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001. draft	Speech Draft re: American Psychological Association [partial] (1 page)	n.d.	b(6)
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Ann O'Leary
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FOLDER TITLE:
APA [American Psychological Association] Speech [1]

2013-0436-S
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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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- Just as it is critical to collaborate among programs from various sectors, it is also important to recognize that collaboration needs to occur within each area as well – schools, for example. Recently, the news has focused on education reform and in the context of the talk of education reform, kids sometimes get lost. The talk is often about standards and accountability. It is important to recognize that this Administration has worked on moving forward with standards and accountability to improve academic outcomes, but has also recognized that you cannot do that without critical support of the overall development of children – from providing more school counselors, to more enriching afterschool programs, to better trained teachers in classrooms with fewer students.

(2) In addition to changing public policies, we need to change public attitudes

- The Administration has worked in partnership with the APA to launch the Anti-Stigma Campaign with Mrs. Gore to fight the stigma of mental health problems among young people.

- I want to tell you about another public awareness campaign the Administration is launching, "Being There for Teens" Campaign. In May, the President and First Lady held a White House Conference on Raising Responsible and Resourceful Teenagers and we found that teenagers most want an adult, and especially a parent, to be there for them when they need it. (tell Chelsea "sightings" story)

Need to support [illegible] policies that [illegible]
Recognize the [illegible] role [illegible] plays
[illegible]
Need mentors, [illegible]

- Peter Yarrow's Don't Laugh At Me Campaign

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Happy to answer questions.

SPEECH TO THE AMERICAN PSYCHOLOGICAL ASSOCIATION
PRACTICE DIRICTORATE GROUP
AUGUST 3, 2000

INTRO

- Thank you. – Must be committed if you are in DC in August.

- Here to give you the "inside the beltway" view but sometimes my friends worry that I am too much of an inside the beltway person. Last fall, I was travelling with a friend on a road trip to NYC and as I began driving, I had to admit to him that I did not know how to get to the beltway. He was worried that I ~~didn't get out of Washington enough~~.

- The topic of my talk today is supporting parents, communities in schools in raising healthy children – an overview of the Clinton-Gore Administration Accomplishments. Before I begin talking about the role of the Clinton Administration in this area, I want to recognize the important role that psychologist play in helping to raise healthy children.

- Support of parents, schools, and communities is something that school psychologists and family psychologists do every day . It is our job at the Federal policy level to examine ways we can support work that helps you do your job most effectively – a job that is critical to the healthy development of children.

- Often, policy makers in Washington are criticized for not knowing what is going on in the rest of America and not recognizing the important contributions of individuals in local

communities who are working with children and families every day – teachers, social workers, physicians, psychologists, community organizers, ~~etc~~. Politicians and policy makers rely on research, on focus groups, and on organizations like this one to provide us with information from the frontlines on what needs to be changed and suggestions for possible solutions.

- But, we also often rely on friends and family for the information – proving that the personal is political and often times the most powerful! The issues that affect the personal lives of politicians often are the issues in which they feel most passionate and most ready to breakdown political barriers to get work done – and, often, it makes for strange bedfellows. In fact, as many of you know, improving health care for the mentally ill has brought together Senator Wellstone, probably the most liberal Democrat in the Senate with Senator Domenici, a solid conservative Republican – both of whom have been touched by mental illness in their families. Personal relationships have also meant that Gene Sperling, the President's Economic Advisor, worries about how to improve literacy among young children in our country – who could avoid such worries with a mother who is a third-grade reading teacher.

- ~~And, In~~ fact, I often receive phone calls from Mrs. Clinton during her travels about people that she has met on the road. She'll call because she has met someone who is having difficult getting the education and training they need to move successfully from welfare to work, or someone who is confused by a public housing rule that does not allow them to

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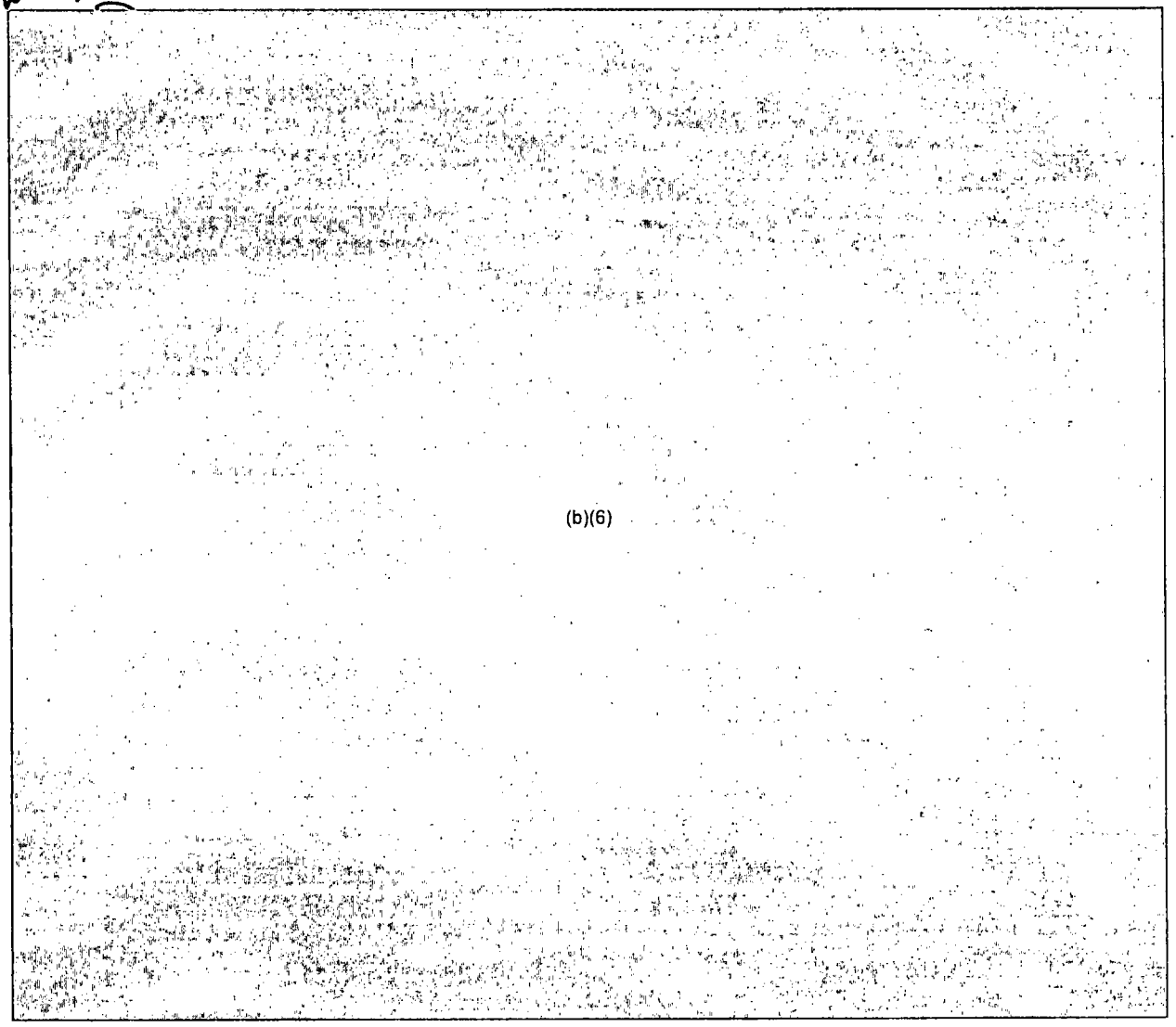
rent the apartment they need for their family, or another family that has been on a waiting list to receive child care subsidies for too long. In every instance, she will want to understand the policy that is a roadblock to every day problems for children and families and whether we can do anything to change it or make it easier. It is the stories and situations that we hear, see, and experience in our daily lives that are often become the most critical policy concerns.

For me



[001]

- I want to talk more about how this Administration is supporting collaborative work around the healthy development of children, but before I do I think it would be helpful to look at a snapshot of America's children.

Are America's Children growing up healthy? What do they need?

The good news is that America's Children are doing much better than they were when President Clinton and Vice President Gore took office.

- The economy is booming and, as a result, far fewer children are living in poverty – the ~~number of poor children~~ in ~~America has declined by 3.6 million children since 199~~3. In fact, under President Clinton and Vice President Gore, child poverty has declined from 22 percent in 1993 to 18 percent in 1998 -- the biggest five-year drop in nearly 30 years.

- In July, the U.S. government released our annual report on the status of America's children, *America's Children: Key National Indicators of Well-Being.* This report showed that, in the words of Duane Alexander the Director of the National Institute of Child Health and Human development, "from toddlers through teens, there is good news." There has been a dramatic decrease in childhood deaths, the birth rate for teenagers is at a record low, more children and enrolled in early childhood programs, and violence by and among adolescents has decreased.

- The Clinton-Gore Administration has dramatically increased opportunities and support for our most disadvantaged families by nearly doubling funds for Head Start, by ensuring that all of our children are taught to challenging academic standards, by enacting the single largest investment in children's health since 1965, by expanding the Earned Income Tax Credit and creating a Child and Dependent Care Tax credit just to name a few.

But, there is still much to be done....

[It is important that we recognize this great progress, but also use this information as indicator of how much more we need to do. Just a few examples –

- We know that while this Administration has invested more in child care than ever before, we are only serving 10 percent of eligible children. Need to pass real child care budget.

- This past spring, the Journal of the American Medical Association published studies showing that the number of preschoolers on anti-depressants had increased by over 200 percent in the past five years. Furthermore, it found that many children are being inappropriately diagnosed and treated. Need much more information to ensure that our children receive the diagnosis, treatment, and management they need.

In this final year of the Clinton Administration, the President and First Lady have not stopped working on these critical issues. The First Lady has fought tirelessly to increase the child care

budget to reach 150,000 more children this year and she held a nationally televised press-conference where she launched an effort to improve our understanding of diagnosing and treating children with emotional and behavioral problems. Due to this effort, the American Academy of Pediatrics has issued guidelines on the diagnosis of ADHD, the National Institute for Mental Health has invested $5 million to study the use of Ritalin in preschoolers, and the Food and Drug Administration is exploring how they may be able to provide more appropriate recommended dosages for children.

- We also know that while overall violence in schools is declining, that there has been a recent increase in multiple homicides in schools over the past three years and that children find that bullying and harassing seem to be increasing in schools. And, parents are worrying – feeling less secure about safety of children.

The President has invested much effort in working to reduce youth violence by launching a National Campaign Against Youth Violence and developing a coordinated strategy at the Federal level to prevent youth violence. The Administration recently announced that $45 million in federal support to help schools in over 100 school districts in 35 states to recruit, hire, and train middle school drug prevention and school safety coordinators. And, next week the Administration will release $20 million in awards to support the start or expansion of elementary school counseling programs.

What do we need to do a better job doing?

It is critical that policies supporting the healthy development of children are not piece meal approaches to "problems" faced by children, but instead are comprehensive prevention and development programs.

(1) Changing public policy to support collaborative

We can no longer work alone – "It Takes A Village" is not just a title of a book or a mantra for Mrs. Clinton, it is something that this Administration has worked hard to support

- This Administration has worked on many collaborative programs, policies, and grants – but there is one that deserves special attention. It is the ***Safe Schools/Healthy Students Initiative***. This initiative is a collaboration between the U.S. Departments of Education, Justice, and Health and Human services that helps communities design and put into place comprehensive educational, mental health, social service, law enforcement and juvenile justice services for youth. This initiative is supporting 77 projects in communities around the country.

  I like to point out this initiative because it is one that involves collaboration and coordination at all levels – at the federal level, the community level, and even the neighborhood level. And, it is an initiative that works on prevention by building on children's strengths and promoting healthy development rather than focusing on one problem area.

Agents of Influence

This section briefly summarizes the research on the various "agents" that may influence a student's school-to-work transition. It is by no means comprehensive; rather, its intent is to provide an overview of key domains and relevant research findings. Five key agents of influence are proposed: Self, Parents and Family, School, Peers and Work. Each of these may influence the possible reasons for school-to-work transition or career choice problems. Problems may be caused by the following: lack of knowledge (of self or occupations), internal conflicts (e.g., interests are inconsistent with abilities), external conflicts (e.g., goals are inconsistent with parental aspirations), and perceived barriers and opportunities (e.g., a preferred job/occupation is perceived to be inaccessible or unattainable).

Self and Identity

During adolescence, individuals are beginning to understand themselves and come up with a theory of the self (Garcia, Hart, & Johnson-Ray, in press) or an identity (Erikson, 1966). Developmental psychologists have extensively studied identity and self and have frequently related identity and self to job and educational choices. Research indicates that concepts about the self become more complex and abstract with age, self-understanding becomes more differentiated with age (you can be one way with one group and another way with another group), and, by late adolescence, an individual begins to accommodate contradictions within the self (Harter, 1998). A major task of adolescence is self-integration, or systematically pulling together the disparate pieces of the self. This usually occurs in late adolescence and into early adulthood, and requires the individual to discard some of the less consistent self-images that he or she may have tried during adolescence (Marcia, 1994).

Several theorists have addressed the large discrepancies found between the "real" self and the "ideal" self during adolescence (Rogers, 1950; Hart, et al., in press) or the teen's "true" self and "false" self (Harter & Lee, 1989). The perceived discrepancies between what adolescents perceive as self and the way they really are leads them to have goals and aspirations that do not match what they are doing at the moment. Such incongruities may be relevant for issues related to job and career counseling and planning.

Another area of study has been adolescents' conceptualizations of "possible selves" for the future (e.g., Cross & Markus, 1991). Typically, teens have been asked to describe both negative and positive images of themselves, because adolescents' possible selves include both what they hope to be and what they dread they might become (Martin, 1997). One study found that students with instrumental possible selves (e.g. successful, hard-working, respected, independent, intelligent) were more likely to attend college than students without feasible possible selves. It is likely that the ability to consider possible selves is related to employment decisions made by noncollege bound youth as well.

Identity has been closely linked with self-concept, but it is typically discussed as a concept that develops in the late teen to early adulthood age and range (Erikson, 1968; Marcia, 1994). An individual's educational and occupational choices play a large role in reaching a comfortable identity. Recent research has looked closely at the importance of gender, ethnicity, and intimate relationships in identity development. Intimate relationships play a more significant role for females than for males in identity development (Archer & Waterman, 1994; Josselson, 1994); thus, their decision-making about jobs and careers is colored by their choices about mates and families.

Individual Differences

Genetic variables differentiate individual students and affect their career choice and transition from school to work. These variables include intelligence, sex, race, and personality.

The relative intelligence of an individual will relate to the individual's occupational choice. Lower intelligence will rule out some occupations, while higher intelligence will make others possible. Varied definitions of intelligence may bear even more relationship to career or job choice. For example, Gardner's theory of multiple intelligences (Gardner, 1983), which proposes seven types of intelligence, would suggest that outstanding performance in a particular domain, e.g., music, would be related to superior intelligence in that area.

Research finds that the only consistent difference in mental abilities between men and women that relates to gender is in spatial abilities (Jacklin, 1989); however, girls continue to be concentrated among jobs historically held by women and more oriented toward working with people (Beutel & Marini, 1995). A recent related study released by the American Association of University Women sounds a new alarm for the school-to-work transition (AAUW, 1999). Girls compared with boys are significantly less likely to spend time using computers. As computers and technology represent the major sector of economic growth, computer literacy is critical to the employment success of all students. The gender gap in computer usage is reminiscent of the earlier gap in science and math that, with concerted educational efforts in the high school curriculum, has been lessening. The AAUW study suggests that efforts to reduce gender-related ability and interest stereotypes will need to continue with vigor.

Opportunities for employment of minority youth, particularly in disadvantaged neighborhoods, is abysmal compared with work opportunities for White advantaged youth. Thus, not surprisingly, research consistently finds White youth more likely to be employed compared with non-White youth (Lewis, Stone, Shipley, & Madzar, 1998). Early work experience has been demonstrated to have a positive impact on subsequent employment for White, but not Black youth. Steel (1991, cited in Lewis, et al., 1998), however, found no Black—White race differences in hours per week, job status, or perceived job opportunities among employed adolescents. No studies were located that examined race differences in adolescent employment among other ethnic groups. Clearly, there is a dearth of research on the impact of high school work on school-to-work outcomes across racial and ethnic groups.

Although different investigators have differed slightly in the labels and meaning of factors, in general, research finds five major dimensions of personality that provide distinctive behavioral clusters. These include Extraversion, Likability, Conscientiousness, Emotional

Stability, and Intellectual Curiosity/Creativity (Loehlin, 1992). As discussed earlier, Holland's theory of vocational personalities and work environments demonstrates the theoretical and empirical linkage between personality traits and potential work choices. Although not all aspects of Holland's theory find empirical support, the theory has been of considerable value in counseling students toward occupations better suited to personality qualities.

Parents

The majority of studies examining the impact of parents and family on the transition from school to the workplace consider social factors such as socioeconomic status and family background. In general, lower SES predicts higher dropout, particularly among minority youth, which predicts lower occupational status (Rumberger, 1982). Adolescents from intact, middle class families are more likely to have jobs during high school, and, thus, have earlier and greater exposure to the world of work (Schill, McCartin, & Meyer, 1985, cited in Lewis, et al., 1998). Parents, depending upon their social class, also establish a value context in which certain occupational choices are encouraged and others discouraged (Kohn, 1977). For example, middle class parenting styles that promote autonomy, self-direction, and independence will fit best with middle class occupational choices.

Home environment exerts a significant influence on adolescent educational aspirations, which, in turn, influence the school-to-work transition. When parents have high educational training, and they are perceived by adolescents to have high expectations, adolescents have high aspirations (Wilson & Wilson, 1992). Parents and siblings also serve as models for adolescent work and occupational choices (Barber & Eccles, 1992). Despite the popular stereotype of adolescent rebellion, evidence suggests that adolescents and parents are more similar than dissimilar in vocational choice, particularly when family

relationships have been warm, and strong identifications have formed (Grotevant & Cooper, 1988).

Similarly, maternal employment influences the school-to-work transition for youth. In particular, daughters who have mothers happily working outside the home are more likely to seek careers in addition to marriage and family (Leslie, 1986). Both sons and daughters are less likely to have gender-stereotyped attitudes about work if they come from dual-career homes (Barber & Eccles, 1992).

Another aspect of family that is critical to the school performance of youth is parental involvement. Parental involvement in school, which can range from monitoring homework at home to participating in school governance, is consistently found to relate to school achievement (Coleman, 1991). Moreover, parental involvement in school overcomes the disadvantages associated with single-parent or stepparent homes, lower SES, and minority status in children's school achievement. Given the importance of parental involvement to the academic achievement of youth, not surprisingly, school-to-work legislation calls for parents to be involved. Interestingly, a review of school-to-work programs finds that few, if any, actually develop a meaningful component for parents, unless the target population is special education students.

School

Schools create opportunity structures for the school-to-work transition and barriers to learning that may discourage youth from completing high school. Because the single best indicator of eventual occupational success is number of years of schooling, these barriers to schooling cannot be disentangled from school-to-work success.

Youth who drop out of school are more likely to be Hispanic, not fluent in English, and come from lower socioeconomic status homes, poor communities, single-parent families, large families, nondemanding (permissive parenting) families, and households where little reading material is available (Entwisle, 1990; Rumberger, 1995; Zimilies & Lee, 1991). School dropouts are also more likely to have had a history of school failure, low school involvement, negative school experiences, and behavioral problems (Jordam, Lara, & McPartland, 1996).

Schools may inadvertently play a role in school dropout and occupational attainment. Social critics argue that schools present numerous institutional barriers, (e.g., tracking, teacher attitudes, curriculum advising) that steer young people toward some educational endeavors and away from others (Ogbu, 1978). The ways in which students are exposed to which curricula restrict opportunities for those placed in lower or regular tracks, where they also encounter less stimulating and challenging curricula, which may further discourage school achievement and involvement. Ethnic minority youth fall disproportionately in lower tracks; thus, tracking poses particularly significant barriers to future occupational success for disadvantaged youth.

Peers

Although peers may play a less influential role than parents or schools in influencing adolescents' long-term educational and occupational plans, they are clearly a significant indirect influence. Adolescents select close friends who are similar to them in attitudes and behaviors. Moreover, as close friendships progress, friends become more similar in attitudes and behavior over time (Epstein, 1983). In particular, close friends exert significant influence on adolescents' day-to-day behavior and attitudes, including how much time they devote to their studies, how well they perform in class, the degree to which school-related achievement is valued, and engagement in risk-taking activities.

Adolescents are not only influenced by their close friendships but also by the social group with which they identify and to which they belong. Social groups or crowds in middle school and high school represent distinctive peer cultures (Brown, 1990). Adolescents select and are selected by social crowds. Peer social crowds can be organized on a continuum from involvement in adult institutions to alienation from adult institutions and involvement with peer culture (Brown, 1990). Eckert (1995) argues persuasively that the U.S. high school can be considered a corporate institution, and social groups at the extremes of the school engagement versus alienation continuum will have life orientations as distinct as

corporate management versus labor. Whereas students in the school-engaged crowds live in a world organized around preparation for college, students identifying with the school-alienated crowds are organized around age-heterogeneous out-of-school friendship networks. School-alienated youth see little or no relationship between high school and their future. Even those who view graduation as a procedural requirement understand that once they have graduated, they will have to make their own way. Thus, high schoolers in the alienated crowds rely upon their older friends in the workforce to help them construct a path to adulthood. Because loyalty to friendships is a primary value of alienated youth, these youth are particularly vulnerable to peer culture norms related to work and achievement. In particular, students who "deidentify" with school and "overidentify" with peers are inclined to work more than 15 hours per week while in high school, which is related to further school alienation, lower school achievement, and numerous other high-risk behaviors (Greenberger & Steinberg, 1986).

Work During High School

Most people believe work builds character and responsibility. Thus, adolescents who experience the world of work should be better prepared to make the transition from school to full-time work. Recent studies find this view to be inflated. Studies of contemporary youth (vs. Great Depression youth) do not find that working is linked with either greater financial responsibility or social obligation (Greenberger & Steinberg, 1986). Rather, working in high school is associated with premature affluence, social deviance, and lower school achievement, particularly if hours of work are in excess of 20 hours per week. In addition, there appears to be little indication that the high school part-time job provides role modeling opportunities, as the majority of youth are supervised by individuals who themselves are adolescents.

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Adolescent Development

Adolescents' choices related to schooling and work occur within the context of their cognitive, social, and vocational development. As part of our examination of the school-to-work transition or any school-based preparation for that transition, we included consideration of the developmental changes in basic processes during adolescence. These include cognitive development, social cognition, and decision-making. We also have included a discussion of theoretical frameworks of adolescent vocational development.

Cognitive Development

Although most developmentalists no longer adhere to Piaget's (1972) stage-based theory of cognitive development, much of the research conducted during the past 20 years from various theoretical perspectives is consistent with his general description of adolescence as a period during which individuals begin to think abstractly and logically. Most research has shown that consistent differences exist between the cognitive abilities of children and of adolescents. Adolescents are better able to use hypothetical and logical reasoning, to think about several dimensions of a problem at once rather than just one, to reflect on their own perspectives and thinking, and to reason about abstract concepts (Keating, 1990). According to the information processing perspective, these improvements in thinking are because of a number of cognitive changes that occur during adolescence that lead to better critical thinking skills. These include increased cognitive resources available because of automaticity or speed of processing (Case, 1997; Keating & MacLean, 1987), more breadth of content knowledge across domains (Case, 1997), increased ability to combine abstract information, the ability to use logical arguments (Moshman & Franks, 1986), and a greater range of strategies for obtaining and using information.

Most of the evidence about such higher-level thinking comes from controlled laboratory settings in which reasoning occurs with few distractions and ample time for reflection (Keating, 1990). The fact that adolescents have the potential for higher order reasoning does not mean that they will use all of their skills when confronted with everyday choices. Indeed, many observers have voiced concern about the low level of critical thinking adolescents have shown on academic tasks (e.g., diSessa, 1988). Much of the research suggests that adolescents' (and adults') thinking in everyday situations is not as systematic, reflective, or logical as the laboratory research might lead us to expect (Keating, 1990). In fact, recent research on adolescents' scientific reasoning suggests that most real-world reasoning relies less on abstract and formal logic than on pragmatic thinking that is grounded in prior experiences (e.g., Kowlowski, Okagaki, Lorenz, & Umbach,1990).

Also, great individual variations exist in cognitive development (Overton & Byrnes, 1991). For example, only about one in three eighth-graders and only about half of college students use hypothetical-deductive reasoning when Piagetian tasks are used to measure reasoning (Srahan, 1983). In addition, during adolescence, reasoning across domains is inconsistent, so that reasoning about one area might be at a high level, but not about another area (Byrnes, 1988). Adolescents are more likely to use a higher level, but reasoning in another area might be at a low level (Case, 1997; Glaser, 1984).

Although Piaget expected the most sophisticated reasoning to appear during early adolescence and expected few cognitive changes after that, most of the recent research suggests that there are large differences in thinking between early and later adolescence. In early adolescence, teens' hypothetical thinking tends to be unconstrained, so that they think possibilities are unlimited. But during later adolescence, adolescents' experience with higher level reasoning results in more balanced thinking (weighing good and bad). Research by Perry (1981) and Labouvie-Vief (1994) suggests that changes

continue to occur between later adolescence and adulthood, with older adolescents moving from unconstrained thinking about available options and perspectives (e.g., "anything goes") to using more critical, evaluative approaches to considering available options.

Social cognition

Elkind (1976) and others have suggested that adolescents exhibit what has been called adolescent "egocentrism," emphasizing an intense focus on the self during early adolescence. This concentrated awareness of the self may be because of increased reasoning abilities or increased perspective-taking abilities (e.g., Lapsley & Murphy, 1985); however, it results in heightened awareness of others and comparison to others. Adolescents who are good at social perspective taking tend to be skilled at making friends (Vernberg, et al., 1994). A related area that has received a small amount of attention is social cognitive monitoring (e.g., Flavell, 1979), which is the idea that adolescents are monitoring their thoughts about themselves and others frequently and use this information as a guide to behaviors. During this same period, social conformity with peers is quite high as well. By middle to late adolescence, the intense focus on thinking about the self and comparison to others begins to diminish.

Decision-making

This research area has received a great deal of attention recently. Developmentalists disagree on what to make of adolescents' decision-making skills; some insist that no differences exists between the skills of teens and adults (e.g., Moshman, 1993), and others insist that large differences exist (e.g., Steinberg & Cauffman, 1996). In general, little information is available on the match between competence as it has been assessed in the laboratory and actual decision-making. Most reviews (e.g., Mann, Harmoni, & Power, 1989) find that older adolescents are more competent decision makers than younger adolescents, who are, in turn, more competent than children (areas that have been studied include generating options, anticipating consequences, evaluating information, etc.). This finding has important implications for decisions that adolescents might make about work options in middle school or high school and about jobs as they leave high school. Much of the work in the area of social judgment that has been related to decision-making indicates that many adults exhibit poor judgment and decision biases (for reviews see Dawes, 1988; Nisbett, 1993; Plous, 1993). The research on adolescents suggests that most such biases are in place by early adolescence (Davidson, 1995; Jacobs & Potenza, 1991; Jacobs, Greenwald, & Osgood, 1995; Klaczynski, 1997). The existence of judgment biases similar to those found in adults, coupled with the lack of experience, still-developing cognitive competencies, and different goals and motivations may explain the poor decision-making skills that adolescents sometimes exhibit (Jacobs & Ganzel, 1993).

Vocational development

The study of how adolescents make career decisions, which adolescents are likely to be undecided, and how to improve adolescents' decision-making has been an area of research of vocational psychologists for nearly 90 years. In fact, Frank Parsons (1909/1989) wrote *Choosing a Vocation* to deal with the very issue of school-to-work transitions for inner-city youth in Boston at the turn of the century. His three-part model of good vocational decision making was knowledge of self, knowledge of the world of work, and "true reasoning" between the two. The latter is literally "uniting, so far as may be possible, the best abilities and enthusiasms of the developed man with the daily work he has to do" (p. 13). In other words, to make a good vocational choice, a person matches his/her abilities to the work best suited for those abilities.

Vocational psychologists have expanded on Parsons' work over the years to be a more inclusive person-environment fit model. Some theorists have added other important components to this model, but the foundation of vocational psychology remains a matching model between the individual and the environment. In essence, while we still operate on the assumption that, by the end of high school, adolescents need to have knowledge of themselves, and some knowledge of the world of work to make an appropriate decision about their post-high school activities, most vocational psychologists believe that the ability to make those critical vocational decisions actually begins to develop much earlier than high school. By the time they get to high school, adolescents should have had many opportunities to

learn more about their interests and skills, to learn about the variety of options within world of work, and to try out various occupational roles with vocationally relevant activities.

Two contemporary vocational theories are particularly relevant to models of school-to-work transition. The first is Holland's (1997) theory of vocational types, and the second is Super's (Super, Savickas, & Super, 1996) developmental life-space, lifespan theory. Both of these theoretical perspectives are well-formulated and well-supported (cf. Borgen, 1991; Osipow & Fitzgerald, 1996; Savickas & Lent, 1994).

Holland (1997) developed a theory to predict the characteristics of persons and environments that lead to positive or negative vocational outcomes, as well as the characteristics that lead to vocational stability. Holland's theory was based on the belief that vocational career choice is an expression of one's personality. Therefore, individuals within an occupation are similar. However, individuals may be categorized as belonging to one or more personality types. The six types are: Realistic, Investigative, Artistic, Social, Enterprising, and Conventional (cf. Holland, 1997 for further description of each type). Each personality type is thought to demonstrate a particular set of skills and values, and to predict preferences for particular activities; these may be vocational or avocational. Environments were also categorized, determined by the vocational personality type of the preponderance of the individuals within the environment. The person and the environment come together when "people search for environments that will let them exercise their skills and abilities, express their attitudes and values, and take on agreeable problems and roles" (Holland, 1997, p. 4).

Thus, it is important for individuals to know their vocational personality types within occupations. Matching the two is known as congruence; individuals are in a congruent occupation if that occupation is the same, or close, to their vocational type(s). As Holland (1997) described it, "persons in congruent environments are encouraged to express their favorite behavior repertoires in familiar and congenial settings. In contrast, persons in incongruent environments find that they have behavior repertoires that are out of place and unappreciated" (p. 56). Congruence has been linked to academic performance, persistence in school, and job satisfaction (Spokane, 1985; Tranberg, Slane & Ekberg, 1993; Holland, 1997). Students in the process of moving from school to work need to know themselves and know about different occupations in order to determine those occupations that are likely to be congruent for them.

While Holland's theory evolved from traditional matching models of vocational choice, Donald Super, criticizing the matching model for being too static, took a different approach and focused on vocational choice as a series of events. He believed that by the time an adolescent is ready to transition from secondary school to work or to college, that adolescent has made a number of choices already. He further proposed that careers were life-long, and he outlined five major stages of career development to account for the range of changes and decisions that individuals make from career entry to retirement; each stage has a unique sets of tasks. These stages were: Growth (roughly to age 11), Exploration (approximately 11-20), Establishment (20-mid adulthood), Maintenance (mid to late adulthood), and Disengagement (late adulthood). Although Super originally viewed these stages as chronological, he later revised his theory to acknowledge that individuals may, in fact, go through exploration and establishment in middle adulthood as they, for example, choose another career. Incorporated into the notion of developmental tasks is career maturity, in which the individual demonstrates his or her ability to effectively master the tasks of that stage in preparation for moving to the next stage.

The most salient stage for adolescents transitioning from school to work is the Exploration stage (ages 11-20). The primary tasks of this stage are crystallizing, specifying, and implementing career choices (Super, Savickas, & Super, 1996). In other words, in this stage, adolescents evaluate their skills and values and determine a general area or field of choice (crystallizing), narrow that choice down to a specific area (specifying), and then take the necessary steps to implement that choice. To do this, however, adolescents must know themselves and know the world of work. These are developmental tasks of the early stage, the Growth stage. Thus, the best school-to-work programs are developmental in nature, as well as comprehensive, and are constructed to begin at the elementary level, giving elementary children increasingly complex knowledge about the world of work. They should also be designed to give students opportunities to learn more about themselves. A critical notion within Super's theory is that, in making a vocational choice, an individual is expressing his or her self-concept. Thus, it is critical that

students have accurate knowledge about themselves, or they may choose occupations that do not match well with their interests and skills.

Holland's theory, and person—environment fit theories, in general, predict "good choice," in that choice that is likely to lead to a good vocational outcome, such as success and satisfaction in a career. Developmental theories help to explain the skills that need to be developed in order to make that good choice. For example, part of the developmental tasks of the Exploration stage is the development of transition and employability skills; these are absolutely critical to effective transitions. Too often, those career development skills are not addressed within schools, or if they are, they are developmentally inappropriate, such as encouraging students to choose a career area in eighth grade (Fouad, 1997).

Working within these theoretical frameworks, vocational psychologists have learned a great deal about factors relevant to the school-to-work transition. These include knowledge about vocational interests and the role they play in vocational choice (e.g., Betsworth & Fouad, 1997; Savickas & Spokane, in press). They have developed many tools that may be useful in helping youth make effective transitions to work. These include a wide variety of psychometric tools that may be used to assess students' skills and interests. For example, Holland's model is incorporated into most widely used vocational interest assessments, such as the Self-Directed Search (Holland, Powell, & Fritzsche, 1994) or the Strong Interest Inventory (Harmon, Hansen, Borgen, & Hammer, 1994). It also has been used to categorize occupational environments.

Vocational psychologists have also gained knowledge of factors leading to being career undecided or indecisive about a career direction (e.g., Chartrand, et al., 1993 Lucas, 1993; Gati, Krausz & Osipow, 1996; Savickas & Jarjoura, 1991). Undecided students often need more knowledge to make a decision, either about themselves or about the world of work. Indecisive students, however, have difficulty making decisions in general, and interventions with them need to focus less on information-giving and more on helping them reduce barriers to decision making. Vocational psychologists know of some of the factors related to career exploration in general (Blustein, 1997; Phillips & Blustein, 1994) and for non-college bound youth in particular (e.g., Blustein, et al, 1997), such as self-efficacy (e.g., Betz & Voyten, 1997) and attachment to parents (Ketterson & Blustein, 1997), among other variables (cf. Blustein, 1997). They have examined how personal and vocational issues may influence each other (e.g., Blustein & Spengler, 1995; Betz & Corning, 1992; Hackett, 1993). More recently, vocational psychologists have examined how contextual factors, such as gender and race, may influence vocational choice (e.g., Fitzgerald & Betz, 1995; Fouad & Bingham, 1995; Leong & Brown, 1995; Fassinger, et al, 1995; Fouad & Brown, in press).

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Final Draft to Council of Representatives
S:/cpsc/stw report (edited version April 15).doc
Final edit September 14, 1999

Report of the School-to-Work Task Force:

How Psychology Can Contribute to the School-to-Work Opportunities Movement

Introduction: Purpose of the School-to-Work Task Force

The School-to-Work Task Force was created by the American Psychological Association Council of Representatives to examine what role psychology has played in the national school-to-work initiative and to consider what role psychology could play in the initiative in the future. The initiative focuses on the transition of school age children to work.

The task force, six individuals representing six divisions of APA, met several times via conference calls and then met together in Washington, DC, for a day and a-half. Representing developmental psychologists, educational psychologists, family psychologists, school psychologists, vocational psychologists, and industrial/organizational psychologists, the task force members discussed the contributions of their respective areas of expertise to understanding the transitions of youth from high school to the world of work.

In our discussions, we recognized that our collective knowledge base has much to offer in understanding those transitions and that this knowledge base having not been a significant part of the national implementation of the school-to-work initiative may account, at least in part, for the initiative's lack of success.

This report begins with a brief history of the school-to-work legislation and the sociopolitical context that led to that legislation and continues with discussions of selected psychological literature covering adolescent development as it relates to school and work, age-appropriate assessment of students and programs, learning, agents of influence, and the world of work. Finally, the task force sets forth recommendations for areas in which psychology could make contributions.

The school-to-work movement offers a unique challenge and opportunity to the profession of psychology. This task force and its report demonstrate the interest of the American Psychological Association in addressing the complex issues involved in this movement and in playing a key role in lending expertise to improve the quality of life for the next generation.

Continue: School to Work Legislation: Past, Present, and Future
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APA Work + discussion of related clinton-era work

School to Work Legislation: Past, Present and Future

A strong back, the willingness to work, and a high school diploma are no longer sufficient to unlock employment opportunities for today's students. Like a dinosaur with limited intelligence, the traditional workforce has been doomed to extinction by smaller, craftier animals. We are now in the third wave of the industrial revolution. The first wave was steam; the second was the assembly line. The third wave is computer technology and the information age. This wave will require an entirely new set of skills to survive, because during this third wave it is estimated that 60 percent of today's high school students will work in jobs that do not yet exist. (Krieg, 1995).

As America has moved from a manufacturing to a service, high-technology economy, concern has grown about the adequacy of the workforce that is produced by public education. As a result of inadequate preparation for employment and lack of assistance for making the transition to work, many graduating high school students struggle upon entry into the labor market, are unemployed, or flounder in jobs without opportunities for advancement (C. L. Smith & Rojewski, 1993). The changes in the world of work and in the world economy necessitate that we make major adjustments and refinements to our educational system. School reform of the 1970s is not the school reform of the 1990s. Schools now deal with social issues that have long-term, albeit difficult solutions. Within the framework of school reform are complex social issues of decay in our cities, drugs, violence, and lack of equality of opportunity. A strong growing belief among students and parents is that "school life does not equal real life."

Within the context of school reform and consistent with the central legislation components of the Clinton human capital agenda (N. S. Smith & Scol, 1995) was born the School-to-Work Opportunities Act (STWOA) and other supportive legislation. These initiatives were designed to address the belief that American youth are not qualified to meet the demands of the increasingly competitive workforce. About 3.4 million individuals in the United States between the ages of 16 to 24 have not completed high school and are not currently enrolled in school; this number represents about 11 percent of all individuals in this age group. In addition to those who have dropped out, a large number of individuals, estimated as high as 50 percent, exit with high school diplomas but no marketable skills. In addition, 50 percent of those going to college do not graduate, and this figure is low when you consider the evidence that only 15 percent of high school graduates complete a 4-year degree within 6 years of entering college (U.S. General Accounting Office, 1993).

A key element of the school-to-work movement is the attempt to eliminate the notion that a 4-year college degree is the only track through which occupational success can be achieved. Instead, the evolving global economy will produce the need for highly skilled, technical workers to be employed in moderate to high wage occupations without requiring a college degree (Glover and Marshall, 1993; C. L. Smith & Rojewski, 1993).

School to Work Opportunities Act

In June 1991, the U.S. Department of Labor and the Secretary's Commission on Achieving Necessary Skills (SCANS) distributed a report entitled *What Work Requires of Schools: A SCANS Report for America 2000*. SCANS was directed by the Secretary of Labor to examine the demands of the workplace and determine whether today's students are adequately prepared to meet those demands. The SCANS report was written by a broad-based committee of experts from education, business, government, and labor unions who were asked to define the skills needed for employment; propose proficiency levels; suggest ways to accurately measure proficiency; and develop a dissemination strategy for schools, businesses, and homes. The SCANS report is useful in developing a framework of essential competencies, foundation skills, and personal attributes needed by today's student and is consistent with

the school-to-work initiative. (See Table 1 at end of report.)

The SCANS report identified skills and competencies and suggested approaches for acquiring those skills in public education. It did not focus on assessment methods in particular, but it did mention SCANS assessments at the 8th and 12th grade levels (*What Work Requires of Schools*; 1991).

Page 29 of the SCANS report, says "Assessments must be designed so that, when teachers teach and students study, both are engaged in authentic practice of valued competencies. SCANS will not develop the assessment process; we will, however, consider and report on the issues involved."

On page 30, the SCANS report states that "SCANS aims to promote the development and use of assessments that can provide the basis for a new kind of high school credential. This credential will measure mastery of specific, learnable competencies...certifying the five competencies can serve several purposes not now being achieved. They will link school credentials, student effort, and student achievement; they will provide an incentive for students to study; and they will give employers a reason to pay attention to school records. Finally, they will provide a clear target for instruction and learning. Assessment can thus help improve achievement, not simply monitor it."

Although these statements defined objectives and goals of measurement, they were silent on particular methods of measurement or assessment. We believe that psychology can contribute greatly to designing, researching, and implementing assessment methods that attempt to achieve these goals, within limits of feasibility and practicality.

The second major SCANS report, *Learning a Living: A Blueprint for High Performance* (Department of Labor, 1992), devoted a chapter to "standards, assessment, and certification" (Chapter 6, pp. 59—70). Although this report provided more specifics on criteria for an assessment process (on pages 60—61, six specific criteria are spelled out) and described the use of a cumulative resume for recording results of SCANS assessments (page 65), it was again silent on the particular methods of assessment to be used. It did, however, differentiate "assessment" from the concept of "tests". "Test results describe the problem at the end of the educational process and for that purpose they may be useful. Assessment promises to build excellence into the educational process on a day-by-day basis, rather than trying to test it at the end."

The task force believes, therefore, that in its report, SCANS called for assessments that tightly integrated the curriculum, learning, and testing processes. The report also proposed frequent assessments against absolute standards of mastery — but was silent on particular methods of assessment (e.g., multiple-choice, essay, performance, and so on) — although there was a decided bias against multiple-choice and traditional education evaluations. SCANS invoked no professional standards for reliability, validity, or other psychometric criteria. In short, SCANS set goals for assessment more than it described methods for achieving those goals. Here again is where the discipline of psychology can contribute, by identifying, developing, and evaluating measurement methods intended to achieve those goals. Along the way, psychology must continue to impose its professional standards of reliability and validity — that is, be progressive in its attempts to meet the goals of measurement and innovation in methods, but conservative in evaluating the psychometric adequacy of the methods in meeting those goals.

The School-to-Work Opportunities Act identifies three major components, each containing specific activities designed to assist students in the transition from school to work: a school-based learning component, a work-based learning component, and connecting activities.

The school-based learning component requires a shift in the philosophy of what constitutes education. Schools face the challenge of continuing liberal arts education and at the same time increasing focus and attention on career preparation. The school-based learning component includes career awareness, exploration, and counseling. These culminate in a skill certificate and an opportunity to provide a genuine work experience in the students' chosen fields. The work-based component includes extended workplace activities incorporating internships and summer jobs, worksite/job shadowing, workplace mentoring, and community service. The inclusive concept behind school to work is that students can

complete a series of learning experiences that allow them to leave high school with an identified set of competencies. These competencies are intended to make young people competitive for positions in the world of work.

Paramount to the success of the STWOA is the concept that schools cannot accomplish this task alone. Although the legislation provides federal funds for the states and local jurisdictions to develop STW programs, a critical component of the school-to-work movement is the successful linkage of schools with communities and business organizations. These different constituencies need to address mutual goals, including the development of productive, contributing citizens and technologically sophisticated knowledgeable workers (Talley & Short, 1996).

Evaluation of STWOA

Despite all the hopes and promises hinging on the School-to-Work Opportunities Act, much disappointment has followed. Stern et al. (1994), in a review of the effectiveness of school-to-work programs, reported that although some programs do show moderate success, others have produced negative results. Some of the failures of the STWOA are closely linked to some of the difficulties in the school reform movement. The 1997 progress report of the school-to-work legislation reported that only 2 percent of high school students indicated that they actually participated in comprehensive school-to-work activities. Not enough attention and resources were devoted to the issue of teacher training around school/work issues, and levels of school involvement were fairly low. Like much that occurred in the school reform movement, the impetus for change came from the outside rather than from the inside, resulting in failure. In addition, levels of employer involvement were fairly low despite the clear goal of the school-to-work legislation to involve employers. Of major concern also is that there was not a large component of parent involvement in school-to-work activity. So, as the legislation is set to sunset in 2001, it has not had any significant grassroots support.

Future of School to Work Programs

Because states and localities had the freedom to design their own systems of how best to meet the needs of their own communities, the way school-to-work programs were developed and implemented varied a great deal. With sunset pending, a lack of clear success, and no clear impetus for its future, the school-to-work movement is in limbo. However, one saving grace is the direct effect this legislation could have on the long-term social and vocational outcomes of at least 75 percent of the youth of our nation, if communities continue to focus on implementing school-to-work programs.

Therefore, designing and implementing legislation to assist this 75 percent of young people by formulating a uniform and universal high-quality school-to-work transition system that enables youth in the United States to identify and navigate a path to productive and progressively more rewarding roles in the workplace is imperative. This legislation is as timely as it is necessary.

A universal transition system can work if certain things are in place. A partnership must exist between schools, businesses, and parents. Many proposals need to be expressed in acceptable terms to various communities for the STW movement to move into the future. Psychologists must take a more proactive role by applying our craft to enhance this initiative. For the school-to-work transition system to be successful, it should be knowledge-based, not legislatively driven. For example, to implement the foundational skills and competencies as identified in the SCANS report, curriculum changes must be made. Teacher training must be implemented, school counselors and school psychologists must become involved. The role of parents must be expanded for school-to-work programs to be effective, as parents are extremely influential in their children's career decisions.

Psychologists must bring the broad perspective of best practices and knowledge to assist school-to-work programs. Much of what psychologists know about key issues in youth transition periods has not yet filtered into this movement. In particular, psychologists' knowledge bases in the areas of adolescent development, vocational development, learning, and understanding about agents that influence youth are fundamental to improving school-to-work programs. Embedded in this perspective is also the belief that the community at large must be sensitive to career development needs of "typical" high school students

and to issues that increase the gap between majority and minority group members. Racial/ethnic minorities, females, and disabled students are even more greatly affected by the changing world of work than others are.

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SPEECH TO THE AMERICAN PSYCHOLOGICAL ASSOCIATION
PRACTICE DIRICTORATE GROUP
AUGUST 3, 2000

INTRO

- Thank you.

- The topic of my talk today is supporting parents, communities in schools in raising healthy children – an overview of the Clinton-Gore Administration Accomplishments. Before I begin talking about the role of the Clinton Administration in this area, I want to recognize the important role that psychologist play in helping to raise healthy children.

- Support of parents, schools, and communities is something that school psychologists and family psychologists do every day . It is our job at the Federal policy level to examine ways we can support work that helps you do your job most effectively – a job that is critical to the healthy development of children.

- Often, policy makers in Washington are criticized for not knowing what is going on in the rest of America and not recognizing the important contributions of individuals in local communities who are working with children and families every day – teachers, social workers, physicians, psychologists, community organizers, etc. Politicians and policy makers rely on research, on focus groups, and on organizations like this one to provide us with information from the frontlines on what needs to be changed and suggestions for possible solutions.

personal is political

- But, we also often rely on friends and family for the information – proving that anecdotal evidence is many times the most powerful! The issues that affect the personal lives of politicians often are the issues in which they feel most passionate and most ready to breakdown political barriers to get work done – and, often, it makes for strange bedfellows. In fact, as many of you know, improving health care for the mentally ill has brought together Senator Wellstone, probably the most liberal Democrat in the Senate with Senator Domenici, a solid conservative Republican – both of whom have been touched by mental illness in their families. Personal relationships have also meant that Gene Sperling, the President's Economic Advisor, worries about how to improve literacy among young children in our country – who could avoid such worries with a mother who is a third-grade reading teacher.

- And, in fact, I often receive phone calls from Mrs. Clinton during her travels about people that she has met on the road. She'll call because she has met someone who is having difficult getting the education and training they need to move successfully from welfare to work, or someone who is confused by a public housing rule that does not allow them to rent the apartment they need for their family, or another family that has been on a waiting list to receive child care subsidies for too long. In every instance, she will want to understand the policy that is a roadblock to every day problems for children and families and whether we can do anything to change it or make it easier. It is the stories and situations that we hear, see, and experience in our daily lives that are often become the most critical policy concerns.

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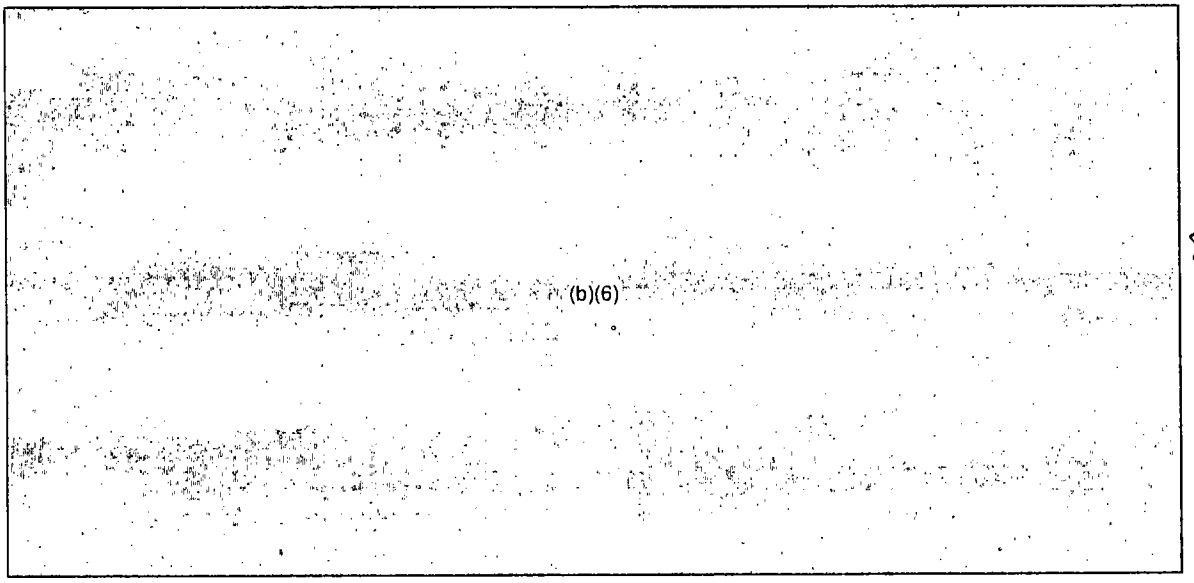
- 

[002]
- I want to talk more about how this Administration is supporting collaborative work around the healthy development of children, but before I do I think it would be helpful to look at a snapshot of America's children.

Are America's Children growing up healthy? What do they need?

The good news is that America's Children are doing much better than they were when President Clinton and Vice President Gore took office.

- Far fewer children are living in poverty – the number of poor children in America has declined by 3.6 million children since 1993. In fact, under President Clinton and Vice President Gore, child poverty has declined from 22 percent in 1993 to 18 percent in 1998 -- the biggest five-year drop in nearly 30 years.

- In July, the U.S. government released our annual report on the status of America's children, *America's Children: Key National Indicators of Well-Being.* This report showed that, in the words of Duane Alexander the Director of the National Institute of Child Health and Human development, "from toddlers through teens, there is good news." There has been a dramatic decrease in childhood deaths, the birth rate for teenagers is at a record low, more children and enrolled in early childhood programs, and violence by and among adolescents has decreased.

- The Clinton-Gore Administration has dramatically increased opportunities and support for our most disadvantaged families by nearly doubling funds for Head Start, by enacting the single largest investment in children's health since 1965, by expanding the Earned Income Tax Credit and creating a Child and Dependent Care Tax credit just to name a few.

There is still much to be done....

[It is important that we recognize this great progress, but also use this information as indicator of how much more we need to do. Just a few examples –

- We know that while this Administration has invested more in child care than ever before, we are only serving 10 percent of eligible children. Need to pass real child care budget.

- This past spring, the Journal of the American Medical Association published studies showing that the number of preschoolers on anti-depressants had increased by over 200 percent in the past five years. Furthermore, it found that many children are being inappropriately diagnosed and treated. Need much more information to ensure that our children receive the diagnosis, treatment, and management they need.

In this final year of the Clinton Administration, the President and First Lady have not stopped working on these critical issues. The First Lady has fought tirelessly to increase the child care budget to reach 150,000 more children this year and she held a nationally televised press-conference where she launched an effort to improve our understanding of diagnosing and treating children with emotional and behavioral problems. Due to this effort, the American Academy of Pediatrics has issued guidelines on the diagnosis of ADHD, the National Institute for Mental Health has invested $5 million to study the use of Ritalin in preschoolers, and the Food and Drug Administration is exploring how they may be able to provide more appropriate recommended dosages for children.

- We also know that while overall violence in schools is declining, that there has been a recent increase in multiple homicides in schools over the past three years and that children find that bullying and harassing seem to be increasing in schools. Parents ~~think~~ say schools feel less safe + Are victims

The President has invested much effort in working to reduce youth violence by launching a National Campaign Against Youth Violence and developing a coordinated strategy at the Federal level to prevent youth violence. The Administration recently announced that $45 million in federal support to help schools in over 100 school districts in 35 states to recruit, hire, and train middle school drug prevention and school safety coordinators. And, next week the Administration will release $20 million in awards to support the start or expansion of elementary school counseling programs.

What do we need to do a better job doing?

It is critical that policies supporting the healthy development of children are not piece meal approaches to "problems" faced by children, but instead are comprehensive prevention and development programs.

(1) Changing public policy

We can no longer work alone – "It Takes A Village" is not just a title of a book or a mantra for Mrs. Clinton, it is something that this Administration has worked hard to support

- This Administration has worked on many collaborative programs, policies, and grants – but there is one that deserves special attention. It is the ***Safe Schools/Healthy Students Initiative***. This initiative is a collaboration between the U.S. Departments of Education, Justice, and Health and Human services that helps communities design and put into place comprehensive educational, mental health, social service, law enforcement and juvenile justice services for youth. This initiative is supporting 77 projects in communities around the country.

  I like to point out this initiative because it is one that involves collaboration and coordination at all levels – at the federal level, the community level, and even the neighborhood level. And, it is an initiative that works on prevention by building on children's strengths and promoting healthy development rather than focusing on one problem area.

would it include psychologist

- Just as it is critical to collaborate among programs from various sectors, it is also important to recognize that collaboration needs to occur within each area as well – schools, for example. Recently, the news has focused on education reform and in the context of the talk of education reform, kids sometimes get lost. The talk is often about standards and accountability. It is important to recognize that this Administration has worked on moving forward with standards and accountability to improve academic outcomes, but has also recognized that you cannot do that without critical support of the overall development of children – from providing more school counselors, to more enriching afterschool programs, to better trained teachers in classrooms with fewer students.

(2) In addition to changing public policies, we need to change public attitudes

- The Administration has worked in partnership with the APA to launch the Anti-Stigma Campaign with Mrs. Gore to fight the stigma of mental health problems among young people.

- I want to tell you about another public awareness campaign the Administration is launching, "Being There for Teens" Campaign. In May, the President and First Lady held a White House Conference on Raising Responsible and Resourceful Teenagers and we found that teenagers most want an adult, and especially a parent, to be there for them when they need it.

- Peter Yarrow's Don't Laugh At Me Campaign

Making Psychologists in Schools Indispensable: Critical Questions and Emerging Perspectives

APA/ERIC/CASS

PSYCHOLOGY DIGEST AVAILABLE

The American Psychological Association's Center for Psychology in Schools and Education (CPSE) and the Education Research Information Clearinghouse/Counseling and Student Services (ERIC/CASS) have co-produced a book entitled *Making Psychologists in Schools Indispensable: Critical Questions and Emerging Perspectives*. The book contains articles on this topic written by 30 of the top leaders in the field of school psychology. The content focuses on the strategies suggested by national leaders to make psychology and psychologists an integral part of American education. It is edited by Ronda Talley, Tom Kubiszyn, Marla Brassard, and Rick Short.

Making Psychologists in Schools Indispensable is available by mail from the APA Center for Psychology in Schools and Education for $19.95 plus $5.00 for shipping. A limited numberof copies of the book are available, so plan on getting yours early!

Please contact Courtney Leyendecker, Center for Psychology in Schools and Education, at 202/336-6126 or e-mail cal.apa@email.apa.org for more information or to order a copy of the book.

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This is the Institute Director + the guy introducing you at the conference —

APA Cont. background + general organizational info.

APA News Release

Date: May 8, 2000

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AMERICAN PSYCHOLOGICAL ASSOCIATION'S (APA) 108TH ANNUAL CONVENTION TO BE HELD IN WASHINGTON AUGUST 4-8, 2000

Singer Pete Seeger As Keynote

Psychology's Role in the Changing Healthcare, in Improving Workplace Environments and in Examining the Psychological Implications of the Human Genome Project to be Major Themes

WASHINGTON - With healthcare and work environments changing at light speed, psychologists are examining the possibility of having prescription privileges, the advantages and disadvantages of online therapy, ways to reduce workplace violence and discrimination and the medical and societal implications of gene therapy. These issues will be prominent themes of the 108th Annual Convention of the American Psychological Association (APA).

More than 1,100 symposia, paper and poster sessions will be devoted to a wide range of psychological issues ranging from mental examinations of sexual harassment plaintiffs, the status of employment testing, psychological characteristics of presidential greatness, the pros and cons of online and E-therapy and prevalence of cybersex and affairs on the Internet to how the media influences attitudes about cosmetic surgery, the role of spirituality in healing, why young adults are moving back home with their parents and ways to reduce anger while driving.

Other presentations will include the effect of marital quality on dieting; what types of personalities are most associated with emotional intelligence; gender differences in adolescent depression; does medication, psychotherapy or both work best at treating depression; the health hazards of being male; the importance of fathers in their children's life span and how menopause can affect a woman's cognitive performance.

Keynote speaker Pete Seeger and his grandson, Tao Rodriguez will tell stories and sing to kick off the APA convention. "I am done with big things and great things, and I am for those tiny, invisible, molecular forces that creep from individual to individual like so many rootlets, or like the capillary action of water, yet which, if you give them time, will rend the hardest monument of man's pride."

For Seeger, the words point to the power of organizations like APA to change the world. "I'm absolutely convinced that if there's a human race here in 100 or 200

years, it will be because of millions upon millions of small organizations," he explains. "They might be academic disciplines or scientific organizations, political organizations or sports organizations, religious organizations or artistic organizations." Now 81, the man who wrote such songs as "Where Have All the Flowers Gone," "Turn, Turn, Turn" and "If I Had a Hammer" will combine music and story-telling in a joint performance with his grandson Tao Rodriguez

APA President Pat DeLeon, Ph.D., has chosen serious emotional disturbances with children, adolescents and families as a major theme for the meeting. Experts in these areas will speak about empirically supported treatments for childhood behavior, anxiety and mood disorders, schools and serious emotional disturbance, ways to work with families who have children with serious emotional disturbances and the need for partnerships with managed care and the juvenile justice system.

Another notable speaker will include psychologist Arthur Jensen, Ph.D., who will speak about his theory that genes cause the IQ differences between races.

Logistics

The press facilities for the convention will be in **Meeting Room 8 and 9, Meeting Room Level, in the Renaissance Washington Hotel.** The pressroom will open for on-site media registration on Thursday, August 3, from noon to 4:00 PM and during each day of the convention from 8:30 AM to 6:00 PM (except Tuesday, August 8, when it will close at noon). Convention papers will be available, as will be working space, telephones, fax machines, phone lines for data transmission and APA staff resources. The press area will also be the site of any news briefings held during the convention.

The deadline for requesting housing at the special convention rates is June 26, 2000. Please use the APA Convention Housing Reservation Form (available from the APA Public Affairs Office) to secure convention accommodations. Send the form directly to the APA/WCVA Housing Bureau, 108 Wilmot Road, Deerfield, IL 60015.

Please send the complimentary Convention Registration Form (registration fee waived for media with credentials) in the booklet to **APA 2000 Convention, P.O. Box 630303, Baltimore, MD 21263-0303** or fax it to: (202-336-5708). You will automatically receive a copy of the program and your convention badge. Please also fill out and return the enclosed "Media Registry" card to ensure that you receive future convention-related mailings.

The American Psychological Association (APA), in Washington, DC, is the largest scientific professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes more than 159,000 researchers, educators, clinicians, consultants and students. Through its divisions in 53 subfields of psychology and affiliations with 59 state, territorial and Canadian provincial associations, APA works to advance psychology as a science, as a profession and as a means of promoting human welfare.

# # #

Practice Directorate

What is the APA Practice Directorate?

Public Relations and Communications Department
November 1998

For more information: Pracpr@apa.org

The American Psychological Association (APA) represents more than 155,000 members and affiliates in the United States and in hundreds of other countries around the world. The association's Practice Directorate, established to serve the 60,000 licensed member psychologists who deliver psychological services to consumers, pursues a variety of advocacy and educational initiatives on behalf of practicing psychologists and their patients.

The **Practice Directorate** is involved in a broad range of activities that support psychology practitioners and health care consumers. Virtually every activity is intended to deal with problems and issues created by the fast changing health care marketplace. The current directorate agenda is organized into a series of four interrelated initiatives -- legislative advocacy, legal and regulatory strategies, marketplace activities and public education.

The directorate works actively on its own, through coalitions, with state psychological associations and APA practice divisions, and with health consumer advocacy groups to help enact mandatory health plan quality standards and other legislation to benefit practitioners and patients. The directorate relies heavily on a nationwide, grass-roots network of psychologist "federal advocacy coordinators" to help achieve organized psychology's legislative objectives. Key legislation sought by the directorate includes:

- adequate regulation of managed care and other health plans in federal, state and private sector programs, including the following provisions: legal accountability for negligent actions and decisions that harm patients; patient choice of health care professional and access to "out-of-network" providers; prohibition of financial incentives that could result in withholding or denying necessary patient care; non-discrimination measures designed to prevent managed care plans from disallowing non-physician participation in provider networks; and appropriate grievance and appeals procedures such as for challenging the denial of patient services
- parity in health insurance coverage for mental and physical health services, with cost impact estimates derived from state-specific actuarial studies funded by the directorate
- confidentiality safeguards to protect communications between patients and providers
- equitable reimbursement for psychologists' services under Medicare and Medicaid
- federal funding to support graduate training for psychologists
- Through its annual grant program, the APA Committee for the Advancement of Professional Practice supports a variety of state legislative and regulatory activities.

The directorate pursues a number of legal and regulatory strategies on behalf of professional psychology that involve:

- "test cases" such as in New Jersey, California and other states that have potential to set legal precedent for holding managed care entities accountable for delivering health care
- helping hundreds of consumers and practitioners annually resolve grievances and problems with a

wide range of managed care and other legal issues through consultation and direct intervention
- ensuring strong state licensing laws that safeguard psychologists' scope of practice against threats by subdoctoral level providers
- legislative and training initiatives to help achieve prescriptive authority for psychologists
- gaining access to and professional autonomy in hospitals and other health delivery systems through appropriate legislation/regulation and playing a watchdog role with accrediting organizations such as NCQA and JCAHO
- disseminating professional guidelines such as for child protection matters, patient record keeping, child custody evaluations in divorce proceedings and hospital privileges
- educating federal regulatory enforcement agencies (Departments of Labor and Justice and the FTC) about the need to uncover fraud and abuse involving underutilization of health services
- safeguarding appropriate professional roles for doctoral-level psychologists in schools

The directorate engages in numerous activities and services to help practitioners compete effectively and reclaim decision making power in the health care marketplace, including:

- several collaborative demonstration projects with health care systems and third party payors designed to show the cost-effectiveness of integrating psychological and physical health services in treating patients with breast cancer, cardiovascular disease and other health needs
- training practitioners to function as members of primary health care teams in rural areas and other health care settings using interdisciplinary models of care developed by the directorate
- disseminating information and materials that enable practitioners to diversify their professional services both inside and outside the third party reimbursement system
- the APA Practitioner's Toolbox Series -- practical, "how-to" manuals from the directorate covering a variety of marketing and business-related tasks
- the Business of Practice Network, consisting of practitioner experts who help educate other psychologists about business issues and corporate leaders about important health care issues
- advocating for leadership roles for psychologists in the public health care delivery system, such as the U.S. Department of Veterans Affairs (VA)
- consulting on demonstration projects to design and implement appropriate provider-driven mental health outcomes management systems
- developing and disseminating criteria to help protect practitioners and patients from arbitrary treatment guidelines, and evaluating existing guidelines for adequacy and appropriateness
- advocating for the safe and effective use of evolving technologies (i.e. telehealth) and managing related licensure and reimbursement issues
- certifying qualified licensed psychologists in the treatment of alcohol and other substance use to help these practitioners overcome obstacles to providing their professional services (through the APA College of Professional Psychology, housed in the Practice Directorate)

The directorate helps educate consumers, policy makers, health care payors, business leaders and others about the value of psychological services through:

- a long-term public education campaign activated by psychologists at the state and local levels
- proactive and reactive efforts to influence media coverage of issues and events affecting psychology practitioners and their patients
- information materials on psychologists' services and the benefits of quality psychological care
- TV, radio and print advertisements featuring everyday life challenges where psychologists help individuals in need
- a nationwide network of licensed psychologists who provide pro bono services to victims of disasters and relief workers
- community outreach activities such as participation in health fairs and consumer screenings for depression, anxiety, eating disorders and alcohol abuse

The Practice Directorate relies on the active involvement of psychologists nationwide in pursuing its diverse agenda. Only by joining forces can practitioners and APA move the profession forward for the good of those who need psychological services.

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Division of School Psychology

American Psychological Association

The Division of School Psychology is composed of scientific-practitioner psychologists whose major professional interests lie with children, families and the schooling process. The Division represents the interests of psychologists engaged in the delivery of comprehensive psychological services to children, adolescents, and families in schools and other applied settings. The Division is dedicated to facilitating the professional practice of school psychology and actively advocates in domains such as education and health care reform, which have significant implications for the practice of psychology with children. Members receive the journal School Psychology Quarterly and the quarterly newsletter The School Psychologist. The Division welcomes student members. Specialist level school psychologists and practitioners are welcome to join the Division as Professional Affiliates.

- **President, Rick Short**
  University of Missouri
  Columbia, MO

- **President-Elect, Jack Cummings**
  Indiana University
  Bloomington, IN

2000 DIVISION 16 CONVENTION PROGRAM

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Please contact cummings@indiana.edu to update or correct any of the information on the Division 16 Webpage.

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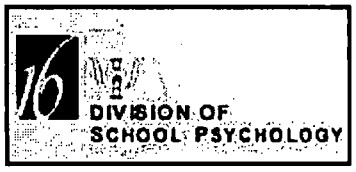

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Goals and Objectives

The ultimate goal of all Division activity is the enhancement of the s youth, and adults as learners and productive citizens in schools, fa communities.

The objectives of the Division of School Psychology are:

a. to promote and maintain high standards of professional ed within the specialty, and to expand appropriate scientific and and the pursuit of scientific affairs;

b. to increase effective and efficient conduct of professional a practice of psychology within the schools, among other settin collaboration/cooperation with individuals, groups, and organi realization of Division objectives;

c. to support the ethical and social responsibilities of the spec opportunities for the ethnic minority participation in the specia opportunities for professional fellowship;

d. to encourage and effect publications, communications, and regarding the activities, interests, and concerns within the spe national, and international basis.

Archival Description of the Specialty

School Psychology

School Psychology is a general practice and health service provide professional psychology that is concerned with the science and pra with children, youth, families; learners of all ages; and the schooling education and training of school psychologists prepares them to pr psychological assessment, intervention, prevention, health promoti development and evaluation services with a special focus on the de processes of children and youth within the context of schools, famil systems.

School psychologists are prepared to intervene at the individual an develop, implement, and evaluate preventive programs. In these ef ecologically valid assessments and intervene to promote positive le within which children and youth from diverse backgrounds have eq educational and psychological services to promote healthy develop

Parameters To Define Professional Practice in Sch

School psychological services are provided in a broad array of sett workplace, school- based and school-linked health centers, as well service, or correctional facilities). School psychologists recognize s context for development. They know effective instructional process

classroom and school environments; understand the organization a schools and agencies; apply principles of learning to the developm both within and outside school; consult with educators and other pr cognitive, affective, social, and behavioral performance; assess de develop educational environments that meet those diverse needs; psychological, and behavioral health services by working at the inte systems; intervene to improve organizations and develop effective parents and educators and other caretakers.

An essential role of the school psychologist is synthesizing informa mechanisms and contexts and translating it for adults who are resp the healthy growth and development of children and youth in a wid contexts.

Populations

Consistent with an emphasis on the development of competence, s provide services to learners of all ages and the systems and agenc and their families. Among the populations served are:

- Individuals from birth to young adulthood presenting learning specific disabilities that affect learning, behavior, or school-to that experience chronic or acute conditions of childhood and influence learning and mental health; and, individuals with me evident in infancy, childhood or adolescence.
- Families who request diagnostic evaluations of learning disab problems and assistance with academic and behavioral prob school.
- Teachers, parents, and other adults to enhance their ability to relationships and environments that promote learning and de
- Organizations and agencies to promote contexts that are con development.

Problems

Among the problems addressed by school psychologists are:

- Educational and developmental problems related to school a adjustment, social or interpersonal problems related to learni disabilities and disorders that affect learning, behavior, or sch adjustment; chronic or acute situations of childhood and adol learning or mental health, such as personal or school crises o noticed in infancy, childhood, or adolescence.
- Adverse social conditions that threaten healthy development community, such as community and school violence, juvenile pregnancy, and substance abuse.
- Problems of instructional and learning environments that affe the school age population.

Procedures

In addition to those procedures typically associated with the genera psychology:

- Assessment of abilities, achievement, social and emotional fu and developmental status; use of interviews, observations, a assessments to understand learning and behavior problems: and reliable measures of behavior and treatment progress.
- Diagnostic assessments to support eligibility for and delivery statutorily regulated contexts that integrate diagnostic informa professionals to support recommendations for educational m community services.
- Primary prevention programs to reduce the incidence of scho abuse, teenage pregnancy, and programs to promote childre more appropriate educational and classroom accommodation prevention programs to assist students who have mild or tran interfere with school performance, such as poor peer relation behavior problems in the classroom, and adjustment to adop
- Crisis intervention services that support children following na violence, abuse, death, or suicide by a student.
- Consultation with teachers, parents, agency administrators a psychological services staff concerning children's behavior an problems; professional development programs for teachers; d comprehensive and integrated service delivery systems.
- Consultation with physicians and other professionals concern functioning and learning of children with disorders such as at hyperactivity disorder, learning disorders, chronic illness, phy conditions, and substance abuse.

Knowledge Base

- Educational evaluation services including development of ap child behavior and classroom contexts; analysis of academic standardized tests, performance assessment, self reports, an methods; evaluation of individualized educational plans; obse measurement of teacher and parent behaviors; and evaluatio organizational environments.

School psychology has evolved as a specialty area with core know psychology and education. School psychologists have advanced kn and empirical findings in developmental and social psychology, and psychopathology within cultural contexts, and in the areas of learni instruction, effective schools, and family and parenting processes. conceptualize children's development from multiple theoretical pers current scientific findings to alleviate cognitive, behavioral, social, a encountered in schooling. A strong foundation in measurement the advanced statistical methodology support efforts by school psychol evaluate standardized and non-standardized measures in emerging individuals from culturally or linguistically diverse backgrounds and innovative classroom programs, comprehensive and integrated ser educational and psychological interventions.

School psychologists are accountable for the integrity of their pract rights of children and their families in research, psychological asses intervention. Their work reflects knowledge of federal law and regu state statutes and regulations for schools and psychological service importance of the historical influences of educational, community, s organizational dynamics on academic, social, and emotional functio youth in educational settings.

Professional preparation for the specialty of School Psychology occ

level.

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Comments: cummings@indiana.edu

Center for School Mental Health Assistance
University of Maryland, Baltimore

Critical Issues Planning Session
State Children's Health Insurance Program
January 19, 1999

Introduction

On Tuesday, January 19, 1999 the Center for School Mental Health Assistance (CSMHA) sponsored a Critical Issues Planning Session on the topic of the *State Children's Health Insurance Program.* Participants in this Critical Issues Meeting brought a wide variety of expertise from an array of perspectives. Participants included Julia Graham-Lear, Ph.D., Director, Making the Grade: State and Local Partnerships to Establish School-Based Health Centers; Ellen Garrison, Ph.D., Director, Public Interest Policy for the American Psychological Association (APA); Angela Oddone, M.S.W., Deputy Director, APA Practice Directorate for Psychology in the Schools; Prudence Kobasa, R.N., M.S.N., Delaware Division of Public Health; Phyllis Hazel, M.A., Coordinator of seven wellness centers in Delaware; Ned Wollman, Assistant Director, Office of Medical Policy at the Maryland Department of Health and Mental Hygiene; Larry Sullivan, Ph.D., Assistant Executive Director of Professional Relations at the National Association of School Psychologists; Claire Brindis, Dr. P. H., Executive Director; National Adolescent Health Information Center (NAHIC); Donna Behrens, RN., M.P.H., Director, Maryland School-Based Health Centers Initiative; Arik Marcell, M.D., M.P.H., Fellow in Maternal and Child Health, NAHIC; Laura Brey, M.S., M.P.H., Clinical Services Coordinator, North Carolina Department of Health and Human Services; Paula Ambruster, M.A., M.S.W., President; National Consortium of Children's Mental Health Services and Associate Clinical Professor, Yale University; Judith Katz-Leavy, M.Ed., Senior Policy Analyst, Federal Center for Mental Health Services; Louise Fink, M.Ed., Director, Special Populations for Baltimore City Schools; Robyn Waxman, Ph.D., Consultant, CSMHA; Olga Acosta, Ph.D., Program Coordinator, CSMHA; and Mark Weist, Ph.D., Director, CSMHA.

The goal of the meeting was to provide a forum for exploring the development of state-level plans to secure Children's Health Insurance Program (CHIP) funding for school mental health programs.

Overview of Topics Covered

The meeting opened with an overview of CHIP and its coverage of mental health services for children. A general discussion of the status of state-level CHIP support for school mental health followed, along with case examples of states that have utilized CHIP funds for school mental health and the lessons they have learned. Ultimately, participants acknowledged that the CHIP process is still in its very early stages which presents some benefits as well as some challenges. Over lunch, participants discussed the challenges of CHIP funding for school mental health with regard to Medicaid and Managed Care. The group then focused on determining the essential components of a state-level plan to secure CHIP funding for SMH and identifying the specific

tasks that would need to be completed to implement such a plan. Finally, the group discussed ways that we can effectively inform state legislatures about the value of SMH programs.

Overview of CHIP and Coverage of Child Mental Health Services

Following introductions and a welcome from Mark Weist, Julia Lear gave an overview of CHIP and its implications for SMH. Claire Brindis reported that, in collaboration with the Association of Maternal and Child Health Programs, she is currently developing a policy brief on the potential role of the CHIP program in assuring health care access to adolescents. She reported that the number one issue that has come up in state-level discussions about CHIP has been mental health coverage.

It was reported that the federal CHIP allocation will be at least $40 billion over the next 10 years, with a goal of reducing the number of youth who are uninsured by at least one-third. Almost all of the states are responding and have submitted plans. However, there is considerable variability in how states are implementing CHIP across dimensions such as degree of participation, age ranges covered, whether mental health care is clearly included, and strategies for outreach and enrollment. While it is probably too soon to make general conclusions, it is safe to say that most states remain in the early phases of the CHIP process, and much of the effort has focused on enrollment of the uninsured. In some jurisdictions funding for mental health services is actually available but has been set aside until enrollment increases.

One strategy for school-based mental health programs to consider is to focus efforts toward priorities included in state CHIP plans then position ourselves as a natural part of the process. For example, CHIP is still in the process of identifying which populations are most in need of service. Although there is a general agreement about the characteristics of populations that need to be targeted, assessment processes for targeting these populations have not been formalized. A considerable advantage of school-based mental health programs is their ability to identify youth in need of mental health services and many programs are using sophisticated strategies and formally developed measures to do this. These assessment approaches could be presented to state leaders as fitting well with goals of CHIP. Similarly, increasingly school-based mental health programs are being developed based on an assessment of the needs of youth in a given locality. For example, in some urban areas (e.g., Baltimore), programs are being prioritized for development in areas characterized by problematic sociodemographic factors, such as high levels of violence, criminal arrests, school drop-outs, and low birth weight infants. This process for prioritizing populations in need of services would also present advantages to state CHIP plans. Further, the benefits of SMH programs in providing mental health services such as increased productivity of staff, improved outreach to youth with internalizing problems (e.g., depression, anxiety), and increased capacity to provide preventive services need to be sold to state CHIP leaders. In many states a challenge is making CHIP more than just increasing health insurance enrollment, and actually increasing linkages to quality health care (see paper by Jack Meyer on this topic). SMH programs need to be positioned to promote this linkage.

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In addition to using schools for outreach and enrollment, schools provide a forum for organizing community support. North Carolina has been able to use local coalitions for outreach and enrollment, thereby eliminating the need to use CHIP funding for this facet. Potentially, this allows more of the funding to go toward actual services rather than enrollment. If we can highlight ways in which SMH programs can be used to meet current CHIP priorities, we may have leverage as plans in states develop.

CHIP Funding and Third Party Reimbursement

Another major source of funding to be considered is third-party reimbursement. However, in the SMH field there is increasing concern about problems associated with fee-for-service reimbursement. These include: 1) an over-reliance on mental health diagnoses, that are inherently unreliable, stigmatizing, and potentially damaging (e.g., in future denial of military service and health insurance coverage), 2) the generally poor protections on youth confidentiality, which have worsened as managed care companies share their data bases, 3) state laws regarding outpatient mental health services, which in general have been developed for youth with severe and/or chronic problems, and involve unnecessary bureaucracy and barriers for many youth, and 4) the significant hassles on clinical staff in gaining authorization for

services from insurance companies and maintaining appropriate documentation, which necessarily places limits (often significant) on the number of youth who can be served. Related to these problems, there is increasing discussion about maintaining and increasing grant and contract funded support for a large percentage of SMH services.

As SMH leaders realize these limitations, some may have difficulty in viewing enhancements of third-party reimbursement as a desirable goal. Essentially, at the program level decisions need to be made on whether such reimbursement will be sought. While some may choose to not pursue third party reimbursement, most will, to ensure diversified funding and maximize sustainability of the programs. In Baltimore, some SMH leaders believe that roughly 25%of cases present legitimate diagnoses and need for involvement of the public mental health system. These are the cases appropriate for third-party reimbursement, while the remaining 75% would receive more preventive services, primarily funded through grants and contracts.

Another side of the issue is that there are benefits to third-party reimbursement through managed care that may be routinely dismissed in the context of other intense criticism. These include ensuring systems of quality assurance and highly skilled providers. Assuming that third-party reimbursement is a necessary funding mechanism (which was the consensus of our discussion), we must then position ourselves to be "reimbursable." In most cases this means developing a credentialing or accreditation process that is consistent with state laws defining mental health professionals. And this is usually a fairly cumbersome and time consuming process and may be quite restrictive (e.g., in Maryland, licensed social workers at beginning levels are unable to receive third party payments).

p. 4, CHIP meeting

Issues Related to Primary Care Providers

The optimal route to obtaining third party funding differs from state to state. In many states now, primary care providers (PCPs, often physicians) are set up as gatekeepers of health service access. This may result in a disincentive for them to refer youth out to other providers, and may create a situation where SMH providers are viewed as competitors for limited funding.

One strategy is for SMH providers to reach out to PCPs in efforts to begin or enhance collaborative activities. Primary care providers with children and adolescents typically spend considerable time in addressing emotional/behavioral issues, and could benefit from expertise of SMH providers. In turn, many of the youth SMH providers work with have some level of need for physical health services. And, there is increasing evidence that when mental and physical health services are provided together, costs for care are cheaper (the "medical cost offset"). Further, PCPs frequently have strong representation and are able to influence policy, and thus would be able to strengthen advocacy efforts related to SMH and CHIP.

Another avenue that is being taken by some school-based health centers (SBHCs) is attaining PCP status. However, considerable restructuring and increasing of services is usually required to do this; for example, to enable 24-hour emergency coverage, to operate year round. Given that there is already a general lack of funding for SBHCs, is the added responsibility (and costs) associated with pursuing PCP status a viable goal? School-based health centers in North Carolina have developed a wonderful model for working with the PCPs by providing services such as annual screenings and mental health care that the PCPs do not wish to provide.

State Differences in CHIP

One challenge that was underscored by group discussions was the need to recognize how different policy is necessary because states are at very different stages of development of the CHIP process, and thus, will have different needs for support. For this reason, "national policies" may be detrimental. For example, North Carolina has found it useful to argue that SBHCs provide a *different* service than ambulatory services provide; therefore, they should be funded. Connecticut, on the other hand is arguing that they provide the *same* services as PCPs and therefore are entitled to funding. Given the wide range of possibilities of using CHIP to support SMH, it would be helpful to begin to collect models from different states that address specific areas such as: 1) Funding strategies, 2) political context, 3) history of school-based services, 4) credentialling and quality assurance mechanisms in the programs, 5) the range of SMH services provided, and 6) advocacy efforts and work that has been done to influence legislation. By presenting models from states in various points of developing SMH programs with CHIP and other sources of funding, individual states are more likely to find examples that are relevant to their situation.

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North Carolina is using an innovative approach to CHIP. Local coalitions have been used to do outreach and enrollment, which has meant funds for this remain available for services.

Any local provider who meets requirements can be a provider, and procedures for accessing public or private insurance have been standardized. Further, the state has sanctioned an adolescent health package mandating that youth with public and private insurance receive the same types of services, which include screenings on an annual basis. To ensure compliance, PCPs have contracted with SBHCs to perform these assessments, and are paying the SBHCs to do this.

Specific Tasks to be Undertaken and Documentation to be Compiled

1. Identifying Critical Services and Developing Principles of SMH Practice

Participants agreed that a primary goal at this point is developing guidelines to establish what mental health services are considered critical and should be included in a school mental health program. Further, what are the principles that should guide the development and operation of these programs? For example, the School Health Policy Initiative developed principles that should guide the development and operation of SBHCs. Something similar is needed for SMH programs. This document on critical services and principles of care could then serve as a guide of the relative quality of a program and hence its position vis a vis inclusion in mainstream methods of funding children's mental health services.

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2. Tracking and Understanding State Efforts

It would also be useful to collect information documenting where each state stands in relation to school-based health and mental health care. Relevant questions include:1). Which states currently support school-based health centers? 2) Which states provide support for expanded SMH programs (i.e., those that go beyond traditional school counseling and special education related services)? 3) What standards do the states impose on the SBHCs and SMH programs in terms of licensing, credentialling and hiring practices?, and 4) What are the states' reimbursement policies and funding mechanisms for

these programs?

The collection of this information will also facilitate identification of gaps in services. An important question here will be the relative proportion of services that are diagnosis dependent. Under the current model of care, services are usually only reimbursed if provided to a student who meets the criteria for an ICD-9 or DSM-IV emotional/behavioral disorder. But, school-based MH providers frequently provide services that are not covered by traditional clinic visit codes, such as providing consultation to teachers, classroom prevention programs, and attending meetings regarding special education assessment for a student. An important question to address is how to design a model for CHIP reimbursement that is not diagnosis-dependent.

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3. Tracking and Understanding National Efforts

In addition to the state by state assessment described above, there are considerable national efforts going on to track CHIP implementation. Organizations conducting these efforts include the Children's Defense Fund, NAHIC, Making the Grade, the National Mental Health Association, the American Psychological Association, the American Academy for Child and Adolescent Psychiatry, the National Association of School Psychologists, and the Federal Center for Mental Health Services. What appears to be needed is some central organization of state and national efforts related to CHIP and SMH, and perhaps this is a task that can be taken on by the CSMHA.

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4. Tracking and Developing Advocacy Mechanisms

In addition, there have been a number of innovative methods used to influence legislative policy. For example, in North Carolina there is an arrangement with an umbrella organization (Covenant with NC Children) that includes a number of specific interest groups. Any organization can join and lobby for their own specific interests. The umbrella organization monitors legislative issues and can respond to policy suggestions that threaten the delivery of health care services. Having an overarching group like this also provides a forum for setting standards across a range of specific-interest organizations and can help minimize much of the infighting that tends to occur. There are a number of other strong advocacy groups (e.g., the National Alliance for the Mentally Ill, the National Mental Health Association) who should be involved in advocating for CHIP support of SMH. Thus, efforts are needed to track relevant advocacy efforts and to reach out to advocacy organizations about the process that we are engaged in.

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5. Raising Awareness of Issues of CHIP and SMH

The group also discussed activities that should be taken to raise awareness about CHIP issues and SMH. These include: 1) Writing articles for newsletters of the CSMHA, the UCLA Center for Mental Health in Schools and for organizations such as the National Assembly on School-Based Health Care, and Making the Grade, 2) Linking websites of organizations that are addressing issues related to CHIP and SMH, and 3) Making presentations at national conferences on the topic (the CSMHA will ensure that there a

number of presentations on CHIP and SMH at its September, 1999 meeting in Denver).

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6. Identifying and Ensuring that Appropriate Stakeholders are Involved

As the dialogue on CHIP and SMH progresses, it will become important to involve all the relevant stakeholder groups in this dialogue. These groups include youth and families, legislators, private insurers, managed care organizations, benefits coordinators in businesses and agencies, staff working with Medicaid and medical assistance, education leaders and teachers,

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children's mental health leaders and staff, school health and mental health leaders and staff, state mental health association staff, family and youth advocacy groups, and people in points of

system entry such as pediatric emergency rooms. Forums need to be developed where these diverse stakeholders groups can work through issues related to CHIP and SMH.

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7. Developing Case Studies of States Using Chip to Support SMH

It was agreed that a very important project would be to develop a series of case studies of states that are using CHIP to support the development of SMH programs. A number of states, including New Mexico, Connecticut, Colorado, and North Carolina are doing this, and there was support for the plan to document experiences of states in differing stages of development in this process. As reviewed earlier, each state could describe their experience with SMH and CHIP along common dimensions such as funding strategies, political context, history of school-based

services, credentialling and quality assurance mechanisms in the programs, the range of SMH services provided, and advocacy efforts and work that has been done to influence legislation.

The meeting was closed with participants expressing the critical importance of these activities and enthusiasm for continued participation in the ongoing dialogue and planning.

APA Education Advocacy

EDUCATION ADVOCACY UPDATE

March 2000

Older Americans Act (OAA) Reauthorization

Education advocacy staff and APA Consultant Ellin Nolan of Dean Blakey and Moskowitz, have worked closely with the Congress during the reauthorization of the Older Americans Act to make sure mental health concerns, in particular training, are addressed. In an effort to garner support for APA's recommendations, many APA members, including members of CONA (Committee on Aging), have contributed by providing expert testimony and/or meeting with their Senators and Representatives. As a result, key Members of Congress and their staff have been very responsive to APA's requests, in particular, support for geropsychology training. In general, there is significantly greater emphasis on mental health services in both the House and Senate bill than there is in current law.

The Congress has tried for several years to complete work on this important legislation. However, provisions related to employment training programs (Title V) for older persons, which are funded at over $400 million, have prevented agreement on proposed legislation. Last year the House Committee on Education and the Workforce adopted H.R. 782, a bill amending the Older Americans Act. At the request of the APA Education advocacy staff, the Committee Chair, Bill Goodling (R-PA), and the Subcommittee Chair, Buck McKeon (R-CA) included mental health services in numerous provisions, thus highlighting the importance of mental health for older Americans. Also, the Secretary is authorized to make grants for educating and training a (qualified) workforce to work with older individuals, including mental health professionals. Funding for research, as well as policy analysis for improving access and delivery of services to older persons, is also authorized for the Secretary.

Furthermore, there is also a clear role for mental health professionals in the disease prevention and health promotion provisions. In addition, the Secretary is authorized to fund supportive services. This includes behavioral and mental health services, especially those that enable older individuals to attain and maintain emotional well being and independent living, in order to avoid institutionalization. Unfortunately, an effort to bring the bill up for full House debate failed because of contentious issues related to Title V. Although some progress is being made on the labor issues, the bill remains stalled.

On the Senate side, The Senate Subcommittee on Aging, chaired by Senator DeWine (R-OH), moved a draft bill in the fall. The Committee on Health, Education, Labor and Pensions, chaired by Senator Jeffords (R-VT) is now working to refine that bill for a full Committee debate. This bill, which has not yet seen Committee action, also allows for education and training of a workforce to work with older persons and specifically includes a provision for graduate (including postdoctoral) training of psychologists and other mental health professionals to specialize in aging as requested by APA.

APA expects that if and when the bill is brought before the Committee it will also contain a new demonstration program. The program will focus on improving the delivery of mental health services to older persons, thus enhancing the capacity of the mental health system to serve older persons by providing, among other components, training to graduate students and practitioners in the field of mental health.

APA is hopeful that the Title V controversy can be worked out and that is legislation with very important changes favorable to psychology can be passed this Session, which is shorter due to the fall presidential election.

National Health Service Corps (NHSC) Reauthorization

Education advocacy staff is actively involved in the first reauthorization of the NHSC in ten years, and is working with APA Consultant Ellin Nolan to develop overall strategies. Moreover, APA staff has taken a leadership role in organizing and facilitating the coalition of health professional organizations concerned with the legislation. Included in the NHSC coalition are representatives from medicine, nursing, dental, mental health, rural organizations, and others. The coalition is in the process of determining recommendations, for which it can reach consensus (e.g., elevating the role of psychologists and other mental health professionals). Education advocacy staff will advocate separately for any APA priorities not included in the coalition's recommendations (e.g., eligibility of psychology in the scholarship program, and a set-aside [funding] for psychology in both the scholarship and loan repayment programs).

In addition to taking a lead role in the NHSC coalition, APA was also chosen to represent the coalition at a Kellogg Foundation Symposium on whether the NHSC should have a research function and if interns and preceptors (supervisors) should participate in the Corps.

NHSC Appropriations

The NHSC plans to use the $1 million that Education advocacy staff secured in the FY2000 Congressional appropriations to hold mental health summits in three states: Iowa, Florida and Tennessee. Iowa will focus on the Midwest and the mental health issues related to the farm crisis; Florida will focus on linkages with the Bureau of Health Professions AHEC Program and expanding interdisciplinary training; and Tennessee will focus on a coordinated effort with the Appalachian Regional Commission and the mental health needs of 13 states.

Education advocacy staff is currently seeking another $1-2 million for FY2001 to continue these initiatives and to specifically fund psychologists and other mental health professionals in the Loan Repayment Program.

NHSC Agency Activities

The Education advocacy staff continues to work with the NHSC to:

1. Promote the inclusion of psychologists in the Loan Repayment Program and to eliminate obstacles to such participation as they arise;

(2) Develop sites for Mental Health professional Shortage Areas (HPSAs); and

(3) Educate communities about the contributions psychologists make to health care.

Education advocacy staff also participated in a series of small group meetings with representatives of various health professions to advise the NHSC on needed changes in order to better integrate mental health into primary care settings in underserved areas.

In addition, Education advocacy staff has worked with the Office of Shortage Designation to eliminate the separate HPSA categories and to change the 30,000 to one ratio currently used for the mental health HPSA. Significant progress has been made on both objectives. The Health Resources and Services Administration (HRSA) has expressed interest in collapsing the categories and streamlining the process for implementing comprehensive health care services, and APA has been asked to propose a more

reasonable ratio for population to mental health provider.

In summary, APA staff has been working with NHSC and other HRSA officials, the NHSC Advisory Council, and Congressional staff to ensure that mental health is considered along with medical and dental services when seeking to meet the health care needs of underserved communities.

The Elementary and Secondary Education Act (ESEA) Reauthorization

The major federal education programs that provide funding for kindergarten through 12th grade education are due to be extended or re-authorized in the 106th Congress. These programs include the Elementary and Secondary Education Act (ESEA), the Improving America's Schools Act of 1994 (IASA), Goals 2000, and Title VII of the Stewart B. McKinney Homeless Assistance Act (Education for Homeless Children and Youth). Although these are separate programs and separate legislation, they are referred to collectively as ESEA.

Education advocacy staff and consultants have supported the efforts of the Public Interest policy staff in the reauthorization of the Elementary and Secondary Education Act (ESEA). The APA initiative has focused primarily on the inclusion of school-based and school-linked mental health services in two major parts of the legislation. The first initiative involves APA's coordination with several other mental health organizations to strengthen and integrate mental health resources into the language of Title IV (Safe and Drug Free Schools). This section of ESEA provides an excellent vehicle for supplying much needed mental health resources to school communities.

The second and related effort has concentrated on introduction and passage of the Elementary School Counseling Demonstration Program, which provides grants for schools to establish or expand mental health counseling programs. While this program was authorized in ESEA of 1994, it was not included in the Senate version of ESEA (S.2). PPO staff have worked closely with several other mental health organizations to ensure that school counseling services are expanded through the hiring of qualified school psychologists, school social workers, and school counselors. PPO worked closely with the National Association of School Psychologists in refining the definition of "school psychologist" for this program to ensure that licensed doctoral level school psychologists are deemed eligible service providers (under current law, some of these professionals could be excluded due to overly narrow educational and training requirements). The counseling program has now been included in Title VI (Innovative Education) of S.2 and retains its focus on services for elementary schools. In the House draft, the Counseling Program has been expanded to include secondary school students and has been placed in Title X, Part A (Fund for the Improvement of Education). While the Counseling Act focuses on school employed professionals, the definitions for the Safe and Drug Free Schools Program include other qualified certified or licensed mental health providers, in keeping with the wider scope of this program.

PPO staff has also been involved in two efforts regarding educational accountability in ESEA. Staff has worked with the offices of Senators Jeff Bingaman and Paul Wellstone and has coordinated efforts with the APA's Committee on Urban Initiatives and the Testing and Assessment Office in the Science Directorate. APA has worked to enhance and supports the inclusion of Senator Bingaman's amendment to Title I, which seeks to improve accountability for individual school and Local Educational Agencies through the use of research-based initiatives (in programs, models, and curricula). APA has also supported Senator Wellstone's proposed amendment to promote student fairness in testing through the use of multiple measures of student achievement, as well as the use of reliable, valid, and criterion-referenced testing measures. Staff in the Testing and Assessment Office worked with Senator Wellstone's office to develop standardized testing provisions. A letter supporting these two provisions was sent to the full Committee on Health, Education, Labor and Pensions.

Higher Education Appropriations

(Student Aid Alliance - SAA)

The APA Education Advocacy Staff is an important member of the Student Aid Alliance (SAA), a coalition of over 60 higher education associations that advocate for increased federal student financial aid. The SAA meets regularly to discuss legislative strategy and develop advocacy tools to promote more funding for critical campus based programs that aid graduate and undergraduate students in their pursuit of higher education.

The Administration's proposed budget for FY 2001 has taken important steps to increase the resources allocated to student financial aid funding. Their request includes an increase of $77 million in Federal Work Study funding. Unfortunately a number of key programs important to graduate students were level funded, including the Javits program and Graduate Assistance in Areas of National Need (GAANN) for which psychology graduate students are eligible.

The SAA has sent a letter to all Senate and House offices encouraging Members to make funding for need-based student aid programs a priority in FY 2001. The SAA also included its brochure that urges for a $15 million increase for graduate programs. In addition, the SAA website, http://www.studentaidalliance.org/ has been updated to include a copy of the letter sent to Congress. The SAA 800 number (1-800/574-4AID) has been updated to direct callers to the Capitol switchboard with a message of support for the Alliance funding proposal. APA is urging psychologists and graduate students to visit this website and use the 800 number to express support for increased funding for these important campus-based programs—most particularly College Work Study and Federal Perkins Loans, both of which are available to psychology graduate students.

The SAA is also exploring several proposals for a mid-June *Success Stories Luncheon* on Capitol Hill to honor students with student aid success stories and recognize key members of Congress who support the goals of the Student Aid Alliance. Invitees would include students with success stories, Alliance CEOs, college presidents, members of the House and Senate Labor-HHS-Education Appropriations Subcommittees, members of the House Postsecondary Subcommittee of Education and the Workforce, members of the Senate HELP Committee, members of the House and Senate Leadership, and other key members of Congress identified by the Alliance. In addition, the SAA will be considering several "free-media" proposals to generate campus involvement in the advocacy efforts of the Alliance.

Bureau of Health Professions Appropriations

(Health Professional and Nursing Education Coalition - HPNEC)

APA Education advocacy staff continue to work with the Health Professional and Nursing Education Coalition (HPNEC) to promote increased appropriations for the Bureau of Health Professions. In the implementation of programs such as Centers of Excellence, Scholarships for Disadvantaged Students and Health Careers Opportunity Program, for which psychology is eligible, the Bureau works to improve cultural diversity in the health professions arena and meet the needs of underserved populations.

The Bureau is currently funded at $302 million. However, in the Administration's FY 2001 budget request, the Bureau receives an $84 million reduction. Consequently, Health Professions funding has been reduced to $218 million. This is a significant loss of funding, and puts many programs and grants at risk. As a result, HPNEC has distributed a letter to the Administration, as well as the appropriations chairs, asking for at least $335 million appropriation for FY 2001 (an increase of 10% over FY 2000 funding). With the assistance of APA Education advocacy staff, HPNEC has also produced a booklet of "success stories" that will accompany the letter. The stories underscore how current BHPr programs are promoting careers in the health professions while providing services to the underserved. Included in the booklet are two highlights on psychology grants provided by the Bureau. The first is on a grant given to the University of Hawaii at Manoa, designed to promote undergraduate and graduate training in psychology. The second discusses the University of Montana's Centers of Excellence grant, designed to

promote an increase in the number of Native American psychologists.

Members of HPNEC have also attended numerous hill visits with the staff of members of the House Labor, Health and Human Services Appropriations Subcommittee and with the staff of selected Senators from the Senate Committee on Health, Education, Labor and Pensions. The BHPr programs seem to have support in the House, and HPNEC members have urged House staffers to put the pressure on the Senate, where support has traditionally been lacking.

HPNEC is also working hard to improve the visibility and knowledge about the Bureau of Health Professions and its programs. To this end, on Wednesday, May 17, 2000, HPNEC has planned a Hill Day which will included a Hill staff breakfast briefing, and visits to Members during the day.

Indians into Psychology (INPSYCH) Appropriations

APA is once again recommending $2 million for FY 2001 for INPSYCH and efforts to gain increased support for INPSYCH are showing great promise. As noted last November, with the help of Appropriations Consultant, Ed Long of Capitol Associates, the Education Advocacy staff embarked on a broad-based strategy for gaining increased funding for the INPSYCH program. Working with APA members from the currently funded programs (Montana, North Dakota, Oklahoma State), Education Advocacy staff also contacted psychologists in other states with large Native American populations (Alaska, South Dakota, Utah, Florida). These new states include key Members of congress: Senator Ted Stevens (R-AK, Chair Senate Appropriations), Senator Tom Daschle (D-SD, Senator Minority Leader, Senator Bob Bennett (R-Utah, Senator Appropriations), and Representative Bill Young (R-FL, Chair House Appropriations).

In addition to phone calls and hill visits (November – March), APA members have met with their University President and/or Government Relations Office, secured letters of support from their university, and requested that INPSYCH be placed on the university's Appropriations Priorities "wish list." Letters of support have also been obtained from Native American organizations in their local communities and/or region. As a consequence of this broad-based approach, and the positive responses from universities, local Native groups and Members/Staffers visited, Education Advocacy staff believes the FY 2001 request of $2 million for INPSYCH has a good chance of succeeding.

Most recently, Senator Dorgan (D-ND, Senate Appropriations Committee) has agreed to send a letter to Senator Slade Gorton (R-WA), Chair of the Senator Appropriations Subcommittee on Interior, requesting the $2 million for INPSYCH. APA constituents are now in the process of contacting their own Senators to request that they sign-on to the "Dorgan Letter", and it appears most, if not all, will agree. Further, while Senator Stevens has declined to "champion" INPSYCH, his staff says he remains supportive of the initiative, which will be very important in the final negotiations. On the House side, because of the help of APA Board Member Dr. Ron Levant, Education Advocacy staff believes that House Appropriations Chair Bill Young (R-FL) may also support the FY 2001 Senate request of $2 million for INPSYCH.

Advocacy Training and Grassroots Activities

As in previous years, Education Advocacy staff continues to provide advocacy training workshops and promote other events aimed at increasing grassroots activities for Education Advocacy initiatives. In January, two Continuing Education Advocacy Workshops were conducted at the Combined Training Meetings held in Miami Beach. The first (introductory) workshop provided basic information for novice advocates (e.g. How a Bill Becomes Law, Communicating with Congress, Grassroots). The second (intermediate) session focused on the Federal Appropriations Process.

Education Advocacy is also taking a lead role in the planning and preparation for the National

Psychology Graduate Student Rally and hill visits, which will be held on the west steps of Capitol Hill on Friday, August 4th. Supported by APAGS, all four APA Directorates, and a number of psychology programs and training groups, the primary purpose of the rally is to draw public attention to the contributions that psychology students make to their communities through their practicums, internships and assistantships. An advocacy training workshop is also planned for the previous day (August 3rd) for all students, faculty, and APA members planning to make hill visits following the rally. This PPO-wide workshop will provide basic information about federal advocacy and help prepare participants to lobby their Members of Congress for increased support to the Federal Work-Study Program.

Finally, Education Advocacy staff is also preparing for the annual Advocacy Breakfast, which will be held on Saturday, August 5th. This year a panel presentation on the reauthorization of the Older Americans Act, and the inclusion of a training provision for psychologists and other mental health professionals, is planned. Hollis Turnham, JD, of the Senate Health, Education, Labor & Pensions Committee, Karla Carpenter, Staff Director, Senate HELP Subcommittee on Aging, and Cynthia Herrle, Senior Staff of the House Education and Workforce Committee, as well as APA Consultant Ellin Nolan of Dean, Blakey & Moskowitz, have been invited to participate. Special Education Advocacy Awards will also be presented during the breakfast meeting.

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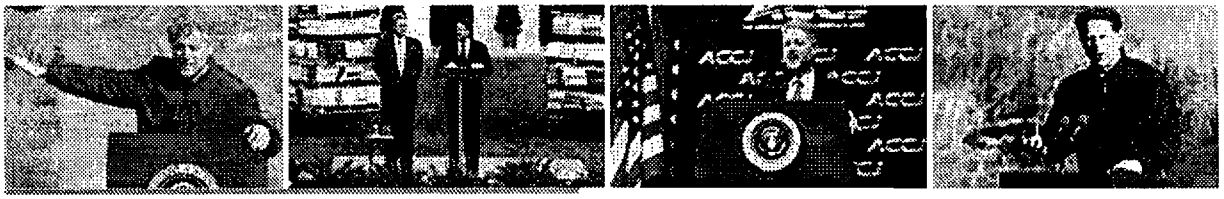
THE WHITE HOUSE **Release of the Surgeon General's Report on Mental Health**



THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

December 13, 1999

TIPPER GORE APPLAUDS THE FIRST-EVER SURGEON GENERAL'S REPORT ON MENTAL HEALTH, URGES AMERICANS EXPERIENCING MENTAL PROBLEMS TO SEEK TREATMENT

Landmark Report Documents A "Scientific Revolution" in Mental Health Research and Services

Today, Tipper Gore, joined Secretary of Health and Human Services Donna Shalala and Surgeon General David Satcher to release the first-ever Surgeon General's Report on Mental Health. This historic report documents that a range of effective treatments exist for most mental disorders, yet nearly half of all Americans who have a severe mental illness fail to seek treatment. The report also focuses on the connection between mental health and physical health, barriers to receiving mental health treatment and the specific mental health issues of children, adults and the elderly.

"The Surgeon General's Report on Mental Health provides a historic opportunity to deepen America's understanding of mental health, " said Tipper Gore, the President's advisor on mental health. "Everyday, in all of our communities, millions of Americans face mental illness. It is an issue that touches us all. This report

What's New December 1999

A Millennium Invitation from the President and the First Lady

Statement on OMB's Final Quarterly Report

Remarks at Human Rights Day/Eleanor Roosevelt Award Ceremony

Remarks at Foster Care Event

Remarks on Health Care

Remarks by President Clinton, Prime Minister Barak and Foreign Minister Al-Shara

Press Conference on Middle East Peace Process

Statement Regarding Peace Between Israel & Syria

Remarks on Bridging the Digital Divide

Remarks at Signing Ceremony for Human Rights

Remarks at Memorial Service for Worcester Firefighters

illness. It is an issue that touches us all. This report underscores the need to continue to strengthen our nation's mental health system and fight the stigma associated with mental illness so all Americans can get the treatment and services they need to live full and productive lives."

MILLIONS OF AMERICANS SUFFER FROM MENTAL DISORDERS. One in five Americans is living with a mental health disorder. Four out of the 10 leading causes of disability for people over the age of five are mental disorders. Major depression is the leading cause of disability among developed nations and manic depressive illness, schizophrenia, and obsessive compulsive disorder also rank at the top. Mental disorders are also tragic contributors to mortality, with suicide perennially representing one of the leading preventable causes of death in the United States. About 15 percent of adults use some form of mental health service in any year.

LANDMARK SURGEON GENERAL'S REPORT ON MENTAL HEALTH PROVIDES NEW OPPORTUNITY TO DISPEL MYTHS AND IMPROVE TREATMENT. The first Surgeon General's Report on Mental Health being released today:

- **Documents that mental illnesses are diagnosable and new effective treatments offer more options than ever before.** The report documents that mental illnesses are diagnosable conditions that impact Americans across the lifespan. It also reports that over the last two decades a revolution in science and service delivery has broadened the understanding of mental health and illness and has dramatically improved the way mental health care is treated. The efficacy of mental health treatments is well documented and a range of treatments and delivery strategies exist for most mental disorders.

- **Highlights need to reduce stigma and dispel myths about mental health.** While effective treatments exist, stigma prevents too many Americans from recognizing or acknowledging their own mental health problems and receiving the help they need. In order to reduce the burden of mental illness and improve access to

Remarks at Clean Car Event

Remarks to the Little Rock Chamber of Commerce

Remarks at D.C. Central Kitchen

Release of the Surgeon General's Report on Mental Health

Remarks at Signing of ILO Convention #182

Intiative To Protect Consumers Buying Prescription Drug Products Over The Internet

Statement By The President on FY2001 Budget

Remarks on Land Preservation

Statement By The Press Secretary on the Internet

The President's Christmas Message

Human Rights Day, Bill of Rights, & Human Rights Week 1999

The President's Kwanzaa Message

RAMADAN 1999

care, this report underscores that stigma must be eliminated. This report helps dispel the myths of mental illness by providing accurate information on the prevalence of mental illnesses and diseases so consumers can be informed and by highlighting mental disorders as diagnosable illnesses that are a critical aspect of overall health.

- **Seeks to improve public awareness about mental illness.** Americans are often unaware of the choices they have for effective mental health treatments. Despite the efficacy of treatment options and the many possible ways of obtaining a treatment choice, nearly half of all Americans who have a severe mental disorder do not seek treatment. This report documents the array of effective treatments for most mental disorders, including counseling, psychotherapy, medication therapy, and rehabilitation, and encourages individuals to seek help. It also underscores the need to improve awareness about mental health and encourage people to seek help.

- **Documents the need for mental health services and providers and delivery of state-of-the-art treatments.** The report states that fundamental components of effective service delivery, including integrated and community based services, continuity of providers and treatments, family support services, and culturally sensitive treatment are broadly agreed upon, but are consistently in short supply. Key personnel shortages include mental health professionals serving children, adolescents, and the elderly with serious mental health disorders. In addition, primary health care providers and schools are often unprepared to assess and to treat individuals who seek help. The report states the need for broader education and strategies to translate the research into community-based action.

THE CLINTON-GORE ADMINISTRATION'S LONGSTANDING COMMITMENT TO IMPROVING MENTAL HEALTH.

- Fought for largest ever increase in community mental health services.
- Fought for Workers' Incentives Improvement

Act to help people with disabilities keep their health care coverage when they return to work.

- Directed Federal Employees Health Benefit Program to come into full mental health parity.
- Held the first White House Conference on Mental Health.
- Assured that Children's Health Insurance Program has strong mental health benefit.
- Passed the Mental Health Parity Act of 1996 that requires insurers to have parity between physical and mental health for annual and lifetime benefits.
- Fighting for a prescription drug benefit for Medicare and a strong, enforceable patients' bill of rights to assure quality care.

A full copy of the report is available at http://www.surgeongeneral.gov

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THE WHITE HOUSE

June 5, 1999

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PRESIDENT CLINTON AND MRS. GORE: COMBATING THE STIGMA OF MENTAL ILLNESS

"Mental illness is nothing to be ashamed of, but stigma and bias shame us all. Together, we will replace stigma with acceptance, ignorance with understanding, fear with new hope for the future."

President Bill Clinton
June 5, 1999

Today, in a joint radio address, President Clinton and Tipper Gore, the President's Mental Health Advisor, announced a new national campaign to help eliminate the stigma of mental illness and encourage the millions of Americans with mental health needs to get help. The President and Mrs. Gore discussed myths surrounding mental illness and presented the facts about these diseases. The President and Mrs. Gore, along with the Vice President and First Lady, will continue this discussion on Monday as part of the first-ever White House Conference on Mental Health.

Launching a Campaign to Raise Mental Health Awareness. In a joint radio address, President Clinton and Mrs. Gore announced the launch this fall of a nationwide campaign to dispel the myths surrounding mental illness and to encourage those with mental illness to get help. Chaired by Mrs. Gore, the campaign will be a public-private partnership led by the Surgeon General and the Ad Council, and will involve a wide range of community organizations, media, and others. The campaign will address many of the issues to be raised at the upcoming White House Conference on Mental Health.

Dispelling the Myths of Mental Illness. President Clinton and Mrs. Gore addressed some of the myths surrounding mental illness, including:

Myth: Mental illness is not a disease and cannot be treated.
Fact: Mental illnesses are diagnosable disorders of the brain, and treatments are effective 60% to 80% of the time.

June 1999
June 30, 1999
June 29, 1999
June 28, 1999
June 25, 1999
June 23, 1999
June 22, 1999
June 21, 1999
June 17, 1999
June 15, 1999
June 14, 1999
June 12, 1999
June 11, 1999
June 10, 1999
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June 4, 1999
June 3, 1999
June 2, 1999
June 6, 1999

Myth: Mental illness is something that only happens to other people.
Fact: One in five Americans experience some form of mental illness every year. And one in four Americans has a family member with a mental illness.

Myth: Young people don't suffer from "real" depression; they're just moody.
Fact: One in ten children and adolescents suffers from mental illness.

Hosting the First White House Conference on Mental Health. The White House's new nationwide campaign on mental illness, along with myths and facts about these diseases, will be discussed on Monday at the first White House Conference on Mental Health. The conference, which will be held in Washington, D.C., will interactively involve tens of thousands of Americans in over 1,000 cities across the country.

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Working Paper – April 2000

Safe Schools/ Healthy Students Initiative

The Communities – In Their Own Voices

Special Programs Development Branch
Division of Program Development, Special Populations & Projects

Center for Mental Health Services
Substance Abuse and Mental Health Services Administration

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