

# ONE CRISIS IN SPECIAL EDUCATION

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## Children, Adolescents & Mental Health

Recently, I wrote an article about pending Massachusetts legislation that would effect mental health services to children and adolescents. This article will focus on children and adolescents with mental health conditions who are a segment of those who receive special education (Sped) services in school districts.

Years ago, special education services focused on, what I refer to as, traditional special education concerns, namely, mental retardation, autism/Asperger, learning disabilities like dyslexia, speech and language difficulties such as an auditory processing disorder and more recently, sensory integration issues, succinctly outlined in Carol Stock Kranowitz's book, *The Out of Synch Child*. To these traditional sped concerns has now been added the entire spectrum of mental health issues that include conditions such as Attention Deficit Hyperactivity Disorder (ADHD), Obsessive-Compulsive Disorder (OCD), Depression and Suicide, Bi-Polar Disorder (BPD) and Tourette Syndrome (TS), among others.

Here's the situation. Classroom teachers and other educational personnel, under such mandates as No Child Left Behind, are faced with the responsibility of having to educate any and all types of students in their respective district. While sped personnel are well trained to intervene and assist with the traditional sped challenges as noted above, they, and their regular education counterparts are not so fortunate when it comes to the vast array of child and adolescent mental health disorders. In effect, there are two camps at work here. There is the educational camp consisting of regular and special educational personnel and the clinical camp of personnel such as clinical social workers, psychologists and psychiatrists among others, long established to serve those with mental health needs. These two disparate camps have never really meshed in order to effectively serve/treat their respective populations. Why, one might ask, is this important. The fact is, relative to this specific population, educational personnel are not trained in clinical issues and clinical personnel are not trained in the traditional educational concerns confronted by sped personnel. Yet, there are high co-morbid rates between these two camps. Allow me to explain. Co-morbidity means there are at least two, if not more, conditions that overlap and intertwine to present a complex picture. It is not unusual, for instance, for a child with ADHD (more about this and other child & adolescent clinical conditions in future articles) to also have a learning disability. Studies have shown that children with ADHD have perhaps as high as a 50% chance of having some sort of learning disability. In a former case of mine, a then 8 year old girl attending a public school, was diagnosed with Early Onset Juvenile Bi-Polar Disorder, ADHD, Pervasive Developmental Delay (PDD - another traditional sped condition) and possibly an auditory processing disorder. The overlap between the educational and clinical camps should be apparent. The specific difficulty, referred to briefly in a previous article, is that educational personnel are not trained to understand or treat, let alone intervene effectively with the mental health challenges posed by students in their classrooms. I make the case that you have to first treat the mental health condition before you can effectively educate the child/adolescent. That is not, by any means, to imply that these students are incapable of acquiring academic knowledge, which is, after all, the purpose of schools. On the contrary, they are often quite bright, sensitive individuals who have been burdened with unasked for challenges. They need our help. And, we need to find better ways, especially in the classroom, to help them. To add even more impetus to this debate, it should be noted that the conditions mentioned in this article tend to be chronic and life-long. It is, therefore, highly likely that the challenges confronted by these children and adolescents will continue well into adulthood. It should be apparent that early detection, diagnosis and intervention is crucial to successful outcomes.

Lest anyone should think that there is nothing to this, let me address a lingering societal prejudice. Many, unfortunately, are still of the opinion that what those with mental health conditions require is some stern discipline. I hear this a lot in relation to ADHD. "S/he just doesn't pay attention," "S/he hasn't been disciplined at home enough," "S/he lacks motivation and is making excuses," are just some of the stereotypical comments I regularly hear. And, I hear them not just from the uninformed and untrained, also from those one thinks should/would know better. The time has come for mental health, the last bastion of discrimination in our society, to come "out of the closet," so to speak. These states of mind are rarely discussed openly, much as breast cancer was in the 1950s and 60s. We now talk freely, although not always comfortably, about all sorts of issues that heretofore were kept quiet. Racial discrimination, gender issues, sexual orientation, religious and ethnic diversity are all on the table, as well they should be. Issues and concerns that were once scary are now more commonplace than ever before. It is time mental health took its place on the stage, to demystify it, to "normalize" it in a way that people understand that we are all different in some ways, that, like snowflakes, no two are alike. Sure, there are the horrendous examples highlighted by the press that demonstrate the difficult, unexplainable depths of brains run amok such as the young man at Virginia Tech. Clearly, that example no where near represents the vast array of the rest of us that daily meet the challenges of say, ADHD or Tourette Syndrome. In fact, there are many whose life is impeded by such disorders that go unrecognized and undiagnosed and that are left untreated. Such conditions are effectively delineated in the book, *Shadow Syndromes: Recognizing and Coping With the Hidden Psychological Disorders That Can Influence Your Behavior and Silently Determine the Course of Your Life*. By John Ratey, M.D. and Catherine Johnson, Ph.D. Suffice to say that there are all kinds of folks running around with "stuff" that doesn't quite rise to the level of identification resulting in intervention. These are the kinds of folks that struggle day to day, sensing that

something is nagging them that they can't quite put their finger on. There it is though, a shadow syndrome, hampering their life in ways unbeknownst to them. Then there are those of us who have little choice, no option but to seek out professional help. Suffice to say, that we all have "issues," we all have nagging conditions that we could improve upon, were we only somehow able to see what is bothering us. Seeking help is not a sign of weakness, actually it is a courageous display of strength. Instead of moralizing against these kids as stupid and lazy and seeing them as just real hellions, we need to become better informed about all brain based conditions. We don't blame people for getting cancer or Parkinson's Disease or juvenile diabetes. We help them. It's time to stop having a different standard for those with mental health conditions. We need to help them too. Informing people via open dialogue is a first step. Especially for children and adolescents with mental health conditions, those truly vulnerable and dependent on parents, teachers and social workers among others for awareness, guidance and help, the challenges are many. In order to help these kids, who are way more often than not beset with co-morbid conditions, there needs to be a concerted effort among educational and clinical personnel to work together, to combine their talents. Early intervention is crucial. Working together we can help these kids to improve the quality of their lives now and to better prepare them to be contributing adults.

This is the second in a series of planned articles concerning child and adolescent mental health and education. The next article in the series will discuss the challenges facing special education services in Franklin County school districts specifically related to mental health conditions. That article will delve into the statistics concerning the number of sped students, especially the various categories in which they are recorded and provide a between the lines perspective. Look for it here on the Greenfield Optimist. Garry L. Earles, L.I.C.S.W. is a Licensed Independent Clinical Social Worker in Franklin County. With a national reputation as a seminar presenter on child & adolescent mental health disorders such as ADHD, Obsessive Compulsive Disorder, Early Onset Bi-Polar Disorder, Tourette Syndrome, etc., he has trained thousands of mental health professionals and educational personnel. He also provides direct therapeutic services to clients as well as phone consultations. He is available for public speaking engagements. For more information, please visit: <http://www.garryearles.com>.