III. Reframing How Schools Address Barriers to Learning – including Mental Health Concerns

A. A School-Wide Enabling Component

B. Special Assistance in Keeping with the Principle of Least Intervention Needed

C. Mental Health Services

>>Group activity – *Using a mapping matrix to review the scope and content of a school’s component for addressing barriers to learning*

>>Brief follow-up readings –
> *About Addressing Behavior Problems*
III. Reframing How Schools Address Barriers to Learning –

Good schooling encompasses the promotion of assets, prevention of problems, and addressing problems -- all in keeping with the principle of least intervention needed. This can be illustrated as follows:

In Unit I of this module, a framework was presented for appreciating the nature of a comprehensive, multifaceted, and cohesive continuum of intervention systems. In Unit II, the needed policy for pursuing such a comprehensive approach was framed as moving from a two component to a three component framework. The third component was described as focusing on addressing barriers to development and learning as a primary and essential set of interventions. Because of the complexity of ensuring that all students have an equal opportunity to succeed at school, policy makers and practitioners need an operational framework to guide development of a school-wide enabling or learning support component at every school. Such a framework is the focus in part A of this unit. Part B offers additional frameworks and guidance for providing special assistance to those who need it. Part C goes into greater detail with specific respect to mental health concerns.
III. Reframing How Schools Address Barriers to Learning –

A. A School-wide Enabling Component

Orienting Question:

What are the major arenas for intervention that are included in the framework?

A school-wide component to address barriers to learning is especially important where large numbers of students are not doing well and at any school that is not yet paying adequate attention to equity and diversity. Leaving no child behind means addressing the problems of the many who are not benefitting from instructional reforms.

Pioneering efforts have operationalized such a component into six programmatic arenas. Based on this work, the intervention arenas are conceived as

- Enhancing regular classroom strategies to enable learning (i.e., improving instruction for students who have become disengaged from learning at school and for those with mild-moderate learning and behavior problems)
- Supporting transitions (i.e., assisting students and families as they negotiate school and grade changes and many other transitions)
- Increasing home and school connections
- Responding to, and where feasible, preventing crises
- Increasing community involvement and support (outreach to develop greater community involvement and support, including enhanced use of volunteers)
- Facilitating student and family access to effective services and special assistance as needed.

As a whole, this six area framework provides a unifying, umbrella to guide the reframing and restructuring of the daily work of all staff who provide learning supports at a school (see Figure 6).
Figure 6. An enabling component to address barriers to learning and enhance healthy development at a school site.

**Range of Learners**
(categorized in terms of their response to academic instruction)

- **I** = Motivationally ready & able
  - Not very motivated/ lacking prerequisite knowledge & skills/ different learning rates & styles/ minor vulnerabilities

- **II** = Knowledge Learning & skills/ different learning rates & styles/ minor vulnerabilities
  - Avoidant/ very deficient in current capabilities/ has a disability/ major health problems

- **III** = Has a disability/ major health problems

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**Instructional Component**

- (a) Classroom Teaching +
- (b) Enrichment Activity

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**Enabling Component**

**The Enabling Component: A Comprehensive, Multifaceted Approach for Addressing Barriers to Learning**

Such an approach weaves six clusters of enabling activity (i.e., an enabling component curriculum) into the fabric of the school to address barriers to learning and promote healthy development for all students.

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Emergent impact = Enhanced school climate/culture/sense of community.
Most formal studies have focused on specific interventions. This literature reports positive outcomes (for school and society) associated with a wide range of interventions. Because of the fragmented nature of available research, the findings are best appreciated in terms of the whole being greater than the sum of the parts, and implications are best derived from the total theoretical and empirical picture. When such a broad perspective is adopted, schools have a large research base to draw upon in addressing barriers to learning and enhancing healthy development. Examples of this research-base have been organized into the above six areas (see Center for Mental Health in Schools, 2000a).

Operationalizing an enabling component requires first formulating a delimited framework of basic programmatic areas and then creating an infrastructure to restructure and enhance use of existing resources. Based on an extensive analysis of activity school districts use to address barriers to learning, we cluster enabling activity into six interrelated areas (again see Figure 6). Each is described in a bit more detail below, and outlined more fully in the series of self-study surveys in the accompanying reading.

This arena provides a fundamental example not only of how the enabling component overlaps the instructional component, but how it adds value to instructional reform. When a teacher has difficulty working with a youngster, the first step is to address the problem within the regular classroom and involve the home to a greater extent. Through programmatic activity, classroom-based efforts that enable learning are enhanced. This is accomplished by increasing teachers' effectiveness so they can account for a wider range of individual differences, foster a caring context for learning, and prevent and handle a wider range of problems when they arise. Such a focus is seen as essential to increasing the effectiveness of regular classroom instruction, supporting inclusionary policies, and reducing the need for specialized services.

Work in this area requires programmatic approaches and systems designed to personalize professional development of teachers and support staff, develop the capabilities of paraeducators and other paid assistants and volunteers, provide temporary out of class assistance for students, and enhance resources. For example: personalized help is provided to increase a teacher's array of strategies for accommodating, as well as teaching students to compensate for, differences, vulnerabilities, and disabilities. Teachers learn to use paid assistants, peer tutors, and volunteers in targeted ways to enhance social and academic support. As appropriate, support in the classroom also is provided by resource and itinerant teachers and counselors. This involves restructuring and redesigning the roles, functions, and staff development of resource and itinerant teachers, counselors, and other pupil service personnel so they are

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1The classroom curriculum already should encompass a focus on fostering socio-emotional and physical development; such a focus is seen as an essential element in preventing learning, behavior, emotional, and health problems.
able to work closely with teachers and students in the classroom and on regular activities. All this can provide teachers with the knowledge and skills to develop a classroom infrastructure that transforms a big class into a set of smaller ones. Classroom based efforts to enable learning can (a) prevent problems, (b) facilitate intervening as soon as problems are noted, (c) enhance intrinsic motivation for learning, and (d) re-engage students who have become disengaged from classroom learning.

### Classroom Focused Enabling encompasses

**C Opening the classroom door to bring available supports in** (e.g., peer tutors, volunteers, aids trained to work with students-in-need; resource teachers and student support staff work in the classroom as part of the teaching team)

**C Redesigning classroom approaches to enhance teacher capability to prevent and handle problems and reduce need for out of class referrals** (e.g. personalized instruction; special assistance as necessary; developing small group and independent learning options; reducing negative interactions and over-reliance on social control; expanding the range of curricular and instructional options and choices; systematic use of prereferral interventions)

**C Enhancing and personalizing professional development** (e.g., creating a Learning Community for teachers; ensuring opportunities to learn through co-teaching, team teaching, and mentoring; teaching intrinsic motivation concepts and their application to schooling)

**C Curricular enrichment and adjunct programs** (e.g., varied enrichment activities that are not tied to reinforcement schedules; visiting scholars from the community)

**C Classroom and school-wide approaches used to create and maintain a caring and supportive climate**

Emphasis at all times is on enhancing feelings of competence, self-determination, and relatedness to others at school and reducing threats to such feelings.

### Crisis Assistance & Prevention

Schools must respond to, minimize the impact of, and prevent crises. This requires school-wide and classroom-based systems and programmatic approaches. Such activity focuses on (a) emergency/crisis response at a site, throughout a school complex, and community-wide (including a focus on ensuring follow-up care) and (b) prevention at school and in the community to address school safety and violence reduction, suicide prevention, child abuse prevention, and so forth.

Desired outcomes of crisis assistance include ensuring immediate emergency and follow-up care so students are able to resume learning without undue delay. Prevention activity outcome indices reflect a safe and productive environment where students and their families display the type of attitudes and capacities needed to deal with violence and other threats to safety.
A key mechanism in this area often is development of a crisis team. Such a team is trained in emergency response procedures, physical and psychological first-aid, aftermath interventions, and so forth. The team also can take the lead in planning ways to prevent some crises by facilitating development of programmatic approaches to mediate conflicts, enhance human relations, and promote a caring school culture.

Crisis Assistance and Prevention encompasses

- Ensuring immediate assistance in emergencies so students can resume learning
- Providing Follow up care as necessary (e.g., brief and longer-term monitoring)
- Forming a school-focused Crisis Team to formulate a response plan and take leadership for developing prevention programs
- Mobilizing staff, students, and families to anticipate response plans and recovery efforts
- Creating a caring and safe learning environment (e.g., developing systems to promote healthy development and prevent problems; bullying and harassment abatement programs)
- Working with neighborhood schools and community to integrate planning for response and prevention
- Staff/stakeholder development focusing on the role and responsibility of all in promoting a caring and safe environment

Support for Transitions

Students and their families are regularly confronted with a variety of transitions – changing schools, changing grades, encountering a range of other daily hassles and major life demands. Many of these can interfere with productive school involvement. A comprehensive focus on transitions requires school-wide and classroom-based systems and programmatic approaches designed to (a) enhance successful transitions, (b) prevent transition problems, and (c) use transition periods to reduce alienation and increase positive attitudes toward school and learning. Examples of programs include school-wide and classroom specific activities for welcoming new arrivals (students, their families, staff) and rendering ongoing social support; counseling and articulation strategies to support grade-to-grade and school-to-school transitions and moves to and from special education, college, and post school living and work; and before and after-school and inter-session activities to enrich learning and provide recreation in a safe environment.

Anticipated overall outcomes are reduced alienation and enhanced motivation and increased involvement in school and learning activities. Examples of early outcomes include reduced tardies resulting from participation in before-school programs and reduced vandalism, violence, and crime at school and in the neighborhood resulting from involvement in after-school activities. Over time, articulation programs can reduce school
avoidance and dropouts, as well as enhancing the number who make successful transitions to higher education and post school living and work. It is also likely that a caring school climate can play a significant role in reducing student transiency.

**Support for Transitions** encompasses

- **Welcoming & social support programs for newcomers** (e.g., welcoming signs, materials, and initial receptions; peer buddy programs for students, families, staff, volunteers)
- **Daily transition programs** for (e.g., before school, breaks, lunch, afterschool)
- **Articulation programs** (e.g., grade to grade – new classrooms, new teachers; elementary to middle school; middle to high school; in and out of special education programs)
- **Summer or intersession programs** (e.g., catch-up, recreation, and enrichment programs)
- **School-to-career/higher education** (e.g., counseling, pathway, and mentor programs; Broad involvement of stakeholders in planning for transitions; students, staff, home, police, faith groups, recreation, business, higher education)
- **Staff/stakeholder development for planning transition programs/activities**

**Home Involvement in Schooling**

This area expands concern for parent involvement to encompass anyone in the home who is influencing the student life. In some cases, grandparents, aunts, or older siblings have assumed the parenting role. Older brothers and sisters often are the most significant influences on a youngster’s life choices. Thus, schools and communities must go beyond focusing on parents in their efforts to enhance home involvement. This arena includes school-wide and classroom-based efforts designed to strengthen the home situation, enhance family problem solving capabilities, and increase support for student well-being. Accomplishing all this requires school-wide and classroom-based systems and programmatic approaches to (a) address the specific learning and support needs of adults in the home, such as offering them ESL, literacy, vocational, and citizenship classes, enrichment and recreational opportunities, and mutual support groups, (b) help those in the home improve how basic student obligations are met, such as providing guidance related to parenting and how to help with schoolwork, (c) improve forms of basic communication that promote the well-being of student, family, and school, (d) enhance the home-school connection and sense of community, (e) foster participation in making decisions essential to a student's well-being, (f) facilitate home support of student learning and development, (g) mobilize those at home to problem solve related to student needs, and (h) elicit help (support, collaborations, and partnerships) from those at home with respect to meeting classroom, school, and community needs. The context for some of this activity may be a *parent or family center* if one has been established at the site. Outcomes include indices of parent learning, student progress, and community enhancement specifically related to home involvement.
Community Outreach for Involvement and Support (including a focus on volunteers)

Most schools do their job better when they are an integral and positive part of the community. Unfortunately, schools and classrooms often are seen as separate from the community in which they reside. This contributes to a lack of connection between school staff, parents, students, and other community residents and resources. And, it undercuts the contributions community resources can make to the school’s mission. For example, it is a truism that learning is neither limited to what is formally taught nor to time spent in classrooms. It occurs whenever and wherever the learner interacts with the surrounding environment. All facets of the community (not just the school) provide learning opportunities. Anyone in the community who wants to facilitate learning might be a contributing teacher. This includes aides, volunteers, parents, siblings, peers, mentors in the community, librarians, recreation staff, college students, etc. They all constitute what can be called the teaching community. When a school successfully joins with its surrounding community, everyone has the opportunity to learn and to teach.

For schools to be seen as an integral part of the community, outreach steps must be taken to create and maintain linkages and collaborations. The intent is to maximize mutual benefits, including better student progress, an enhanced sense of community, community development, and more. In the long run, the aims are to strengthen students, schools, families, and neighborhoods.
Outreach focuses on public and private agencies, organizations, universities, colleges, and facilities; businesses and professional organizations and groups; and volunteer service programs, organizations, and clubs. Greater volunteerism on the part of parents, peers, and others from the community can break down barriers and increase home and community involvement in schools and schooling. Thus, enhanced use of community volunteers is a good place to start. This requires development of a system that effectively recruits, screens, trains, and nurtures volunteers. Another key facet is opening up school sites as places where parents, families, and other community residents can engage in learning, recreation, enrichment, and find services they need.

Over time, this area can include systems and programmatic approaches designed to

C recruit a wide range of community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and individuals with special expertise and resources; local businesses to adopt-a-school and provide resources, awards, incentives, and jobs; formal partnership arrangements),

C train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer-cross-age tutors and counselors, and professionals-in-training to provide direct help for staff and students – especially with targeted students),

C reach out to students and families who don't come to school regularly – including truants and dropouts,

C enhance community-school connections and sense of community (e.g., orientations, open houses, performances, cultural and sports events, festivals, celebrations, fairs, workshops).

Community Outreach for Involvement and Support encompasses

C Work group for planning and implementing outreach to involve (e.g., community resources such as public and private agencies; colleges and universities; local residents; artists and cultural institutions, businesses and professional organizations; service, volunteer, and faith-based organizations; community policy and decision makers

C Staff/stakeholder development on the value of community involvement and opening the school to expanded forms of community activities and programs

C Mechanisms to recruit, screen, and prepare community participants

C Orienting and welcoming programs for community participants

C Programs to enhance a sense of community

C Policies and mechanisms to enhance and sustain school-community involvement (e.g., support for maintenance; celebration of shared successes; “social marketing” of mutual accomplishments.)
Specialized assistance for students and family should be reserved for the relatively few problems that cannot be handled without adding special interventions. In effect, this area encompasses most of the services and related systems that are the focus of integrated service models.

The emphasis is on providing special services in a personalized way to assist with a broad-range of needs. To begin with, social, physical and mental health assistance available in the school and community are used. As community outreach brings in other resources, these are linked to existing activity in an integrated manner. Additional attention is paid to enhancing systems for triage, case and resource management, direct services for immediate needs, and referral for special services and special education as appropriate. Ongoing efforts are made to expand and enhance resources. A valuable context for providing such services is a center facility, such as a family, community, health, or parent resource center.

A programmatic approach in this area requires systems designed to provide special assistance in ways that increase the likelihood that a student will be more successful at school, while also reducing the need for teachers to seek special programs and services. The work encompasses providing all stakeholders with information clarifying available assistance and how to access help, facilitating requests for assistance, handling referrals, providing direct service, implementing case and resource management, and interfacing with community outreach to assimilate additional resources into current service delivery. It also involves ongoing analyses of requests for services as a basis for working with school colleagues to design strategies that can reduce inappropriate reliance on special assistance. Thus, major outcomes are enhanced access to special assistance as needed, indices of effectiveness, and the reduction of inappropriate referrals for such assistance.

**Student and Family Assistance** encompasses

- Providing support as soon as a need is recognized and doing so in the least disruptive ways (e.g., prereferral interventions in classrooms; problem solving conferences with parents; open access to school, district, and community support programs)
- Referral interventions for students & families with problems (e.g., screening, referrals, and follow-up – school-based, school-linked)
- Enhancing access to direct interventions for health, mental health, and economic assistance (e.g., school-based, school-linked, and community-based programs)
- Follow-up assessment to check whether referrals and services are adequate and effective
- Mechanisms for resource coordination to avoid duplication of and fill gaps in services and enhance effectiveness (e.g., school-based and linked, feeder pattern/family of schools, community-based programs)
- Enhancing stakeholder awareness of programs and services
- Involving community providers to fill gaps and augment school resources
- Staff/stakeholder development to enhance effectiveness of student and family assistance systems, programs, and services
A well-designed and supported *infrastructure* is needed to establish, maintain, and evolve the type of a comprehensive approach to addressing barriers to student learning outlined above. Such an infrastructure includes mechanisms for coordinating among enabling activity, for enhancing resources by developing direct linkages between school and community programs, for moving toward increased integration of school and community resources, and for integrating the instructional/developmental, enabling, and management components. We discuss infrastructure considerations in Unit IV of this module.
III. Reframing How Schools Address Barriers to Learning –

B. Special Assistance in Keeping with the Principle of Least Intervention Needed

1. Special Assistance In and Out of the Classroom

2. Prereferral Intervention

3. Sequence and Hierarchy of Special Assistance

Orienting Questions:

What is special assistance?

What is the least intervention needed principle?

Where does special assistance take place?

Why are prereferral interventions?
B. Special Assistance in Keeping with the Principle of Least Intervention Needed

*If we learn from our mistakes, then today should have made me pretty smart.*

When good teaching is not sufficient to the task, some form of special assistance is necessary. Special assistance combines with good teaching as a second step in a sequential approach to addressing learning, behavior, and emotional problems. This second step is an essential aspect of revamping schools to address the needs of all learners. Such assistance often is just an extension of general strategies; sometimes, however, more specialized interventions are needed. In either case, the process objectives are the same—to improve the match between the program and a learner's current levels of motivation and capability. Special assistance is provided in the classroom and in some instances outside the classroom. Using effective special assistance in the classroom is fundamental to reducing misbehavior, suspensions, expulsions, grade retention, referrals to special education, and dropouts.

The first criteria for offering special assistance are the straightforward indications of learning, behavior, and emotional problems. Students who are disruptive or harmful to self and/or others almost always are readily identified, as are those who appear to be extremely disinterested and disengaged. (Of course, a student may appear engaged in learning and still have problems.)

Any student who is not learning as well as most others in the classroom is a candidate for special assistance. There is little difficulty identifying those who are extremely poor learners. It is particularly poignant to see a student who is working hard, but learning little, retaining less, and clearly needs special help. A bit harder to identify may be those who are doing mostly satisfactory work but are not quite performing up to standards in one area of instruction.

*Most teachers and many parents have little difficulty identifying a student who needs special assistance. Of greater difficulty are the matters of determining what type of assistance to provide and how to provide it.*

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1 Use of special assistance is not the same as inappropriately adopting a deficit view of the learner. And, because the term remediation has become controversial in recent years, it is important to understand that that term is used in this chapter to refer to forms of special assistance that may be necessary to enable productive learning.
1. Special Assistance in and out of the Classroom

The ability to provide what is needed, of course, depends on the availability and accessibility of an appropriate array of interventions in and out of the classroom (see Table 6). However, even if one has the good fortune to be able to prescribe from a large array, remember that good practice requires using an intervention only when it is necessary and when the benefits significantly outweigh the costs.

As with good teaching, special assistance must continue to focus in systematic and comprehensive ways on motivation. This means (a) assessing motivation, (b) overcoming negative attitudes, (c) enhancing motivational readiness for learning, (d) maintaining intrinsic motivation throughout the learning process, and (e) nurturing the type of continuing motivation that results in a learner engaging in activities away from the teaching situation. Attending to these matters is essential for maximizing maintenance, generalization, and expansion of learning. Failure to do so means approaching passive (and often hostile) learners with methods that confound diagnosis and that may just as readily exacerbate as correct learning and behavior problems.

In the classroom, special assistance is an extension of general efforts to facilitate learning. Perhaps the major factor differentiating special classroom assistance from regular teaching is the need for a teacher to find ways to establish an appropriate match for learners who are having problems. Often, a great deal of the process is a matter of trial and appraisal.

Thus, all who are available to work with the youngster in the classroom (e.g., the teacher, an aide, a volunteer, a resource teacher) must take the time to develop an understanding of any student who is not learning well (e.g., strengths, weaknesses – including missing prerequisites and interfering behaviors and attitudes, limitations, likes, dislikes). This is not a matter of requesting formal assessment (e.g., testing). Before requesting such assessment, extensive efforts must be made to ensure the student is mobilized to learn and that instruction is appropriately designed to accommodate the learner's capabilities. Accomplishing this requires access to, control over, and willingness to use a wide range of learning options and accommodations. And, it may be necessary to reduce levels of abstraction, intensify the way stimuli are presented and acted upon, and increase the amount and consistency of guidance and support – including added reliance on other resources.

One reason special assistance out of the classroom is requested so often is because so many individuals with learning problems also manifest behavior problems. Such individuals are frequently described not only as learning disabled, but as hyperactive, distractible, impulsive, emotionally and behaviorally disordered, and so forth. Their behavior patterns interfere with efforts to remedy their learning problems, and for many students, the interfering behavior must be eliminated or minimized in order to pursue instruction. Besides trying to reduce the frequency of deviant and disruptive actions directly, programs have been designed to alter such behavior by improving impulse control, selective attention, sustained attention and follow-through, perseverance, frustration tolerance, and social awareness and skills.

Added assistance outside class must be provided whenever necessary, but only when necessary. Special attention is given to both external and internal barriers to learning and performance. Examples at Levels A and B (see table 6) include outside tutoring, supportive and stress reduction counseling for the student, and parent training related to supporting student learning and performance. At Level B, a student also may need additional counseling to restore feelings of competence and efficacy. At Level C, the need is for intensive interventions designed to address barriers related to a host of external and internal risk factors and interventions for promoting healthy development (including a focus on resiliency and protective factors). In extreme cases, full time outside interventions may be required for a limited period of time.
<table>
<thead>
<tr>
<th>Level A – Surface Level Focus on Observable Factors Required for Effective Learning at School</th>
<th>In the Classroom</th>
<th>Outside the Classroom</th>
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<tbody>
<tr>
<td>Special assistance encompasses what often is called “prereferral” intervention and highly structured instruction. The instruction remains focused on directly enabling acquisition of the basic knowledge, skills, and interests the student appears to be having difficulty with as s/he pursues age-appropriate life and learning tasks (e.g., reading, writing, inter- and intra-personal problem solving, positive attitudes).</td>
<td>Where feasible, special assistance should be implemented in the classroom. This may require the addition of an aide or mentor and the use of specialist staff at specific times during the school day. Essentially, at Level A, special assistance in the classroom involves reteaching – but not with the same approach that has failed. Alternative strategies must be used for students having difficulty. The approach involves further modification of activities to improve the match with the learner’s current levels of motivation and capability. Teachers can use a range of environmental factors to influence the match, as well as techniques that enhance motivation, sensory intake, processing and decision making, and output.</td>
<td>As necessary, added assistance is provided outside class. Special attention is given to both external and internal barriers to learning and performance.</td>
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<tr>
<th>Level B – Missing Prerequisites (i.e., the readiness gap)</th>
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<tbody>
<tr>
<td>Special assistance at this level focuses on identifying and directly enabling acquisition of missing prerequisites (knowledge, skills, attitudes) in order to fill the readiness gap.</td>
<td>The more that a youngster has missed key learning opportunities, the more likely s/he will have gaps in the knowledge, skills, and attitudes needed for succeeding in the current grade. If the readiness gap is not filled, it grows. Thus, it is all too common to have a high school student who can barely read. Where a readiness gap exists, teachers must be able to take the time to address the gap by identifying missing prerequisites and ensuring the student acquires them. Procedures are the same as those used in facilitating learning related to current life tasks.</td>
<td>Examples at this level also include outside tutoring, supportive and stress reduction counseling for the student, and parent training related to supporting student learning and performance. In addition, the student may need additional counseling to restore feelings of competence and efficacy.</td>
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<tr>
<th>Level C – Underlying Problems and Interfering Factors</th>
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<tbody>
<tr>
<td>Special assistance at this level focuses on identifying and then overcoming underlying deficiencies by directly correcting the problems (if feasible) or indirectly compensating for possible underlying problems interfering with learning and performance (e.g., major motivational problems – including disengagement from classroom learning; serious social and emotional problems, faulty learning mechanisms).</td>
<td>Special assistance in the classroom at this level involves assessment of underlying problems and/or serious interfering factors and use of remedial, rehabilitative, and/or compensatory strategies.</td>
<td>At this level, the need is for intensive interventions designed to address barriers related to a host of external and internal risk factors and interventions for promoting healthy development (including a focus on resiliency and protective factors). See examples in text. In extreme cases, full time outside interventions may be required for a limited period of time.</td>
</tr>
</tbody>
</table>
2. Prereferral Intervention

Prereferral interventions are a form of special assistance that has arisen in response to the need to reduce unnecessary referrals for specialized services, such as counseling or costly special education programs. The focus is on enhancing the capacity of classroom teachers to assess problems and implement special assistance. Student support staff also play critical roles in helping build such capacity and implementing prereferral interventions. Without a strong emphasis on providing this form of special assistance, referral systems become flooded and help for many students with learning, behavior, and emotional problems grinds to a halt.

Adding Learning Options and Broadening Accommodations

Everyone knows a classroom program has to have variety. There are important differences among students with regard to the topics and procedures that currently interest and bore them. And more variety seems necessary for some students, especially those with low motivation for or negative attitudes about school. For such individuals, few currently available options may be appealing. How much greater the range of options must be depends primarily on the strength of their avoidance tendencies. Determining what will engage them is a major teaching challenge and an immediate focus for prereferral intervention.

Remember that, in general, the initial strategies for working with such students involve

- dialogue – to identify a range of learning options the student perceives as of considerable personal value and as attainable with an appropriate amount of effort (including, as necessary, alternatives to established curriculum content and processes);
- personal and active student decision making – to ensure the youngster’s program is a good fit.

Besides adding options, it is imperative to accommodate a wider range of behavior than usually is tolerated (e.g., making changes in the environment to account for a youngster who is very active and/or distractable; widening limits so that certain behaviors are not an infringement of the rules). For some students, this requires relaxing behavioral expectations and standards somewhat during the phase when the teacher is modifying the working environment and developing specific strategies to facilitate performance and learning. See Tables 7 and 8 for examples of accommodative strategies – all of which assume the student is involved with activities s/he values and believes are attainable with appropriate effort.
Table 7

Accommodations

If a student seems easily distracted, the following might be used:

- identify any specific environmental factors that distract the student and make appropriate environmental changes
- have the student work with a group that is highly task-focused
- let the student work in a study carrel or in a space that is “private” and uncluttered
- designate a volunteer to help the student whenever s/he becomes distracted and/or starts to misbehave, and if necessary, to help the student make transitions
- allow for frequent "breaks"
- interact with the student in ways that will minimize confusion and distractions (e.g., keep conversations relatively short; talk quietly and slowly; use concrete terms; express warmth and nurturance)

If a student needs more direction, the following might be used:

- develop and provide sets of specific prompts, multisensory cues, steps, etc. using oral, written, and perhaps pictorial and color-coded guides as organizational aids related to specific learning activities, materials, and daily schedules
- ensure someone checks with the student frequently throughout an activity to provide additional support and guidance in concrete ways (e.g., model, demonstrate, coach)
- support student's efforts related to self-monitoring and self-evaluation and provide nurturing feedback keyed to the student's progress and next steps

If the student has difficulty finishing tasks as scheduled, the following might be used:

- modify the length and time demands of assignments and tests
- modify the nature of the process and products (e.g., allow use of technological tools and allow for oral, audio-visual, arts and crafts, graphic, and computer generated products)
Table 8

504 ACCOMMODATION CHECKLIST

Various organizations concerned with special populations circulate lists of 504 accommodations. The following is one that was downloaded from website of a group concerned with Fetal Alcohol Syndrome (see http://www.come-over.to/FAS/IDEA504.htm).

Physical Arrangement of Room

- seating student near the teacher
- seating student near a positive role model
- standing near the student when giving directions or presenting lessons
- avoiding distracting stimuli (air conditioner, high traffic area, etc.)
- increasing distance between desks

Lesson Presentation

- pairing students to check work
- writing key points on the board
- providing peer tutoring
- providing visual aids, large print, films
- providing peer notetaker
- making sure directions are understood
- including a variety of activities during each lesson
- repeating directions to the student after they have been given to the class: then have him/her repeat and explain directions to teacher
- providing written outline
- allowing student to tape record lessons
- having child review key points orally
- teaching through multi-sensory modes, visual, auditory, kinesthetics, olfactory
- using computer-assisted instruction
- accompany oral directions with written directions for child to refer to blackboard or paper
- provide a model to help students, post the model and refer to it often
- provide cross age peer tutoring
- to assist the student in finding the main idea underlying, highlighting, cue cards, etc.
- breaking longer presentations into shorter segments

Assignments/worksheets

- giving extra time to complete tasks
- simplifying complex directions
- handing worksheets out one at a time
- reducing the reading level of the assignments
- requiring fewer correct responses to achieve grade (quality vs. quantity)
- allowing student to tape record assignments/homework
- providing a structured routine in written form
- providing study skills training/learning strategies
- giving frequent short quizzes and avoiding long tests
- shortening assignments; breaking work into smaller segments
- allowing typewritten or computer printed assignments prepared by the student or dictated by the student and recorded by someone else if needed.
- using self-monitoring devices
- reducing homework assignments
- not grading handwriting
- student should not be allowed to use cursive or manuscript writing

- reversals and transpositions of letters and numbers should not be marked wrong, reversals or transpositions should be pointed out for corrections
- do not require lengthy outside reading assignments
- teacher monitor students self-paced assignments (daily, weekly, bi-weekly)
- arrangements for homework assignments to reach home with clear, concise directions
- recognize and give credit for student's oral participation in class

Test Taking

- allowing open book exams
- giving exam orally
- giving take home tests
- using more objective items (fewer essay responses)
- allowing student to give test answers on tape recorder
- giving frequent short quizzes, not long exams
- allowing extra time for exam
- reading test item to student
- avoid placing student under pressure of time or competition

Organization

- providing peer assistance with organizational skills
- assigning volunteer homework buddy
- allowing student to have an extra set of books at home
- sending daily/weekly progress reports home
- developing a reward system for in-schoolwork and homework completion
- providing student with a homework assignment notebook

Behaviors

- use of timers to facilitate task completion
- structure transitional and unstructured times (recess, hallways, lunchroom, locker room, library, assembly, field trips, etc.)
- praising specific behaviors
- using self-monitoring strategies
- giving extra privileges and rewards
- keeping classroom rules simple and clear
- making "prudent use" of negative consequences
- allowing for short breaks between assignments
- cueing student to stay on task (nonverbal signal)
- marking student's correct answers, not his mistakes
- implementing a classroom behavior management system

- allowing student time out of seat to run errands, etc.
- ignoring inappropriate behaviors not drastically outside classroom limits
- allowing legitimate movement
- contracting with the student
- increasing the immediacy of rewards
- implementing time-out procedures
A Note About Learner Decision Making

As a prereferral intervention, it is imperative to involve the student in making decisions from valued options. Fostering student perceptions of real choice (e.g., being in control of one's destiny, being self-determining) can help counter perceptions of coercion and control. Shifting such perceptions is key to reducing reactance and enhancing engagement in classroom learning.

It is worth reiterating an earlier point here: Before some students will decide to participate in a proactive way, they have to perceive the learning environment as positively different – and quite a bit so – from the one in which they had so much trouble. Thus, it may be necessary in specific cases temporarily to put aside established options and standards and focus on helping the student make the most fundamental of choices: Does s/he want to participate or not?

The following is one example of steps and tasks to guide the prereferral intervention process:

(1) Formulate an initial description of the problem. Get the youngster's view of what's wrong and, as feasible, explore the problem with the family. As every teacher knows, the causes of learning, behavior, and emotional problems are hard to analyze. What looks like a learning disability or an attentional problem may be emotionally-based. Misbehavior often arises in reaction to learning difficulties. What appears as a school problem may be the result of problems at home. The following are some things to consider in seeking more information about what may be causing a youngster's problem.

C Through enhanced personal contacts, build a positive working relationship with the youngster and family.
C Focus first on assets (e.g. positive attributes, outside interests, hobbies, what the youngster likes at school and in class).
C Ask about what the youngster doesn't like at school.
C Explore the reasons for “dislikes” (e.g., Are assignments seen as too hard? as uninteresting? Is the youngster embarrassed because others will think s/he does not have the ability to do assignments? Is the youngster picked on? rejected? alienated?)
C Explore other possible causal factors.
C Explore what the youngster and those in the home think can be done to make things better (including extra support from a volunteer, a peer, friend, etc.).
C Discuss some new things the youngster and those in the home would be willing to try to make the situation better.
(2) Try new strategies in the classroom – based on the best information about what is causing the problem. Enhance student engagement through (a) an emphasis on learning and enrichment options that are of current greatest interest and which the student indicates s/he wants to and can pursue and (b) a temporary deemphasis on areas that are not of high interest.

(3) Related to the above, it may be important to find ways for the student to have a special, positive status in class and/or in others arenas around the school/community. (This helps counter a negative image the student may have created among peers and negative feelings about her/himself which, in turn, helps work against a student’s tendency to pursue negative behaviors.)

(4) Enhance use of aides, volunteers, peer tutors/coaches, mentors, those in the home, etc. not only to help support student efforts to learn and perform, but to enhance the student’s social support network.

(5) If the new strategies don't work, talk to others at school to learn about approaches they find helpful (e.g., reach out for support/mentoring/coaching, participate with others in clusters and teams, observe how others teach in ways that effectively address differences in motivation and capability, request additional staff development on working with such youngsters).

(6) After trying all the above, add some tutoring specifically designed to enhance student engagement in learning and to facilitate learning of specific academic and social skills that are seen as barriers to effective classroom performance and learning.

Only after all this is done and has not worked is it time to use the school’s referral processes to ask for additional support services. As such services are added, it becomes essential, of course, to coordinate them with what is going on in the classroom, school-wide, and at home.
III. Reframing How Schools Address Barriers to Learning –
   B. Special Assistance in Keeping with the Principle of Least Intervention Needed

3. Sequence and Hierarchy of Special Assistance

Thinking about intervening sequentially and hierarchically provides a helpful perspective in implementing the principle of least intervention needed (see Exhibit 3). Before providing special assistance on a person-by-person basis, the logical first step is to ensure that general environmental causes of problems are addressed and that the environment is enriched. In regular classrooms this first step usually requires some redesign to personalize instruction. Where redesign is unlikely, a student experiencing problems should be moved to a classroom where instruction is personalized.

By improving the fit between classroom instruction and individual differences in motivation and capability, most students should be mobilized to try harder. A few, however, may continue to have significant learning and behavior problems (e.g., those whose difficulties are the result of interfering internal factors such as specific vulnerabilities or a major disability). The second step involves providing these students with special assistance, perhaps including specialized practices, but only for as long as necessary.

Special assistance is provided in the classroom and in some instances outside the classroom. Depending on problem severity and pervasiveness, special assistance involves one (or more) of three levels of focus outlined in Figure 7. As illustrated, a three-tier hierarchy seems minimal.

- C Level A involves a surface level focus on observable factors required for learning effectively at school (direct assistance with immediate problems related to successful pursuit of age-appropriate life and learning tasks).

- C Level B focuses on missing prerequisites necessary for pursuing age-appropriate tasks.

- C Level C is concerned with underlying problems and factors that interfere with classroom learning (major external and internal “barriers”). As discussed in Part I, these barriers may be related to neighborhood, home, school, peer, and personal factors; personal factors include disabling conditions, avoidance motivation, and serious interfering behaviors sometimes related to emotional disorders.
Exhibit 3

Principle of Least Intervention Needed

Intervention can be costly – financially and in terms of potential negative consequences. Therefore, when professionals attempt to ameliorate problems, standards for good practice call on them to prescribe as much as is needed, but no more than is necessary. For example, if a youngster can be helped effectively in the regular classroom by the regular teacher, this seems better than putting the individual in a special education class. If a behavior problem can be overcome by personalizing instruction, rather than by a regimen of stimulant medication, then that seems preferable.

The principle of "least intervention needed" and the related idea of placement in the "least restrictive environment" are intended to provide guidelines for decision making. These ideas find support in "the principle of normalization" – which is associated with mainstreaming, deinstitutionalization, and inclusion. The principle of least intervention needed is operationalized in laws and associated regulations that protect individuals from removal from the "mainstream" without good cause and due process. It underscores concern that disruptive and restrictive interventions can produce negative effects, such as poor self-concept and social alienation, which, in turn, may narrow immediate and future options and choices – all of which can minimize life opportunities.

The desire to meet needs in ways that ensure benefits outweigh costs (financial and otherwise) makes the idea of least intervention needed a fundamental intervention concern. The guideline can be stated as: Do not disrupt or restrict a person's opportunity for a normal range of experiences more than is absolutely necessary – but, first and foremost, strive to do what is needed.

There has been a great deal of positive support for the principle of least intervention needed and for descriptions of what types of placements are seen as least restrictive. There are, however, some problems. In particular, what is considered the least restrictive setting may be the most restrictive in the long run if it cannot meet the needs of the individual placed there.

In sixth grade, Joel and his friend Jesse were in the same class and were both behind in their reading. It was decided to keep them in a regular sixth-grade classroom and provide them with special in-class tutoring for an hour a day. Joel has a learning disability and is reading at no better than the second-grade level; Jesse has no disability and is reading at the fifth-grade level. Both respond reasonably well to the tutoring. Jesse also begins to perform satisfactorily during other times of the day. Joel continues to have trouble learning at other times, and he also tends to be a behavior problem.

Clearly, the tutoring keeps both students in the mainstream. However, is this least restrictive also the most effective environment. It must be asked: Might it not be better to place Joel temporarily in a special class that can be more responsive to his educational needs so he can overcome his problems and then return to perform successfully in the mainstream?

After all, the argument continues, isn't it much less restrictive in the long run to get intensive treatment so the problem might be overcome as quickly as possible? That is, might a short stay in a more restrictive placement be more effective than a long stay in a less effective program.

In general, the relatively small number of individuals with severe problems are the most likely candidates for more restrictive placements. Even when a student has been diagnosed as requiring special education, placement in a special education class is only necessary if the student’s needs cannot be met effectively in a regular classroom (see Appendix D). At the same time, it is evident that maintaining a student in any classroom that cannot provide the special assistance needed is inappropriate, unethical, and illegal.
*If necessary: Best special practices (special assistance, such as remediation, rehabilitation, treatment) are used differentially for minor and severe problems

**Level A**
Observable, surface level factors required for performing contemporary tasks (e.g., basic knowledge skills, and attitudes)

**Level B**
Prerequisite factors required for surface level functioning

**Level C**
Underlying interfering factors (e.g., serious external barriers, incompatible behavior and interests, faulty learning mechanisms that may interfere with functioning at higher levels)

As soon as feasible, move back to Level A
As soon as feasible, move to Level B
As soon as feasible, move to Level C

If necessary, move to Level B
If necessary, move to Level C

if needs are minor

if needs are major
C. Mental Health Services and Instruction

1. Daily Interventions

2. Identifying and Processing Students

3. Ongoing Case monitoring

4. Crisis Intervention – Psychological First Aid: Responding to a Student In Crisis

Orienting Questions:

What are the major functions and tasks involved in providing direct services and instruction related to psychosocial and mental health concerns at a school?

What are some major cautions related to screening students for problems?

What is involved in pursuing primary prevention and treatment at a school?
C. Mental Health Services and Instruction

When it comes to mental health and psychosocial problems, schools don't have to look very hard to find them. The functions of a staff at a school related to dealing with such problems begin with providing direct services and instruction. Illustrated below is framework outlining these functions.

Effective pursuit of the above functions requires staff working together to enhance services and programs. This encompasses efforts to coordinate, develop, and provide leadership related to relevant programs, services, resources, and systems. It also involves enhancing connections with community resources.

Figure 8. A framework for thinking about specific functions and tasks related to mental health services and instruction at a school.
1. Daily Interventions

Many school staff can and want to be more involved in programs to prevent and correct mental health and psychosocial problems. Among the functions some already are carrying out are:

- Mental health education
- Psychosocial guidance and support
- Psychosocial counseling

Educative functions range from disseminating mental health information to actual course instruction related to positive social and emotional development and wellness. Every school needs to disseminate information that helps protect, promote, and maintain the well-being of students with respect to both physical and mental health. School nurses already play a major role in disseminating health related information. It does not take much imagination to see how important it is that such activity encompass mental health. This includes providing highly visible information related to prevention and correction:

- Positive opportunities for recreation and enrichment
- Opportunities to earn money
- How to stay healthy -- physically and mentally (this includes instruction using curricula on special topics such as social skills and interpersonal relationships, substance abuse, violence prevention, physical and sexual abuse prevention, sex education, and so forth)
- Early identification of problems
- What a student/parents should do when problems arise
- Warm lines and hotlines
- Services on- and off-campus.

During the instructional day, the curricula in many classes touches upon matters related to positive social and emotional development and wellness. In addition, some schools actually have incorporated mental health as a major facet of health education. And school staff are involved each day in dealing with matters related to mental health and psychosocial concerns.

Staff can play a role in a variety of open-enrollment programs designed to foster positive mental health and socio-emotional functioning. They can also help establish strategies to change the school environment in ways that make it more inviting and accommodating to students. This involves participation in staff development, but even more, it requires working with school staff to restructure the school so that it effectively promotes a sense of community. Examples include establishing welcoming programs for new students and families and strategies to support other transitions, developing families of students and teachers to create schools within
Psychosocial Guidance and Support

Schools, and teaching peers and volunteer adults to provide support and mentoring. Intervening at this environmental level also encompasses working with community agencies and businesses to enhance the range of opportunities students have with respect to recreation, work, and community service.

Effective open-enrollment and prereferral intervention programs and environment change strategies can minimize the number of mild to moderate problems that develop into severe ones. This reduces the number in need of specialized interventions and helps reserve such help for those who inevitably require them.

Each day many students require a small dose of personalized guidance and support to enhance their motivation and capability for coping with stressors. Others who are involved in therapeutic treatment (e.g., personal counseling, psychotherapy, psychotropic medication) need someone who understands the treatment and can deal with related concerns that arise at school.

Personalized guidance and support is best provided on a regular basis in the classroom and at home. There are great benefits to be gained from any role the nurse may play in helping teachers function in ways where they directly provide such support or do so through use of various activities and peer support strategies. Nurses also can play a role in mobilizing and enhancing support from those in the home.

Guidance and support involves a range of potential activity:

- Advising
- Advocacy and protection
- Providing support for transitions (e.g., orienting new students and connecting them with social support networks, facilitating students with special needs as they transition to and from programs and services)
- Mediation and conflict resolution
- Promoting and fostering opportunities for social and emotional development
- Being a liaison between school and home.
- Being a liaison between school and other professionals serving a student

Some student's problems will be more than school staff should try to handle. In such cases, they make the best effort they can to connect a student with the right help. There are many, however, who can and do benefit from school personnel who are trained to provide counseling. Good counseling builds on the type of caring which is fundamental to good schooling. It also encompasses the basics of any good working relationship – and a bit more. Some basics are highlighted here. (A good next step is to read some of the works referenced at the end of this section and reviewing
some of the evidence-based interventions that can be accessed as indicated in the Exhibit following the references.)

In general, counseling requires the ability to carry on a productive dialogue, that is, to talk with, not at, others. This begins with the ability to be an active (good) listener and to avoid prying and being judgmental. It also involves knowing when to share information and relate one's own experiences as appropriate and needed. Some thoughts about engaging students in a productive dialogue are outlined on the following pages.

Counseling also requires the ability to create a working relationship that quickly conveys to the student

C  *positive value and expectation* (that something of value can and will be gained from the experience)

C  *personal credibility* (that the counselor is someone who can help and can be trusted to be keep his or her word, be fair, and be consistent, yet flexible)

C  *permission and protection to engage in exploration and change* (that the situation is one where there are clear guidelines saying it is okay to say what’s on one’s mind)

All this enables the counselor to elicit a student's concerns.

Then, the process requires the ability to respond with

C  *empathy, warmth, and nurturance* (e.g., the ability to understand and appreciate what others are thinking and feeling, transmit a sense of liking, express appropriate reassurance and praise, minimize criticism and confrontation)

C  *genuine regard and respect* (e.g., the ability to transmit real interest, acceptance, and validation of the other's feelings and to interact in a way that enables others to maintain a feeling of integrity and personal control).

**Some Points About Counseling and Student Motivation**

Most counseling at a school site is short-term. Some will be informal – brief encounters with students who drop-in or are encountered somewhere on campus. All encounters have the potential to be productive as long as one attends to student motivation as key antecedent and process conditions and as an important outcome concern.

(1) **Motivation is a key antecedent condition.** That is, it is a prerequisite to functioning. Poor motivational readiness may be (a) a cause of inadequate and problem functioning, (b) a factor maintaining such problems, or (c) both. Thus, strategies are called for that can result in enhanced motivational readiness (including reduction of avoidance motivation) – so that the student we are trying to help is mobilized to participate.
(2) **Motivation is a key ongoing process concern.** Processes must elicit, enhance, and maintain motivation – so that the student we are trying to help stays mobilized. For instance, a student may value a hoped for outcome but may get bored with the processes we tend to use.

With respect to both readiness and ongoing motivation, conditions likely to lead to negative motivation and avoidance reactions must be avoided or at least minimized. Of particular concern are activities students perceives as unchallenging/uninteresting, overdemanding, or overwhelming and a structure that seriously limits their range of options or that is overcontrolling and coercive. Examples of conditions that can have a negative impact on a student's motivation are excessive rules, criticism, and confrontation.

(3) **Enhancing intrinsic motivation is a basic outcome concern.** A student may be motivated to work on a problem during counseling but not elsewhere. Responding to this concern requires strategies to enhance stable, positive attitudes that mobilize the student to act outside the intervention context and after the intervention is terminated.

Essentially, good counseling reflects the old maxim of "starting where the student is." But more is involved than matching the student's current capabilities. As suggested, attending to a student's motivational levels is also critical. Thus, it is the counselor's responsibility to create a process that will be a good fit with the student's capabilities and motivation.

The less one understands the background and experiences that have shaped a student, the harder it may be to create a good fit. This problem is at the root of concerns about working with students who come from different cultures. It is, of course, a concern that arises around a host of individual differences.

Counseling aims at enabling students to increase their sense of competence, personal control, and self-direction – all with a view to enhancing ability to relate better to others and perform better at school. When a counseling relationship is established with a student, care must be taken not to undermine these aims by allowing the student to become dependent and overrely on the helper. Ways to minimize such dependency include

- giving advice rarely, if at all
- ensuring that the student takes personal responsibility for her or his efforts to deal with problems and assumes credit for progress
- ensuring that the student doesn't misinterpret your efforts to help or lose sight of the limits on your relationship
- helping the student identify when it is appropriate to seek support and clarifying a wide range of ways to do so.
- planning a careful transition for termination
III. Reframing How schools Address Barriers to Learning

C. Mental Health Services and Instruction

2. Identifying and Processing Students

School support staff identify many mental health problems when students come to their office or in the process of screening for learning, behavior, and other health problems. Such problems also come to staff attention during attendance and discipline reviews, assessments for special education placement, and related to crisis interventions, or as a result of others (staff, parents, students) raising concerns about a given youngster. And, of course, some students come seeking help for themselves.

*How should the school handle all this?*

If there are accessible referral resources at the school (e.g., a school psychologist, a counselor, a social worker, a school-based health center with a mental health professional) or in the community, the answer *may* be to help a student connect with such an individual – assuming it is not something that can be handled without making a referral. Making the right decision involves doing some *assessment* of the problem for purposes of triage and consulting with the student and concerned others.

The process of connecting the student with appropriate help can be viewed as encompassing four facets: (1) screening/assessment, (2) client consultation and referral, (3) triage, and (4) initial case monitoring.

Most of the time it will not be immediately evident what the source of a student's problems are or how severe or pervasive they are. In many cases, the causes of behavior, learning, and emotional problems are hard to analyze. What looks like a learning disability or an attentional problem may be emotionally-based; behavior problems and hyperactivity often arise in reaction to learning difficulties; problems with schooling may be due to problems at home, reactions to traumatic events, substance abuse, and so forth. It is especially hard to know the underlying cause of a problem at school when a student is unmotivated to learn and perform.

This, then, becomes the focus of initial assessment -- which essentially is a screening process. Such screening can be used to clarify and validate the nature, extent, and severity of a problem. It also can determine the student's motivation for working on the problem. If the problem involves significant others, such as family members, this also can be explored to determine the need for and feasibility of parental and family counseling.

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1 For screening instruments and other aids for carrying out these functions, see the following resources available from the Center for Mental Health in Schools at UCLA: (1) Screening/Assessing Students: Indicators and Tools, (2) School-based Client Consultation, Referral, & Management of Care, (3) Addressing Barriers to Learning: New Directions for Mental Health in Schools, (4) Mental Health and School-Based Health Centers, and (5) Mental Health in Schools: New Roles for School Nurses. Included are: an aid covering Indicators of Psychosocial and Mental Health Problems, a Form to Request Assistance in Addressing Concerns About a Student/Family, a Structured Outline for Exploring the Problem with the Student/Family, a Basic Interview Format, a Release of Information Form, an Interagency Consent Form for Exchanging Confidential Information, a Suicidal Assessment Checklist, an checklist of Follow-Through Steps after Assessing Suicidal Risk, Follow-up Rating Forms, a Management of Care Review Form, and more.
A Few Comments on Screening/Assessment and Diagnosis

C When someone raises concerns about a student, one of the best tools to use is a structured referral form for them to fill out. This encourages the referrer to provide some detailed information about the nature and scope of the problem. An example of such a form is provided at the end of this section.

C To expand analysis of the problem, it is necessary to gather other available information. It is good practice to gather information from several sources – including the student. Useful sources are teachers, administrators, parents, sometimes peers, etc. If feasible and appropriate, a classroom observation and a home visit also may be of use. Helpful tools can be found in resources available from the Center for Mental Health in Schools at UCLA.

C Also useful is a screening interview. The nature of this interview will vary depending on the age of the student and whether concerns raised are general ones about misbehavior and poor school performance or specific concerns about lack of attention, overactivity, major learning problems, significant emotional problems such as appearing depressed and possibly suicidal, or about physical, sexual, or substance abuse. To balance the picture, it is important to look for assets as well as weaknesses. (In this regard, because some students are reluctant to talk about their problems, it is useful to think about the matter of talking with and listening to students – see the brief follow-up reading.)

C In doing all this, it is essential to try to clarify the role of environmental factors in contributing to the student's problems.

Remember:

< Students often somaticize stress; and, of course, some behavioral and emotional symptoms stem from physical problems.

< Just because the student is having problems doesn't mean that the student has a pathological disorder.

< The student may just be a bit immature or exhibiting behavior that is fairly common at a particular development stage. Moreover, age, severity, pervasiveness, and chronicity are important considerations in diagnosis of mental health and psychosocial problems. The following are a few examples to underscore these points.

< The source of the problem may be stressors in the classroom, home, and/or neighborhood. (Has the student's environment been seriously looked at as the possible culprit?)

< At this stage, assessment is really a screening process such as you do when you use an eye chart to screen for potential vision problems. If the screening suggests the need, the next step is referral to someone who can do indepth assessment to determine whether the problem is diagnosable for special education and perhaps as a mental disorder. To be of value, such an assessment should lead to some form of prescribed treatment, either at the school or in the community. In many cases, ongoing support will be indicated, and hopefully the school can play a meaningful role in this regard.
Screening: A Note of Caution

Formal screening to identify students who have problems or who are "at risk" is accomplished through individual or group procedures. Most such procedures are first-level screens and are expected to over identify problems. That is, they identify many students who do not really have significant problems (false positive errors). This certainly is the case for screens used with infants and primary grade children, but false positives are not uncommon when adolescents are screened. Errors are supposed to be detected by follow-up assessments.

Because of the frequency of false positive errors, serious concerns arise when screening data are used to diagnose students and prescribe remediation and special treatment. Screening data primarily are meant to sensitize responsible professionals. No one wants to ignore indicators of significant problems. At the same time, there is a need to guard against tendencies to see normal variations in student's development and behavior as problems.

Screens do not allow for definitive statements about a student's problems and need. At best, most screening procedures provide a preliminary indication that something may be wrong. In considering formal diagnosis and prescriptions for how to correct the problem, one needs data from assessment procedures that have greater validity.

It is essential to remember that many factors that are symptoms of problems also are common characteristics of young people, especially in adolescence. Cultural differences also can be misinterpreted as symptoms. To avoid misidentification that can inappropriately stigmatize a youngster, all screeners must take care not to overestimate the significance of a few indicators and must be sensitive to developmental, cultural, and other common individual differences.

Client Consultation and Referral

When someone becomes concerned about a student's problems, one of the most important roles to play is assisting the individual in connecting directly with someone who can help. This involves more than referring the student or parents to a resource. The process is one of turning referral procedures into an effective intervention in and of itself.

Minimally, such an intervention encompasses consultation with the concerned parties, assisting them by detailing the steps involved in connecting with potential referral resources, and following-up to be certain of follow-through. It may also include cultivating referral resources to maximize their responsiveness to referrals.

Using all the information gathered, it is time to sit down with those concerned (student, family, other school staff) and explore what seems to be wrong and what to do about it.

Such consultation sessions are part of a shared problem solving process during which you involved parties are assisted in

- analyzing the problem (Are environmental factors a concern? Are there concerns about underlying disorders?)
- laying out alternatives (clarifying options/what's available)
- deciding on a course of action (evaluating costs vs. benefits of various alternatives for meeting needs)

Finally, it is essential to work out a sound plan for ensuring there is follow-through on decisions.
A Few Comments on Client Consultation and Referral

Referrals are relatively easy to make; appropriate referrals are harder; and ensuring follow-through is the most difficult thing of all.

Appropriate referrals are made through a consultation process that is consumer oriented and user friendly. They also are designed as a transition-type intervention; that is, recognizing that many students/families are reluctant to follow-through on a referral, they include procedures that support follow-through.

A consumer oriented system is designed with full appreciation of the nature and scope of student problems as perceived by students, their families, and their teachers. Such problems range from minor ones that can be dealt with by providing direct information, perhaps accompanied by some instruction to severe/pervasive/chronic conditions that require intensive intervention.

The process must not ignore the social bases of a student's problems. This means attending to environmental concerns such as basic housing and daily survival needs, family and peer relations, and school experiences. A student's needs may range from accessing adequate clothes to acquiring protection from the harassment of gang members. In many instances, the need is not for a referral but for mobilizing the school staff to address how they might improve its programs to expand students' opportunities in ways that increase expectations about a positive future and thereby counter prevailing student frustration, unhappiness, apathy, and hopelessness.

Increasingly, as a way to minimize the flood of referrals from teachers, what are called prerereferral interventions are being stressed. These represent efforts to help students whose problems are not too severe by improving how teachers, peers, and families provide support. A particular emphasis in enhancing prerereferral efforts is on providing staff support and consultation to help teachers and other staff learn new ways to work with students who manifest "garden variety" behavior, learning, and emotional problems. Over time, such a staff development emphasis can evolve into broader stakeholder development, in which all certificated and classified staff, family members, volunteers, and peer helpers are taught additional strategies for working with those who manifest problems.
Problems that are mild to moderate often can be addressed through participation in programs that do not require special referral for admission. Examples are regular curriculum programs designed to foster positive mental health and socio-emotional functioning; social, recreational, and other enrichment activities; and self-help and mutual support programs. Because anyone can apply directly, such interventions can be described as \textit{open-enrollment} programs.

Given there are never enough resources to serve those with severe problems, it is inevitable that the processing of such students will involve a form of triage (or gatekeeping) at some point.

When referrals are made to on-site resources, it falls to the school to decide which cases need immediate attention and which can be put on a waiting list. Working alone or on a team, school staff can play a key role in making this determination.

It is wise to do an immediate check on follow-through (e.g., within 1-2 weeks) to see if the student did connect with the referral. Besides checking with the student/family, it is also a good idea to get a report on follow-through from those to whom referrals are made.

If there has been no follow-through, the contact can be used to clarify next steps.

If there has been follow-through, the contact can be used to evaluate whether the resource is meeting the need. The opportunity also can be used to determine if there is a need for communication and coordination with others who are involved with the student's welfare. This is the essence of \textit{case management} which encompasses a constant focus to evaluate the appropriateness and effectiveness of the interventions.

Follow-up checks are indicated periodically. If the findings indicate the student did not successfully enroll or stay in a program or is not doing well, another consultation session can be scheduled to determine next steps.

Remember that from the time a student is first identified as having a problem, there is a need for someone to monitor/manage the case. Monitoring continues until the student's service needs are addressed. Monitoring takes the form of case management to ensure coordination with the efforts of others who are involved (e.g., other services and programs including the efforts of the classroom teacher and those at home). The process encompasses a constant focus to evaluate the appropriateness and effectiveness of the various efforts.
3. Ongoing Case Monitoring

Remember that from the time a student is first identified as having a problem, someone should be monitoring/managing the case. The process encompasses a constant focus to evaluate the appropriateness and effectiveness of the various efforts. That is, case monitoring is the process of checking regularly to ensure that a student's needs are being met so that appropriate steps can be taken if they are not. Such monitoring continues until the student service needs are addressed. It takes the form of case management when there must be coordination among the efforts of others who are involved (e.g., other services and programs including the efforts of the classroom teacher and those at home).

Case monitoring involves follow-ups with interveners and students/families. This can take a variety of formats (e.g., written communications, phone conversations, electronic communications).

All case monitoring and case management require a system of record keeping designed to maintain an up-to-date record on the status of the student as of the last contact and that reminds you when a contact should be made.
III. Reframing How schools Address Barriers to Learning
   C. Mental Health Services and Instruction

4. Crisis Intervention – Psychological First Aid: Responding to a Student In Crisis

Pynoos and Nader (1988) discuss psychological first aid for use during and in the immediate aftermath of a crisis (providing a detailed outline of steps according to age). Their work helps all of us think about some general points about responding to a student who is emotionally upset.

Psychological first aid for students/staff/parents can be as important as medical aid. The immediate objective is to help individuals deal with the troubling psychological reactions.

(a) Managing the situation

A student who is upset can produce a form of emotional contagion. To counter this, staff must

- present a calm, reassuring demeanor
- clarify for classmates and others that the student is upset
- if possible indicate why (correct rumors and distorted information)
- state what can and will be done to help the student.

(b) Mobilizing Support

The student needs support and guidance. Ways in which staff can help are to

- try to engage the student in a problem-solving dialogue
  - normalize the reaction as much as feasible
  - facilitate emotional expression (e.g., through use of empathy, warmth, and genuineness)
  - facilitate cognitive understanding by providing information
  - facilitate personal action by the student
    - (e.g., help the individual do something to reduce the emotional upset and minimize threats to competence, self-determination, and relatedness)
- encourage the student's buddies to provide social support
- contact the student's home to discuss what's wrong and what to do
- refer the student to a specific counseling resource.

(c) Following-up

Over the following days (sometimes longer), it is important to check on how things are progressing.

- Has the student gotten the necessary support and guidance?
- Does the student need help in connecting with a referral resource?
- Is the student feeling better? If not, what additional support is needed and how can you help make certain that the student receives it?

Another form of "first aid" involves helping needy students and families connect with emergency services. This includes connecting with agencies that can provide emergency food, clothing, housing, transportation, and so forth. Such basic needs constitute major crises for too many students and are fundamental barriers to learning and performing and even to getting to school.
A Few General Principles Related to Responding to Crises

**Immediate Response -- Focused on Restoring Equilibrium**

In responding:

C Be calm, direct, informative, authoritative, nurturing, and problem-solving oriented.

C Counter denial, by encouraging students to deal with facts of the event; give accurate information and explanations of what happened and what to expect -- never give unrealistic or false assurances.

C Talk with students about their emotional reactions and encourage them to deal with such reactions as another facet of countering denial and other defenses that interfere with restoring equilibrium.

C Convey a sense hope and positive expectation -- that while crises change things, there are ways to deal with the impact.

**Move the Student from Victim to Actor**

C Plan with the student promising, realistic, and appropriate actions they will pursue when they leave you.

C Build on coping strategies the student has displayed.

C If feasible, involve the student in assisting with efforts to restore equilibrium.

**Connect the Student with Immediate Social Support**

C Peer buddies, other staff, family -- to provide immediate support, guidance, and other forms of immediate assistance.

**Take Care of the Caretakers**

C Be certain that support systems are in place for staff in general

C Be certain that support (debriefing) systems are in place for all crisis response personnel.

**Provide for Aftermath Interventions**

C Be certain that individuals needing follow-up assistance receive it.
To review: In responding to the mental health and psychosocial concerns of students, school staff make a variety of decisions.

**Initial Problem Identification**

- Is there enough available information to understand the problem?
- If not, you need to decide whether to gather additional data or make a referral for assessment.

**Screening/Assessment**

(as appropriate)

**Client Consultation and Referral**

**Triage**

(determining severity of need)

**Direct Instruction**

**Psychosocial Guidance & Support**

**Psychosocial Counseling**

**Open-Enrollment Programs**

(e.g., social, recreational, and other enrichment programs; self-help and mutual support programs)

**Highly Specialized Interventions for Severe Problems**

(e.g., special educ.)

On the following page is an outline of matters to be considered as a school develops its systems for problem identification, triage, referral, and case monitoring and management.
Matters for a School to Consider in Developing its Systems for Problem Identification, Triage, Referral, and Case Management

Problem identification

(a) Problems may be identified by anyone (staff, parent, student).
(b) There should be an Identification Form that anyone can access and fill out.
(c) There must be an easily accessible place for people to turn in forms.
(d) All stakeholders must be informed regarding the availability of forms, where to turn them in, and what will happen after they do so.

Triage processing

(a) Each day the submitted forms must be reviewed, sorted, and directed to appropriate resources by a designated and trained triage processor. Several individuals can share this task; for example, different persons can do it on a specific day or for specified weeks.
(b) After the sorting is done, the triage processor should send a Status Information Form to the person who identified the problem (assuming it was not a self-referral).

Clients directed to resources or for further problem analysis and recommendations

(a) For basic necessities of daily living (e.g., food, clothing, etc.), the triage processor should provide information about resources either through the person who identified the problem or directly to the student/family in need.
(b) If the problem requires a few sessions of immediate counseling to help a student/family through a crisis, the triage processor should send the form to the person who makes assignments to on-site counselors.
(c) The forms for all others are directed to a small triage "team" (1-3 trained professionals) for further analysis and recommendations. (If there is a large case load, several teams might be put into operation.) Members of such a team may not have to meet on all cases; some could be reviewed independently with recommendations made and passed on the next reviewer for validation. In complex cases, however, not only might a team meeting be indicated, it may be necessary to gather more information from involved parties (e.g., teacher, parent, student).

Interventions to ensure recommendations and referrals are pursued appropriately

(a) In many cases, prereferral interventions should be recommended. This means a site must be equipped to implement and monitor the impact of such recommendations.
(b) When students/families are referred for health and social services, procedures should be established to facilitate motivation and ability for follow-through. Case management should be designed to determine follow-through, coordination, impact, and possible need for additional referrals.
(c) Referrals to assess the need for special or compensatory education often are delayed because of a waiting list. Back logs should be monitored and arrangements made to catch-up (e.g., by organizing enough released time to do the assessments and case reviews).

Case monitoring/management

(a) Some situations require only a limited form of case monitoring (e.g., to ensure follow-through). A system must be developed for assigning case monitors as needed. Aides and paraprofessionals often can be trained to for this function.
(b) Other situations require intensive management by specially trained professionals to (a) ensure interventions are coordinated/integrated and appropriate, (b) continue problem analysis and determine whether appropriate progress is made, (c) determine whether additional assistance is needed, and so forth. There are many models for intensive case management. For example, one common approach is to assign the responsibility to the professional who has the greatest involvement (or best relationship) with the student/family.
(c) One key and often neglected function of the case monitor/manager is to provide appropriate status updates to all parties who should be kept informed.
A Few References on the Basics of Helping and Counseling and Common Psychosocial Concerns


And for some easily accessed resources on common mental health and psychosocial problems and related interventions, download the following from the Center for Mental Health in Schools at UCLA. (This is just a sampling; for more see the list of resources at the end of the module.)

C About Mental Health in Schools (Intro Packet)
C Affect and Mood Problems Related to School Aged Youth (Intro Packet)
C Anxiety, Fears, Phobias, and Related Problems: Intervention and Resources for School Aged Youth
C Attention Problems: Intervention and Resources (Intro Packet)
C Bullying Prevention (Quick Training Aid)
C Common Psychosocial Problems of School Aged Youth: Developmental Variations, Problems, Disorders and Perspectives for Prevention and Treatment (Guide to Practice)
C Confidentiality (Quick Training Aid)
C Confidentiality and Informed Consent (Intro Packet)
C Crisis Assistance and Prevention: Reducing Barriers to Learning (Training Tutorial)
C Cultural Concerns in Addressing Barriers to Learning (Intro Packet)
C Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Needs
C Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations (Center Report)
C Responding to Crisis at a School (Resource Aid Packet)
C School-Based Client Consultation, Referral, and Management of Care (Tech. Aid Packet)
C School-Based Crisis Intervention (Quick Training Aid)
C Sexual Minority Students (Technical Aid Packet)
C School Interventions to Prevent Youth Suicide (Technical Aid Packet)
C Social and Interpersonal Problems Related to School Aged Youth (Introductory Packet)
C Students & Family Assistance Programs and Services to Address Barriers to Learning (Tutorial)
C Students and Psychotropic Medication: The School's Role (Resource Aide Packet)
C Support for Transitions to Address Barriers to Learning (Training Tutorial)
C Substance Abuse (Resource Aid Packet)
C Suicide Prevention (Quick Training Aid)
C Teen Pregnancy Prevention and Support (Intro Packet)
C Violence Prevention (Quick Training Aid)
Exhibit 4: ANNOTATED "LISTS" OF EMPIRICALLY SUPPORTED/EVIDENCE BASED INTERVENTIONS FOR SCHOOL-AGED CHILDREN AND ADOLESCENTS

The following table provides a list of lists, with indications of what each list covers, how it was developed, what it contains, and how to access it.

I. Universal Focus on Promoting Healthy Development


1. How it was developed: Contacts with researchers and literature search yielded 250 programs for screening; 81 programs were identified that met the criteria of being a multiyear program with at least 8 lessons in one program year, designed for regular ed classrooms, and nationally available.

2. What the list contains: Descriptions (purpose, features, results) of the 81 programs.

3. How to access: CASEL (http://www.casel.org)


1. How it was developed: 77 programs that sought to achieve positive youth development objectives were reviewed. Criteria used: research designs employed control or comparison group and had measured youth behavior outcomes.

2. What the list contains: 25 programs designated as effective based on available evidence.

3. How to access: Online journal Prevention & Treatment (http://journals.apa.org/prevention/volume5/pre0050015a.html)


1. How it was developed: Review of over 450 delinquency, drug, and violence prevention programs based on a criteria of a strong research design, evidence of significant deterrence effects, multiple site replication, sustained effects.

2. What the list contains: 10 model programs and 15 promising programs.

3. How to access: Center for the Study and Prevention of Violence (http://www.colorado.edu/cspvblueprints/model/overview.html)


1. How it was developed: (a) Model Programs: implemented under scientifically rigorous conditions and demonstrating consistently positive results. These science-based programs underwent an expert consensus review of published and unpublished materials on 15 criteria (theory, fidelity, evaluation, sampling, attrition, outcome measures, missing data, outcome data, analysis, threats to validity, integrity, utility, replications, dissemination, cultural/age appropriateness. (b) Promising Programs: those that have positive initial results but have yet to verify outcomes scientifically.

2. What the list contains: 30 substance abuse prevention programs that may be adapted and replicated by communities.

3. How to access: SAMHSA (http://www.modelprograms.samhsa.gov)

II. Prevention of Problems; Promotion of Protective Factors

1. How it was developed: NIDA and the scientists who conducted the research developed research protocols. Each was tested in a family/school/community setting for a reasonable period with positive results.

2. What the list contains: 10 programs that are universal, selective, or indicated.


1. How it was developed: Review of 132 programs submitted to the panel. Each program reviewed in terms of quality, usefulness to others, and educational significance.

2. What the list contains: 9 exemplary and 33 promising programs focusing on violence, alcohol, tobacco, and drug prevention.


III. Early Intervention: Targeted Focus on Specific Problems or at Risk Groups


1. How it was developed: Review of scores of primary prevention programs to identify those with quasi-experimental or randomized trials and been found to reduce symptoms of psychopathology or factors commonly associated with an increased risk for later mental disorders.

2. What the list contains: 34 universal and targeted interventions that have demonstrated positive outcomes under rigorous evaluation and the common characteristics of these programs.


IV. Treatment for Problems

A. The American Psychological Association, Division of Child Clinical Psychology, Ad Hoc Committee on Evidence-Based Assessment and Treatment of Childhood Disorders, published it's initial work as a special section of the Journal of Clinical Child Psychology in 1998.

1. How it was developed: Reviewed outcomes studies in each of the above areas and examined how well a study conforms to the guidelines of the Task Force on Promotion and Dissemination of Psychological Procedures (1996).

2. What it contains: reviews of anxiety, depression, conduct disorders, ADHD, broad spectrum Autism interventions, as well as more global review of the field. For example:

>Depression: results of this analysis indicate only 2 series of studies meet criteria for probably efficacious interventions and no studies meet criteria for well-established treatment.

>Conduct disorder: Two interventions meet criteria for well established treatments: videotape modeling parent training programs (Webster-Stratton) and parent training program based on Living with Children (Patterson and Guillion). Twenty additional studies identified as probably efficacious.

>Attention Deficit Hyperactivity Disorder: behavioral parent training and behavioral interventions in the classroom meet criteria for well established treatments. Cognitive interventions do not meet criteria for well-established or probably efficacious treatments.

>Phobia and Anxiety: for phobias participant modeling and reinforced practice are well established; filmed modeling, live modeling, and cognitive behavioral interventions that use self instruction training are probably efficacious. For anxiety disorders, only cognitive-behavioral procedures with and without family anxiety management were found to be probably efficacious.

Caution: Reviewers stress the importance of devising developmentally and culturally sensitive interventions targeted to the unique needs of each child; need for research that is informed by clinical practice.

V. Review/Consensus Statements/Compendia of Evidence Based Treatments


C. Society of Pediatric Psychology, Division 54, American Psychological Association, Journal of Pediatric Psychology. Articles on empirically supported treatments in pediatric psychology related to obesity, feeding problems, headaches, pain, bedtime refusal, enuresis, encopresis, and symptoms of asthma, diabetes, and cancer.


E. School Violence Prevention Initiative Matrix of Evidence-Based Prevention Interventions (1999). Center for Mental Health Services SAMHSA. Provides a synthesis of several lists cited above to highlight examples of programs which meet some criteria for a designation of evidence based for violence prevention and substance abuse prevention. (i.e., Synthesizes lists from the Center for the Study and Prevention of Violence, Center for Substance Abuse Prevention, Communities that Care, Dept. of Education, Department of Justice, Health Resources and Services Administration, National Assoc. of School Psychologists) http://modelprograms.samhsa.gov/matrix_all.cfm

BUT THE NEEDS OF SCHOOLS ARE MORE COMPLEX!

Currently, there are about 91,000 public schools in about 15,000 districts. Over the years, most (but obviously not all) schools have instituted programs designed with a range of behavior, emotional, and learning, problems in mind. School-based and school-linked programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and promotion of positive social and emotional development. Some programs are provided throughout a district, others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at risk." The activities may be implemented in regular or special education classrooms or as "pull out" programs and may be designed for an entire class, groups, or individuals. There also may be a focus on primary prevention and enhancement of healthy development through use of health education, health services, guidance, and so forth – though relatively few resources usually are allocated for such activity.

There is a large body of research supporting the promise of specific facets of this activity. However, no one has yet designed a study to evaluate the impact of the type of comprehensive, multifaceted approach needed to deal with the complex range of problems confronting schools.

It is either naive or irresponsible to ignore the connection between children’s performance in school and their experiences with malnutrition, homelessness, lack of medical care, inadequate housing, racial and cultural discrimination, and other burdens . . . .

Harold Howe II
Group Reflection and Discussion

Using a Mapping Matrix to Review the Scope and Content of a School’s Component to Address Barriers to Learning

Based on what you’ve learned so far:

think about the student support programs and services at a school with which you are familiar.

>>Using the attached matrix, list each program in the matrix cell that most closely fits.

(Note: Some will belong in more than one cell.)

Group Process Guidelines:

C Start by identifying someone who will facilitate the group interchange
C Take a few minutes to make a few individual notes on a worksheet
C Be sure all major points are compiled for sharing with other groups.
C Ask someone else to watch the time so that the group doesn’t bog down.
Matrix for reviewing scope and content of a component to address barriers to learning.

### Scope of Intervention

<table>
<thead>
<tr>
<th>Systems for Promoting Healthy Development &amp; Preventing Problems</th>
<th>Systems for Early Intervention (Early after problem onset)</th>
<th>Systems of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom-Focused Enabling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizing around the Content/“curriculum”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(for addressing barriers to learning &amp; promoting healthy Home development)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis/Emergency Assistance &amp; Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for transitions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement in Schooling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Outreach/Volunteers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student and Family Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodations for differences &amp; disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized assistance &amp; other intensified interventions (e.g., Special Education &amp; School-Based Behavioral Health)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Specific school-wide and classroom-based activities related to positive behavior support, “prereferral” intervention and the eight components of CDC’s Coordinated School Health Program are embedded into the above six content ("curriculum") areas.*
Because of the frequency with which a student may be misbehaving, teachers often feel they must deal with the behavior problem before they can work on the matters of engagement and accommodation. Therefore, let’s take a closer look at this matter.

As we have suggested, in their effort to deal with deviant and devious behavior and create safe environments, teachers and other school staff increasingly have adopted social control practices. These include some discipline and classroom management practices that often model behavior that foster (rather than counter) development of negative values.

To move beyond overreliance on punishment and social control strategies, there is ongoing advocacy for social skills training and new agendas for emotional "intelligence" training and character education. Relatedly, there are calls for greater home involvement, with emphasis on enhanced parent responsibility for their children’s behavior and learning.

More comprehensively, there are efforts to transform classrooms and schools through creation of an atmosphere of caring, cooperative learning, and a sense of community. This agenda allows for a holistic and family-centered orientation, with curricula that enhances personal responsibility (social and moral), integrity, self-regulation (self-discipline), a work ethic, diverse talents, and positive feelings about self and others (Sapon-Shevin, 1996; Slavin, 1994).

From a prevention viewpoint, there is widespread awareness that program improvements can reduce behavior (and learning) problems significantly. It also is recognized that the application of consequences is an insufficient step in preventing future misbehavior. Therefore, as outlined in Table on the next page, interventions for misbehavior should be conceived in terms of:

- efforts to prevent and anticipate misbehavior
- actions to be taken during misbehavior
- steps to be taken afterwards.

Discipline in the Classroom

Misbehavior disrupts; it may be hurtful; it may disinhibit others. When a student misbehaves, a natural reaction is to want that youngster to experience and other students to see the consequences of misbehaving. One hope is that public awareness of consequences will deter subsequent problems. As a result, the primary intervention focus in schools usually is on discipline – sometimes embedded in the broader concept of classroom management. See the Exhibit following the Table for an overview of prevailing discipline practices.

It is worth noting that a large literature points to the negative impact of various forms of parental discipline on internalization of values and of early harsh discipline on child aggression and formation of a maladaptive social information processing style. And a significant correlation has been found between corporeal punishment of adolescents and depression, suicide, alcohol abuse, and domestic violence. Yet, many people still see punishment as the primary recourse in dealing with misbehavior. They use the most potent
I. Preventing Misbehavior

A. Expand Social Programs
   1. Increase economic opportunity for low income groups
   2. Augment health and safety prevention and maintenance (encompassing parent education and direct child services)
   3. Extend quality day care and early education

B. Improve Schooling
   1. Personalize classroom instruction (e.g., accommodating a wide range of motivational and developmental differences)
   2. Provide status opportunities for nonpopular students (e.g., special roles as assistants and tutors)
   3. Identify and remedy skill deficiencies early

C. Follow-up All Occurrences of Misbehavior to Remedy Causes
   1. Identify underlying motivation for misbehavior
   2. For unintentional misbehavior, strengthen coping skills (e.g., social skills, problem solving strategies)
   3. If misbehavior is intentional but reactive, work to eliminate conditions that produce reactions (e.g., conditions that make the student feel incompetent, controlled, or unrelated to significant others)
   4. For proactive misbehavior, offer appropriate and attractive alternative ways the student can pursue a sense of competence, control, and relatedness
   5. Equip the individual with acceptable steps to take instead of misbehaving (e.g., options to withdraw from a situation or to try relaxation techniques)
   6. Enhance the individual's motivation and skills for overcoming behavior problems (including altering negative attitudes toward school)

II. Anticipating Misbehavior

A. Personalize Classroom Structure for High Risk Students
   1. Identify underlying motivation for misbehavior
   2. Design curricula to consist primarily of activities that are a good match with the identified individual's intrinsic motivation and developmental capability
   3. Provide extra support and direction so the identified individual can cope with difficult situations (including steps that can be taken instead of misbehaving)

B. Develop Consequences for Misbehavior that are Perceived by Students as Logical (i.e., that are perceived by the student as reasonable, fair, and nondenigrating reactions which do not reduce one's sense of autonomy)

III. During Misbehavior

A. Try to base response on understanding of underlying motivation (if uncertain, start with assumption the misbehavior is unintentional)

B. Reestablish a calm and safe atmosphere
   1. Use understanding of student's underlying motivation for misbehaving to clarify what occurred (if feasible involve participants in discussion of events)
   2. Validate each participant's perspective and feelings
   3. Indicate how the matter will be resolved emphasizing use of previously agreed upon logical consequences that have been personalized in keeping with understanding of underlying motivation
   4. If the misbehavior continues, revert to a firm but nonauthoritarian statement
   5. As a last resort use crises back-up resources
      a. If appropriate, ask student's classroom friends to help
      b. Call for help from identified back-up personnel
   6. Throughout the process, keep others calm by dealing with the situation with a calm and protective demeanor

IV. After Misbehavior

A. Implement Discipline -- Logical Consequences/Punishment
   1. Objectives in using consequences
      a. Deprive student of something s/he wants
      b. Make student experience something s/he doesn't want
   2. Forms of consequences
      a. Removal/deprivation (e.g., loss of privileges, removal from activity)
      b. Reprimands (e.g., public censure)
      c. Reparations (e.g., of damaged or stolen property)
      d. Recantations (e.g., apologies, plans for avoiding future problems)

B. Discuss the Problem with Parents
   1. Explain how they can avoid exacerbating the problem
   2. Mobilize them to work preventively with school

C. Work Toward Prevention of Further Occurrences (see I & II)
Exhibit

Defining and Categorizing Discipline Practices

The two mandates that shape much of current practice are: (1) schools must teach self-discipline to students; and (2) teachers must learn to use disciplinary practices effectively to deal with misbehavior.

>>Knoff (1987) offers three definitions of discipline as applied in schools:

"(a) ... punitive intervention; (b) ... a means of suppressing or eliminating inappropriate behavior, of teaching or reinforcing appropriate behavior, and of redirecting potentially inappropriate behavior toward acceptable ends; and (c) ... a process of self-control whereby the (potentially) misbehaving student applies techniques that interrupt inappropriate behavior, and that replace it with acceptable behavior". In contrast to the first definition which specifies discipline as punishment, Knoff sees the other two as nonpunitive or as he calls them "positive, best-practices approaches."

>>Hyman, Flannagan, & Smith (1982) categorize models shaping disciplinary practices into 5 groups: psychodynamic-interpersonal models, behavioral models, sociological models, eclectic-ecological models, and human-potential models

>>Wolfgang & Glickman (1986) group disciplinary practices in terms of a process-oriented framework:

C relationship-listening models (e.g., Gordon's Teacher Effectiveness Training, values clarification approaches, transactional analysis)
C confronting-contracting models (e.g., Dreikurs' approach, Glasser's Reality Therapy)
C rules/rewards-punishment (e.g., Canter's Assertive Discipline)

>>Bear (1995) offers 3 categories in terms of the goals of the practice – with a secondary nod to processes, strategies and techniques used to reach the goals:

C preventive discipline models (e.g., models that stress classroom management, prosocial behavior, moral/character education, social problem solving, peer mediation, affective education and communication models)
C corrective models (e.g., behavior management, Reality Therapy)
C treatment models (e.g., social skills training, aggression replacement training, parent management training, family therapy, behavior therapy)
negative consequences available to them in a desperate effort to control an individual and make it clear to others that acting in such a fashion is not tolerated.

In schools, short of suspending the individual, punishment essentially takes the form of a decision to do something to the student that he or she does not want done. In addition, a demand for future compliance usually is made, along with threats of harsher punishment if compliance is not forthcoming. And the discipline may be administered in ways that suggest the student is seen as an undesirable person. As students get older, suspension increasingly comes into play. Indeed, suspension remains one of the most common disciplinary responses for the transgressions of secondary students.

As with many emergency procedures, the benefits of using punishment may be offset by many negative consequences. These include increased negative attitudes toward school and school personnel which often lead to behavior problems, anti-social acts, and various mental health problems. Disciplinary procedures also are associated with dropping out of school. It is not surprising, then, that some concerned professionals refer to extreme disciplinary practices as "pushout" strategies.

Most school guidelines for managing misbehavior emphasize that discipline should be reasonable, fair, and nondenigrating (e.g., should be experienced by recipients as legitimate reactions that neither denigrate one's sense of worth nor reduce one's sense of autonomy). With this in mind, classroom management practices usually stress use of logical consequences. Such an idea is generalized from situations where there are naturally-occurring consequences (e.g., you touch a hot stove; you get burned).

**About Logical Consequences**

In classrooms, there may be little ambiguity about the rules; unfortunately, the same often cannot be said about "logical" penalties. Even when the consequence for a rule infraction is specified ahead of time, its logic may be more in the mind of the teacher than in the eyes of the students. In the recipient's view, any act of discipline may be experienced as punitive – unfair, unreasonable, denigrating, disempowering.

Consequences involve depriving students of things they want and/or making them experience something they don't want. Consequences take the form of (a) removal/deprivation (e.g., loss of privileges, removal from an activity), (b) reprimands (e.g., public censure), (c) reparations (e.g., to compensate for losses caused by misbehavior), and (d) recantations (e.g., apologies, plans for avoiding future problems). For instance, teachers commonly deal with acting out behavior by removing a student from an activity. To the teacher, this step (often described as "time out") may be a logical way to stop the student from disrupting others by isolating him or her, or the logic may be that the student needs a cooling off period. It may be reasoned that (a) by misbehaving the student has shown s/he does not deserve the privilege of participating (assuming the student likes the activity) and (b) the loss will lead to improved behavior in order to avoid future deprivation. Students seldom perceive “time out” in this way. Neither do those of us who are concerned about re-engaging students in classroom learning as the best way to reduce misbehavior.

Most people have little difficulty explaining their reasons for using a consequence. However, if the intent really is to have students perceive consequences as logical and nondebilitating, it seems logical to determine whether the recipient sees the discipline as a legitimate response to misbehavior. Moreover, it is well to recognize the difficulty of administering consequences in a way that minimizes the negative impact on a student's perceptions of self. Although the intent is to stress that it is the misbehavior and its impact that are bad, the
student can too easily experience the process as a characterization of her or him as a bad person.
Organized sports such as youth basketball and soccer offer a prototype of an established and accepted set of consequences administered with recipient's perceptions given major consideration. In these arenas, the referee is able to use the rules and related criteria to identify inappropriate acts and apply penalties; moreover, s/he is expected to do so with positive concern for maintaining the youngster's dignity and engendering respect for all.

If discipline is to be perceived as a logical consequence, steps must be taken to convey that a response is not a personally motivated act of power (e.g., an authoritarian action) and, indeed, is a rational and socially agreed upon reaction. Also, if the intent is long-term reduction in future misbehavior, it may be necessary to take time to help students learn right from wrong, to respect others rights, to accept responsibility, and to re-engage with valued learning opportunities.

From a motivational perspective, it is essential that logical consequences are based on understanding of a student's perceptions and are used in ways that minimize negative repercussions. To these ends, motivation theorists suggest (a) consequences that are established publically are more likely to be experienced as socially just (e.g., reasonable, firm but fair) and (b) such consequences should be administered in ways that allow students to maintain a sense of integrity, dignity, and autonomy. All this is best achieved under conditions where students are "empowered" to make improvements and avoid future misbehavior and have opportunities for positive involvement and reputation building at school.

**About Being Just and Fair**

In responding to misbehavior, teachers must be just and fair. But what does that mean? Fair to whom? Fair according to whom? Fair using what criteria and procedures? What is fair for one person may cause an inequity for another.

Should a teacher treat everyone the same? Should a teacher respond in ways that consider cultural and individual differences and needs? Should past performance be a consideration?

When students have similar backgrounds and capabilities, the tendency is to argue that an egalitarian principle of distributive justice should guide efforts to be fair. However, when there are significant disparities in background and capability, different principles may apply. Students who come from a different culture, students who have significant emotional and/or learning problems, young vs. older students, students who have a history of good behavior – all these matters suggest that fairness involves consideration of individual differences, special needs, and specific circumstances. Sometimes fairness demands that two students who break the same rule should be handled differently. To do otherwise with a student who has significant learning, behavior, and emotional problems may result in worsening the student's problems and eventually "pushing" the student out of school. If our aim is to help all students have an equal opportunity to succeed at school, then it is essential not to fall into the trap of pursuing the all-too-simple socialization solutions of "no exceptions" and "zero tolerance" when enforcing rules. Society has an obligation to do more than exert its power to control and punish; it must continue to balance socialization interventions with special interventions that are designed to help individuals in need. It is unfortunate when a teacher's role in socializing the young comes into conflict with her or his role in helping students who have problems.
In adopting a broad set of principles to guide fairness, the opportunity arises and must be taken to teach all students why there are exceptions. A caring school community teaches by example and by ensuring the principles that are being modeled are well-understood. The teachers in a caring school don't just exercise social control and provide social skills (or socialization) training for students who have problems. They integrate a comprehensive focus on promoting healthy social and emotional development in all their interactions with every student.

In discussing her early frustrations with the need to discipline students, one teacher notes that it was helpful to keep in mind her own experiences as a student.

“If I was going to stay in education, I knew I had to get past the discipline issues. . . . I wrote down what I liked and hated about my own teachers . . . . I remembered how much I wanted the teachers I adored to like or notice me; I remembered how criticism bruised my fragile ego; I remembered how I resented teacher power plays. Mostly, I remembered how much I hated the infantilizing nature of high school. . . . I reminded myself that I already know a lot – just from the student side of the desk. If I could keep remembering, I could convey genuine empathy and have honest interactions.” (Metzger, 2002).

Is the Answer Social Skills Training?

Suppression of undesired acts does not necessarily lead to desired behavior. It is clear that more is needed than classroom management and disciplinary practices. Is the answer social skills training? After all, poor social skills are identified as a symptom (a correlate) and contributing factor in a wide range of educational, psychosocial, and mental health problems.

Programs to improve social skills and interpersonal problem solving are described as having promise both for prevention and correction. However, reviewers tend to be cautiously optimistic because studies to date find the range of skills acquired remain limited and generalizability and maintenance of outcomes are poor. This is the case for training of specific skills (e.g., what to say and do in a specific situation), general strategies (e.g., how to generate a wider range of interpersonal problem-solving options), as well as efforts to develop cognitive-affective orientations (e.g., empathy training). Conclusions based on reviews of social skills training over the past two decades stress that individual studies show effectiveness, but outcomes continue to lack generalizability and social validity. While the focus of studies generally is on social skills training for students with emotional and behavior disorders, the above conclusions hold for most populations.1

Specific discipline practices and social skills training programs ignore the broader picture that every classroom teacher must keep in mind. The immediate objective of stopping misbehavior must be accomplished in ways that maximize the likelihood that the teacher can engage/reengage the student in instruction and positive learning.

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1All this is to be contrasted with programs designed to foster social and emotional development. For specific information on curriculum content areas and research related to such programs, see Collaborative for Academic, Social and Emotional Learning (CASEL) www.casel.org
About Addressing Underlying Motivation

Beyond discipline and skills training is a need to address the roots of misbehavior, especially the underlying motivational bases for such behavior. Consider students who spend most of the day trying to avoid all or part of the instructional program. An intrinsic motivational interpretation of the avoidance behavior of many of these youngsters is that it reflects their perception that school is not a place where they experience a sense of competence, autonomy, and/or relatedness to others. Over time, these perceptions develop into strong motivational dispositions and related patterns of misbehavior.

Remember: Misbehavior can reflect proactive (approach) or reactive (avoidance) motivation. Noncooperative, disruptive, and aggressive behavior patterns that are proactive tend to be rewarding and satisfying to an individual because the behavior itself is exciting or because the behavior leads to desired outcomes (e.g., peer recognition, feelings of competence or autonomy). Intentional negative behavior stemming from such approach motivation can be viewed as pursuit of deviance.

Misbehavior in the classroom also often is reactive, stemming from avoidance motivation. That is, the behavior may be a protective reaction stemming from motivation to avoid and protest against situations in which the student is coerced to participate or cannot cope effectively. For students with learning problems, many teaching and therapy situations are perceived in this way. Under such circumstances, individuals can be expected to react by trying to protect themselves from the unpleasant thoughts and feelings that the situations stimulate (e.g., feelings of incompetence, loss of autonomy, negative relationships). In effect, the misbehavior reflects efforts to cope and defend against aversive experiences. The actions may be direct or indirect and include defiance, physical and psychological withdrawal, and diversionary tactics.

Interventions for reactive and proactive behavior problems begin with major program changes. From a motivational perspective, the aims are to (a) prevent and overcome negative attitudes toward school and learning, (b) enhance motivational readiness for learning and overcoming problems, (c) maintain intrinsic motivation throughout learning and problem solving, and (d) nurture continuing motivation so students engage in activities away from school that foster maintenance, generalization, and expansion of learning and problem solving.

*Failure to attend to motivational concerns in a comprehensive, normative way results in approaching passive and often hostile students with practices that instigate and exacerbate problems.*

After making broad programmatic changes to the degree feasible, intervention with a misbehaving student involves remedial steps directed at underlying factors. For instance, with intrinsic motivation in mind, the following assessment questions arise:

- C Is the misbehavior unintentional or intentional?
- C If it is intentional, is it reactive or proactive?
- C If the misbehavior is reactive, is it a reaction to threats to self-determination, competence, or relatedness?
- C If it is proactive, are there other interests that might successfully compete with satisfaction derived from deviant behavior?
In general, intrinsic motivational theory suggests that corrective interventions for those misbehaving reactively require steps designed to reduce reactance and enhance positive motivation for participating in an intervention. For youngsters highly motivated to pursue deviance (e.g., those who proactively engage in criminal acts), even more is needed. Intervention might focus on helping these youngsters identify and follow through on a range of valued, socially appropriate alternatives to deviant activity. Such alternatives must be capable of producing greater feelings of self-determination, competence, and relatedness than usually result from the youngster’s deviant actions. To these ends, motivational analyses of the problem can point to corrective steps for implementation by teachers, clinicians, parents, or students themselves.

References Cited


Materials for use as Handouts/Overheads/Slides in Presenting Part III
III. Reframing How Schools Address Barriers to Learning – including Mental Health Concerns

A. A School-Wide Enabling Component

B. Special Assistance in Keeping with the Principle of Least Intervention Needed

C. Mental Health Services

>>Group activity – *Using a mapping matrix to review the scope and content of a school’s component for addressing barriers to learning*

>>Brief follow-up readings –

> *About Addressing Behavior Problems*
Building Assets and Addressing Barriers to Learning & Development:

Intervention Concerns for School, Home, and Surrounding Community

Promoting Learning & Healthy Development*

plus
Prevention of Problems (System of Prevention)**

Intervening as early after onset of problems as is feasible (System of Early Intervention)**

Specialized assistance for those with severe, pervasive, or chronic problems (System of Care)**

*Interventions to directly facilitate development and learning.

**Interventions that combine to establish a full continuum for addressing barriers to learning and development.
Framework for
Operationalizing a
Learning Support (Enabling)
Component

at Every School, Every Day
An enabling component to address barriers to learning and enhance healthy development at a school site.

**Range of Learners**
(categorized in terms of their response to academic instruction)

I = Motivationally ready & able

II = Not very motivated/ lacking prerequisite knowledge & skills/ different learning rates & styles/ minor vulnerabilities

III = Avoidant/ very deficient in current capabilities/ has a disability/ major health problems

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**Instructional Component**

a) Classroom Teaching +
(b) Enrichment Activity

**Desired Outcomes**

**The Enabling Component:**
A Comprehensive, Multifaceted Approach for Addressing Barriers to Learning

Such an approach weaves six clusters of enabling activity (i.e., an enabling component curriculum) into the fabric of the school to address barriers to learning and promote healthy development for all students.

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Adapted from:

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Emergent impact = Enhanced school climate/culture/sense of community.
Emergent impact = Enhanced school climate/culture/sense of community.
**Classroom-Focused Enabling & Re-engaging Students in Classroom Learning**

*Classroom based efforts to enable learning*

>>Prevent problems; intervene as soon as problems are noted
>>Enhance intrinsic motivation for learning
>>Re-engage students who have become disengaged from classroom learning

**Opening the classroom door to bring available supports in**
- Peer tutors, volunteers, aids (trained to work with students-in-need)
- Resource teachers and student support staff

**Redesigning classroom approaches to enhance teacher capability to prevent and handle problems and reduce need for out of class referrals**
- Personalized instruction; special assistance as necessary
- Developing small group and independent learning options
- Reducing negative interactions and over-reliance on social control
- Expanding the range of curricular and instructional options and choices
- Systematic use of prereferral interventions

**Enhancing and personalizing professional development**
- Creating a Learning Community for teachers
- Ensuring opportunities to learn through co-teaching, team teaching, mentoring
- Teaching intrinsic motivation concepts and their application to schooling

**Curricular enrichment and adjunct programs**
- Varied enrichment activities that are not tied to reinforcement schedules
- Visiting scholars from the community

**Classroom and school-wide approaches used to create and maintain a caring and supportive climate**
- Emphasis is on enhancing feelings of competence, self-determination, and relatedness to others at school and reducing threats to such feelings
Crisis Assistance and Prevention

*School-wide and classroom-based efforts for
  >> responding to crises
  >> minimizing the impact of crises
  >> preventing crises

C Ensuring immediate assistance in emergencies so students can resume learning

C Providing Follow up care as necessary
  T Brief and longer-term monitoring

C Forming a school-focused Crisis Team to formulate a response plan and take leadership for developing prevention programs

C Mobilizing staff, students, and families to anticipate response plans and recovery efforts

C Creating a caring and safe learning environment
  T Developing systems to promote healthy development and prevent problems
  T Bullying and harassment abatement programs

C Working with neighborhood schools and community to integrate planning for response and prevention

C Staff/stakeholder development focusing on the role and responsibility of all in promoting a caring and safe environment
Support for Transitions

*School-wide and classroom-based efforts to
  >>enhance acceptance and successful transitions
  >>prevent transition problems
  >>use transition periods to reduce alienation
  >>use transition periods to increase positive attitudes/motivation
  toward school and learning

C Welcoming & social support programs for newcomers
  T Welcoming signs, materials, and initial receptions
  T Peer buddy programs for students, families, staff, volunteers

C Daily transition programs for
  T Before school, breaks, lunch, after school

C Articulation programs
  T Grade to grade (new classrooms, new teachers)
  T Elementary to Middle School; Middle to High School
  T In and out of special education programs

C Summer or intersession programs
  T Catch-up, recreation, and enrichment programs

C School-to-career/higher education
  T Counseling, pathway, and mentor programs

C Broad involvement of stakeholders in planning for transitions
  T Students, staff, home, police, faith groups, recreation, business, higher educ.

C Staff/stakeholder development for planning transition programs/activities
Home Involvement in Schooling

*School-wide & classroom-based efforts to engage the home in:
  >>strengthening the home situation
  >>enhancing problem solving capabilities
  >>supporting student development and learning
  >>strengthening school and community

C Addressing specific support and learning needs of family
  T Support services for those in the home to assist in addressing basic survival needs and obligations to the children
  T Adult education classes to enhance literacy, job skills, English-as-a-second language, citizenship preparation

C Improving mechanisms for communication and connecting school and home
  T Opportunities at school for family networking and mutual support, learning, recreation, enrichment, and for family members to receive special assistance and to volunteer to help
  T Phone calls from teacher and other staff with good news
  T Frequent and balanced conferences (student-led when feasible)
  T Outreach to attract hard-to-reach families (including student dropouts)

C Involving homes in student decision making
  T Families prepared for involvement in program planning and problem-solving

C Enhancing home support for learning and development
  T Family Literacy, Family Homework Projects, Family Field Trips

C Recruiting families to strengthen school and community
  T Volunteers to welcome and support new families and help in various capacities
  T Families prepared for involvement in school governance

C Staff/stakeholder development to broaden awareness of and plan programs to enhance opportunities for home involvement
Community Outreach for Involvement and Support (including Volunteers)

*Building linkages and collaborations to strengthen students, schools, families, and neighborhoods*

**C Work group for planning and implementing outreach to involve**
- Community resources such as public and private agencies; colleges and universities; local residents; artists and cultural institutions, businesses and professional organizations; service, volunteer, and faith-based organizations
- Community policy and decision makers

**C Staff/stakeholder development on the value of community involvement and opening the school to expanded forms of community activities and programs**

**C Mechanisms to recruit, screen, and prepare community participants**

**C Orienting and welcoming programs for community participants**

**C Programs to enhance a sense of community**

**C Policies and mechanisms to enhance and sustain school-community involvement**
- Support for maintenance
- Celebration of shared successes
- “Social marketing” of mutual accomplishments
Student and Family Assistance

*Specialized assistance provided through personalized health and social service programs

C Providing support as soon as a need is recognized and doing so in the least disruptive ways
   T Prereferral interventions in classrooms
   T Problem solving conferences with parents
   T Open access to school, district, and community support programs

C Referral interventions for students & families with problems
   T Screening, referrals, and follow-up – school-based, school-linked

C Enhancing access to direct interventions for health, mental health, and economic assistance
   T School-based, school-linked, and community-based programs

C Follow-up assessment to check whether referrals and services are adequate and effective

C Mechanisms for resource coordination to avoid duplication of and fill gaps in services and enhance effectiveness
   T School-based and linked, feeder family of schools, community-based programs

C Enhancing stakeholder awareness of programs and services

C Involving community providers to fill gaps and augment school resources

C Staff/stakeholder development to enhance effectiveness of student and family assistance systems, programs, and services
Accommodations

*If a student seems easily distracted, the following might be used:*

- **T** identify any specific environmental factors that distract the student and make appropriate environmental changes
- **T** have the student work with a group that is highly task-focused
- **T** let the student work in a study carrel or in a space that is “private” and uncluttered
- **T** designate a volunteer to help the student whenever s/he becomes distracted and/or starts to misbehave, and if necessary, to help the student make transitions
- **T** allow for frequent "breaks"
- **T** interact with the student in ways that will minimize confusion and distractions (e.g., keep conversations relatively short; talk quietly and slowly; use concrete terms; express warmth and nurturance)
Accommodations (cont.)

*If a student needs more direction, the following might be used:*

1. develop and provide sets of specific prompts, multisensory cues, steps, etc. using oral, written, and perhaps pictorial and color-coded guides as organizational aids related to specific learning activities, materials, and daily schedules

2. ensure someone checks with the student frequently throughout an activity to provide additional support and guidance in concrete ways (e.g., model, demonstrate, coach)

3. support student's efforts related to self-monitoring and self-evaluation and provide nurturing feedback keyed to the student's progress and next steps

*If the student has difficulty finishing tasks as scheduled, the following might be used:*

1. modify the length and time demands of assignments and tests

2. modify the nature of the process and products (e.g., allow use of technological tools and allow for oral, audio-visual, arts and crafts, graphic, and computer generated products)
Sequence and hierarchy of special assistance

If necessary: *Best special practices* (special assistance, such as remediation, rehabilitation, treatment) are used differentially for minor and severe problems.

- **Level A**
  - Observable, surface level factors required for performing contemporary tasks (e.g., basic knowledge skills, and attitudes)
  - If needs are minor, move to Level A
  - As soon as feasible, move back to Level A

- **Level B**
  - Prerequisite factors required for surface level functioning
  - If needs are major, move to Level B
  - As soon as feasible, move to Level B

- **Level C**
  - Underlying interfering factors (e.g., serious external barriers, incompatible behavior & interests, faulty learning mechanisms)
  - If necessary, move to Level C
A framework for thinking about specific functions and tasks related to mental health services and instruction at a school.

- Daily interventions (inc. support for transitions)
  - mental health education
  - psychosocial guidance & support (classroom/individual)
  - psychosocial counseling

Direct Services & Instruction
- identifying and processing students
  - initial problem identification
  - screening/assessment
  - client consultation & referral
  - triage
  - initial case monitoring

- ongoing case monitoring
- crisis intervention
Is there enough available information to understand the problem?
If not, you need to decide whether to gather additional data or make a referral for assessment.

Initial Problem Identification

Screening/Assessment (as appropriate)

Client Consultation and Referral

Triage (determining severity of need)

Initial case monitoring

Note: Problems that are mild often can be addressed through participation in open-enrollment programs that do not require special referral and triage for admission.

Initial case monitoring

Direct Instruction
Psychosocial Guidance & Support
Psychosocial Counseling

Open-Enrollment Programs (e.g., social, recreational, and other enrichment programs; self-help and mutual support programs)

Highly Specialized Interventions for Severe Problems (e.g., special educ.)

Ongoing case monitoring
Group Reflection and Discussion

Using a Mapping Matrix to Review the Scope and Content of a School’s Component to Address Barriers to Learning

Based on what you’ve learned so far:

think about the student support programs and services at a school with which you are familiar.

>>Using the attached matrix, list each program in the matrix cell that most closely fits.

(Note: Some will belong in more than one cell.)

Group Process Guidelines:

C Start by identifying someone who will facilitate the group interchange

C Take a few minutes to make a few individual notes on a worksheet

C Be sure all major points are compiled for sharing with other groups.

C Ask someone else to watch the time so that the group doesn’t bog down.
### Matrix for reviewing scope and content of a component to address barriers to learning.

**Scope of Intervention**

<table>
<thead>
<tr>
<th>Systems for Promoting Healthy Development &amp; Preventing Problems</th>
<th>Systems for Early Intervention (Early after problem onset)</th>
<th>Systems of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom-Focused Enabling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis/Emergency Assistance &amp; Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for transitions</td>
<td></td>
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<tr>
<td>Home Involvement in Schooling</td>
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<tr>
<td>Community Outreach/Volunteers</td>
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</tr>
<tr>
<td>Student and Family Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodations for differences &amp; disabilities</td>
<td></td>
<td>Specialized assistance &amp; other intensified interventions (e.g., Special Education &amp; School-Based Behavioral Health)</td>
</tr>
</tbody>
</table>

*Specific school-wide and classroom-based activities related to positive behavior support, “prereferral” interventions, and the eight components of CDC’s Coordinated School Health Program are embedded into the above six content (“curriculum”) areas.*