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How Can the Educational Needs of Homeless Youth be Better Served?

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Action Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of Master of Arts in Education

California State University, Monterey Bay
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Abstract

This study looks at how the educational needs of homeless youth can be better served. Educators, homeless, and other interested parties were included in the study. Through analyzing interviews, seminars and existing literature, recommendations have been suggested to address the areas of opportunity for improvement.

The population of homeless youth in Monterey County is almost 600 and rising. These school-age children must endure a unique set of challenges and overcome many barriers to participate in public education. Their academic performance, as compared to their housed counterparts, suggests their educational needs are not being met. The education community has obligations, both practical and legal, to reach out to this population and address some of these issues. The community of educators can take practical steps to better meet the needs of homeless youth.

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Chapter 1 - Introduction

Purpose

This thesis will explore the educational needs and challenges for homeless youth in Monterey County and suggest how to address those needs. The insights stemming from this work will help open up a dialogue between the education community and other service providers.

Every region has its own specific culture, set of resources and procedures. Resources for homeless youth are not evenly distributed due to varying levels of knowledge, involvement, programs, funding and spending practices. Because of these varying factors, intervention must be specific to the context (Newman, 1999). I seek to research what Monterey County currently has in place and what is still needed to work toward a quality education for homeless youth. Targeting this county's specific programs, personnel, and attitudes will make a significant contribution to research; more specifically connecting these current and new resources to the teachers and education staff of Monterey County will increase the possibility of success for these students.

Background

There were 561 homeless youth under the age of 18 physically counted in a two-day census conducted in Monterey County by the County Social Services Department (Department of Social Services, 2002). Surveyors fanned out over shelters, transitional housing and the streets to tally the number of homeless youth. Because only those physically seen by surveyors were counted, some

may be skeptical of this low number. However, it is agreed that homelessness is increasing, as well as the percentage of those not attending K-12 public school (Department of Social Services, 2002; Stronge, 2000).

We are obligated to reach out to this growing population. Despite their undesirable situation, these students have the ability to succeed. The 2002 census data demonstrated that they also have educational goals including finishing high school (34.2%), attending a four-year university (9.0%), or attending trade school (6.5%). Some aspire to be lawyers (6%) and auto mechanics (5%) (Department of Social Services, 2002). Looking at the aspirations of these students, it is obvious they are willing and able to participate in public education when given the opportunity. The potential of these young minds is limitless.

This school-age population lives under unique circumstances that make it difficult to experience a positive and successful K-12 education. Homeless are sometimes transient, moving from place to place. This causes instability and inconsistency throughout the student's life. It also makes record keeping/transferring difficult. Families or individuals often have needs of survival to handle before thinking of getting an education. And, even when the children do take that step, finding transportation to school, enrolling in school, and living up to expectations is difficult. Hunger, sleep-patterns, social skills and living conditions are irregular (Attles, 1997; Newman, 1999; Quint, 1994). These are all factors that affect a child's education. "School-age children who are homeless

need special educational services to address their specific needs while they are homeless” (Attles, 1997, p. 63).

As a teacher, I believe a strong educational foundation increases one’s ability to develop and thrive as a contributing citizen. As a society, we place a high value on educational success. As a result, educational failure can severely limit the opportunities for life experiences, employment, self-esteem and positive relationships. Homelessness is a cycle (Hoast, 2004) that I believe can be broken by opening opportunities to today’s youth through positive educational experiences. The issues surrounding homeless youth in Monterey County have not been explored to their potential. I am passionate about working toward including this group of students in the educational process.

Methods

The data collection methods for this research are primarily qualitative in nature. Interviews and personal communications are the main source of information. All participants and locations are given pseudonyms. Data were also collected through county-wide open-ended questionnaires.

The points of view included in this study are from homeless parents, educators and community supporters. All these viewpoints are included, as they all have an effect on the education of a homeless youth and also can all be participants in a resulting action. As suggested by Newman (1999), “Changes in school practice are most likely to be successful if individual teachers, principals, and sites are convinced of the need for change and are deeply involved in creating that change” (p. 229).

The words from homeless parents are necessary to include when considering what can be done to better serve their needs. How they understand their problems, needs and motivations should be incorporated into any program implemented to serve them. In this study the participating homeless consisted of four voluntary mothers from Possibilities Abound.

The second point of view discussed in this study is that of school site teachers, administrators and staff. They observe the condition in which students arrive, the attendance records, academic progress, and their successes and opportunity areas provide an understanding of the teacher-student interaction. Information from teachers, administrators and staff was collected in two forms. First, interviews and conversations were recorded in one-on-one meetings from nine teachers at Koast Elementary School. Koast was chosen as a focus because of its extraordinarily high percentage of homeless students, which can reach 15% at times. Second, 220 surveys were randomly distributed throughout Monterey County to teachers, staff and administrators, of which 79 were returned, for a 36% return rate.

The third set of viewpoints discussed in this study came from community supporters. These included: Kris Shapon, shelter director; Ken Hoast, Psy. D.; Paul Glann, attorney at law; Mary Kale, Possibilities Abound director; and Tony Mester, executive director of Monterey County Homeless Coalition. Community supporters work to support the needs of all homeless and at-risk populations. These participants support working programs, systems and contacts currently in place, attempting to meet all homeless children and adults' needs.

Definitions

Following are definitions of terms used in this study.

Homeless. A child or youth without a fixed, regular and adequate residence is homeless. It does not matter how long the child or youth has been without a home. It also does not matter if the child or youth is living with a parent or is separated from parents. Under the McKinney-Vento Act, students are homeless if they are:

- Living with a friend, relative or someone else because they lost their home or can't afford a home
- Staying in a motel or hotel
- Living in an emergency or transitional shelter or domestic violence shelter
- Staying in substandard housing
- Living in a car, park, public place, abandoned building or bus or train station
- Awaiting foster care placement
- Living in a campground or an inadequate trailer home
- Abandoned in a hospital
- Living in a runaway or homeless shelter

Migrant children, pre-school children and youth on their own are included if they fit into one of these categories. Runaway youth can be considered homeless

even if their families want them to come home. Students who live in any public or private place that is not supposed to be a regular residence are covered (National Law Center).

No Child Left Behind (NCLB). No Child Left Behind 2001 is a federal education reform policy affecting Kindergarten through high school. Included in NCLB is the McKinney-Vento Act, which targets homeless students.

McKinney-Vento Act 2003. This is a federal law passed in 1987 to help people experiencing homelessness. Part of the law protects the rights of homeless children and youth to go to school.

Possibilities Abound (PA). This is a transitional living program for homeless families who have committed to an alcohol and drug recovery process and self-sufficiency.

Limitations

The major limitation of this study is the heavy reliance on a single school, Koast Elementary School, for interview data. The interviews in this study are from elementary school teachers from Koast. Although many of the same concerns and solutions can be applicable everywhere, as evident from the county-wide questionnaire responses, there may be some differences due to differences between schools.

Another limitation of this study is that it is limited to the perspectives of the homeless community at Possibilities Abound. However, there are multiple categories of homeless students, and each may have additional needs and concerns. Further, the four mothers interviewed from PA participated on a

voluntary basis, and it is possible their willingness to participate is a result of positive relationships with Koast Elementary School. Therefore, their views may not be representative of other school/home relationships.

Summary

The number of homeless youth is increasing. With the high percentage of students impacted in Monterey, it is time we address this population's specific needs.

My next chapter will explore the current literature on the issues surrounding homeless youth, including its historical and political context, political theory, and current research. Chapter 3 describes the research methods and participants used in this study. Chapter 4 focuses on data analysis, and Chapter 5 discusses interpretations and recommendations concluded from the data.

Chapter 2 – Literature Review

History

Homelessness in the United States is not a new phenomenon. Since the late 1800s, there have been writings and debates on how to address “street rats” (Polakow, 1998). But it is not until recently that the educational rights for homeless students have been addressed.

In 1987, the U.S. Congress passed the Stewart B. McKinney Act, “the first comprehensive law to provide emergency and long-term assistance to homeless persons, addressing important issues regarding the education of homeless children and youth specifically” (Pawlas, 1996, 18). This Act spells out the definition and rights of homeless youth in education. The Act also designates responsibilities to individuals and agencies to protect the right of a free and appropriate education (Department of Education). The Act was amended in 1995, 2001 and 2003 and has been incorporated into the No Child Left Behind Act.

Socio-political context, or disciplinary context

Who is actually defined as homeless has been debated for some time. Some prefer a broad definition, while a narrow definition will suit others' agenda. This is mainly because many social services, such as food stamps, housing assistance and health services, depend upon a person's living arrangements. Advocates can demand more government and community action and funding with higher population numbers. Governments may want to downplay the

numbers, in order to avoid having to confront the issue. The actual numbers vary greatly due to definition variations and the difficulty of reaching the population. The most obvious means of contact for a census of the housed population, phone, mail or e-mail, are not always an option for the homeless (Stronge, 1992)

To create a common understanding of who is considered homeless, at least for educational purposes, the McKinney-Vento Act 2003 defines a homeless person as one whose nighttime residence is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill; (b) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (cars, campgrounds, motels, and other temporary places); and (c) a doubled-up accommodation (sharing housing with other families or individuals due to loss of housing or other similar situations) (Stronge, 2000).

Being homeless carries with it more meaning than a definition can express. Homelessness is a result of a serious, pre-existing situation such as: substance abuse, domestic violence, extreme poverty, etc. Before people even became homeless, something had gone terribly wrong. As a result of their situation, they do not get to enjoy the physical or mental security or routine. The homeless are often cut off from safety and supports, such as family and friends, because of shame and constant moving. They have to worry about how they will get food, water and shelter. Often, they do not know when they will eat, what it will be, or who will give it to them. Some may not be able to predict where they

will sleep that night, or who they will be sleeping next to (Newman, 1999; Stronge, 2000). A simple errand to the food bank, medical clinic, or other support services can take hours of walking in itself.

The homeless are often in poor mental and physical health regardless of age, and the psychological effects of being homeless are devastating to a child. They have a higher level of anxiety, depression, aggression, substance abuse and behavioral disturbances (Strong, 1999; Pawlas, 1996; Yamaguchi, Strawser, & Higgins, 1998). Homeless are at a very high risk of physical health problems as well. The overcrowded conditions they live in increase the probability of contracting diseases and infections. Homeless children have a higher incidence of ear infections, pneumonia, respiratory infections, fever, diarrhea and vomiting. On top of these ailments, entire families are turned away from shelters if one family member is sick. This leaves them no choice but to sleep outside. The problem is multiplied because they often lack the connections to local services to remedy and prevent these problems because they are transient (Yamaguchi, Strawser, & Higgins, 1998).

The obstacles homeless children face in attending public education are numerous. First, the transportation to school is often lacking, so just getting there is a feat in itself. On a daily basis, homeless cannot afford bus fare or a taxi, and not all shelters are close to school bus routes. Second, walking into a school office takes a tremendous amount of self-esteem and courage. The fear of continued failure is overwhelming, and putting oneself out time and time again to be shut down is devastating. Also, the office staff requires proof of residency,

immunization records, prior school records, and other documents that a homeless youth may not have (Attles, 1997; Newman, 1999; Quint 1994; Stronge, 2000).

If the homeless students are successful in registering, they still face the challenges of participating in everyday activities. They may return to their shelter with no quiet place to do homework, and no space to call their own. They may not have a lighted desk or a place to securely set their papers or backpack. Trying to find an adult to read to and sign off on their reading sheet may seem impossible (Attles, 1997; Newman, 1999; Quint 1994; Stronge, 2000).

Unfortunately, neither the Monterey County Office of Education nor individual school sites are currently set up to address many of the psychological and health needs of the homeless student. The collaboration between the Homeless Coalition and many other non-profit agencies is aggressively attacking this issue (Exhibit 1). Structural barriers created by policies and procedures, encountered once homeless students make the decision to attend school, can be eliminated (Department of Education).

Current Legislation. The McKinney-Vento Program 1987, revised in No Child Left Behind 2001, strives toward equality. Under the McKinney-Vento Program Assistance Act, educators have a legal obligation to provide equal opportunity.

NCLB is designed in part to address the problems that homeless children and youth face in enrolling, attending and succeeding in school. Under this program, State educational agencies must ensure that each homeless student

has equal access to the same free, appropriate public education, including public preschool education, that their housed counterparts have. Homeless children are to have the same access to the educational services necessary to enable them to meet the same challenging State student academic achievement standards to which all students are held. States and districts are required to review and undertake steps to revise laws, regulations, practices or policies that may act as a barrier to enrollment, attendance or success in school of homeless children and youth (Department of Education, p. 1).

Assembly Bill 490, effective January 1st, 2004, gives foster youth new rights related to their education. In this document, foster youth include children in group homes, foster care, or with relatives or non-relative extended family members. The new law provides for increased school placement stability and improved school transfer procedures for this set of students. This Bill gives foster youth similar rights to that of homeless students. Since youth can straddle the definitions of 'homeless' and 'foster' youth, these pieces of legislation are closely linked.

Academics. Overall, homeless children are not currently achieving academic success. In Monterey County, of those who participated in the survey conducted by Social Services, 52% of those under the age of 18 are not even attending school. Thirty eight percent of youth attending school reported they are below grade level. And, 18% of eighteen-year-olds reported that they did not complete the eighth grade. Homeless children experience difficulty with various language, sustained attention to task, physical coordination, as well as

developmental delays (Attles, 1997). Sadly, school records confirm these findings. Homeless students consistently do not do as well as their housed counterparts, even in extremely impoverished neighborhoods. Homeless students are retained more frequently (Department of Social Services, 2002; Newman, 1999).

Theory

“Public schools are to be the primary institutions for providing an educated citizenry” (Glickman, 1998, p 17). Effective individuals in a democracy have skills for “civic engagement.” Citizens need knowledge to contribute to issues affecting their lives and to learn how to work in groups, speak in public, protest, and inspire action. Critical thinking skills are required to analyze information and seek solutions to help navigate life. Also, values of tolerance, respect and concern for others can be transmitted through an open dialogue in the classroom. Citizens must learn to strive for their own goals in an environment with diverse people and ideas (Kahne, 2003).

The relationship between democracy and education is dependent and tightly knit; democracy is both a means and an end in education. Democracy and education “provide people with opportunities to exercise their cognitive and affective capacities and motivate them to pursue their development as an individual and as members of communities.” Individuals have varying levels of intelligence. It is the “democratic faith” that each person has value when contributed to the whole (Dewey, 1937). There is no better method than education to serve a democracy (Glickman, 1998; Preskill, 1997).

The National Council for the Social Studies takes a strong stance on the relationship between education and democracy: “A primary goal of public education is to prepare students to be engaged and effective citizens. Effective citizens have the knowledge, skills, and attitudes required to assume the ‘office of citizen’ in our democratic republic (2001, p.319).” Students should participate in activities that expand their civic knowledge, develop participation skills and realize the differences individuals’ actions can make. Citizens must be prepared to deal with the changing culture, economy, and environment. Understanding, respect, and responsibility should be part of every curriculum level (National Council for the Social Studies, 2001).

In schools, preparation of a democratic citizenry occurs through at least three levels: formal curriculum, informal curriculum and extra-curricular learning. The formal curriculum teaches students subject matter and skills, including the tested subject knowledge. Through this, students may also acquire skills in cooperation, networking and trust as they work through the subject matter. The second level at which democratic education occurs is that of the informal curriculum. These are experiences that take place outside formal classroom instruction – participation in school government, school clubs, fund raising etc. The informal curriculum provides development of participatory skills, values, political interest and civic virtues. A third level of democratic education within schools is represented by in extra-curricular activities, such as sports and volunteering. Engaging in these activities contributes to trusting, caring, participatory characteristics (Print & Coleman, 2003).

Because of the importance of education to the promotion of democracy, each person should have the opportunity to reach their full potential. This will enable all people to fully participate and contribute to a community and democratic society. Homeless persons need to be part of this democracy/education process.

Research Epistemology

Research on homelessness has been done using both qualitative and quantitative approaches. Most of the qualitative research surrounding homelessness has taken a phenomenological approach. This approach views the homeless as the information source for both qualitative and quantitative data. Understanding how society creates, maintains and interacts with homelessness is the purpose of current research on this population. The phenomenon is never seen as a positive or necessary evil. It is generally viewed as a situation that should be addressed and, ideally, eliminated.

“In an ideal world, all children would come to school healthy, secure, and having had a wide variety of appropriate early-childhood experiences and education.... All children would have family and community situations which provided the personal and social resources which children need to do well in school: physical and emotional health; opportunities for intellectual growth; opportunities to develop the habits and dispositions needed to do well in school; and a variety of tangible family and community supports for schooling...”(Newman, 1999, p. 171)

The kind of research that has been done seeks to find patterns within and between homeless persons and society. Case studies on people, shelters and schools are widely available by Newman, Kozol, Stronge and Attles.

Researchers such as James Stronge and Jonathan Kozol bring us qualitative

data on what the day-to-day lives of the homeless are like. They travel with informants for a period of time, talk with them at great length and triangulate the data they gather with that from other sources.

But the researchers do not simply transcribe their conversations with informants and detail their actions; they bring us into a setting. They describe with rich detail the sights, smells, sounds and feelings of the shelters, ghettos and streets they document. They want the readers to feel compassionate and sympathetic to the situation of the homeless. In most cases, social justice and social change is the intention of the researcher. Newman (1999) explains: "I was motivated by a desire to better understand how public schools can play a role in reducing social inequality" (p. 57). Attles (1997) motivation is also social justice: "The ultimate goal of this study is to provide the motivation for continued research on the subject of homelessness and academic achievement, to support school age children who are homeless with achievement support services, and to interrupt the potential cycle of intergenerational homelessness" (p. 7).

The other major research approach common in studies of homeless persons studies larger numbers of participants and yields quantitative data, such as that done by Attles (1997). The quantitative studies seek to find common factors or causes of homelessness. These studies still rely on the homeless persons for data, but the questions are more specific and focused to obtain very specific statistics. By pinpointing trends of race, abuse, drug-use, etc., in the population, researchers can speculate general trends and cycles and how to prevent them from continuing. They also can show how particular groups are

marginalized in society. This type of research targets policy makers and service providers in hopes of securing resources to address the problems.

Quantitative research findings also call for a public awareness of what conditions are causing/contributing to homelessness. The data can imply that the state of homelessness is a result of factors beyond the individuals' control, such as abuse, and that societal structures, such as racism, could be a contributing factor – again, not the fault of the individual. This kind of data takes a step back and looks at what societal structures factor into homelessness. An example of quantitative data is Attles' (1997) study that compares test scores of homeless youth to their housed counterparts. Attles study showed the correlation between being homeless and diminished academic achievement.

Regardless of the study type some of the questions being asked in the research on the homeless are: What are the causes of homelessness? Why do people remain homeless? What is it like to be homeless? In addition, the research generally seeks to gain an understanding of homelessness through lived experiences, with a focus on self reflection and how they perceive their situation and relationship with social structures (Newman, 1997; Quint, 1994). They are able to retell their physical actions and events, as well as their emotions and thoughts. The conversations allow informants to describe their situation and lives from a first-person perspective. Informants are allowed to place themselves in a setting and situation unique from all others. Each has their own perspectives, attitudes, journey and goals. The researchers try to find common threads within the unique experiences.

The questions asked can give voice to the participants. They describe their interactions with landlords, welfare services, employers, police and the general public. Each encounter with another person or agency, whether it is in person or via mail, colors their lens. The emotional, psychological and physical effect of each encounter is valued. The researchers accept and report the narratives as valid, implying that landlords, social workers, structures, etc. are inadequately supportive.

As mentioned, both qualitative and quantitative data have been considered valid. Qualitative data include first person narratives, interviews and observations of behavior. In a qualitative study, there is no absolute truth apart from the experiences of informants in that setting. Each homeless person has their narrative that explains how they have been affected by society and poverty. The data collected reflect awareness of status, desires and interactions with people and systems. Understanding the situation can only come through such personal accounts; daily events, encounters and difficulties cannot be fathomed by the general public. We take the simple things, such as the ability to receive a phone call or meet a visitor, for granted until the stories unfold.

To give credit to these personal accounts, researchers triangulate data with background knowledge and also double-check their findings. Researchers such as Kozol and Stronge will confirm the processes of the various agencies and institutions. For example, if a participant were to make the following claim, the researchers would mention a follow-up background check to confirm the policies and procedures of concerned parties:

The welfare check must be picked up on the first of the month in person, then physically delivered to the housing manager before 3pm to avoid eviction. The earliest bus route I can catch gets me there after a time-consuming line has formed. As a result, that is one more day out of the month I am unable to work until 4pm, when I can get back across town.

Confirming the data presents credibility to a possibly skeptical audience.

Quantitative data are also considered valid evidence. Statistical data are numerical and look at general trends. They encompasses large numbers of participants and are used in identifying causes or factors of homelessness. These data are used to target and prevent populations that are more prone to homelessness.

Overall, the main writers in this field tend to be writing for social justice and awareness. The situations are not seen as acceptable; rather, researchers are looking for improvements to a less-than-ideal situation. For example, James Stronge is an advocate for at-risk youth who has conducted a large number of studies regarding homeless youth. These researchers approach the homeless situation with the assumption that it is society's structures and lack of support and responsibility that have created it. They see the issue as the result of culturally created systems and norms. Their representation of data also assumes that people are inherently compassionate and sympathetic to the situations.

Selected Research Studies

One major researcher in this field is Newman. Newman's (1999) case study of six families, including parents and children, provides an in-depth look at:

“How might home and school contexts constrain school outcomes for the homeless children in this study?” (p.61). The families he studied were living in a homeless shelter. The shelter was used because it was one of the few that agreed to work with a researcher. Newman used “intensive open-ended interviews” as his main means of data collection. Initial one and two hour interviews were conducted, followed by less formal interviews. School personnel, shelter staff, neighborhood residents, police officers, and social service personnel were interviewed as well as the homeless families. Observation and document analysis were additional means of data collection.

On the basis of his findings, Newman proposes further studies concerning the effects of student mobility and “continuing program development, implementation and evaluation. Researchers need to locate and evaluate site-level solutions to the problems” (p. 226). He also gives basic suggestions to schools based upon his case studies, including site-based reforms concerning practice, information management, pupil intake and assessment reform, and expansion of services and resource-seeking. The details provided in this study regarding his research process, questioning and resources make it an invaluable model for future studies in other areas, including Monterey. Monterey has specific programs, personnel and attitudes that will make my study a valuable addition to the current literature.

Another major researcher, Attles’ (1997), focused his studies on whether living conditions affected academic performance of school-aged children. He used a case study method to investigate seven homeless children over a ten-

month period. The study also compared scores on the California Achievement Test of the homeless students to those of housed students.

Attles found that homeless children do have difficulty with language and consistently score lower on achievement tests than their housed counterparts. He concluded that homeless youth need special educational services to address their specific needs while they are homeless, including designated responsible staff, established systems of communication, examination of assessment procedures, development of transportation systems, and public awareness and coordination of social services programs.

Conclusion

The difficulties faced by homeless youth trying to get a quality public education are numerous. They face difficulty personally, emotionally and physically. Because of this their achievement levels are lower than those of their housed counterparts. Current legislation is attempting to address the issues by attempting to promote stability in schooling options and meeting some of their most basic needs.

The homeless youth in Monterey County are numerous and are in need of our support. It is our duty as a democratic society to provide them with the tools they need to be successful, including an education. The importance of education is such that, without one, it is difficult to effectively participate as a community member.

Each person's unique talents, strengths and experiences make them a value to their community. Addams recognized all humans are "creative agents and possible generators of fine

enthusiasm.” As educators, we are responsible for combining these traits with the knowledge that will allow them to participate in society to the fullest. The homeless youth have the potential of their housed counterparts, and for this reason we must “prepare and nourish” them so they too can prosper. (Dewey, 1937, p. 178)

Continued research is essential for improving education for homeless youth in Monterey. This study is unique in the area of Monterey County. According to Tony Mester, executive director of Monterey County Coalition of Homeless Service Providers, and Allison Wells, Monterey County Liaison, there has been limited, if any, research on homeless youth and education conducted in Monterey County. This research looks for ways the educational needs of homeless youth in this area can be better served.

Chapter 3 - Methodology

This study was structured according to the frameworks suggested by Newman (1999). The data collection methods are primarily qualitative in nature, with interviews and personal contacts serving as the main source of information. Interview participants and personal contacts participated voluntarily and were assigned pseudonyms. Additional information was collected through a brief open-ended questionnaire. The questionnaire participants remained anonymous.

The focus of data collection consisted mainly of the points of view of the homeless parents themselves as well as educators and community supporters. Data collection also focused on other factors such as current district policies, procedures, laws, funding, current resources and community partnerships.

Participants were chosen based upon the following factors. The parents interviewed are residents from Possibilities Abound (PA), a transitional housing program for families recovering from addictions. At PA, the mothers and children are reunited after participation in the foster care system. There can be up to 50 school age children in this housing program at a time. This housing program was chosen because of the staffs and residents' willingness to participate, the high impact this program has on its geographically associated school, and the need for improved educational relationships with the school. Koast Elementary School was selected for this study because of its high percentage of homeless students in attendance. Community participants were selected based on their have a

various personal interests in improving the educational environment for homeless youth.

Homeless

Four homeless mothers were interviewed in a group. The four mothers were all residents of Possibilities Abound with children currently attending Koast Elementary. Mary Kale, director of Possibilities Abound, announced this study to residents and they were offered the opportunity to participate on a voluntary basis. I met with the four mothers as a group in a conference room at the PA facility in the evening. The conversation was recorded and later transcribed. The following questions were asked to the mothers as a group.

- What is your experience with your child's school?
- What services have you been offered from Koast?
- What educational services are offered here at PA?
- What services would you like to see added?
- Where are your needs not being met?

Additional unintended questions were asked as well, as they arose spontaneously from the conversation.

Parent 1: Has two sons attending Koast and an infant. Roy is in Kindergarten, recently started medication for hyperactivity. Michael is in fourth grade in a Special Day class.

Parent 2: Has one daughter attending Koast. Allison is in first grade and will repeat the grade in the 2004-05 school year.

Parent 3: Has a son diagnosed with ADHD attending Koast. Should be in fourth grade; however, is working with a 1st/2nd combo class this year. Will go into 4th grade next year.

Parent 4: Has one daughter in Kindergarten at Koast. Daughter may repeat Kindergarten. Both parents were in Special Education classes throughout school.

Educators

Koast Elementary School teachers participated in interviews. Koast was chosen because of the high percentage of the homeless students in attendance, which can reach up to fifteen percent. The principal and teachers are committed to helping better serve the needs of homeless youth and were willing to participate. A middle school and high school were not sought for the study because the proportion of homeless students decreases dramatically with increasing grade level, making it more desirable to work with an elementary school for this study. Positive educational experiences at a younger age may encourage continued school attendance, increasing middle school and high school attendance over time.

Teachers from Koast Elementary School were asked to participate on a voluntary basis. The research project was presented at a staff meeting and a voluntary sign up sheet was distributed. Interviews were conducted individually, in classrooms after school. Nine individual interviews were recorded and transcribed. Participating teachers were: Oscar, Tina, Theresa, Fonda, Frank, Sam, Sven, Elissa and Nina.

The following questions were asked of the teachers.

- To the best of your knowledge, have you ever had or do you currently have homeless students in your class/school?
- What have been your experiences teaching homeless students?
- What accommodations have you made for homeless students?
- What additional educational services should be offered to homeless youth?
- To your knowledge, what legal rights do homeless students have?

Input from the broader education community in Monterey County was sought through a brief, open-ended questionnaire whose questions paralleled and gave rise to those used in the interviews. Like its interview counterpart, the questionnaire had two purposes: (1) Determine if the views/needs of Coast teachers can be generalized to the rest of Monterey County; (2) Get a wider perspective on the existing infrastructure and the educational needs of the homeless in Monterey County. More specifically, the first section consisted of a checklist focusing on participants' awareness of and responses to McKinney-Vento Act 2003 requirements; a second section asked open-ended questions about the four biggest challenges faced in meeting the needs of homeless youth; the third section asked open-ended questions about the four top resources the school/district could use to better serve the educational needs of homeless children.

To ensure wider relevance and applicability of data, the questionnaire selected for use in this study created by the Monterey County Coalition of

Homeless Service Providers (CHSP) and developed by its Executive Director, Tony Menster. Mr. Menster kindly made the instrument available and also supervised its overall distribution and collection. Actual questionnaire distribution was carried out primarily by Allison Wells, Homeless Student Liaison for Monterey County, following established County protocol. As a support person for 25 district liaisons, all of whom are responsible for making sure homeless students can enroll and succeed in school within their districts, Ms. Wells ensured that each of these liaisons distributed the questionnaires to the study schools in their districts.

Fifty-one schools were selected randomly throughout the County to participate in this part of the study, including an even number of elementary schools, middle schools, and high schools. Within each school, the district liaison identified four people for participation: one administrator, one teacher, one secretary, and one support staff member. Each of these 204 school-based participants, along with the 25 district liaisons themselves, was asked to respond to the questions anonymously and was given a stamped, addressed return envelope to facilitate questionnaire return. Of a total of 229 participants, 79 returned their questionnaires, for a return rate of about 35%. Questionnaires were returned to CHSP.

Community Supporters

The supporters of homeless youth were identified through recommended contacts. The following individuals are included:

- Mary Kale is director of a local homeless shelter, Possibilities Abound.

- Kris Shapon is the Executive Director of Helping Hands, a recovery and counseling service. She has been a substance abuse professional all her life. She is an adoptive mom of two children born addicted to drugs. She is one of six individuals to have completed the Clinical Institute of Chasnoff's Children's Research Study. Ms. Shapon is involved in a Monterey County project that is trying to identify, prevent and bring early intervention opportunities to children exposed early in their lives. In a seminar at Koast Elementary School entitled "Successfully Educating the School-Aged At-Risk Child," she focused on brain function and development of the at-risk child and its effects in the classroom, and targeted the population of Koast's homeless students. Her presentation on how the brain and behaviors are affected by stress and in utero drug exposure was recorded and transcribed. Her verbal permission authorized the recording of this seminar. (Appendix K).
- Ken Hoast is a psychologist with children's behavioral health. Ken is working with Kris Shapon on the Monterey County project previously described. The seminar he gave at Koast, "Attachment Disruption and the Neurodevelopmental Impact," focuses on symptoms, behavior and suggestions for working with at-risk youth with attachment difficulties. This seminar also was recorded and transcribed. His verbal permission authorized the recording of this seminar (Appendix L).

- Paul is currently an attorney in Monterey County in the juvenile court system. He is an advocate for homeless youth and seeks to push for protection of their legal rights enumerated in No Child Left Behind.

Analysis Methods

Transcripts from the nine participating teachers and the seminars and conversations with community supporters were analyzed, based upon qualitative methodology. The themes emerging the most were: Qualified Staff, Attendance, Closure, Knowledge and Teacher-Home Connection. Each of these topics will be discussed in detail.

Information from the transcripts was compared to the data emerging from the county-wide questionnaires to compare the applicability of concerns and needs from this school site to the wider county population. It was found that the school site concerns did in fact mirror those of the rest of the county.

Overall, all concerns and suggestions made by teachers and community members were noted and categorized. The five top concerns presented by teachers and community members were as follows: Qualified staff, attendance, closure, knowledge, and teacher-home connection. Each will be individually addressed.

It is important to note that the views of homeless families were not given the weight originally anticipated primarily because, during the research, it was discovered that the homeless mothers viewed education through a different lens than that of the professionals; lens and they were not as aware of educational needs and processes as expected. For example, when the first group of mothers

was asked the question, "Where are your needs not being met," all four responded that all their needs were currently being met. Further, the question I asked, "What are all the services you have been offered from Koast?" got a vague response as well. One mother mentioned one after school program: "They have Sticks and Stones....." Another mother responded, "My daughter told me there was something after school. I don't remember, but want to be involved." The third mother stated, "I have not been offered any services directly." To interpret these responses, the other data sources were used: prior research, educators and the shelter directors.

Research findings, especially those of Attles, Stronge and Newman, seem to contradict the mother's responses. Overall, these researchers have found that homeless students' academic scores are below those of housed students, suggesting their basic educational needs are not being met. Interview data also contradicted the mothers' views, as the principal and teachers of Koast recommended enormous additions to the school site to address the needs of the students. According to the shelter director, the parents' seemingly contradictory views stem from ignorance: "It is because they have no idea of the needs of their children. As recovering addicts, they can be selfish and not in tune with what is going on." This sentiment was echoed by Kris Shapon, Executive Director of Helping Hands, and Ken Hoast, psychologist with children's behavioral health, who also stressed that parents in homeless or recovery situations have very poor parenting skills.

The mothers may have been referring to their childrens' "needs" in terms of daily basic survival requirements. For the purposes of this study, the focus is on long-term developmental needs enabling the child to be successful through their schooling experience and beyond. The perspectives of the homeless director, psychologist and educators provided a new lens for this analysis, from an educational standpoint. Therefore, although the mothers believed their childrens' needs were met, the broader approach of the professional was used in the analysis of this study.

In the following chapter, the data are analyzed under the most common themes that emerged in the interviews, survey and seminars.

Chapter 4 – Findings and Interpretations

This chapter will analyze the nine interviews, seminars and county-wide surveys for methods and resources that will better serve the needs of homeless youth. All concerns and suggestions made by teachers and community members were noted and categorized. Many concerns, needs and suggestions for addressing educational needs of the students emerged during the study. However, for the purposes of this study, it is appropriate to focus on the most prevalent concerns. The chapter is divided into five sections: qualified staff, attendance, closure, knowledge, and teacher-home connection. These sections were created based upon recurring themes in the data collected. Each theme is addressed individually, though they are tightly connected; addressing one area often helps *and* relies upon improvement in another.

Qualified Staff

All nine teachers interviewed stressed the need for a trained staff on-site. Homeless youth are often in poor mental and physical health, and the psychological effects of being homeless are devastating to a child. They have a higher level of anxiety, depression, aggression, substance abuse and behavioral disturbances (Shapon, 2004; Strong, 1999; Pawlas, 1996; Yamaguchi, Strawser, & Higgins, 1998). Additional, qualified staff is necessary to attend to these needs when a school is as highly impacted as Koast. Three types of staff members were repeatedly spoken of as highly desirable for this context: counselor, nurse and program coordinator.

Counselors. Counselors were continuously requested from all nine teachers for themselves, the students and parents. "It would be nice to have counselors available on a regular basis rather than once a week for a few minutes. We accomplish more when it is more intense" (Nina). Not all the issues needing counselor support can be 'scheduled.' Some need reliable, immediate attention. Currently, Koast has no counselor and a psychologist only two days per week, of which most of the time is spent on testing and assessment (Duke, 2004).

There is a wide range of experiences teachers are dealing with in the classroom and for which they need advice. "We need a qualified person to talk to in confidentiality. We need someone to get a second opinion from, someone we can talk to" (Frank, 2004). Teachers would like advice on situations that go beyond their training expertise. There were two extreme cases in particular in which violence and depression were expressed by a child who would benefit from an on-site counselor for immediate attention.

From an early elementary teacher:

I had a child sent home yesterday because she was threatening to kill other children. She wrote in her journal, "I am going to kill Joe and Sam." She was going to kill herself in the bathroom a couple of weeks ago (Sven).

From an upper elementary teacher:

He is always drawing pictures of evil things. I talk to his mom about it. She said it is because he is always watching R rated movies like Evil Dead or Dead Alive. Those movies scare me even, but I don't think it is really my place to interfere with this. I don't want to overstep my boundaries. But, it concerns me that every picture he draws is of the devil. I don't think it is really my

place to interfere with this, I don't want to overstep my boundaries (Oscar).

Teachers would also like counselors to assist them in drawing relationship boundaries with the students. They are not sure where to draw relationship boundaries with the students or the parents. Many feel there are parenting duties they do not want to infringe upon. Given the lack of parenting skills described by Mary (2004) and Shapon (2004), this is not surprising. Bringing in calamine lotion, clean socks, discussing bodily changes, etc., are a few of the extra things teachers are doing, but they fear stepping on the parent's toes. These 'extras' may greatly support the students. They are very concerned and want to help without crossing the line, for both parties' sakes.

When a little boy asks why he is growing hair on his lip, it would be good if he could talk to someone or communicate with the parents that they may want to have that conversation with their child. He really didn't know, even after I told him, "you are a boy now and you are growing into a man." He looked at me like I was crazy. I would like advise on these things. How much should I tell a child and how much should be left up to the parent? I don't want to overstep those boundaries (Oscar).

There are several alternative relationships students are experiencing and bringing into the classroom, such as foster vs. biological parents, incarcerated parents, 'absent' parents, etc. Teachers also would like counselor-support to know what relationships should be encouraged. Teachers want to guide students, but are not sure what direction will benefit the child emotionally. Tina (2004) explains a situation where a child has contact with both her foster and biological mother and is not sure how to respond, "She is still in constant contact with her foster parents. They will take her on trips to Arizona. I am not sure if

that is to be encouraged.” They want someone to talk to. Students are sharing this information and teachers are not sure how to respond.

Research supports an increase in behavioral and emotional problems of homeless youth. There is an increase of children’s acting-out behavior, fighting, restlessness, depression, moodiness, and low frustration tolerance. Teachers in other locations with homeless students report this as well (Attles, 1997).

Nurse. Hygiene and health support was specifically requested by five out of the nine teachers. As with all schools, cases of poor dental health, poor hygiene, illness and lice are reported by the teachers at Koast Elementary School. However, in homeless students’ these problems are exacerbated by inconsistent health care and poor nutrition (Mary, 2004; Shapon, 2004; Yamaguchi, Strawser & Higgins, 1998). A large number of homeless students coming from Helping Hands, Belvue and Possibilities Abound are further affected by drug and alcohol exposure in utero. Damaged cells affect the body’s ability to absorb nutrients, form tooth enamel and fight disease (Mary, 2004; Shapon, 2004).

The rate of illness is higher in homeless students. Upper respiratory and ear infections and skin diseases are twice as common, on average, for homeless students. Also, fevers, coughs, colds, vomiting and occur at a higher rate than in the general population (Yamaguchi, Strawser & Higgins, 1998).

In addition to illness, the lack of general hygiene is affecting students, including their social abilities: “If a kid is not clean, the other kids will shy away” (Sam). Cases of poor dental health and lice are reported. One case described

by Sam (2004) is chronic: "It was hard because he got lice quite often, he got it twice in one month, I had to accommodate a lot of times they would not come pick him up, so I had to keep him in the classroom."

Program coordinator. Six out of the nine teachers advocated for a program coordinator or liaison that would connect students/families to the resources they needed. Throughout the interview, Theresa mentioned several different program contacts she was trying to coordinate with: SuperKids, Sticks and Stones, Under the Big Top, and Healthy Start. Theresa explains, "It would be nice to have one person who would coordinate with me and would help me reach out to the students and their families. Usually, when I am trying to get them psychological services, I am also trying to get them academic services, so someone to help take care of the whole package."

Research suggests that the most affective way to educate homeless students is by attending to the needs of the whole child (Quint, 1993; Yamaguchi, Strawser & Higgins, 1998). Only focusing on the school-day academic curriculum will leave students without the much needed psychological, nutritional, behavioral support necessary. All these needs must be met before a student can go on to be successful learners, according to Maslow. A program coordinator can connect the child to the necessary resources to meet these needs.

Attendance

Seven out of the nine teachers are concerned with absences and tardies. This topic continued to come up multiple times with each teacher. When

speaking about attendance and tardiness, teachers often expressed frustration in their voices and tone. Little compassion and understanding was expressed by the teachers on this topic.

Lack of consistent school attendance handicaps students with huge gaps in their education. The teachers interviewed were trying to, and expected to, close those gaps. Their passion for helping students, coupled with pressures from other sources, were frustrating for the teachers. "I can't teach a child who is not here," Elissa expressed in a hopeless, annoyed expression.

Teachers want students to come to school. All teachers interviewed were striving to provide a safe, structured, healthy, consistent environment as well as an academic education. Curriculum texts build upon previous lessons and experiences for the most part. Missing the previous day's information and preparatory activities make it difficult to participate smoothly. Over time, this can heavily impact the overall education of students.

In the following excerpt, Nina expressed her concern and impatience for tardiness, which were shared by most other teachers. She explained how it affects more than learning, it also affects self-image.

The tardiness I don't have much patience for. It does not take a whole lot of effort, it does not depend upon the intelligence of the child or how well they are doing in school. Get the child to school, then you can leave the rest to us. With a chronically tardy kid, you have low self-esteem, everyone sees you walk in late. You have missed the opening of school, so you don't know where to fall in. I am not asking for perfect attendance, you should not be punished for missing school for being sick. I am concerned about the tardies. I give leeway, a few minutes is no big deal. I am talking about the ones who are 10, 15, 20, 30 minutes late. At this stage, they [the parents] have control over

it. I don't care if they don't get dressed, bring them in their pajamas.

Closure

Teachers consistently mentioned the need for closure for themselves and for the students. Two types of closure were of concern: 1) emotional/mental closure, and 2) sending the students with the necessary items to be successful in the next school.

Emotional/mental closure was lacking for the teachers. They build a relationship with the students, which is necessary in order to be successful. Then, it is ended without closure. Kris Shapon spoke from her professional and personal experience: "for these kids to do well educationally, they have to be attached to the teacher. I know how all the great strides and success of my son or daughter in their classroom has a whole lot to do with the personality and relationship the teacher has with my son or daughter." After the bonds are built, they are broken without warning or closure, which disturbs many teachers and possibly the student as well. Elissa explained her sadness over the sudden departures: "I see this child come in struggling. I see him blossom and learning. Then POOF! They are gone and we don't know and will not know. That is the nature of the beast, you just don't know what happened to them."

One of the biggest obstacles to educating the homeless is the lack of records and history upon enrollment. The educators at Koast share this experience and are concerned. They would like the chance to have closure and set the child up for success in their next educational environment. Nina explained her feelings when her most recent child left without warning, "It is

upsetting to me because I want them to be able to say goodbye to the other kids and give her her things. She had her journal here and other things I would have liked to give her.”

Half the teachers interviewed would like a system that would document the child’s educational experience and travel with them. “They move around too much. There is nothing we can do to control that, but there is something we can do to help them,” explained Fonda.

Knowledge

None of the teachers were aware of any state or federal laws protecting the rights of homeless students, including the McKinney-Vento Act, which protects the rights of homeless students and outlines the definition of homelessness. Some of the difficulties experienced in the classroom are preventable by having adequate knowledge of the law. One example of where knowledge would assist in serving homeless students was a concern presented by Sven. As Sven understands, a child cannot be expected to function appropriately in school with an empty stomach: “When the kids say, ‘I did not have breakfast,’ when you are expecting them to sit down and follow directions” it does not work. What Sven does not know is that all students classified as homeless “automatically qualify for free breakfast and lunch at schools that offer meals under the McKinney-Vento Act” (National Law Center on Homelessness and Poverty). If Sven had some basic knowledge, she could advocate for that student, getting them enrolled in the food program.

Teachers would like more training to better serve their students: “We can reach more people if we really know the situation” (Oscar). Eight out of the nine interviewed teachers attended the seminars given by Kris Shapon and Ken Hoast, and thought they were very informative: “We now understand why they are having problems with dyslexia and movement, that is all understandable now,” explains Sven, but: “It did not help with the bullying that much, we still have that.” All teachers interviewed still desired additional information on dealing with behavior issues and bullies.

Teacher-Home Connection

All teachers expressed the need for parent communication and support in their child’s education. Many teachers felt very strongly about it: “I think the bottom line is the relationship between the parent and the teacher and the student. It is a much larger impact if the parent is involved” (Tina). However, no teachers interviewed had ever gone to any of the local shelters or housing for a conference or meeting with the parents. All teachers said they would be willing to attend a social function or meeting day at PA.

Mary (2004) and Shapon (2004) contend that the families from the local shelters and housing are preoccupied with taking care of themselves. They are starting over with parenting at the same time as they are recovering from addictions; they are selfish due to the circumstances and do not understand the needs of their children. Parent participation does not come natural.

The lack of school-parent connection is common population in the general population as well. The parents are worrying about employment, providing food, securing shelter and safety.

Overall, the nine teachers interviewed showed a concern and interest in better serving the educational needs of homeless youth. Eight out of the nine teachers were very empathetic and during the interviews were focused on improving their students' educational experience. They conveyed a genuine concern for the child's well-being and future, speaking with compassionate tones. As Oscar expresses, "I am constantly thinking of those kids at night when I should be thinking of other things."

One teacher, an upper elementary teacher, stuck out as less empathetic than the others. She was overwhelmed with the number of disruptive and special needs students in her classroom and the lack of parents' ability to assist. She did want to address the problem, but did not project an empathetic attitude toward the students/families. She seemed to be experiencing frustration over what Kris Shapon characterized as the most difficult educational period for this population: "The ages of late grade school are the most difficult. You 4th and 5th grade teachers, that is where the rubber meets the road (Shapon, 2004)." Generally, there is palpable tension over what is considered a reasonable amount of resources devoted to assisting homeless youth in education. With the recent budget cuts in education departments and lack of funding for NCLB, implementing programs may be difficult. Homeless youth advocates and education administrators are at odds with what is considered 'feasible,' the

language used in NCLB. For example, a district is required to provide transportation for relocated homeless students to further stability, relationships and education. Allison, a Monterey County employee, expressed that the lack of funding and strapped budget made this impossible, not feasible, and that therefore they were not required to adhere to this portion of the law (Wells, 2004). Paul, a homeless youth advocate, had quite a different outlook. Paul did not see it as infeasible if there had been no attempt by the county to seek out private donations, volunteer taxis, public bus tickets or school bus transfers as a means of meeting the transportation needs of homeless students (Glenn, 2004).

Survey Responses

The questionnaires distributed to 125 Monterey County district liaisons, administrators, teachers, secretaries, and support staff yielded results similar to those from the Koast interviews. According to these responses, the four biggest challenges in educating homeless youth are: 1) Lack of support staff; 2) Lack of parent communication/support; 3) Poor attendance; and 4) Lack of health/hygiene support. The following chart illustrates what percentage of responses focused on each topic.

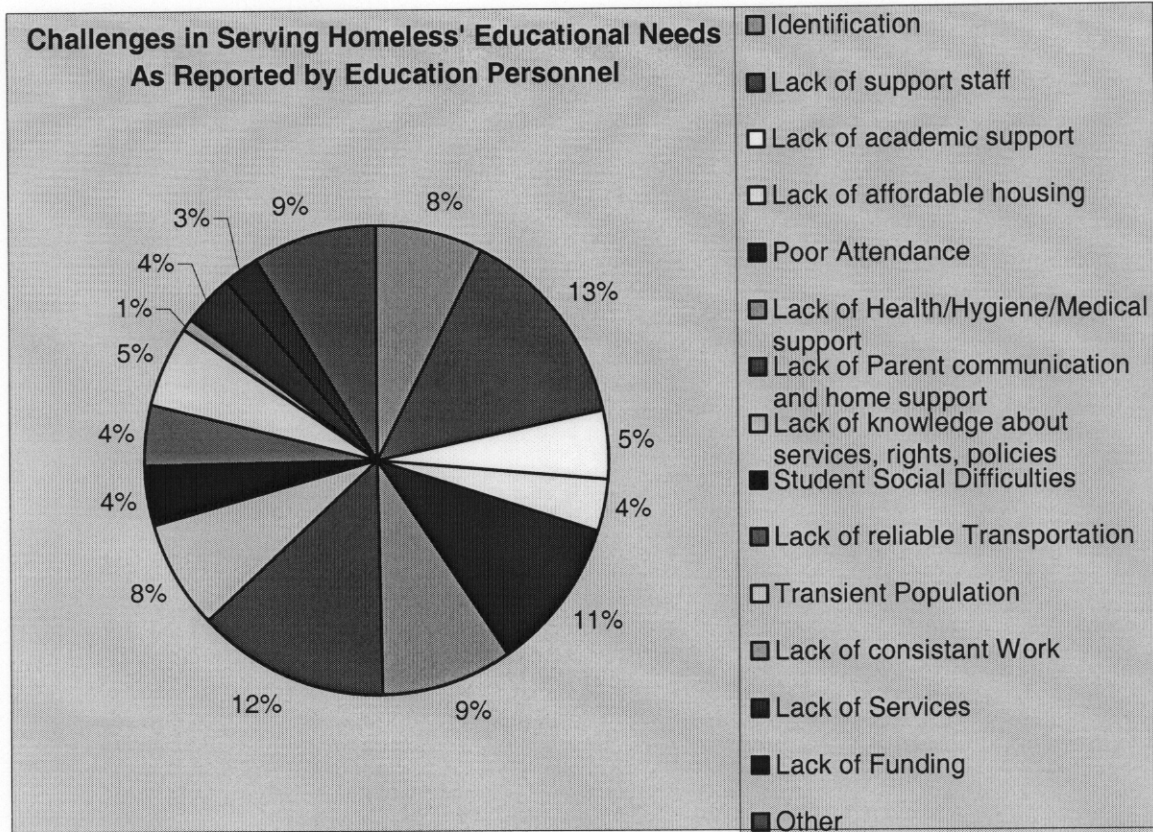


Figure 1 – Vandom (2004)

The following chapter will provide recommendations to address the five areas of concern presented by the data.

Chapter 5 - Recommendations

The purpose of this study was to find ways in which the educational needs of homeless youth can be better served. Using the data collected from teachers, parents and community supporters, many recommendations were developed, most of which are supported by research. In this chapter, the concerns and needs most often stressed by educators and community members are included. Recommendations are categorized under the five major areas of concern outlined in Chapter 4: Qualified Staff, Attendance, Closure, Knowledge and Teacher-Home Connection.

Qualified Staff

Because Koast Elementary School is heavily impacted by the high percentage of homeless youth in attendance, which can reach 15%, a full-time staff is necessary. But, during the 2003-04 school year, Koast had a school psychologist 1 day per week, a nurse 2 ½ days per week, an intern counselor from Sticks and Stones 1 day per week, an intern counselor from SuperKids 1 day per week, and no behavioral therapist at all (Duke, 2004). These staff allotments are not any higher than any other school in the district.

According to Maslow's hierarchy of needs, homeless students first need their dietary, safety, psychological and affection needs met before they can be at a level where they will benefit from taking the risks of challenging schoolwork (Quint, 1993). Additional qualified staff can start to meet these needs. It is

recommended that a staff of a fulltime behaviorist, psychologist, counselor, nurse and program coordinator be added to help meet the needs of the homeless population, so they are ready to handle academics in the classroom.

Behaviorist. It is recommended that an on-site behaviorist be on hand to help the child learn coping strategies. Because of these students can be affected by drugs and alcohol in utero, the brain functions and development may be compromised (Mary, 2004; Shapon, 2004). If impulsivity and lack of self regulation result, teachers would need behavioral support to assist with accommodating the students' needs.

Currently, when students are 'melting down' and sent out of the room, they go to the office or home. Mary explains how this is excluding them from receiving an education: "This one child could not make it through the school day. Around 10:30 am he would become disruptive. The teacher would ask him to leave to the principal's office. There was nothing to do with him, so he had to come home on the kindergarten bus. The child was in 4th grade and is not getting an education, he is getting booted out." There is nowhere else for these children to go, and no one to give them the support to learn self-regulation and help to correct the problem.

A behaviorist could work in a classroom, helping the teacher adjust to the students' needs. The two can help create a behavior management system workable for the individual teacher and student. The behaviorist also could observe teaching techniques, and help create a productive learning environment for the students. When a teacher has a class of 30 other students, he/she may

need assistance in creating long-term solutions as well as immediate assistance with those areas. Following is a conversation between Fonda and Frank which illustrates the need for behavioral support.

Frank: I really like the idea of a clinic. Like for [name]. When he is jumping off the table, I would like to be able to take him out of the situation to a calming area. Giving him some one-on-one for just 2 or 3 minutes, and then have him put back in the classroom.

Fonda: Can we have video cameras in the classroom so people can see how nutty they are? (sarcastically)

Frank: We need to be able to put them out of the classroom, sometimes the environment is too much. We need a place for them to go so Yolanda does not have to hold their hand all day walking them around. A space for that freak-out to happen, that would be great to have.

Fonda: I had a freak-out today. I sent him to the office.

Frank: But, they are not equipped to have them at the office. The boring chair? What is that going to do? Sheryl is busy enough.

Me: Is it called the boring chair?

Frank: Yes, it is. They are looking at the lateral wood. It is not enough, it just gets them out of the room. I don't feel comfortable sending my kids to the office just because.....

Clearly, these students and teachers could use the intervention of a trained behavior specialist.

Psychologist. School psychologists are trained in psychology and education, including assessment, family, and school processes. Currently, the Monterey Peninsula Unified School District allocates a psychologist one day per week regardless of need. Psychologists are qualified to help staff members understand child development and how it affects learning and behavior. A full-

time psychologist can assess the large number of students requiring testing for services in a timely manner. At Koast, the waiting list to be tested is long, leaving students without needed services for months (Duke, 2004). "In every case, it is important to complete the assessment and make recommendations as quickly as possible" (Yamaguchi, Strawser & Higgins, 1998). Therefore, a full-time psychologist also is recommended.

Counselor. All teachers requested a counselor to be on campus, both for themselves and for referring students and their parents. "The children have so many emotions and stress in their lives, they need counselors and emotional support" (Nina). Kris further expresses the extremity of their situations: "You have no idea the type of upheaval, mobility and chaos the kids come from before they came to your classroom."

Counselors can assist teachers in implementing communication strategies, problem-solving, and conflict resolution programs, which teachers requested often. Counselors can assist with transition plans for students. Creating a professional development program would also answer the needs of teachers with diverse populations.

Nurse. With the high incidence of poor hygiene and illness of this population, an onsite nurse is recommended. Nurses are qualified to take on two roles: 1) education/prevention, and 2) attending to those displaying symptoms of illness during school.

Currently, any hygiene or health education the students receive is coming from teachers. Due to a reported lack of parenting skills (Mary, 2004; Shapon,

2004), there is an elevated level of health education responsibility falling on the teachers. Teachers can provide some basic health education for the students, but a full-time nurse to educate for prevention is desirable. A full-time nurse would be able to make “home” visits and work with the parents to care for the health of their child, bringing them resources and information. Kris (2004) explains the specific need for education/prevention of homeless students:

They need proper nutrition. That can be an uphill fight because some of the other drugs they were exposed to perinatally may cause them problems taking in nutrition. The stimulants are going to cause eating problems. The opiates cause feeding problems. But, they need nutrition, they need the protein for the brain to grow. We want to make sure they are eating well....they all have horrible mouths. Their parents don't have the money to take care of them. Very poor enamel, the alcohol disrupts the hardening of enamel.

Teachers also experience more immediate health concerns, that they are not able to handle while teaching a full class of students. One example of such a problem, and which a nurse could help, is chronic lice. As Sam explains: “It was hard because he got lice quite often. I had to accommodate a lot of times because they [the parents] would not come to pick them up.” In instances such as this, the nurse would be able to handle immediate needs as well as work with the parents on preventing further outbreaks.

Program Coordinator/Liaison. With the number of programs available including medical programs, clinics, campus after-school programs, counseling options, etc., a person to connect the families with the available resources is essential. Mary (2004), Helping Hands shelter director, advocates for a coordinator: “A liaison would be able to work with the child as well as the

community and parent. Last school year, Yolani, the principal, was doing it all. That was silly.”

The program coordinator/liaison connection should start upon enrollment, showing the student around campus and noting what the student’s needs entail. Enrollment in programs and connecting the family with services should be done immediately (Mary, 2004; Quint ,1993; Yamaguchi, Strawser & Higgins, 1998). The sooner the student gets proper support, the better.

Teachers have more responsibilities than ever with recent cuts to support staff. Many at Koast have given up trying to connect families with services, saying they are “spinning their wheels.” Either the services are not appropriate, parents are wary of accepting help, or teachers are not sure of the nuances of funding regulations. One example is a situation described by Theresa. She has a student who can benefit from services offered by the school, but cannot coordinate with the parent and social services.

They are very wary about getting extra academic help. They are not only wary about getting counseling for their child, they are also wary of getting extra service. They find it hard. If they got the after-school program, they would lose their child-care, which is now paid for. And, they would not be able to get back in the program, to get it paid for. That is one child that needs both academic and psychological services extra, that we can give him here.

With the number of programs, laws and regulations surrounding funding and eligibility, having a person specializing in this area would greatly increase the efficiency of services provided. The numerous programs and changes make it difficult for a teacher to consistently make the necessary connections.

This position is a distinctive component of B.F. Day Elementary School, as described in research by Quint (1993). B.F. Day has one to two on-site “case managers.” The role of the case managers is ever-changing depending upon the needs of individual families. They make referrals, provide counseling, act as an advocate, etc. Case managers communicate with shelter and social service directors for advice and coordination (Quint, 1993). At B.F. Day, the case manager position has proven to have the greatest effect on communication and parent assistance and could greatly benefit the children at Koast as well.

Attendance

Lack of consistent attendance despite free school transportation frustrated many teachers. Mary (2004) explains there needs to be a level of understanding and flexibility:

The responsibility falls on the parent. However, the lifestyle the parent has been living is non-productive for the child's learning. Because of the parent's addiction, they have been living a lifestyle where they sleep all day and stay up all night, dragging the kids with them. By the time they get to bed, even on a school night, it can be very late. So, getting the child up at 6 or 7 in the morning becomes a hassle. The parent has to get up to do all the stuff they are not used to doing. That is why there is so much school missed and lateness. There has to be a lifestyle shift and what the teachers need to understand is that when somebody comes in here, they only have 3-4 months of sobriety behind them.... (Shapon, 2004)

The recommendation here is to adopt methods used by B.F. Day Elementary. They approach attendance with the parents by asking them to contribute as partners to get the children to school. No lectures on attendance are recited. Instead, parents are asked to volunteer to oversee the bus-stops

and come to school with their children as a volunteer in the library, lunchroom or playground. A minimum-wage position can be paid by business sponsors as well. Given that “numerous studies suggest the degree of positive interaction between parent and school has a direct impact on the academic performance of students” (Quint, 1993, p. 94), involving the parent in these ways could dramatically improve the success of students at Koast.

What happens when absence continues persistently despite school outreach efforts? Mary asks the school to contact the shelter representative: “We need to know from the school how often the child is missing school before they are sanctioned. We hear from CalWorks the parents are being sanctioned because the kids are not going to school. The communication needs to happen before that so we can check it out and see what is going on.” Helping Hands will have a designated school liaison starting next year, which could aide in this process.

Closure

Teachers of Koast Elementary School are concerned with the short stays and abrupt departures of students. Some of this is inevitable, but some can be addressed to better serve the educational experience for teachers and students.

The first ‘closure’ concern of teachers is that the students leave mid-year. This is likely related to the fact that time limits are set on how long residents can stay in the shelters. Sven (2004) refers to an 18 month time restriction at Possibilities Abound: “Why 18 months? Why in the middle of the school year? Work around the schools, help the schools. Don’t take a child out in the middle

of the school year. They should say, 'this period of time, or when school ends,' when it is a child in elementary school." Currently, this issue is being addressed. According to Mary (2004), shelter director, families are allowed a six-month extension.

For families who are leaving in the middle of the year, transportation could be a factor (Mary, 2004). Although the McKinney-Vento Act 2003 contains specifications for transportation, the reaction time is lagging or non-existent (Duke, 2004; Glenn, 2004; Mary, 2004; Wells, 2004). It is thus recommended that transportation be sought from volunteers or public transportation companies' donations.

The second 'closure' concern teachers have is that students leave without the educational resources they have gained and the families never even notify the school that the child will not be returning. They realize these families are in transition and it is inevitable they may have to relocate at some point. Nonetheless, teachers would like to send a 'care package' along with the students. Teachers are building emotional connections with these students and would like to see them succeed in their next location. Rather than allowing the next teacher/school to flounder with the student's needs through trial and error as they did, teachers would like to send on the information.

Information usually lags behind the student's arrival to a new school (Yamaguchi, Strawser & Higgins, 1998; Quint, 1993). Parent communication may resolve this issue. It is recommended that schools inform the parents, upon

registration, that when they leave they can collect and take with them the educational documentation/history of their children.

Knowledge

Homelessness is not just a definition. Homelessness often carries with it associated conditions such as substance abuse, domestic violence, extreme poverty, etc. (Newman, 1999; Stronge, 2000). In addition to these conditions, many students from Possibilities Abound, Belvue and Helping Hands were affected by drugs and alcohol in utero. They have specific brain functions, behavioral differences, nutritional deficiencies and psychological needs (Mary, 2004; Shapon, 2004). Teachers should be provided appropriate knowledge on how to handle these conditions in the best interest of the child and what to expect from the child. Teacher education is essential (Mary, 2004; Quint, 1993; Yamaguchi, Strawser, Higgins, 1998).

Seminars, classes or guest speakers should be incorporated into staff development on a regular basis. Teachers should be informed of legal circumstances impacting on the students they are teaching. As mentioned earlier, no teacher in this study was aware of any laws or regulations that specifically targeted homeless students. Guest speakers from various fields should be invited to answer teachers' questions regarding resources, relationships, functions of shelters, appropriate actions, how to handle situations, etc. Even veteran teachers had questions pertaining to this population and the school-wide population. As Kris explained, "It is just individual attention and a

teacher who is more knowledgeable and more responsive to these things”
(Shapon, 2004)

With the traditional school days, it may be difficult to have in-depth training due to lack of time. B.F. Day addressed this by adding 15 minutes to the school day for students. With the accrued educational time, one full day per month is taken for staff development. Currently, schools in the district end school early one day per week with the accrued time. These days could be used for staff development as well. Another technique used by B.F. Day to make time for grade level staff development is to schedule it when events/assemblies are taking place.

Teacher-Home Connection

The teachers at Koast Elementary understand that: “the bottom line is the relationship between the parent and the teacher and the student. It is a much larger impact if the parent is involved....You can’t help the child just in the classroom without support from the parents” (Tina).

The teacher-home connection can be made in several ways. Quint (1993) suggests that, when the school provides favorable services and policies, the parent-school relationship follows:

The very nature of the services provided by the school, and the terms on which services are offered, legitimize the parent’s sense of worthiness. As their unarticulated psychological needs are met, parents gradually develop a sense of being valued not only for who they are but who they can be. A network of communication and mutual obligation facilitates the parent’s role as a partner in the successful accomplishments of the school (p. 88).

Valuing contributions that parents can make as volunteers and assistants will boost interest in their child's education. At B.F. Day, parents are not just given opportunities to participate, it is made convenient for them to do so. Community volunteers provide transportation to PTA projects, seminars and events (Quint 1993).

Another method of building relations is visiting families or planning events at or near the students' current place of residence. This can build community as well as educate the educators as to the real lives of their students (Quint, 1993; Yamaguchi, Strawser & Higgins, 1998). At the point in time of the 2004 interviews of teachers of Koast Elementary School, none had visited the location of their students' homes for relationship building or for education.

The county-wide recommendations paralleled those made at the local level, as reflected in the pie chart below.

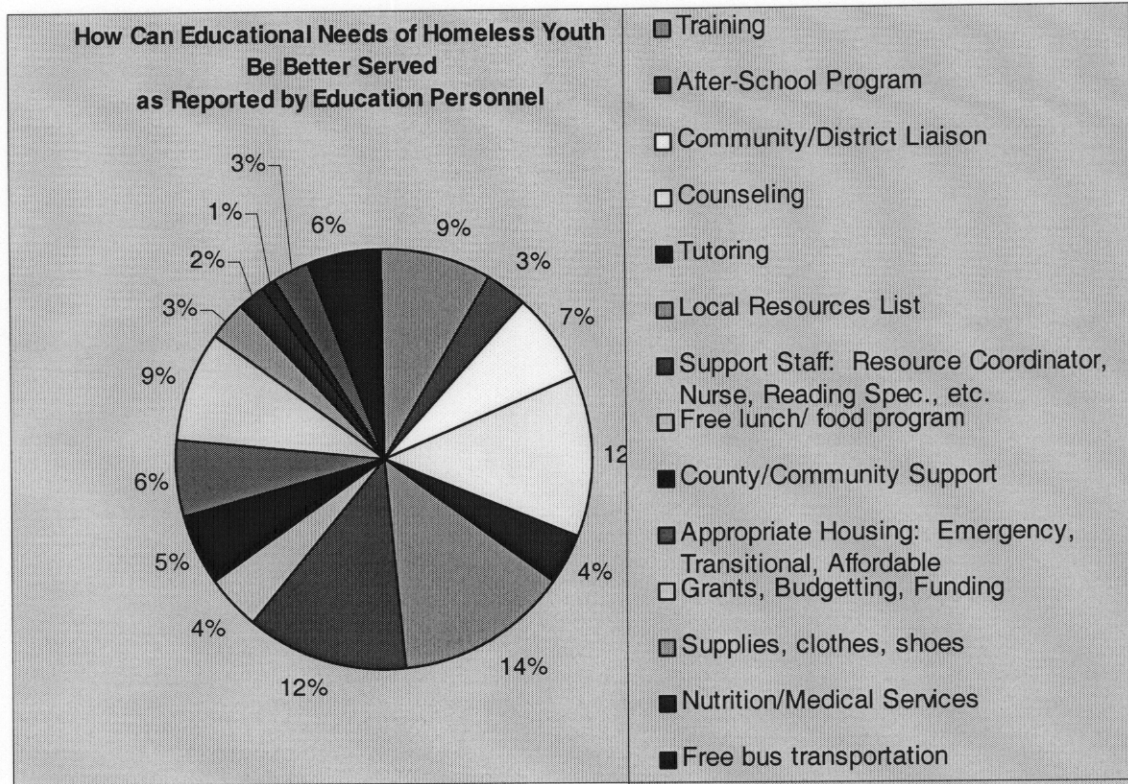


Figure 2 – Vandom (2004)

Conclusion

Schools with a high percentage of homeless students, violence and dilapidated buildings have recovered through training and dedication. Research suggests that effective schools offer a comprehensive package of services, including such things as counseling programs, before- and after-school care, and school-sited healthcare and social service programs (Newman, 1999; Quint, 1993). Resources for accommodating various student groups can be limited at times. However, it is still the education system’s and community’s responsibility to provide a free and equal education to all students.

A major concern in the suggestions could revolve around funding. Several of the recommendations made here may be feasible with reallocation and re-

prioritizing of available funding. However, many will require a substantial increase in resources currently allotted to assisting homeless students. If funding is scarce, there are other options to consider. Other school sites that have used outside funding can be used as a model. For example, some successful programs supplement funding with corporate sponsorships. Quint (1993) cited B.F. Day Elementary School's corporate sponsorship of \$79,000 from Kraft, Boeing, Nestle, Egghead Software, Windermere Foundation, etc. Koast Elementary School already has taken a step in the right direction by submitting a grant application to a private organization to secure funds for a new program and staff. Continuing these type of efforts is essential. Taking the time to work together with community resources can have great returns.

Under the current situation at Koast, the recommendations could be feasible given the desirability by all involved parties, through reallocation of funds, grants, and community resources (Duke, 2004). The recommendations, if carried out, will not only assist homeless students but also will improve the educational environment for all students, making it well worth the endeavor.

These recommendations, along with the data upon which they are based, will be given to the Monterey County Office of Education as a guide for what programs and resources should be developed in order to better meet the needs of their students and NCLB. In addition, they will be supplied to the Homeless Coalition of Monterey County in an effort to help them secure additional funding for the children through private grants and donations. Such improvements are essential because, as Newman (1999) acknowledges: "Whether or not these

resources are forthcoming, the children are still with us; we must do the best we can with the resources we have" (p. 229).

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Appendices

Appendix A – Discussion with PA mothers

Me: What is your experience with your child's school?

Parents: They are wonderful, very supportive. The staff and principals there work so hard and have done wonders with the children.

Me: Can you tell me some specific examples that Koast did to support you?

P1: What they did was listen to what I had to said instead of looking at me and judging me for what I am, which is an addict. Instead of saying, 'oh she is an addict, we don't have to help her.' They looked at my school a different way from what the other school did – he is terrible, we can't control him, he can't come here. J.C. Koast had the patience to deal with him just for the 3 or 4 hours, so I really appreciate that. Mrs. Duke would call me and talk to me and say, 'if you need any help, transportation to any of our meetings, call me, I'll be here for you.' That encouraged me to reach out for the help because sometimes people don't offer to help and don't know where we're coming from, so they say, 'just throw them away.'

P2: When I have conferences with the teacher, they are really good, the educational system is high for first grade. I am amazed at the amount of homework she has and the different kind of homework she has. For me, I was really happy they were knowledgeable. They have a good understanding of learning disorders, they recognized it and let you know. My daughter loves her teacher, loves going to her school, I am thankful the bus picks them up and takes them to day care afterward.

Parents: Some of us don't have a card and that is really hard without a car and that really helps.

P2: That is one of the nice things, either she walks or I walk our children to the bus stop. That in itself is really nice of them – that they considered a bus for us. I think the way they teach in my child's class, basically that is all I can base this on, is really good. My daughter is interested in a lot of the subjects. They like the teaching.

Me: What is your experience with Koast? P3?

P3: They are helping out with my son who is ADHD. They put him in a 1st and 2nd grade class, he is supposed to be in 4th grade. But, by him being able to be in that class, he has been able to learn and catch up. He will be going into a

fourth grade next year. There have been great things from that program, he was going to an after-school program. He was way behind.

P2: They have an after-school program at here at PA, my daughter has been attending. She goes to daycare, they have personal tutors. I probably would not have looked into it or been interested had I not had that discussion with her teacher – that she needs a lot of one on one time. I hope she is doing better, she has been getting better grades on her spelling test.

Me: The program here, what services do they offer?

P2: They are volunteer tutors, they help the children with their homework, reading, writing, basically what the parents tell them their child needs help with. It is nice. They have volunteers. My daughter is always with the same person, they have built a rapport. I am sure they can switch, that is not a problem. I can say, 'my child really needs help reading.' They say, 'ok'. I'll bring down the books, or they have books. She reads with my daughter, and have my daughter read, and read it with her as well. For me, since I work, and I do not have the patience with my homework with my daughter that I should have. I am glad they are here to help as well. I work here in the office. So, while they are at the tutoring, I am at my job and I still know my daughter is safe and here.

Me: Does everyone use these services?

P4: I do too, but I did not know they were so many. They do reading with my daughter and help with her homework. I am not really patient. This is my daughter's first year in Kindergarten and does not know what she needs to know to go on to first grade. I talked to her teacher and said I am fine if she stays back in Kindergarten another year. Because I and her dad were Special Ed students, so I asked if my daughter was going to be in a Special Ed class. They said they could not know yet in Kindergarten. But, they said they were going to work with her, so that was good, they are going to work with her to find out.

P2: My daughter – she learns, she is developing. Academically, she is not where she is supposed to be. Considering she repeated the first grade. This is really weird to me – I thought it was up to the teacher, but it is not, it is up to the parent. The teacher can only tell you, 'this is how we feel.' The parent makes the decision. So, I saw the --- at first I was heart broken. Then I am thinking, there is no way I am going to let her advance to the second grade if she does not know what she needs to know. That would be frustrating and she is not going to like it and she is going to feel stupid or dumb. I want her to understand the first grade before she goes on to second. I have not told her that yet, but I have already decided. She is going to repeat first grade. I think I would damage her more if I continued her on.

The teachers told me she does not have a learning disability. They have seen it so much, they told me she is an immature 6 year old. There is a high six and a low 6, this is how they explained it to me, although she is learning and developing, she is not ready to give her full attention to it.

P1: My son [Michael] has a learning disability. He is supposed to be in 4th grade, so he is in special day class with 4th and 5th graders. They have worked a lot with him. His reading goal – he has accomplished that already. In his math goal, he is starting to work on that. He gets discouraged on working with the math. The teacher gives him a certain amount of time and tries to help him. There are only 7 students in his class, so she can do that. He has accomplished so much since he has been doing that.

As for [Roy], he has been on the meds, which has helped him be able to focus on his learning. They were talking about him having a learning disability, but then they said he may not, it is just his hyperactive. Since he has been on the medication, he has learned so much. He knows how to write his name. He was writing his letters backwards, now he is not doing that. Now he writes it better. It is all this stuff I notice he is doing better. He can do math by himself. I am like....

P2: I am surprised at the math they have nowadays, compared to when I was in first grade. I don't think we did math in first grade, unless it was very basic. Now [Alyssa] is doing greater than symbols, lesser than, coins, shapes, money and all this stuff they are doing in first grade. I was surprised when she came home, even with kindergarten homework. In kindergarten, I just remember having a good time and playing.

P3: That is what it was back then. Kindergarten was more like preschool, and now it is more academic. It is with the new system they have, probably not new, but. The score testing is really up there now.

P2: Ms. [name] [student] teacher really made me comfortable. She did not say 'your child is slow at reading.' I feel they really cared about [name's] education. They brought it up to me in a very nice way. As I said, the decision, it was made clear was mine.

Me: How did you know it was your decision? Did they offer it to you?

P2: They offered it to me during our discussion because I do care about my daughters education. I do believe education is important. I love my daughter. My daughter always talks about me, they do tell me. When they told me she was doing good in school, but some kids are writing 3-4 sentences and she is writing 2. They just said that, the low 6 and high 6, right now she is not willing to give her full attention to learning. That made me feel good they told me they're

certain there was no learning disability, I was thinking 'oh my god.' They told me the decision was up to me.

P3: I like the school. At every other school, my son was never able to catch up.

P2: What did he do differently? What did they offer him that allowed him to catch up so quickly?

P3: One-on-one help, his is in a classroom with only like 8 kids. I really like it. And they call me almost he needs anything.

P2: That is another thing, my daughter got the principals award. There were 2 1st graders in the whole school that received the principals award, and she received one of them. So she has a really good disposition, she is very friendly, she gets along with the other children, she is very helpful and polite. One time she went to school and she was in a bad mood and hit another student – not to say she was getting a red card, just to say 'is everything was OK? I have never seen her act like this before. It is so unlike her' I told her 'no.' Then, I thought, there was one thing that had changed and maybe it is affecting my daughter. It made me take a look at what is going on. It made me ask her some questions, 'why did you hit the child? What was on your mind? What were you feeling?' We pinpointed it to this one little thing. Then, I called her back and told her what she was going through. She thanked me for calling her back and I thanked her too, because otherwise I would not have known. That is what I mean, she showed a general concern for her safety.

P2: You know what else I really like about them, is that they do a lot of things that the parents can go to the school and spend the day with your child.

All Parents: Yes, yes, it is something I truly want to do. The kids want us there, it is just getting away from work.

P2: Some people have school. Here we have a lot of programs we do in the evening as part of the commitment upon moving in. I do want to start going to the school at least twice a month spending 2-3 hours. I think it would motivate the children more, it would motivate my daughter more. Mom taking part in my education and it matters.

Me: What would you like to see added?

P1: I think the support group they are going to have will be good for the mothers and fathers that are homeless and that live out here. Our CPS is well.. We don't get enough support, and to get support from somewhere else is a good idea.

I also look forward to going on a field trip with my son. On my spring break he has a field trip to the theater to watch the little mermaid, it is a play. He is so excited, so I am going to go.

My other son is at Gladstone, so I am going to spend time over there.

Me: Where are your needs not being met?

All parents: No where.

P1: I think the child's needs are being met. They are acknowledged and supported in their education by looking at what they are doing. They look at what they already know and work on something else they need. I think it is important they do that because they do not need to work on stuff they already know, they need to work on the stuff they don't know. They do that with my son a lot.

P2: I think that when they do real well, they have all these little things for the children. My daughter says, 'I am in the lunch bunch.' If you do really well for so long, you get to sit with the teacher and eat. Then, there are all kinds of little rewards they get. If you stay on the green card – you are good to go.

P1: I know when you are in [Roys] class, they have the green, yellow, orange and red. Since he has been on his medication, he has not gotten on red. He has stayed on yellow and green. When he gets on orange, she lets him work himself back, it keeps him on track.

All parents: short discussion about card system, agreeance.

Me: What are all the services you have been offered from Koast? I have heard UBT, speech therapy, special day class.

P1: They have Sticks and Stones. My kids both go to that. And, art therapy, it helps them. They talk about issues, it is like counseling, I like that very much.

P 4: My daughter told me there was something after school. I don't remember, but I want to be involved.

P2: I have not been offered any services directly. I know she goes to Mrs. Yoshi, she does reading with Mrs. Yoshi. I am sure she does a variety of things and speech, she learns the CH sounds. I do know they are available. They were not offered to me, but I know they are there. I am sure if the teacher thought that she needed to go to these special classes, they would inform me and offer them to me. I am sure it would not be overlooked.

Appendix B – Discussion with Teachers

Oscar

Interview with Cherie. Special Education teacher.

Me: How many students do you have, or did you have that are homeless to your knowledge? Please describe your experiences with them.

OSCAR: Right now in our class, we have 1 that is considered homeless now. Also, there was that was homeless earlier in the year, but is not homeless any longer. Now, they are living in a house with relatives, so they have an address, but it is still tough... We have another child who was telling us they have 14 people living in the home, with three bedrooms. She and one of her brothers sleeps on the floor. It is not homeless, but I don't think it is a good thing.

Me: Is that the one staying with relatives?

OSCAR: No, that is the third.

Me: What is your general experience with them in the classroom?

OSCAR: Well, the one child that is truly homeless, from PA, he's a good kid, he has good focus. When she was talking about some of the symptoms of a homeless child or alcohol exposed child... he does not seem to display any of that. But, it seems there are so many concerns that he has that I feel I am kind of parenting... like how they dress, mom kept forgetting to go to the store, she couldn't get to the store, so I brought calamine lotion... I am not sure if that is right or not. He is not sure why he is growing hair on his upper lip and no one is really talking to him about it. He is educatable, but he is way behind because he lost so much time. He lost so much of school his first two years because he was hardly ever there because they were kind of all over the place and she never really got him to school. He is very distracted sometimes and tired. He does not come to school sometimes because the alarm clock went off late and they don't even bother to come at all that day.

The other thing we know that has been a problem in the past – he just has no focus, he is always thinking about something else.

Me: Are there any special accommodations you find yourself making for homeless students? For example, you mentioned bringing in calamine lotion.

OSCAR: I don't think it is necessarily making accommodations. I think it is just making sure that I care about them. Not to be nosy, but I usually ask them little things about their life. Not bad things, little things, like what did you do

yesterday? Do you have friends at home? Just making sure they know someone cares about them. I think I find myself doing that more. I constantly think of those kids at night when I should be thinking of other things.... Because for example, for example (name) took a book out of the library and his little brother scribbled in it. Now he owes \$18 and have not been able to pay for it. Finally, last Friday he came to me and said, "will you take food stamps for a library book?" which totally broke my heart. I thought, I could pay \$18 for this book, but the bad part there is he does not learn anything about responsibility. I wish there was some way I could have him work in the classroom or something to help him earn money to pay for the book. It is such a shame that he has not been able to check out a library since. I don't know if they don't have the money or.... Are they just not giving it to him. Little things like that really impact kids learning abilities.

Me: Have you tried communicating with the parents? (nod) How did that go?

OSCAR: They said, "oh, yeah, the little brother tore a page from the book." I said, well send the book back, maybe we can try to salvage it. They said, "no, no, we'll pay for it." I haven't heard from them since. I mentioned it again at the conference. You have to talk to her, she is a sweet, kind woman. But, someone has to pay for those books in order to have them for the kids.

Me: I imagine it is hard to call parents to call and ask for money for a book from parents when they are homeless, using food stamps.

OSCAR: I do, you know, I am not sure of the right thing to do in that situation..... He is always drawing pictures of evil things. I talk to his mom about it. She said it is because "he is always watching those rated R movies like Evil Dead, Dead Alive" You know, those movies. I am like, those movies scare me... I don't think it is really my place to interfere with this, I don't want to overstep my boundaries. But it concerns me that every picture he draws is of the devil. It is funny because he is a sweet little kid, but....

Me: Would you be interested in meeting Mary Kale and some of the counselors at PA from time to time, maybe to ask them some of these questions?

OSCAR: Yes, that would be very helpful.

Me: Have you been there?

OSCAR: No, where is it?

Me: Fort Ord, off 12th street.....

OSCAR: I know from personal things, not me, from other people that I know – I understand sort of what they are going through. I am not trying to pick on mom, I

know she has been through a great deal and doing everything she can. But, I also.... I think we can reach people more when we really know the situation. I would love to see it. I have thought about.... I live on Fort Ord, I have not seen it. It must be tucked away somewhere behind Preston Park or something.

Me: They have a community center, computers....

Me: What accommodations would you like to see offered at the center here, or educational service they could offer at their site.

OSCAR: The first thing is someone they (students) can go talk to about things. Little things like, when a boy asks why he is growing hair on his lip. It would be good if he could talk to someone about that. Or, someone could communicate to the parents that they may want to have that conversation with their child. He really didn't know, even after I told him, 'you are a boy now, you are growing into a man.' He looked at me like 'Oh' and I was crazy or something. Maybe a liaison, or someone we could ask questions to. I would like advise on some of these things. I feel like, how much can you tell a child? How much should be left up to the parent? I don't want to overstep those boundaries. But, I am concerned. At the conference, he [the parent] was like, "He does not care about me. He won't hug me. He won't talk to me. He won't let me help him with his homework because he thinks I am stupid." What do I do with this information? I did talk to him about treating his mom with respect. Do they have a social worker that works with mom? It sounds like such an unhealthy relationship to me. It seems like he is trying and he is rebelling. And of course, he talks about dad in jail a lot. He tells our whole class that one day. Other kids are like, 'aahh'. He really wanted to send dad a card. I told him he had to give it to his mom for Valentine's Day. I don't think it ever got sent to him. It seems like if something is important to him, that he brought it up, about his dad.... His mom says his dad is incarcerated, his dad is in San Quinten and they are trying to get visitation. I don't know what to do with this information. He is older, but giving me a lot of information. He loves to talk, and carry on a conversation. I don't know how to help..... I am not sure where to draw that relationship. I feel bad.

Is there someone we can give feedback to. A place the children can talk. A place we can get help. Social/emotional help.

Me: Do you know of any legal rights specifically for homeless students?

OSCAR: No, I don't. That why I am so leery about everything. Saying or doing anything. I don't know anything. Do you?

Me: They do have specific legal rights under NCLB. Our district has a grant for a district liaison.....

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OSCAR: Do they have transportation? Like to go to the store if they need something? If your child needs medication, how do they get it?

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OSCAR: Our principal is very dedicated...

Tina

Me: You said you had a student in PA. Could you start by telling me your experiences with them?

TINA: She joined us in October. She had been with three other foster families before being reunited with her mom.

Me: How did you find that out?

TINA: The mom told us.

Me: How is your experience with her so far?

TINA: She is low academically, but she is really sweet. She responds well to one-on-one help. I guess one of the problems her mother was having when reunited with her daughter was that her daughter was not bonding. That was difficult for the mom. The girl would say, "but my foster mother...." So, I am not sure if PA provides any kind of help in this matter, when they are reunited with the children. I think that would help the mother, to know steps to help her child bond with her again.

Me: That is a common theme I have heard.

TINA: She is still in constant contact with her foster parents. They will take her on trips to Arizona. I am not sure if that is to be encouraged.

Me: Is that the only experience you have had with homeless students?

TINA: The year before I did have one. This girl was a very neglected child. Physically, love-wise, and attention-wise at home.

Me: How does that affect you and your classroom? The other students? Your relationship with her?

TINA: She was a loner. She didn't have positive relationships with other students. She did not have many social skills – perhaps that is something they could work on. But, the bottom line is the parents are lacking the parenting skills. That is where it starts. They do not know how to discipline the children. The kids seem to be controlling their parents, in both cases. The child is being stubborn and will stand up and will not give in to what the parents are saying.

Me: Have you tried to communicate with the parents? Regarding Conferences or homework?

TINA: I think that is a big part too, for the teacher to show they are really concerned about the child. To show you want to work with the parent and the child. You can't help the child just in the classroom without support from the parents. This girl, this year, the parent is more than willing to help. She is willing to help, come in. This is a mother with 4 other children, one in special day. This mothers plate is full. Two older brothers, one in special day. Two younger ones too, one just qualified for speech, one is about a year old. This mother is so overwhelmed with all the dental appointments for all 4 children, helping with homework is difficult.

Me: What services do you think would help the students that could be offered on campus or at the PA site?

TINA: Counseling, like Sticks and Stones would be a big help. Somebody they could meet with on a regular basis where they are getting positive relationships with an adult at school. The classroom teacher can offer a lot, but anything beyond that would help. Extra academic support would help. This particular girl goes to UBT – she has been going to the math help, that has been a big plus.

We do after school math three times a week. There is an upper grade and lower grade group. They scored low on the standardized tests the year prior. In the case of 2nd graders, it is based on teacher recommendation. It is a small group, 15 maximum. For most children, the math has helped. These children are looking for a chance to succeed. Whenever they can succeed, it is encouragement to keep trying instead of giving up. In the regular classroom, I think they begin to feel they can't keep up with the other children and then their self esteem goes down. Learning is not fun anymore. But, in the after school math, it has made a big difference.

Me: What are some activities you do that have helped? Possibly the ideas could be passed on.

TINA: Manipulatives, a special math program, touch point math with dots on the number. The idea is that eventually they will be able to see the number without the dots drawn in. They will be able to get the answer quickly. It is really quite easy. You would not want to teach it initially, but if they can't do it any other way, it seems to give them the confidence and they are able to do it quickly and confidently. Or upper grade teachers have said that if our students had mastery of addition, subtraction facts and place value, those are the major areas they want these children to have good mastery of. If they had those, they feel they could teach them the skills necessary beyond that level. Money is a difficult concept too, so we have done that with plastic coins. Repetition, for the most part

Me: They have someone developing an after-school program at PA. Are there any special services you would like to see offered besides counseling?

TINA: Extra-curricular, field trips, learning about the world around them. These children do not have the opportunities that other children have. Just walking through the duck pond....

Me: Are there any accommodation you have made to make their schooling more comfortable or doable?

TINA: Not on a daily basis, but I do try to keep them in a little everyday at recess for a short time. Not as punishment, just to have a few positive words, and to encourage them. They need that positive relationship and encouragement. They begin to like it, just that special time with you and that child and no one else. It is not meant to be punishment, so they really do enjoy staying in for a little while. I am able to give them some kind of positive feedback.

Me: Do you know of any of the legal rights, federal or state, that apply to homeless students?

TINA: No.

Me: Is there anything else you want to add?

TINA: I think the bottom line is the relationship between the parent and the teacher and the student. It is a much larger impact if the parent is involved.

Me: Have you seen PA? Would you be interested if there was a time you could go meet the parents at their place?

TINA: I would like that. That would be a good idea. I am not aware of the circumstances, it is a good idea.

Me: The do have many resources thereblah, blah,

TINA: Can the clinic cover dental care and eye care?

Me: blah, blah.....

Theresa

Me: What are your general experiences with homeless students? How many do you have?

THERESA: I could not say how many I have had. I had one whose parents told me they were homeless in my previous school. I am not sure how many are from in PA in my class or in the previous years. I have had my suspicions that some of these parents are homeless, but their parents would not say so. I have several children who live with grandparents and commute between houses in order to go to this school. It depends upon definitions, I think.

Me: The children who live with grandparents, what has been your experiences with them in the classroom?

THERESA: Jerad was very needy. He was in a mobile trailer that moved around. They moved around wherever they could park it. He seemed very needy. His mother seemed very erratic. He seemed very erratic, symptoms of ADHD, but probably brought on by his experience of moving around all the time. Now they have moved around to Arizona.

The other students that lived with their grandparents in order to go to this school and commute back and forth. One boy functions and I noticed that he is very street smart. I think he has been exposed to a lot of people because of how he has lived. He is interesting. We just found out he tells very tall stories. I mentioned it to his mother, she says he does this at home as well. He exaggerates, there may be a grain of truth, then a huge exaggeration. I am interested in that because I think storytelling is suppressed in our culture, the oral tradition. So, I am interested in how people react to someone who is a storyteller. He is partly a cultural storyteller. He is Irish and Thai and several other ethnicities. He is very proud of them and knows what they are about. He is a unique student, not a typical student like that.

One student lived with his sister who is only 21 and has two children of her own. His mother is incarcerated and is coming out shortly. He was very abused by his parents according to his sister. He is really at risk. He has received no psychological services. The police left him when they picked up the mother when he was six years old, they left him on his own. He is receiving no services. She is taking on full responsibility for his care. I don't know if the state helps her in any way, but I should think now. She is coming out of prison. He has been very heavily impacted. He did not learn to read until last year. He has lots of psychological – he fiddles all the time, he needs lots of attention, which he is not getting. He is one of my students I really want to see targeted by this kind of program. He goes to UBT right now, but I think he could do with moving into a

real caring environment, special suited for his needs. He gets very upset over his mother, he has very specific needs.

Another child isn't allowed to see her mother. Her mother was incarcerated, so is her father. She has lived with her auntie for a long time.

Most of these children are taking advantage of PA. They are families who By extended family because the others just left. She is resource. She has a learning disability. She is incredibly bright and creative and very aware of her process. She is a very bright, mature little girl. Her auntie and brother are leaving. She is really struggling with that. I would love to see her to be able to talk to someone like that. She is also going to Sticks and Stones. She could really do with having a forum too – because she is so vocal. She is very external. She could really benefit a lot.

Me: What specific services would you like to see offered to help you? Something external to your classroom?

THERESA: Any kind of counseling in school. Sticks and Stones, I like the lady who does it. I don't really know what they do and I am not a psychologist, so I can't really analyze. But, the function of that group atmosphere probably helps. Some of them really need proper counseling. We tried to get [name] into Super Kids. I have not met that counselor. I don't know what she is like. I was very disappointed. With Sharon, the Sticks and Stones lady, I feel like we really connected, I feel like she really worked with me to get services out to all the kids I want services for. [name] should have been picked up immediately and the fact that he has not received any services – it is also because his sister is highly impacted – I just found out at the conference she has so many issues around it. She is very worried about [name]. She is the guardian and wary of allowing [name] to get counseling. I am now working on getting her counseling with him one day a week through Healthy Start. I am not sure how that is going to work. Sometimes we don't know if it is the sister is so impacted she is just stalling. But, she was very open with me. She cried. She expressed her own fears for [name]. She seemed open. But, that does not mean she is going to allow her brother to be in counseling. She obviously has years and years of fear that he is going to be taken away because of her experiences. So, I would like to see counseling given to care givers, not just to parents, caregivers that are open to that who might feel like they need it. Or who is very afraid, she was definitely very afraid that if her brother went to counseling and talked about the terrible things that happened to him that it could be misconstrued, and him taken away. A lot of these people have had their own experiences, these parents and guardians, have had their own experiences with SS that is negative. Anything that happens has to happen with extreme sensitivity to all those people who were either taken away and raised in care, or know that has happened to other people. The parents are going to want to put themselves or their children in counseling,

which is what they need the most, it is their fear it will be reported what they say and their children will be taken away again.

Me: Have you met Daffney, the school psychologist?

THERESA: No. I haven't met her

Me: Description of Daffney and counseling help at center.

THERESA: Building a relationship with the caregiver will allow them to---. I also have children who are parented by one parent, usually the mother, and sometimes a grandparent as well. They are very wary about getting extra academic help. That is a whole other issue that often effects the same children. They are not only wary about getting counseling for their child, they are also wary of getting extra service. They find it hard. If they got the after-school program, they would lose their childcare which is now paid for. And, they would not be able to get back in the program, to get it paid for, now she is getting it paid for. That is one child that needs both academic and psychological services extra, that we can give him here. He cannot even fit into a group, he cannot go to Sticks and Stones because he cannot be in a group. He doesn't function in a group. The minute the group is out he will tell everyone in the school a child's problems, he is not safe to have in a group. It has been hard to get him services. What I would like is one person who would coordinate with me and would help me reach out to the students and their families. For example, most need psychological and academic services, so the whole package. Usually, when I am talking about getting them psychological services, I am also trying to get them academic services. The guardians are not functioning very highly, and then the children are not functioning very highly in terms of getting the papers back. Home visits, which we don't do, would be the only thing to do, to try to track them down.

I think the one student I have from Homeward Bound, I need help, he never comes to class.

One other child does not seem to be at risk, but he has a mother who is really anti-system, we thought she agreed her child needed extra help, all we are trying to do is help him. Turns out she said, 'yes, yes.' Suddenly, she turned around and said, 'no, it is your fault he is like this and it is not true anyway.' It would nice to have one person to coordinate with students who we think are at-risk. For various reasons, it is not all for homeless or incarcerated parents, there are different reasons. There are probably only 4 or 5 children in this room that I feel I am running around in circles in order to connect with the family and trying to get these kind of services. It would be nice to have that kind of coordination.

A lot of the time we can send the paper home to get they psychological services and they come back fine. These are not the children who I am wondering what on earth is going on?

Me: Nurse and home visits.

THERESA: According to the training I did to become a teacher, we should all be doing home visits to each child we have in the class at the beginning of the year. But, that is such a huge undertaking. But, that would be worthwhile.

Me: Would you be willing to visit PA or HB if they had a time you could meet the parents?

THERESA: Yes, especially if it was during school time, not always having to do these things on our own time. That is what is stopping me from doing home visits. I don't always want to have to do things outside, on my own time. I would be interested, for example, if there was one Thursday at the beginning of the school year for an hour, we could all go and meet the parents. Something like that, in the beginning of the year. Those are the students who most need the home visits. I would love to go to these students homes. Part of me would really, really, really like to do that, all of them. I have no idea how these children live. I have constructed an idea in my head, but I have no idea. I do interactive journaling, so I find out a lot about their lives, who they live with, who they play with, what they do with their families. But, I don't know. There is one little boy who lives with many other family members. One other teacher said they saw him with a pack of 20, who all looked like relatives.

My students have very alternative arrangements. I heard from one of the parents, that was very upset, a child was very upset because one of her friends told the father was having an affair with another woman. I don't know if they understood 'having an affair,' but that is what the children are talking about. So, we don't know what goes on.

Me: Do you make any accommodations? Things you do differently in rules, setting, or attitude?

THERESA: I think it is really helpful. We have a place children can go if they are tired. There is a little girl I have not told you about, her mother is an alcoholic, we are sure. I am sure she has been reported to CPS quite a few times, we have a child like that too.

They can go lie on the cushions, pretty much any time. This girl I am talking about, last year she spent most of her time under the desk, not functioning at all. This year she is almost fully functioning. We make a list of every time she shuts down, it has been 8 times this year, and probably only for 10 minutes. She sat under her desk most of the time last year. She has had huge improvements. This class feels very safe, very structured, it is very calm. If they want to go and rest, they can go and rest. Have you ever read Rosenberg? He works with at risk youth.

Me: No

THERESA: One of the case studies someone told me about, it is a study of at-risk teens that have been thrown out of public school. They came up with their own idea of having a room they could go to when they did not want to function. They could go and read or whatever. They set up a room, and after a few months the room is never used. That is what I have found with my pillows. If you allow it to happen and it is there, they do not end up using it. We also have four desks that we call quiet seats. Students can choose to work at them and sometimes we ask them to go there. I don't agree with time-out. It is a place students can go, and a lot of students will choose to go there where they need to go there. I think that is an accommodation that all students can work. And, it makes it a special place that students can work. Sometimes they won't be available because of projects. But, if there is an available desk they can go there. Ideally, we would have a big cozy couch, but that is what we have got, and it works.

Me: A teachers concern is that students may want to go there instead of doing there work. Have you encountered that?

THERESA: No. Marshall Rosenberg has really practiced this. The children need the choice, they need to feel empowered. Another thing we need is a school-wide program to raise understanding and communication skills. How to listen effectively, how to express. Basically assertion, express desires and how to problem solve. That is all Marshall Rosenberg. There is also a local woman who is writing a book, and does seminars for all kinds of people, Selwa Said. She is not in the phone book, but many therapists, teachers and business leaders go to her. She bases her work on Rosenberg and international problem solving. We have an amazing community of resources in costal California for new thinking. I try to bring that into my class. I do teach conflict resolution, but really it is teaching assertiveness and listening. I just made it up myself, but am sure how affective it is. I am looking to bring in more and more of Selwa's techniques because she uses non accusatory, not using 'you.' And also, tracking people, active listening in a way that helps people solve their own problems. She speaks to 20-25 people.

Me: it may be a good in-service for teachers.

THERESA: Oh, yeah, I think I mentioned it to Yolanda, her workshops are 4 hours Fri night, 6 hours on Sat, and 6 on Sun. They are really intensive, but really excellent. I know she can modify them.

Me: Did you go to the in-service on Monday?

THERESA: No, I wish I had. On the children who are effected by children who have been affected by alcohol and drugs inutero? No, I didn't, I got the notes. I

think mostly they talked about the facial features. None of the children here have the facial features, most of them have the behavioral symptoms.

Me: They gave a lot of suggestions, [feet on the floor, being planted, how they move, holding onto something]. I know most of the slides on the facial features because those are the visuals, but there was much more to it.

THERESA: I wish I had gotten those notes. The teacher did not give me those tips. I have a child who cannot sit still. I think a lot of these children were affected by drugs in utero. If you see how they act, it is unbelievable. A lot of it is just learning style as well. There is one little boy who I think would learn better if he could be in the back of the room, moving the whole time, I think he would like that. I am finding really useful going out in nature 5 minutes a day. I incorporate it into the standards, we do extensions with it. The ones who have fallen in love with that are the ones who have the most trouble with a traditional classroom settings, the at-risk student. I just had one write a poem and illustrate it, a child who could do his work based on his experiences going outside. I went to a workshop by Tom Brown, apprentice, who has founded the Wilderness Awareness School, based on nature and Native American ideas. It was a training on outdoor education. He believes everybody should sit in nature for half an hour per day doing that kind of thing.

Me: Are there any other concerns?

THERESA: I think teaching all the children. Nature based programs, art based programs. I want them all to feel safe here, which I hope they do. I also want them to feel stimulated and excited. It is hard to feel that I have to feel like I am a psychologist along with everything else. It is terrible. I am here to help these children have a wonderful experience in their life, which most of them don't have in their daily lives. I didn't and I am trying to serve children who are --. At-risk students interest me. When you interview me and say 'homeless,' – the most affluent may be at-risk too. I don't want the idea of just certain people to be included in a program. They all deserve it if they need it. There are people in and out of the system who are much more at-risk because they are not getting any services at all. A lot of these parents and guardians don't know, they are struggling and don't know where to get services, they are scared.

Me: Are you aware of any of the state or federal rights students have?

THERESA: No.

Me: Gave pamphlet.

THERESA: It is so hard because you don't know the parents, they say, 'my child can't go to the after-school program because I don't have a car and I can't do this

or that.' You bend over backwards and it turns out they don't actually want it. It is so hard. I spend a lot of time reaching out to these parents and you never know if it is going to be worth it. I am running around getting services, spending an hour and it turns out she didn't want the services at all. I counseled her for a whole hour.

Fonda and Frank

Me: What has been your experiences with students you know to be homeless?

FONDA: I have three homeless students that I know of. Two live at PA and one who was just released from PA. As far as the term homeless goes, I would still consider him homeless because even though they were excused from PA, their term was up, I know the mom is still struggling to get by financially, still uses drugs. They have a roof over their heads, maybe they are not homeless by definition, but.... They were PA, but I don't know, I don't see her as one who would make it very far in life. I don't know where he moved to. His mom can't multiply, can't divide, and that is why Yolanda was saying she wants that clinic to be a place students and parents can learn together. At the conference we were talking about the boy does not know multiplication and he has been retained, this is his second time in fourth grade. The question was $45/5$, I was asking the kid that. The mom chimed in and said 7. She told me flat out she does not know her multiplication facts. How could she be helping him to find fractions with the same denominator when she does not even know how to multiply herself?

Me: Are there other difficulties besides helping with homework?

FONDA: That is my main concern. I have another student who can't do his homework because his mom does not understand it. I think a lot of it is manipulation. They know they have learned it in class. They know they are somewhat capable of doing it, but if they don't have someone to sit there and remind them, egg them on, I get pieces of paper saying, 'we couldn't figure it out.' I think, 'we have been doing this for a week.'

One of my three kids is ADHD and is not properly medicated. Some days he is off the walls, some days he is fine. Mom does not seem to realize it ruins my day and it ruins every other kids day when he is not medicated. She is like, 'well, we did not have time in the morning, it is hard getting him up.' Probably it is because it was hard getting yourself up because you were hung over. It is the way things go with him. Behavior problems too – a lot of fighting too and hitting. He just got a referral today for fighting. Actually it was more like bullying, he was really picking on this kid.

Rough class. That is not to mention the 5 that cry at the drop of a hat, tattle on each other, the kids that aren't homeless. This is a rough class, 8 or 9 handful kids, pout, roll their eyes.

Me: Have you thought of or used any accommodations for the homeless students?

FONDA: Yes, I use the PRIM, I don't know what it stands for, but let me show you [gets book]. I just used it for a girl who is actually not homeless, but there are problems in the book, [reading]: Does not complete classroom assignments during class time. It has all these different way I can help. What I did for this particular girl, at conferences the mom wanted to know, 'how do I keep her on task?' So, I made copies for myself and I sent home copies for the parents so they are educated on this. I am also putting her in to be assessed for some kind of attention disorder because she is not – it takes her 4 hours to take a test that takes 40 minutes.

The PRIM has 200 different things in it. Yolanda has one. Ask if you can borrow it, she has loaned me hers before. I got this one from the resource teacher. I am working on these things in class. I need to get a copy for myself.

Some other modifications, for homeless students – I went to that workshop where we learned about the physical features.

FRANK enters

You know when they said to give them something to suck on? I used that one on one of the homeless kids because he was ready to throw a tantrum. It worked, it got him working. But, I think it was more of a bribe, that is how I felt.

Me: Did you do it before the workshop? Or, did you learn it from there?

FONDA: I got that from the workshop. Now I've got bags of sour gummy worms in my cabinet. I only had to pull them out that one time. He was about to throw a tantrum because he had to work with a girl. I really difficult girl to work with. He was about to throw a fit, so I said, 'I will give you a treat if you promise to do your work and do it well.' It was a bribe.

FRANK: The workshop was very helpful. If we could have some one here, someone to take them out of the situation. I really like the idea of the clinic. Like for Roy. When he is jumping off the table, to be able to take him out of the situation, put him in a claming area, giving him some one-on-one for just 2 or 3 minutes, that is all we need, and then have him put back in the classroom.

FONDA: Can we have video cameras in the classroom so people can see how nutty they are?

FRANK: To have that component of being able to put them out of the classroom. Sometimes that environment is too much. We need a place for them to go so Yolanda does not have to hold his hand all day, walking him around. She has other things to do. To have that space and place for that friek out to happen, that would be great to have.

FONDA: I had a frieker outer today. I sent him to the office.

FRANK: But, they are not equipped to have them at the office. The boring chair? What is that going to do. And Sheryl, she is busy enough, that phone is constantly going. That should not be part of their job.

Me: Is it called the boring chair?

FRANK: Yes, it is. They are looking at the lateral wood. It is not enough, it just gets them out of the room.

FONDA: The silent table is not enough either.

FRANK: I don't feel comfortable sending my kids to the office just because

FONDA: You know what sucks about these kids? They will be with us for such a short time. I have a new PA student and I feel like he is going to be gone by next year. So, I know that Yolanda was saying there would be something like a care package. When they take off, we have all this information for the next person. This kid can't read, can only add and subtract, he's in fourth grade! He has a verbal-linguistic barrier. If I say, 'circle all the letters that make the o sound.' He can't. That is a first or second grade skill. He will say, 'circle.' I will repeat, 'circle the letters that make the o sound.' He'll go, 'that one?' because he wants me to point to it. I say, 'you circle.' He will say, 'circle?' It is just like Whoa!! They just moved around way to much. There is nothing we can do to control that, but there is something we can do to help him.

FRANK: To have that line of communication, have somebody to follow the kids to the next spot, maybe to connect us to the next teacher so we can have some kind of conversation.

Me: Are there other services you would like to see available for the services?

FRANK: I just had a conference with Giavonni's mother. If they parenting classes would be mandatory, that would be fantastic. Maybe to have some classes here. I don't know where he is living, but his brother is in SPED. I am going to retain him. His mother does not care. She showed no feeling when I said, 'your son cannot write his name.' 'A' is 'bad,' 'b' is '3.' It wasn't that big of a deal to her. I showed him the letter A, he said, 'bat.' I showed him the letter B, he said 3. He has 35 absences now, he was absent today. Germain, his 5th grade brother was being sent on the kindergarten bus to school.

FONDA: My god! He gets here at 10:30?

FRANK: 10:55! We did the truancy officer, she has her second letter. Her third letter the DA can become involved. I am not sure if she understands that. Once

the truancies start to add up.... It would be a perfect world if I could go into the house, but I don't feel comfortable doing that. We did that at Ord Terrace and... we got a grant to go in their house for home visits. I got paid for it, but it was uncomfortable. If somebody else could do that, the nurse, or Daffney, someone who would feel comfortable and trained to be that line of communication.... Yes, I should probably do it, but I don't feel like.... I would bet if someone qualified went into that home, they could call social services, definitely.

Me: Do you know of any rights homeless student have?

FONDA & FRANK: No I am not aware. What rights do they have?

Me: explain a few, enrollment requirements, liaison responsibilities,

Any other concerns you did not get to say? Anything you would like to see happen?

FRANK: I really like the idea of the clinic. I would like to see a counselor, not just a psychiatrist, to actually..... we did have one at Ord Terrace and she was constantly busy. I would like someone there that we can talk to, that kids can talk to, giving a second opinion and getting ideas from someone who is qualified. I do not want to bog down Yolanda or Sheryl with our problems, it is not their job. I would feel more comfortable sending my kids someone who's job it is. I don't feel comfortable sending him out of the classroom. Even though he is not my student, I take Roy out of the room when he gets out of hand because Carol has a classroom full of interesting students.

I would like a therapist or counselor to come in to observe a classroom, to give advice.

Me: Like professional development observation days?

FRANK: Not peer review, it is not nice. It would have to be established in a non-threatening way. It really breaks my heart, we need feedback. Daffney is such a great person, I have been going to her. I would love someone to come in permanently. We need a place to talk, we are not supposed to do it anywhere, especially the lounge. We need a place for confidential talk. Daffney has been giving me different ideas, it has been fantastic.

All in-service learners I have or volunteers, Carol during center time, they are all working with Giavonni one-on-one when he is there. All my other kids are so far ahead now, they all know their letters, and most sounds, reading at first grade level. Giavanni cannot even write his name!

Sam

Me: Can you tell me how many students that you know of in your class? What is your experience with those students?

SAM: Two. They are both working below grade level. One may be going into special day. One is more of a behavior problem, which has gotten in the way of his learning and picking up new skills. He is on medication now and has really started picking up. I think he is now undergoing individual counseling on the outside, not on this school site. Both parents are very willing to try to make it work. We have good communication with the parents and with PA. Whatever program they are going through, they have learned a lot of communication skills. I am not sure what they are doing there, but it is helping a lot. One of them I know used to be with gangs and had a difficult past life. I can see a lot of positive changes within her. She is trying to work with her child.

Me: Have you seen a big change over the few months you have known her?

SAM: Not a big change, just a big communication thing. She has really opened up and let me know things she thinks are going on.

Me: Have you made any accommodations for these students? Anything you do different from others?

SAM: Yes, my partner has been shadowing over Roy the entire time he was not on meds. It is much easier with him on meds because he is now able to settle down and work on his own. He has good days and bad days. He will never be 100%, I don't think. He can hit up to the 90s sometimes, like today he did really good.

Me: What are his bad days like?

SAM: Dancing on tabletops, cheerleading, kissing on the boys. My partner teacher would have to sit beside him, walk him or take him to run outside to work off some energy. I have a partner even and I don't know what to do with him. I have him up off the floor. He has a problem sitting on the floor, so I have him sit in a chair and he does much better. I have him sitting at the top at the table that is closest to me. He is not in between or have others around him. It still keeps him in the loop of things going on in class. He also has his own pencil tray and eraser because he tends to chew on things, pencils, erasers and clothing. With the other one, I am trying to keep up her self-esteem. I allow her to sit next to someone who can help her. She is a dependant worker, she is not self-sufficient. She needs guidance from a peer and she feels comfortable. Or I choose someone to help her and can be a good role model. I choose her seating.

What I do with all the kids is allow them to ask for help. Like, I may say, 'raise your hand if you can tell me what today is.' If they don't know, I allow them to look around and choose someone to help them. I flip the script on them, and let them become the teacher and ask. They feel comfortable with that. In Kindergarten, they all need a lot of scaffolding, so basically I do the same thing with all the kids.

Me: What services would you like to see offered?

SAM: Homework support. I would like to see some more group play, social play. A place they can go for that. I understand there is always a winner and a loser. They all need it, but these may not get it at home.

Me: What do you think are the major concerns of homeless families in school? What do they need as a family to keep their child successful in school.

SAM: Extra support. Counseling. Temporary housing to last longer, or be sure they have their section 8 voucher when they leave that housing. Sometimes it takes 2 years to get section 8, what do they do until then? Follow through because without a home, children are effected, especially if they don't know where they will be from time to time. I think community gatherings, like a picnic, social things like that. Talking about clothing, what is appropriate to wear to school, so the children can be in the mainstream, fit in, and not stick out like a sore thumb.

These children have good hygiene, but some of the others in the past did not. One was in a camper, car, motel for a while and was not kept clean. I talked to the parents. The program we used to have used to do home visits. I passed it on to the nurse because I knew she knew some resources. If a kid comes to school not clean, the other kids will shy away.

Me: With that student, anything you would like to add from the previous questions?

SAM: It was hard because he got lice quite often, he got it twice in one month, I had to accommodate a lot of times they would not come pick him up, so I had to keep him in the classroom. He had food, he brought snack. Oh, that is another thing I do. I keep snacks, drinks, crackers or something. If they don't have or forgot a snack, I give him one. I rob Peter to pay Paul – if someone brought a snack that is on free lunch, I will use their free lunch for others.

Me: To your knowledge, do you know of any laws specific to homeless students, giving them rights.

SAM: Not to my knowledge. If there are, I need to be educated on them. Are there? What are they?

Me: There are some, for example, registration, same access to services, liaisons,

Sven

Me: Do you have any have any homeless students now in the past? What are your experiences with them?

SVEN: I have had homeless students, most of us do. When we make class lists, we try to balance them so no teachers got a lot. Many of the students come before our student study team. I am on that team, we meet once a week. We also balance our class with children who have been to SST because when a teacher brings a child to SST, as you know, it usually means there is an academic and behavior problem the teacher is having a problem with. A lot comes out at SST because the parents need to be there.

When they leave PA, they have to find other housing, which is oftentimes out of Marina. They get a transfer to transfer to keep coming to Koast because they feel comfortable here, they met with teachers and principals a lot because their child maybe had some problems. And, they have gone to SSTs, so they continue to bring their child to our school. Problems arise from this. My child from PA is now living in Castroville. We have had a tremendous problem with tardiness. Cars not working, alarm clocks not going off, the same things you will often have with families. But, on top of it all, we have had to spend a lot of time and energy on tardiness. Once we get that in to place, then it is conferences because they are not local anymore. But, we are dealing with that, the kids have the issues they started with too. That was a problem.

One of the things, this may not be done anymore, a PA child three years ago was taken out of my class because a social worker had shared something I had said, as far of the care of that child, to the parent. I hope that would not take place anymore, or take place in such a way the teacher is not being blamed for saying something, even though the teacher may have said that, the social worker should handle that in a different way. But, I am not longer contacted by social workers anymore, so maybe it is not being done. We used to have a form to fill out about the cleanliness of the child and how they were coming to school, ready to learn, and things like that. Because of the way I filled out one that was shared with the parents, that child was taken out of school. I always think of that child and wonder if she is OK, because she was in a good environment and I hope she went to another good environment.

And, the parents at our special housing areas at Fort Ord are really hard to reach. There are constant problems with calling them, getting a message to them, getting them to respond, getting them to fill out forms that are sent to them, getting referrals back when a child has gotten in trouble. They are not working with the schools like we would like, but that is why we are here.

Me: Are you making any special accommodations for the homeless students? Maybe the rules? Alter things knowing they are homeless?

SVEN: I have started helping them with responsibility knowing the parent is not there. I think all the K, 1, 2 teachers are mothers more than teachers. We mother these kids, we care about them, we chase after them with their jackets when they forget. But, as far as the rules are concerned, I think we still have the same rules and expectations. Right now, we are doing strategic planning. That is a big part of it, making sure we are all on the same page, making sure the kids know the rules and follow them. I think it is necessary that we do that, the kids like structure. Especially from these families, I think they appreciate knowing the boundaries in every situation, even though they test it. So, I don't make accommodations.

I make sure they know about cleanliness and nutrition and health habits. Teachers take on a lot of what parents normally teach their kids, brushing their teeth, eating a good breakfast, and all of that

I would like to see the nurse to be an educational resource. The more people we have to help the better. We have a full load academically too. Because of our clientele, we can't be teaching the academics when we want to. We have to be dealing with the social situations, the health situations, or the behavior situations. We do have bullies, and this is a bully-free school. I know, as a veteran teacher, I still could use help with how to handle remarks that bullies make to children.

Me: Are there any services you would like to see offered? What would help you with your experiences?

SVEN: What we have in place is not working, so I would like to find out what other schools are doing. Tardiness is huge in this school. There is another child where the family is going through a lot of upheaval, who is always tardy. I don't think Sheryl in the office does not have time to take care of this, I know the teacher doesn't. Someone needs to step in and take care of absences and tardies. Health concerns – why the kids always got a drippy nose? Are they eating right? When the kids say, 'I did not have a breakfast,' when you are expecting them to sit down and follow directions, they are up all the time. The grandparents, who have a child who is hyperactive, you can't convince them the child needs to possibly put on medication. Just having somebody in your corner saying, let's find out what is wrong, let's see if we can help him do a better job in school.

Teaching me skills for handling all their needs.

Me: Were you at the workshop on Monday a few weeks ago?

SVEN: Yeah, I thought that was good. Of course when you are asked to accommodate kids who are homeless. We now understand why they are the way they are with the dyslexia and the movement problems, all that is understandable. It didn't help with the bullying that much, we still have that. I just had a child sent home yesterday because she was threatening to kill other

children. She wrote it in her journal, 'I am going to kill him, or so and so.' She was going to kill herself in the bathroom a couple of weeks ago. When I met with her parents, I told them what I was hearing and that she was scaring the other kids. Where is that coming from? Why is that happening? Why does the principal and the teacher have to deal with this and take away time from the kids who are here to learn, it takes so much time.

Me: Was that a student from PA?

SVEN: Yes, an ex-student from PA, they are no longer there. When they are excused, I find not all the problems are solved, of course they are not. I am not sure if there is any follow-up with the families. Hopefully, after 18 months they would not be put on their way, and the kids left on their own. Why 18 months? Why in the middle of the school year? Work around the schools, help the schools. Don't take a child out in the middle of the school year. They should say, 'this period of time, or when school ends,' when it is a child in elementary school.

It was 2-3 years ago, the PA parents were having to go to classes when the children were home. When was talking to the parent about following up on homework or listening to them read, they would say, 'I can't, I have to go to meetings.' It should not be happening when parents should be parenting. It should not be happening in the evening or after school when parents should have their children with them. A lot of the teachers have been talking that the parents get the kids too quickly from foster care. They need to get their lives together before the kids come into their lives. Too often we see the PA family having to deal with their own problems, getting their lives in order, and their kids are back in their lives for the first time after getting out of foster care and it is too much.

Me: Have you been to PA?

SVEN: No

Me: Would you be willing to?

SVEN: Sure

Me: At what point do you find out what students in PA?

SVEN: Nobody tells you. When you have been teaching here for a while, you get to know the addresses.

Me: Do you know any state or federal legal rights homeless students have?

SVEN: No. Do they have any?

Me: Anything else you would like to add?

SVEN: I often get mad at Marina and the city council for doing this to us. Without any support or financing. They made a decision that changed the whole make-up of our school without any support. It has been 3 years I think. We all got them right away. We kept thinking, 'Why can't we reach the parent? Where is this child coming from? Why are there so many issues?' It really took some detective work to figure out the housing that has gone in. It may have been Yolandas first year that all this was coming about. She started contacting PA and finding they weren't really willing to work with us. They were not really willing to support the school. You are always hoping parents will volunteer, join the PTA, become part of the community and those parents generally speaking don't do that much.

Me: Have you met Mary Kale, the director?

SVEN: I think she came to one of the meetings, maybe two years ago. Marina city council members are still making decisions. They should visit the school, pitch in some support. There is so much being taken away from us, on the state and federal level, and so much is being put on our plate. They are giving us more to do and taking away support, and kids are getting harder. If we want to support up and coming education professionals, we need to give them help, we need to help the young people coming up who are still filled with anticipation with the wonderful job this is going to be.

Elissa

Me: Do you have any homeless students in your classroom and what are your experiences with them?

ELISSA: I have had homeless students. Do you consider a homeless student one who is with grandparents?

Me: If they are permanently living with their grandparents, no. If it is just temporary they if going to be taken away, yes.

ELISSA: What if the parents are living with the grandparents as well, are they considered homeless or an extended family?

Me: I think it depends upon cultural perspective. In some cultures, that is normal.

ELISSA: And, you can't turn them around. I come from a state department background. I see a lot of things happening over seas that is completely different from what they have here. Some Americans get upset when they see multi-families living together. They don't get a choice because it is acceptable in their culture. If they did not take in the extended family, how would they face the family at home? It is a cultural thing. We have to realize they don't have a choice. In order to save face with their family in the home country, they have to accept the people in. The extended relatives would not understand not taking them in because that is what they do at home. Then we end up with 10 adults and a bunch of kids living together causing a problem.

They too are homeless problem, yes. Last year I had 3 girls. The homeless former military program, but now they are at Marina Vista, they are no longer here. I felt those children were needier than our children because they were living in cars. They were needier in a different way. Generally, they were together with the parents.

The children I have had that have been in the welfare system have a lot more problems than the students I have had that have gone to live with grandparents. They are not as traumatized is what I am seeing.

Me: How is the traumatization coming out in your classroom?

ELISSA: Acting out, language, bullying, hitting, biting, clinging to me, needing hugs, needing reassurance. Some of these children do not hear, 'you are so smart, you are so pretty' they do not hear positive things. I don't think some of them have been told they are attractive, that they have worth-while. That upsets me. I think these kids are not receiving this. I think a lot of it is lack of parenting skills. I think when you are in foster care they are traumatized and it is hard to love a child that is resisting you and does not want to be with you. So, they are

not getting that nurturing. I am not trying to say it is the fault of the foster care program, I just think it goes with it. They are little lost souls. The younger ones more so. Last year I was doing second, this year I am doing fifth. Fifth graders have a shell, a toughness an edge that is there. They tend to be more protective of their parents because they are more aware of what they have to lose if they can't stay with their parent. I have found that children love their parent regardless of how poor of parents they are. They still love that parent and want to be with that parent.

Me: Have you been able to form any relationships with the parents at PA?

ELISSA: Yes, one parent came in last year and said, 'I am a drug user.' I said, 'no you're not, you used to be a drug user. You are no longer a drug user.' I called them both in to conferences, I said, 'I want you to be with your child.' I find that some of them are afraid and fearful of school, probably from their past relationships. Or, they are afraid we are going to cause them to lose their children. I really stressed that I am here to work with you. I want you to stay with your child. Let me know how I can help you, we need to work as a team. Once they realized I really mean it and I am serious about it, then there is more communication back and forth. I find these mothers are much needier than other mothers, so teachers need to be willing to communicate with these parents. It is a double-edge sword because sometimes you get a lot of calls when she needs a best friend. I did not want to be that best friend, so it is hard to walk that line if I did not want to spend 2-3 hours a night letting her vent. But you are caught, she needs to vent, so that is a whole other area to go in with them. It is a fine line to walk with.

I think PA is fabulous because it is giving the parents a chance. I think it is sad, the lack of parenting skills that these parents come in with. I would like us to try to address this. In the past, the ones that come to the workshops have fabulous parenting skills. The ones who don't have good parenting skills don't come in. Good luck addressing that one.

I have been at schools where we have offered to the parent workshops. We don't here, but would like to. We have gone through PTA at the school and.....

Me: What other services would you like to see offered? At school, educational services at the shelter, either there or here.

ELISSA: Homework assistance, which they are doing. I received a letter from a woman working with one of my students this year asking for some background information on the student. I thought wow!! They are working, they care and are trying. The one I have now is not particularly a needy student because he was with his grandparents. I am not sure of the background information, I am not sure I care. I don't know how much information I should know and what is appropriate for me to know. I don't want to intrude on things that are personal

and private for them. So, if they come to me, which some of them do. One boy I have this year that I have no idea if he is with the mother or the father, I don't know. We are not trained for that. If they want to come and ask for help I will try to direct them someplace. In fact, we are not specifically told which children are PA children here. It comes out, but we are not told, which has its advantages because then we don't label or assumptions drawn. But, then again, without some information on that child sometimes it is hard to understand why a child is behaving the way they are. So, I am torn as to whether... I want what is best for the kid and teachers are just human. I don't know whether there is a need to know, I am torn. I think if the kids are older, it is not as important. When I taught second grade it was good to know. One way we know is if they ride the bus, where they get off. But, in fifth grade we don't walk them out, get them on the bus and put the name tags on the bus. We are not as aware as when they are younger. In second grade, I knew the Pueblo kids by where they got off the bus. That is something the committee works together on how much should be put in their files. You may want to look at that, I don't know what the answers are for that. They come in and there is not just one little area to label the kids. Each one is an individual and they have individual problems. Most of them come in with huge gaps in their education depending upon how many times they have moved in the foster care program, what they have witnessed, whether the mother was using drugs when they were born, a lot of them have academic and social problems.

Me: If you knew or have you known they are homeless, have you been able to make any accommodations for them in the classroom?

ELISSA: It depends upon the teacher. I believe in doing that. There are some teachers that don't, so that is something I think we need to work on educating teachers. You need to reach each child where they are and provide work where they are. Whether the educational delays are from being homeless, learning disabilities, I don't care what it is, I just think it has to be done. You know more than I would in teacher education now, is that being taught to students? I don't know, it was not when I went to school. I just permanently believe that it is not fair to ask a student that is 2-3 years below in math, it is not fair to throw straight 5th grade math at them without scaffolding to get them up to that level. I think that is part of teacher education that needs to be dealt with. Not only do you have to work with parents, you have to work with the staff and let them know they need accommodations. They are just as needy. They have emotional baggage to deal with. I would like to see a relationship, which I think this clinic will provide, for counseling for these kids and a follow-up that the teacher does not necessarily have to be involved with. Just so they have support and a safe place to go to and someone they can talk to, not necessarily with the teacher. Someone they can open up to because I can't imagine having a parent going through drug problems, watching the parent totally out of it, then being taken away from him. The guilt, the whole package of what the kids deal with has got to be horrendous. The constant fear of losing the parent again, I saw it last year.

I had a child this year that is no longer in our school district. My heart went out to the little boy because the mothers parenting was awful. He had been retained twice because he never came to school. I thought, 'he needs someone.' He is no longer here. I am not sure whether her 18 months were up, I don't know whether she was kicked out of the program. We are not given that much knowledge, I just know they are gone.

I talked to a teacher in Spreckles that called her and said, 'I have real concerns.' I said, 'yeah, (laughing) he left before he could get his stuff.' I took her through some background information. I am almost glad to have him gone in a terrible, guilty way. He was so disruptive. I can't teach a child who is not here. You have got to get them to come to school. Attendance may be something to really look into.

I just have one this year. He was with the grandparents, so he is at school everyday. I would never have known, I would not have picked him out as homeless. I should not make the assumption on one child, it is not enough. I did not know except he told me in conversation. I would never have known. Some of the kids coming to that program do just what they want. I would think it is interesting to check the impact of being with relatives compared to going into foster housing – I think enormous. Because I have another child that was taken from the parents into foster housing because of violence toward a sibling. Is that child considered to be homeless?

Me: If they are temporary, they are considered homeless. It is different if it is permanent.

ELISSA: She would qualify for benefits of a clinic and Medical, whatever wouldn't she? I know she gets state benefits, because interestingly enough, when we went to science camp, they paid her way to science camp. They did on this case. We sent home a note with the information. She came back right before we went to science camp. She had been here in the beginning of the year, then the courts took the child away from the parents and would not let the children go back. The mother chose the father over the children. Not knowing everything in the case, I keep thinking the mom couldn't have supported the kid by herself. Mom may not have had a choice, it may not have been a matter of mom chose, there are a lot of things out there. The children have remained in foster care. The dad went back to prison, so the kids can see their mom on the weekends. There are 4 kids in three different foster homes, that is hard, geez! She just came back with a note from the social worker saying he would be paid for it. I don't know if we ever got the money or will, but who cares? I just wanted to be sure she went.

Me: Have you ever been to PA?

ELISSA: No

Me: Would you be interested in going?

ELISSA: Yes. I think it would be clean. I am visualizing two story apartments with a center meeting house, like a regular apartment complex with a meeting facility. I know they work with the mothers, so they must have offices and people out there to give them the support. Just what I hear from the kids, they are private in their apartment, they have rules that they have to follow. I think it is great, these people need all the help they can get. These children cannot think the rules do not apply to them. They come not knowing boundaries, what is appropriate, what is not appropriate, they have trouble with authority trouble with being told No. They need a very structured environment, firm but loving, consistency from the teacher as well as home. I don't think they are getting consistency from home, I don't want to judge. I see them blossoming and I think that is what bothers the teachers and me somewhat. I see this child come in struggling and I see him blossoming and learning and then Poof! They are gone and we don't know, we will not know. That is the nature of the beast. You just don't know what has happened to them. What I am afraid is going to happen is that as we work through this program and we see the children coming and going is that is that teachers could write those kids off and just say, 'they will only be here 18 months,' that scares me. I don't want that to contribute to the problem After four or five years we will see if the staff is willing to put forward. It feels to me that everyone is really giving the extra that these kids need. I am thinking if they will always do that. Only time will show that.
Training and staff development.

Me: Did you find the staff development last Monday helpful.

ELISSA: Oh fabulous! That was one of the better trainings we have had. It really fit these children and it gave us direct knowledge from someone. The lady who had adopted the two, you are getting a straight look with examples. You get it from an educational and a mother view. She was so powerful. Wow! The teachers who did not come missed out. Only about 3 or 4 did not come. That is what we want. The teachers who did not come is because you really don't know. Principals do their best to get someone in. Sometimes the speaker comes in and you sit there going, 'oh, gosh.' Some come in by recommendation and you really don't know. We have had some come in and talk to us, not telling us anything I don't know. Teachers get tired of it and so they don't bother. We did not know how fabulous how wonderful this woman was going to be. That comes with the territory too. There is nothing you can do about it, just do the best you can and hope you get someone who is good. They were good.

Me: Is there anything more concrete you would need?

ELISSA: The center that Yolanda wants to set up. That was my area, the rules, we broke it up in groups for the (). Dr. Callahan wants each school to set up

their own developmental plan. Providing support with counselors is what I feel we need. And, speakers, things are changing so rapidly that staff needs to be updated on the newest.

Me: Are you aware of any state or federal legal rights homeless students have?

ELISSA: No, but that is something we need to be aware of. In the past I have directed them to the nurse, she was willing to make home visits. She would come up with summer programs for a few of my kids, things I did not know about. She would talk to the parents and tell them. She got a boy into summer camp he did not have to pay for. These mothers are not aware of what is out there. That may be something that they could work with. However, I have seen some of them I fear are sponging, mooching. They are looking for every freebie they can get. They are working the system. It is a problem everyone is going to have. Sometimes I don't care as long as the child is getting help. But, I also want them to stand on their own two feet. Get someone trained to deal with this. The problem is the impact it makes in the classroom, it really impacts us.

Last year I had a child in second grade that had been in 7 schools. Another homeless that was living in a car. And, I had two from PA. So, I had 4 out of 20, that makes it hard. Plus, I had two that were not homeless, but they had emotional problems. So, I am sitting with 6 children that have behaviorally off the wall. That is a huge impact for the classroom. That is what the teachers of the younger children are feeling. It scares them a little bit. The two new first grade teachers are going 'Whoa! What is this?' I say to the students that come into the university, 'the wonderful thing about being here is this is as tough as it gets. If you can handle these kids, you can teach anywhere. The skills you are gaining are wonderful because you are learning the coping mechanisms on how their minds work.' Once I say that to them, and they realize the value of the techniques they were picking up, they would want to come back another semester.

They were service learners, (discussion of service learners and university involvement)

Discussion of length of program existence. Parents becoming less fearful. Family rotations, length of stays.

I would like to see the children be able to finish the school year. It is less traumatic for the kids. When you have an 18 month program, that may not be possible, I don't know if that is possible. Do you know?

Me: Not sure. Short description of what I know about facilities and program.

ELISSA: Nutrition education would be wonderful. Most of these children are on free lunches. Very seldom did they bring food, they pretty much ate both their lunches here. I think it is fattening. At least they get their nutrients. They are

tasteless and awful because they are heated up somewhere else and brought here. I think they are fairly balanced. I have eaten them when I worked at UBT over the summer, they tested food on us. Some were awful. They are not wonderful, but I feel certain it is better than what they are getting at home.

Do they get allowance? (free food and bartering discussion)

I would like to have some information about the Homeward Bound women. I am assuming they are battered women. Etc. Is it any of our business? I am gleaning information. Maybe I should not be making these assumptions. Is this worse?

I am assuming the women are uneducated.

Nina

Me: Do you now or in the past have homeless students in your class? What are your general experiences with them.

NINA: I teach first grade. In the past I have had a few PA students and a student from the abused women's shelter, Homeward Bound. This year I don't know of any homeless students, I am pretty sure they don't qualify. They are living with their parents in permanent homes.

A student I had 2 years ago was late to school, absent quite a bit and he could rarely get his homework back. I believe the mother was having difficulty at the time. He eventually moved back to Gonzales. He had gone to second grade and they were having the same kinds of problems. There had been home visits, contact and no support at the time from PA. Eventually, they moved away. I don't know how things are going with them now.

The student I had in HB, the mother was attentive to his needs. He was a good student, was smart, and learned easily. So, he did not need a lot of extra help. She did a good job with him. I see him in school. I think she is out of the program. How long is the HB program?

Me: Not sure

NINA: I know she is going to school now, I see her around campus. Since I have been at this school I have only had 1 student who I felt () was pretty needy from PA. A lot of absences because the mother was having a lot of problems with ailments. She would make it easier for her for the kid to stay home than get the kid ready for school.

Me: What services could help the children that could be involved in the clinic or at the shelter.

NINA: The problems I have encountered and the other teachers complain about are the attendance, tardiness, getting the homework done. There could be some one who keeps an eye on that from their end. If they have a contract they have to sign when they are reunited with the children there, the children have strict codes they have to adhere to about going to school and getting homework done. It would need to come from somebody there to be a watchdog to be sure they are following through. They need to be punished somehow, I don't know how. As parents, they need to be responsible to work toward something, or be rewarded some way for getting the kid to school with homework. We may have to treat them like children, they don't know, they need training, an orientation before they enter the program as to what is expected with the child, your child is at risk and what are you going to do to lower that risk. There needs to be some kind of orientation and expectations and not just let them go. The teachers need not be the ones complaining, the should monitor their own people.

There are many things we don't have control over that I see as problems. UBT or an after school program could address the homework issue. There could be somebody to help with uniforms, make sure they are dressed with hygiene. I know a lot of the kids have the ability to get dental care, they do have services, but I don't think sometimes they bother to do it. There could be a connection here with the parent for the services the child needs, which we had with healthy start. Counselors and emotional support. These children have so many emotions and stress in their lives. They take it out on other kids and don't participate in class. It would be nice to have counselor available on a regular basis rather than once a week for a few minutes. A program for 6-8 weeks every day, then they are out. I think we accomplish more when it is more intense. It would be nice if our school was able to get some people from the community, grandparent-types, who would volunteer time to spend with these kids and become a pal, a homework pal or a reading pal. Many times, the parent has a lot of children, they are stressed out, or they have started a job and they don't have time to give the kids the nurturing they need. So, it seems there are so many retired people in this area that we could start some kind of grandparent program where they came to read to the child once a week. Help with homework too. The more adults in a child's life the better they are.

At CSUMB, they have the service learning program. I have not had good results with it. They don't seem to have the enthusiasm to be in this situation. I don't know if they choose this as the easy way out. But, if we are going to have CSUMB students here to play a part, they need the desire to work with a child in the classroom and be dependable. It is better not to have anyone rather to have someone you can't depend upon or someone who can't initiate and relate to the child. So, I did not have good results. Usually if they come in, they are here for an hour. If I am teaching and have them help a kid with something. I think if they were directed more, it would be better. My daughter does service learning in Portland and her JC and they have to go in with a project to do with the kids. She goes in and does an art project because she is an art project. If you are a science or math major, you should do something with the kids you like to do, even in a small group rather than just hang out and do what the teacher tells you to do. If they were responsible with what they were doing. They could also become pals with the kids.

Me: What accommodations have you made?

NINA: I have made a lot of accommodations, there is a lot of leeway. With Sammy, a kid I had a few years ago from PA. I had a very good relationship with the mother. I spent a lot of time talking to her, encouraging her, telling her what a good job she was doing. She was struggling as a parent and making sure she kept straight. She was trying to work too. We had a great relationship going and I tried to help her as much as I could. I think trying to make a good connection with the parent, tell them you are there for them, you will modify work if there is a reason to. The bottom line is at some point, these kids need to do what everybody else does. So, you have to be careful. I think in 1st grade, we are still

babysitting the kids, but in later grades, they are going to be more accountable and responsible for themselves, nobody is going to be looking after them. In first grade, we are still taking baby steps, nurturing them, making accommodations and giving less work where it is too hard. I feel I tried to do that the best I could. Sometimes I have my aide read to the child in class if I knew that was not going to happen at home. Every night, there is a book they are supposed to read to the parent, sometimes I have my aide do it.

If a child is very active, I may give him more leeway with the rules or sit him closer to me. I work with every one of my parents. The tardiness I don't have much patience for. I feel if you are a parent, it is your job to get your kid to school on time. It does not take a whole lot of effort, it does not take intelligence of the child or how well they are doing in school. That is the first indication that you are trying to be a responsible parent. Get your child to school on time, then you can leave the rest to us.

Me: How does it affect your classroom when a student comes in late?

NINA: It is really difficult. With a chronically tardy kid, you have low self-esteem, everyone sees you walk in late, you have missed the opening of school, so you don't know where to fall in. At this school, we get leaves on a petal if we are all at school and on time, so there is a little pressure from other kids to be on time. I am not in favor that it has to be perfect attendance and no tardies. I am just concerned about the tardies. If you are not at school for being sick, you should not be punished for that. But, if you are tardy, that is another story. I give leeway, a few big minutes is no big deal. I am talking about the ones who are 10, 15, 20, 30 minutes late. One time because the alarm broke, that is OK, but the chronic tardies become a very big issue with the kids. I have a child in my class now that has a very big problem with it. It took me 3 or 4 times to get through to the parent how important it was and how embarrassed the child was. Finally, it sunk through and they are doing a good job now, I complimented them and tell them I appreciate it. It is a very bad habit to get into. At this stage, they have control of it. I don't care if they don't get dressed, bring them in their pajamas, you are the parent, right?

Me: Do you know of any legal rights that homeless students have specific to them?

NINA: No. What are they? Do you know any?

Me: NCLB, registration, transportation,

NINA: We make accommodations so they have a stable life at school. School does become the most important part of their lives because it is the most stable usually. I think an accommodation should be to have them here longer with an after school program. One of the original concepts of UBT is the at-risk kids that have no place to go. Or, when they do go home there is someone who is not

real at tentative to their needs, educationally and emotionally. It would be nice that they not be kicked out of their housing until the end of the school year. They are constantly working with them to find a permanent residence, aren't they? I know they can extend the 18 months.

Me: Have you met Mary Kale?

NINA: No. I have never been there. Do they have something for the children over there?

I know I had this little boy who's mother worked in the office. She answered the phones there.

The kids suffer so much. It is hard to imagine looking back and being homeless. I never moved until I was 21. Homelessness would be hard to perceive.

There is an age where you have to decide to wake up mom. A child I had this year, a former PA resident, this mother never got her child to the bus. She had so many kids, she could not get up in the morning. She had no car. So, if she missed the bus she had to find someone to take her to school. So, she just did not come, or was an hour late. When we had the last meeting about it, she had just had twins and she already had 5 other children. Two were not living with her, the father had taken them. She was keeping my student home to take care of the twins.

Me: How did you approach her about this?

NINA: Yolanda and the nurse made home visit 8 out of 11 days. The mother was sleeping and the 6 year old was in charge of the twins that were only a month or two old. She answered the door holding the baby. The mother woke up, they told her that the child should be at school and if she is not there tomorrow, we will come back with a thermometer. The next day she was at school. A week later, they moved. Supposedly, they are in Castroville somewhere. I am not sure if the grandmother they were living with put the pressure on them, I don't know. But, the child did not come to school one day, and then I heard she was gone. There was no good-bye, no closure from school, no communications and I bent over backward trying to help the mother realize all she had to do was get the child on the bus and you did not have to worry about her at school. She couldn't do it. I think the grandmother was trying to work and make money so they could live. She was only 25 years old, with so many children.

Me: You mentioned leaving without closure.

NINA: I have had 2 children leave this year without closure. In fact, the one who left before, I got a note saying she was homeless before coming here. They had been living in cars, motels. The parents had split up. The father went to S. Cal. The mother was trying to make it with 3 kids. She was finally in some kind of housing, but I don't know where. There was an issue of getting the homework

done, etc. Then, suddenly she did not come back after the first break. I think I heard she went back with the father in LA. No closure, I did not know she was leaving. It is upsetting to me because I want them to be able to say goodbye to kids and to give her things. She had her journal here and other things I would have liked to give her. Sometimes we don't get the address of the new school to send things to. I think the child needs to know. It is better to say good-bye and make a final connection. I think it would be devastated if I never got to say goodbye, clean out my desk, get the things that were mine. I can't imagine doing that to my child.

I had one leave last week, and we had closure. He went back to Florida.

Me: The students you have known were homeless, how did you find out?

NINA: I was told by the office that they were PA students. I think it is important to be told what you are dealing with up front so you don't get frustrated with the child if it is not their fault. If they are out of sorts or not able to pay attention, it is nice to have some background information. Within the first week or two, you don't need it before school starts to make preconceived notions about what the child will be like. But, after a few weeks we need to know what is going on in their background.

I have kept in kids for homework who I know are capable and it was their fault. But, kids I know it is not their fault, I do not punish them. I have a boy in here who is very bright, top of the class. He is going to go somewhere one day. But, he is not concerned about getting his homework in or bringing his books back. The parents think he is so smart, it does not matter. I reiterate with him, No Way, you are going to 2nd grade and up and you are going to suffer when you don't get your homework in. Right now, you are getting 0's and it is marked on your report card, but later it is more important. I called the parents and told them he is not getting homework in. I know he is bright and the homework is easy, but he needs to learn responsibility. So, he better have that homework in on Monday. If it is too easy, they can show off on the weekly book report. Below grade level, they will need their parents to guide them through it. They get books every night that goes home, so nobody can say they do not have books to read. We start with easy things, author, drawing favorite part. Then, they gradually get more difficult with describing the beginning, middle and end. There are kids who can't do that, so I tell/encourage them to get help from their parents.

I wish the people who were not settled would not have children. Those living risky lives should be responsible, using birth control. These people in these situations should not be having children and they are not doing anything about it. I am being told it is because their personality can't be responsible, they won't remember the birth control when they are drunk or on drugs. It is not something they think about. Maybe a permanent birth control for them. This woman with so many kids at 25, that is absurd. After her 5th one, she asked to have her tubes tied. They told her she was too young at the age of 22. I don't care if you are 22 or 32, if you have 5 kids, you don't need any more. She said after the twins, she

got her tubes tied. I would be happy to pass out the birth control and tell them how to take it. That is something PA can work on with the parents, be responsible with their sex lives.

Someone who is an addict does not go through a program once. Recidivism is 75-80%. Very few make it through a program one time and don't need to go again. As they go in and out of the programs, they meet somebody and get pregnant.

It is an addiction, you never lick it, you have to control it.

Appendix C – Survey to Educators with Memo



Monterey County Office of Education

Dr. William D. Barr, County Superintendent of Schools

901 Blanco Circle, P.O. Box 80851 Salinas, California 93912-0851
Phone: (408) 755-6466 Fax: (408) 755-0367

Date: April 23, 2004
To: Survey Participants
From: Anne Y. Wheelis
Monterey County Homeless Student Liaison
Re: NCLB McKinney-Vento Homeless Student Needs Survey

Greetings,

Thank you for assisting us to define the resources that will help to meet the educational needs of homeless students in Monterey County. In my role as the County Homeless Student Liaison, I have been working with staff and volunteers of the Monterey County Coalition of Homeless Services Providers (MCCHSP). Andrea Vandom, a graduate student at CSUMB, is studying the educational needs of homeless children for her Master in Education thesis. We hope that the information she discovers can be used to develop funding proposals for resources that can be used by districts to meet the educational needs of homeless students in Monterey County.

The enclosed anonymous survey is designed to determine the district/school perceptions of resources needed to better serve our diverse student populations. Please assist Andrea, and through her work the homeless students in our county, by completing the survey and returning it by June 4, 2004. For your convenience in returning the survey, we have included a stamped envelope addressed to the Coalition of Homeless Services Providers (CHSP). The coalition will be assisting in gathering and analyzing the data.

Thank you for your participation. If you have any questions, please contact me at 831-755-6466 or 831-373-2955, extension 466.

cc: Tony Mester, Executive Director
Monterey County Coalition of Homeless Services Providers

Andrea Vandom, graduate student
California State University, Monterey Bay

Enc: Survey
Stamped envelope

NCLB McKinney-Vento Act Homeless Student Survey

Please return in the attached envelope by June 4, 2004

Thank you for completing this brief, anonymous survey to determine needs and gather ideas on how to better serve the educational needs of children who are homeless in Monterey County.

I am (please check) District Liaison Administrator Teacher Secretary Support Staff

My school is (check one): preschool grade K-6 grade 7-8 grade 9-12 other (specify _____)

Following are key NCLB McKinney Vento Act requirements for districts. Please indicate with a check mark the district procedures of which you are aware.

- A District Homeless Student Liaison has been named
- A procedure for identifying homeless students has been established
- A procedure has been established to enroll students without proof of residence (e.g., without rent receipts, utility bills)
- Homeless students have full and equal opportunity to succeed in school
- Students who become homeless are able to complete the school year in their original school
- Homeless students are automatically eligible for Title I Part A services

Please check the top 4 reasons why a person or family becomes homeless in this county:

- Lack of affordable rental units Loss of job Disability (e.g. mental illness, AIDS, injury)
- Insufficient income Temporary inability to work due to illness or injury
- Personal choice Domestic violence Personal failings Seasonal Work
- Drug use and addiction Breakdown in social support (divorce, abandonment, death, break-ups)

What other reasons are causes of homelessness?

What percent of Monterey County's population do you think is at risk of becoming homeless? _____%

List the four (4) biggest challenges your school faces in serving the educational needs of homeless children:

- 1. _____ 2. _____
- 3. _____ 4. _____

List the top four (4) resources you and your school or district could use to better serve homeless children:

- 1. _____ 2. _____
- 3. _____ 4. _____

Please share any other ideas you think would help to meet the NCLB McKinney-Vento requirements and/or better serve the educational needs of homeless children (please use the back of this survey as needed).

Thank you for your help! Please return this survey by June 4, 2004.

Appendix D – Seminar with Kris Shapon

Presenter 1:

I am executive director of Helping Hands. However, that is not my primary qualification for being here this morning. I have been a substance abuse professional all my life, so in terms of having a compassionate, enlightened attitude about what addiction is and isn't. I am not here to talk to you about my experience of Helping Hands. I am an adoptive mom of two at-risk years. We adopted my daughter 14 years ago. She was born addicted to crack cocaine. 14 years ago, when we saw the cocaine epidemic as it was hitting the moms of child-bearing age, it makes these kids totally a subset of our society, ineducatable, on the fringes and have a real mild-stone for the rest of their lives. When my husband and I were looking to adopt, I knew enough that I did not want a child with that type of (). We wanted an infant, that in my mind was some poor little 14 year old girl and decided to give the child up for adoption so she could go off to Stanford for her college education. But, that is not the way things are in child welfare system or in any adoptive (). We adopted my child when she was 2 years old, so there are things we are going to talk about the level of at-risk because she did not show permanency early on. About 4 and a half years later, we adopted my son Spencer. He was born adopted to methadone, opium and heroine. He was detoxed in a hospital for 11 days before he was dragged into a medical fragile foster infant home. The mom left him right after birth in the hospital, that is how he came into our family. There was very little literature years ago, 10-15 years ago. Knowing fetal alcohol syndrome we did not coin until the 1960's. A lot of what we are going to talk about is fairly recent knowledge on the medical side of things. In terms of teaching at Koast, it is a very high-risk population at Koast. There are not too many concentrated educational sites such as yours. I am not going to talk about my kids, but there are some things with my kids. I will tell you, if you were to rate my kids 0-10 in terms of how affected are they because of their perinatal drug exposure, I would put them between a 3 and 4. I have high functioning kids in that way. The ages of late grade school are the most difficult. You 4th and 5th grade teachers, that is where the rubber meets the road. You will see a lot of the critical reasoning concepts are very different. It is not a matter of: the mom didn't do this, they were up too late last night. We are going to talk about how the brain was affected and what that means in a holistic sense.

Kari and I completed Ira Chasnoff's presentation. Dr. Chasnoff is one of the leading experts on the effects of perinatal drug exposure on children in the world today. We were part of a group of 6 of us that completed the clinical institute of Chasnoff's childrens research study in Chicago this past June. He was out with us a few weeks ago. We are involved in a project in the county that is trying to identify, prevent and bring early intervention opportunities to children exposed early on. In addition to personal experience, we have had our hands full here.

At-risk, in most cases, means exposed to alcohol and other drugs. Between 1985 and 1995, child welfare more than doubled in the US. That is because for the first time, women of child-bearing age began to belly-up to the bar and belly-up to get involved to drugs like we have never seen before. So from 1985 to 1995, we went from 1.4 million children involved in the child welfare system in the US to 3 million. We have seen the same trend here in Monterey. The local Monterey county, Child Protection Services, Family Services just had way too much work on their hands. And, most of this is because of substance abusing mothers.

Response to question: One of the things you usually do with a mom who is heroine addicted when she is pregnant. They can't get her drugs free. If she is not going to be able to stay off the drugs during pregnancy, they will put her on methadone. Because in the life-cycle of a heroine addict, you go in and out of minor withdraw on a daily basis which is very destructful for the unborn child. What they try to do to prevent the peak and valley do to the addiction, they try to level it. Knowing when they do it, the child will be born addicted to methadone, will have to be medically withdrawn from that. It is less problematic than the up and down type of process throughout the pregnancy.

The third power point slide: The thing you have to realize is your population is the most difficult to manage, educate and deal with. Those of us that are adoptive moms of these kids, the parents have a lot of motivation, resources, are right there with their kids, they are able to modify the problems that run rampant when we see these kids returned or never leave the substance abusing family. Dr. Chasnoff will tell you right off the top, he works more on the foster and adoptive side of things is because these kids don't do as well when they go back to their biological moms. There are a whole lot of reason for that, these being some of them. Some days we go home, after working with Helping Hands, I am amazed at the poor parenting skills of the moms we treat. I thought when we opened in Esperanza about two years ago, I had a good grip on what that was all about. In no way, shape or form were we prepared for the poor parenting capabilities of these parents. Then you put on top of that they just got out of recovery. A good percentage of the kids have been taken away, so they have placement and attachment issues. In most cases there are multiple children. We work with local families through CPS that are on their 7th and 8th child involved in the child welfare system. They have an infant that's 3 months old and they have an angry, hostile, screaming 16 year old and everything in between. They are farmed out all over the place. Some of them are with CPS, others are with birth fathers, grandparents. Then they get out of treatment programs, like the ones we offer, if they are lucky enough, they end up at Homeward bound or PA, then they end up (). When they get to PA, we are not just dealing with the mom's addiction issues, severe issues, I don't want to say that lightly. One of the difference between families that get involved in CPS and those that don't, because all families have problems, but if you have to call the police and they

come in to the point and see what is going on is a danger to the safety and welfare to the child, in most cases there are major poverty issues. Most of the women that leave are homeless, they are either on the streets or in treatment. Extremely low income, if any income at all. One of the things we know is that addiction is biological, it runs in families. People say to me, 'your kids are so lucky to have you as their parent because you will be able to spare them the addiction of their biological parents.' I say, 'probably not,' because I know they have a genetic predisposition. There are some things we can do to modify that, but addiction runs biologically in the family. So, in most cases, the mom also came from addictive families. Over and above that, they came from families where you look like you are watching *Bad Boys II* or *Cops*, where they come and bust the door down. The kids go to jail and visit relatives more often than they go to the park in these situations. Lots of (), lots of discord going on in the family of origin.

One of the hallmarks of women with substance abuse problems is that half of them are sexual victims. It is not just that they are bad women, all of life's misfortunes have fallen upon them. In many cases, they use alcohol and drugs to escape from the pitfalls they have experienced, not as a way to make their life better. We see a lot on the trauma side. Many of them are currently experiencing domestic violence. By the way, that is one of the things that potentiate problems for the unborn, drug-exposed fetus. If the unborn, drug-exposed fetus is in an environment with violence, that child is going to be way worse. There is a synergetic effect with the drug exposure. A lot of them have co-occurring mental illness. A lot of people say that possibly the drug exposure caused the mental illness, but in most cases No. A lot of mental illness is also genetically transmitted. Drug exposure does not cause bi-polar disorder, but oftentimes you may have is an addiction in the family and bi-polar disorder or extreme depression or mood swings. A little less than half of substance abusing moms have co-occurring severe mental illness.

This is the biggie: The number one relapse risk is most of the guys they get involved with, are perpetrators to some degree. And yet, the woman is looking for a loving, stable relationship and to some degree looking for a man to save her, just like that little child and the princess dream that we raise most of our girls with. They are extremely vulnerable to the substance-abusing partners. That can cause major relapses further down the road. You and I will have a lot of compassion when we hear about a mom who got kicked out of PA because she has a boyfriend who wasn't supposed to be living there. He was living there. Now, you hear from the kids that he doesn't know where he is going to be living or going to school because their mom has been kicked out of her apartment in PA. You and I say to ourselves, 'how can this mom choose that over the health, stability and well-being of her kids?' It is just over our heads in terms of awareness of how this could occur. On top of that, the moms have little or no work capabilities or experience. They are on the time clock on the welfare system. They have two years, and Gov. Schwarzenegger just cut that down on the Cal-Works side. They are no longer are going to be allowed to take care of their children and stabilize in their recovery. To get their CalWorks money, they

are going to have to be job-seeking and preparing for jobs almost right out of treatment. Then, even with some job skills, the best they can do around here is some type of service position where they are going to get minimum wage and that is it, which will not pay the bills and is not going to do some of the things, access some of the things their children need for their early intervention. A lot of them have legal problems in criminal history. Criminal history impacts work skills. They have poor social support. One of the things that has tried to be accomplished by programs, like PA, has been to increase that social support structure, which is so important to the mom's early recovery ability. Parenting is predominantly instinct. Don't we all know, with our own kids, one day you see yourself saying something to your kids and you get that de-ja-vu flash. What comes out of your mouth is exactly that voice you heard your mom say to you, and you said to yourself, 'I am never going to say/do that to my kids.' And there it is. In most cases we parent how we were parented and this becomes a real reflection on where these moms come from. They need a lot to improve on the parenting side. Dealing with these kids on the adopted side is one thing, dealing with these kids who have been reunified with their families of origin is a whole different matter. That is not even getting into the lack of permanency and attachment issues.

Question: Change in lack of time for funding. Are the PA families effected?

Response to question: They can still stay at PA. PA has little to do on the CalWorks side. For the mom to get the Temporary Aids Needy Family (TANF) money, she will have to be job hunting. Locally, they are telling us our services are probably in tact through the next fiscal year, through 04-05. Depending upon the bond measure Schwarzenegger is trying to get us to vote for passes, or even if it does pass, there is going to be a lot more cuts a year and a half down the road. Most of the money in the substance abuse treatment sector comes from federal funds. A lot of our services are protected. But, oftentimes what happens to the woman after she leaves us depends upon state funding.

Question: Question about PA.

Response to question: No, that is Sunstreet. Helping Hands operates 14 beds, residential treatment programs for women on Clay Street in Salinas, the pretty gingerbread house. That is our house. We serve up to 14 women at a given time. Average length of stay is around 6 months. They go from that program, if they have family, into PA or HB. We also operate a perinatal program for women with young children on California Street, with a capacity of up to 6 moms and 10 children. Most of those women all go to PA because that is transitional housing for families. Most of our women with children go into PA. Very few of our clients in our other home go to PA because they don't have families or they don't have families, or their children are older, or their addiction marched on.

Let's get into the impact of perinatal drug exposure. First of all, you have to realize the great variability of how drugs and alcohol affect an unborn child. Sometimes there is no rhyme or reason to it. By far, great variability has to do

with what drug the mom is using, how much of it, what kind of pattern. There are some things we know about it. Alcohol is by far the worst. Even though we have all the scares about the cocaine and methamphetamine. I knew on the second time around to not hesitate to take a child that was opiate-exposed, that is less of a dangerous drug. What I have learned about my son is he had a wallup of alcohol in him that was never reported. My son was much more affected by signs of fetal disorder than my daughter. So, the type and degree of drug used during pregnancy: In most cases, it is most dangerous is the 1st and 3rd trimester. When the mom are addicted to stimulates, either cocaine or meth, they don't even know they are pregnant until the second trimester. So, you get the righteous mom that said 'the minute I found out I was pregnant, I stopped using.' Thinking, 'I have self control and I am an OK mom.' What she does not realize is that a lot of the neurological damage has already been done because during the first trimester is when the brain is being developed. If a mom is drinking during that period of time, the brain functions and development will be compromised. The health and well-being of the mom overall has a lot to do with the resiliency of the unborn child. In most cases, these moms are not in good shape. Oftentimes we see their children not being as resilient as they should be. The other thing, the longer they have been addicted and the more children they have born – the 7th child born, even though the drug usage was far less, is going to be far worse than the 2nd or 3rd child. The cells wear down, the body wears down, the damage is chronic. It is not a thing that when she is on the wagon, she is better. Alcohol breaks down the very base cellular function of our body. If you go to that old metaphor of a cucumber becoming a pickle, you can take a lot of the brine out, but the pickle will never go back to being a cucumber again, that is an OK comparison of what happens to our body after heavy, long-term, chronic drinking. It will change the cellular function. When you hear the adage, the alcoholic is never cured, can be only managed or in recovery. The only way they keep the disease and symptoms at bay is by abstinence. But there is nothing that tells us that the recovery process goes back and changes the cells back to normal. Whether or not they have had pre-natal care, and most of these moms have none. Both of my children were delivered with no pre-natal care whatsoever. That is usually one of the flags when they show up to the hospital to deliver that causes people to do toxic screens on either the mom or the child right after birth.

Question: If the father is involved with alcohol, can that have an effect?

Response to question: Yes, the fathers involvement will have something to do with the genetic risk for the child and alcoholism. But, the fathers involvement has nothing to do with what we are talking about other than that. The damage is done because the child is living off the blood of the mom. So, everything that goes into the mom's body goes into the unborn child's body.

Question: Sperm and alcohol

Response to question: It might affect certain things with the sperm. But, we don't think it affects anything else. It may make conception more difficult. But,

after conception, there is nothing researched yet that says anything, but who says 10 years down the road we won't identify some things the father is contributing to negative effects.

Question: Hair lip

Response to question: Cleft palates are often caused by cigarette smoking.

Audience: Whoa, ah, acknowledgment of recognition.

Response: Over the weekend, we watched 'Le Divorce.' They are talking openly in the movie. They are out. The woman is 6 months pregnant and she orders wine with her meal. Her friend from the US looks at her like she is nuts. She says, 'oh, we do that over here. Over here they tell you 3 or 4 drinks a week is better, good for the child.' I know when my mom had me and my brother, during the wave of post-WWII babies, they were told too that a little drinking relaxes the mom and allows her to carry the baby to full term. Dr. Chasnoff teaches us if you look at medical text books across the country, over 70% send the message that drinking moderate amounts during pregnancy is perfectly acceptable. That is not true, not the case at all

Overall, when we look at what happens to perinatally exposed children, only about one third of those kids have real negative outcomes. In other words, where the perinatal exposure becomes a life-defining or limiting event for them in a major way. Most of the kids are going to do fairly well. However, they're all impacted to some degree. One of the things that become a marker on how resilient that child is head circumference. We teach the moms of these children very on to look at the () scores, size of head circumference at birth, how dramatically the head grows up to about the first year. If is a small sized head, chances are you have a child who is less resilient. If the head is smaller, the brain is smaller. I will show you the pictures. We also know if the mom stops using before she conceives, that the moms health, stability and drug use up to a year before pregnancy also can cause negative affects. In the classes that I teach, the moms say, 'I did not use at all and yet my son is worse than his sister and I used throughout her pregnancy.' When you ask her if she was using before, she would say, 'yeah, I went on a run and I ended up in jail. When I got out of jail, I met this guy and got pregnant, but I have been clean for 3 months.' Well, the year, year and a half before she conceived, her addiction was rampant. Again, huge variability in outcome. So, trying to plan and play the numbers game does not always come out $1 + 1 = 2$. $1 + 1$ may = 14.

Question: Why (birth control, out there)

Response to question: First of all, most of them don't have the money to get birth control. Your insurance and MediCal will pay for Viagra, it won't pay for a lot of birth control for women.

Question (discussion/yelled throughout audience): What about abstinence?

Response to question: Have you ever gone down North Main in that morning about 8am? You know where Planned Parenthood is down there? Free clinic for moms. You have to get in line around 7am to stand in line to be seen. If you are

not there by 8:30am, you are not going to be seen that day. You have to do it on the three days per week they have open clinics, otherwise you don't get seen. In most cases they 1. don't do it because they don't know some of these things 2. They don't plan on having a relationship. 3. They don't have reliable access, or even if they do have birth control, they don't use it. They don't live a routine lifestyle like you and I live. They are not in the same place every day. Maybe their pills got taken away when they got evicted from the house, they just do not think that way. That is something they have to do themselves, but they do not think that way.

Kari: A lot of these women have attachment issues, never have gotten their relationship needs met and feel they will get met through having that child – fantasy stuff – a lot of them want more children. Even if they have 3 drug-exposed children, they want several more to get that attention.

Question: How do they deal with the grief and loss of losing a child to CPS?

Response to question: I am going to get it right this time. That is how they sway the guilt. OK, I didn't do it right that time around. Now I know these things and I am going to get it right this time. Without long-term treatment, of course, they are not able to do that.

What is more important to know, and this picture here emphasizes what Dr. Chasnoff is saying the kids do not do as well when they go home to biological substance-abusing parents, is regardless of what they have been exposed to before birth, what is more important is the environment they are in. It has a greater impact determining the health and functioning than the perinatal drug exposure. What is going on in their home when they are six months old, who they are with when they are two years old, the type of consistency, structure, love, nurturing, nutrition, stimulation – that is what determines the resilient child vs. the child that is in Kindergarten and you go, 'Whoa!'

A little on brain development. Why is there a window of opportunity the first 2-3 years. When a fish is born 95% of the brain is born, intact, done. Mouse, 75% of the brain is intact. A monkey, 45% of the brain growth and development is there. 25% of our brains are developed at birth. And between the ages of 0-3 years is when we see the most growth and development of the neurological system. When they are 3 years old, they will reach 80% of their capacity. That is why during those 0-3 years we have a lot of opportunity. That is why we are trying to identify these children. The collaborative that Kari and I are involved in, MCSTART, Monterey County Screening Team for Assessment, Referral and Treatment. This is why we are trying to develop opportunities and avenues in Monterey County to identify these kids before they become adults. We promise you if we get them when they are young, by the time they come to you at 5, 6, and 7 years old, they will be dramatically improved from the way you see them now.

What are the things in the environment that the at-risk, drug-exposed child should have? Number one: A nurturing and loving environment. Stimulating as well. We know there are some cultural things as well. There are moms that never talk to an infant, it is a cultural no-no. These kids need that stimulation, to have the neurons fire during that period of time. On the flip-side, foster parents have taken an infant that have put the crib next to the TV and sat them in front of the TV all day long. They need a nurturing and loving environments, and consistent care givers. The biggest difference between my children is not the drugs they were exposed to. It is the fact that my son has permanency at 6 weeks and my daughter did not until she was 2 years old, in a permanent family situation. You have no idea the type of upheaval, mobility and chaos the kids you see in the classroom everyday have come from before they came to you. You have no idea. Most of the substance abusing moms will foster children through CPS, these kids are not abused, they are neglected. When I adopted my daughter, she was in a foster home with a foster brother whose mom was mentally ill and used to bite him to the point he had huge chunks out of his buttocks and thigh. We remained friendly with the foster mom, we would visit them. The neglect my daughter had, they found her in a motel in East Salinas for 2 ½ days before the people next door finally brought it to the attention to the motel owner. He called in the Sherriff's department and was removed. The neglect she suffered is worse than the abuse. And you have to think, when you put a disk in a computer, our brains need a boot-up period and there has to be some things that are firing back and forth from the neurons and dendrites. Everything the brain needs to fully function correctly, the child needs stimulation, love and consistent care-giving for the brain to boot-up to the maximum potential. If he/she don't get that during the first 3 years of life, our window of opportunity has gone down dramatically. The mom is the most important in the care-giving slot. They need a supportive environment and a structured environment. When you deal with the moms of these kids, do they come in and tell you how bad the kids are on the weekends? And you tell them in your classroom that he is not that bad, he does pretty well. She says it is not like that at home. It is because your classroom has more structure. Most of these women don't have much structure in their home life. I have been to their home and apartments at PA, it is absolute chaos. They don't go to bed on a regular time. They can't reliably predict when they are going to eat, not because there is no food, it is because mom has a bus coming back from the medical clinic in Salinas, she is not back between 7 and 8 at night. These kids are not going to eat until then, someone next door is going to take care of them. They will get away without doing their homework. You are going to hear a lot about how these kids need structure. The more structured your classroom is, the better these children will function. The other thing is they need proper nutrition. That can be an uphill fight because some of the other drugs they were exposed to perinatally may cause them problems taking in nutrition. The stimulants are going to cause eating problems. The opiates cause feeding problems. But, they need nutrition, they need the protein for the brain to grow. We want to make sure they are eating well. The last thing they need is early assessment and early intervention. There are things

I know today about my son, he has had a lot of sensory integration deficit. 11 years ago, no one was talking about sensory integration and there were no clinics for occupational therapy with sensory integration deficit. These are things my son did not get through early intervention. These are things we know are going to help them. If they have this, we know the effects can fairly dramatically modified.

The other thing over and above that, attachment is the major modifying component. If they have strong attachment, predominantly with the mom caregiver, either the biological mom, foster mom, adoptive mom, grandmother, sister, that is a basic modifying factor.

Look at #2 on the attachment list.

Question: Why are fathers second? Is it because they are flitting in and out of their lives?

Response to question: Probably. It is probably cultural. In our culture the mom is the primary care-giver. Although, with my son, my husband stayed home until was 3 ½ years old. He did a great job, but my son hungered for me in ways that he still can't get enough of me. I was more absent concerning his early growth and development.

Question: Are we going to go into attachment to a non-nurturing mom?

Response to question: You can have a mom who is there, but isn't there.

Question:

Response to question: For these kids to do well educationally, they have to be attached to the teacher. As a very attached parent, who had now spent many years with the struggles educationally, I know how all the great strides and success of my son or daughter in their classroom has a whole lot to do with the personality and relationship the teacher has with my son or daughter. It is more difficult to form that relationship, because most cases these kids are not the A+ students. A lot of times their deficiencies are attitudinal, interest-wise and are kind of negative and we don't bond. Teachers don't bond with these students the way they do the other pupils in the class. Maybe in the K, 1, 2, but when you get in 3rd, 4th, and 5th grade where there is so much academic stuff you have to get into them, it is much more difficult. Particularly, my son, when we have had a great teacher, we have had a great year. Right now, my son is struggling in 5th grade. The teacher is good, structured, and strict, but she takes no interest in my son, she has written him off. We are going to have a less-than-ideal year, but it is better than the teacher last year. Last year, the teacher was chaos, she didn't know what she was doing. She would put assignments up on the board, then give students time in class to complete them. If my son got it done during the school day, they were to put it in the bin. I could not get her to put it on his assignment calendar that he had passed in the math work. So, I never knew what he did and what he did not do. He would come home with all these assignments down. He would say, 'I did these and passed them in.' She would send home a contract on Friday so over the weekend that was not done during

the week would be done over the weekend. He was not too bad, but I was trying to work with the teacher all school year to get her to be a little more structured with him so I could support that structure reliably at home. She would not do it, absolutely not do it. He went from a 3rd classroom of 20 kids to a 4th grade classroom of 34. He was shell-shocked. They had 4 4th grades the year before and when my son got into 4th grade they collapsed for financial grades down to 3 4th grades. Everybody was in shock. My pocket book was in shock \$7,000 later at Sylvan, he finally knows how to divide.

On the alcohol side, look how many people reported drinking during pregnancy. It is not just the people who are residents of Helping Hands and Genesis House and the other treatment programs. As a society, we do a lot of dinking, even to the point that some people that the cholically babies we used to use years ago, which we don't use anymore. Cholically was the way to talk about some of the irritation, failure to thrive, poor temper types of stuff that children that have been perinatally exposed to alcohol may have. We know that around 6 ounces of alcohol containing beverage per day will cause cellular abnormalities in a child. We also know that as little as 1-3 drinks per week will cause behavioral problems that look a lot like ADD, attention and hyperactivities problems.

Question: My friend just gave birth to a healthy baby boy. She said it was OK to drink one glass of red wine per week. She tried it once and said it tasted awful.
Response to question: Some medical doctors will say it is OK. The most recent research shows it causes abnormalities. Sometimes you don't see these effects until the child is in their school age. Binge drinking is more harmful than daily drinking. Which tends to be the habits of some moms. She does not drink on a day-to-day basis, but when she goes on a run with the stimulants, she tends to use alcohol to take the edge and tweaking off. And, will then ingest high amounts of alcohol on a sporadic basis. It is more difficult for the fetus to handle than day in, day out drinking. Our society is so filled with myths, that to be an alcoholic you have to be daily chronic user. Again, most problems are in the 1st and 3rd trimester.

Question: What happens in the 1st and 3rd trimester for these effects?
Response to question: For whatever the reason, the 2nd trimester does not seem to have a hallmark of problems.

With alcohol, it is interesting because the alcohol will attach to certain areas of the placenta. You can have twins where one is born with full-blown fetal alcohol syndrome and the other child is born totally in-tact. Alcohol effects mid-line organ tissue, this part. Alcohol is also a drug that affects the smooth muscle tissue of the body. The largest organs of smooth muscle tissue is the brain and the uterus.

We no longer talk about fetal alcohol syndrome and fetal alcohol effects. Now the term is Fetal Alcohol Spectrum Disorder. Knowing you can be on one side, in

the middle, or far worse in terms of the outcome. You can have the disorder and be very high functioning. FASD is the leading cause of mental retardation in the US today, identified in the 1950's. However, in most cases, fetal alcohol syndrome is the disorder with all the facial characteristics. That is the case in less than 10% of alcohol exposed pregnancy. We used to think a child who did not have the facial effects, if they were pretty, we thought the child was fine. But, in most cases, the growth deficiency, the developmental delays and other developmental difficulties in the central nervous system can be just as high in kids without the facial features.

Let's talk about some of the other drugs. Stimulants: One of the things you can see down the road, stimulants don't cause hyperactivity. The drug the child was exposed to, if it is a stimulant the child will be more depressed and depressed in personality. The child who is exposed to a depressant drug tends to be hyperactive. The behavior tends to be opposite of the drugs they were exposed to. Problem is most of these women are multiple substance abusers, doing stimulants and depressants. It causes irritability, restlessness, hyper sensitivity. You are going to have more problems with the cocaine and stimulant exposed young child, 1-3 years old, than you will when they become a little older. Marijuana causes perception and verbal problems, can cause attention deficit. If the mom is drinking and smoking dope, they are going to have a synergistic affect. It is going to make the outcomes on the fetal alcohol side far worse than if she were just drinking without the marijuana.

This is the nicotine: Low birth weight, high risk for sudden infant death syndrome, and poor growth. The all smoke cigarettes. A lot of neuro-psychological development, ear infections, asthma, cleft pallet, and behavior problems.

Referring to slide: Average brain of a 6 week old infant. This is the brain of a 6 week old fetal alcohol exposed child. You can see the difference in size, sphere difference. You can see the difference in the curly stuff, you can see how flat and smooth that is. It is not the same shape as that one.

These are the facial features of what we have termed fetal alcohol syndrome. They have flat, wide foreheads. They have a epicanthal fold, almond shaped eyes with the extra fold in the eyelid. They have low set ears, sometimes sloppy ears. To figure out if your ears are in the right place, if you put your hand right on them and go straight back, you should hit the top of your ear or it should be higher. On many of these kids, the ears are much lower set. They have a flattened mid-face. If you looked at it from the side, it would look flattened. The big thing we look at, the definitive diagnosis is the fulcrum and the upper lip. The fulcrum is where the snot runs down, if it is not well formed, that is fetal alcohol syndrome. Thin upper lip, thin noses, receding jaw, usually a short jaw, and they will have all sorts of teeth problems as well. This is what we term fetal alcohol syndrome. If the child out not looking like this we thought, 'whew, my child is

spared.' For 3 years, I looked at my kids and they did not look like that. I thought they were not exposed to alcohol, or not very much.

This is the fulcrum strip a physician would use to assess if there is and FAS. It is hard with the eyes because particularly here in California, the multicultural, they eyes can be almond shaped. [referring to slide] This is the worst. The thin upper lip and no fulcrum. This is a 4 a little bit of the fulcrum, a little more lip. This is a 3, pretty flat, but the lips are shaped pretty well. What the doctors do with this is show it to the parent and say, 'which one of those is your child,' rather than them making the assessment.

Here is a 6 week old infant with obvious signs of FAS, on the high end of spectrum disorder. Wide set eyes, epicanthal folds, short upturned nose, a 4 fulcrum, very little upper lip. Can you see how the ears are down about 1/8 of an inch? That is going to be a child with major issues. Another one, infant wise. Again low-set ears, wide almond shaped eyes, big face, flat fulcrum, little receding jaw. Here is about a 4 year old, much cuter. Often times the FAS features are cute with the wide set eyes, big eyes, ears in the correct place, he probably has between a 3 and 4 on the fulcrum and on the upper lip. Here is a cute little girl. A wide set eyes, little fulcrum. A little boy. No fulcrum, low set ears. Here is the same boy from age 5-17. 5, 12, and 17 years old. You can see predominantly the fulcrum, thin upper lip, ears down.

The thing is, if you don't see that, it does not mean anything. You are only going to see that in less than 10% of the kids. This is the other stuff you are going to see, how does alcohol affect the developing brain. The cortex, the hippocampus, the corpus colossum and the basal ganglia. If they have cognition, executive functioning, the prefrontal cortex has been affected. Hippocampus is involved in memory and retrieval. Corpus colossum is the processing center of the brain, allows the right brain, left brain, the mid brain high and low brain to communicate with one another. The corpus colossum also has to do with retention. Basal ganglia has to do with both fine and gross motor function. These are the parts of the brain that children that have been perinatally exposed to alcohol and drugs have neurological deficits. The mid brain area is affected by the alcohol. Once again, you see the nice corpus colossum. The alcohol affects the corpus colossum. This is the child with FAS, look at the corpus colossum, it is hardly there. It leads you to believe there are some obvious deficits in the mid brain.

Developmental delays: One of the big areas of deficit in these children are speech and language. In most cases their expressive language is better than their receptive language. And, they tend to be very talkative. Oftentimes, because alcohol affects the mid line, the entire parts of our bodies that allow us to bring in language as well as form language, are affected by the drug. They have problems with the esophagus, tongue, the jaw and roof of the mouth are set funny. The roof of the mouths tend to have very large arches, which makes forming words very difficult. We used to wait until the child showed up at school

before they did anything with speech and language. Thank god they are starting to access speech and language early on. We like to get speech therapists between the ages 2 and 3. However, in most cases, not a lot of children with their biological moms get access to speech therapy. There are all sort of things they do to help with that. Fine and gross motor coordination is usually not a major factor for a child in your classroom. But, it will certainly affect the child's self esteem. They are going to have deficiencies in both areas. When my son was in soccer, in Kindergarten. I would watch at Torro Park when they would practice, watching warm-up exercises. The coach would have them do hopping holding one foot back, hopping in place, put the other one down, my son could not do it. He would hold it back, make one hop, the foot would come down, and he would brace himself, he could not do it. He cannot deal with a skateboard. He does not think he is good in sports, it is a negative experience for him because he is not as good as his peers are. A lot of them have more fine motor deficits than gross motor deficits. The biggest fine motor skills are writing. That means their papers are atrocious. The hand writing is a mess. They tend to be better printers than they are cursive. When they get into 3rd grade and teachers want them to start learning cursive writing skills and mandate the cursive writing, these kids can't do it. It is very difficult for them. You have issues with handwriting and they are often clumsy and uncoordinated.

Question: What if a child wants to rush through things?

Response to question: They will want to rush through things because they have poor attention to task and they are easily frustrated. Things that are difficult for them to do, they will try to breeze through, hand it in to say they are done to get it off their back. Or they are going to want to avoid doing it all together. You will have a little bit of both of those.

Question:

Response to question: It is good for you to try to teach them. They need to try to be able to understand cursive writing, but after they have made some OK attempts at it and you see them regressing back to the printing, I would say yes. My daughter was a horrible cursive writer, by the time she got in 5th grade her teachers did not make a big deal about it. By middle school, the teachers did not care. She is a beautiful printer, but because she prints, she is not a good note-taker. I would say try not to make too big a deal about insisting they write with cursive. And then, having said that, you are going to have some children that the cursive will be easier for them and they have difficulties on the printing. Spend some time with the children, identify the weaker area and allow them to blot them out.

In most cases, over and above the development delay, the neuro behavioral, the central nervous system deficits are the things you are dealing with. These are the problems that greatly affect the child's ability to do well in school. These are the behaviors and problems that we misinterpret. As well as they affect the child's ability to respond to authority, to discipline and their peers. In fact, they

will have a better relationship with you as an adult than they will with a lot of their peers in your classroom. They will do better with younger children than they will with kids their age. They will do better with kids 5-7 years older than they are.

They have self-regulation difficulties. It will dramatically effect their behavior in your classroom. They are going to have cognitive impairments. They all are going to have attention and focus problems. In most cases, those attention issues are not attention deficit disorders. They may also have hyper activity, they may have ADHD on top of all this because one of the things we know about ADHD is it is a byproduct of alcoholic families, but it is not related. In most cases, what is affected is the corpus colossus. All the Ridlin in the world is not going to help this child and help that child corpus colossus handle their attention. They will have reasoning and judgment problems. As they get older, they will have very poor images of themselves, which you will have to deal with in the classroom.

Self regulation, that is a tricky one in the early grades. Self regulation is the ability of the child to regulate their behavior in response to their environment. The kids are not able to do this because a drug regulated their behavior. The self regulation difficulties are things that in most cases, they can't regulate and change their behavior on demand. If you say to a child, 'stop fiddling with those papers, sit down, and concentrate.' If the child is not able to do that on your demand, how do you take that? You are either frustrated, angry, insubordination, defiant, become negative types of things. These children, you have to give them cooling down periods of time. My husband will tell the kids, 'stop that.' Some days it will take them a few minutes, and he is OK with it. Other days, he is not and he will up the anty immediately, 'what did I say.' The more he ups the anty, the more it contributes to the self regulation problem because they have more difficulty with self regulation as they get over stimulated and over aroused. Now when you are talking to the child and every child in the classroom is glued in, and they are chattering to one another, and you say, 'now Johnny, I told you twice now, you need to stop that now.' And your voice and attitude is getting up there, the child is over stimulating and his ability to regulate their behavior will be more compromised by the escalation of our response to that self regulation. What should you do? You should have an area of the classroom that you have predetermined as the area where you send that child to cool down and manage and regulate himself. You do not send them out of the classroom. A child with self-regulation issues, you send them out of the classroom, sending them out is rejection. We teach the moms of these kids that time-outs don't work. You have to do time-in. When my kid was young and was acting out, I could not send him to his room, he had to come and hang on to me. He had to stop what he was doing and do what I was doing. It is kind of what you want to do with that child. You want to have the child help tell you where he can go to cool down. Oftentimes, you have soft places where they read, you have areas where there is a storytelling rug, you may allow the child to bring in something in that is comforting or soothing from home that does not cause the other kids to make fun

of them. Allow him to go to the back of the room to sit down and calm himself. With self-regulation issues, you want to promote and improve the child's ability to self-manage that as opposed to you having to manage that.

Question:

Response to question: They would do better with a soft toy than with a loud toy. What they respond to is touch. If you can give them two sensations, and as you are trying to get that child to contain their behavior might be helpful. Sometimes different kids respond differently to different things.

Remember this is biologically based. Difficulty on demand and the other thing that contributes the most is transition. Transition promotes self-regulation difficulty. So, coming in, you think the child after recess should be calmed down and better. You come in from recess and he is all over the place, difficult to come in and transition from playground expectations to the classroom. At the end of the day, he was finally getting in tuned to what was going on in class, and now at the end of the day he does not want to leave. Heaven help the substitute teacher! (laughs from audience) When you change classroom seating, transition. Now he is sitting where you can get a better grip on him with the best seat in the classroom, for a few days he is hell on wheels again. My son did great in Kindergarten and 1st grade, he was in a multi-age classroom with the same teacher for 2 years – ideal. What they do at CSI, where the child's aid follows the kid, that is an ideal situation. I am not saying you should group the same kids for 6 years, but it is ideal. Limiting the things that will dramatically alter will allow things to adjust more appropriately. In a day or two, he will be OK. Even though you think they act badly in your classroom, they are unbelievable on the weekends. Parents have more difficulty on Saturday and Sunday. They have more difficulty when the family is on vacation, even though you go to Disneyland. There are things you can do to help ease the transition. The biggest thing for you educators to realize is this is a temporary state and they will calm down pretty quickly, give them time.

BREAK

You are going to see different things based on the child and the perinatal drug exposure. The cognition deficit varies. Please not that FAS takes 20-30 points of the average IQ. (Audience: Whoa!) That 10%, the ones you can recognize the facial anomalies, that child is probably fighting to stay in a regular classroom and chances are down the road the child will get IEP and Special Education. They will have pockets of intellectual deficits with widely varying capabilities and abilities. In most cases they will have processing deficits because in most cases the corpus collosum is affected. My daughter has dramatic audio processing deficits. Some children will have visual processing deficits, some will have a little of both. So you need to pay attention to that as well as attention deficits that are not necessarily going to respond to medication and go into the track of an ADHD child. Some of them will have learning problems and disabilities. All will have

impaired executive function. They all will have memory impairments. They tend to have body memory. My son and I go to school every morning because we have a little control. He has a poor executive functioning, I can do all the last minute, 'don't forget to bring home your social studies book home. Don't forget to turn this in to the teacher.' So, I can packet and parent those organization deficits a little better. We will practice the spelling words on the way to school and the night before. He will know them and he will be spelling them to me in the car as I am dropping him off. I will get the spelling test back and he gets 6 wrong. He knew those words. Even though it is in the bank. Testing is an anxiety producing event in these kids lives. They get anxious. The more they get anxious, the more they guess at stuff, it is more difficult for them to access it. You will have issues. They tend to have short term memory problems. What you just said, they may miss. When you tell them, 'I want you to go to the library and come straight back to the classroom.' Before you said, 'straight back to the classroom,' and they are out the door. No. Say it again, then ask the child to repeat it. They can say, 'go to the library and come back.' They missed that they are supposed to drop the book off.

Question:

Response to question: Then the problem is you don't get their records, you don't know where they have been. By the time you get the records, they are off to the next school

Alcohol affects generalized reasoning. So, when you tell someone, 'No, you don't hit that child.' He might two hours later slug another kid because he can't generalize that you don't hit other children period. I don't hit you, but I haven't learned yet, and my brain works differently that it impairs my ability that I don't realize I don't hit you nor anybody. Generalizing is a problem. The prefrontal cortex is affected, the area of the brain that centers on cause and effect learning, and this is the most trying. These are the kids that get disciplined, sent out three times a week. They get a contract that if they don't get into any disciplinary problems for an entire week, to give them some reward. These kids have difficulty learning from their past experiences and mistakes.

Executive Functioning are the things that keep all of our stuff packed in. The two biggest areas are poor organizational skills and the inability to plan.

Organizational skills, as a parent, this puts me at wits end. I have learned, even though my son is in 5th grade, I have to go through his backpack every single day. If I miss a day there is something in there that I missed. I have to help him keep it together. I am kind of a neat friek, my house is well put together. I had a mom who was very compulsive and as much as I try to keep my kids stuff together, their areas of the house, if I didn't go through their drawers, their rooms would be chaos. You have to help keep them orderly because the brain does not function in chaos. So, if you let them dwell in that with poor organizational skills you will have even more problems. I hate the desks you now have with the wholes under that don't open up. They can't see that stuff. I like open bins, the

cheap plastic bins that you can see all the way through. Those are better for the child, we tell the parents to go to Costco or K-Mart and buy the bins. You don't need drawers because when it is in like that they can't touch it and see it. If they can't touch it and see it through two senses, they have difficulty with that. With those desks, I go into the classroom once a month and help take everything out of there. There I find social studies guides, the third calculator, we have already gone through 3 lunch boxes to the point my son just asks for a paper bag. He is tired of being reprimanded for the loss of a lunch bag. I should buy a company that makes the navy blue hoodies because we have already lost 5 this year. In the neighborhood where we live, the kids he plays with every night bring my sons helmet and bike back and put it on the door because he does not even bring that stuff back. Last week at the SST with my son. One of the problems is the last social studies test he did very poorly on because he lost the study guide and he did not bring the book home the night of the test. One of the things we came up with is that now they are providing me with 3 additional text books for me at home, a math book, social studies book, and a math book. If he forgets it and I don't get home until the teacher has left the classroom there is no way for me to go back and get the book. What does that turn in to? Failure for him educationally. Just being on top of that kind of organizational conflict. They need an organized classroom. Being a parent who look at all the textbooks, some of them are over stimulating for these kids. They have highlighted stuff, yellow stuff, little text boxes, timelines on the bottom, pictures on the background and on the side of the page. I look at this book and it may be impossible for me to figure out what to center in on. For these kids there is too much on the page and they tune it all out. They have difficulty applying knowledge to their own life and poor organizational skills. Help them with that. I tell you the experiences with my son with that because, what is more important? I have learned to stop brow-beating him over those things. We know we are going to have to accommodate him with that kind of stuff. If there is something happening in school and he gets ready to run to the bus, go ask him, 'have you brought the, whatever.' Help him succeed. Coach him to succeed as opposed to setting up the failure. Have him try to learn by it. 'Well, you got an F on this test because you did not bring the stuff home.' Maybe next time he will be more motivated to bring it home, but not necessarily so.

Inability to delay gratification: Very difficult. Consequences and rewards have to be immediate, or don't use them. If you put these kids on a weekly or monthly type of reward system where you do tallies in the classroom, it is not going to motivate that child. He may go along with it, but it will not be meaningful. Daily, immediate feedback will be meaningful to that child. Rigid thinking: These kids are intractable. If you tell them you are going to do something on Tuesday, and something happens that you can't do that on Tuesday – everyone else does not sweat the small stuff if teacher changes her mind, we can't do this. The kid is going to have difficulties. He is going to brow-beat you, 'you said Mrs. Johnson, you said we were going to.' He is going to come back at you and back at you. They get very rigid in their thought process.

Behaviorally: Poor attention span. They are going to be fidgety. Allow them to fidget. Allow them something they can move, particularly the stimulant kid. They will play with something, maybe a piece of clothing, biting the pencil. Allow them to do it. Do not say, 'still.' The rest of them can be still if one little thing can move, so allow them that. In many cases, the more they concentrate, the more they need to fidget. They might get angry and aggressive in the classroom. They have poor communication skills particularly when they are emotionally upset. When the emotions go up, the language capabilities go way down. They can't get any of the stuff, but they will act it out. This you are going to see all the time, poor tolerance for frustration. To the point that if there is something coming up, if they know they are bad at math, you think now they have done the flashcards and they can't get it out on time, they forget the whole thing. That is their way of defending against that.

They will have difficulties with their peers. They are immature. They are easily influenced by their peers. They have difficulty interpreting social cues. They have difficulty with any type of cuing process. They are impulsive, even more so when they are around peers. They may lack empathy. Empathy becomes an issue with attachment. When you get the kids who don't care they hurt someone else, don't care about what they did, that is probably a symptom there are some real attachment issues. They will have difficulty with choices. My son goes to the library, he comes back with no books or three books that are totally outside his realm. When it comes time to do a book report, the worst problem is figuring out what book he is going to read for the report. It has gotten to the point, where I get in the car and go to Borders. He is working on a biography now. I bought 3 books on Helen Keller and brought them all home and said, 'which one of these do you want to read?' If he goes to Borders with me he is all over the map, we are there for hours, he changes his mind 20 times. As a teacher, if you identify a child who has difficulty with choices, personalize and say, 'here Johnny I found these 2 books I think you would like. Pick one of these two.' Narrow the choices down.

On top of all these problems, they all have horrible mouths. Your kids are going to be worse than my kids because their parents don't have the money to take care of them. Very poor enamel. The alcohol disrupts the hardening of enamel. They have the shortened jaws, delayed growth, in most cases they lose their baby teeth late and their permanent teeth come in late. Because they have the small jaw, they have crowded, crooked teeth. Chasnoff, in Illinois, their child welfare system pays for the dental care for these kids until they are 18 years old. You can see our kids, they have the metal bands. My son has holes through his teeth. One day when he was about 4 years old, he opened his mouth, you could see all the through to the back of the molars. He has had 4 abscesses abstracted. In most cases, you see a kid with a mouth like that, you make judgments, when it is not necessarily that. A lot of them have poor teeth.

On top of that they are going to have sensory integration deficit. Sensory integration is referred to as the sense of self. It refers to the system that processes incoming stimuli through the other senses. Corpus collosum brain functioning. Prenatal alcohol exposure causes an imbalance to the child's sensitivity to sensory stimulation. There are a lot of little things on this. It is going to be a considerable source of considerable agitation and discomfort. Sensory integration deficit becomes another area where a primary symptom you are going to see are attention deficit. Just pile that on to your attention deficit cake. When he finally gets to the school psychologist, finally get him back to the doctor for prescription, you don't see that much change. It may lead to distractible and irritable behavior, such as: gross motor, slouching, head on the desk, using supports when standing, sprawled on the desk, difficulty maintaining any type of correct posture. They also may have difficulty with the gross motor skills, skipping, hopping and running. Which means the playground is not a positive, self-esteem building experience. They stumble and bump into things. We used to watch my son walk right into the wall. My husband would take it as a sign he was tired. He was not tired, and now I know because he has a lot of other sensory integration deficit that my son has. Now I know my son had a lot more alcohol than I thought. And had a lot of sensory integration difficulty.

Big thing: There are 3 major areas of sensitivity for a child with sensory integration deficit. The head – so, when you go around, don't touch the top of the child's head. Their stomach. And their feet. A lot of the difficulty these kids have with transition is that they are put in car seats and their feet don't hit the floor. So, when they get out of the car, they are hell on wheels and go running all over the place. Same with the classroom, be sure their feet are on the floor. If you have chairs where the feet dangle, get a stool and make sure they have their feet on the floor. Planting their feet on the floor helps the whole sensory process come together for them. Bean bag chairs are wonderful. The problem is in most cases, you allow them access to the beanbags when you are doing soft relaxed reading things and not task oriented work. You would be better off getting a little thing for the kid while taking the test, let him go to the beanbag, because that gives him all the sensory types of experience for the child. Always watch kids that come from this type of background have their feet on the floor. They love to jump in things like that. In the trends for toddlers, the Johnny-jump-ups and motor developments things are wonderful. Trampolines are wonderful for these kids. It may be something that becomes a soothing activity for the kid that can't come back in and regulate in the classroom. Maybe what he needs to do is buy a little trampoline for the back of the classroom, what will help him calm down is let him jump a few times (audience laughs. Everyone would want a turn too.) Yes, it is difficult with a class of kids where everyone wants to do the same thing. They do not like activities where their head is upside down, somersaults, tumbling, hanging from jungle-gyms backwards are going to be very difficult for this child to deal with sensory wise. So, if he or she doesn't want to do those activities, don't force them. They fear falling and heights.

Question:

Response to question: The big balls are wonderful. All of that stuff is very good.

They are going to have fine motor deficit, sensory difficulties on the fine motor side. They will have difficulty with small things crayons, pencils, beads, brushes, scissors, blocks, transformers, legos. My daughter never played with Barbie dolls, she liked the big ones. They cannot deal with little manipulatives. Doing something with a small brush will be difficult. A lot of times the arts and crafts aspect of your curriculum is also stress producing for these kids.

They may have awkward grasps. They either too loose and clumsy with the implements in their hands or way too tight, clenched.

They are going to have perceptual-cognitive problems. Puzzles: as a reward if they finish their work early, may be anxiety producing. They will have difficulty with matching. They will have difficulty with the organizational skills side, even when it comes to a matching activity. A matches with 4, so cross out 4 and put it out over here. They won't know to cross out, you have to teach and reinforce. You have to teach the child to do that kind of organizational elimination. They will have difficulty reading and following the page from the left to the right. Allow them to use their finger, better yet, give them a little colored index card, allow them to put it underneath the print so it blocks out everything else and they are only tracking the one line they are trying to read. That is going to be an accommodating exercise with these kids. They will have difficulty with multiple choice. They have difficulty with choices, now add the organizational aspect of things. The multiple choice of 20 questions is like a 40 question test. They have difficulty with cues, coding and discrimination in the brain. You will try to teach them that two out of the four that matched, so you can cross out two immediately – much easier said than done. My son just had a science test. He did great on the front page, and I was real proud because it was a definition exercise with matching, and thank god, he got out of the first fifteen he only missed two. The second page was the same exact exercise except it was in paragraph form with fill-in-the blank. The paragraph form was single spaced. There were another 10 questions there, he only got 2 right. The third page was multiple choice, which he only got two right. I can tell you the kid knew the material, we worked on it for three days. () process very difficult. They can be very distracted by background noise. They tend to get drawn into other kids talking, even if they are not talking their attention is immediately going to go to other things in the classroom. They do not like loud, sudden noises. When my daughter was in second grade, she had a teacher who would come up behind them and throw her hands on the desk and she would scream, 'don't do that.' My daughter had a startle reflex, she would jump in the chair three feet. I went to the school and said, 'if you do that to my daughter one more time, that is abuse and I am calling.' It turned out OK, but they don't do well with loud, sudden noises. They may be bothered by bright light. So, for the reading thing, they may go to the other side of the room, then you insist to put the lights on so they can read better. They are tell you by doing

that, 'I can see the words better.' And, they do bad with florescent light. (Audience laughs) They will tend to watch as other people walk around the room. If other kids are up and around, they will follow where the other kids eyes are going.

Question: What about music playing in the background.

Response to question: Some will be OK with that and others won't. You just have to try and see whether or not that helps. Sometimes we tell teachers, let that kids with earphones. If the kid tunes in better if there is a little background noise, but you don't want it in the rest of the classroom, make that an individual accommodation. Monitor to make sure it is low and is the kind of music that will let him focus and learn better.

Question: Does the full-spectrum lighting make a difference? We have no choice, our rooms are all lit with them. We have three switches, but the lights are all florescent. Do you know if the full spectrum light helps?

Response to question: All I know is the fluorescents are bad.

Comment: Yeah, we knew that already.

Tactile and taste sensitivity: Some of them have a lot of difficulty when grooming. They have difficulty brushing their hair because it hurts them, they are overly sensitive on the head. Brushing teeth is irritating for them. You see a kid coming to school that way and you make judgments about the parents and what is going on at home. They have difficulty with labels and seams. My son will still come stairs and we get into a thing with him, 'don't you know when your shirt is inside out?' He would just wear it inside out because the seams and labels bother him.

There are 3 hallmark tests for a child who is sensory integration difficulty. 1. seems and labels, they continually dress with their clothes inside-out. 2. do they have the ability to stand in close proximity in line with other people. 3. do they like/eat a lot of oatmeal, texture.

So, difficulty standing in line. That sense of boundary is very difficult for this child. If you get too close to work with them, it is anxiety producing for them. In most cases they have trouble standing in line, cafeteria line, going up and down hallways, walking up and down hallways, walking in a nice neat line, are going to be very difficult for these children. Do the best you can. Don't make a mountain out a molehill. Sometimes having them be the leader, having you hold on to them may help. She was saying she had 5 or 6 of them in a line, maybe putting them all together. Sometimes asking them to take something someplace and put it in the destination will help them. In most cases, just give them more space. If they are lagging behind, 'come on hun,' but don't make it a big deal. They are very picky eaters. In most cases they have problems with textures. They like soft, mushy things such as oatmeal, yogurt, ice cream, nothing overly crunchy. My son takes the breading off of McNuggets and eats the crappy chicken inside. He will eat that chicken than my good homemade chicken because it does not

melt in your mouth, the mcnuggets are the mushed up stuff. They have a lot of difficulty with texture and food temperature. Here, they tend to like intense taste and intense temperature. They like it really cold or really hot. They like sour things. This is one thing you will go nuts over. Sourness and some things on the taste side help them calm down and concentrate. So, putting a sour gummy in their mouth before they are supposed to do something educationally will help this kids. It will cause you problems because everyone else in the class will want one too. But, those things help them. If they are going to an occupational therapist, they will give you a list of things that will help you with this kid orally. They call it oral motor coordination. These are things that will help this child calm down, center in, and stay task focused. They can chew gum, eat, eat sour lollipops. They seek intense taste and food temp.

Question: I have seen more children with skin problems. Is that anything? Itchy.
 Response to question: You mean like rashes, dermatitis? Possibly, I have not picked up anything in the literature. They tend to scratch areas where they are touched. But, there should be no rashes or dermatitis that goes along with it. After somebody has touched them, they may rub the area a little bit, but there should be no rash.

Diagnostically when you see these kids, the biggest thing we see is they get labeled as attention disorder, but in the traditional sense. Right behind that we see a lot of anxiety. As the younger kids leave you and go to Fitch, we see more depressant. We see developmental disorders, a whole different spectrum from speech and language all the way through. Language based developmental disorders, some of these kids have autism and asperkers syndrome. A lot of them have attachment disorders. You are going to see attachment disorders right up there with attention disorders as the number one thing. Learning disabilities and post traumatic stress disorder.

I have listed them in order, outcomes behavior modifications are the best. So, helping the child acclimate himself and manage himself to his own strengths and weaknesses. Speech and language therapy they do great with. OTSI is very limited in our area, we only have 1 or 2 occupational therapists that do sensory integration work and neither of them do work with MediCal kids. That is something our new clinic will be bringing. Physical therapy can be helpful. Accommodations in the classroom, because many of these kids don't need an IEP, a lot of them just need 504 accommodations. Maybe nobody has assessed them because they are not bad enough to get in for the various assessments that you do through the school system. It is just individual attention and a teacher who is a little more knowledgeable and a little more responsive to these things. Medication: sometimes these kids need to be medicated, but we see poor positive outcomes. In most cases these kids are not good candidates for psychotherapy. If the psychotherapy is related to attachment issues, they might have better outcomes.

What should you remember? School-aged drug exposed child is very poorly organized. Trouble with self regulation of own behavior. Trouble staying on track and completing task. You must help them to complete task, whether you give them more time to do it, whatever the situation is, help them with task completion. They have higher activity levels, low frustration tolerance levels, they get overly stimulated real quickly. Which also means look at your classroom. You may have too much going on. Poor impulse control. Tend to be more anxious and more depressed.

What can you do in this school? 1. Realistically assess school readiness. Kindergarten teachers. (laughing from audience) With both of my kids they would not have started my school when they did if I knew than what I know now. Both of them would have done better if they stayed had stayed out another year. Their chronological age is far different from their developmental age and their psychosocial way.

Question: About readiness, the question we go back to, is it better for them to be at home?

Response to question: That is the issue here because you get a parent who in most cases is pushing to get the child into school because a lot of reasons, mainly financial. As kind of a hallmark, if a child is in Kindergarten at 6 ½ years old, people say, 'what is wrong with the kid?' It is a real push to get them in school. Particularly, if they have had attachment and displacement in toddler and preschool years. If they have been in two different homes and they have just reunified for less then a year. However, in most cases, you have a parent who cannot deal with the kid, who probably went nuts during the breaks. Maybe CSI only takes them until they are five and don't have funding to keep them longer. The push is on for you to get them. You need to look at what you can do. Yolanda, maybe there is a way the school district can pay for more preschool or headstart. (laughs from audience) This is a major issue.

The second biggest thing being the parent, parents and parents. Involve the parents, force the parent, encourage and praise the parent, engage the parent. Knowing the parent will make the hair on your head stand up in many cases, you can't stand the smell of the nicotine when she comes in to talk to you. She stands so bad of cigarettes, within two feet of her you feel toxic, and you wonder how the kid can deal with his home life. She may not have graduated from high school. She might have a poor educational background. You may press every button from her childhood and she has difficulty viewing you in a way that is other than her negative experiences from her own school. Again, with attachment issues and you want to educate the parent as well as the child, you have to form a relationship with the moms. You were saying at break you give the home number and to call. I bet they do not call you often, do they? But, you have to form a close relationship, child, parent and teacher. You have to be the one to initiate that. If your view in the classroom is, 'if I don't hear from the parents, I assume everything is going OK.' That is the wrong thing to do. Ask. Send little

notes home. Give little instruction things. Don't wait until the school conferences that usually happen 2 ½ months after you have him in the classroom. Get them in right away, get them into the classroom. Demystify what you are doing. You have to work with the parent.

The classroom should be orderly and uncluttered (laughs from audience) All that clutter and stacks of things all over the back of the room clutters the child's mind. It becomes chaotic from them. You have to try to clean that out and keep things orderly if at all possible. You should have purposeful learning centers, different places in the classroom for different activities. It should not be overly stimulating. Do not use the neon bright papers for copies, the screaming orange and neon green, the child is going to have difficulty with that. Round tables are their nemesis. If you are in a classroom with round tables or you have a reading area with round tables, square it off with masking tape. They cannot focus. Give them private areas in the classroom for them to go with soft elements in it, pillow, beanbag chair, rug. Allow for that type of movement, if they have to use it, allow them to without raising their hand. Develop a relationship and expectations with that child. If he needs to move, move from the back to the beanbag and take one of your books with you. Tell him it is OK, as long as he does not disrupt everyone else in the classroom. Of course, you will have to allow other kids to do that too, take care of themselves rather than micromanaging them. Allow the space that will allow the child to calm down, tune in, and get back in focus with the class.

You should have a daily schedule for the younger grades. The schedule should be in words and pictures, multi-sensory stuff. Still verbally go over the daily schedule every day as part of the morning routine. Try to alternate activities every 20-30 minutes. 20 minutes on the young side. 30 minutes as the grade gets a little older. Try to alternate an active and a quiet activity if possible. Use music, rhymes, visual aides and sounds as much as possible. As you go from one activity to another, maybe a little song softly will help them put their stuff away and go onto the next thing. Bells and chimes are good as long as they are not loud, sudden noises. Those things will help a child move through the transitions of the classroom. Have an opening and closing routine everyday. However you start the morning, try to do that day in and day out. And, when you do the closure at the end of the day, prompt, remind and tell them what to expect tomorrow.

Post rules and responsibilities and keep it simple. I learned from my son's kindergarten teacher, and I use those rules at home. Caring, kind, conscience and something else.

Break down tasks into smaller pieces. More than three commands and they lost it. That is why division is so difficult for these children.

Help them with the desks, lockers, and backpacks. Help make a checklist, help them make a checklist. They love little calendars and a dry erase board at the desk. If there are three things they have to do during the day, let them use different colors. Colors cue different things and are very effective. Have them cross those things off to give them the sense of accomplishment and self-tracking. Check with directions and assignments. Make sure they have down the right assignments, because the handwriting is bad, if they are responsible to write down their assignments and you can't read it when you know what it is, you know when it gets home the mom will not be able to figure out what it is. Then the kid can manipulate that. Make sure they understand the directions, that they are written, not just verbal. Be there to remind, prompt and help when necessary. Coach and help to succeed. Be there to reward and praise accomplishments and the effort.

Provide a quiet work area. At times work one on one, in pairs, or very small groups. Not big groups. Probably no more than 3. Sometimes when you put the desks together in groups of 4, that is difficult.

Allow for fidgeting, restlessness and moving focus. Give short, concrete instructions. Watch for over-arousal and over-stimulation. You can only control the build up of that. Once it reaches the boiling point, there is nothing you can do other than let the kid do the meltdown. Promote self management as opposed to you being the micromanager of the classroom behavior. You want to promote the child handling himself to the best of your ability. Reteach, reteach review, reteach, reteach, review, etc. Use acronym types of things. The thing they do for division, Daddy, Mom, Sister, if you can help him with memory problems like that, they will remember that. Write it down someplace, for each step, use different colors as you write that down. All of that is helpful to them. Identify triggers that get them over-aroused and over-frustrated. Try to handle and control the triggers. Limit choices. Make learning activities short. They are not going to be able to hang in for something like going to the library and putting together a report for an hour. They will give up. Reward on task behavior. As they stay on task, praise. Use a tool to compensate for poor memory, which might be an open book test, as opposed to straight memorization. I know that we are in a society now where it is testing. My kids are much brighter than their test results. It is sad because they feel very defeated when they see the bar graphs, it is very deflating for their self-esteem. Anticipate they will need help with math and science. Get study groups going. Pair them up with older kids. Do games for learning of their tables. Flashcards of different colors with sour gummy worms as rewards when they get them right, make it a little fun and entertaining and they will stay more on track. Plan for fun and success everyday. Anticipate the memory problems. Use strength-based approach. What is the child good at? Try to maximize strengths as a way to minimize weaknesses. Prepare them for changes in the schedule. If there is a big thing, like outings, it can be difficult. That is a time to keep the kids near you so you can prevent meltdowns and behavior problems. Experiment and be creative. Also, try to stay on top of peer

problems. Even if it stuff I said, if it does not work for the kid, stop using it and go back to the creative side. Discipline, they need boundaries, consequences should be given in small doses and be immediate and logical. Provide for cool-down periods, breathing or to count to cool themselves down, or visualization. At Chasnoff's they teach self-regulation discipline activity for the kids to compare themselves to an engine on a car. To be able to say, 'my motor is racing.' What do you have to do when the engine is racing? Take your foot off the gas and slow down. They can say my engine is now in park or standing still. There are all sorts of things you can use to calm them down. Be more of a coach to help them through the day. Ultimately, what they respond best to is positive reinforcement. You have to catch them being good instead of being bad. When they are being good, you have to praise them and tell them they did a great job and how pleased you are and aren't they pleased too and you have to make a big deal about it. Negative structure or reinforcement has minimal effects. Sometimes that is all you got in your bag of tricks at that moment, so don't be so hard on yourself. Be prepared with the cause and effect learning. You have to say the things over and over again. Lecturing and embarrassing them is usually not effective and just causes them to stay over-stimulated and over-aroused. It is better if you can take them aside and talk to them one on one, and not necessarily take them out of the room. Quietly do what you need to do in order to coach and keep them focused as opposed to calling them to attention in front of all the kids, then the kids talk about it out on the playground, it really binds a kid.

When you look at these kids 5 years down the road, there are 2 things very important to the outcome 1. How well the mom has done, has she stayed drug free? 2. Whether or not they are attached to the school system. I cannot encourage you enough for you to realize that one small thing you do with these kids in a given day can have a huge positive impact. Even though they are exasperating, they hit your frustration tolerances. I understand you have a lot of these kids, it is a lot for you to manage, you decided to be teachers because you can teach and you are good at certain things. You are not psychologists nor behavioral therapists. A lot of the things these kids do well with are just little accommodations and approaches we make when dealing with the child, as opposed to big huge changes. It will make a difference. I can't encourage you enough if you ever need to contact me, I've got my card, you can contact me anytime. We will bring in more help down the road.

Question: What do you mean by clinic?

Response to question: Told about personnel, location, funding, setting, opening, eligibility, educator assistance.

I can't tell you what I go through every night. It is like a third job. I am so relaxed during summer vacation. Thank god I can go home after 8 hours of work and I don't have to work with my kid. Do you have your homework? Can I see it? Let's go through it, etc. The amount of time I put into my kids educational and

academic life is unbelievable. On top of that, I pay for tutors. I pay for tutoring because I only have so much patience. It gets to the point where I am yelling at the kids. I pay not to yell. When I think I have a husband, jobs, money, time and energy to devote to this. I think of what the moms go through at PA with 4 kids like this, no resources, no college education, no high school education, no capability with this. I have a degree in mathematics and I am having trouble getting the kids to do it. It is an uphill struggle. The more we can do like the Asian cultures, when school is done they go to study groups in the late afternoon and early evening. To have those kinds of accommodations to these kids would really improve their academic success.

Question: Seeing the struggle they go through, do you think it is appropriate to accommodate and give less? Or do they need to learn to do it, and that is it?

Response to question: I think you need to try before giving them less. I don't advocate giving them less. If you have to give them less, you seriously have to take a look at more help, more assistance, more tutoring or need to be held back. You have to work with the mom to try to get that stuff done. Allow them to stay in the classroom. Out of the 4th and 5th grade, you could have a study group where they all get together in a room after school. Rotate who supervises that. Help them succeed.

Question:

Response to question: There is more of the drugs. A lot of our plurality, different drugs, different things. I come from a family of school teachers. You have an uphill job with minimal resources to go uphill with. Thank god you are hanging in there. Elaboration, etc.

Appendix E – Seminar With Ken Hoast

Kari: I am a psychologist with children's behavioral health. Currently, I do assessments for the entire family. So, I meet with the parents and assess all the children. I am going to focus on attachment difficulties and neglect, and similarities and compounded issues of children when they are drug exposed. My work experiences has been with drug addictions a lot. I am fairly new to working with attachment difficulties. The position I am in now, I have been in the last 3 years. I began my education by meeting with these kids. I was saying, 'what is going on? I have been working with kids on the masters level, working with kids and seeing progress, progress, progress and I am not seeing progress with some of the kids I am working with.' I needed to be educated on the attachment piece, which I have been doing the last 3 years.

I want to make a distinction between attachment and bonding, because there is oftentimes confusion between the terms. Bonding is a lower brain function that is innate, it is instinctive. Every animal has a lower brain function ability to bond. Bonding can be with an inanimate object, it is unidirectional. An infant is born with the ability to bond and connect, but there is no reciprocity is there. This is very different from attachment, because in attachment is reciprocity, a connection between a child and care-givers within the first three years of life. So, when I am looking at assessing a child with attachment difficulty, I always go back to the first three years of life, starting prenatally. Somebody asked why we refer to moms a lot. I will be referring to moms during the attachment, because I am talking about the prenatal piece and that is where the attachment starts there. It is a learned ability. It is a result of reciprocal interaction of protection fulfillment, limit love and trust. With an infant and mother in the prenatal period, the attachment piece starts. There is a lot of research that has come out on the prenatal end of when the attachment starts. A short example of that is the research on nicotine use. They have put cameras in utero to show that when a woman smokes a cigarette, the infant constricts all the muscles around the umbilical cord to let less smoke come into it. So, what they did in the study was put the cameras in and have the women think about smoking and cigarettes and immediately the infant contracted those muscles. It was not even that they sent the nicotine through, it was that they were in tune with their mothers thoughts. When you think of some of the mothers Kris was talking about today, if you have a mother who is actively using, there is no prenatal connection with that mother and child. Also, if there is domestic violence or the mother is experiencing trauma herself, the child prenatally is experiencing that and will have a limited ability to connect to the mother once they are born, even in the most ideal situation.

Developmental indications of a secure attachment is they learn basic trust and reciprocity. This first one, the basic trust, is the trust that is going to be in every subsequent relationship, from prenatally to age 3. The trust and reciprocity that

is there gives us a framework for every relationship to follow. We have relationships in our adult life are basis for trust and reciprocity in those relationships goes back to birth and age 3.

To explore environmental safety. When you see a toddler who is able to look at their mother, run away and explore something, then run back to their mother, that is developmentally appropriate. Many of these children do not have the safety to explore their environment. The lack of safety goes throughout their years as well.

Kris focused a lot on self-regulation. For attachment disorders, or children who go anywhere with attachment disruption, it is a spectrum. There is one diagnostic category that therapists can code reactive detachment disorder. It is not a very good representation of what these children experience. The diagnosis have been about 10% of the children can be diagnosed with reactive detachment disorder, however, there is a huge spectrum of children with mild problems leading up to the full fledged RAD. The self regulation for attachment disrupted kids is mostly impulses and emotions. They have a hard time regulating. They create their identity formation by having a positive attachment, they have a positive self-esteem. When a mother is looking at her newborn with love and reciprocal connection, the infant feels love. Every interaction a child and parent have gives that child a sense they share the same emotions and feelings at the same time. That is how a child learns to regulate their emotions. When a mother is sad because their child is sick, they share that emotion, that is how a child learns to self-regulate. When a child is happy, the mother or care-giver can share in that happiness so the child learns how to regulate their own happiness. They learn positive self-esteem.

The () moral framework, the most important thing is the empathy. A lot of these children do not develop empathy. That is one of the hardest things to work with because you cannot teach it if it not there in the basic foundation. You can try to parent, but you can't teach it. An extreme example of this is Charles Manson. He is a product of the foster care system in the California system. If someone wanted to do a research study and get students to do it on a regular basis going into the prisons and look the first prenatal – 3 years old, I am sure many people who are incarcerated for crimes without empathy would be attachment disorder crimes.

Question:

Response to question: Absolutely. Attachment problems are very common and I will go into the reasons why. They are very common for alcohol exposed children. It is a generational thing. The mothers themselves did not have healthy attachments so they don't know how to attach and connect to the child. It is true if a woman is pregnant and does not want that child and questions whether or not they want that child. I have a girlfriend that has an autistic son. When she got pregnant again and found out she was having a boy, she was more concerned

that he could potentially be autistic. So during her pregnancy, I am sure the infant got those messages of concern and fears. That will come up in the attachment.

The core sense of beliefs is your belief system about yourself, caregivers and adults. If you have an adult that is unable to meet your needs through age 3, you are going to believe that all adults will be unable to meet your needs. They think if my parents were not able to meet my needs, my teacher won't be able to either. This gives us a lot of extra work to try to connect with these children.

Positive attachment provides defense against stress and trauma. This is the key for resilience for some of these children. If they have a healthy attachment, they are going to do better. If they develop a positive attachment, they will do a lot better than those who don't have healthy attachments.

Kris: Even though we got my daughter at 2 years old, the social workers will hound you not to leave that child with anyone other than you and your husband. Literally, when the social worker told us that, we did not leave the daughter with anyone for 3 years, we didn't have babysitters. You think about the kids and mom at PA, they are not given time to be with their kids. They have to go to classes, OneStop, vocational stuff, and working even though they have just been reunified with the child a month or two ago. The child does not know who mom is. They are not given an opportunity to re-bond and reattach.

The child oftentimes often spends 8 plus hours in childcare with a different caretaker which defeats the purpose of trying to get the reconnection with the biological parent.

In the healthy attachment cycle a child who is in need cries. The need is met by the caregiver and trust develops. Where do you think in this cycle an attachment disruption would occur? (Audience: Needs met by caregiver) Right here. The child cries, the needs are not met, the child does not develop trust and instead develops rage. When we see the long term picture, children either externalize the rage and become aggressive or internalize the rage into anxiety and depression. The difference between a child who is going to internalize or externalize, a theory is that when a child who's needs are not met at all, they have a parent who is not responsive to their needs that they are going to internalize and in the long run have anxiety and depression. When a child is crying because they have a need and are hit, then the rage turns into aggression because they have learned the violence. An example of this one is during an assessment: A child had been in a relatives place for 8 years. The child was acting out with a lot of attachment disorder behaviors. We did not have the history from before age 3. I contacted the birth mother to find out what the prenatal and first three years like. I asked, 'did the child cry?' The mother said, 'oh, no. I could not tolerate crying. So, I taught my children not to cry. If they were crying for the first few days, she would just let them cry.' She would not feed them. She would not change them. Just

let them cry and they learned not to. This is a 12 year old now who has significant issues because his needs were not met by the caregiver. If the child does not eat for 2 hours, even if the parents are well-meaning with a schedule, and they are hungry, it is like us not eating for 24 hours. The hunger cry is significant. Attachment disruption in that needs cycle leads to frustration, which leads to pathology. The pathology is the internal depression or anxiety or the external aggression. Depending upon the level of the disruption it can lead to disassociation. These children can check-out. Oftentimes, these children are running on high speed. Chasnoff describes it as an engine, their engine is running fast. Their brain develops around this early nurturing period. They are on high speed. If there is an anxious response from a test, they can check-out and just not be with you.

These disruptions are all prenatally to age 3. Four types of bonding breaks and prenatal influences. Inattentive care giver is not going to meet the needs of the child. Situational traumas, with parents being moved overseas, children in foster care. One of the key things we look for in assessing children with the bonding breaks is if they have had 3 primary caregivers before the age of 3. A lot of our kids in foster care have.

Faulty parenting is what we are talking a lot with our substance abusing parents. The lack of inconsistency. Really inconsistent environments, sometimes they can be nurturing and sometimes they are using and checking out and they can't be there for their child. Children who are constantly exposed to yelling, criticism and violence. Not just homeless or substance abusing mothers.

Kris: Most of your kids have had all 4 types of bonding breaks.

Once a child experiences early trauma as a lack of trust, they perceive abuse and rejection even when it is not present. This is extremely important for you to know in the classroom. If you have 2 children in your classroom, both 120 IQ. One child has attachment difficulties growing up in a domestic violence or trauma home. One child is going to be able to take in the information and process and incorporate that. The other child is thinking, 'why is the teacher not looking at me? Am I in trouble? Will I get beat up at lunch.' Studies with children with a trauma background show their heart rate is up higher throughout the entire day. They are perceiving abuse or rejection even when it is not there. You may not be making eye contact with anyone, but they will perceive there is something with them.

They expect the worse from adults because that is what their initial period was like. One of the things that helps me when working with the birth parents is to remember the children we are working with are going to be birth parents. The birth parents are children I was working with years earlier. They have a lack of cause and effect thinking with birth control. Their brain was not developed in the neo cortex, their brains are smaller, the cause and effect does not work. When

we think of the parents, it is helpful for me to realize the parents have the same disorders that the children have.

They expect the worse from themselves. They don't know how to relax or enjoy or rely on parent or adult figures.

Symptoms of attachment disturbance: These children are very superficially engaging, very charming. I have children who will come in my office sweet and loving. There is an indiscriminate affection with strangers. They will say, 'I love you' and hug onto me when I am leaving them for the first time, yet they will never say that to a parent. They are scared and acting out of fear. They are terrified to make that connection. They can make that connection to me because it is one time, one hour, and short. They can get their needs met by me or at school. But, they won't allow themselves to get their needs met with that parent, even if it is not the parent who originally caused the attachment disruption. A lot of the adoptive children, the children will go to their parent, be superficially engaged and charming. When they start to feel love, they are terrified because they associate love with fear, so they start acting up and disconnecting with adoptive parents.

They lack eye contact. They are not affectionate on the parents terms, which speaks to the control issues, there are huge control issues with these kids. Destructive to self, others and animals. Lack of empathy. Lying when it is obvious, even when it is easier to tell the truth. It is about control, if they let go of the control, they feel they will die. It goes back to infancy and the initial brain development of food and nurturing they did not have, the basic necessitate. They are afraid if they give up control they will die, they are not going to survive. It goes back to the reptilian part of the brain that animals work on. If they tell the truth, they are giving you the control. They will lie about things when it is easier to tell the truth.

Consistent chatter: I hear from the foster parents the children will talk nonstop, but they won't talk in a way to engage or connect.

Abnormal eating patterns; a lot of children will eat until they vomit or will hoard food. It goes back to the fact that they were not fed, so they are looking to overcome their unmet needs.

Question: Back to the affectionate on the parents terms. What if there is a child that is affectionate, but the parent isn't.

Response to question: If a child is trying to be continually affectionate, there is only so much affection one can take. It really depends upon the prenatal to age 3 taught them about relationships and connection. If they have a solid foundation, they may keep trying. If they did not have a solid foundation, they will not keep trying for long, except superficially.

Learning lags: Lack of cause and effect thinking. These are a lot of the things you will see. They don't have impulse control. They are often misdiagnosed as ADHD when there is not attention deficit hyperactivity disorder at all. There is a correlation between the substance exposed children and ADHD than there is with attachment and ADHD, however, that is the most common diagnosis these children receive. Medication is not going to help.

They have difficulty regulating their behaviors and poor peer relationships. These are primary thing you would be seeing in the classroom.

Neglect and attachment go hand in hand. Neglect is the last of the sensory input these children are getting. Their brains are not going to develop the same. When we are adults, the experiences we have will change our brain. But, when you are a child and the brain is developing the most between age 0 and 3. The brain is organizing the system. These children have their system organized to misinterpret and misperceive the information. It is frustrating to work with some of these children, but it is helpful to remember the brain is not functioning the same way the child next to them is. They are functioning to misinterpret information because of neglect or attachment issues they have.

Sensory deprivation: The new brain research shows how the brain developed from the time the child was born. As Kris pointed out, 25% of the brain is developed at birth. That gives us 75% from birth on. Every interaction the child has, taste, touch, smell, sight, sound, and all the combinations bring different neuron connections for these kids. If the mother talks to an infant, a father can say the same thing but because it is a different voice, there is a different set of neuron connections. Every time a caregiver is interacting with the child, you are building those neuron connections. The car seats are very popular now. People carry their children around in their car seat and they don't get that interaction and touching. You are not able to look into their eyes. If you are touching a child and looking into their eyes, you are building new neuron connections for that child. The new research talks about how important that is until age 3. This is before they come to school and before you get them. Hopefully with MICSTART, we will be able to help these children on an earlier level.

Kris: An interesting study through Chasnoff is where psychologists were looking at bonding and attachment between the biological moms and adoptive moms. They watched the feeding of the adoptive mom vs. the biological mom. They had to stop the study because the people of doing it, within weeks of starting, they were able to tell which was the adoptive mom and which is the biological mom. When the adoptive mom went to feed, they would hold the baby and automatically hold the bottle with their thumb up so the infant would grab onto the moms thumb while feeding. This shows you how the cycle of nonattachment goes on generationally with the birth moms. None of the birth moms ever put the thumb up to be available for the child to hang onto during feeding.

Feeding is one of the most important times to make the connections because you are holding a child, looking and engaging with them. When you prop a bottle and walk out to start dinner, a child misses that interaction.

Question: Is it a good idea to have places like PA and bring them back together? Would it be better for a child to stay with the foster home?

Response to question: There is a lot of research that says these parents continue to have children. My personal thought is that we can educate the parents on parenting skills, who have the same learning disabilities due to alcohol exposure and lack of attachment. We can show, educate and work with them on the attachment piece in diatic therapy, work with the mother and infant in therapy. It will be a better solution than adopting out all the children.

Neuro-developmental impact in attachment disorder is similar to substance exposure. You can see from this 3 year old child, the brain is a lot smaller. The folds, noodles on the top that these children don't get is the neo-cortex. That does not develop on these children because people have not interacted with them. They do not have the ability for higher brain functioning. This child will grow up and not have the ability for higher brain functioning. It is important to remember. They are not being oppositional, they do not have the brain capacity and we need to put things a notch for some of them.

The brain is 90% developed by age 6. You start out here, the crucial period where the body continues to grow. But, here, there is a potential of 75% for the brain. In this period we need to target it. I know you see children mostly in this period after, but this is where the early intervention movement is targeting.

When there is a traumatic event, your brain changes. An example of this is through evolution. I am a rabbit and a cougar is chasing me. Through evolution, I am supposed to have a reaction, a flight or fight, my heart rate will go up, I am going to run. It is supposed to happen for a few minutes. The children we see have a prolonged reaction. This is the state they are in the majority of the time. Their brain develops to perceive fear.

One of the strongest point I want to make is these children are not being oppositional. They are wired, the brain makeup is geared to effect the alarm reaction. They have proved their heart rates are more accelerated throughout the day. Similar to the running rabbit should only be 5 minutes, their heart rate is up the entire day so the information coming at them will be perceived different.

Kris: Which means they will develop fear-provoking incidences in their lives to be able to handle it that way, that is what they have learned. It becomes self defeating. They set that up and by age 13 are hell on wheels.

If a child has unpredictable, severe stress, especially during the critical period where their brain is developing, it is going to change the way that child thinks. If

it is predictable, moderate stress we all have, it can build resiliency. But for the children in drug-abusing homes, there is unpredictability and inconsistency. The stress is severe. There is the vulnerability and the brain will change because of the fear and stress in their lives. We place value on the things that are important to us at the moment, the brain places the value. These children are in a safety mode because they are in a place of fear.

Question: We have so much research about brain development, etc which pushes up in one direction. Then we have testing and curriculum and things that don't mesh with that. I feel as a teacher, we are between a rock and a hard place. We don't have a choice about the stress on testing. It seems we put them in a situation that is impossible.

Response to question from Kris: It is true, we are into performance outcomes. When you translate that to education, it is tests, black and white data that shows what you did was good. In education, the pendulum will swing. We have gone too far in this direction, coming near it will go back toward the middle a little bit. Voices like yours need to continue as long as we are on that schtick on the test-itis stuff, you have to keep saying it. Just because a child does well on a test does not mean he is a well-educated learning person. Think of that kind of stuff a little. I am scared to death my daughter is not going to pass the graduation test.

Discussion: NCLB, testing rigidity.

Kari: With the new brain research, it is moving into early intervention. If people start working with these children in the critical period of their brain, they will be a lot better off by the time they get to school.

Question: All this information is coming to educators, that is great. But, who listens to educators? Nobody! Those people that want to be elected, they have their own thoughts, they are in another room when it comes to this.

Response to question (Yolanda): We know how to teach children, () so we can't let test results guide. () We have to let our hearts do that. If we care, we can't educate these children unless we really () and we will continue to do that.

Discussion: testing, under-performing schools, money,

These children perceive the world as chaotic, violent and unpredictable. Unfortunately when you are in that situation, the system in place that is supposed to be soothing and comforting is the parent. Oftentimes the parents expose these children to increased neglect, unpredictability, chaos and violence. The more we can support and help the parents, we are helping and supporting the children. When we can help the parents define ways to comfort the children, we will be better off.

When I talk about attachment, I am talking about the mother in the prenatal phase. In the prenatal phase is when the brain stem, the reptilian part of the brain, develops. When you talk about the mid brain, birth to one year. The

primary caregivers birth to one are childcare givers, so it is a matter of educating the childcare providers as well. When we talk about the limbic system, we are talking about emotions. Attachment is most prominent in the brain stem and limbic system. When a child is 1-3, the family and peer relationships are important. How can we support the peer and family relationships.

When the child is 3-10 years old is when the peers, teachers and community can influence them. Unfortunately, if they are drug-exposed and have development issues do not have a developing neo-cortex. So, the ability for them to get positive influence from peers, teachers and communities is limited. So, we need to start working with the kids to have the development to start from down here, to redo what was not done during infancy so the children are able to connect and get some of the neo-cortex.

Early intervention shows that a child at the age of one that gets some type of early intervention, or there is a healthy structured environment, their brain growth can go up as much as 25%. So, when you saw the smaller brain from neglected or substance exposed children, early intervention can increase this. This is where we need to be targeting resources for these kids, as early as possible.

As far as attachment intervention, theraplay is the attachment and diagnostic intervention that I like working with most. It breaks attachment into 4 different categories: Structure, engagement, nurture and challenge. When we are doing a diagnosis, we are having a parent and child do a set of activities and looking at the response related to these categories. We look at the categories we can try to support. Even the child that is school-aged through adolescents, we are looking at what needs did they not get and how can we get them met now. Lets say a child did not get the nurturing of being held with a bottle. Sometimes we will have a parent have a sports bottle of water with the child and rock them. They never got the nurturing and they are craving it, and we can fill some of that need. In the structured activities we use the parent is in charge so the child can relax. You are safe with me because I can take care of you. When you are doing engagement activities, you are telling the child they are fun to be with, that they can interact in healthy and appropriate ways. The nurturing activities let the child know they are lovable and you are going to respond to their needs – this is what we focus on with children in foster care because they don't know they are lovable and that someone will be there for their needs. In challenging activities the child knows they are confident and capable of making a positive impact in the world. I put this slide up because you can do these things in your classroom. You can do activities that are nurturing that involve food or water from the sports bottle. Challenging activities they can succeed in, letting them know they are capable and you think they are going to make a positive impact in the world. Structure in the classroom lets them know they can relax because you are in charge. A lot of the children cannot relax and need to be in control because the adults cannot. Children who do not have structure can't relax and stay at the heightened level. Let them know they are fun to be with and you like interacting with them.

We will be holding a one day overview on theraplay training on April 19th. I will leave my card if anyone is interested. These are interventions you can use if you recognize there is an attention disruption.

A systemic approach is needed. I am excited about the MICSTART project and working with different agencies to try and help these children and the issues they have. In a hunter/gatherer societies, children were raised by 4 primary adults. They had regular exposure to more than 40 adults. They had 40 people they interacted with. In our society today if a preschool has a 1 to 4 ratio which is opposite. For a lot of our single parents, a lot of the parents at PA that are going to be working, we need to be supporting the parents to support the children. The children do not have the same interaction with the same number of adults. The primary attachment is very important, but research shows that the larger number of healthy attachments, the greater the child is going to be. Even if the child is in foster care and will be move, if they can get a healthy positive attachment with that caregiver they are going to be better off in subsequent placements. Bruce Perry talks a lot about independent vs. interdependent society. We are a very independent society. A research study, taken all across the US, different cultures and socio-economic status, shows that the amount of quality time a father spends with their child per week, that is one-on-one time, is 7 minutes. The quality time a mother spends, individual one-on-one time, is 11 minutes. Not having a society where we raise children together is not working. We need to focus more on an interdependence which is why we are here today talking to schools. We need schools, counseling agencies, and policy makers all to be on board to make changes for these kids.

Questions: What is the training on the 19th?

Response to question: Theraplay, description of training.

Appendix F – Discussion with Mary

Me: I wanted to talk to you about the relationship between the school and families here. Speaking with some of the mothers, everything seems fine. What is your comment on this?

Mary: It is because they have no idea the needs of their children. As recovering addicts, they can be selfish and not in tune with what is going on.

Me: What do you see as some of the greatest difficulties and how can they be addressed?

Mary: We want a liaison between the school and our community as well as Homeward Bound community. Obviously the children have problems. A liaison would be able to work with the child as well as the community and parent. Where it was last school year, was that Yolani was not doing it all. A principal should not be doing all that, it is silly. For instance, we had this one child who could not make it through the whole school day. Around 10:30 he would become disruptive. The teacher would ask him to leave to the principal's office. There was nothing to do with him, so he had to come home on the kindergarten bus. The child is in 4th grade and is not getting an education, he is getting booted out. When he was asked what was going on, he said the other kids in the class were further ahead than he was. When he tried to do the work, he couldn't so he felt stupid. So, he would get himself kicked out. The more he gets kicked out, the further behind he becomes. He was also living with an aunt in Salinas and he was doing well in school. He came out here reunited with his mother. The parenting skills are lacking considerably. The child did not want to be here, so he acted out, got in trouble, so he could get out of here, which he did. The social worker put him back in Salinas.

What we are looking for is what I call a 'learning lab.' If a child is having problems in the classroom, he would go to another room, which is specifically designed for any child who is having problems in the classroom. So, with the teacher or aide, or whoever knows how to work with our kids, with learning differences, behavioral problems, whatever the case may be. After the child comes down, gets help with his work, he can go back into the classroom. This serves the child better than sending him home. The child stays in school and knows they have to say in school, know they can't come home unsupervised, running around terrorizing the neighborhood.

So, we want a learning lab and a liaison between the school and our community. Also, because kids come in at different times during the school year, they are not all going to be here in August when school starts, some will show up in February. When a child starts school, the parent will meet the liaison at the school. That person will show the child around, shadow them for a while, talk to the parent, etc. Also, if there are difficulties in the school and parents freak out and does not want to go to the school, then we can meet here in the community center. The

liaison can come here to meet with the parents and one of our counselors and work with the parent here. That is the package we would like to have, what the community needs. That is somewhat what Koast is moving toward. They have put in a grant and are putting in for another one. I do not know the status of the grant.

Me: Would it be beneficial to strengthen the bonds between school and the parent before there are problems?

Mary: I see it through a liaison, someone who is designated to work with our families. What we are doing now is attempting to collect information from day 1 about the child, grade, problems, etc. Then, we can notify the school the child will be showing up next week. Then we can start the dialogue right there. Perhaps using the liaison to sit down with the parent, find out about learning difficulties, behavioral problems, when the child was tested, etc. A lot of times our families do not have the records because the kid has been to so many schools.

Me: Do you see the teachers being involved?

Mary: They have to be. I can't say how because I am not sure about the school system. IEP's, 504's, SSTs? They are involved with those. My understanding is that the teachers are involved in all the steps.

Me: How can we build the bonds before it comes to that? Some students won't need SST's.

Mary: I am changing Rosanne's hours around when she comes back from vacation. She will be here from 10am. She would be the direct contact for the school. The way it was running, it was me, or Frank, or whoever was answering the phones. I can't have that anymore. It has to be a specifically designated person so when the school calls they know who to ask for.

Me: Can you tell me about the 18 month stay period? Is that flexible?

Mary: Yes and no. They have 2 years. After 18 months, they can ask for a 6 month extension. After that, they have to leave. They can still keep their child at Koast if they are willing to take the child back and forth. Some of them, when they move here in the middle of the year, will keep their child where they are until the end of the school year, then move their child to Koast in the new year.

Me: Do they have cars to drive their students?

Mary: For example, one of our women who had family in Salinas. Her child stayed in Salinas, but she would take him to school in the morning. When he got out, he would go to his grandma's house and she would pick him up later. That

worked out OK. We would prefer them to keep their child in the school if it is close to the end of the year. Rather than dragging him out and put in somewhere else for just a few months.

Most of the families have cars.

Me: Are there any other difficulties you see in the schools you would like to see worked out?

Mary: Training the teachers. I have close friends that are teachers. I know they can be rather authoritarian because they have taught so long. And, I think teachers get burned out. I would like to see teachers get more training on how to effectively work with and communicate with a child that has been affected by drugs and alcohol in utero. Most of the kids here and in Homeward Bound and others they don't even know about have been affected. It is not necessarily a behavioral problem. These kids have no idea how to control themselves. They are going through a constant internal struggle. I would like to see them get a better education.

Me: Do you see education as an avenue to break the homelessness cycle?

Mary: Absolutely. We are starting another group if you want to come on Wednesday. Wednesday at 10am. Yolani, Tom Melville, etc. will be here. Helping Hands started with McStart program, which is working with kids 0-5. This meeting is to move forward what we have been talking about, to empower the kids in the school system to become successful. We had a meeting a few weeks back and Tom wrote up some stuff.

Discussion

Me: Is there anything else you would like to add? You mentioned there was a form you were developing?

Mary: Yes, here it is. Susan is our counselor for our outpatient program, they all have to go into an outpatient program. When she does the assessment to get them into programs, she asks them programs about the kids. We will share that with the schools. I made a commitment to Yolani the form would go to the school when the child enrolled.

Me: The teachers were curious about how much they should know, what is confidential. Do you have any comments on that?

Mary: It is a double edge sword. If they know too much, they label the child. However, if they don't know enough, they can't work with the child. What else did they ask?

Me: Many had concerns about attendance.

Mary: The responsibility falls on the parent. However, the lifestyle the parent has been living is non-productive for the child's learning. Because of the parent's addiction, they have been living a lifestyle where they sleep all day and stay up all night, dragging the kids with them. By the time they get to bed, even on a school night, can be very late. So, getting the child up at 6 or 7 in the morning becomes a hassle. The parent has to get up and do all that stuff, they are not used to doing it. That is why there is so much missed school, lateness that comes in. There has to be a lifestyle shift and what the teachers need to understand is that when somebody comes in here, they only have 3-4 month of sobriety behind them. It is not an extended period of time. In a lot of cases the parent does not even know what sobriety or recovery is about when they get here. That becomes a stumbling block to helping the kids. A lot of times the older ones are taking care of the younger ones. The older ones have to get them up, get them breakfast, dressed, and out to school. The parent can either be absent or sleeping in the other room.

Me: Do you see any ways of addressing that?

Mary: We attempt to do that as much as possible. We need to know from the school how often the child is missing school. We need to know before they are being sanctioned. Most of our folks are on Cal Works. Suddenly, we hear one day the parents are being sanctioned because the kids are not going to school. Again, the communication between school and us needs to happen so we can check it out and see what is going on because we don't know that.

Me: Is there anything about privacy that the school would not be able to talk to that about anybody not on the emergency card?

Mary: No. I think we need to know. What they are doing is they are notifying social services. SS gets notified the child is not attending school on a regular basis. When we have a meeting with them, they tell us the mom is being sanctioned. If we could be told initially when the attendance is sporadic, the liaison can sit down with the parent and ask what is going on. We could take care of some chronic lateness, we need to know that.

Me: Would you be willing to come speak in the beginning in the year? There a lot of questions out there.

Mary: Yes. I would love to. I know they have a lot of questions about us. I can't imagine what the teaches have to go through on a day-to-day basis. It can be trying.

It seems to be the boys. I know boys behave differently. It is like having 100 puppies in a room. They are doing what kids do anyhow, then you add to it they have not been raised properly, they are not mannered, they are not civil to each other because no one has been civil to them.

I know I should not be asking the school something the parents should do, but – teaching children manners. They have never been taught manners, they don't know. They don't have the social skills. Even those with social skill still act like they don't. However, they should know in the appropriate place they will act appropriately. They don't know what is appropriate and what is inappropriate touch. They don't know what is inappropriate touch and appropriate touch. Toni brought someone out from the Rape Crisis Center to teach appropriate touch and inappropriate touch. And the words they use, the language is horrible because that is what is said to them. Our kids are carrying so much stuff because they do not have appropriate adult role models, they are so negative. And, the movies they are allowed to watch!

And, a lot of our children have been sexually abused. So, they come with a truckload of garbage.

Also, I have noticed our boys do not have appropriate male role models. They also do not have appropriate female role models. Nonetheless, they are surrounded by women all the time. Then, you get a woman for a teacher. The chances are real high that the little boy is not going to listen to that teacher. The older the boy gets, the less likely it will be that he will listen to a female teacher. They will act out more with a female teacher than with a male. They will seek their approval. They will listen to Francisco, my staff member, before they will do anything from us. The women are yelling at them and ragging on them all the time. They turn them off. They see their mother as being weak. They have no regard or respect for her. That trend is translated to all females.

Me: Do you see a way teachers can address that? It is not going to go away.

Mary: Not a female teacher, no. Once it gets to a certain point, it is not going to matter. When Eddy, the DARE officer comes in, the boys will run to him.. They will gravitate toward him because he is a man. These kids need that and they don't have it. They have absentee fathers. They have moms with one boyfriend after another. As the boys get older, they have a tendency to view themselves as being man of the house, even at the age of 9. In one case, the guy starts coming around to the mom, and the boy starts acting out again. The boy is not going to get the moms attention anymore, so he starts acting aggressive and behaving badly.

We have some fathers here too, not as many though. Right now we only have 2-3. Usually what happens is the mother is incarcerated, so the dad gets the child. It is happening more and more. Most of them are working. We have a couple of two parent families. Anyone that moves here has to be married. A woman can not move her boyfriend in. It does not matter if they have been together 25 years and have 15 kids together, if they are not legally married, they are not moving in. It has to do with the guidelines we made from the get-go. We did that because knowing addicts, especially women, if we made it OK for them to move in a boyfriend, then we would be contributing to the behavior they were doing during their using. We would be making it not-OK for the safety of the child. So, we can't have the 'soul-mate of the moment.' There has to be a behavior change.

The change is if you want to move with this guy here, we request you be married and go through the same process she does. We are not a revolving door for every guy that comes by. That would be devastating to the community. Certainly, not changing the behavior patterns either, so we talked that over quite a bit before opening. There is also no over-night guests. A lot of them do this – they move the guy in and they have to move out. They know the rules, no overnight guests. We have a woman who moved in a pedophile, so that is the reason why. They can do that somewhere else.

Me: What other guidelines do you have that concern the students and school?

Mary: No criminal background, no matter what. You will lose your housing. A background check is done on every family. If any crime is found with a weapon, a crime against a child, they will not be allowed to move in. A family applied a few years ago with a record of battery of a child causing physical harm and spent time in jail – they could not come in. We could not trust them and would have to watch them every second. He filed a grievance, and he still could not come in. We get HUD funding. I also write grants. I wrote a grant from the Community Foundation. We raised 1.3 million in grant money to build this center. We have money coming in from behavioral health. But, most of it comes from the housing authority. Everything here belongs to the housing authority. (laughing) Actually, the table and this chair belongs to us, but the rest belongs to the housing authority including the clocks. We run the program and they own everything. Everyone pays rent to the housing authority, we don't collect any money. They are moving toward self-sufficiency while they are here. They go to school too. Our success rate, meeting all of our criteria, is 78%. The more children a woman has, the less likely she is to succeed. The less children she has, the more likely she is to succeed. One kid, no problem. If she has five kids living with her, she is less likely to succeed. We have one woman with 5 boys.

Discussion