. The National Association of School Psychologists (NASP) defines school psychologists as follows

"School psychologists are uniquely qualified members of school teams that support students' ability to learn and teachers' ability to teach. They apply expertise in mental health, learning, and behavior, to help children and youth succeed academically, socially, behaviorally, and emotionally. School psychologists partner with families, teachers, school administrators, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community".

I have been in the field for over 50 years and have worked at the local, state, and national levels.

At the local level I have worked closely with physicians to assure that we were working toward the same goal.

At the state level I helped to develop the School-Based Behavioral-Health program in Hawaii. The Hawaii Department of Education defines this role as follows:

"School-Based Behavioral Health (SBBH) SBBH provides a continuum of behavioral health supports for students experiencing social, emotional, and/or behavioral difficulties that impair their ability to function in school".

We had a three-tiered system that provided general services to all children (e.g., how to be a good friend workshops), services for children with some needs, (e.g., social skills training), and services for children with intense needs (e.g., counseling services, academic intervention services). Our core belief was that all children have the right to learn. My administrative role involved interfacing with health, mental health and juvenile justice professionals and government agencies. For example, we developed policies and coordinated efforts when children were transitioning to school from long term illnesses or incarceration. Child psychiatrists were part of my staff.

In Hawaii, I also was involved with statewide efforts such as the Prevent Suicide Hawaii Task Force.

"The Prevent Suicide Hawaii Task Force (PSHTF) is a state, public, and private partnership of individuals, organizations, and community groups working in the area of suicide prevention. PSHTF members collaborate to provide leadership, set goals and objectives, develop strategies, coordinate activities, and monitor the progress of suicide prevention efforts in Hawaii".

Also in Hawaii, I served on the interdisciplinary Evidence Based Services Committee, which is defined below:

"The Evidence-Based Services Committee works to promote best practices to serve children with mental health needs. As a result of the committee's efforts, mental health professionals, administrators, and parents of children with special needs have been informed on the best ways mental health needs can be met".

This Hawaii committee was made up of physicians, psychologists, and community members. We reviewed professional literature to assist us in deciding which professional practices had research to support their effectiveness. We grappled with research issues. For example, why do behavioral measures, such as cognitive behavioral therapy,

appear to be more effective than practices just based on theory, e.g., play therapy?

As a school psychology educator, the recent challenges of teaching graduate students online reminded me of the early work on telehealth. I had been involved with computer assisted, online and telehealth efforts. For example, as a Dean of Education in the Midwest I supported doctoral programs where up to half of the curriculum was online. We also had Instructional Technology Programs that could be done completely online. This built on my efforts in California where in the 1990s we had supported joint transmission of classes between main campus classrooms and branch campus classrooms. My goal was to make learning available to all. We were fortunate to have technology early.

Today, we can do so much more with our technology, e.g., Zoom meeting. There are still challenges. However, every time a challenge has arisen, individuals and professional organizations have come together to work out solutions. For example, my daughter teaches transitional kindergarten (T-K). She became my model of how to work with young children: Be organized, be aware of the children's short attention span and listen to their questions. Then be prepared when their return to schools to assist them with what they did not learn, e.g., interpersonal skills, group rules, play, etc. For my graduate students I worked on several program and state level projects to assure that we had reasonable alternatives to direct face to face experiences. Now that we can be back face to face, we will be able to practice what we learned from videos and simulations.

Lastly, I want to mention the importance of monitoring social justice. Is everyone regardless of their gender or economic resources receiving the same services? Are the professionals reflective of the communities we serve? I know that pediatricians have been on the forefront of these efforts, too. I value that serving all children and their families is a priority. I look forward to working with you on the challenges we face.