THE EDge

Intentional teaching and planning for California's diverse learners to allow each child an opportunity to achieve

Volume 34, No. 2 Summer 2020

New Challenges and Opportunities

Elizabeth Estes, JD, Founder of Breaking Barriers

As schools consider re-opening, many of us find ourselves with more questions than answers, and more challenges than we've probably ever known or imagined. With change and uncertainty, though, comes opportunity for reflection, realization, and re-creation. We now can decide to reshape child-serving systems in ways that will forever improve how we serve our students—especially those whose lives have been most significantly disrupted by school closures.

What have we learned that we can use in this work?

We are resilient and innovative.

When faced with the seemingly insurmountable task of immediately transitioning California's 6 million public school students to distance learning, we stepped up, and we innovated.

We worked within our schools and communities to determine how we could continue instruction. We culled resources and curriculum to find what would best engage our students at home. We figured out how to use distance-learning platforms. We started campaigns to ensure that every child has a computer and the ability to access instruction. We devised strategies for providing therapeutic services remotely. And we continue to improve and expand these efforts.

In the past two months, local educational agencies (LEAs) have partnered with technology to build distance-learning platforms we never had before. Media partners have joined forces with education to build in-home instruction that uses our existing televisions to help educate children. Teachers have supported social services agencies by taking in children who needed a home. Older students have jumped online to tutor their younger peers with a capacity, determination, and energy that their own parents had never seen.

This strength and creativity will be a critical foundation for our work in the coming months.

We must end inequity.

COVID-19 has disproportionately affected certain groups of students and families, many of whom were already significantly disadvantaged by social, cultural, and political imbalances. Students in poverty, students with disabilities, students with loved ones who got sick and died; families struggling with a number of

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This issue of The EDge *examines what parents, educators, and policymakers are doing and learning as they work to provide services to students with disabilities during the lengthy school closures caused by the novel coronavirus pandemic—and how what we learn can be used to create positive change for all students.*

Note: *This is the last issue of* The EDge *to be printed. See page 2 for details on e-subscriptions.*

What's Inside . . .

Disproportionality and School Site Closures

"Attending to issues of disproportionality is now more important than ever," says Russell Coronado, executive director of the South County SELPA, which, as the state content lead for disproportionality, has developed the Equity, Disproportionality, and Design project to support other SELPAs to address disproportionality and increase equity within local educational agencies (LEAs).

Mildred Browne agrees. A facilitator for the State Performance Plan Technical Assistance Project (SPP-TAP), which offers training, coaching, and resources to LEAs that have been identified as being disproportionate or significantly disproportionate, Browne is concerned that issues of disproportionality will increase when schools open up again, particularly for students who live at or near the poverty level. "Many of these students were doing OK before schools closed," she says. But parents on the lower end of the socio-economic spectrum often have jobs that classify them as "essential workers," says Browne. Because many of them are not able to work from home, they can't be in contact with their child's teachers during the day and support the child in his or her studies. Many can't afford any extra tutoring their child may need. Many don't have ready computer access or the skills to help their child. The list goes on.[1] As a result, says Browne, equity issues will be magnified when schools re-open. Her concern is that parents and teachers both may see referral for special education as the best way to address the child's educational regression—when the child has simply missed out on instruction.

1. Gewitz, C. (2020, May). Instruction During COVID-19: Less Learning Time Drives Fears of Academic Erosion. *EdWeek*. *https://www.edweek.org/ew/articles/2020/05/27/instruction-during-covid-19-less-learning-time-drives.html*

While school teams are devising plans for transitioning students back to the classroom, and while many factors influencing that transition remain unknown—school budgets being one of them—Coronado and his team are focused on infusing a lens of equity into all re-opening plans. "One generic plan for an entire district may seem equal but it may not be equitable," he says, "especially for students who are at risk or who have disabilities—for example, students who are medically fragile, students who have significant intellectual disabilities, or students who are Deaf or hard of hearing or have visual impairments. We have to make sure that we are considering their needs under that umbrella of equity."

"We're also taking the time to reflect on what could have gone more smoothly in the immediate aftermath of school closures so we all do better next time," says Ryan Estrellado, special education coordinator with the SELPA. "We have this mantra on our team: Awareness, Action, Scale. This is our north star. What would have happened," he asks, "if districts had been able to apply that mantra to distance learning preparation? If teachers could use things like design thinking, broadening perspectives, and community involvement to build something that can reach those students who are often missed in this kind of situation?"

"It's important not to stay too abstract," says Estrellado. "So we took our content and built it into a checklist for distance learning planning."

Find that checklist and other equity resources at the Equity, Disproportionality, and Design website: *https://equityanddesign.com*.

Find SPP-TAP facilitators and resources at *https://spptap.org*. ◄

THE EDge

California Department of Education
Special Education Division

The EDge is published by the Supporting Inclusive Practices (SIP) Project. Funding is provided by the California Department of Education (CDE), Special Education Division, through contract number CN077046. Contents of this document do not necessarily reflect the views or policies of the SIP Project or the CDE, nor does mention of trade names, commercial products, or organizations imply endorsement.

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COVID-19 and Beyond: Universal Impacts and Recommendations

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Perhaps more than any phenomenon in modern history, COVID-19 and society's response to it are imprinting themselves on the personal and collective psyches of Americans. And while each of us has felt or seen its effects, the impacts of the virus on health and wellbeing are not proportionally shared. Nearly all of us have sheltered in place; relatively few have found themselves in line at a food bank or local Family Resource Center. Nearly all of us have wondered, at least briefly, "Have I been exposed, or am I a risk to my loved ones or associates?" Far fewer have seen loved ones hospitalized or die. And while all of our children have experienced new ways of connecting with their teachers, some don't have a computer or can't afford or get access to the Internet. These circumstance have left them, in effect, outside the classroom. Young people with disabilities and their caregivers have been uniquely and profoundly challenged, particularly in communities beset by poverty and historical inequity.

The reality is that, regardless of its origins or causes, poverty deepens the risk and worsens the effects of a crisis like COVID-19. This well-established truth is not unique to the current pandemic-induced stressors[1] and must be understood and addressed in the context of California's long-standing inability to effectively raise its most vulnerable young residents out of poverty. The state has, after all, the worst poverty in the nation, in spite of pouring hundreds of billions of dollars into education and social programming each decade since 1965.[2] Today, more than one in four disabled Californians lives in poverty.

"Social Determinants of Health . . .

. . . are the complex circumstances in which individuals are born and live that impact their health. They include intangible factors such as political, socioeconomic, and cultural constructs, as well as place-based conditions, including accessible healthcare and education systems, safe environmental conditions, well-designed neighborhoods, and availability of healthful food." —*New England Journal of Medicine*, December 2017. *https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0312*

The roots of this challenge run deep, and there is responsibility for all to share. Why does it matter? Unequal access to high-quality education is, by nearly any vantage point, a social determinant of health and well-being that affects not just the remainder of one student's life. Academic failure within a community means that the people who live there can't get decent jobs, buy a house, or pay taxes. Neighborhoods become economically unstable, and, as a result, cities, counties, and states end up not only paying a greater cost to support their residents but also dealing with the mounting cultural and community trauma of poverty. That cycle can be very hard to break.

At its core, society's broad family and community safety net has been slowly eroding for decades. Social policy and the abandonment of sometimes flawed yet often useful personal or family values have estranged families and children from their communities of support. Frequent geographic relocation, for example, causes kids to become disconnected from their communities and extended families. And single-parent families more often struggle with economic uncertainty. While faith-based communities have been historical places of trust and connection, the increasing estrangement of family and youth from the positive influences of those systems also has a likely cost in social and interpersonal isolation.

The result is that in many California cities and counties, our most vulnerable citizens are effectively disengaged, unattached, or un-bonded from one another and from the natural, informal supports that foster pro-social behavior, academic achievement, and cultural connection. As a result, many parents and children are now too often increasingly dependent on formal, governmental, public-sector systems—systems that, under duress from crises, struggle to meet most of the community's needs.

Those same public-sector systems, funded at the discretion of policymakers and imposed on the shoulders of the broader economy, are on the cusp of collapse from the pandemic. In fewer than eight weeks, COVID-19 and the government's response to it exposed the

Equity, continued on page 4

1. Engle, P., & Black, M. (2008, July). The effect of poverty on child development and educational outcomes. Annals of the New York Academy of Science. *https://digitalcommons.calpoly.edu/cgi/viewcontent.cgi?article=1002&context=psycd_fac*

2. Fisher, G. (2014). Estimates of the poverty population. U.S. Dept. of Health and Human Services. *https://aspe.hhs.gov/further-resources-poverty-measurement-poverty-lines-and-their-history*

Equity, continued from page 3

indisputably long-standing inequities in access to quality care and services. Children in schools where resources are lacking, or where local efforts to augment state and federal funding are inadequate, will suffer the most.

The coming months and years will see a concomitant economic storm, the likes of which California may not have seen in more than a century. That impact will greatly reduce the capacities of local systems, including schools, to serve those most in need. We will see far greater needs within our communities, created by the virus and our response to it; and a diminished capacity to meet those needs, created by the apparent necessity to turn off the tax-generating engine of publicly funded services. Nowhere will this storm blow more furiously than in already fragile communities impacted by disability, poverty, lesser access to quality education, and social isolation.

As we watch the pandemic and its economic fallout sweep across California, it seems evident that inequity and lack of access are no longer the problems of only policymakers and politicians. All of us must take on these issues if we're going to deal with them effectively. School closings and the isolation that accompanies them will impose secondary stressors on those most at risk, leading to increased substance abuse, domestic violence and child abuse, and a slew of trauma-influenced personal, family, and community suffering.

We know that more money alone will not solve this problem.[3] The research and lessons of history regarding the delivery of social and educational services confirm this as fact. And post-COVID-19, that money, at least in California, is unlikely to be available to local service networks. On May 7, 2020, the Governor announced a staggering, statewide shortfall of nearly $54 billion next year, and $120 billion before 2025.

What are we to do? The outlook is, from most angles, quite bleak. But within the challenge, comes opportunity. As we continue to grapple with the pandemic response, we must also persevere in changing the systems, policies, and beliefs that shape our engagement and service delivery. We must address the roots of the challenge first by recognizing one of their sources: the racism and inequity which, inadvertently or not, impact our care delivery and services. Only then can and will we effectively sustain the vision of health equity and healthy development for all of California's children.

Here are a few suggestions:

1. Get "upstream." Continue to invest deeply in social determinants of health. Agencies, departments, and decision-makers must not allow this pandemic, nor the economic carnage that will follow, to distract them from addressing the longer-term challenge. In prior periods of fiscal scarcity, systems have retrenched, redirecting dollars away from diversion, early intervention, and prevention work. This is most often an error that only deepens and prolongs the costs and the personal suffering. By holding firmly to delivery of timely and effective prevention and early intervention services, we will effectively mitigate the longer-term costs of the pandemic and ensure exponential returns on the dollars invested.[4]

2. Start with strengths! Explore and build further on social and family resilience. While there is much talk about trauma and exposure to Adverse Childhood Experiences (ACEs), it is the Advantageous Childhood Experiences (those experiences that build resilience) that may in fact be more critical in identifying whether or not trauma's effects are lasting or transitory.[5] Public policy, financing strategies, and interventions must all support a strength-based/asset-identified approach, and move us not deeper into a "trauma-informed" delivery system, but into a "resilience and asset-informed" approach. Perhaps the most recent example is the wide-spread implementation of Positive Behavioral Interventions and Supports and the multi-tiered system that supports its effective use.

3. Enhance the parent and student voice. While schools have historically sought engagement with parents and students through councils, associations, or advisory bodies, authentic shared governance between schools and parents has been lacking—and it has the potential to empower communities and deepen school-community partnerships. While it takes time and energy, building a genuine and consistent process for

3. Grusky, D. et al. (2015). Why is there so much poverty in California: The causes of California's sky-high poverty and the evidence behind the equal opportunity plan for reducing it. Stanford Center on Poverty and Inequity. *https://inequality.stanford.edu/sites/default/files/eop.pdf*

4. See "Return on Investment in Systems of Care of Children with Behavioral Health Challenges" at *https://nwi.pdx.edu/pdf/ReturnonInvestmentinSOCsReport6-15-14.pdf* and "Penn Study Finds High Quality Early Intervention for Children with Autism Quickly Results in Costs Savings" at *https://www.pennmedicine.org/news/news-releases/2017/august/study-finds-early-intervention-for-children-with-autism-quickly-results-in-costs-savings*

5. Crandall, A. (2019, October). ACEs and counter-ACEs: How positive and negative childhood experiences influence adult health. *Child Abuse & Neglect, 96*, 104089.

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Schedules and Routines: Why and How

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Structure and routine contribute to positive mental and physical health for children and adults alike. Because they make it possible for children to be secure in what is going to happen next, structure and routine give children comfort, reassurance, and a sense of security. Maintaining or establishing predictable routines also can help children better cope with the emotional challenges they may face when, for example, they find themselves not able to go to school, play with friends, or see classmates. So when schools close, structure and routine in the home become more important than ever.

Realistically, any structure will be broken at some point, and a routine disrupted. But when parents make things as predictable as possible—especially in the middle of uncertainty—children will be better able to adapt.

The following strategies can help families create and adapt schedules and routines to benefit their children:

- Inform your child (or children) as far ahead of time as possible of any new schedule or routine or of the need to change old ones. Be sure to explain the reasons as simply as possible. Even very young children will benefit from being "brought into the loop" and having time to process and get used to the idea of change.
- Create new schedules and routines with your child. Use photos, drawings, or cut-outs from magazines. Not only will this collaboration result in more buy-in from children, but the process helps them feel safe, cared for, and empowered—even if the schedule looks very different from what everyone is used to.

- Try to make your child's day familiar. One approach is to create a home schedule that follows the child's school schedule as much as possible. If your school-age child is engaged in distance learning, then use those scheduled class times as a starting point and build out from there. For example, have your child get dressed for the day, eat breakfast, brush his teeth, and do any typical before-school chores or activities, just as you would if schools were open.
- When following a school-like schedule, add breaks throughout the day that include indoor and/or outdoor physical activities. Schedule a nutritious lunch and an afternoon snack that might include having your child help prepare food and clean up afterward. Consistency in small things that have clear beginnings and endings give children a sense of predictability—as well as something pleasant and fun to look forward to.
- Be realistic about what you can accomplish each day, and develop a schedule that is manageable for everyone. Start small and build the schedule slowly over time. Make adjustments along the way when you see how things are and are not working for your child and/or family. After all, the point of creating a schedule is to reduce stress, not to increase it!
- Make sure everyone gets enough rest. Sleep is critical for physical and emotional health for adults and children alike. Even a perfect schedule will fail if everyone is exhausted. As well, be sure to maintain consistent bedtimes and wake-up times and routines.
- Schedule variety. Every single day does not need to be, and probably should not be, identical. Your child is probably used to having varied days at school that included special activities, such as art, music, physical education, library visits, media/computer lab time, assemblies, field trips, etc. Scheduling some variety is a way to make each day interesting and special—something to anticipate! At the same time, however, strive to keep the core infrastructure of the daily schedule consistent so that everyone will continue to have an overarching sense of stability.
- Post your family's daily schedule in a place that allows everyone to refer to it throughout the day. Make two copies if that would be helpful.
- Review the schedule as a family at the beginning of the day so that everyone knows what to expect. During this review time, note any changes in the schedule so that everyone is prepared for what is different. Check the schedule several times each day, especially if there are updates and/or changes.

Life at home during school closures is most likely going to be different in many

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ways from your days when schools were operating, especially if you are working from home and your child with a disability has other siblings. It's okay to make adjustments as you need to in order to make this new home routine work for the whole family. Incorporating the needs and preferences of others are good life skills for your child to learn—and your child will learn them best by seeing you model them.

Routines for Children with Autism

While it is important to create structure so all family members can better cope with uncertainty, many individuals with disabilities, particularly those with Autism, need more consistency in daily routines than most. And while a daily schedule is helpful for the whole family, children with Autism will most likely need their own individualized daily schedule and also a "mini-task schedule," which will make it more possible for them to successfully participate in and/or complete the activities and tasks for the day.

If you have a child with Autism on home instruction because of school closures, it is likely that a special education team is involved with your child's Individualized Education Program (IEP) goals. Some schools are using the Activity Matrix (see below). If yours is not, read on and ask your child's teacher for more information.

To support collaboration with this multi-member IEP team, to provide and strengthen schedules/routines for your child, and to provide the kind of clear visual supports that benefit children with Autism, consider using the Activity Matrix. This tool maps out the day for your child using meaningful learning opportunities that are embedded within natural activities, routines, and transitions. By helping you plan your child's learning in this way, the matrix maximizes both learning time and effectiveness of instruction. The tool:

- Incorporates two evidence-based practices for Autism Spectrum Disorder (ASD) during home instruction: Naturalistic Interventions and Visual Supports.
- Allows for the strategic generalization of learned information within natural contexts, which is critical for individuals with ASD, who tend to learn information by rote.
- Provides a visual, at-a-glance reference and reminder for adults of their child's learning goals and objectives.

The Activity Matrix is a flexible tool that can include information about specific prompts, when and how to incorporate naturally occurring reinforcers, simple data collection, and more. An online video, *Activity Matrix and Visual Schedules*, is a good place

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An Example of an Activity Matrix Used to Infuse IEP Goals Throughout the Day

1. List the student's goal areas across the top of the matrix.
2. List the schedule of daily activities along the left side of the matrix, including all routines throughout the day (lunch, etc)
3. In each corresponding cell, write how the student will be taught and/or practice each skill during the daily activities, and which evidence-based practice for Autism Spectrum Disorder will be used.

Daily Activity:	Goal Area: Academics	Goal Area: Communications	Goal Area: Social Skills	Goal Area: Independence	Goal Area: Fine Motor
Review Daily Schedule 9 am–9:30 am	Reading: Reads words on schedule Math: Reads times on schedule	Responds to prompt, "Tell me what you want to do today."	Requests help using two words: "Help, please."	Builds order of daily schedule.	Uses pincer grasp to put Velcro picture on schedule.
Reading 9:30 am–10 am	Read a story to student Have student sequence three pictures related to the story.	When offered two books and asked, "Which book?" student answers, "I want to read _____"	Takes turns turning the pages. Waits until his turn to turn the page.	Returns the book to the bookshelf.	Uses pincer grasp to open and close book and turn pages.
Bathroom 10 am–10:15 am Free Choice 10:15 am–10:45 am	Reading: Follows mini-task schedule for toileting, washing hands	When offered two free choice activities, "Want to take a walk or do iPad," student answers, "I want to do _____"	Walk: Take a scavenger walk with sibling/parent and check off items on a list. iPad: Play a two-person game with sibling/parent.	Independently completes toiling and hand-washing using mini-task schedule.	Uses pincer grasp to zip and unzip pants. Uses pencil grasp when making check marks on scavenger list.
Math 10:45 am–11:30 am	TouchMath Lesson 7	When offered two lesson choices, "Do you want to do this lesson or that lesson," student answers, "I want to do _____"	Requests help using two words: "Help, please" or by raising hand. Asks for more time by saying, "Five more minutes, please."	Checks TimeTimer. Quits when TimeTimer ends. Shuts down program. Checks schedule.	Uses pincer grasp to set TimeTimer.

Telehealth for Social-emotional, Behavioral, and Mental Health Support

Remote mental health services are not new. And while their effectiveness continues to be studied, some benefits have become clear and established, the most obvious being the ready availability of these services. People can receive important counseling and support regardless of where they live.[1] Research shows that, as a means of providing certain levels of social-emotional, behavioral, and mental health therapy and prevention services, remote mental health and even telepsychiatry services can be as effective as in-person therapy.[2]

Until recently, the majority of all mental health services were delivered in person. Then came the coronavirus pandemic, and services of all kinds quickly became remote.

In Sacramento County, for example, by April of 2020, most school and county-based mental health services for children and youth were delivered over the telephone or through video conferencing, says Ryan Quist, the director of behavioral health services in the county's Department of Behavioral Health. There were exceptions: "in-patient services for youth, services for children in group homes, and those urgent care situations that serve the most intense needs and represent a crisis," says Quist. But his guiding principle is, "if it can be remote, it should be remote."

With COVID-19 creating psychological stress for nearly everyone, the option of

continuing to receive or finding mental health services became more important than ever. An awareness of the challenges and benefits of remote services became important, as well.

Therapeutic Challenges

One of the primary challenges involves the personal connection, says Quist. "It's much more natural to develop rapport in person." So he and others in the state are in the process of "equipping our providers with the skills they need to develop relationships remotely. We're still figuring that out as we go—and we're rapidly coming up with approaches and solutions."

The California Behavioral Health Directors Association is currently working with the California Institute of Behavioral Health Solutions to develop a series of webinar trainings for behavioral health providers about how to communicate empathy with individuals and build therapeutic relationships through virtual connections. Meanwhile, Quist and his team sought to answer the questions that emerged as they became remote providers and to figure out "on the fly" how to be responsive and therapeutically effective in a remote platform.

"First of all, we saw a reduction in the amount of time that people wanted to spend talking" in any single session. "So now we have shorter, more frequent individual sessions." Quist and his colleagues are "finding some youth much more engaged in services," says Quist. "And we're seeing a dramatic reduction in no-shows for psychiatric services," which, Quist believes, is because of the convenience of remote services. "The barriers that we've always known to get in the way of people accessing services—transportation, time management, competing priorities"—are, if not gone, significantly mitigated. "Now you just need to carry your phone with you.

"One of the other things we've figured out is the importance of having an explicit conversation about all of those things that are different, and about how each of us is affected" by those differences. Being explicit "about the obstacles and discomfort of going through telehealth services" becomes important, he says. "We're not in the same room. I didn't get to shake your hand. If we're on the phone, you don't get to see my face. So what can we do to make that more comfortable? How can we still create a relationship?"

One important quality of effective therapy still applies, however, regardless of where and how sessions are conducted: close attention to what is needed in the moment. "When we're doing telemental health, we want folks to be talking about what they need right now," says Quist. He is finding that most people are looking for "coping and resilience skills—how we deal with the stress of the situation. And then we have to have direct conversations about preventing regression."

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1. Mellard, D., Rice, M. F., & Carter, R. A. (2018). *Understanding teletherapy as an option for K–12 Students with Disabilities*, p. 5. Center on Online Learning and Students with Disabilities. http://www.centerononlinelearning.res.ku.edu/wp-content/uploads/RelatedServices_March2018.pdf
2. Myers, K. (n.d.). *Child and adolescent telepsychiatry: Supporting evidence base.* American Psychiatric Association. https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/child-adolescent/evidence-base

Telehealth, continued from page 7

Practical Challenges

There are also practical challenges to telemental health—"getting the right equipment into everybody's hands, for example, both on the provider side and on the consumer side," says Quist. "We serve a MediCal population, and they often have challenges with resources. Sometimes a family will have a laptop computer, but it's shared among five or six people.

"Most people seem to be savvy about how to get phones and service. The problem is the rapidly changing phone numbers" among many families. "Then there are limits to data plans and minutes." When so many people rely on their phones to take care of business and stay in touch with loved ones, they quickly use up those minutes. Quist and his colleagues are "trying to make sure that staying in touch with their clinician is a priority."

Another challenge involves the important questions of confidentiality and privacy. Where will the student be during the session? What kind of privacy will he or she have? How can confidentiality be ensured? Some families, in Quist's experience, simply don't have a place in their home "where they can have a conversation and not be overheard." So, in response, "some [therapists] do a family session. We know they're all listening anyway, so we bring everyone into the therapeutic space.

"You do as much as you can, and then you reinvent it."

Quist speaks highly of the creativity of the providers he knows. "They're showing their own resiliency in identifying challenges and developing plans to address them. For example, it's often difficult for youth to verbalize what's going on for them." In a typical office setting, "we use tools to help them with that—play therapy or art therapy where they draw what they are thinking about. Our providers have figured out how to continue to do this" during school site closures: "they ship the supplies to students" so that during a telehealth meeting "the same kinds of conversation can happen as the youth is expressing himself creatively by drawing pictures or doing play therapy."

Concerns

Quist does have concerns. Since March when schools shut down, "we've seen a dramatic reduction in the number of people requesting services." Requests have dropped by almost 50 percent, "and for youth, it's been cut by more than half. This low number has me personally concerned. When people don't access services and they continue to put off addressing their needs, eventually it becomes a crisis."

At the end of April, Quist began hearing from law enforcement and the county's mobile crisis services about an uptick "in the number of requests for crisis services around anxiety and depression."

He is not surprised. So many of the conventional ways of informing teachers and other professionals of the availability—and signs of the need for—mental health services have been put on hold. "We have to figure out what outreach looks like now, and how to continue to make people aware of the importance of behavioral health."

Collaboration

Quist has been part of county-wide efforts to lay the groundwork for what that outreach can look like. He collaborates with Chris Williams, the mental health services coordinator for the Sacramento County Office of Education. Together they work to deliver effective, seamless, and timely services to students in the county. While Williams oversees the educationally related mental health services for Sacramento County schools, his focus is on prevention and early intervention.

When talking about how to provide mental health support to students during school site closures, Williams points to the value of a tiered system of behavioral health supports in schools, where all adults are trained to be alert to and mindful of signs of anxiety or distress in a student—and know how to respond. This awareness on the part of teachers is especially important, says Williams, when teachers see students only online.

For some students, he says, school is the one place they can count on for predictable, reassuring routines. And children who have experienced trauma are especially vulnerable to change and chaos; they especially need schedules, routines, and certainty.

Every adult, Williams says, needs to "check in with your students at a personal level." He knows that when they're stressed, they can't learn anything if that stress is not acknowledged and addressed. "You have to take care of that first."

The coronavirus pandemic disrupted routines and personal connections. In response, Williams sought additional ways to support students. He has recently led the creation and launch of a series of podcasts for teachers and parents about the importance of social and emotional learning (SEL) for students, and how explicit SEL instruction reduces the number and severity of behavioral and mental health problems.[3]

When school sites close, face-to-face school communities become out of reach for many of the students who need those communities the most. One strong adult relationship, says Williams, can make up for that loss and help a child develop resilience and thrive, regardless of the stress or childhood trauma they've experienced.[4] Both he and Quist believe that it doesn't matter if the caring adult is in person or online. ◀

3. Learn more about the podcasts at ***https://scoe.net/news/library/2020/april/27podcast/***
4 Walsh, B. (2015). The science of resilience. Harvard Graduate School of Education. ***https://www.gse.harvard.edu/news/uk/15/03/science-resilience***

Delivering Related Services Remotely

Many students receive related services—those supports and services that are related to learning and that students with disabilities need in order to benefit from their education. Speech therapy, physical therapy, and transportation to and from school are all types of related services.

The Individuals with Disabilities Act (IDEA) requires local educational agencies (LEAs) to provide these services in the least restrictive environment and free of charge to families as part of the law's mandate to provide a "free appropriate public education" (FAPE) to students with disabilities.[1]

Just like distance learning for education, the providers who are responsible for delivering related services have to pivot to remote options during school site closures. The near omnipresence of the Internet and advancements in technology have made this mode of services possible and have for the past decade mitigated barriers to accessing education in general and many related services in particular. In fact, related services were first offered remotely in response to the needs of students who live in rural areas or in regions of the state with shortages of service providers. In the process, additional benefits have emerged. In the best scenarios, receiving services remotely can remove the stigma of being taken out of a classroom, can eliminate the social distractions that often come with being on a school site, and can make it easier for a student's progress to be recorded as services are provided.

Not surprisingly, remote services are not successful for all students. Some students with disabilities struggle to access distance and online learning for a variety of reasons.

While remote services pose challenges that technology has yet to fully address for some students with disabilities, there is no question that distance learning and remote services can be helpful for many.

Speech therapy, occupational therapy, physical therapy, and counseling are all well-established related services that can provide benefit to many students when delivered remotely, as are certain forms of social work. But do they fulfill legal requirements for students with disabilities?

According to the U.S. Department of Education (ED), "a distance learning plan for a child with an IEP is an approved contingency plan in the face of an event that requires schools to close"[2] and "the provision of FAPE [a free appropriate public education] may include, as appropriate, special education and related services provided through distance instruction [that is] provided virtually, online, or telephonically."[3] ED has also issued guidelines for delivering related services remotely.[4]

Christina Michel-Albers is the executive director of the Northern California Children's Therapy Center (CTC), which contracts with schools to provide related services of all kinds to children with disabilities. When asked in April 2020 if she thought that remote services were a reasonable replacement for face-to-face instruction, she said, "Three months ago, given the option of the two, I would have said 'no.' But now, our focus is what we ***can*** do using teletherapy, and we've realized our positive impact on outcomes using this method."

During the conoravirus pandemic, Michel-Albers and her team of 30 providers at CTC are busier than ever. As she talks about students, though, she's really talking about the whole family. A speech therapist herself, Michel-Albers has always grounded her practice in the understanding that home is the first place children learn, and that the parent is a child's first and most important teacher. As such, parents are critical partners in providing therapy to a child—whether online or in person. "With this philosophy in place" she says, "the abrupt transition to a distant

1. For more about IDEA's mandates for related services, go to *https://sites.ed.gov/idea/regs/b/a/300.34#:~:text=Related%20services%20means%20transportation%20and,services%2C%20psychological%20services%2C%20physical%20*

2. U.S. Department of Education. (March 12, 2020.) Questions and answers on providing services to children with disabilities during the coronavirus disease 2019 outbreak. *https://sites.ed.gov/idea/files/qa-covid-19-03-12-2020.pdf*

3. U.S. Department of Education. (March 21, 2020.) Supplemental fact sheet: Addressing the risk of COVID-19 in preschool, elementary and secondary schools while serving children with disabilities. *https://www2.ed.gov/about/offices/list/ocr/frontpage/faq/rr/policyguidance/Supple%20Fact%20Sheet%203.21.20%20FINAL.pdf*

4. U.S. Department of Education. (March 30, 2020). Delivering related services remotely during the COVID-19 crisis. *https://edplan.com/blog/post/delivering-related-services-remotely-during-the-covid-19-crisis*

Related Service, continued from page 9

learning and coaching model was made easier."

Michel-Albers says the first thing her team does for any child is "get tools into parents' hands." She explains that while technology is essential, supporting parents is equally important. "We have to educate families about goals, what they mean, and why we are working toward them. Once they understand the 'what' and the 'why,' the 'how' becomes much more natural, effective, and lasting."

When services are remote, Michel-Albers and her staff have to makes sure that "everyone has the technology they need." But during school site closures, "some of our families have not had access to technology." During the early days of the pandemic, "we spent days searching for spare computers, tablets, and smartphones that families could use." CTC then delivered and set up the devices and even called Internet service providers to secure affordable plans for the families. "Waiting weeks for this to happen was not an option. We did not want families feeling alone and unsupported."

While not all parents were on board with remote therapies, says Michel-Albers, "more than 80 percent wanted to continue services when we first contacted them" in March during the early days of school site closures. "Now more have requested services, and we have also had more than 100 new referrals for students who are starting services using teletherapy."

Then there is the task of planning the first online session. "The first week was scary." She told her therapists to "let go of all regular expectations and be a learner, just like we are asking our kids and families to be. Most importantly, be flexible and responsive to the immediate needs of the child and family. Listen to and support what they need—which may not be what you came prepared to do. Understand that the foundation for progress in a home environment is the family itself. If a family's needs are not supported, family members will have a harder time engaging in therapy.

"And if a family is struggling to simply make or keep an appointment time, don't give up. Keep supporting them and encouraging them. If you work with what you have instead of what you want, eventually you will reach your goals."

Michel-Albers knows that providing services remotely is not how most therapists envisioned their practice. "People go into this profession because they thrive on the human connection involved in therapy. Being witness to a child's struggle turning into growth, and experiencing so many important milestones is our fuel." Supporting a child to learn and grow through a computer or phone is not quite the same as witnessing it in person. "Our team struggles with not having those moments with their kids in person. But the ultimate silver lining to all of this has been watching the families still have these moments of growth—and realizing that they, the teachers, helped to made it happen." ◄

Equity, continued from page 4

parental voices to be heard ultimately allows administrators to share risk and responsibility with parents as partners.

4. Deepen public-private partnership. Government-centric solutions alone have not been, nor ever will be, sufficient. Numerous state and federal policy papers over the last 30 years have encouraged and coaxed youth-serving systems to work in partnership—linking public funders, service participants, and private delivery systems into coherent and fluid systems. Alameda County today has a well-regarded, accessible, and mutually supported network of mental health and social support providers on most or all of its school campuses, made possible only through partnerships with private, community-based providers. While not easy, this kind of partnership is essential to the overarching goals of expanding access and participation by consumers, reinventing delivery systems, and maximizing the funding already endowed.

The pandemic is a perfect opportunity for California to make good on the promise to effectively deliver needed social supports and mental health care to our young people, particularly for our disabled youth. Today, as never before, we must leverage our networks and relationships and construct an interconnected, effective, and coordinated set of educational and social services, ensuring the health, safety, and well-being of all our children. If done well, we begin to address the impacts of poverty and isolation. If done well, the entire community will experience a return on its investment—in the form of supported, empowered, and engaged students—and a reduced dependency on traumatizing and expensive public services.

Doing this re-engineering work during or after the costliest health crisis in our history will not be easy. It will, however, be worth it. ◄

Other Centers for Families

Community Parent Resource Centers ensure that under-served parents of children with disabilities, ages birth through 26 (including parents who are socio-economically disadvantaged, parents of children with limited English-proficiency, and parents with disabilities) have the training and information they need to enable them to participate effectively in supporting their children in school and in life.

Early Start Resource Centers provide families of infants and toddlers, birth to thirty-six months, who are at risk of or who experience developmental delays and disabilities, with parent-to-parent support.

Family Empowerment Centers provide services to families with children with disabilities ages three to twenty-two to ensure that the parents, guardians, and families of children and young adults with disabilities have access to accurate information, specialized training, and peer-to-peer support.

Parent Training and Information Centers provide parents of children with disabilities, ages birth through 26 (including parents who are socio-economically disadvantaged and parents of children with limited English-proficiency) with the training and information they need to enable them to participate effectively in helping their children with disabilities to "meet developmental and functional goals, and the challenging academic achievement goals that have been established for all children; be prepared to lead productive, independent adult lives to the maximum extent possible; and provide training and information on parent rights, responsibilities, and protections under IDEA."

To learn more about these and other family centers, go to *https://www.cde.ca.gov/sp/se/qa/caprntorg.asp#pti*

Family Centers, continued from page 20

agencies. "The Department of Mental Health has secured a lot of mental health therapists who make themselves available" through FRCs, says Kline.

Almost everyone with Internet access has also been overwhelmed by the avalanche of resources designed to provide information and support. Bohall-Ortega has seen many parents not even know where to begin to sift through the possibilities. Support for Families has "developed a strict vetting process" in choosing the resources to post on the Support for Families website," she says, "so we don't overwhelm people who are already overwhelmed." (Explore these resources at *https://www.supportforfamilies.org/information*.)

Many family centers have a specific focus (see sidebar). FRCs are unique in their broad mandate to provide "a full scope of services" to families—from diapers and food to classes on parental advocacy to "something fun to do with your child," says Bohall-Ortega. As well, the centers adjust their services according to the needs of the families they serve, which are constantly changing, says Kline.

The need for supports for parental mental health, however, has been constant, as parents of children with a disability report poorer mental health than parents of typically developing children.[6] The day-to-day care, efforts to find services, social isolation, and financial concerns all take their toll.

To any parent who is struggling, Kline adopts the airline attendant's boilerplate flight instruction: "put your own mask on first. Do your best to take care of yourself." And then find the family center nearest you. ◄

6. Gilson, E., & Davis, K-M. (2018). Paying attention to the mental health of parents of children with a disability. Child Family Community Australia. *https://aifs.gov.au/cfca/2018/10/15/paying-attention-mental-health-parents-children-disability*

Schedules, continued from page 6

for an IEP team and family to start learning more about the potential of the Activity Matrix to provide the necessary structure for children with ASD—or any child with similar developmental learning needs—who is learning at home. (The video is at *https://health.ucdavis.edu/mindinstitute/education/echo/echo-special-edition.html*.)

When the matrix is collaboratively designed by both the family and the IEP team members to address the IEP goals, and when it is aligned with the child's individual daily schedule, you can be confident that you're providing the structure and instruction your child with Autism needs. When implemented with fidelity, the matrix can help you provide the following benefits, in addition to the structure your child needs:

- Increased independence
- Easier transitions between activities
- Improved understanding of verbal information
- Reduction in anxiety

Another benefit of the matrix for families during any period of home instruction is that when teaching and learning are embedded naturally in the family's typical activities and/or routines, the need to plan separate educational activities/contexts for your child disappears. Learning happens within your daily routine. Find your own template at *http://captain.ca.gov/resources.html*.

We count on schools. And when they close, nothing feels normal. But school closures make it even more important to remember that all children thrive on routines. And parents and other family members can create them. ◄

Resource

▶ Read more about maintaining routines at *https://afirm.fpg.unc.edu/sites/afirm.fpg.unc.edu/files/covid-resources/Maintain%20Routines%20Strategy%20Packet.pdf*

Keeping Students Motivated

Keeping children motivated and engaged in their schoolwork can be difficult when all of their learning is happening at home. Students of all ages can easily conclude that any lessons they complete or pages they read don't "count," and it may be hard for some to understand why any of it matters.

Yet we know that the habits of studying and learning get stronger with practice, that knowledge builds on knowledge, and that the more you know, the more you can know. In effect, parents and teachers want to be sure that, when school sites open up after closures, children are poised to step right back into the rigors of the classroom.

How can they motivate children to continue to take their learning and schoolwork seriously, grades and evaluation reports aside?

Young Children

All young children from birth to age five are naturally curious and "wired" to learn. This includes children with disabilities. Because the learning of young children is so directly connected to their relationship with their primary caregivers, structured tasks such as worksheets and formal projects may actually be counterproductive to learning, especially if these tasks add stress to family life.

In order to learn, all young children need two basic things: secure primary relationships[1] and the opportunity to play. In fact, "the young child's dominant mode of learning" *is* play.[2]

The average household, where a young child is included in everyday activities and given objects that are part of everyday life, can be as conducive to learning as the most state-of-the-art preschool or day care center. Pots and pans for stacking, spoons for pounding, bowls of water and cups for pouring, socks for sorting—these things all provide safe and no-cost "toys"[3] that can help children learn a variety of things—colors, patterns, and principles of cause and effect, for example, as well as competence and agency in their world.[4]

The California Embedded Instruction Project[5] is replicating the way children naturally learn through everyday activities, routines, and transitions and using the same kinds of activities in day care and early childhood classrooms—to make them more like home.

Older Children

Children older than five, however, can need motivation since life's experiences may already have complicated their attitudes and dispositions toward learning. For example, if the child has had negative experiences while trying to learn new skills or gain information, if the child's friends or family members feel inadequate about studying or don't value learning or the particular task at hand, or if the child never sees the adults around him reading—these and other influences can make it difficult for a child to want to stick with it.

Students with disabilities are especially vulnerable. Simply having a learning disability, for example, can undermine a child's belief that she ultimately *can* learn.

"It isn't easy for children when they see themselves falling behind their peers at school. Even if they pretend that they don't notice or care, struggling in school can be a demoralizing experience."[6]

How can parents and teachers counteract a child's reluctance to work and persevere and help motivate the child to learn?

One approach is to provide external motivation. Most of us know this kind well: candy, stickers, and special privileges ("TV or video time when you complete your work"), for example; or punishment ("No television/phone/computer games for a week if you don't finish your assignments"). These and similar levers can provide external motivation to "get" students to study and complete assignments.

1. Benoit, D. (2004). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Paediatric Child Health, 9*(8): 541–545.
2. Elkind, D. (2007). *The power of play: How spontaneous, imaginative activities lead to happier, healthier children*, p. 82. Boston, MA: Da Capo Press.
3. Six great ways to create a learning environment at home. Age of Montessori. *http://ageofmontessori.org/6-great-ways-to-create-a-learning-environment-at-home/*
4. Australian Children's Education and Care Quality Authority. (2018). *Supporting Agency: Involving Children in Decision-Making*. *https://www.acecqa.gov.au/sites/default/files/2018-04/QA1_SupportingAgencyInvolvingChildreninDecisionMaking.pdf*
5. Learn more about the Embedded Instruction for Early Learning Project at *http://embeddedinstruction.net*
6. Ehmke. R. (2017). Supporting the Emotional Needs of Kids With Learning Disabilities. Child Mind Institute. *https://childmind.org/article/supporting-the-emotional-needs-of-kids-with-disabilities/*

Howard Adelman from UCLA's Center for Mental Health in Schools has researched student motivation for much of his professional career. These "extrinsic reinforcers" used to motivate students to finish a lesson or to study, he writes "are easy to use and can immediately affect behavior. Therefore, they are widely used."[7]

Teachers and parents, however, tend to over-rely on this kind of motivation, says Adelman, and this over-reliance can be problematic. "The immediate effects" of external motivators "are usually limited to very specific behaviors and often are short-term."[8] Other researchers concur and show that extrinsic motivation "can remove students' own internal desire to complete a task on their own."[9]

In and of itself, "extrinsic motivation is not a bad thing"[10]—particularly if a task is tedious and must be done. Few would deny themselves the promise of some small luxury after spending a weekend cleaning out a long-neglected garage, for example. At the same time, people tend to more highly value intrinsic or internal motivation, which comes from within ourselves and is marked by enjoyment, interest, love, or satisfaction. This is the kind of motivation that lasts after parents leave the room and after the kids move away from home. How can parents and teachers more fully support students to develop their own intrinsic motivation for learning? Adelman and his colleague Linda Taylor advise parents and teachers to first "avoid processes that limit options, that make students feel controlled and coerced, and that focus mostly on 'remedying' problems."[11] The principles of Universal Design for Learning (UDL) build on these ideas.

Universal Design for Learning

Students need to see (and feel!) the value of what they're learning in order to find internal motivation—and be engaged. Essentially, when hearts are engaged, minds will follow. A UDL framework operates out that understanding. Another UDL principle posits "learner variability" as the rule and not the exception. These two principles taken together mean that, in order to support intrinsic motivation, teachers/parents need to first know each student well enough to understand what interests him or her, and then connect that interest to the task or the subject at hand.

Engagement and motivation, however, aren't always content-based. Some children love to act, sing, or draw. So providing them with an opportunity to do any of these things with the information from an assignment also can motivate a previously unmotivated student. In general, giving students choices for how they gain their information and how they show what they've learned can help to strengthen their motivation to learn. Mindset theory can also help.

Mindset Theory

What we believe about ourselves as a learner influences our motivation to learn. Students with behavior problems, for example, often believe they can't learn—and engage in disruptive behavior to avoid the task. Mindset theory can provide a competing narrative.

When children believe that their intelligence and abilities can improve with effort, and that their mistakes and failures are simply events to be curious about and learn from, they have a "growth mindset." Naming and praising motivation (e.g., "You clearly worked hard and stuck with it"), as opposed to praising intelligence (e.g., "You're really smart to do that"), demonstrates the focus on the possibility for growth (by working hard) rather than a static condition (just being smart).

There are many more aspects of both UDL and Mindset theory that can help children develop internal motivation for study. Learn more about UDL at *Tips, Tricks and Tools to Build Your Inclusive Classroom Through UDL*: ***https://www.edsurge.com/news/2018-08-13-tips-tricks-and-tools-to-build-your-inclusive-classroom-through-udl***. Learn more about Mindset Theory at ***https://www.mindsetworks.com/websitemedia/info/brainology_intro_pres.pdf*** ◄

7. Adelman, H. S., & Taylor, L. (2012, May). Engaging and Re-engaging Students and Families, p. 3. UCLA Center for Mental Health in Schools.
8. Adelman, H. S. (1978). The Concept of Intrinsic Motivation: Implications for Practice and Research with the Learning Disabled. Learning Disability Quarterly, 1(2), 43-54.
9. Weisler, B. (2014, July). Academic diversity: Ways to motivate and engage students with learning disabilities. Council for Learning Disabilities. ***https://council-for-learning-disabilities.org/wp-content/uploads/2014/07/Weiser_Motivation.pdf***; Wery, J., & Thomson, M. M. (2013). Motivational strategies to enhance effective learning in teaching struggling students. *Support for Learning, 28*(3), 103–108.
10. Kendry, C. (2019). Extrinsic motivation. VeryWellMind. ***https://www.verywellmind.com/what-is-extrinsic-motivation-2795164#best-uses-of-extrinsic-motivation***
11. Adelman, H. S., & Taylor, L. (2010). Intrinsic motivation is fundamental to school success. In H. Adelman & L. Taylor. *Mental Health in Schools: Engaging Learners, Preventing Problems, and Improving Schools*. Thousand Oaks, CA: Corwin Press.

Innovative Solutions Workgroup: Resources for Remote Learning

A 75-second Internet search delivers nearly two billion resources designed to help students learn from home. How does anyone sort through that many options?

California's State Superintendent of Public Instruction, Tony Thurmond, heard loud and clear the needs that families and teachers faced when school sites closed in mid-March because of the coronavirus pandemic. In response, he asked the CDE Special Education Division to quickly form the Innovative Solutions Work Group. The group's goal was to gather and vet a set of resources and materials for special education teachers, administrators, parents, and related service providers to use during the pivot to distance learning.

Dozens of educators, service providers, stakeholders, and other busy professionals gave up their Friday afternoons for five weeks to take on this task. The larger group was divided into ten subgroups, each of which focused on a specific topic related to the education of students with disabilities. The groups worked to identify issues related to each topic, review available resources, select those that are practical and usable, and deliver one page of resources for a virtual library.

Parent-Family Collaboration

"It started off with basic needs," says CDE Consultant Sean Howland as he describes his group's conversations about supports available to parents through Family Resource Centers and Parent Training and Information Centers. "Food and shelter come first before families can go into a learning mindset." Then there are the complications of "navigating the work of your child's six different teachers—how to get the ball rolling and keep things moving. There aren't always quick fixes," he says, but there is always help. This group's best resources were parent centers, "where families always can go to receive support." To find the parent center nearest you, go to *https://www.seedsofpartnership.org/supportOrgs.html*

Early Childhood-Preschool

"Parents appreciate and rely on the educators in their children's lives," says Lisa Boje. And while this is true for all parents, "it's more true for parents of children with disabilities." Her group focused on finding strategies for helping parents "take and use that knowledge that the professionals have." One recommended resource was "Tips for Families on Tele-intervention" from Family Guided Routines Based Intervention at *http://fgrbi.com/wp-content/uploads/2020/04/Early-Intervention-Tele-Intervention-Tips-for-Families-4-3-20.pdf*.

Administrators

In the group charged with finding resources for school and district administrators, CDE Administrator Jack Brimhall admits to being a little overwhelmed by the range of topics that fall under the purview of these professionals. "We tried to break things down so that if you need specific resources—about managing information, providing equitable access, or FERPA, for example—there's a list you can go to. For a resource that ensures equitable access, Brimhall recommends the Remote Learning

Innovations at Michelson Elementary

A third-grade boy, blond hair visible under a large cowboy hat, softly sings "Happy Trails." The short video is his entry in the Albert Michelson Elementary School virtual talent show. Any student can submit a three-minute act for the show. The idea originated with a student.

"We listen to what the kids have to say, and if we can do it, we will," says Louise Simson, principal at the 214-student, preK–5 school in the Sierra foothills. With distance learning, she says, "We believe the social component is important." That also includes producing a free yearbook for every student. "These kids didn't get closure, and it's important that we give them a sense that school is here for them."

These activities supplement an academic program in which student work is graded and becomes part of the student's record. "Teachers were given written guidance to work as grade-level teams to find areas in the standards-based report card that would be feasible to grade via distance learning," Simson says. "Teachers were also encouraged to write a narrative if there were challenges faced by the student." This information, she says, captures the current level of student achievement and any supports the students required "so that we could plan for next year's class needs."

Simson says the school has "a robust inclusion program," and that students with disabilities were "fully included" in online learning classes. "Those with specific academic needs could have private appointments [online]. Families were able to contact a speech therapist within the first week of distance learning," and an intervention program for students with dyslexia was delivered online, as was adapted physical education and occupational therapy.

Fifth graders moving on to middle school will have a drive-through promotion ceremony with families in cars.

Resources page from the Riverside County Office of Education: *https://www.rcoe.us/educational-services/educational-resources-remote-learning/*

Behavior and Mental Health

This group organized its findings across the full continuum of supports for both behavior and mental health, says CDE Consultant Jeff Kramer. The resources the group gathered range widely, from supports for emotional well-being to crisis intervention. One of the group's greatest challenges, says Kramer, was finding tools that could "meet the needs of those children and families who require professional, regular, intensive guidance" and then determining and working with each family's level of readiness to be directly involved in addressing issues of mental or behavioral health in their children. Among its recommendations, this group included an article about teens and stress, at *https://www.nytimes.com/2020/03/11/well/family/coronavirus-teenagers-anxiety.html*

Related Services

One of the challenges identified by the group exploring Related Services was "the emotional state of the families," says CDE Consultant Nicole Garibaldi. Many families were "totally overwhelmed. It was eye-opening for everyone." Her group emphasized the importance of attending first to how families were doing before "bombarding them with messages about online learning platforms or picking up equipment. They needed wellness checks." This group liked *FlipGrid*, a free app for all educators, learners, and families that can create short check-in videos: *https://info.flipgrid.com/*

Low-incidence Disabilities

"If this had happened 15 years ago, we wouldn't have been able to respond as well as we have," says Susan Olsen, CDE consultant and member of the group that explored resources for students who are blind or visually impaired, Deaf, and have physical disabilities. These students typically need additional equipment and technology to benefit from distance learning, and the biggest challenges, says Olsen, were "figuring out how to contact families, and then getting the necessary technology into their hands." This group and others found resources that will be "good even in a classroom. We're going to see schools look very different going forward." One recommendation was "Resources for Families and Professionals to Keep Language and Literacy Growing while Social Distancing," at *https://www.agbell.org/COVID-19-Resources*

Students with Mild Support Needs

Many students with mild support needs succeed in the general education classroom because of the way educators—general, special, and paraprofessionals—collaborate to support them. Replicating this collaboration was the group's biggest challenge, says CDE Consultant John Burch. "One big take-away," he says, "was how to build UDL strategies into practice—and how those things could be continued once classrooms re-open." This group recommended a resource about how to activate accessibility settings for different disabilities on various devices, at *https://www.commonsensemedia.org/special-needs/what-accessibility-settings-on-my-devices-can-help-my-child-with-special-needs*

Innovations at Poway

"Our first priority was to assess what resources students would need to learn at home," says Megan Gross, a teacher on special assignment in the Poway Unified School District. "And then making sure that both teachers and students had access to technology." Gross, a former special education teacher and California Teacher of the Year, supports schools to increase inclusive practices and facilitates professional training on inclusion. Twelve percent of the district students have IEPs, and 11 percent are English language learners. To serve those students, "there's a lot of one-on-one with families," Gross says.

Teachers in the 39-school district "knew they couldn't replicate the classroom, but they had to figure out how to integrate what they do in person into an online environment," says Gross. "They had to be creative; it's a whole separate pedagogy of learning." Staff were given the autonomy to deliver both synchronous and asynchronous lessons. "A speech therapist might meet with a small group of students" through an online meeting platform, Gross says. "A science teacher might record a video on how to understand fractions."

The district's webpage offers sample schedules and online resources by grade level as well as offline activities suitable for different age groups. Teachers have online office hours when they can meet with small groups of students or individuals and set aside additional time for students with IEPs. Many students with disabilities miss the established pattern of the school day. In response, teachers work with families "to create a schedule and to determine what is a reasonable expectation for learning goals," Gross says. "Teachers can see what student work looks like, who is engaging and who is not," and who might need extra support.

The district wanted to know how families and staff were reacting to distance learning and conducted a survey in English, Spanish, and Mandarin. Responses included the desire for more direct instruction, personal interaction, and social-emotional support. So special education teachers continue to lead the *Best Buddies* program at two Poway schools. Their online activities include meeting lunches, talent shows, fitness classes, and bi-monthly movie parties.

Students with Extensive Support Seeds

"Teachers and service providers who work with students with extensive support needs tend to build very close relationships with the students and families," says CDE Consultant Monica Pecarovich. "When school sites closed in March, teachers had been working with their students since September and knew their individual learning styles. But transitioning to distance learning was still a challenge for teachers and service providers. How could they administer the same quality of services in a remote format? Another challenge teachers faced was communicating with parents who were English learners about navigating a distance learning program for their student." Given the range of disabilities this category covers, the best resources depend completely on the individual needs of every student, says Pecarovich. "What's effective teaching for one child may not meet the needs of another." One resource the group highly recommended was the CAPTAIN Activities Matrix (see page 6).

Transition

This group addressed the challenges that students between the ages of 18 and 22 face when they transition from school to adult services and the world of work and find themselves without personal contact with adult service providers. "Many didn't have support at home," says CDE Administrator Donna DeMartini, "and most were used to working one-to-one with, for example, a mobility trainer." For these young adults "it was frustrating to be online. They wanted to be with people." This group highlighted a guidance document for transitioning to adult life titled "Essential Skills for Life" at *https://docs.google.com/document/d/1yodDPbHh3KBFfMqfQuNGn9ATBP3lyZ3C_aDQdTUnBZI/edit*

Nonpublic Schools and Agencies

CDE Administrator Theresa Costa Johansen values nonpublic schools and agencies (NPS/A) for the critical services they provide "for some of our most vulnerable students." During school site closures, she saw many of those services temporarily suspended. She is hopeful that the experience will inspire "a better mechanism for building relationships" between school districts and NPS/A so that when state-wide school site closures happen again, "the positive relationships and patterns of communication are already in place. The best resource," she says, "was the workgroup itself. These people didn't know each other, but they came together behind a common cause and found ways to help students and each other during a crisis. That's the real gift."

To view a full list of the resources developed by the ten subgroups, go to *https://www.sipinclusion.org/distance-learning-resources/*. ◄

Innovations at Humboldt-Del Norte

Educating students in the time of COVID-19 "is a challenge unlike any other," says Mindy Fattig, executive director of the Humboldt-Del Norte SELPA. "Our role is far beyond an educational one." For the SELPA, whose charge is to provide special education services to students with disabilities across 32 school districts, that meant an intense focus on the family. "Mental health and food needs came first," Fattig says, quickly followed by Internet access, which was not readily available in parts of the SELPA's 5,200 square miles.

An initial survey assessed the mental health and food needs of students and families. "Parents could meet [online] with a behavioral therapist or a mental health specialist," Fattig says. The school districts provided food that was delivered by school buses and offered laptops to any student who needed one. The buses also delivered work packets that contained standards-based lessons.

As schools closed around the country, the U.S. Department of Education stated that if a district provided educational opportunities to the general student population during a shutdown, it must give students with disabilities the same opportunities, following their IEPs as closely as possible.

"We recognize that not all goals can be achieved through distance learning," Fattig says. "The focus is on those that can be implemented and how to do it." Students work on their IEP goals within general education. "A general ed teacher provides a lesson" through an online meeting platform, "and the special ed teachers, who are in the meeting, follow up with individuals or groups." It's virtual co-teaching. And for students who have one-to-one aides, the aide also participates in the online class and can follow up with whatever support the student needs.

The teaching, she says, "is tailored to the individual needs of the student and family. Students can log on to a live lesson with a teacher or watch a recorded lesson at their convenience," with a follow-up personal meeting.

One of the early priorities, she says, was to establish "a do-able schedule for the student and family. By the end of week two, all service providers were on board to coordinate a schedule."

The SELPA is offering free professional development on distance learning to administrators, school staff, and parents, which, Fattig says, will continue when school re-opens.

What's changed the most with distance learning, she says, is "the mental health support for families and kids—and for staff, too. Once we learned that school was out for the rest of the year, we're making sure that we are checking in on a human level as well as an educational level."

Internet Cautions and Guidance

Cautions about using the Internet are not new, especially when children are involved. Most parents, teachers, and even children themselves are familiar with the basic principle of how to avoid getting stalked, bullied, hacked, flamed, or scammed while online.[1] And most schools and families use software that monitors and limits the websites that children can access.

Many parents and teachers also are aware of the concerns that some human development experts have raised about the problem of too much screen time[2]—or any screen time at all—particularly for very young children.[3] Researchers face challenges, however, in their study of the ultimate effects of screen time on children, in part because this relatively new experience is, well, relatively new, and it includes widely varied experiences. A video chat with grandparents on a smartphone, research about recombinant DNA on a computer, and blood-and-gore games on a video console all fall into the general category of screen time. It's not all created equal.

There is no question that, for the approximately 650 million people in the world who have some type of disability, the technological innovations that include computers have delivered profound improvements to their quality of life. And we can also be certain that digital screens and devices appear to be here to stay. But we know that too much time in front of any screen can keep children from getting the exercise they need to stay healthy. We know that too much social media can negatively influence a child's mental health. And we know that, in general, too much of anything is probably not good for anyone.[4] But when schools are closed, children at home, and many parents working remotely from their kitchens, even the most screen-phobic families are forced to reconsider the benefits of digital devices—and all parents want to know how to use them wisely.

What the Research Says

Much of the current research on the effects of computers and other digital screens on children suggests that there is probably no inherent good or bad in screen time per se, at least not for most children.[5] The benefit or harm is in the content, how it's used, and how much it's used. So by being thoughtful and intentional about the kind and amount of screen time children are provided (or allowed), children can realize academic and social gains through digital activities.

Screen Time

Child Trends, a nonprofit research organization focused on improving the lives of children and youth, highlights the importance of "promoting active engagement"[6] when a child is in front of a screen. This engagement involves many of the same strategies for encouraging and modeling thinking and learning that parents and teachers use during story time. So whether reading a book, watching a re-run of *Mr. Rogers' Neighborhood*, or playing Minecraft, an adult can support a child's learning during screen time by:

- Commenting on what the child is seeing or doing.
- Asking questions about what the child thinks, feels, or imagines about what he sees.
- Connecting what the child sees or learns with things in her everyday life.
- Suggesting ways to learn more.
- Pointing out and discussing important concepts in the content—such as issues of safety, self-identity, and relationships.

Research shows that whenever an adult engages a child in conversation—whether the subject is simple and light

1. See Safe Horizons, ***https://www.safehorizon.org/get-help/stalking/***; StopBullying.gov, ***https://www.stopbullying.gov/resources/get-help-now***; Teachers Guide to Cybersecurity—Everything You Need to Know in 2020, ***https://www.vpnmentor.com/blog/teachers-guide-to-cybersecurity/***; The Protection of Children Online, ***https://www.oecd.org/sti/ieconomy/childrenonline_with_cover.pdf***; Important Message to Students—Protect Yourself from Scams, ***https://studyinthestates.dhs.gov/2015/03/important-message-to-students-protect-yourself-from-scams***
2. Lillard, A. S., & Peterson, J. (2011). The immediate impact of different types of television on young children's executive function. *Pediatrics 128*(4), 644–9; and Stiglic, N., & Viner, R. M. (2019). Effects of screentime on the health and well-being of children and adolescents: A systematic review of reviews. *BMJ Open, 9*(1): e023191.
3. Lin, L. Y., Cherng, R. J., Chen, Y. J., Yang, H. M. (2015). Effects of television exposure on developmental skills among young children. *Infant Behavioral Development, 38*:20–26.
4. Domingues-Montanari, S. (2017, February). Clinical and psychological effects of excessive screen time on children. *Journal of Pediatrics and Child Health*. ***https://doi.org/10.1111/jpc.13462***
5. Screens kids use, Part 2: Research turning a corner. (April, 2020). ***https://www.netfamilynews.org/resescreens-kids-use-part-2-research-turning-corner***
6. Nugent, C., & Supplee, L. (2018). Five ways screen time can benefit children and families. Child Trends. ***https://www.childtrends.org/child-trends-5/5-ways-screen-time-can-benefit-children-and-families***

or profound and meaningful, and whether it's prompted by experiences offline or on—the adult is supporting the child's cognitive, linguistic, and social-emotional development.

For many people this is common knowledge. But sometimes it's difficult to know how to differentiate the kind of "high-quality material" for screens that Child Trend recommends from the apps or sites that have covert (commercial, political, or more insidious) purposes. How can parents and educators be—and help their children be—savvy consumers and users of online media?

Common Sense Media was formed to help answer these questions. Designed to promote the responsible use of technology, Common Sense Media (CSM) is an independent, nonprofit organization that has been reviewing movies, apps, books, TV shows, video games, music, and websites since 2003. CSM provides ratings so that parents know if content is age-appropriate and educational and if it contains violence, sex, consumerism, or profanity. The purpose is to help parents make intentional choices for their children and "navigate the challenges and possibilities of raising kids in the digital age."[7]

CSM is also committed to education—and to educating children to thrive in a digital world. Liz Kline, the organization's vice president of education, talks about the importance of digital citizenship. To that end, says Kline, "we publish a free digital citizenship curriculum for grades K–12. We have more than 840,000 registered education members, and teachers using it to help students be safe, responsible, and ethical online." This curriculum challenges children and adults alike to move beyond passive

consumerism to become thoughtful and informed members of the online world—in effect, responsible citizens. (Find the curriculum (at ***https://www.commonsense.org/education/digital-citizenship***.)

"Thinking about the concept of digital citizenship is especially essential as we're spending so much time learning, working, and interacting online during the pandemic," says Kline.

When teachers hold classes remotely and students join by computer or phone from their respective homes, understanding the responsibilities of digital citizenship becomes more important than ever, says Kline. CSM's strategies for establishing a positive online learning environment involve setting norms for acting and interacting, much as teachers "do that first day of school," says Kline. "You have to set norms and expectations in that digital space so you don't get a bunch of kids sending poop emojis to the chat box. Because they're kids. And the Internet is playful."

In general, Kline advises both parents and teachers to "frame a positive culture of technology use for learning" by making "media balance" a first principle. Just as you need a varied diet to stay healthy, she says, you have to have a varied media diet.

"You begin with the understanding that you can't spend all of your time on the screen. You need to get exercise, you need to take breaks, you need to interact socially in the real world, not just in the virtual world."

Conversations about media balance, she says, also have to be developmentally appropriate to be effective. For a child in kindergarten, "it's learning how to say 'goodbye' to your iPad when you don't want to. For a senior in high school, it's thinking about things like filter bubbles or gaming addiction."

Another aspect of balance, she says, involves whether a task is better accomplished, or time is better spent, online or off. "We should discourage passive consumption of online content." Watching unboxing videos on YouTube for hours at a time is currently a common activity for some children—but it's not in their best interest. "We want these digital tools to empower students to do something valuable, to learn."

Privilege the Person

As advice to parents, Kline offers "the rule we have in my family. We 'pause for people.' You press that 'pause' button on your computer or device when someone is talking to you." In effect, the in-person interaction, she says, is given more privilege than "whatever is happening on the screen.

"With so much of life being mediated by screens," she also advises families to schedule device-free times—at dinner, for example, "so you can give each other time in the real world. That's the kind of thing we need to do to maintain balance in this very, very unbalanced time."

In response to the coronavirus pandemic, CSM created *WideOpen School.org*, which features family schedules organized by grade and age, and on and offline enrichment and learning activities that address physical well-being, social-emotional health, and cognitive development as well as ideas for evening entertainment.

Find Wide Open School at ***https://wideopenschool.org***. ◄

7. Read the mission of Common Sense Media at ***https://www.commonsensemedia.org/about-us/our-mission***

Opportunities, continued from page 1

challenges: securing basic food, shelter, and health care, and providing home-based education for their children.

We must serve the whole child.

Before COVID-19, many of us were discussing the very real mental health crisis among our children and youth. Suicide had leapfrogged car accidents and cancer as a leading cause of death for 10–24-year-olds. And we were beginning to explore and develop a robust and coordinated service delivery systems to support their social, emotional, and behavioral health needs. Those needs have now been exacerbated by the isolation and anxiety of social-distancing orders.

What's different, though, is that many of us now can identify with being unable to work or think when we're anxious, depressed, hungry, or afraid. We have seen first-hand how students cannot learn if they are not centered.

As students, families, and educators gradually emerge from months of isolation, we must finish the work we were starting and develop a truly unified and supportive system that acknowledges, embraces, and serves the whole person. Our collective economy and our collective future stands in the balance.

> When we work together, we make more and better-informed decisions about those influences that ensure—or threaten—bright futures for our children.

Lasting solutions lie in unified systems.

The pandemic has brought into sharp relief our interdependence. We now know that we are interconnected in ways many of us were not openly acknowledging or actively addressing. During the past few months, we've been devising new ways to co-educate, co-parent, co-learn, co-work, and co-process. Countless teachers, administrators, and interdisciplinary planning teams have remarked on—and come to value—the relationships and trust they have built with families, students, and one another as they work together to stay safe, healthy, centered, and learning.

We've learned that when we work together we make the most of our collective expertise and come to fully informed decisions about the complex interdisciplinary considerations that face us about health, education, economics, and safety. Without unified state and local efforts, we cannot find the most effective path forward, nor can we ensure the most effective use of our available resources.

What now?

As we begin to reopen our schools, communities, and lives, my hope is we recognize that our greatest challenges can propel us to find our greatest strengths. I know this can happen. In college, I was a hostage to a gunman. I have lived the uninvited, dark, and disorienting anxiety and isolation that can result from being told to stay in place to save your life and the lives of others. But through that experience, I also learned the very real power of finding the strength to work my way out of that place—with the help of those who supported me.

If we really want to attend to the lesson of COVID-19, we must create planning and reopening teams that include all stakeholders as genuine partners, and that consider the needs of all children. Without this inclusive approach, we will inevitably and tragically reconstruct an all-too-familiar world that leaves certain groups of children and families behind and that does not make the best use of our collective resources to serve our collective need.

Building a stronger, more equitable, caring future will not be easy. It will take intention, consideration, unity, and trust. But we have the skills we need, and we can do this together. For the good of our children and generations to come, there is no other choice. ◀

Family Centers: Essential Supports

When California's schools close, families carry the heaviest burdens. And when the closures are long, even the best and most energetic first wave of enthusiastic parental can-do wears thin after a week or two.

For families of children with disabilities, the burdens are compounded. Many children with disabilities rely on a great deal of individualized support from one or several specialists: therapists, behaviorists, social workers, special education teachers, and more. When these services have to be delivered remotely—or not at all—parents are left to fill in the gaps.

"Everybody gets frustrated. Everybody gets scared," says Liz Kline, director of Westside Family Resource and Empowerment Center in Culver City. In Kline's experience, parents want to teach their children. But oftentimes, "they just don't have the skills to do it."

There are additional and even more basic challenges. During school closures, Kline sees many families that rely on school food programs for their children suddenly struggling with food insecurity. When a child is hungry, education takes a back seat.[1] For the family, "the primary need," says Kline, becomes "just making it through the day."

Karen Bohall-Ortega is a staff member at Support for Families of Children with Disabilities, a San Francisco nonprofit organization that is a Family Resource Center (FRC) as well as a Community Parent Resource Center, a Family Empowerment Center, a Parent Training and Information Center, and an Early Start Resource Center.[2] She has seen a growing number of families burdened by stress, which, according to the National Institute for Children's Health Quality, "can increase the risk of mental health problems, especially for those with pre-existing conditions, and exacerbate alcohol and drug misuse. And when a parent's mental health suffers, so too does their child's health and well-being."[3]

Parent centers are poised to help. Dozens were created to support families of children with disabilities, special healthcare needs, and at risk. Located across the state, they offer resources (e.g., newsletters, libraries, websites) in many languages, parent and sibling support groups, and warmlines.[4] As well, many of them are "staffed by families of children with special needs," says Bohall-Ortega, "and offer parent-to-parent support," which includes access to mental health support. "Most FRCs[5] have a talk line or a phone number that will connect you with another parent of a child with a disability," she says. Kline adds that "nearly every person who works here is either a sibling or a parent of a child with a disability. So you don't need to explain. You don't have to apologize. We all are on that path, so there is no feeling that you're a failure if you call for help." And according to Bohall-Ortega, "the best first thing to do if you're really depressed is just pick up the phone. It's my go-to if I'm feeling overwhelmed."

Family centers also work to connect parents with professionals from other

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1. What are the psychological effects of hunger on children? (n.d.). American Psychological Association. *https://www.apa.org/advocacy/socioeconomic-status/hunger.pdf*
2. Dozens of family and parent centers are located throughout California to provide a wide range of services, resources, training, liaison support with schools, and general guidance on navigating the challenges faced by families with a child who has a disability. To find a list of these centers, go to *https://www.cde.ca.gov/sp/se/qa/caprntorg.asp*
3. Supporting Children's Health During and After the COVID-19 Pandemic. *https://www.nichq.org/insight/supporting-childrens-health-during-covid-19-pandemic*
4. A warmline is a phone number people can call for support with an issue before the issue becomes a crisis.
5. Find the FRC closest to you at *http://www.frcnca.org/about-us/*

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