Mental Health in Schools
UCLA
Center
Program and Policy Analysis

Leadership Training:

Continuing Education for Change

Addressing Barriers to Learning: A Comprehensive Approach to Mental Health in Schools

Preface

There is a simple truth that every professional working in schools knows: social, emotional, and physical health deficits and other persistent barriers to learning must be addressed if students are to learn effectively and schools are to accomplish their educational mission. It would be wonderful if the process of addressing such barriers could be handled solely by families or public and private community agencies. Unfortunately, these agencies are unable to do the job alone. Thus, if school reform is to be effective, schools must play a major role in easing problems, increasing opportunities, and enhancing the well-being of students and families.

Recognizing the crisis related to young people's well-being, the Duke Endowment awarded a grant to the Eastern Area Health Education Center (AHEC) in North Carolina for a project to increase the availability of school-based mental health intervention through enhanced training for school staff. We were asked by the Eastern AHEC to participate in this endeavor. Their plan was to create an eleven part School Mental Health Training Series under the umbrella of the concept of *Addressing Barriers to Learning.* A key aspect of our involvement was development of this introductory module. The module incorporates what we have learned over many years of working on matters related to students' learning, behavior, and emotional problems and what schools need to do about such problems.

As is the case with the all our resource materials, many staff and graduate and undergraduate students have contributed to the effort. The material represents a timely and progressive approach to the topic. At the same time, the content, like the field itself, is seen as in a state of continuous evolution. Thus, we are extremely interested in receiving your feedback as a basis for improving the module.

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> Co-Directors, School Mental Health Project/
> Center for Mental Health in Schools at UCLA*

*Two national training and technical assistance centers for mental health in schools were established in 1995 by the Health Resources and Services Administration, Bureau of Maternal and Child Health, Office of Adolescent Health. One center is at UCLA and the other at the University of Maryland at Baltimore. These represent a major initiative established by the U.S. Department of Health and Human Services to enhance the ability of schools to meet the needs of students and their families.

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Trainers' Guide

This module is designed as a direct aid for training leaders and staff and as a resource that can be used by them to train others. While accounting for individual case-oriented approaches, the emphasis is on a systems approach to enhancing mental health in schools. In particular, the focus is on pursuing the need for better mental health interventions within the context of moving toward a comprehensive, integrated approach to addressing barriers to student learning and promoting healthy development. A comprehensive approach encompasses (a) promotion of healthy development, (b) prevention and prereferral interventions for mild problems, (c) high visibility programs for high-frequency psychosocial problems, and (d) strategies to assist with severe and pervasive problems. And, a comprehensive approach recognizes the role school, home, and community life play in creating and correcting young people's problems, especially those who are under-served and hard-to-reach.

From this perspective, we highlight the importance of adopting the unifying concept of *addressing barriers to learning* as a basis for developing a comprehensive, multifaceted, and cohesive enabling or learning support component at every school. Such a component provides a unifying umbrella under which a school can embrace a comprehensive view of mental health, and, at the same time, fully integrate this focus with other learning supports and with its educational mission. We clarify that developing an enabling or learning support component requires systemic changes that weave together available learning support resources at a school and enhance use of such resources through collaboration among a family of schools and with community and family stakeholders. Such systemic changes include

- expanding policy

- pursuing comprehensive intervention frameworks

- redesigning infrastructure.

Exhibited on the next two pages is an overview of the Module.

Module Overview*

Title:

Addressing Barriers to Learning:
A Comprehensive Approach to Mental Health in Schools (6 hrs)

Purpose:

This module is designed as a direct aid for training leaders and staff and as a resource that can be used by them to train others. While accounting for individual case-oriented approaches, the emphasis is on a systems approach to enhancing mental health in schools. From this perspective, we highlight the importance of adopting the unifying concept of addressing barriers to learning as a basis for developing a comprehensive, multifaceted, and cohesive enabling or learning support component at every school. We clarify that developing such a component requires systemic changes that weave together available learning support resources at a school and enhance use of such resources through collaboration among a family of schools and with community and family stakeholders. Such systemic changes include

- expanding policy
- pursuing comprehensive intervention frameworks
- redesigning infrastructure.

Objectives:

Module users can learn about

1) fundamental concepts essential to developing a comprehensive approach to addressing barriers to learning
2) how current policy marginalizes promotion of mental health and other learning supports and what needs to be done to integrate such activity into school reform
3) basic frameworks designed to expand current thinking about policy, research, and practice related to addressing barriers to learning
4) how current school and community infrastructure need to be modified to ensure a comprehensive approach is developed and maintained
5) how schools, districts, and states around the country are operationalizing such frameworks in daily practice and dealing with systemic change concerns.

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Module Overview (cont.)

Recommended Presenter Requirements:

- Personal experience and knowledge related to the matters covered in this module
- Familiarity with the specific content and format of the module
- Effective teaching skills

Suggested Materials:

The module incorporates a variety of special materials prepared by the Center for Mental Health in Schools at UCLA and provides references to other relevant resources.

Suggested Equipment:

Overhead projector and screen; easels, chart paper, and markers for group work.

Focusing Questions:

Specific orienting questions are presented in a module pretest and at the beginning of each section of the module. Group activity is designed to consolidate understanding of answers to the focusing questions.

Module Pre-test:

At the beginning of the module is a pretest covering knowledge, self-awareness, and self-efficacy.

Instructional Processes:

Pretesting; focusing questions; presentations; handouts; question and answer periods; structured small group reflection, discussion, and activity; post-testing; and follow up readings.

Suggested Handouts and Overheads:

All handouts used for instructional purposes are designed as overheads and are included with the module for use by participants when they train others

Post-test

The pretest is repeated for purposes of post-testing.

Alternative Delivery Systems

The material in this module can be incorporated into various formats:

>   (1) a self-study tutorial

>   (2) a guided study group

>   (3) presentations/workshops (a partial or full day continuing education
>   workshop; a sequence of district-wide inservice workshops)

>   (4) media and computer courses (instructional television -- live, and if
>   feasible, interactive; video or audiotaped courses; computer courses, an
>   internet offering)

>   (5) a professional journal offering a continuing education series.

The content is designed as an evolving set of five units. Each unit consists of several parts that generally can stand alone. Thus, the total set can be used and taught in a straight forward sequence, or one or more units and parts can be combined into a personalized course. This design also allows learners to approach the material as they would use an internet website (i.e., exploring specific topics of immediate interest and then going over the rest in any order that feels comfortable). The units are packaged in a sequence that reflects the designers' preference for starting with a big picture framework for understanding the context and emerging directions for mental health in schools.

If the materials are used in a self-study format, instructors should encourage learners to survey and browse through the material and then read in greater depth. If feasible, learners should be encouraged to establish a study group – preferably one that is instructor-facilitated. Such a group not only can help enhance learning of new ideas, skills, and attitudes, it lays a great foundation for ongoing networking, social support, and team building.

Process Considerations

To facilitate the value of this work as a training aid, included are:

- specific orienting questions in the format of a module pretest and at the beginning of each section.

- group activities to consolidate understanding of basic ideas

- follow up readings for each section

- sets of suggested handouts designed as overheads/slides for use in training others

The module also incorporates a variety of special materials prepared by our national Center for Mental Health in Schools at UCLA and provides references to other relevant resources. Most of these are easily accessed, without fees, from the internet.

For illustrative purposes, an outline for using the module in a 6 hour workshop is exhibited on the following two pages.

Outline for Planning Six Hours of Training

Pretest – sent to participants before the day of the presentation and turned in at registration (or completed as participants enter the room and take their seats -- not part of the 6 hours)

I. **Introductory Concepts** (60 mins.)

    A. Mental Health in Schools
    B. For a Few or For the Many?
    C. Multifaceted Focus: Addressing Barriers, Enhancing Protections, Promoting Development
    D. Comprehensive Continuum of Interventions *Systems*

    >>Brief follow up reading – *Advancing Mental Health in Schools*

II. **Policy Considerations** (45 mins)

    A. Two major and separate reform movements
    B. The problems of fragmentation and marginalization
    C. Moving from a two to a three component policy framework

    >>Group Reflection and Discussion – Key Insights About Mental Health in Schools

    >>Brief follow-up reading – *Why New Directions for Student Support?*

(Break)

III. **Reframing How Schools Address Barriers to Learning –**
     including Mental Health Concerns (1 hour 45 mins.)

    A. A School-Wide Enabling Component
    B. Special Assistance in Keeping with the Principle of Least Intervention Needed
    C. Mental Health Services and Instruction

    >>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*

Lunch Break

IV. **Rethinking Infrastructure** (1 hour 10 mins.)

    A. Resource oriented mechanisms
    B. Leadership for addressing barriers to learning
    C. Connecting infrastructure across levels

    >>Group activity – Mapping and analyses of infrastructure mechanisms and related
                resources at school, complex, and district levels

    >>Brief follow up reading – *New Directions for Learning Support at a School Site:*
                Establishing a School-wide Enabling Component

(Break)

V. **The Systemic Change Problem**: **Moving Schools Forward in**
    Addressing Barriers to Learning (1 hour)

    A. The Role of Standards and Accountability Indicators
    B. Frameworks for Understanding Key Facets of Systemic Change
    C. Change Agent and Catalytic Facets of Leadership Roles

    >>Group Reflection and Discussion – *Moving Schools Forward:*
                What will it Take to Make it Happen?

    >>Brief follow up reading – *New Initiatives: Considerations related to planning,*
                implementing, sustaining, and going-to-scale

Concluding Comments, Questions, and Answers (15 mins.)
    >>Brief follow up reading – *New Directions: Where's it Happening?*

Highlighting of Resources Included at End of the Module (5 mins.)

Post-test (completed after the six hours)

**Guidelines for Providing the Content of this Module
in Ways that Account for All Students**

The following guidelines are meant to ensure what is taught accounts for all students, not just those with the most severe problems. The emphasis is on helping staff acquire a broad perspective for understanding the problems they are experiencing and what needs to be done in both the short- and long-run to enable all students to have an equal opportunity to succeed at school.

    (1) Covering the Causes of Problems. When discussing the *causes of problems*, it is essential to counter tendencies to view them too simplistically and in categorical terms. Thus, presentations that discuss causes should be designed with a view to ensuring that staff continue to learn more about

- the full range of causes for emotional, behavior, and learning problems – contrasting problems caused by external factors from those caused by internal factors from those resulting from both external and internal causes

- how to differentiate commonplace behavior, emotional, and learning problems from true disorders and disabilities

- how often problems are caused by multiple factors

- how often youngsters have multiple problems

- how the same problem behaviors ("symptoms") may arise from different underlying causes and motives

- how different problem behaviors may arise from the same underlying causes and motives.

    (2) Exploring Interventions to Address Problems. When discussing *how to address problems*, it is essential to counter tendencies toward simplistic and categorical solutions to complex problems. Thus, each inservice activity should ensure that discussions are presented (a) from a system's perspective and (b) with a commitment to personalizing interventions. In all this, there should be an emphasis on ensuring that a caring classroom and school-wide climate and culture emerge from the various intervention efforts.

The system's perspective should encompass:

- a "big picture" intervention framework – Such a framework should delineate the type of comprehensive, multifaceted continuum of interventions required to effectively address the full range of factors that interfere with school learning and teaching. That is, the emphasis should be on a continuum that encompasses promotion of healthy development,

problem prevention, intervening as early after the onset of problems as is feasible, treatment and follow up support

- how to integrate learning support as a necessary, high level priority in all school improvement planning

- how to enhance teaming and collaboration as a necessary element of a comprehensive approach – in classrooms, school-wide, and with families and others in the community

- how to apply the principle of "least intervention needed" in a sequential manner – focusing *first* on *changes in the classroom and school-wide environment* to address environmental causes; ***then,*** *if necessary, focusing on addressing other needs* with increased attention to specialized assistance for those few students and families whose problems remain chronic.

The commitment to personalizing interventions should encompass learning

- how to ensure that motivational differences as well as differences in capability are appropriately accounted for – with a particular focus on intrinsic motivation and the need to address motivation as a readiness, process, and outcome consideration.

> The overriding continuing education guideline is: All efforts to enhance staff understanding of student/learning support should have as a major outcome enhanced *motivation* on the part of school staff to learn more and to use that learning in ways that lead to *more success, more often, with more students and their families.**

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*There is a great deal of material discussing ways to pursue effective staff development in schools. An organization that is devoted to this arena is the National Staff Development Council (NSDC). It's library of information (see – http://www.nsdc.org/educatorindex.htm) provides guidelines, tools, and access to the *Journal of Staff Development*. The organization's emphasis is on a "how-to" format, offering a variety of effective, step-by-step models developed by practitioners who base their methods on research and real-world experiences.

Pretest/ Posttest

(1) A comprehensive definition of mental health in schools must encompass considerations of the school's role related to both positive mental health (e.g., promotion of social and emotional development) and mental health problems (psychosocial concerns and mental disorders) of students, their families, and school staff.

    ___True   ___False

(2) Identify at least one example of a potential barrier to learning related to each of the following categories of external factors
    (a) Neighborhood factor _____
    (b) Family factor   _____
    (c) School or peer factor _____

(3) Integration of school health and social services constitutes a comprehensive, multifaceted and cohesive approach to addressing mental health and psychosocial concerns.

    ___True   ___False

(4) List major systems that constitute a full continuum of interventions for meeting the needs of all youngsters.

(5) Current school improvement policies marginalize efforts to address barriers to learning.

    ___True   ___False

(6) A school-based component to address barriers to learning has been conceived in terms of six intervention arenas. What are the six?

(7) What is the name of the principle reflected in the following statement?
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.

(8) *Prereferral interventions* are intended to speed up referrals for counseling.

    ___True   ___False

(9) Indicate two functions of a resource-oriented team and two functions of a case-oriented team?

(10) Many school staff can and want to be more involved in programs to prevent and correct mental health and psychosocial problems. Which of the following functions that some already are carrying out?
    ___ (a) mental health education
    ___ (b) psychosocial guidance and support
    ___ (c) psychosocial counseling
    ___ (d) none of the above
    ___ (e) all of the above

(11) Given that school improvement designs across the country are standard-based and accountability driven, efforts to develop a comprehensive component to address barriers to student learning must be standard-based and accountability driven and must effectively facilitate systemic changes.

    ___True   ___False

I. **Introductory Concepts**

A. Mental Health in Schools

B. For a Few or For the Many?

C. Multifaceted Focus: Addressing Barriers,
   Enhancing Protections, Promoting Development

D. Comprehensive Continuum of Intervention *Systems*

>>Brief follow up reading –

   Advancing Mental Health in Schools

A. Mental Health in Schools

1. Defining Mental Health

2. Why Mental Health in Schools?

3. Current School Practices Related to Mental Health

    a. Type of Interveners and Functions

    b. Delivery Mechanisms and Formats

4. Advancing MH in Schools

    a. Needed: Strategic Approaches & Comprehensive Frameworks to Enhance Policy and Practice

    b. Ending the Marginalization

Orienting Questions:

How would you define mental health?

Why should schools be concerned about mental health?

What are the main ways mental health interventions are provided in schools?

What needs to be done to end the marginalization of efforts to address barriers to learning in schools?

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1. Defining Mental Health

There are three key concerns that arise around definitions of mental health.

Mental Health &
Mental Illness

First is the widespread tendency for discussions of mental *health* to focus only on mental illness, disorders, or problems. When this occurs, mental health is de facto defined as the absence of these problems, and there is a lack of emphasis on the enterprise of promoting positive social and emotional development. Part of the problem is that so much of the mental health field is focused on problems. A step toward redressing this definitional problem is seen in the Report of the Surgeon General's Conference on Children's Mental Health (2001). Although no formal definition of mental health is given, the vision statement provided at the outset of the report stresses that "Both the promotion of mental health in children and the treatment of mental disorders should be major public health goals." This statement uses the term mental health in ways that are consistent with definitional efforts to use "health" as a positive concept. For example, the Institute of Medicine (1997) defines health as "a state of well-being and the capability to function in the face of changing circumstances." A similar effort to contrast positive health with problem functioning is seen in SAMHSA's Center for Mental Health Services glossary of children's mental health terms. In that source, *mental health* is defined as "how a person thinks, feels, and acts when faced with life's situations. . . . This includes handling stress, relating to other people, and making decisions." This is contrasted with *mental health problems.* The designation *mental disorders* is described as another term used for mental health problems and the term *mental illness* is reserved for severe mental health problems in adults.

Mental Disorders
& Psychosocial
Problems

The second definitional problem is the tendency to designate too many emotional and behavioral problems as disorders (e.g., translating commonplace behavior into "symptoms" and formal psychiatric diagnoses). For children and adolescents, the most frequent problems are psychosocial, and the genesis of the problems for the majority are socio-cultural and economic. This, of course, in no way denies that there are children for whom the primary factor instigating a problem is an internal disorder. The point simply recognizes that, comparatively, these youngsters constitute a relatively small group. Biases in definition overemphasizing this group narrow what is done to classify and assess problems, prevent problems, and intervene after onset. For example, each year a great many parents and teachers identify large numbers of children (e.g., of kindergarten age) soon after the onset of a problem. This "first level screen" bears little fruit because there are so little resources, especially school-based resources, for intervening early after the onset of a problem – unless the problem is severe and pervasive. Currently, few youngsters can readily access help for an emotional, behavioral, or learning problem unless the problem is severe or pervasive enough to warrant diagnosis as a disorder/disability. As long as this is the case,

large numbers of misdiagnoses are inevitable and the response to problems often will be inappropriate and expensive. Furthermore, the amount of misdiagnoses will continue as a major contaminate in research and training. An important way to reduce misdiagnosis and misprescriptions is to place mental illness in perspective with respect to psychosocial problems and broaden the definition of MH to encompass *positive* MH (e.g., the promotion of social and emotional development).

Mental Health in Schools

Finally, there is the specific problem of defining mental health in schools. Because of the tendency for discussions of mental health to focus mainly on mental illness, disorders, or problems, the attention of school policy makers has been directed primarily to concerns about emotional disturbance, violence, and substance abuse, with a concomitant deemphasis on the school's role in the positive development of social and emotional functioning. A comprehensive definition of mental health in schools must encompass considerations of the school's role related to both positive mental health (e.g., promotion of social and emotional development) and mental health problems (psychosocial concerns and mental disorders) of students, their families, and school staff. (See Guidelines in accompanying reading.)

Addressing mental health of youngsters involves ensuring

- mental illness is understood within the broader perspective of psychosocial and related health problems, in terms of strengths as well as deficits, and as encompassing the well-being of families and staff

- the roles of schools/communities/homes are enhanced and pursued jointly

- equity considerations are confronted

- the marginalization and fragmentation of policy, organizations, and daily practice are countered

- the challenges of evidence-based strategies and achieving results are addressed.

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2. Why Mental Health in Schools?

It's an appropriate question given that schools are not in the mental health business. Education is the mission of schools, and policymakers responsible for schools are quick to point this out when they are asked to do more about physical and mental health. It is not that they disagree with the idea that healthier students learn and perform better. It is simply that prevailing school accountability pressures increasingly have concentrated policy on instructional practices – to the detriment of all matters not seen as *directly* related to raising achievement test scores.

Given these realities, as a general rationale for MH in schools, it is wise to begin with the view of the Carnegie Council Task Force on Education of Young Adolescents (1989) which states:

> *School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.*

It is, of course, not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily and students are to learn and perform effectively. It has long been acknowledged that a variety of psychological and physical health problems affect learning in profound ways. Moreover, these problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure. Because of this, school policy makers, have a lengthy, albeit somewhat reluctant, history of trying to assist teachers in dealing with problems that interfere with schooling.

Varied policies and initiatives have emerged relevant to efforts to enhance mental health in schools. Some directly support school counseling, psychological, and social service programs and personnel; others connect community programs and personnel with schools. As a result, most schools have some programs to address a range of mental health and psychosocial concerns, such as school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, and violence. And, there is a large body of research supporting the promise of much of this activity (see Center for Mental Health, 2000).

Mental Health in Schools:
It's About Much More Than Therapy and Counseling

Mental health in schools *isn't just about*

- students with diagnosable problems
- therapy and behavior change
- connecting community mental health providers to schools
- what mental health professionals do
- empirically-supported *treatments*

In addition to all the above, mental health in schools *also is about*

- providing programs to promote social-emotional development, prevent mental health and psychosocial problems, and enhance resiliency and protective buffers
- providing programs and services to intervene as early after the onset of learning, behavior, and emotional problems as is feasible
- building the capacity of all school staff to address barriers to learning and promote healthy development
- addressing systemic matters at schools that affect mental health, such as high stakes testing (including exit exams) and other practices that engender bullying, alienation, and student disengagement from classroom learning
- drawing on all empirical evidence as an aid in developing a comprehensive, multifaceted, and cohesive continuum of school-community interventions to address barriers to learning and promote healthy development

3. Current School Practices Related to Mental Health

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. With specific respect to MH, the full range of topics arise, including matters related to promoting MH, minimizing the impact of psychosocial problems, managing psychotropic medication, and participating in systems of care. Well-developed systems include mechanisms for case coordination, ongoing consultation, program development, advocacy, and quality assurance. 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.

Types of Interveners

School districts use a variety of *personnel* to address MH concerns. These may include "pupil services" or "support services" specialists such as psychologists, counselors, social workers, psychiatrists, and psychiatric nurses, as well as a variety of related therapists. Such specialists tend to focus on students seen as problems or as having problems.

As outlined in Table 1, their many *functions* can be grouped into three categories (1) direct services and instruction, (2) coordination, development, and leadership related to programs, services, resources, and systems, and (3) enhancement of connections with community resources.

In addition to responding to crises, prevailing direct intervention approaches encompass identification of the needs of targeted individuals, prescription of one or more interventions, brief consultation, and gatekeeping procedures (such as referral for assessment, corrective services, triage, and diagnosis). In some situations, however, resources are so limited that specialists can do little more than assess for special education eligibility, offer brief consultations, and make referrals to special education and/or community resources.

Table 1

Types of Interveners and Functions

I. Interveners Who May Play Primary or Secondary Roles in Carrying Out Functions Relevant to Learning, Behavior, and Emotional Problems

Instructional Professionals
(e.g., regular classroom teachers, special education staff, health educators, classroom resource staff, and consultants)

Administrative Staff
(e.g., principals, assistant principals, deans)

Health Office Professionals
(e.g., nurses, physicians, health educators, consultants)

Counseling, Psychological, and Social Work Professionals
(e.g., counselors, health educators, psychologists, psychiatrists, psychiatric nurses, social workers, consultants)

Itinerant Therapists
(e.g., art, dance, music, occupational, physical, speech-language-hearing, and recreation therapists; psychodramatists)

Personnel-In-Training

Others
• Aides
• Classified staff (e.g., clerical and cafeteria staff, custodians, bus drivers)
• Paraprofessionals
• Peers (e.g., peer/cross-age counselors and tutors, mutual support and self-help groups)
• Recreation personnel
• Volunteers (professional/paraprofessional/ nonprofessional -- including parents)

II. Functions Related to Addressing Mental Health and Psychosocial Needs at the School and District Level

Direct Services and Instruction
(based on prevailing standards of practice and informed by research)
• Crisis intervention and emergency assistance (e.g., psychological first-aid and follow-up; suicide prevention; emergency services, such as food, clothing, transportation)
• Assessment (individuals, groups, classroom, school, and home environments)
• Treatment, remediation, rehabilitation (incl. secondary prevention)
• Accomodations to allow for differences and disabilities
• Transition and follow-up (e.g., orientations, social support for newcomers, follow-thru)
• Primary prevention through protection, mediation, promoting and fostering opportunities, positive development, and wellness (e.g., guidance counseling; contributing to development and implementation of health and violence reduction curricula; placement assistance; advocacy; liaison between school and home; gang, delinquency, and safe-school programs; conflict resolution)
• Multidisciplinary teamwork, consultation, training, and supervision to increase the amount of direct service impact

Coordination, Development, and Leadership Related to Programs, Services, Resources, and Systems
• Needs assessment, gatekeeping, referral, triage, and case monitoring/management (e.g., participating on student study/assistance teams; facilitating communication among all concerned parties)
• Coordinating activities (across disciplines and components; with regular, special, and compensatory education; in and out of school)
• Mapping and enhancing resources and systems
• Developing new approaches (incl. facilitating systemic changes)
• Monitoring and evaluating intervention for quality improvement, cost-benefit accountability, research
• Advocacy for programs and services and for standards of care in the schools
• Pursuing strategies for public relations and for enhancing financial resources

Enhancing Connections with Community Resources
• Strategies to increase responsiveness to referrals from the school
• Strategies to create formal linkages among programs and services

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Because the need is so great, others at a school often are called upon to play a role in addressing MH and psychosocial problems of youth and their families. These include other health professionals (such as school nurses and physicians), instructional professionals (health educators, other classroom teachers, special education staff, resource staff), administrative staff (principals, assistant principals), students (including trained peer counselors), family members, and almost everyone else involved with a school (aides, clerical and cafeteria staff, custodians, bus drivers, para-professionals, recreation personnel, volunteers, and professionals-in-training). In addition, some schools are using specialists employed by other public and private agencies, such as health departments, hospitals, and community-based organizations, to provide MH services to students, their families, and school staff.

Delivery Systems & Formats

As outlined in Table 2, all this activity is provided through five major *delivery mechanisms and formats.* (For more on this, see the major report prepared in 2001 by the Policy Leadership Cadre for Mental Health in Schools.) Despite the range of activity, it is common knowledge that few schools come close to having enough resources to deal with a large number of students with MH and psychosocial problems. Moreover, as is the case with most professionals who come to schools directly from pre-service programs, those hired for their mental health expertise still need considerably more training once they arrive at a school site. Those school personnel who are called upon to address MH and psychosocial concerns without training related to such matters clearly have even greater needs for capacity building and supervision. Unfortunately, there is little systematic in-service development to follow-up pre-service education.

Table 2

Delivery Mechanisms and Formats

The five mechanisms and related formats are:

I. *School-Financed Student Support Services* – Most school districts employ support service or "pupil services professionals," such as school psychologists, counselors, and social workers. These personnel perform services connected with mental health and psychosocial problems (including related services designated for special education students). The format for this delivery mechanism usually is a combination of centrally-based and school-based services.

II. *School-District Specialized Units* – Some districts operate central units (sometimes including clinics) focusing on specialized student needs and specific problems (e.g., safe and drug free school programs, child abuse, suicide, and mental health). These units often provide outreach services and consultation to schools. They may focus on organizing Family Resource Centers, School-Based Health Centers, and so forth.

III. *Formal Connections with Community MH Services* – Increasingly, schools have developed connections with community agencies, often as the result of the school-based health center movement, school-linked services initiatives (e.g., full service schools, family resource centers), and efforts to develop systems of care (e.g., "wrap-around" services for those in special education). Four formats have emerged:
- co-location of community agency personnel and services at schools – sometimes in the context of School-Based Health Centers partly financed by community health organizations
- formal linkages with agencies to enhance access and service coordination for students and families at the agency, at a nearby satellite clinic, or in a school-based or linked family resource center
- formal partnerships between a school district and community agencies to establish or expand school-based or linked facilities that include provision of MH services
- contracting with community providers to provide needed student services

IV. *Classroom-Based Curriculum and Specialized "Pull Out" Interventions* – Most schools include in some facet of their curriculum a focus on enhancing social and emotional functioning. Specific instructional activities may be designed to promote healthy social and emotional development and/or prevent psychosocial problems such as behavior and emotional problems, school violence, and drug abuse. And, of course, special education classrooms always are supposed to have a constant focus on mental health concerns. Three formats have emerged:
- integrated instruction as part of the regular classroom content and processes
- specific curriculum or special intervention implemented by personnel specially trained to carry out the processes
- curriculum approach is part of a multifaceted set of interventions designed to enhance positive development and prevent problems

V. *Comprehensive, Multifaceted, and Integrated Approaches* – A few school districts have begun the process of reconceptualizing their piecemeal and fragmented approaches to addressing barriers that interfere with students having an equal opportunity to succeed at school. They are starting to restructure their student support services and weave them together with community resources and integrate all this with instructional efforts that effect healthy development. The intent is to develop a full continuum of programs and services encompassing efforts to promote positive development, prevent problems, respond as early-after-onset as is feasible, and offer treatment regimens. Mental health and psychosocial concerns are a major focus of the continuum of interventions. Efforts to move toward comprehensive, multifaceted approaches are likely to be enhanced by initiatives to integrate schools more fully into systems of care and the growing movement to create community schools. Three formats are emerging:
- mechanisms to coordinate and integrate school and community services
- initiatives to restructure support programs and services and integrate them into school reform agendas
- community schools

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4. Advancing Mental Health in Schools

Clearly, mental health activity is going on in schools. Equally evident, there is a great deal to be done to improve what is taking place.

Needed: Strategic Approaches & Comprehensive Frameworks to Enhance Policy and Practice

Currently, many advocates are competing for the same dwindling resources. Naturally, all want to advance their agenda. And, to do so, the temptation usually is to keep the agenda problem-focused and rather specific and narrow. As a result, diverse school and community resources are attempting to address complex, multifaceted, and overlapping psychosocial and mental health concerns in highly fragmented and marginalized ways. This has led to redundancy, counterproductive competition, and inadequate results.

It is time to take a close look at all the pieces. The challenge for those focused on mental health in schools is not only to understand the basic concerns hampering the field, but to function on the cutting edge of change so that the concerns are effectively addressed.

Although efforts to advance mental health in schools often are hampered by competing initiatives and agendas, the diversity of initiatives has laid a foundation that can be built upon. There is a need, however, for increased emphasis on *strategic* approaches for enhancing policy and practice. Such strategic approaches can be fostered through efforts to unify thinking about mental health in schools, adoption of well-conceived guiding frameworks, and by support for development of focused networking.

Ending the Marginalization

To these ends, this module (1) highlights the need for a broad perspective in thinking about and justifying "mental health" in schools, (2) promotes the importance of comprehensive and multifaceted guidelines that provide a basis for operationally defining mental health in schools, (3) proposes an integrated framework for promoting healthy development and addressing barriers to learning at a school site in ways that can expand the impact of mental health in schools, and (4) suggests a wide variety of strategies designed to advance the field. All this, of course, calls for major systemic changes. These will require weaving school owned resources and community owned resources together to develop comprehensive, multifaceted, and integrated approaches for addressing barriers to learning and enhancing healthy development. Moreover, pursuit of such changes also must address complications stemming from the scale of public education in the U.S.A. That is, strategic efforts to advance mental health in schools also must adopt effective models and procedures for replication and "scale-up."

Clearly, enhancing mental health in schools in comprehensive ways is not an easy task. Indeed, it is likely to remain an insurmountable task until school reformers accept the reality that such activity is essential and does not represent an agenda separate from a school's instructional mission. For this to happen, those concerned with mental health in schools must encourage reformers to view the difficulty of raising achievement test scores through the complementary lenses of addressing barriers to learning and promoting healthy development. When this is done, it is more likely that mental health in schools will be understood as essential to addressing barriers to learning and not as an agenda separate from a school's instructional mission.

B. For a Few or For the Many?

Orienting Question:

How would you go about describing the full range of learners found in schools?

Everyday we hear the mantras of school reformers:

All students can learn.

No child left behind.

Easy phrases to say, but the sad truth is that in every school students are being left behind academically, socially, and emotionally (see Exhibit 1). Moreover, the focus on the *achievement gap* highlights how much this is a function of societal inequities.

Any discussion of addressing students behavior, emotional, and learning problems must recognize the full range of factors that cause such problems, and any approach to mental health in schools must address all (not just some) students.

The causes of negative feelings, thoughts, and behaviors range from environmental/system deficits and minor group/ individual vulnerabilities to major biological disabilities. It is the full range of causes that account for the large number of children and adolescents who are reported as having mental health, psychosocial, or developmental problems.

With the movement toward schools and communities working collaboratively, difficulties often arise because participants are talking about different missions and agendas. One result is that some are concerned mainly about the needs of subgroups of students and their families, while others are focused on all children and families. For example, representatives of mental health agencies usually are concerned with connecting to schools to increase access to clinical services for those with significant emotional problems. While student support staff from a school are concerned about students with emotional problems, they also have to focus on every student who has a learning, behavior, and emotional problem and on ensuring that *all* students have an equal opportunity to succeed at school. The mission and agenda of community mental health agencies can be met by serving some young people; schools must serve all students. Mental health in schools must focus on the many and not just think in terms of providing greater access to clinical services for a few. Moreover, mental health in schools is about helping to engage and re-engage students as classroom learners.

To emphasize the point, Figure 1 highlights the range of learners grouped in terms of their response to academic instruction.

Exhibit 1: Many are in Need

Because of the inadequacies of current data gathering, we must rely on best estimates of mental health (MH) problems in schools, primary health care systems, and juvenile justice systems (e.g., Friedman, Katz-Leavy, Manderscheid, & Sondheimer, 1996). Over the last part of the century, data on diagnosable mental disorders (based on community samples) suggest that from 12% to 22% of all youngsters under age 18 are in need of services for mental, emotional or behavioral problems (Costello, 1989). From 3-5% of school children are considered to have serious behavioral or emotional disabilities, with less than 2% receiving MH services (Hoagwood & Erwin, 1997). Epidemiological studies indicate that, in some communities, two-thirds of children with psychiatric disorders and significant impairment do not receive specialist care (Leaf et al., 1996). Another report (Kelleher et al., 1997) indicates that, of all pediatric visits in the period from 1979 to 1996, the prevalence of psychological problems among children 4 to 15 years of age increased from 7% to 18%. In the Surgeon General's *Call to Action to Prevent Suicide 1999*, the rate of suicide among those 10-14 years of age is reported as having increased by 100% from 1980-1996, with a 14% increase for those 15-19. (In this latter age group, suicide is reported as the fourth leading cause of death.) Among African-American males in the 15-19 year age group, the rate of increase was 105%. And, of course, these figures don't include all those deaths classified as homicides or accidents that were in fact suicides.

All this is further amplified in the Surgeon General's 1999 report on *Mental Health.* That document states that "one in five children and adolescents experiences the signs and symptoms of a DSM-IV disorder during the course of a year" – with about 5 percent of all children experiencing "extreme functional impairment." It also states that an estimated 6 to 9 million youngsters with serious emotional disturbances are not receiving the help they need – especially those from low-income families. And, it underscores that "an alarming number of children and adults with mental illness are in the criminal justice system inappropriately." The report warns of the inadequacies of the current MH system and that the situation will worsen because of swelling demographics that are resulting in more older Americans and children and adolescents with MH-related concerns.

The picture is even bleaker when one expands the focus beyond the limited perspective on diagnosable mental disorders to the number of young people experiencing psychosocial problems and who are "at risk of not maturing into responsible adults" (Dryfoos, 1990). There is no reason to repeat all the statistics here. Dryfoos (1990) provides estimates of prevalence by sex, age, race/ethnicity, and other relevant factors. And, other reports have amply documented the problem (IOM, 1994; Greenberg, Domitrovich, & Bumbarger, 1999; NIMH, 1993, 1998; also see fact sheets and reports on the websites for the SAMHSA's Center for Mental Health Services and the USDOE's Safe and Drug Free Schools Program). For our purposes here, it is sufficient to note the number of such youngsters in many schools serving low-income populations has climbed over the 50% mark, and few public schools have fewer than 20% who are at risk. An estimate from the Center for Demographic Policy suggests that 40% of young people are in bad educational shape and therefore will fail to fulfill their promise. The reality for many large urban schools is that well-over 50% of their students manifest significant learning, behavior, and emotional problems. For a large proportion of these youngsters, the problems are rooted in the restricted opportunities and difficult living conditions associated with poverty.

It also is relevant to note that a major objective of Healthy People 2000 was to reduce the prevalence of child and adolescent mental health disorders from a 1992 estimate of 20% to less than 17%. This included reducing suicides to no more than 8.2 per 100,000 (in the age bracket 15-19) and the incidence of injurious adolescent suicide attempts to 1.8%. And, the report on leading health indicators for Healthy People 2010 stresses the problem of high rates of failure to graduate high school as strongly associated with poverty and a variety of health problems, and therefore enhancing high school graduation rates is seen as an essential focus. Finally, we note that all current policy discussions in this area stress the crisis nature of the problem in terms of future health and economic implications for individuals and for society and call for major systemic reforms.

Figure 1. Range of Learners (categorized in terms of response to academic instruction)
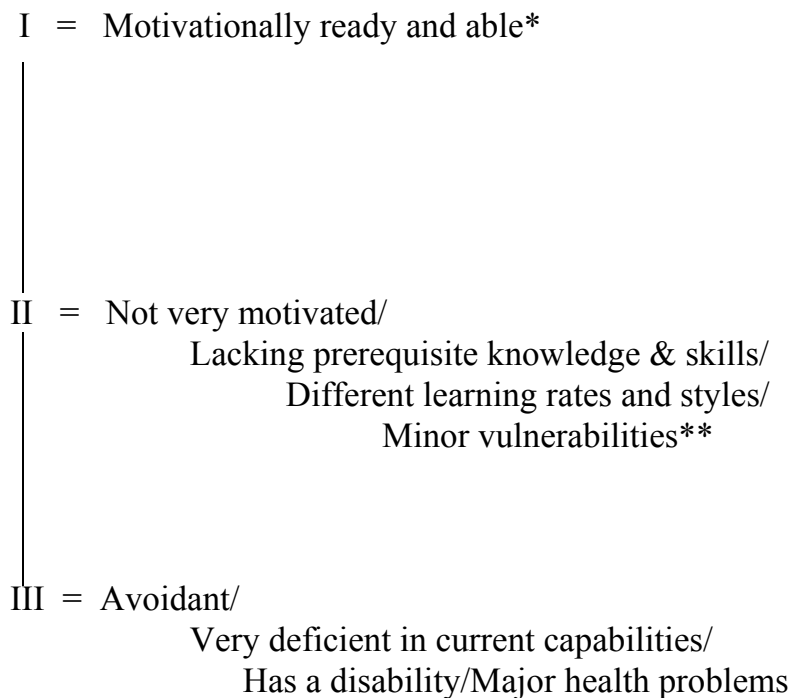
I = Motivationally ready and able*

II = Not very motivated/
              Lacking prerequisite knowledge & skills/
                    Different learning rates and styles/
                          Minor vulnerabilities**

III = Avoidant/
              Very deficient in current capabilities/
                    Has a disability/Major health problems

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* Few youngsters start out with internal problems that interfere with learning what
    schools teach. There can be little doubt that external factors are primarily responsible
    for the majority of learning, behavior, and emotional problems encountered in
    schools.

** All learners have *assets/strengths/protective factors* that can contribute to success; all
    have *differences* that require some degree of personalization by instructional systems;
    any may *internalize negative experiences* that interfere with learning at school.

C. Multifaceted Focus: Addressing Barriers, Enhancing Protections, Promoting Development

1. Learning, Behavior, and Emotional Problems: Common Phenomena

2. Schools and Barriers to Learning

3. Aligning Barriers (Risk Factors), Protective Buffers, & Promoting Full Development

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Orienting Questions:

What are some common barriers to learning?

Is a focus on risk factors incompatible with a focus on resiliency and promoting positive development?

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1. Learning, Behavior, and Emotional Problems: Common Phenomena

> *Many well-known adolescent difficulties are not*
> *intrinsic to the teenage years but are related to the*
> *mismatch between adolescents' developmental*
> *needs and the kinds of experiences most junior high*
> *and high schools provide.*
>
> Linda Darling-Hammond (1997)

> *. . . consider the American penchant for ignoring the structural causes of*
> *problems. We prefer the simplicity and satisfaction of holding individuals*
> *responsible for whatever happens: crime, poverty, school failure, what have*
> *you. Thus, even when one high school crisis is followed by another, we*
> *concentrate on the particular people involved – their values, their character,*
> *their personal failings – rather than asking whether something about the system*
> *in which these students find themselves might also need to be addressed.*
>
> Alfie Kohn (1999)

Given that learning, development, and performance are functions of the transactions between the individual and the environment, it is understandable that certain groups would have higher rates of problems. One such group consists of those individuals living in poverty. Poverty is a correlate, not the cause. As Moos (2002) stresses, guided by transactional thinking

Poverty is a correlate, not the cause

> . . . we have progressed from a static model in which structural factors, such as poverty level, were linked to indices of community pathology, to a dynamic model of neighborhood processes and experiences, focusing on characteristics such as social integration, value consensus, and community resources and services.

It is important to understand the factors that lead many who grow up in poverty to manifest problems. It is equally important, as we discuss later, to understand what enables those who overcome the negative impact of such conditions.

For some time, official data have indicated that youngsters under age 18 were the age group with the greatest percentage (16.2 percent) living in poverty in the United States (U.S. Census Bureau, 2000). It is acknowledged widely that poverty is highly correlated with school failure, high school drop out, delinquency, teenage pregnancy, and other problems.

In comparison to students coming from middle or higher income families, many young children residing in poverty have less opportunity to develop the initial capabilities and attitudes most elementary school programs require for success. Most poverty families simply do not have the resources to provide the same preparatory experiences for their children as those who are better off financially. Moreover, those in urban ghettos reside in the type of hostile environment that can generate so much stress as to make school adjustment and learning excessively difficult.

Thus, it is not surprising that so many youngsters from poor families enter kindergarten and over the years come to school each day less than ready to meet the demands made of them. The mismatch may be particularly bad for individuals who have recently migrated from a different culture, do not speak English, or both.

There is a poignant irony in all this. Children of poverty often have developed a range of other cultural, subcultural, and language abilities that middle class-oriented schools are unprepared to accommodate, never mind capitalize upon. As a result, many of these youngsters struggle to survive without access to their strengths. It should surprise no one that a high percentage of these youngsters soon are seen as having problems, and may end up diagnosed as having learning disabilities, ADHD, and/or other disorders.

Of course, a youngster does not have to live in poverty to be deprived of the opportunity to develop the initial capabilities and attitudes to succeed in elementary-school programs. There are youngsters who in the preschool years develop a bit slower than their peers. Their learning potential in the long-run need not be affected by this fact. However, if early school demands do not accommodate a wide range of differences, the youngsters are vulnerable. Given what we know about the normal range of developmental variations, it is no surprise that many of these youngsters end up having not only learning, but behavioral and emotional problems.

Multiple diagnoses

When students have trouble learning at school, they frequently manifest behavior problems. This is a common reaction to learning problems. And, of course, behavior problems can get in the way of learning. Furthermore, both sets of problems may appear simultaneously and stem from the same or separate causes. It is important to remember that an individual can have more than one problem. That is, a person may manifest high levels of activity, lack of attention, and problem learning in class. This sometimes leads to a dual diagnosis (e.g., ADHD and LD). Given all this, it is not surprising that there is considerable confusion about the relationship between learning and behavior problems.

2. Schools and Barriers to Learning

From the perspective of schools, an essential way to discuss why children have problems learning and behaving at school is to think in terms of barriers to learning and what the role of schools should be in addressing such factors. Such a perspective blends well with a transactional view of the causes of human behavior because it emphasizes that, for a great many students, *external* not *internal* factors often are the ones that should be the primary focus of attention.

Implicit in democratic ideals is the intent of ensuring that *all* students succeed at school and that "no child is left behind." If all students came ready and able to profit from "high standards" curricula, then there would be little problem. But *all* encompasses those who are experiencing external and/or internal barriers that interfere with benefitting from what the teacher is offering. Thus, providing all students an equal opportunity to succeed requires more than higher standards and greater accountability for instruction, better teaching, increased discipline, reduced school violence, and an end to social promotion. It also requires addressing barriers to development, learning, and teaching (see Table 3).

The terrible fact is that too many youngsters are growing up and going to school in situations that not only fail to promote healthy development, but are antithetical to the process. Some also bring with them intrinsic conditions that make learning and performing difficult. At one time or another, most students bring problems with them to school that affect their learning and perhaps interfere with the teacher's efforts to teach. As a result, some youngsters at every grade level come to school unready to meet the setting's demands effectively. As long as school reforms fail to address such barriers in comprehensive and multifaceted ways, especially in schools where large proportions of students are not doing well, it is unlikely that achievement test score averages can be meaningfully raised.

In some geographic areas, many youngsters bring a wide range of problems stemming from restricted opportunities associated with poverty and low income, difficult and diverse family circumstances, high rates of mobility, lack of English language skills, violent neighborhoods, problems related to substance abuse, inadequate health care, and lack of enrichment opportunities. Such problems are exacerbated as youngsters internalize the frustrations of confronting barriers and the debilitating effects of performing poorly at school. In some locales, the reality often is that over 50% of students manifest forms of learning, behavior, and emotional problems. And, in most schools in these locales, teachers are ill-prepared to address the problems in a potent manner.

Table 3

Barriers to Development and Learning

Based on a review of over 30 years of research, Hawkins and Catalano (1992) identify common risk factors that reliably predict such problems as youth delinquency, violence, substance abuse, teen pregnancy, and school dropout. These factors also are associated with such mental health concerns as school adjustment problems, relationship difficulties, physical and sexual abuse, neglect, and severe emotional disturbance. The majority of factors identified by Hawkins and Catalano are external barriers to healthy development and learning. Such factors are not excuses for anyone not doing their best; they are, however, rather obvious impediments, and ones to which no good parent would willingly submit his or her child. Below is our effort to synthesize various analyses of external and internal barriers.

*External Factors**

Community
- Availability of drugs
- Availability of firearms
- Community laws and norms favorable toward drug use, firearms, and crime
- Media portrayals of violence
- Transitions and mobility
- Low neighborhood attachment and community disorganization
- Extreme economic deprivation

Family
- Family history of the problem behavior
- Family management problems
- Family conflict
- Favorable parental attitudes and involvement in the problem behavior

School
- Academic failure beginning in late elementary school

Peer
- Friends who engage in the problem behavior
- Favorable attitudes toward the problem behavior

Internal Factors (biological and psychological)

Differences (e.g., being further along toward one end or the other of a normal developmental curve; not fitting local "norms" in terms of looks and behavior; etc.)

Vulnerabilities (e.g., minor health/vision/hearing problems and other deficiencies/deficits that result in school absences and other needs for special accommodations; being the focus of racial, ethnic, or gender bias; economical disadvantage; youngster and or parent lacks interest in youngster's schooling, is alienated, or rebellious; early manifestation of severe and pervasive problem/antisocial behavior)

Disabilities (e.g., true learning, behavior, and emotional disorders)

*Other examples of external factors include exposure to crisis events in the community, home, and school; lack of availability and access to good school readiness programs; lack of home involvement in schooling; lack of peer support, positive role models, and mentoring; lack of access and availability of good recreational opportunities; lack of access and availability to good community housing, health and social services, transportation, law enforcement, sanitation; lack of access and availability to good school support programs; sparsity of high quality schools.

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3. Aligning Barriers (Risk Factors), Protective Buffers, & Promoting Full Development

Schools tend to address barriers to learning as a last resort. This is not surprising since their assigned mission is to educate, and school staff are under increasing pressure both to "leave no child behind" and avoid discussing matters that may sound like excuses for not doing so. The irony, of course, is that most school staff are painfully aware of barriers that must be addressed. Moreover, the widespread emphasis on high stakes testing not only underscores how many students are not performing well, but the degree to which such testing is adding another barrier that keeps some students from having an equal opportunity to succeed at school.

All this leads to concerns about what the role of schools is and should be in handling such problems. Critics point out that the tendency is for schools to be reactive – waiting until problems become rather severe and pervasive. At the same time, because schools have been accused of having a *deficit orientation* toward many youngsters, they have increasingly tried to avoid terms denoting risks and barriers or an overemphasis on remediation.

It is well that schools realize that a focus solely on fixing problems is too limited and may be counterproductive. Overemphasis on remediation can diminish efforts to promote healthy development, limit opportunity, and can be motivationally debilitating to all involved. And undermining motivation works against resiliency in responding to adversity. One important outcome of the reaction to overemphasizing risks and problems is that increasing attention is being given to strengths, assets, resilience, and protective factors. Among the benefits of this focus is greater understanding of how some youngsters born into poverty overcome this potential barrier to success.

However, as Scales and Leffert (1999) indicate in their work on developmental assets, focusing just on enhancing assets is an insufficient approach.

> "Young people also need adequate food, shelter, clothing, caregivers who at the minimum are not abusive or neglectful, families with adequate incomes, schools where both children and teachers feel safe, and economically and culturally vibrant neighborhoods – not ones beset with drugs, violent crime, and infrastructural decay. For example, young people who are disadvantaged by living in poor neighborhoods are consistently more likely to engage in risky behavior at higher rates than their affluent peers, and they show consistently lower rates of positive outcomes (Brooks-Gunn & Duncan, 1997). Moreover, young people who live in abusive homes or in neighborhoods with high levels of violence are more likely to become both victims and perpetrators of violence (Garbarino, 1995)."

As advocates have argued the merits of their respective positions about risks *vs.* assets and as terms such as resilience and protective factors are popularized, confusion and controversy have arisen. The following distinctions are offered in support of the position that the need is to address barriers, establish protective buffers, and promote full development.

Risk Factors

One way to think about risks is in terms of potential external and internal barriers to development and learning. Research indicates that the primary causes for most youngsters' learning, behavior, and emotional problems are external factors (related to neighborhood, family, school, and/or peers). For a few, problems stem from individual disorders and differences. An appreciation of the research on the role played by external and internal factors makes a focus on such matters a major part of any comprehensive, multifaceted approach for addressing barriers to learning, development, and teaching.

Protective Factors

Protective factors are conditions that *buffer* against the impact of barriers (risk factors). Such conditions may prevent or counter risk producing conditions by promoting development of neighborhood, family, school, peer, and individual strengths, assets, and coping mechanisms through special assistance and accommodations. The term *resilience* usually refers to an individual's ability to cope in ways that buffer. Research on protective buffers also guides efforts to address barriers.

Promoting Full Development

As often is stressed, being problem-free is not the same as being well-developed. Efforts to reduce risks and enhance protection can help minimize problems but are insufficient for promoting full development, well-being, and a value-based life. Those concerned with establishing systems for promoting healthy development recognize the need for direct efforts to promote development and empowerment, including the mobilization of individuals for self-pursuit. In many cases, interventions to create buffers and promote full development are identical, and the pay-off is the cultivation of developmental strengths and assets. However, promoting healthy development is not limited to countering risks and engendering protective factors. Efforts to promote full development represent ends which are valued in and of themselves and to which most of us aspire.

Considerable bodies of research and theory have identified major correlates that are useful guideposts in designing relevant interventions (see Table 4). And, as the examples illustrate, there is a significant overlap in conceptualizing the various factors. Some risk factors (barriers) and protective buffers are mirror images; others are distinct. Many protective buffers are natural by-products of efforts to engender full development. From this perspective, addressing barriers to learning and development and promoting healthy development are two sides of the same coin. And, the best way to engender resilient behavior, individual assets, and healthy behavior in children and adolescents probably is to focus intervention on both sides of the coin

Table 4

Examples of Barriers to Learning/Development, Protective Buffers, & Promoting Full Development*

E N V I R O N M E N T A L   C O N D I T I O N S**   **PERSON FACTORS****

I. Barriers to Development and Learning (Risk producing conditions)

Neighborhood	Family	School and Peers	Individual
>extreme economic deprivation	>chronic poverty	>poor quality school	>medical problems
>community disorganization, including high levels of mobility	>conflict/disruptions/violence	>negative encounters with teachers	>low birth weight/ neurodevelopmental delay
>violence, drugs, etc.	>substance abuse	>negative encounters with peers &/or inappropriate peer models	>psychophysiological problems
>minority and/or immigrant status	>models problem behavior		>difficult temperament & adjustment problems
	>abusive caretaking		
	>inadequate provision for quality child care		

II. Protective Buffers (Conditions that prevent or counter risk producing conditions – strengths, assets, corrective interventions, coping mechanisms, special assistance and accommodations)

Neighborhood	Family	School and Peers	Individual
>strong economic conditions/ emerging economic opportunities	>adequate financial resources	>success at school	>higher cognitive functioning
>safe and stable communities	>nurturing supportive family members who are positive models	>positive relationships with one or more teachers	>psychophysiological health
>available & accessible services	>safe and stable (organized and predictable) home environment	>positive relationships with peers and appropriate peer models	>easy temperament, outgoing personality, and positive behavior
>strong bond with positive other(s)	>family literacy	>strong bond with positive other(s)	>strong abilities for involvement and problem solving
>appropriate expectations and standards	>provision of high quality child care		>sense of purpose and future
>opportunities to successfully participate, contribute, and be recognized	>secure attachments – early and ongoing		>gender (girls less apt to develop certain problems)

III. Promoting Full Development (Conditions, over and beyond those that create protective buffers, that enhance healthy development, well-being, and a value-based life)

Neighborhood	Family	School and Peers	Individual
>nurturing & supportive conditions	>conditions that foster positive physical & mental health among all family members	>nurturing & supportive climate school-wide and in classrooms	>pursues opportunities for personal development and empowerment
>policy and practice promotes healthy development & sense of community		>conditions that foster feelings of competence, self-determination, and connectedness	>intrinsically motivated to pursue full development, well-being, and a value-based life

*For more on these matters, see:

Huffman, L.,Mehlinger, S., Kerivan, A. (2000). *Research on the Risk Factors for Early School Problems and Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School.* The Child and Mental Health Foundation and Agencies Network. http://www.nimh.nih.gov/childp/goodstart.cfm

Hawkins, J.D. & Catalano, R.F. (1992). *Communities That Care*. San Francisco: Jossey-Bass.

Deci, E. & Ryan, R. (1985). *Intrinsic Motivation and Self-Determination in Human Behavior.* New York: Plenum.

Strader, T.N., Collins, D.A., & Noe, T.D. (2000). *Building Healthy Individuals, Families, and Communities: Creating Lasting Connections.* New York: Kluwer Academic/Plenum Publishers

Adelman, H.S. & Taylor, L. (1994). *On Understanding Intervention in Psychology and Education.* Westport, CT: Praeger.

**A reciprocal determinist view of behavior recognizes the interplay of environment and person variables.

D. Comprehensive Continuum of Intervention *Systems*

Orienting Question:

What is encompassed by the term *comprehensive continuum of intervention?*

In many schools, when students are not doing well, the trend is to refer them directly for assessment in hopes of referral for special assistance, perhaps even assignment to special education. In some schools and classrooms, the number of referrals is dramatic. Where special teams exist to review students for whom teachers request help, the list grows as the year proceeds. The longer the list, the longer the lag time for review – often to the point that, by the end of the school year, the team has reviewed just a small percentage of those referred. *And, no matter how many are reviewed, there are always more referrals than can be served.*

One solution might be to convince policy makers to fund more special programs and services at schools. However, even if the policy climate favored more special programs, such interventions alone are not a comprehensive approach for addressing barriers to learning. More services to treat problems certainly are needed. But so are programs for prevention and early-after-problem onset that can reduce the number of students teachers send to review teams. That is, a full continuum of interventions is needed.

Development of a full continuum involves the efforts of school and community. Such a continuum must be *comprehensive, multifaceted,* and *integrated* and woven into three overlapping systems: systems for positive development and prevention of problems, systems of early intervention to address problems as soon after their onset as feasible, and systems of care for those with chronic and severe problems (see Figure 2). Accomplishing all this requires that society's policy makers work toward fundamental systemic reforms that will enable redeployment of how current resources are used.

The three systems highlighted in Figure 2 encompass an array of effective programmatic activities along the continuum. For example, moving through the continuum, the emphasis is on (1) public health protection, promotion, and maintenance that foster positive development and wellness, (2) preschool-age support and assistance to enhance health and psychosocial development, (3) early-schooling targeted interventions, (4) improvement and augmentation of ongoing regular support, (5) other interventions prior to referral for intensive and ongoing targeted treatments, and (6) intensive treatments. Examples of each are listed in Table 5.

The continuum framed in the Figure and Table encompasses a holistic and developmental emphasis. The focus is on individuals, families, and the contexts in which they live, learn, work, and play. A basic assumption underlying the application of any of the interventions is that the least restrictive and nonintrusive forms of intervention required to address problems and accommodate diversity should be used initially. Another assumption is that problems are not discrete, and therefore, interventions that address root causes should be used.

When the outlined framework is used to analyze a school's programs and those in the surrounding community, it usually becomes evident that both the school and its surrounding community have some related, but separate initiatives. Such an analysis highlights the degree of fragmentation (and marginalization) that characterizes efforts to address barriers to development and learning. More importantly, it suggests the need for systemic collaboration to braid resources and establish interprogram connections on a daily basis and over time. This involves horizontal and vertical restructuring of programs and services within and between jurisdictions (e.g., among departments, divisions, units, schools, clusters of schools, districts, community agencies, public and private sectors). Such connections are essential to counter tendencies to develop separate programs in different venues for every observed problem.

Figure 2. Interconnected systems for meeting the needs of all youngsters.

School Resources
(facilities, stakeholders,
programs, services)

Examples:

- Enrichment & recreation
- General health education
- Promotion of social and
  emotional development
- Drug and alcohol education
- Support for transitions
- Conflict resolution
- Parent involvement

- Pregnancy prevention
- Violence prevention
- Dropout prevention
- Learning/behavior
  accommodations
- Work programs

- Special education for
  learning disabilities,
  emotional disturbance,
  and other health
  impairments

Systems for Positive Development
&
Systems of Prevention
primary prevention
(low end need/low cost
per student programs)

Systems of Early Intervention
early-after-onset
(moderate need, moderate
cost per student)

Systems of Care
treatment of severe and
chronic problems
(High end need/high cost
per student programs)

Community Resources
(facilities, stakeholders,
programs, services)

Examples:

- Youth development programs
- Public health & safety
  programs
- Prenatal care
- Immunizations
- Recreation & enrichment
- Child abuse education

- Early identification to treat
  health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs

- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization

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Table 5. From primary prevention to treatment of serious problems: A continuum of community-school programs to address barriers to learning and enhance healthy development

Intervention Continuum	*Examples of Focus and Types of Intervention* (Programs and services aimed at system changes and individual needs)
Systems for Health Promotion & Primary prevention	**1. *Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness*** • economic enhancement of those living in poverty (e.g., work/welfare programs) • safety (e.g., instruction, regulations, lead abatement programs) • physical and mental health (incl. healthy start initiatives, immunizations, dental care, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning, recreation, social services to access basic living resources, and so forth) **2. *Preschool-age support and assistance to enhance health and psychosocial development*** • systems' enhancement through multidisciplinary team work, consultation, and staff development • education and social support for parents of preschoolers • quality day care • quality early education • appropriate screening and amelioration of physical and mental health and psychosocial problems
Systems for Early-after-problem onset intervention	**3. *Early-schooling targeted interventions*** • orientations, welcoming and transition support into school and community life for students and their families (especially immigrants) • support and guidance to ameliorate school adjustment problems • personalized instruction in the primary grades • additional support to address specific learning problems • parent involvement in problem solving • comprehensive and accessible psychosocial and physical and mental health programs (incl. a focus on community and home violence and other problems identified through community needs assessment) **4. *Improvement and augmentation of ongoing regular support*** • enhance systems through multidisciplinary team work, consultation, and staff development • preparation and support for school and life transitions • teaching "basics" of support and remediation to regular teachers (incl. use of available resource personnel, peer and volunteer support) • parent involvement in problem solving • resource support for parents-in-need (incl. assistance in finding work, legal aid, ESL and citizenship classes, and so forth) • comprehensive and accessible psychosocial and physical and mental health interventions (incl. health and physical education, recreation, violence reduction programs, and so forth) • Academic guidance and assistance • Emergency and crisis prevention and response mechanisms **5. *Other interventions prior to referral for intensive, ongoing targeted treatments*** • enhance systems through multidisciplinary team work, consultation, and staff development • short-term specialized interventions (including resource teacher instruction and family mobilization; programs for suicide prevention, pregnant minors, substance abusers, gang members, and other potential dropouts)
Systems for Treatment for severe/chronic problems	**6. *Intensive treatments*** • referral, triage, placement guidance and assistance, case management, and resource coordination • family preservation programs and services • special education and rehabilitation • dropout recovery and follow-up support • services for severe-chronic psychosocial/mental/physical health problems

Read more about it . . .

Advancing Mental Health in Schools

Few doubt that psychosocial and health problems affect learning and performance. Because of this, school decision makers have supported, to a degree, various ways to assist teachers in dealing with problems that interfere with schooling. Prominent examples are seen in the range of counseling, psychological, and social service programs schools provide.

Adding to what school education support staff do, there has been renewed emphasis over the past 20 years in the health and social services arenas on increasing linkages between schools and community service agencies to enhance the well-being of young people and their families. This "school-linked services" agenda has added impetus to advocacy for mental health in schools.

More recently, the efforts of some advocates for school-linked services has merged with forces working to enhance initiatives for community schools, youth development, and the preparation of healthy and productive citizens and workers. The merger has expanded interest in social-emotional learning and protective factors as avenues to increase students' assets and resiliency and reduce risk factors.

Thus, varied policies and initiatives have emerged relevant to efforts to enhance mental health in schools. Some directly support school programs and personnel; others connect community programs and personnel with schools. As a result, most schools have some programs to address a range of mental health and psychosocial concerns, such as school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, and violence.

Many Schools, Many Students

There are about 91,000 public schools in about 16,000 districts. Over the years, most, but obviously not all, schools have instituted programs designed with a range of MH and psychosocial concerns 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. There is a large body of research supporting the promise of much of this activity (see Center for Mental Health, 2000).[1] And, the available research also suggests that for some youngsters schools are the main providers of MH services. As Burns and her colleagues (1995) report from the study of children's utilization of MH services in western North Carolina, "the major player in the de facto system of care was the education sector – more than three-fourths of children receiving mental health services were seen in the education sector, and for many this was the sole source of care."[2]

Clearly, mental health activity is going on in schools. Equally evident, there is a great deal to be done to improve what is taking place. The current norm related to efforts to advance mental health policy is for a vast sea of advocates to compete for the same dwindling resources. This includes advocates representing different professional practitioner groups. Naturally, all such advocates want to advance their agenda. And, to do so, the temptation usually is to keep the agenda problem-focused and rather specific and narrow. Politically, this make some sense. But in the long-run, it may be counterproductive in that it fosters piecemeal, fragmented, and redundant policies and practices. Diverse school and community resources are attempting to address complex, multifaceted, and overlapping psychosocial and mental health concerns in highly fragmented and marginalized ways. This has led to redundancy, counterproductive competition, and inadequate results.

One response to this state of affairs is seen in the calls for realigning policy and practice around a cohesive framework based on well-conceived models and the best available scholarship. With specific respect to mental health in schools, it has been stressed that initiatives must connect in major ways with the mission of schools and integrate with a restructured system of education support programs and services. This theme permeates this module.

Moving to the Cutting Edge

From our perspective, it is time to take a close look at all the pieces. To date, there has been no comprehensive mapping and no overall analysis of the amount of resources used for efforts relevant to mental health in schools or of how they are expended. Without such a "big picture" analysis, policymakers and practitioners are deprived of information that is essential in determining equity and enhancing system effectiveness. The challenge for those focused on mental health in schools is not only to understand the basic concerns hampering the field, but to function on the cutting edge of change so that the concerns are effectively addressed.

It also is necessary to show how all policy, practice, and research related to mental health in schools, including the many categorical programs funded to deal with designated problems, can be (a) woven into a cohesive continuum of interventions and (b) integrated thoroughly with school reform efforts. In the process, the importance of school-community-home collaborations in weaving together the resources for comprehensive, multifaceted approaches can be stressed.

In sum, advancing mental health in schools is about much more than expanding services and creating full service schools. It is about establishing comprehensive, multifaceted approaches that strengthen students, families, schools, and neighborhoods and do so in ways that maximize learning, caring, and well-being.

Field Defining Guidelines for Mental health in Schools

On the following two pages is an outline of a set of field defining guidelines. They represent a framework for designing comprehensive, multi-faceted, and cohesive approaches to MH in schools. These first-ever guidelines were developed in 2001 by the *Policy Leadership Cadre for Mental Health in Schools.* (See the Cadre document for rationale statements and references related to each guideline.)

Clearly, no school currently offers the nature and scope of what is embodied in the outline. In a real sense, the guidelines define a vision for how Mental Health in schools should be defined and implemented.

Exhibit

Guidelines for Mental Health in Schools[3]

1. General Domains for Intervention in Addressing Students' Mental Health

1.1 Ensuring academic success and also promoting healthy cognitive, social, and emotional development and resilience (including promoting opportunities to enhance school performance and protective factors; fostering development of assets and general wellness; enhancing responsibility and integrity, self-efficacy, social and working relationships, self-evaluation and self-direction, personal safety and safe behavior, health maintenance, effective physical functioning, careers and life roles, creativity)

1.2 Addressing barriers to student learning and performance (including educational and psychosocial problems, external stressors, psychological disorders)

1.3 Providing social/emotional support for students, families, and staff

2. Major Areas of Concern Related to Barriers to Student Learning

2.1 Addressing common educational and psychosocial problems (e.g., learning problems; language difficulties; attention problems; school adjustment and other life transition problems; attendance problems and dropouts; social, interpersonal, and familial problems; conduct and behavior problems; delinquency and gang-related problems; anxiety problems; affect and mood problems; sexual and/or physical abuse; neglect; substance abuse; psychological reactions to physical status and sexual activity)

2.2 Countering external stressors (e.g., reactions to objective or perceived stress/demands/ crises/deficits at home, school, and in the neighborhood; inadequate basic resources such as food, clothing, and a sense of security; inadequate support systems; hostile and violent conditions)

2.3 Teaching, serving, and accommodating disorders/disabilities (e.g., Learning Disabilities; Attention Deficit Hyperactivity Disorder; School Phobia; Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; Post Traumatic Stress Disorder; Anorexia and Bulimia; special education designated disorders such as Emotional Disturbance and Developmental Disabilities)

(cont.)

3. *Type of Functions Provided related to Individuals, Groups, and Families*

3.1 Assessment for initial (first level) screening of problems, as well as for diagnosis and intervention planning (including a focus on needs and assets)

3.2 Referral, triage, and monitoring/management of care

3.3 Direct services and instruction (e.g., primary prevention programs, including enhancement of wellness through instruction, skills development, guidance counseling, advocacy, school-wide programs to foster safe and caring climates, and liaison connections between school and home; crisis intervention and assistance, including psychological first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer- term treatment, remediation, and rehabilitation)

3.4 Coordination, development, and leadership related to school-owned programs, services, resources, and systems – toward evolving a comprehensive, multifaceted, and integrated continuum of programs and services

3.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus

3.6 Enhancing connections with and involvement of home and community resources (including but not limited to community agencies)

4. *Timing and Nature of Problem-Oriented Interventions*

4.1 Primary prevention

4.2 Intervening early after the onset of problems

4.3 Interventions for severe, pervasive, and/or chronic problems

5. *Assuring Quality of Intervention*

5.1 Systems and interventions are monitored and improved as necessary

5.2 Programs and services constitute a comprehensive, multifaceted continuum

5.3 Interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development

5.4 School-owned programs and services are coordinated and integrated

5.5 School-owned programs and services are connected to home & community resources

5.6 Programs and services are integrated with instructional and governance/management components at schools

5.7 Program/services are available, accessible, and attractive

5.8 Empirically-supported interventions are used when applicable

5.9 Differences among students/families are appropriately accounted for (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)

5.10 Legal considerations are appropriately accounted for (e.g., mandated services; mandated reporting and its consequences)

5.11 Ethical issues are appropriately accounted for (e.g., privacy & confidentiality; coercion)

5.12 Contexts for intervention are appropriate (e.g., office; clinic; classroom; home)

6. *Outcome Evaluation and Accountability*

6.1 Short-term outcome data

6.2 Long-term outcome data

6.3 Reporting to key stakeholders and using outcome data to enhance intervention quality

The above guidelines are a work in progress. Feedback is welcome and, indeed, is essential to advancing the field. What the guidelines do is provide a focal point for clarifying the nature and scope of MH in schools. Moreover, they do so in a way that is a good match with the mission of schools. They do not suggest that schools should be in the mental health business, but rather indicate the many ways that a MH focus supports the school's mission. The shared intent is to ensure that every student has an equal opportunity to succeed at school by maximizing learning and well-being. More than good instruction is needed if this is to be achieved. Also required is development of comprehensive, multifaceted, and cohesive approaches that address MH and psychosocial concerns. Such approaches encompass efforts to weave together all activity dealing with MH and other barriers to learning, including initiatives for promoting and enhancing healthy development.

Those who mean to advance MH in schools must work to ensure their agenda is not seen as separate from a school's educational mission. That is, in terms of policy, practice, and research, all activity related to MH in schools, including the many categorical programs for designated problems, eventually must be embedded fully into school reform initiatives. This is the key to having the efforts viewed as essential to the learning and teaching agenda. It is also the key to ending the marginalization and fragmentation that currently characterizes most endeavors for addressing barriers to learning at schools.[4]

Endnotes

1. Center for Mental Health in Schools (2000). *Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning.* Los Angeles: Author at UCLA.

2. Burns, B.J., Costello, E.J., Angold, A., Tweed, D., Stangl, D., Farmer, E.M.Z., and Erkanli, A. (1995). Children's mental health service use across service sectors. *Health Affairs, 14*, 147-159.

3. Policy Leadership Cadre for Mental Health in Schools (2001). *Mental health in schools: guidelines, models, resources & policy considerations*. Los Angeles: Center for Mental Health in Schools at UCLA. This document can be downloaded at http://smhp.psych.ucla.edu or a hardcopy can be ordered from the Center. Send feedback to the Center.

4. For more information, references, and resources related to mental health in schools, see the Center for Mental Health in Schools, which operates under the auspices of the School Mental Health Project at UCLA. The Center's website is: **http://smhp.psych.ucla.edu**

Mental Health in Schools: Much More than Services for the Few (Fall, 2007) (Newsletter)

Concerns about mental health involve much more than the focus on mental illness. It includes an emphasis on promoting youth development, wellness, social and emotional learning, and fostering the emergence of a caring, supportive, and nurturing climate throughout a school.

http://smhp.psych.ucla.edu/news/newshtml/toc124.htm

NEW! Special Resource focused on advancing the field

Mental Health in School & School Improvement: Current Status, Concerns, and New Directions

Advancing the field at this seminal time in its evolution requires widespread exploration of where we are going and how to get there. Because of the urgency for moving forward in creating a school environment that promotes mental health and reduces problems, we have just completed this volume which we are putting online to make it immediately accessible at no cost and with no restrictions on its use.

In deciding to by-pass for a short while the publishing barriers of time, purchasing costs, and copyright limitations, we are hoping that this work will find its way to the broadest possible audience.

As you know, engaging a wide range of stakeholders in discussion is an essential step in moving a field forward. Therefore, we hope you will freely forward this announcement and generally share information about the opportunity to download this volume.

Note: For those teaching courses on this topic, the volume provides students with a unique resource in terms of content and the fact that any and all of it can be readily accessed at no cost.

Finally, as always, we encourage you to send us your ideas for moving the field forward.

For convenience in downloading, each section of the book can
be accessed separately in pdf format – click here for links.

Materials for use as

Handouts/Overheads/Slides

in Presenting

Part I

I. **Introductory Concepts**

A. Mental Health in Schools

B. For a Few or For the Many?

C. Multifaceted Focus: Addressing Barriers,
   Enhancing Protections, Promoting Development

D. Comprehensive Continuum of Intervention *Systems*

>>Brief follow up reading –

   About Mental Health in Schools: *An Introduction*

Addressing mental health of youngsters involves ensuring

- mental illness is understood within the broader perspective of psychosocial and related health problems, in terms of strengths as well as deficits, and as encompassing the well-being of families and staff

- the roles of schools/communities/homes are enhanced and pursued jointly

- equity considerations are confronted

- the marginalization and fragmentation of policy, organizations, and daily practice are countered

- the challenges of evidence-based strategies and achieving results are addressed.

Mental Health in Schools:
It's About Much More Than
Therapy and Counseling

Mental health in schools *isn't just about*

- students with diagnosable problems
- therapy and behavior change
- connecting community mental health providers to schools
- what mental health professionals do
- empirically-supported *treatments*

In addition to all the above, mental health in schools *also is about*

- providing programs to promote social-emotional development, prevent mental health and psychosocial problems, and enhance resiliency and protective buffers
- providing programs and services to intervene as early after the onset of learning, behavior, and emotional problems as is feasible
- building the capacity of all school staff to address barriers to learning and promote healthy development
- addressing systemic matters at schools that affect mental health, such as high stakes testing (including exit exams) and other practices that engender bullying, alienation, and student disengagement from classroom learning
- drawing on all empirical evidence as an aid in developing a comprehensive, multifaceted, and cohesive continuum of school-community interventions to address barriers to learning and promote healthy development

Types of *Interveners* and *Functions*

I. *Interveners* Who May Play Primary or Secondary Roles in Carrying Out Functions Relevant to Learning, Behavior, and Emotional Problems

- **Instructional Professionals**

- **Administrative Staff**

- **Health Office Professionals**

- **Counseling, Psychological, & Social Work Staff**

- **Itinerant Therapists**

- **Personnel-In-Training**

II. *Functions* Related to Addressing Mental Health and Psychosocial Needs at the School and District Level

>>>>**Direct Services and Instruction**

>>>>**Coordination, Development, and Leadership Related to Programs, Services, Resources, and Systems**

>>>>**Enhancing Connections with Community Resources**

Delivery Mechanisms and Formats
I. *School-Financed Student Support Services*
(e.g., pupil services/student support personnel)

II. *School-District Specialized Units*
(i.e., district-wide units – sometimes with clinics)

III. *Formal Connections with Community Mental Health Services*
- co-location of agency at schools
- formal linkages with agencies to enhance access and service coordination
- formal partnerships between a school district and community agencies for school-based/linked facilities
- contracting with community providers

IV. *Classroom-Based Curriculum and Specialized "Pull Out" Interventions*
- integrated into regular classroom instruction
- specific curriculum or special intervention implemented by specially trained personnel
- curriculum approach is part of a multifaceted set of interventions for positive development and prevention

V. *Comprehensive, Multifaceted, Integrated Approaches*
- mechanisms to coordinate and integrate services
- initiatives to restructure student support programs and integrate them into school reform agendas
- community schools

Advancing MH in Schools

- Needed: Strategic Approaches & Comprehensive Frameworks to Enhance Policy and Practice

- Ending Marginalization

Range of Learners

(categorized in terms of their response to academic instruction)

I = Motivationally ready and able*

II = Not very motivated/

Lacking prerequisite knowledge & skills/

Different learning rates and styles/

Minor vulnerabilities**

III = Avoidant/

Very deficient in current capabilities/

Has a disability

Major health problems

* Few youngsters start out with internal problems that interfere with learning what schools teach. There can be little doubt that external factors are primarily responsible for the majority of learning, behavior, and emotional problems encountered in schools.

** All learners have *assets/strengths/protective factors* that can contribute to success; all have *differences* that require some degree of personalization by instructional systems; any may *internalize negative experiences* that interfere with learning at school.

Multifaceted Focus

Examples of Barriers to Learning/Development, Protective Buffers, & Promoting Full Development*

Environmental Conditions**			**Person Factors****
Neighborhood	*Family*	*School and Peers*	*Individual*

I. Barriers to Development & Learning

Risk producing conditions

II. Protective Buffers

Conditions that prevent or counter risk producing conditions – strengths, assets, corrective interventions, coping mechanisms, special assistance and accommodations

III. Promoting Full Development

Conditions, over and beyond those that create protective buffers, that enhance healthy development, well-being, and a value-based life

*For more on these matters, see:

Huffman, L.,Mehlinger, S., Kerivan, A. (2000). *Research on the Risk Factors for Early School Problems and Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School*. The Child and Mental Health Foundation and Agencies Network.
    http://www.nimh.nih.gov/childp/goodstart.cfm
Hawkins, J.D. & Catalano, R.F. (1992). *Communities That Care*. San Francisco: Jossey-Bass.
Deci, E. & Ryan, R. (1985). *Intrinsic Motivation and Self-Determination in Human Behavior*. New York: Plenum.
Strader, T.N., Collins, D.A., & Noe, T.D. (2000). *Building Healthy Individuals, Families, and Communities: Creating Lasting Connections*. New York: Kluwer Academic/Plenum Publishers
Adelman, H.S. & Taylor, L. (1994). *On Understanding Intervention in Psychology and Education*. Westport, CT: Praeger.

**A reciprocal determinist view of behavior recognizes the interplay of environment and person variables.

Comprehensive Continuum of Intervention Systems

Interconnected systems for meeting the needs of all youngsters.

School Resources
(facilities, stakeholders,
programs, services)

Examples:

• Enrichment & recreation
• General health education
• Promotion of social and
  emotional development
• Drug and alcohol education
• Support for transitions
• Conflict resolution
• Parent involvement

• Pregnancy prevention
• Violence prevention
• Dropout prevention
• Learning/behavior
  accommodations
• Work programs

• Special education for
   learning disabilities,
   emotional disturbance,
   and other health
   impairments

Community Resources
(facilities, stakeholders,
programs, services)

Examples:

• Youth development programs
• Public health & safety
  programs
• Prenatal care
• Immunizations
• Recreation & enrichment
• Child abuse education

• Early identification to treat
  health problems
• Monitoring health problems
• Short-term counseling
• Foster placement/group homes
• Family support
• Shelter, food, clothing
• Job programs

• Emergency/crisis treatment
• Family preservation
• Long-term therapy
• Probation/incarceration
• Disabilities programs
• Hospitalization

Systems for Positive Development
&
Systems of Prevention
primary prevention
(low end need/low cost
per student programs)

Systems of Early Intervention
early-after-onset
(moderate need, moderate
cost per student)

Systems of Care
treatment of severe and
chronic problems
(High end need/high cost
per student programs)

Comprehensive Continuum of Intervention Systems

From primary prevention to treatment of serious problems: A continuum of community-school programs to address barriers to learning and enhance healthy development

Intervention Continuum	*Examples of Focus and Types of Intervention* (Programs and services aimed at system changes and individual needs)
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Addressing barriers to Learning

It's not about turning schools into

　　　health & social service agencies

Obviously:

　　School systems are not responsible for

　　meeting every need of their students.

But as the Carnegie Task Force on Education
concluded:

　　When the need directly affects learning,

　　the school must meet the challenge.

II. Policy Considerations

A. Fragmentation, Marginalization, and
    Counterproductive Competition
    for Sparse Resources

B. Moving From a Two to a Three Component
    Policy Framework

>>Group activity – *Key Insights about Mental
    Health in Schools*

>>Brief follow-up reading –
    >*Why New Directions for Student Support?*

Orienting Questions:

> In what ways are mental health concerns and efforts to
> address barriers to learning marginalized in current
> school policy?

> What is a three component framework for school
> improvement and how does it differ from the current
> policy emphasis?

A. Fragmentation, Marginalization, and
Counterproductive Competition for Sparse Resources

Keeping a comprehensive continuum of intervention systems in mind, it becomes evident that the prevailing reforms give short shrift to behavior, learning, and emotional problems. The various initiatives do help *some* students who are not succeeding at school. However, they come nowhere near addressing the scope of need. Indeed, their limited potency further suggests the degree to which efforts to address barriers to learning and development are *marginalized* in policy and practice.

School Improvement

Analyses of prevailing policies for improving schools indicates that the primary focus is on two major components: (1) enhancing instruction and curriculum and (2) restructuring school governance/management. The implementation of such efforts is shaped by demands for every school to adopt high standards and expectations and be accountable for results, as measured by standardized achievement tests. Toward these ends, the calls have been to enhance direct academic support and move away from a "deficit" model by adopting a strengths or resilience-oriented paradigm. All this is reflected in the federal *No Child Left Behind Act.* Even when this Act provides for "supplemental services," the emphasis is primarily on tutoring, thereby paying little attention to the multifaceted nature of the barriers that interfere with students learning and performing well at school.

School-Linked, Integrated Services

Policy makers have come to appreciate the relationship between limited intervention efficacy and the widespread tendency for complementary programs to operate in isolation. Limited efficacy does seem inevitable as long as interventions are carried out in a piecemeal and often competitive fashion and with little follow through. From this perspective, reformers have directed initiatives toward reducing service fragmentation and increasing access to health and social services.

At most schools, the trend toward fragmentation is compounded by most school-linked services' initiatives. This happens because such initiatives focus primarily on coordinating *community* services and *linking* them to schools to gain better access to their clientele, with an emphasis on *co-locating* rather than integrating such services with the ongoing efforts of school staff. The increased fragmentation is ironic since a major intent of agency reforms is to restructure services to reduce fragmentation.

The current state of affairs is illustrated in Figure 3.

Figure 3. *Talk About Fragmented!*

Which of these addresses barriers to student learning?

Psychological Testing

Special Education

Pupil Services

After-School Programs

Physical Education

HIV/AIDS Prevention

Health Education

Clinic

Health Services

Nutrition Education

School Lunch Program

Violence & Crime Prevention

Juvenile Court Services

Community-Based Organizations

Mental Health Services

Social Services

HIV/AIDS Services

Child Protective Services

Pregnancy Prevention

SCHOOL

Codes of Discipline

Counseling

Drug Prevention

Drug Services

Smoking Cessation For Staff

Adapted from: *Health is Academic: A guide to Coordinated School Health Programs* (1998).
Edited by E. Marx & S.F. Wooley with D. Northrop. New York: Teachers College Press.

The call for "integrated services" clearly is motivated by a desire to reduce redundancy, waste, and ineffectiveness resulting from fragmentation. Special attention is given to the many piecemeal, categorically funded approaches, such as those created to reduce learning and behavior problems, substance abuse, violence, school dropouts, delinquency, and teen pregnancy. By focusing primarily on the above matters, policy makers fail to deal with the overriding issue, namely that addressing barriers to development and learning remains a marginalized aspect of policy and practice. Fragmentation stems from the *marginalization,* but concern about such marginalization is not even on the radar screen of most policy makers.

Fragmentation stems from Marginalization

Despite the emphasis on enhancing collaboration, the problem remains that the majority of programs, services, and special projects designed to address barriers to student learning still are viewed as supplementary or "add-ons" (often referred to as auxiliary services) and continue to operate on an ad hoc basis. The degree to which marginalization is the case is seen in the lack of attention given such activity in consolidated plans and certification reviews and the lack of efforts to map, analyze, and rethink how resources are allocated. Educational reform virtually has ignored the need to reform and restructure the work of school professionals who carry out psychosocial and health programs. As long as this remains the case, reforms to reduce fragmentation and increase access are seriously hampered. More to the point, the desired impact for large numbers of children and adolescents will not be achieved.

Supports are seen as "add-ons"

In general, fragmentation is worsened by the failure of policy makers at all levels to recognize the need to reform and restructure the work of school and community professionals who are in positions to address barriers and promote development. Reformers mainly talk about "school-linked integrated services" – apparently in the belief that a few health and social services are a sufficient response. Such talk has led some policy makers to the mistaken impression that community resources alone can effectively meet the needs of schools in addressing barriers to learning. In turn, this has led some legislators to view linking community services to schools as a way to free the dollars underwriting school-owned services. The reality is that even when one adds together community and school assets, the total set of services in impoverished locales is woefully inadequate. In situation after situation, it has become evident that as soon as the first few sites demonstrating school-community collaboration are in place, community agencies find they have stretched their resources to the limit. Another problem is that the overemphasis on school-linked services is exacerbating rising tensions between school district service personnel and their counterparts in community-based organizations. As "outside" professionals offer services at schools, school specialists often view the trend as discounting their skills and threatening their jobs. At the same time, the "outsiders" often feel unappreciated and may be rather naive about the culture of schools. Conflicts arise over "turf," use of space, confidentiality, and liability. Thus, competition rather than a substantive commitment to collaboration remains the norm.

Tension-Produced Conflicts

In short, policies shaping current agendas for school and community reforms are seriously flawed. Although fragmentation and access are significant concerns, marginalization is of greater concern. It is unlikely that the problems of fragmentation and access will be appropriately resolved in the absence of concerted attention in policy and practice to ending the marginalized status of efforts to address factors interfering with development, learning, parenting, and teaching.

When policy focuses on schools and communities working together, it is essential to recognize that the policy focus is on two major and separate reform movements:

> (1) School Improvement Policies

> (2) Agency Reform Policies

And, because the focus of agency reform is on services, the tendency for the "community" stakeholders represented in school-community collaboratives mainly to be agency staff.

This leads to too little attention being paid (a) to integrating a full range of community resources with existing school programs and services (see Exhibit 2) and (b) to strengthening families and neighborhoods by improving economic status and enhancing other fundamental supports.

Policies to reform agencies are not the same thing as policies designed to strengthen communities.

Exhibit 2

A Range of Community Resources that Could Be Part of a Collaboration

County Agencies and Bodies
(e.g., Depts. of Health, Mental Health, Children & Family Services, Public Social Services, Probation, Sheriff, Office of Education, Fire, Service Planning Area Councils, Recreation & Parks, Library, courts, housing)

Municipal Agencies and Bodies
(e.g., parks & recreation, library, police, fire, courts, civic event units)

Physical and Mental Health & Psychosocial Concerns Facilities and Groups
(e.g., hospitals, clinics, guidance centers, Planned Parenthood, Aid to Victims, MADD, "Friends of" groups; family crisis and support centers, helplines, hotlines, shelters, mediation and dispute resolution centers)

Mutual Support/Self-Help Groups
(e.g., for almost every problem and many other activities)

Child Care/Preschool Centers

Post Secondary Education Institutions/Students
(e.g., community colleges, state universities, public and private colleges and universities, vocational colleges; specific schools within these such as Schools of Law, Education, Nursing, Dentistry)

Service Agencies
(e.g., PTA/PTSA, United Way, clothing and food pantry, Visiting Nurses Association, Cancer Society, Catholic Charities, Red Cross, Salvation Army, volunteer agencies, legal aid society)

Service Clubs and Philanthropic Organizations
(e.g., Lions Club, Rotary Club, Optimists, Assistance League, men's and women's clubs, League of Women Voters, veteran's groups, foundations)

Youth Agencies and Groups
(e.g., Boys and Girls Clubs, Y's, scouts, 4-H, Woodcraft Rangers)

Sports/Health/Fitness/Outdoor Groups
(e.g., sports teams, athletic leagues, local gyms, conservation associations, Audubon Society)

Community Based Organizations
(e.g., neighborhood and homeowners' associations, Neighborhood Watch, block clubs, housing project associations, economic development groups, civic associations)

Faith Community Institutions
(e.g., congregations and subgroups, clergy associations, Interfaith Hunger Coalition)

Legal Assistance Groups
(e.g., Public Counsel, schools of law)

Ethnic Associations
(e.g., Committee for Armenian Students in Public Schools, Korean Youth Center, United Cambodian Community, African-American, Latino, Asian-Pacific, Native American Organizations)

Special Interest Associations and Clubs
(e.g., Future Scientists and Engineers of America, pet owner and other animal-oriented groups)

Artists and Cultural Institutions
(e.g., museums, art galleries, zoo, theater groups, motion picture studios, TV and radio stations, writers' organizations, instrumental/choral, drawing/painting, technology-based arts, literary clubs, collector's groups)

Businesses/Corporations/Unions
(e.g., neighborhood business associations, chambers of commerce, local shops, restaurants, banks, AAA, Teamsters, school employee unions)

Media
(e.g., newspapers, TV & radio, local access cable)

Family Members, Local Residents, Senior Citizens Groups

B. Moving from a Two to a Three Component Policy Framework

The limited impact of current policy points to the need to rethink school reform. Our analyses indicate that the two component model upon which current reforms are based is inadequate for improving schools in ways that will be effective in preventing and correcting learning and behavior problems. Movement to a three component model is necessary if schools are to enable all young people to have an equal opportunity to succeed at school (see Figure 4).

Figure 4. Moving from a two- to a three-component model for reform and restructuring.
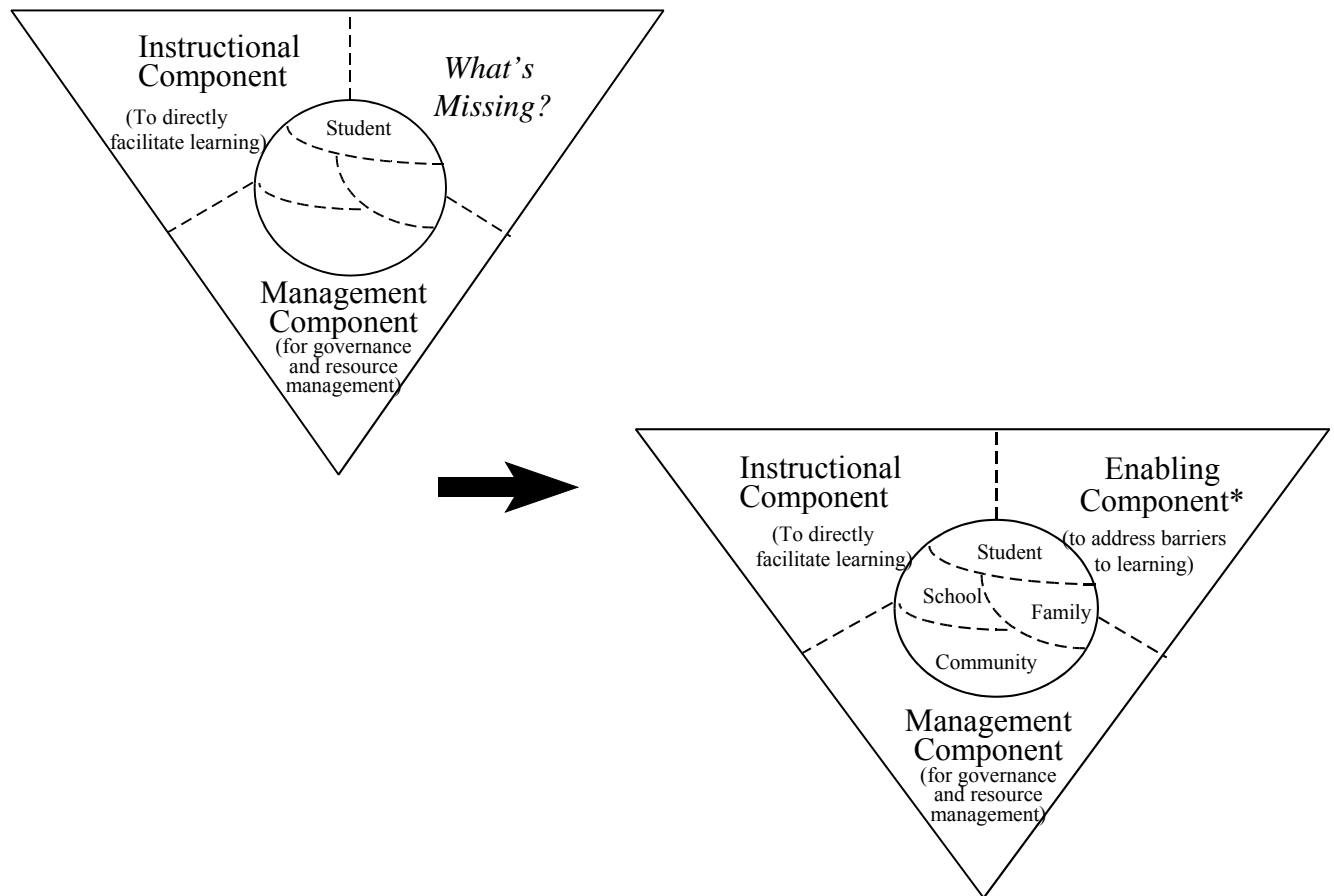
*The third component (an enabling component) is established in policy and practice as primary and essential and is developed into a comprehensive approach by weaving together school and community resources.

Stated simply, the prevailing approaches to school reform do not address barriers to learning, development, and teaching in comprehensive and multifaceted ways, especially in schools where large proportions of students are not doing well. Rather, the emphasis is mostly on intensifying and narrowing the attention paid to curriculum/instruction and classroom management. This ignores the need to fundamentally restructure school and community support programs and services and continues to marginalize efforts to design the types of environments that are essential to the success of school reforms.

A three component model calls for elevating efforts to address barriers to development, learning, and teaching to the level of one of three fundamental facets of education reform. We call the third component an *Enabling Component*. All three components are seen as essential, complementary, and overlapping.

Enabling is defined as "providing with the means or opportunity; making possible, practical, or easy; giving power, capacity, or sanction to." The concept of an enabling component is formulated on the proposition that a comprehensive, multifaceted, integrated continuum of enabling activity *is essential* for addressing the needs of youngsters who encounter barriers that interfere with their benefitting satisfactorily from instruction. From this perspective, schools committed to the success of all children should be redesigned to *enable learning* by addressing barriers to learning. That is, schools must not only focus on improving instruction and how they make decisions and manage resources, they must also improve how they enable students to learn and teachers to teach.

The concept of an enabling component is meant to provide a unifying framework for reforms that fully integrate a comprehensive focus on addressing barriers to student learning as school improvement moves forward. It underscores the need to weave together school and community resources to address a wide range of factors interfering with young people's learning, performance, and well-being. It embraces efforts to promote healthy development and foster positive functioning as the best way to prevent many learning, behavior, emotional, and health problems and as a necessary adjunct to correcting problems experienced by teachers, students, and families.

Figure 5a presents a different way of illustrating the inadequacy of the current policy situation. Adoption of a three component model is intended to end the marginalization and fragmentation of education support programs and services at school sites. Moreover, the notion of a third component can be operationalized in ways that unify a school's efforts in developing a comprehensive, multifaceted, and cohesive approach.

In sum, given the pressure to increase performance on academic tests, school reformers continue to concentrate *mainly* on improving efforts to directly facilitate learning and instruction and enhancing system management. All efforts to address barriers to learning, development, and teaching are kept on the margins. In effect, current policy pursues reform using a two- rather than a three-component model.

To address gaps in current reform and restructuring initiatives, a basic policy shift must occur. To this end, we have introduced the concept of an "Enabling Component" as a policy-oriented notion around which to unify efforts to address barriers to development, learning, and teaching. The concept underscores that movement to a three component model is necessary if all young people are to have an equal opportunity to benefit from their formal schooling.

Figure 5a. The prevailing two component model for school reform and restructuring.

Direct Facilitation of Learning
(Instructional Component)

Besides offering a small amount of school-owned student "support" services, schools outreach to the community to add a few school-based/linked services.

Governance and Resource Management
(Management Component)
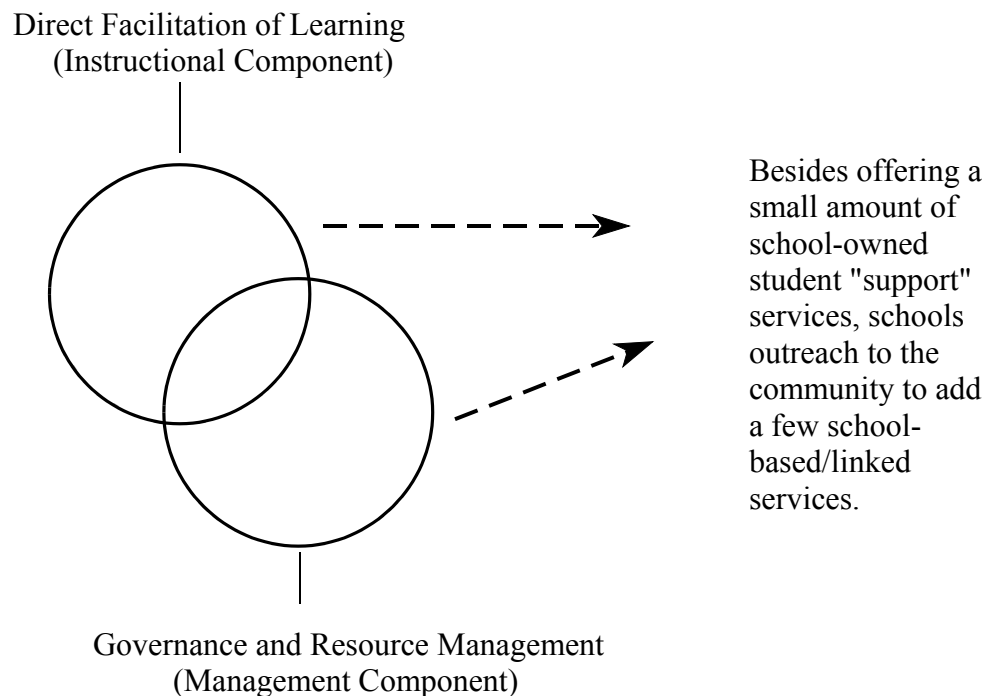
As illustrated in Figure 5b, a three component model elevates efforts to address barriers to development, learning, and teaching to the level of one of three fundamental, essential, overlapping, and complementary facets of reform. By calling for reforms that fully integrate a focus on addressing barriers, the concept of an enabling component provides a unifying concept for responding to a wide range of psychosocial and mental health factors interfering with young people's learning and performance. It does so by encompassing the type of models described as full-service schools – and going beyond them. Adoption of such an inclusive concept is seen as pivotal in convincing policy makers to move to a position that recognizes the essential nature of activity to enable learning.

Figure 5b. A three component model for school reform and restructuring

Direct Facilitation of Learning
(Instructional Component)

Addressing Barriers to Learning
(Enabling Component*)

Governance and Resource Management
(Management Component)
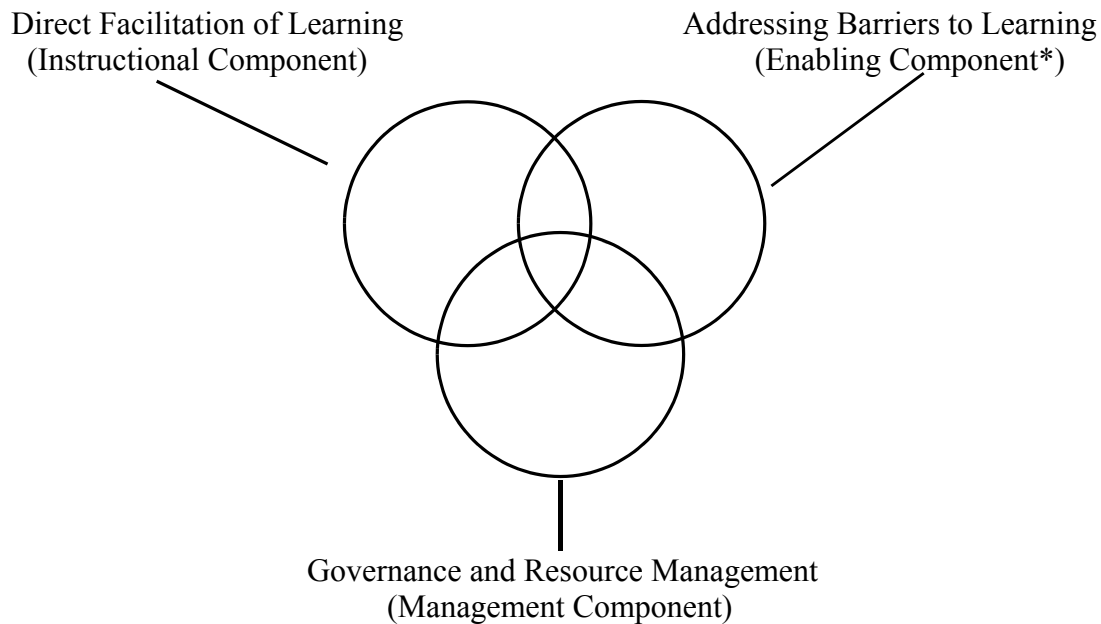
*A component which is treated as primary and essential and which weaves together school and community resources to develop comprehensive, multifaceted approaches to addressing barriers.

Emergence of a cohesive enabling component requires policy reform and operational restructuring. The emphasis is on weaving together what exists at a school, expanding this through integrating school, community, and home resources, and enhancing access to community resources through appropriate linkages to the school. Central to all this is extensive restructuring of school-owned enabling activity, such as pupil services and special and compensatory education programs. Mechanisms must be developed to coordinate and eventually integrate school-owned enabling activity and school and community-owned resources. And, restructuring also must ensure that the enabling component is well integrated with the other two components (i.e., the developmental/instructional and management components).

Evidence of the value of rallying around a broad unifying concept, such as an enabling or learning support component, is seen in pioneering initiatives across the country. Schools, districts, and states are beginning to explore the value of enhancing efforts to develop a comprehensive, multifaceted, and integrated approach to addressing barriers to student learning. (See Center for Mental Health in Schools, 2003).

Group Reflection and Discussion

Key Insights about Mental Health in Schools

Based on what you learned so far:

Identify and discuss the key insights you have acquired.

Group Process Guidelines:

- Start by identifying someone who will facilitate the group interchange

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

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

- Ask someone else to watch the time so that the group doesn't bog down.

Why New Directions for Student Support?

> School systems are not responsible
> for meeting every need of their students.
> But when the need directly affects learning,
> the school must meet the challenge.
>
> <div align="right">Carnegie Task Force on Education of Young Adolescents (1989)</div>

*G*iven the range of student learning, behavior, and emotional problems experienced each day by teachers and families, meeting the challenge is complex. Efforts to do so are handicapped by the way in which student support interventions currently are conceived, organized, and implemented.

Student supports usually are mandated, developed, and function in relative isolation of each other. The result is an ad hoc and fragmented enterprise that does not meet the needs encountered at most schools (see Figure 3 in Part II).

Over the many years that school reform has focused on improving instruction, little or no attention has been paid to rethinking student supports. As a result, essential resources are not being used in ways that are essential if schools are to accomplish their mission. This reading highlights the problem and suggests new directions.

Addressing Barriers to Learning . . . Everyday at School

Ask any teacher: "Most days, how many of your students come to class motivationally ready and able to learn what you have planned to teach them?" We have asked that question across the country. The consistency of response is surprising and disturbing.

In urban and rural schools serving economically disadvantaged families, teachers tell us that about 10 to 15% of their students fall into this group. In suburbia, teachers usually say 75% fit that profile.

Talk with students: Student surveys consistently indicate that alienation, bullying, harassment, and academic failure at school are widespread problems. Discussions with groups of students and support staff across the country suggest that many students who dropout are really "pushed out."

Ironically, many young teachers who "burnout" quickly could also be described as pushouts.

Although reliable data do not exist, many policy makers would agree that at least 30 percent of the public school population in the U.S. are not doing well academically and could be described as having learning and related behavior problems. In recent years, about 50% of students assigned a special education diagnosis were identified as having a learning disability (LD). Such numbers are far out of proportion with other disability diagnoses, and this has led to a policy backlash. If estimates are correct, about 80% of those diagnosed as having LD in the last part of the 20th century actually did not. This is not to deny that they had problems learning at school or to suggest that they didn't deserve assistance in overcoming their problems.

Given the above, it is not surprising that teachers, students, and their families continuously ask for help. And, given the way student supports currently operate, it is not surprising that few feel they are receiving the help they need.

Schools must be able to prevent and respond appropriately each day to a variety of barriers to learning and teaching. Those that can't are ill-equipped to raise test scores to high levels.

Current Student Support is Fragmented and Marginalized

Every school has some support programs and services, and across a district one can find a wide range of efforts. Some programs are mandated for every school; others are carried out at or linked to targeted schools. In addition to those that are owned and operated by schools, community agencies are bringing services to school sites. The interventions may be for all students in a school, for those in specified grades, for those identified as "at risk," and/or for those in need of compensatory education.

Student and teacher supports are provided by various divisions in a district, each with a specialized focus such as curriculum and instruction, student support services, compensatory education, special education, language acquisition, parent involvement, intergroup relations, and adult and career education. Such divisions usually are organized and operate as relatively independent entities. For example, many school-owned and operated services are offered as part of what are called pupil personnel or support services. Federal and state mandates tend to determine how many pupil services professionals are employed, and states regulate compliance with mandates. Governance of their work usually is centralized at the district level. In large districts, counselors, psychologists, social workers, and other specialists may be organized into separate units, overlapping regular, special, and compensatory education. The delivery mechanisms and formats are outlined in Table 2 Part I of the module.

At the school level, analyses of the current state of affairs find a tendency for student support staff to function in relative isolation of each other and other stakeholders, with a great deal of the work oriented to discrete problems and with an overreliance on specialized services for individuals and small groups. In some schools, a student identified as at risk for grade retention, dropout, and substance abuse may be assigned to three counseling programs operating independently of each other. Such fragmentation not only is costly in terms of redundancy and counterproductive competition, it works against developing cohesive approaches and maximizing results.[1]

In short, although various divisions and support staff usually must deal with the same common barriers to learning (e.g., poor instruction, lack of parent involvement, violence and unsafe schools, poor support for student transitions, disabilities), they tend to do so with little or no coordination, and sparse attention to moving toward integrated efforts. Furthermore, in every facet of a district's operations, an unproductive separation often is manifested between staff focused directly on instruction and those concerned with student support. It is not surprising, then, how often efforts to address barriers to learning and teaching are planned, implemented, and evaluated in a fragmented, piecemeal manner.

Moreover, despite the variety of activity across a school district, it is common knowledge that few schools come close to having enough resources to respond when confronted with a large number of students experiencing barriers to learning. Many schools offer only bare essentials. Too many schools do not even meet basic needs. Thus, it comes as no surprise to those who work in schools each day that teachers often do not have the supports they need when they identify students who are having learning and related behavior problems.

Clearly, school improvement and capacity building efforts (including pre and in service staff development) have yet to deal effectively with the enterprise of providing supports for students and teachers. And, the simple psychometric reality is that in schools where a large proportion of students encounter major barriers to learning, test score averages are unlikely to increase adequately until such supports are rethought and redesigned. Schools that do not take steps to do so will remain ill-equipped to meet their mission.

Rethinking Student and Teacher Supports

Policy makers have come to appreciate that limited intervention efficacy is related to the widespread tendency for programs to operate in isolation. Concerns have been particularly voiced about categorically funded programs, such as those created to reduce learning and behavior problems, substance abuse, violence, school dropouts, teen pregnancy, and delinquency. And, some initiatives have been designed to reduce the *fragmentation.* However, policy makers have failed to deal with the overriding issue, namely that addressing barriers to development and learning remains a *marginalized* aspect of school policy and practice. The whole enterprise is treated as supplementary (often referred to as auxiliary services).

> The degree to which marginalization is the case is seen in the lack of attention given to addressing barriers to learning and teaching in consolidated school improvement plans and certification reviews. It is also seen in the lack of attention to mapping, analyzing, and rethinking how the resources used to address barriers are allocated. For example, educational reformers virtually have ignored the need to reframe the work of pupil services professionals and other student support staff. All this seriously hampers efforts to provide the help teachers and their students so desperately need.

Needed: A Policy Shift. Current policies designed to enhance support for teachers, students, and families are seriously flawed. It is unlikely that an agenda to enhance academics can succeed in the absence of concerted attention to ending the marginalized status of efforts to address barriers to learning and teaching.

Increased awareness of policy deficiencies has stimulated analyses that indicate current policy is dominated by a two-component model of school improvement. That is, the primary thrust is on improving instruction and school management. While these two facets obviously are essential, addressing barriers effectively requires a third component – a component to enable students to learn and teachers to teach (see Figure 4 in Part II). Such an "enabling" component provides both a basis for combating marginalization and a focal point for developing a comprehensive framework to guide policy and practice. To be effective, however, it must be established as essential and fully integrated with the other two components in policy and practice.

Various states and localities are moving in the direction of a three component approach for school improvement.[2] In doing so, they are adopting different labels for their enabling component. For example, the California Department of Education and districts such as the Los Angeles Unified School District have adopted the term Learning Supports. So has the New American Schools' Urban Learning Center comprehensive school reform model. Some states use the term "Supportive Learning Environment." The Hawaii Department of Education calls it a Comprehensive Student Support System (CSSS). In each case, there is recognition at a policy level that schools must do much more to enable *all* students to learn and *all* teachers to teach effectively. In effect, the intent, over time, is for schools to play a major role in establishing a school-community continuum of interventions ranging from a broad-based emphasis on promoting healthy development and preventing problems, through approaches for responding to problems early-after-onset, and extending on to narrowly focused treatments for severe problems (see Figure 2 in Part I).

> *Guidelines for a Student Support Component.* The guidelines for mental health in schools (see the reading accompanying Unit I of this module) have been adapted as part of the *Summits Initiative: New Directions for Student Support.** This adaptation provides a comprehensive set of guidelines for a school's student support component. Such guidelines not only redefine the vision for student support, they provide a basis for developing standards and quality indicators related to desired results.
>
> *See material from the *Summits Initiative* at http://smhp.psych.ucla.edu

Reframing How Schools Address Barriers to Learning

School-wide approaches to address barriers to learning are 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. 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 comprehensive, multifaceted, and cohesive enabling/learning supports component.

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 Part III A of the module).

Research on this type of comprehensive approach for addressing barriers to learning is still in its infancy. There are, of course, many "natural" experiments underscoring the promise of ensuring all youngsters access to a comprehensive, multifaceted continuum of interventions. These natural experiments are playing out in every school and neighborhood where families are affluent enough to purchase the additional programs and services they feel will maximize their youngsters' well-being. It is obvious that those who can afford such interventions understand their value.

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 and are highlighted in Part III A of this module.

Where Do We Go From Here?

Policy action is needed to guide and facilitate the development of a potent component to address barriers to learning (and support the promotion of healthy development) at every school. As recommended by participants in the *New Directions for Student Support Summits Initiative* (2002), the policy should specify that such an enabling (or learning support) component is to be pursued as a primary and essential facet of school improvement and in ways that complement, overlap, and fully integrate with the instructional component.

Guidelines accompanying the policy need to cover how to:

(1) *phase-in* development of the component's six programmatic facets at every school

(2) *expand standards and accountability indicators* for schools to ensure this component is fully integrated with the instructional component and pursued with equal effort in policy and practice

(3) *restructure* at every school and district-wide with respect to

- redefining administrative roles and functions to ensure there is dedicated administrative leadership that is authorized and has the capability to facilitate, guide, and support the systemic changes for ongoing development of such a component at every school

- reframing the roles and functions of pupil services personnel and other student support staff to ensure development of the component[3]

- redesigning the infrastructure to establish a team at every school and district-wide that plans, implements, and evaluates how resources are used to build the component's capacity[4]

(4) *weave resources into a cohesive and integrated continuum of interventions over time.* Specifically, school staff responsible for the component should be mandated to collaborate with families and community stakeholders to evolve systems for (a) promoting healthy development and preventing problems, (b) intervening early to address problems as soon after onset as feasible, and (c) assisting those with chronic and severe problems

In addition, policy efforts should be made to move

- *boards of education* toward establishing a standing subcommittee focused specifically on ensuring effective implementation of the policy for developing a component to address barriers to student learning at each school

- *pre- and in-service programs* for school personnel toward including a substantial focus on the concept of an enabling component and how to operationalize it at a school in ways that fully integrate with instruction .

Concluding Comments

Early in the 21st century, the following state of affairs is evident:

- Too many kids are not doing well in schools.

- To change this, schools must play a major role in addressing barriers to learning.

- However, support programs and services as they currently operate are *marginalized* in policy and practice and can't meet the needs of the majority of students experiencing learning, behavior, and emotional problems.

- Rather than address the problems surrounding school-owned support programs and services, policy makers seem to have become enamored with the concept of school-linked services, as if adding a few community health and social services to a few schools is a sufficient solution.

Policy makers at all levels need to understand the full implications of all this. Limited efficacy seems inevitable as long as the full continuum of necessary programs is unavailable and staff development remains deficient; limited cost effectiveness seems inevitable as long as related interventions are carried out in isolation of each other; limited systemic change is likely as long as the entire enterprise is marginalized in policy and practice. Given all this, it is not surprising that many in the field doubt that major breakthroughs can occur without a comprehensive, multifaceted, and integrated continuum of interventions. Such views add impetus to major initiatives that are underway designed to restructure the way schools operate in addressing learning and behavior problems.

A major shift in policy thinking is long overdue. First, policy makers must rework policies for linking community services to schools. Then, they must rethink how schools, families, and communities can meet the challenge of addressing persistent barriers to student learning and at the same time enhance how all stakeholders work together to promote healthy development.

Why must school-linked services be reworked? The social marketing around "school-linked, integrated services" has led some policy makers to the mistaken impression that community resources alone can effectively meet the needs of schools in addressing barriers to learning. In turn, this has led some legislators to view linking community services to schools as a way to free-up dollars underwriting school-owned services. The reality is that even when one adds together community and school assets, the total set of services in impoverished locales is woefully inadequate. In situation after situation, it has become evident that as soon as the first few sites demonstrating school-community collaboration are in place, community agencies find their resources stretched to the limit. Another problem is that overemphasis on school-linked services exacerbates tensions between school district service personnel and their counterparts in community based organizations.

Awareness is growing that there can never be enough school-based and linked "support services" to meet the demand in many public schools. Moreover, it is becoming more and more evident that efforts to address barriers to student learning will continue to be marginalized in policy and practice as long as the focus is narrowly on providing "services."

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Fortunately, pioneering initiatives around the country are demonstrating ways to broaden policy and practice. These initiatives recognize that to enable students to learn and teachers to teach, there must not only be effective instruction and well-managed schools, but barriers to learning must be handled in a comprehensive way. Those leading the way are introducing new frameworks for a comprehensive, multifaceted, and cohesive continuum of programmatic interventions. In doing so, their work underscores that (a) current reforms are based on an inadequate two component model for restructuring schools, (b) movement to a three component model is necessary if schools are to benefit all young people appropriately, and (c) all three components must be integrated fully in school improvement initiatives.

The third component is formulated around the proposition that a comprehensive, multifaceted, integrated continuum of enabling activity is essential in addressing the needs of youngsters who encounter barriers that interfere with their benefitting satisfactorily from instruction. In some places, this is called an Enabling Component; other places use the term learning support component or a component for a supportive learning environment or a comprehensive student support system. Whatever it is called, the important point is that all three components are seen as necessary, complementary, and overlapping and that efforts to address barriers to development, learning, and teaching must be not be marginalized in policy and practice.

The next decade must mark a turning point for how schools and communities address the problems of children and youth. In particular, the focus must be on initiatives to reform and restructure how schools work to prevent and ameliorate the many learning, behavior, and emotional problems experienced by students. This means reshaping the functions of all school personnel who have a role to play in addressing barriers to learning and promoting healthy development. There is much work to be done as public schools across the country are called upon to leave no child behind.

Endnotes:

1. See:
   Adelman, H.S., & Taylor, L. (1997). Addressing barriers to learning: Beyond school-linked services and full service schools. *American Journal of Orthopsychiatry, 67,* 408-421.
   Adelman, H.S., & Taylor, L. (2000). Looking at school health and school reform policy through the lens of addressing barriers to learning. *Children's Services: Social Policy, Research, and Practice, 3,* 117-132.
   Adelman, H.S., & Taylor, L. (2002). Building comprehensive, multifaceted, and integrated approaches to address barriers to student learning. *Childhood Education, 78,* 261-268.
   Summits Initiative: New Directions for Student Support. For information and documents about this initiative see the website of Center for Mental Health in Schools. http://smhp.psych.ucla.edu

2. See: Center for Mental Health in Schools (2003). *Where's It Happening? New Directions for Student Support.* Los Angeles: Author at UCLA.

3. See: Center for Mental Health in Schools (2001). *Framing New Directions for School Counselors, Psychologists, & Social Workers.* Los Angeles: Author at UCLA.

4. See:
   Center for Mental Health in Schools (2003). *Developing Resource-Oriented Mechanisms to Enhance Learning Supports.* Los Angeles: Author at UCLA.
   Center for Mental Health in Schools (2001). *Resource-Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education Supports.* Los Angeles: Author at UCLA.
   Center for Mental Health in Schools (1999). *New Directions in Enhancing Educational Results: Policymakers' Guide to Restructuring Student Support Resources to Address Barriers to Learning.* Los Angeles: Author at UCLA.

Mental Health in Schools: An Opportunity to Influence
Change in a Period of Transformation

http://smhp.psych.ucla.edu/pdfdocs/newsletter/fall05.pdf

Mental Health in Urban Schools

http://smhp.psych.ucla.edu/publications/47MentalHealthinUrbanSchools.pdf

The Current Status of Mental Health in Schools:
A Policy and Practice Analysis

http://smhp.psych.ucla.edu/pdfdocs/currentstatusmd/currentstatus.pdf

Materials for use as

Handouts/Overheads/Slides

in Presenting

Part II

II. Policy Considerations

A. Fragmentation, Marginalization, and
    Counterproductive Competition
    for Sparse Resources

B. Moving From a Two to a Three Component
    Policy Framework

>>Group activity – *Key Insights about Mental
    Health in Schools*

>>Brief follow-up reading –
    >*Why New Directions for Student Support?*

Addressing Barriers to Student Learning

What's the Current State of Affairs?

Figure 3. *Talk About Fragmented!*
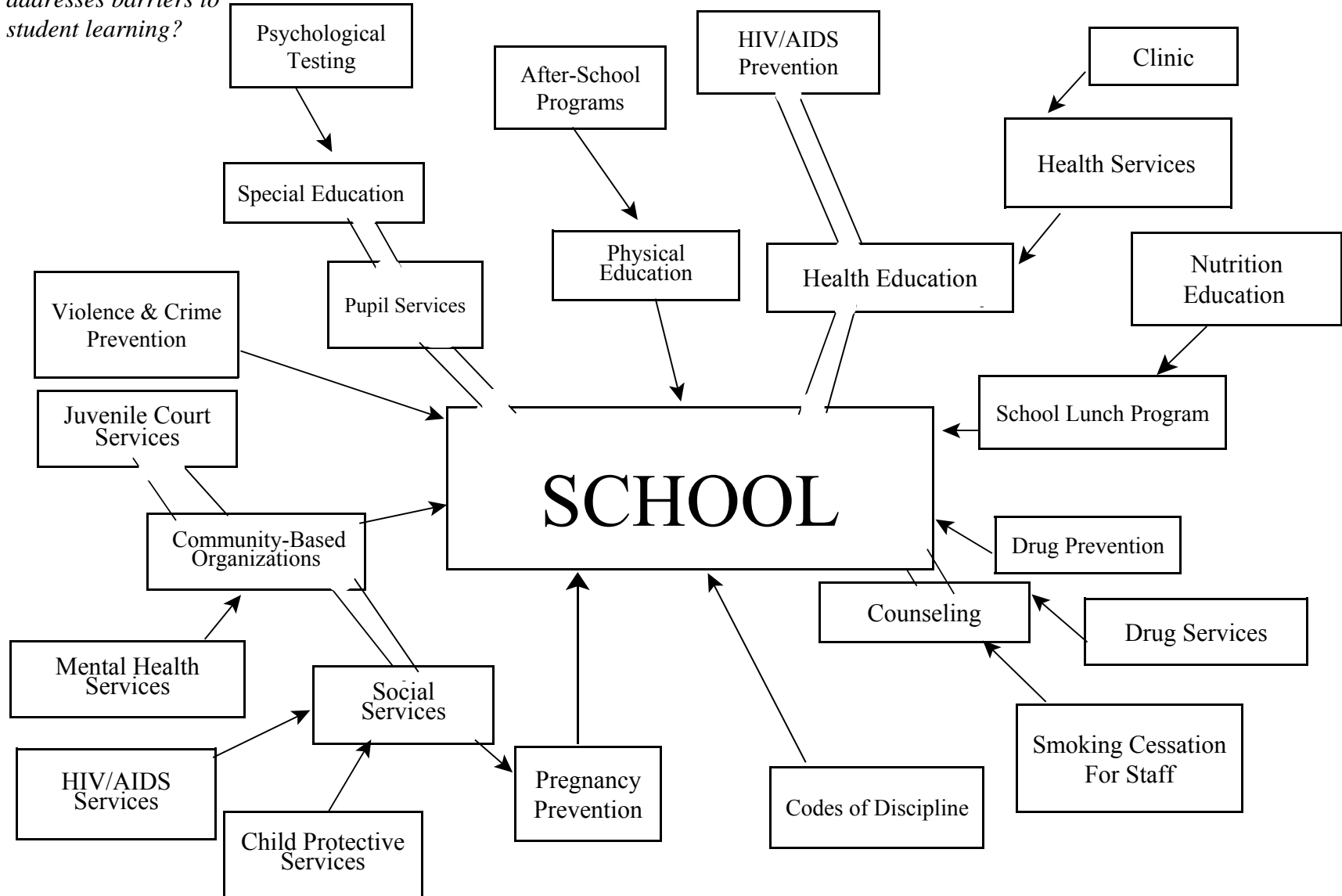
Which of these addresses barriers to student learning?

Psychological Testing

Special Education

Pupil Services

Violence & Crime Prevention

Juvenile Court Services

Community-Based Organizations

Mental Health Services

HIV/AIDS Services

Child Protective Services

Social Services

Pregnancy Prevention

After-School Programs

Physical Education

HIV/AIDS Prevention

Health Education

Clinic

Health Services

Nutrition Education

School Lunch Program

SCHOOL

Drug Prevention

Counseling

Drug Services

Smoking Cessation For Staff

Codes of Discipline

Adapted from: *Health is Academic: A guide to Coordinated School Health Programs* (1998). Edited by E. Marx & S.F. Wooley with D. Northrop. New York: Teachers College Press.

When policy focuses on schools and communities working together,

we must recognize that we are talking about two major and separate reform movements.

The movements for

- *School Improvement*

- *Agency Reform*

Many of those involved in trying to enhance school-community connections do not understand the implications of all this.

School Reform: *What's Missing?*

How does the current reform/restructuring movement in education address barriers to learning?

Instructional
Component
(to directly
 facilitate learning)

*What's
Missing?*

Management
Component
(for governance
 and resource
 management)
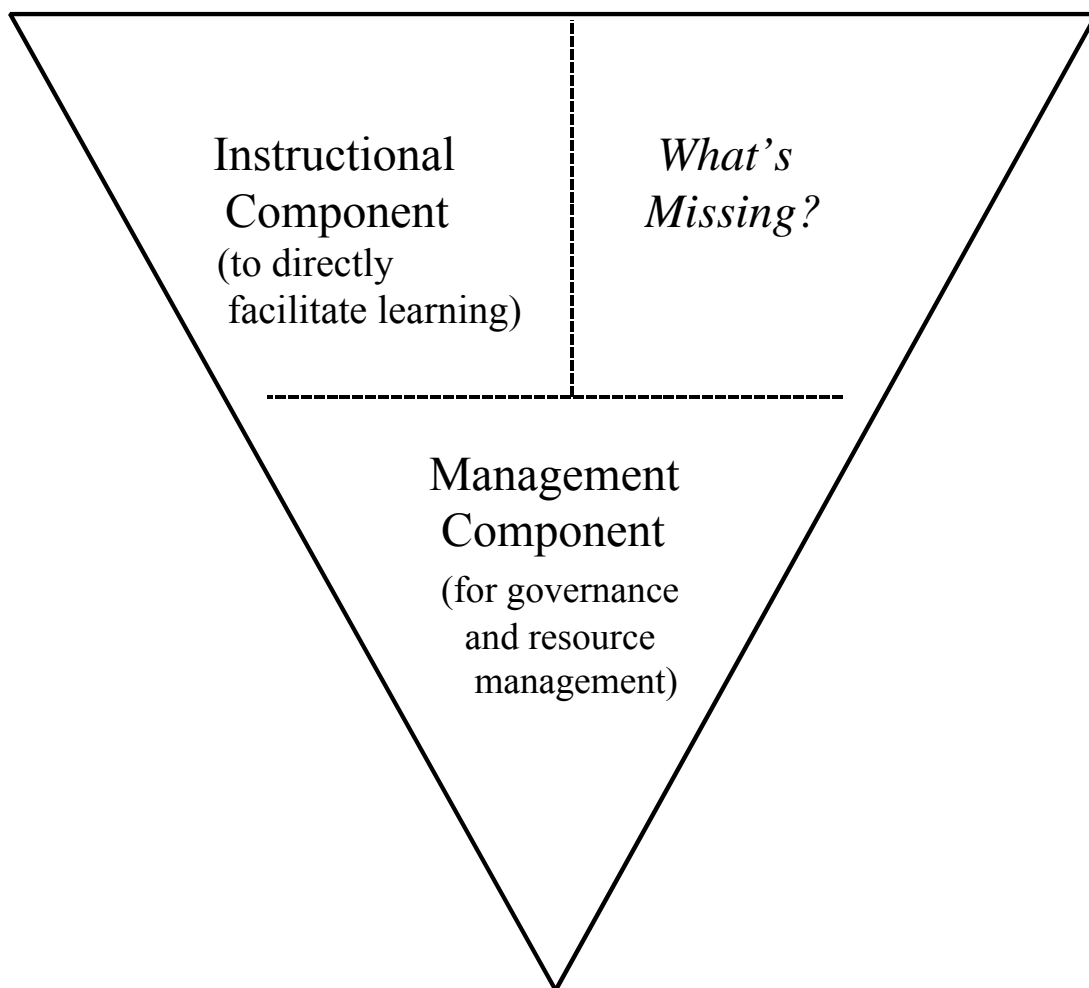
How does current policy, practice, and research address barriers to development & learning?

A Two Component Model for Reform and Restructuring

Direct Facilitation of Learning (Instructional Component)

Addressing Barriers to Development, Learning, & Teaching (not treated as a primary component)*
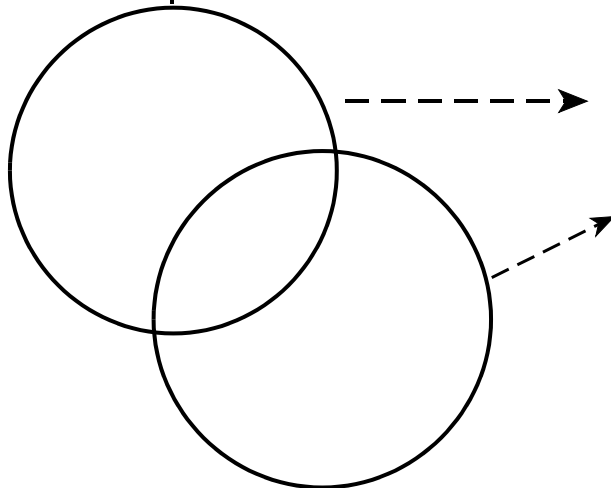
Governance and Resource Management (Management Component)
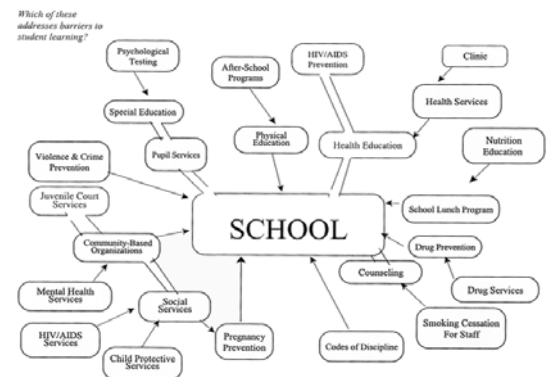
*While not treated as a primary & essential component, every school & community offers a relatively small amount of school-owned student "support" services and community-owned resources – some of which are linked together. Schools, in particular, have been reaching out to community agencies to add a few more services. All of this remains marginalized & fragmented.

The same is true for

School-linked Services Initiatives

Fragmented

Counterproductively
Competitive

Marginalized

Community *Agency* Reform
is not the same thing as
Strengthening Communities

- The major intent of agency reform is to restructure services to *reduce fragmentation.*

- The emphasis is mainly on *interagency collaboration.*

- Schools have been included since they offer better access to agency clients. Thus, the concept *of school linked services,* and the idea of community agencies *collocating* services on a school site.

Because the focus is on *services*,
little attention is paid to

- *integrating* community *resources* with existing school programs and services designed to address barriers to learning;

- *strengthening families and neighborhoods* by improving economic status and enhancing other fundamental supports.

Who in the Community Might "Partner" with Schools?

- **County Agencies & Bodies Municipal Agencies & Bodies**

- **Physical and Mental Health & Psychosocial Concerns Facilities/Groups**

- **Mutual Support/Self-Help Groups**

- **Child Care/Preschool Centers**

- **Post Secondary Education Institutions/Students**

- **Service Agencies**

- **Service Clubs and Philanthropic Organizations**

- **Youth Agencies and Groups**

- **Sports/Health/Fitness/Outdoor Groups**

- **Community Based Organizations**

- **Faith Community Institutions**

- **Legal Assistance Groups**

- **Ethnic Associations**

- **Special Interest Associations and Clubs**

- **Artists and Cultural Institutions**

- **Businesses/Corporations/ Unions**

- **Media**

- **Family Members, Local Residents, Senior Citizens Groups**
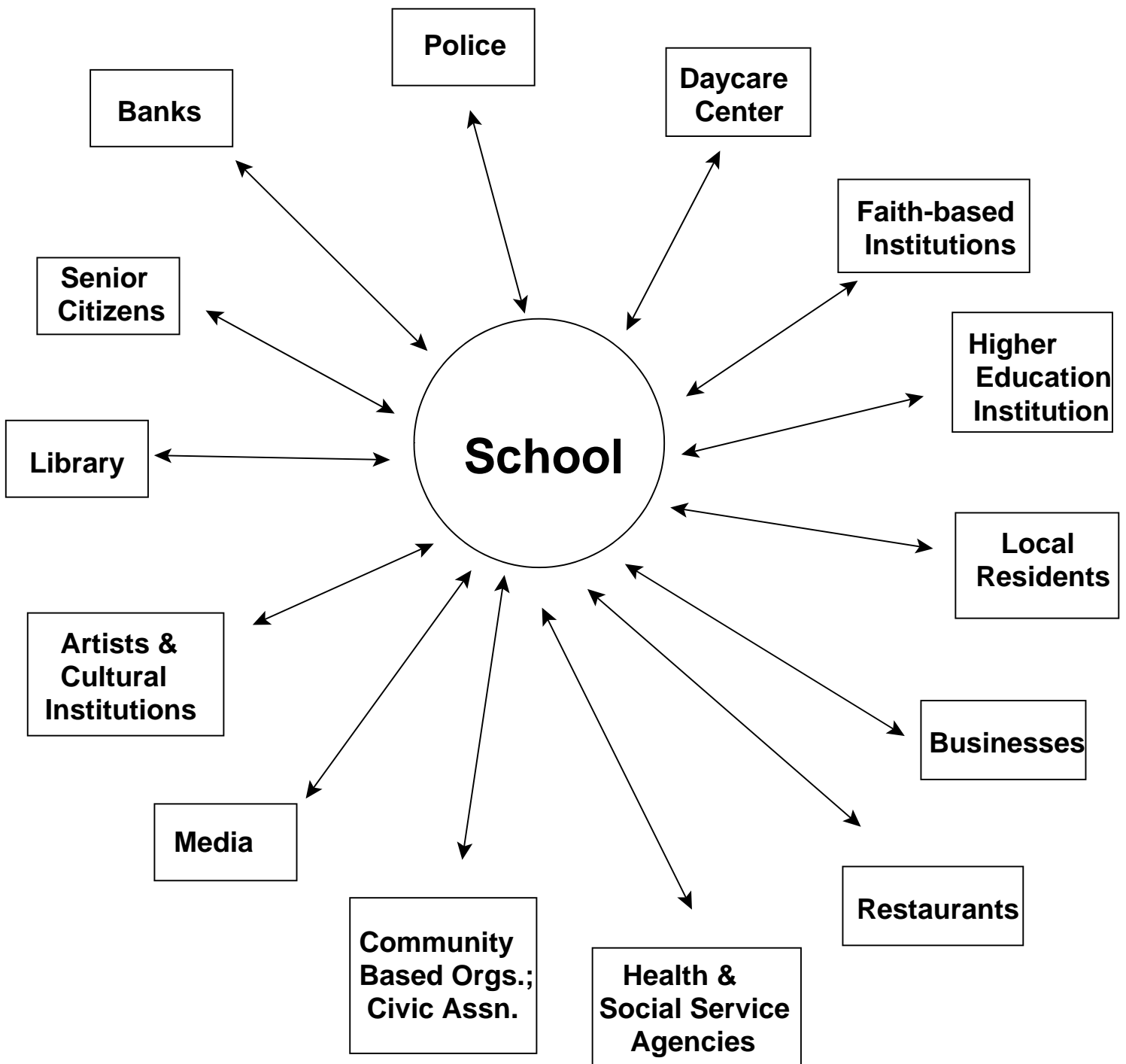
Adapted from: J. Kretzmann & J. McKnight (1993). *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets.* Chicago: ACTA Publications.

NEEDED:

A Policy Shift
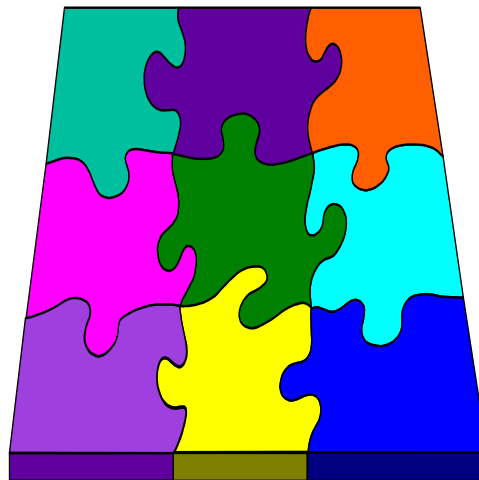
Moving from a two to a three component model
for reform and restructuring
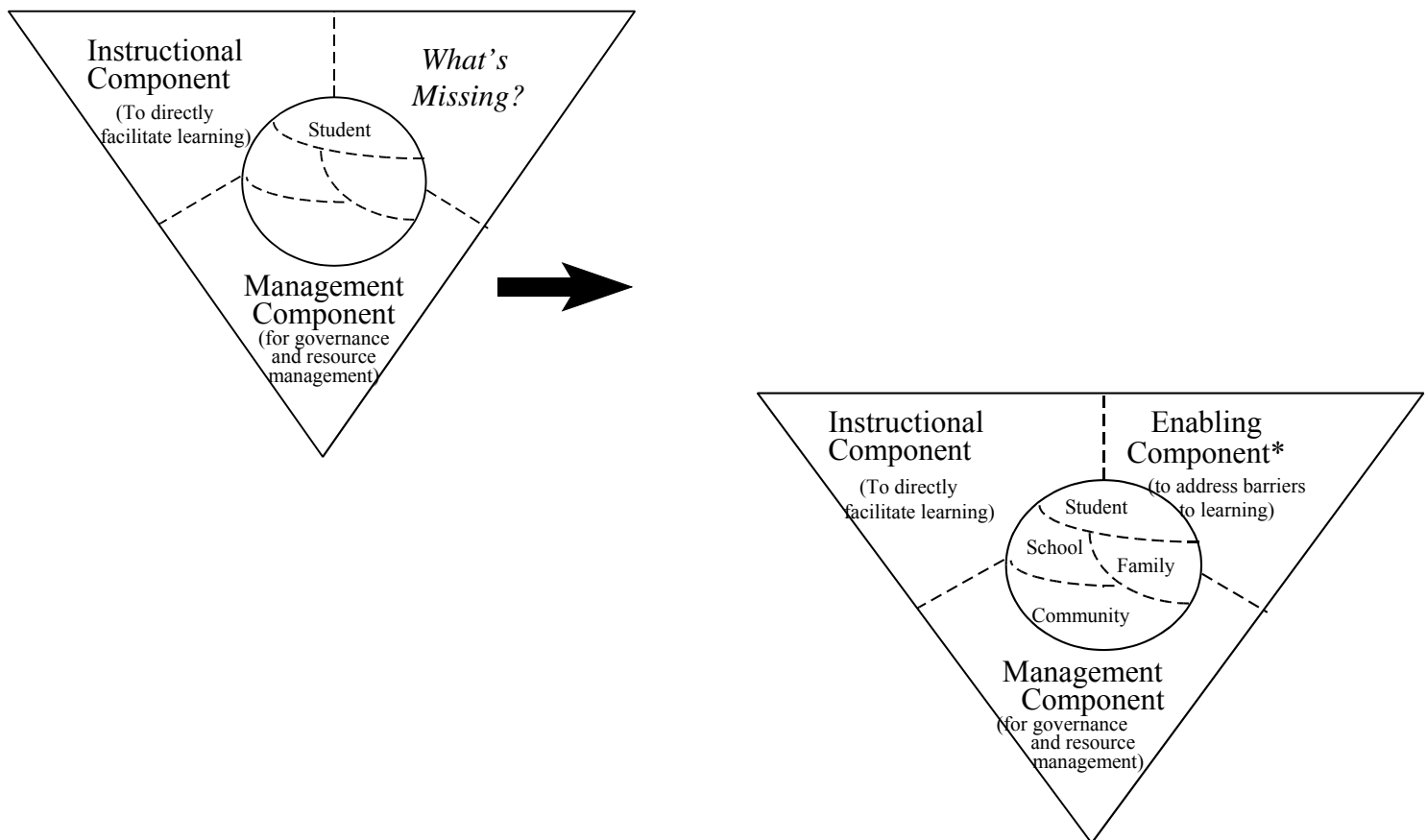
Instructional Component
(To directly facilitate learning)

What's Missing?

Student

Management Component
(for governance and resource management)

Instructional Component
(To directly facilitate learning)

Enabling Component*
(to address barriers to learning)

Student

School

Family

Community

Management Component
(for governance and resource management)

*The third component (an enabling component) is established in policy and practice as primary and essential and is developed into a comprehensive approach by weaving together school and community resources.

Functional Focus for Reform and Restructuring:

Moving to a Three Component Model

Establishes a component for addressing barriers to development and learning which is treated as primary and essential and which weaves together school and community resources to develop comprehensive approaches

Direct Facilitation of
Development & Learning
(Developmental Component)

Addressing Barriers to
Development & Learning
(Enabling Component)
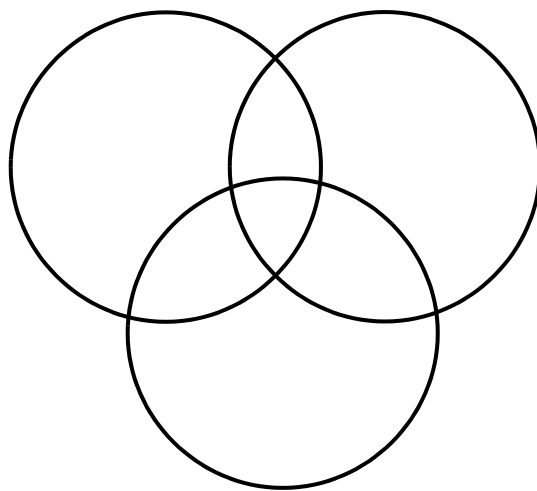
Governance and Resource Management
(Management Component)

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:

```
┌─────────────────────────┐
│   Promoting Learning &  │      as necessary
│   Healthy Development   │
│ - - - - - - - - - - - - │     ┌──────────────────────────────┐
│          plus           │     │ Intervening as early after onset │
│  Prevention of Problems │     │   of problems as is feasible     │
└─────────────────────────┘     └──────────────────────────────┘

           as                              as
        necessary                       necessary

        ┌──────────────────────────────────────┐
        │  Specialized assistance for those with │
        │  severe, pervasive, or chronic problems │
        └──────────────────────────────────────┘
```
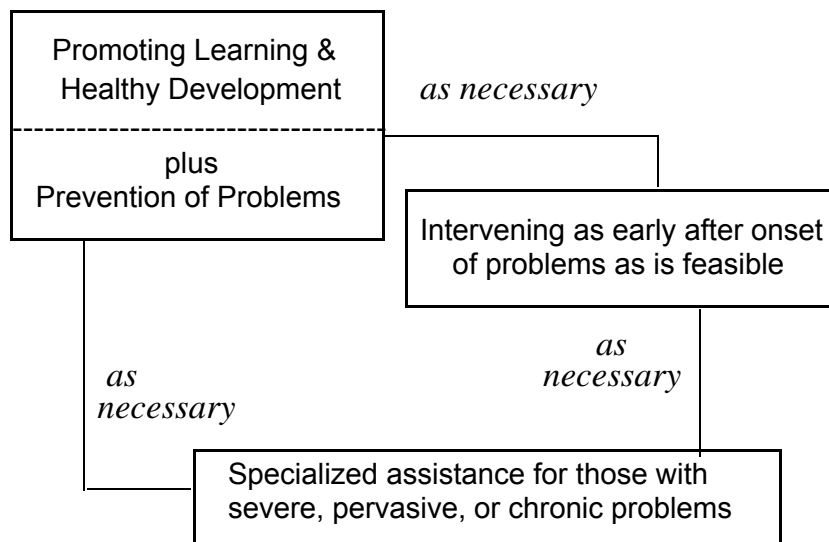
In Unit I of this module, a framework was presented for appreciating the nature of a comprehensive, multifaceted, and cohesive continuum of intervention *systems.* In Unit II, the needed policy for pursuing such a comprehensive approach was framed as moving from a two component to a three component framework. 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.

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.

Six Arenas

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

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

No Barriers

Barriers
to
Learning

Enabling
Component

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.

Adapted from:
 H.S. Adelman & L Taylor
 (1994). *On understanding
 intervention in psychology
 and education.* Westport, CT:
 Praeger

Classroom-
Focused
Enabling

Crisis/
Emergency
Assistance &
Prevention

Support for
Transitions

Infrastructure
>leadership
>resource
coordination &
enhancement

Student
& Family
Assistance

Community
Outreach/
Volunteers

Home Involvement
in Schooling

Emergent impact = Enhanced school climate/culture/sense of community.

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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.

Classroom Focused Enabling and Re-engaging Students in Classroom Learning	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.[1] 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 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

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[1]The 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.

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

- **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)

- **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)

- **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)

- **Curricular enrichment and adjunct programs** (e.g., 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 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.

Home Involvement in Schooling encompasses

- **Addressing specific support and learning needs of family** (e.g., support services for those in the home to assist in addressing basic survival needs and obligations to the children; adult education classes to enhance literacy, job skills, English-as-a-second language, citizenship preparation)

- **Improving mechanisms for communication and connecting school and home** (e.g., 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; phone calls from teacher and other staff with good news; frequent and balanced conferences – student-led when feasible; outreach to attract hard-to-reach families – including student dropouts)

- **Involving homes in student decision making** (e.g., families prepared for involvement in program planning and problem-solving)

- **Enhancing home support for learning and development** (e.g., family literacy; family homework projects; family field trips)

- **Recruiting families to strengthen school and community** (e.g., volunteers to welcome and support new families and help in various capacities; families prepared for involvement in school governance)

- **Staff/stakeholder development to broaden awareness of and plan programs to enhance opportunities for 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, a 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

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

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

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

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

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

- **Policies and mechanisms to enhance and sustain school-community involvement** (e.g., support for maintenance; celebration of shared successes; "social marketing" of mutual accomplishments.

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Student and Family Assistance

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**

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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.

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.

*W*hen good teaching is not sufficient to he task, some form of special assistance is necessary.[1] 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, distractable, 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 6 Special Assistance

	In the Classroom	*Outside the Classroom*
Level A – Surface Level Focus on Observable Factors Required for Effective Learning at School Special assistance encompasses what often is called "prereferral" intervention and highly structured instruction. The instruction remains focused on *directly* enabling acquisiton 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).	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.	As necessary, added assistance is provided outside class. Special attention is given to both external and internal barriers to learning and performance. • Examples at this level include outside tutoring, supportive and stress reduction counseling for the student, and parent training related to supporting student learning and performance.
Level B – *Missing Prerequisites* (i.e., the readiness gap) 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.	• 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.	• 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.
Level C – Underlying Problems and Interfering Factors 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).	• 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.	• 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.

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 crticial 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, kinestetics, 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 wants to participate or not?

Steps to Guide the Process.

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.

- Through enhanced personal contacts, build a positive working relationship with the youngster and family.
- Focus first on assets (e.g. positive attributes, outside interests, hobbies, what the youngster likes at school and in class).
- Ask about what the youngster doesn't like at school.
- 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?)
- Explore other possible causal factors.
- 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.).
- Discuss some new things the youngster and those in the home would be *willing* to try to make the situation better.

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(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.

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.

- 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).

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

- 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.

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Figure 7. Sequence and hierarchy of special assistance.

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

if needs are minor

Level A

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

As soon as feasible, move back to Level A

If necessary, move to Level B

Level B

Prerequisite factors required for surface level functioning

As soon as feasible, move to Level B

if needs are major

If necessary, move to Level C

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)

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

Mental Health Education

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 but 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

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.

Psychosocial Guidance and Support

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

Psychosocial Counseling

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

> • *positive value and expectation* (that something of value can and will be gained from the experience)
>
> • *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)
>
> • *permission and protection to engage in exploration and change* (that the situation is one where there are clear guidelines saying it is okay and safe 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

> • *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)
>
> • *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

2. Identifying and Processing Students

Initial Problem Identification & Connecting the Student with the Right Assistance

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. [1]

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.

Screening to Clarify Need

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

•   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.

•   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.

•   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.)

•   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 *prereferral 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 prereferral 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.

Triage

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 *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.

Initial Case Monitoring

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 *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.

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:

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

- 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.

- 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.

- 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

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

- Build on coping strategies the student has displayed.

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

Connect the Student with Immediate Social Support

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

Take Care of the Caretakers

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

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

Provide for Aftermath Interventions

- Be certain that individuals needing follow-up assistance receive it.

Figure 9. Flow Chart: Problem Identification, Triage, Referral, and Case Management

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.)

Initial

case

monitoring

```
        ┌──────────────────────┐          ┌──────────────────────┐
        │  Screening/Assessment│  ──────▶ │  Client Consultation │
        │   (as appropriate)   │          │     and Referral     │
        └──────────────────────┘          └──────────────────────┘
```

Note: some forms of screening do not require parental consent; most referrals do.

```
                                          ┌──────────────────────┐
                                          │        Triage        │
                                          │ (determining severity│
                                          │      of need)        │
                                          └──────────────────────┘
```

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.

```
    ┌────────────┐   ┌──────────────┐   ┌──────────────┐
    │   Direct   │   │ Psychosocial │   │ Psychosocial │
    │ Instruction│   │  Guidance &  │   │  Counseling  │
    │            │   │   Support    │   │              │
    └────────────┘   └──────────────┘   └──────────────┘
```

Ongoing

case

monitoring

```
    ┌──────────────────────────────┐   ┌──────────────────────────────┐
    │  Open-Enrollment Programs    │   │   Highly Specialized         │
    │ (e.g., social, recreational, │   │  Interventions for Severe    │
    │ and other enrichment programs;│   │  Problems (e.g., special educ.)│
    │ self-help and mutual support │   │                              │
    │        programs)             │   │                              │
    └──────────────────────────────┘   └──────────────────────────────┘
```

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.

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A Few References on the Basics of Helping and Counseling
and Common Psychosocial Concerns

Basch, M. (1995). *Doing brief psychotherapy*. New York: Basic Books.

Brown, D.T. & Prout, H.T. (Eds.) (1989). *Counseling and psychotherapy with children and adolescents: Theory and practice for school and clinic settings* (2nd ed.). Brandon, VT: CPPC.

Gilliland, B.E., & James, R.K. (1993). *Crisis intervention strategies.* (2nd ed.). Pacific Grove, CA: Brooks/Cole.

Hames, C.C. & Joseph, D.H. (1986). *Basic concepts of helping: A holistic approach.* Norwalk, CT: Appleton-Century-Crofts.

Lauver, P. & Harvey, D.R. (1997). *The practical counselor: Elements of effective helping.* Pacific Grove, CA: Brooks/Cole.

Martin, D.G. & Moore, A.D. (1995). *First steps in the art of intervention: A guidebook for trainees in the helping professions.* Pacific Grove, CA: Brooks/Cole.

Meier, S.T. & Davis, S.R. (1997). *The elements of counseling* (3rd ed.) Pacific Grove, CA: Brooks/Cole.

Okun, B.F. (1997). *Effective helping: Interviewing and counseling techniques* (5th ed.). Pacific Grove, CA: Brooks/Cole.

Orton, G.L. (1997). *Strategies for counseling with children and their parents.* Pacific Grove, CA: Brooks/Cole.

Palamatier, L. *Crisis counseling: Grades K-9.* Bristol, PA: Taylor & Francis.

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.)

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

ANNOTATED "LISTS" OF EMPIRICALLY SUPPORTED/EVIDENCE BASED INTERVENTIONS FOR SCHOOL-AGED CHILDREN AND ADOLESCENTS

*T*he 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

A. *Safe and Sound. An Educational Leader's Guide to Evidence-Based Social & Emotional Learning Programs* (2002). The Collaborative for Academic, Social, and Emotional Learning (CASEL).

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)

B. *Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs (2002).* Social Develop. Res. Group, Univ. of Wash.

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 at: (http://aspe.hhs.gov/hsp/PositiveYouthDev 99/index.htm)

II. Prevention of Problems; Promotion of Protective Factors

A. *Blueprints for Violence Prevention* (2004). Center for the Study and Prevention of Violence, Institute of Behavioral Science, University Colorado, Boulder.

1. *How it was developed:* Review of over 600 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: 11* model programs and 21 promising programs.

3. *How to access:* Center for the Study and Prevention of Violence (http://www.colorado.edu/cspv/publication s/otherblueprints.html)

B. *Exemplary Substance Abuse and Mental Health Programs* (SAMHSA).

1. *How it was developed:* These science-based programs underwent an expert consensus review of published and unpublished materials on 18 criteria (e.g., theory, fidelity, evaluation, sampling, attrition, outcome measures, missing data, outcome data, analysis, threats to validity, integrity, utility, replications, dissemination, cultural/age appropriateness.) The reviews have grouped programs as "models," "effective," and "promising" programs .

2. *What the list contains*: Prevention programs that may be adapted and replicated by communities.

3. *How to access:* SAMHSA's National Registry of Evidence-based Programs and Practices (http://nrepp.samhsa.gov)

(cont.)

C. ***Preventing Drug Use Among Children & Adolescents. Research Based Guide*** (1997). National Institute on Drug Abuse (NIDA).

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.

3. *How to access:* NIDA (http://www.nida.nih.gov/prevention/prevopen.html)

D. ***Safe, Disciplined, and Drug-Free Schools Expert Panel Exemplary Programs*** (2001). U.S. Dept. of Educ. Safe & Drug Free Schools

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.

3. *How to access*: U.S. Dept. of Education – (http://www.ed.gov/offices/OERI/ORAD/KAD/expert_panel/drug-free.html)

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

A. ***The Prevention of Mental Disorders in School-Aged Children: Current State of the Field*** (2001). Prevention Research Center for the Promotion of Human Development, Pennsylvania State University.

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.

3. *How to access:* Online journal *Prevention & Treatment* (http://content.apa.org/journals/pre/4/1/1)

IV. Treatment for Problems

A. **American Psychological Association's Society for Clinical Child and Adolescent Psychology, Committee on Evidence-Based Practice List**

1. *How it was developed:* Committee reviews outcome studies to determine 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 the following:

  >*Depression (dysthymia):* Analyses indicate only one practice meets criteria for "well-established treatment"(best supported) and two practices meet criteria for "probably efficacious"(promising)
  >*Conduct/oppositional problems:* Two 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). Ten practices identified as probably efficacious.
  >*ADHD:* Behavioral parent training, behavioral interventions in the classroom, and stimulant medication meet criteria for well established treatments. Two others meet criteria for probably efficacious.
  >*Anxiety disorders*: 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, cognitive-behavioral procedures with and without family anxiety management, modeling, in vivo exposure, relaxation training, and reinforced practice are listed as probably efficacious.

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

3. *How it can be accessed*: http://www.effectivechildtherapy.com

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

A. ***School-Based Prevention Programs for Children & Adolescents*** (1995). J.A. Durlak. Sage: Thousand Oaks, CA. Reports results from 130 controlled outcome studies that support "a secondary prevention model emphasizing timely intervention for subclinical problems detected early.... In general, best results are obtained for cognitive-behavioral and behavioral treatments & interventions targeting externalizing problems."

B. ***Mental Health and Mass Violence:*** Evidence-based early psychological intervention for victims/ survivors of mass violence. A workshop to reach consensus on best practices (U.S. Departments of HHS, Defense, Veterans Affairs, Justice, and American Red Cross). Available at: (http://www.nimh.nih.gov/health/publications/massviolence.pdf)

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.

D. ***Preventing Crime: What works, what doesn't, what's promising. A Report to the United States Congress*** (1997) by L.W. Sherman, Denise Gottfredson, et al. Washington, DC: U.S. Dept. of Justice. Reviews programs funded by the OJP for crime, delinquency and substance use. (http://www.ncjrs.org/pdffiles/171676.pdf). Also see Denise Gottfredson's book: *Schools and delinquency* (2001). New York: Cambridge Press.

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)

F. The ***What Works Clearinghouse*** (WWC). Collects, screens, and identifies studies of effectiveness of educational interventions (programs, products, practices, and policies). (http://ies.ed.gov/ncee/wwc/)

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

****

. . . consider the American penchant for ignoring the structural causes of problems. We prefer the simplicity and satisfaction of holding individuals responsible for whatever happens: crime, poverty, school failure, what have you. Thus, even when one high school crisis is followed by another, we concentrate on the particular people involved – their values, their character, their personal failings – rather than asking whether something about the system in which these students find themselves might also need to be addressed.

Alfie Kohn, 1999

****

What the best and wisest parent wants for (her)/his own child that must the community want for all of its children. Any other idea . . . is narrow and unlovely.

John Dewey

****

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:

- Start by identifying someone who will facilitate the group interchange

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

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

- 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

	Systems for Promoting Healthy Development & Preventing Problems	Systems for Early Intervention (Early after problem onset)	Systems of Care
Classroom-Focused Enabling			
Crisis/ Emergency Assistance & Prevention			
Support for transitions			
Home Involvement in Schooling			
Community Outreach/ Volunteers			
Student and Family Assistance			

Organizing around the

Content/ "curriculum"

(for addressing barriers to learning & promoting healthy development)

Accommodations for differences & disabilities   Specialized assistance & other intensified interventions (e.g., Special Education & School-Based Behavioral Health)

*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.

About Addressing Behavior Problems

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

Table

Intervention Focus in Dealing with Misbehavior

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' 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:

• relationship-listening models (e.g., Gordon's Teacher Effectiveness Training, values clarification approaches, transactional analysis)
• confronting-contracting models (e.g., Dreikurs' approach, Glasser's Reality Therapy)
• 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:

• 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)
• corrective models (e.g., behavior management, Reality Therapy)
• 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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[1]All 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:

- Is the misbehavior unintentional or intentional?
- If it is intentional, is it reactive or proactive?
- If the misbehavior is reactive, is it a reaction to threats to self-determination, competence, or relatedness?
- 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.
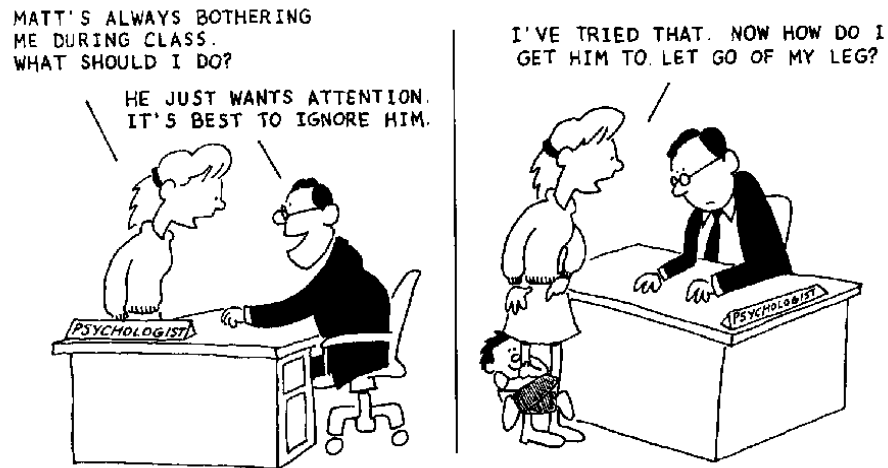
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Materials for use as

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)**

as   necessary

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

as
necessary

Specialized assistance for those with
severe, pervasive, or chronic problems
(System of Care)**
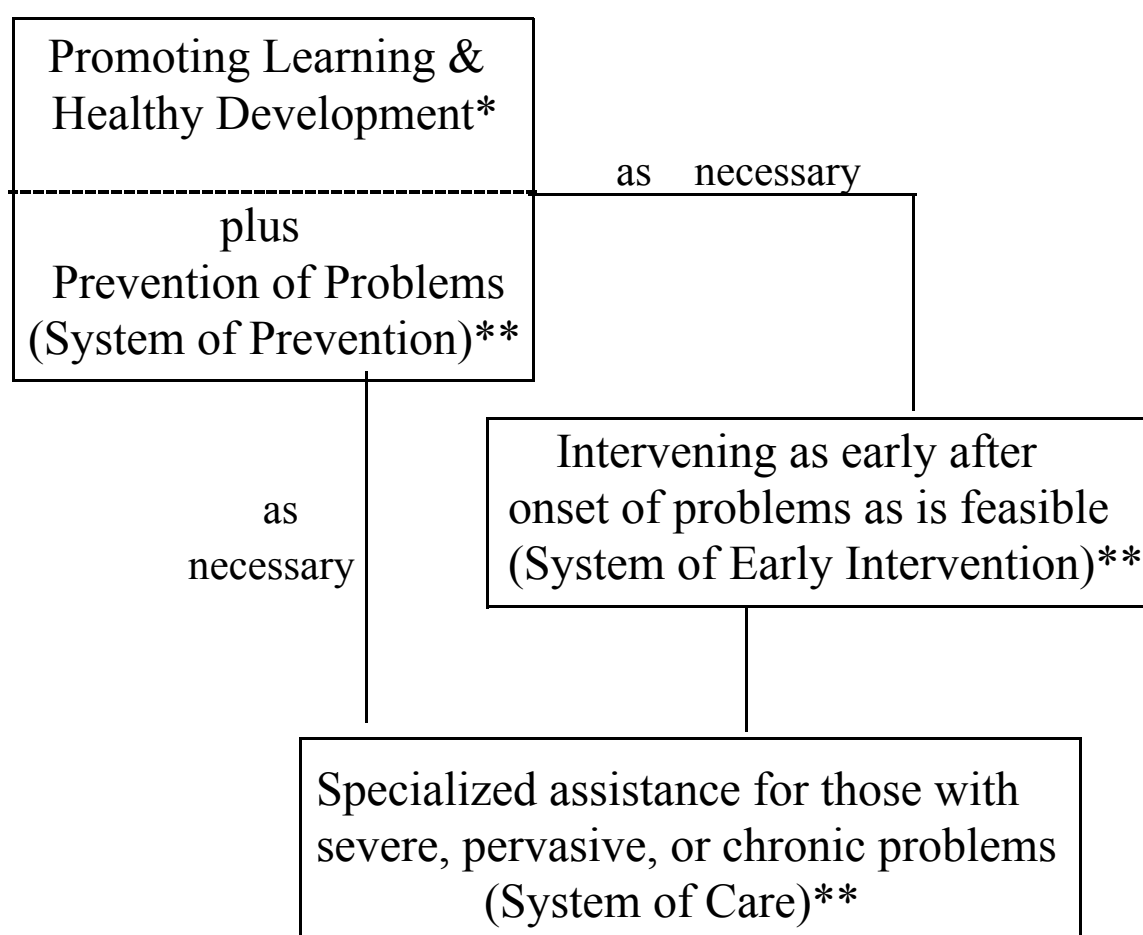
*Interventions to directly facilitate development and learning.

**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

No Barriers

Barriers to Learning

Instructional Component

(a) Classroom Teaching
+
(b) Enrichment Activity

Desired Outcomes

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.

Adapted from:
H.S. Adelman & L Taylor (1994). *On understanding intervention in psychology and education.* Westport, CT: Praeger

Classroom- Focused Enabling

Crisis/ Emergency Assistance & Prevention

Student & Family Assistance

Infrastructure
>leadership
>resource coordination & enhancement

Support for Transitions

Community Outreach/ Volunteers

Home Involvement in Schooling

Emergent impact = Enhanced school climate/culture/sense of community.

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                    ┌─────────────┐
                    ¦ Classroom-  ¦
                    ¦ Focused     ¦
                    ¦ Enabling    ¦
                    └──────┬──────┘
                           │
┌──────────────┐           │           ┌─────────────┐
¦ Crisis/      ¦           │           ¦ Student     ¦
¦ Emergency    ¦    ┌──────┴───────┐   ¦ & Family    ¦
¦ Assistance & ¦────│ Infrastructure│   ¦ Assistance  ¦
¦ Prevention   ¦    │ >leadership   │   └─────────────┘
└──────────────┘    │ >resource     │
                    │  coordination &│   ┌─────────────┐
┌──────────────┐    │  enhancement  │   ¦ Community   ¦
¦ Support for  ¦────└──────┬───────┘───¦ Outreach/    ¦
¦ Transitions  ¦           │           ¦ Volunteers  ¦
└──────────────┘           │           └─────────────┘
                           │
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                    ¦ Home Involvement ¦
                    ¦ in Schooling     ¦
                    └──────────────────┘
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Emergent impact = Enhanced school climate/culture/
sense of community.

Classroom-Focused Enabling & Re-engaging Students in Classroom Learning

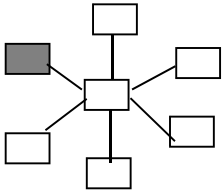*Classroom based efforts to enable learning*
>>Prevent problems; intervene as soon as problems are noted
>>Enhance intrinsic motivation for learning
>>Re-engage students who have become disengaged from classroom learning

- *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

- *Ensuring immediate assistance in emergencies so students can resume learning*

- *Providing Follow up care as necessary*
  - > 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*
  - > 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*
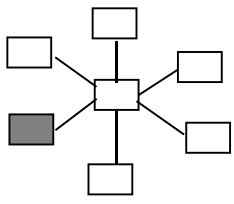
Support for Transitions

*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

- *Welcoming & social support programs for newcomers*
  - > Welcoming signs, materials, and initial receptions
  - > Peer buddy programs for students, families, staff, volunteers

- *Daily transition programs for*
  - > Before school, breaks, lunch, afterschool

- *Articulation programs*
  - > 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*
  - > Catch-up, recreation, and enrichment programs

- *School-to-career/higher education*
  - > Counseling, pathway, and mentor programs

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

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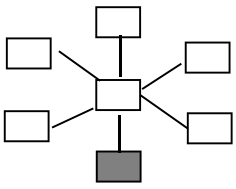
Home Involvement in Schooling

*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

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

- *Improving mechanisms for communication and connecting school and home*
  - > 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
  - > Phone calls from teacher and other staff with good news
  - > Frequent and balanced conferences (student-led when feasible)
  - > Outreach to attract hard-to-reach families (including student dropouts)

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

- *Enhancing home support for learning and development*
  - > Family Literacy, Family Homework Projects, Family Field Trips

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

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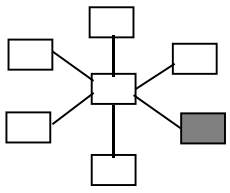
Community Outreach for Involvement and Support (including Volunteers)

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

- *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

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

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

- *Orienting and welcoming programs for community participants*

- *Programs to enhance a sense of community*

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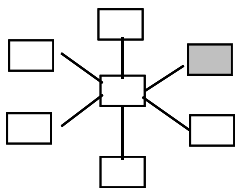
Student and Family Assistance

*Specialized assistance provided through
personalized health and social service programs

- *Providing support as soon as a need is recognized and doing so
  in the least disruptive ways*
  - > 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*
  - > Screening, referrals, and follow-up – school-based, school-linked

- *Enhancing access to direct interventions for health, mental
  health, and economic assistance*
  - > 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*
  - > School-based and linked, feeder 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*

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)

Accommodations (cont.)

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)

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

*if needs
are minor*

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

As soon as feasible,
move back to Level A

If necessary,
move to Level B

Level B
*Prerequisite factors
required for surface
level functioning*

As soon as feasible,
move to Level B

*if needs
are major*

If necessary,
move to Level C

Level C
Underlying interfering factors

(e.g., serious external barriers,
incompatible behavior &
interests, faulty learning
mechanisms)

A framework for thinking about specific functions and tasks related to mental health services and instruction at a school.

Direct Services & Instruction

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

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

ongoing case monitoring

crisis intervention

.

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.

Initial

case

monitoring

Screening/Assessment
(as appropriate)

Client Consultation
and Referral

Triage
(determining severity of need)

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.

Ongoing

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.)

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:

• Start by identifying someone who will facilitate the group interchange

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

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

• 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

	Systems for Promoting Healthy Development & Preventing Problems	Systems for Early Intervention (Early after problem onset)	Systems of Care
Classroom-Focused Enabling			
Crisis/ Emergency Assistance & Prevention			
Support for transitions			
Home Involvement in Schooling			
Community Outreach/ Volunteers			
Student and Family Assistance			

Organizing around the

Content/ "curriculum"

(for addressing barriers to learning & promoting healthy development)

Accommodations for differences & disabilities   Specialized assistance & other intensified interventions (e.g., Special Education & School-Based Behavioral Health)

*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.

IV. Rethinking Infrastructure

A. Overview

B. A School-Based Resource Coordinating Team

C. Refining the School Infrastructure

D. Infrastructure for a Family of Schools

>>Group Activity
How does the school's infrastructure address barriers to learning?

>>>Brief follow-up reading –
Establishing a Resource-Oriented Team

If we replace anonymity with community,
sorting with support, and bureaucracy with autonomy,
we can create systems of schools that truly help all students achieve.
Tom Vander Ark (2002)

It is not enough to say that all children can learn or
that no child will be left behind; the work involves . . .
"achieving the vision of an American education system
that enables all children to succeed in school, work, and life."
From the 2002 mission statement of the
Council for Chief State School Officers – CCSSO

A. Overview

Schools increasingly are recognizing that leaving no student behind requires a comprehensive, multifaceted, and integrated system of learning supports. A key facet of all this involves establishing potent mechanisms that focus on how learning support resources are and should be used. This involves

- clarifying the role of a potent set of *resource-oriented mechanisms* in pursuing learning support functions

- showing how these mechanisms can be woven into an effective and efficient infrastructure that is conceived from the school site outward.

More specifically, it involves:

> *Building a school-site infrastructure* – Working on resource-oriented functions requires establishing and sustaining organizational and operational mechanisms that are linked into an effective and efficient *infrastructure* at the school site.

> *Building a feeder pattern infrastructure* – After a school site infrastructure is functioning appropriately, it needs to be connected to other schools in a complex or feeder pattern (e.g., a family of schools) in order to maximize use of available resources and achieve economies of scale.

> *Rethinking the central office infrastructure* – Then, infrastructure connections with a district's central office can be reworked to ensure that site-based and school cluster efforts are effectively nurtured.

> *School-community collaboratives* – Ultimately, the emphasis on enhancing school and community connections leads to considerations of how school infrastructure mechanisms braid with community infrastructure mechanisms to establish effective, function-oriented school-community collaboratives.

Structure Follows Function

As more and more emphasis is placed on committees, teams, collaborative bodies, and other groups that come together, there has been increasing concern about just going to meetings and not making any progress. One problem is that a fundamental organizational principle often is neglected. That principle states simply: *structure follows function.*

> *We are unlikely to create an effective infrastructure if we are not clear about the functions we want to accomplish.*

Efforts to effectively address barriers to learning involve (a) intervention-oriented functions and (b) resource-oriented functions. Moving in new directions adds functions specifically related to (c) systemic change.

For example:

- in responding to the needs of individuals students and families, the emphasis is on such *case-oriented intervention functions* as determining who needs what and how soon (triage), referrals to appropriate interventions, coordinating and managing interventions, monitoring progress and reassessing needs, and related activity;

- *resource-oriented functions* include mapping and analyzing how resources are being used and establishing priorities for how to deploy and redeploy resources to improve school outcomes;

- *systemic change functions* include how to create readiness for change, how to build stakeholder capacity for change, how to phase in changes, and how to sustain them.

A School Resource-Oriented Mechanism for a Component to Address Barriers to Learning

An effective infrastructure must be designed with all these functions in mind. Our focus here is on a key resource-oriented mechanism for school sites. By starting with a designated group that is responsible for resources, a school can develop a flexible and fluid infrastructure with the capacity to carry out functions and that can be sustained over time

At schools, obviously administrative leadership is key to ending the marginalization of efforts to address learning, behavior, and emotional problems. The other key is establishment of a mechanism that focuses on how resources are used at the school to address barriers to learning.

In some schools as much as 30 percent of the budget may be going to problem prevention and correction. Every school is expending resources to enable learning; few have a mechanism to ensure appropriate use of existing resources. Such a mechanism contributes to cost-efficacy of learning support activity by ensuring all such activity is planned, implemented, and evaluated in a coordinated and increasingly integrated manner. It also provides another means for reducing marginalization.

Creating resource-oriented mechanisms is essential for braiding together school and community resources and encouraging intervention activity to function in an increasingly cohesive way. When such mechanisms are created in the form of a "team," they also are a vehicle for building working relationships and can play a role in solving turf and operational problems.

One primary and essential function undertaken by a resource-oriented mechanism is identifying existing school and community programs and services that provide supports for students, families, and staff. This early stage of resource mapping provides a basis for a "gap" assessment. (Given surveys of the unmet needs of and desired outcomes for students, their families, and school staff, what's missing?). Analyses of what is available, effective, and needed provide an essential basis for formulating priorities. Clear priorities allow for strategic development of ways to fill critical gaps and enhancing cost-effectiveness (e.g., by enhanced use of existing resources through linkages with other schools and district sites and with the community).

Beyond the School

In a similar fashion, a resource-oriented team for a cluster or family of schools (e.g., a high school and its feeder schools) and a team at the district level provide mechanisms for analyses on a larger scale. This can lead to strategies for cross-school, community-wide, and district-wide cooperation and integration to enhance intervention effectiveness and garner economies of scale.

> *For those concerned with school reform, resource-oriented mechanisms are a key facet of efforts to transform and restructure school support programs and services to ensure that all students have ane equal opportunity to succeed at school.*

B. A School-Site Resource Coordinating Team

Orienting questions:

What are major resource-oriented functions relevant to a school-based component to address barriers to learning?

How do resource-oriented and case-oriented teams differ?

One form of school level resource-oriented mechanism has been called a *Resource Coordinating Team.*

Properly constituted, such a team provides on-site leadership for efforts to address barriers comprehensively and ensures the maintenance and improvement of a multifaceted and integrated approach.

Creation of a school-site *Resource Coordinating Team* provides a starting point in efforts to reform and restructure education support programs. Such a team not only can begin the process of transforming what already is available, it can help reach out to District and community resources to enhance education support activity. As discussed below, such a resource-oriented team differs from case-oriented teams. The focus of this team is not on individual students. Rather, it is oriented to clarifying resources and how they are best used school-wide and for the many, not just the few.

Resource-oriented teams are to help

- improve coordination and efficacy by ensuring

  >basic systems are in place and effective
   (not only for referral, triage, case management,
    but for ensuring learning support is enhanced
    in classrooms and for addressing school-wide
    problems)

  >programs are profiled, written up, and circulated
    to enhance visibility and access

  >resources are shared equitably for expanded impact

- enhance resources through staff development and by facilitating creation of new resources via redeployment and outreach

- evolve a site's education support activity infrastructure by assisting in the creation of program work groups as hubs for such activities.

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Among its first functions, the Resource Coordinating Team can help clarify

(a) the resources available (who? what? when?) – For example, the team can map out and then circulate to staff, students, and parents a handout describing "Available Programs and Resources."

(b) how someone gains access to available resources – The team can circulate a description of procedures to the school staff and parents.

(c) how resources are coordinated – To ensure systems are in place and to enhance effectiveness, the team can help weave together resources, make analyses, coordinate activity, and so forth.

(d) what other resources the school needs and what steps should be taken to acquire them – The team can identify additional resources that might be acquired from the District or by establishing community linkages.

Contrasting Resource-Oriented and Case-Oriented Teams

When we mention a Resource Coordinating Team, some school staff quickly respond: *We already have one!* When we explore this with them, we usually find what they have is a *case-oriented team* – that is, a team that focuses on individual students who are having problems. Such a team may be called a student study team, student success team, student assistance team, teacher assistance team, and so forth.

To help clarify the difference between resource and case-oriented teams, we contrast the functions of each as follows:

A Case-Oriented Team	*A Resource-Oriented Team*
Focuses on specific *individuals* and discrete *services* to address barriers to learning	Focuses on *all* students and the *resources, programs, and systems* to address barriers to learning & promote healthy development
Sometimes called: • Child or Student Study Team • Student Success Team • Student Assistance Team • Teacher Assistance Team • IEP Team	Possibly called: • Resource Coordinating Team • Resource Coordinating Council • School Support Team • Learning Support Team

EXAMPLES OF FUNCTIONS:
  >*triage*
  >*referral*
  >*case monitoring/management*
  >*case progress review*
  >*case reassessment*
	EXAMPLES OF FUNCTIONS:
	  >*mapping resources*
	  >*analyzing resources*
	  >*enhancing resources*
	  >*program and system planning/ development – including emphasis on establishing a full continuum of intervention*
	  >*redeploying resources*
	  >*coordinating-integrating resources*
	  >*social "marketing"*

Two parables help differentiate the two types of mechanisms and the importance of both sets of functions.

A *case-orientation* fits the *starfish* parable.

> The day after a great storm had washed up all sorts of sea life far up onto the beach, a youngster set out to throw back as many of the still-living starfish as he could. After watching him toss one after the other into the ocean, an old man approached him and said: *It's no use your doing that, there are too many, You're not going to make any difference.*
>
> The boy looked at him in surprise, then bent over, picked up another starfish, threw it in, and then replied: *It made a difference to that one!*

This metaphor, of course, reflects all the important efforts to assist specific students.

The *resource-oriented* focus is captured by a different parable.

> In a small town, one weekend a group of school staff went fishing together down at the river. Not long after they got there, a child came floating down the rapids calling for help. One of the group on the shore quickly dived in and pulled the child out. Minutes later another, then another, and then many more children were coming down the river. Soon every one was diving in and dragging children to the shore and then jumping back in to save as many as they could. In the midst of all this frenzy, one of the group was seen walking away. Her colleagues were irate. How could she leave when there were so many children to save? After long hours, to everyone's relief, the flow of children stopped, and the group could finally catch their breath.
>
> At that moment, their colleague came back. They turned on her and angrily shouted: *How could you walk off when we needed everyone here to save the children?*
>
> She replied: *It occurred to me that someone ought to go upstream and find out why so many kids were falling into the river. What I found is that the old bridge had several planks missing, and when children tried to jump over the gap, they couldn't make it and fell through into the river. So I got some folks to help fix the bridge.*

Fixing and building better bridges is a good way to think about prevention, and it helps underscore the importance of taking time to improve and enhance resources, programs, and systems.

**Recapping:
What a
resource-
oriented
mechanism
does**

A resource-oriented team exemplifies the type of mechanism needed for overall cohesion of school support programs and systems. As indicated, its focus is not on specific individuals, but on how resources are used.

In pursuing its functions, the team provides what often is a missing link for managing and enhancing programs and systems in ways that integrate and strengthen interventions. For example, such a mechanism can be used to (a) map and analyze activity and resources to improve their use in preventing and ameliorating problems, (b) build effective referral, case management, and quality assurance systems, (c) enhance procedures for management of programs and information and for communication among school staff and with the home, and (d) explore ways to redeploy and enhance resources – such as clarifying which activities are nonproductive and suggesting better uses for resources, as well as reaching out to connect with additional resources in the school district and community.

Minimally, a resource-oriented team can reduce fragmentation and enhance cost-efficacy by assisting in ways that encourage programs to function in a coordinated and increasingly integrated way. For example, the team can coordinate resources, enhance commun-ication among school staff and with the home about available assistance and referral processes, and monitor programs to be certain they are functioning effectively and efficiently. More generally, this group can provide leadership in guiding school personnel in evolving the school's vision for learning support.

Where creation of "another team" is seen as a burden, existing teams, such as student or teacher assistance teams and school crisis teams, have demonstrated the ability to do resource-oriented functions. In adding the resource-oriented functions to another team's work, great care must be taken to structure the agenda so sufficient time is devoted to the new tasks. For small schools, a large team often is not feasible, but a two person team can still do the job.

How Many Stakeholders Are Needed to Form Such a Mechanism?

It is conceivable that one person could start the process of understanding the fundamental resource-oriented functions and delineating an infrastructure to carry them out. It is better, however, if several stakeholders put their heads together.

Who Should be Included?

A resource-oriented mechanism is meant to focus on resources related to all major learning support programs. It brings together representatives of all these programs. This might include school counselors, psychologists, nurses, social workers, attendance and dropout counselors, health educators, special education staff, after school program staff, bilingual and Title I program coordinators, health educators, safe and drug free school staff, and union reps. It also should include representatives of any community agency that is significantly involved with schools. Beyond these "service" providers, such a team is well-advised to add the energies and expertise of administrators, regular classroom teachers, non-certificated staff, parents, and older students.

Properly constituted, trained, and supported, a resource-oriented team complements the work of the site's governance body through providing on-site overview, leadership, and advocacy for all activity aimed at addressing barriers to learning and teaching. Having at least one representative from the resource team on the school's governing and planning bodies ensures the type of infrastructure connections that are essential if programs and services are to be maintained, improved, and increasingly integrated with classroom instruction. And, of course, having an administrator on the team provides the necessary link with the school's administrative decision making related to allocation of budget, space, staff development time, and other resources.

See Exhibit 5 on the following page for a one-page fact sheet describing a Resource Coordinating Team.

Exhibit 5

WHAT IS A RESOURCE COORDINATING TEAM?

*E*very school that wants to improve its systems for providing student support needs a mechanism that focuses specifically on improving resource use and enhancement. A *Resource Coordinating Team* is a vital form of such a mechanism.

Most schools have teams that focus on individual student/family problems (e.g., a student support team, an IEP team). These teams focus on such functions as referral, triage, and care monitoring or management. In contrast to this case-by-case focus, a school's *Resource Coordinating Team* can take responsibility for enhancing use of all resources available to the school for addressing barriers to student learning and promoting healthy development. This includes analyzing how existing resources are deployed and clarifying how they can be used to build a comprehensive, multifaceted, and cohesive approach. It also integrally involves the community with a view to integrating human and financial resources from public and private sectors to ensure that all students have an equal opportunity to succeed at school.

What are its functions?

A Resource Coordinating Team performs essential functions related to the implementation and ongoing development of a comprehensive, multifaceted, and cohesive approach for addressing barriers to student learning and promoting healthy development.

Examples of key functions are:

• Mapping resources at school and in the community
• Analyzing resources
• Identifying the most pressing program development needs at the school
• Coordinating and integrating school resources & connecting with community resources
• Establishing priorities for strengthening programs and developing new ones
• Planning and facilitating ways to strengthen and develop new programs and systems
• Recommending how resources should be deployed and redeployed
• Developing strategies for enhancing resources
• "Social marketing"

Related to the concept of an Enabling (Learning Support) Component, these functions are pursued within frameworks that outline six curriculum content areas and the comprehensive continuum of interventions needed to

develop a comprehensive, multifaceted approach to student support that is integrated fully into the fabric of the school.

Who's on a Resource Coordinating Team?

A Resource Coordinating Team might begin with only two people. Where feasible, it should expand into an inclusive group of informed stakeholders who are able and willing. This would include the following:

• Principal or assistant principal
• School Psychologist
• Counselor
• School Nurse
• School Social Worker
• Behavioral Specialist
• Special education teacher
• Representatives of community agencies involved regularly with the school
• Student representation (when appropriate and feasible)
• Others who have a particular interest and ability to help with the functions

It is important to integrate the RCT with the infrastructure mechanisms at the school focused on instruction and management/governance. For example, the school administrator on the team must represent the team at administrative meetings; there also should be a representative at governance meetings; and another should represent the team at a Resource Coordinating *Council* formed for the feeder pattern of schools.

References:
Adelman, H.S. (1993). School-linked mental health interventions: Toward mechanisms for service coordination and integration. *Journal of Community Psychology, 21*, 309-319.
Center for Mental Health in Schools (2001). *Resource-Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education Supports.* Los Angeles: Author at UCLA.
Center for Mental Health in Schools (2002). *Creating the Infrastructure for an Enabling (Learning Support) Component to Address Barriers to Student Learning.* Los Angeles: Author at UCLA.
Rosenblum, L., DiCecco, M.B., Taylor, L., & Adelman, H.S. (1995). Upgrading school support programs through collaboration: Resource Coordinating Teams. *Social Work in Education, 17*, 117-124.

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C. Refining the School Infrastructure

> Orienting questions:
>
> Why is a steering body important for a learning supports (enabling) component?
>
> Why should the component be fully integrated into the school infrastructure?
>
> Why should a Resource Coordinating Team establish standing and ad hoc work groups?

Just as change at the District level cannot be effective without a strong supportive structure, substantial support is necessary for systemic change at every level.

School Steering Body for a Learning Support (Enabling) Component

At the school level, it is important not only to have a Resource-oriented team but also to establish a school advisory/steering body for the overall development of the component to address barriers to learning and to guide and monitor the resource team. All initiatives need a team of "champions" who agree to steer the process. These advocates must also be competent with respect to the work to be done and highly motivated not just to help get things underway but to ensure they are sustained over time.

The steering group should be fully connected with teams guiding the instructional and management components at the school. And, it should be formally linked to the district steering mechanism.

Over time, this is the group that must ensure that all staff facilitating change

• maintain a big picture perspective and appropriate movement toward long-term goals

• have sufficient support and guidance

• are interfacing with those whose ongoing buy-in is essential

The group should not be too large. Membership includes key change agents, 1-2 other key school leaders, perhaps someone from local institution of higher education, perhaps a key agency person, a few people who can connect to other institutions.

Such a group can meet monthly (more often if major problems arise) to review progress, problem solve, decide on mid-course corrections.

The group's first focus is on ensuring that capacity is built to accomplish the desired system changes. This includes ensuring an adequate policy and leadership base; if one is not already in place, they need to work on putting one in place. Capacity building, of course, also includes special training for change agents.

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The group can work against the perception that it is a closed, elite group by hosting "focus groups" to keep others informed and to elicit input and feedback.
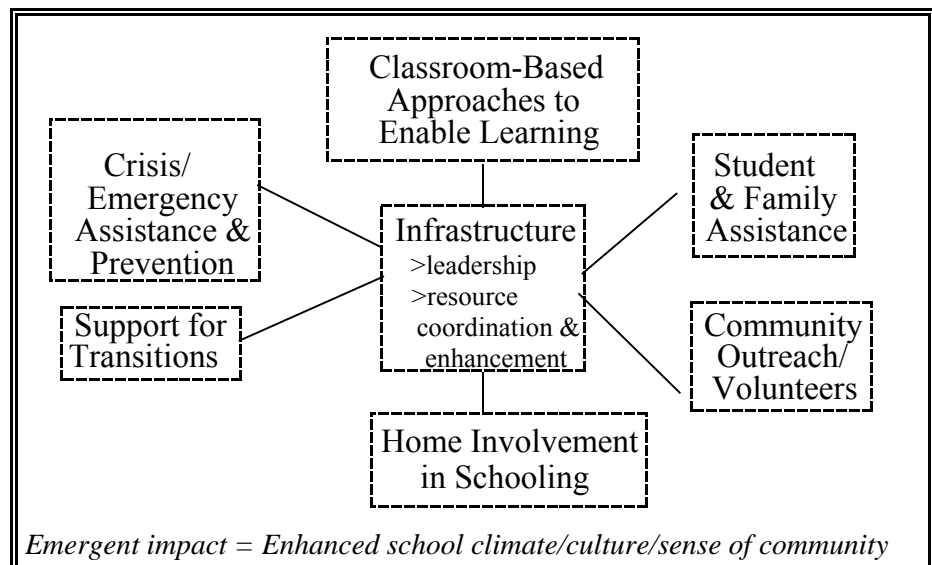
Developing Ad Hoc and Standing Work Groups for a Resource Team

Work groups are formed as needed by the Resource Coordinating Team to address specific concerns (e.g., mapping resources, planning for capacity building and social marketing, addressing problems related to the referral systems), develop new programs (e.g., welcoming and social support strategies for newcomers to the school), implement special initiatives (e.g., positive behavior support), and so forth. Such groups usually are facilitated by a member of the Resource Coordinating Team who recruits a small group of others from the school and community who are willing and able to help. The group facilitator provides regular updates to the Resource Coordinating Team on the group's progress and provides the group with feedback from the Team.

Ad hoc work groups take on tasks that can be done over a relatively short time period, and the group disbands once the work is accomplished. *Standing* work groups focus on defined programs areas and pursue current priorities for enhancing intervention in the area. For example, in pursuing intervention development related to the six arenas of intervention we use to define the programmatic focus of an Enabling Component, we recommend establishing standing work groups for each area (see figure below).

Component to Enable Learning: *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.

Adapted from:
H.S. Adelman & L. Taylor (1994).

| Classroom-Based Approaches to Enable Learning |
| Crisis/ Emergency Assistance & Prevention |
| Support for Transitions |
| Infrastructure >leadership >resource coordination & enhancement |
| Student & Family Assistance |
| Community Outreach/ Volunteers |
| Home Involvement in Schooling |

Emergent impact = Enhanced school climate/culture/sense of community

Integrating the Component into the School Infrastructure

Figure 10 illustrates the type of infrastructure that needs to emerge at the school if it is to effectively develop a comprehensive component to address barriers to learning.

Figure 10. An example of an integrated infrastructure at a school site.

*A Learning Support or Enabling Component Advisory/Steering Committee at a school site consists of a leadership group whose responsibility is to ensure the vision for the component is not lost. It meets as needed to monitor and provide input to the Resource Coordinating Team..

**A Resource Coordinating Team is the key to ensuring component cohesion and integrated implementation. It meets weekly to guide and monitor daily implementation and development of all programs, services, initiatives, and systems at a school that are concerned with providing student support and specialized assistance.

***Ad hoc and standing work groups are formed as needed by the Resource Coordinating Team to address specific concerns. These groups are essential for accomplishing the many tasks associated with the Resource Coordinating Team's functions.

About Leadership and Infrastructure

It is clear that building a learning supports (enabling) component requires strong leadership and new positions to help steer systemic changes and construct the necessary infrastructure. Establishment and maintenance of the component requires continuous, proactive, effective teaming, organization, and accountability.

Administrative leadership

Administrative leadership at every level is key to the success of any initiative in schools that involves systemic change (see Exhibit 6).

District

Everyone at the school site should be aware of who in the District provides leadership, promotes, and is accountable for the development of the component. It is imperative that such leadership be at a high enough level to be at key decision making tables when budget and other fundamental decisions are discussed.

School

Given that a learning supports component is one of the primary and essential components of school improvement, it is imperative to have a designated administrative and staff leadership. An administrative school leader for the component may be created by redefining a percentage (e.g., 50% of an assistant principal's day). Or, in schools that only have one administrator, the principal might delegate some administrative responsibilities to a coordinator (e.g., Title I coordinator or a Center coordinator at schools with a Family or Parent Center). The designated administrative leader must sit on the resource team (discussed in the next module) and represent and advocate team recommendations at administrative and governance body meetings.

Besides facilitating initial development of a potent component to address barriers to learning, the administrative lead must guide and be accountable for daily implementation, monitoring, and problem solving.   Such administrative leadership is vital.

There is also the need for a staff lead to address daily operational matters. This may be one of the student support staff (e.g., a school counselor, psychologist, social worker, nurse) or a Title I coordinator, or a teacher with special interest in learning supports.

In general, these leaders, along with other key staff, embody the vision for the component. Their job descriptions should delineate specific functions related to their roles, responsibilities, and accountabilities.

> The exhibit on the following page outlines the type of functions that have been found useful in clarifying the importance of the site administrative role. Following that is an example of one schools Learning Supports infrastructure.

Exhibit 6

Site Administrative Lead for a Component to Address Barriers to Learning

The person assuming this role must be able to devote at least 50% time to the Component. For a site administrator who already has a job description that requires 100% time involvement in other duties, the first task is to transfer enough of these other duties to free up the needed time.

In essence, the job involves providing on a daily basis leadership and facilitation related to

1. Component administration and governance concerns (e.g., policy, budget, organizational and operational planning, interface with instruction)

    > Represents the Component as a member of the site's administrative team and interfaces with the governance body, budget committee, etc. as necessary and appropriate.

2. Development, operation, maintenance, and evolution of the infrastructure and programmatic activity

    > A day-in and day-out focus on enhancing program availability, access, and efficacy by maintaining a high level of interest, involvement, and collaboration among staff and other stakeholders (including community resources).

3. Staff and other stakeholder development

    > Ensures that Component personnel receive appropriate development and that an appropriate share of the development time is devoted to Enabling concerns.

4. Communication (including public relations) and information management

    > Ensures there is an effective communication system (e.g., memos, bulletins, newsletter, suggestion box, meetings) and an information system that contributes to case management and program evaluation.

5. Coordination and integration of all enabling activity and personnel (on and off-site)

6. Rapid problem solving

7. Ongoing support (including a focus on morale)

    > Ensuring that those involved in planning and implementing enabling activity have appropriate support and appreciation.

8. Evaluation

    > Ensuring there is data about accomplishments and for quality improvement.

9. Some direct involvement in program activity and in providing specific services

    > This can help enhance understanding and maintain skills and allows for a sense of immediate contribution.

Example of Infrastructure for a Learning Supports Component at One School

To ensure all the functions related to learning supports were properly addressed, the school improvement design called for development of the following organizational, administrative, and operational structures.

Organization/Administrative Structures

Learning Supports School-Wide Committee
Recommends policy and priorities related to this Component. Participants are representatives from all stakeholder groups who, by role or interest, want to help evolve a comprehensive, multifaceted, and integrated approach for addressing barriers to learning and promoting healthy development.

Learning Supports Administrative Leads
Asst. Principal role as delineated in daily job description

Learning Supports Staff Lead
Has daily responsibilities to advance the agenda for the component as delineated in job description (and also has had responsibilities as Family Center Director).

Learning Supports Steering Committee
Meets periodically to review, guide, and monitor progress and long-range plans, problem-solve, and act as a catalyst to keep the component linked to the total design (other components, committees). Participants are component site leaders and key staff, reps. from the community and families, and several leaders from off-site who are highly committed and knowledgeable about the component.

Operational Structures

Resource Coordinating Team
Maps, analyzes, and recommends resource allocation & redeployment in the six areas that make up the component's curriculum; clarifies priorities for program development; monitors, guides, and enhances systems to coordinate, integrate, and strengthen the Component programs and services; and more. Participants are leaders of each of the components' six areas, administrative and staff leads for the Component, reps. of community agencies that are significantly involved at the site.

Work groups for the six areas
Classroom Focused Enabling
  (e.g., enhancing classroom ability to address student problems)
Crisis Response and Prevention
  (e.g., School Crisis Team; bullying prevention)
Transitions
  (e.g., welcoming and social support for newcomers; programs to reduce tardies, improve attendance, facilitate grade to grade changes, college counseling, school to work programs)
Home Involvement in Schooling
  (e.g., Adult Ed, Family Center, Comm. reps, and parent volunteers)
Student and Family Assistance using the Consultation and Case Review Panel
  (e.g., health and social support services, psychological counseling, Health Center)
Community Outreach/Volunteers
  (e.g., volunteers, business connections, etc.)

Administrative leads
Provide daily leadership and problem solving, support and accountability, advocacy at administrative table and at shared decision making tables.

Staff Lead
Carries out daily tasks involved in enhancing the component; ensures that system and program activity is operating effectively; provides daily problem-solving related to systems and programs.

D. Infrastructure for a Family of Schools

Orienting questions:

Why is it worthwhile to establish
a Resource Coordinating *Council*?

Who should participate?

Schools in the same geographic or catchment area have a number of shared concerns, and schools in the feeder pattern often interact with the same family because each level has a youngster from that family who is having difficulties. Furthermore, some programs and personnel already are or can be shared by several neighboring schools, thereby minimizing redundancy and reducing costs. A multi-site team can provide a mechanism to help ensure cohesive and equitable deployment of resources and also can enhance the pooling of resources to reduce costs. Such a mechanism can be particularly useful for integrating the efforts of high schools and their feeder middle and elementary schools. This clearly is important in addressing barriers with those families who have youngsters attending more than one level of schooling in the same cluster. It is neither cost-effective nor good intervention for each school to contact a family separately in instances where several children from a family are in need of special attention.

A Resource-Oriented Mechanism for a Family of Schools

In general, a group of schools can benefit from a multi-site resource-oriented mechanism designed to provide leadership, facilitate communication and connection, and ensure quality improvement across sites. For example, a multi-site team, or what we call a Complex Resource Coordinating Council, might consist of a high school and its feeder middle and elementary schools. It brings together one to two representatives from each school's resource *team* (see figure below).

Figure 11. Infrastructure Linking a Family of Schools Together and with the
District and Community
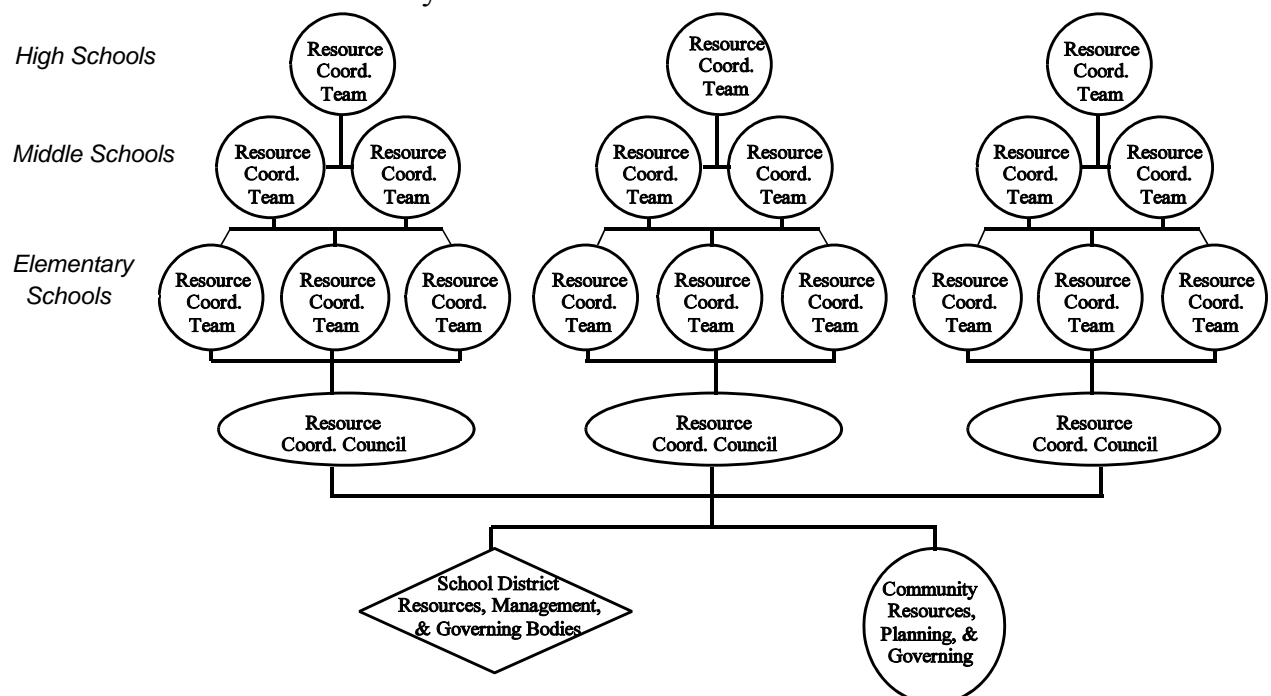
A mechanism such as a Resource Coordinating *Council* helps (a) coordinate and integrate programs serving multiple schools, (b) identify and meet common needs with respect to guidelines and staff development, and (c) create linkages and collaborations among schools and with community agencies. In this last regard, it can play a special role in community outreach both to create formal working relationships and ensure that all participating schools have access to such resources.

Natural starting points for councils are the sharing of need assessments, resource mapping, analyses, and recommendations for reform and restructuring. An initial focus may be on local, high priority concerns such as developing prevention programs and safe school plans to address community-school violence.

With respect to linking with community resources, multi-school teams are especially attractive to community agencies who often don't have the time or personnel to link with individual schools. In general, then, a group of sites can benefit from having an ongoing, multi-site, resource-oriented mechanism that provides leadership, facilities communication, coordination, integration, and quality improvement of all activity the sites have for addressing barriers to learning and promoting healthy development.

Council Functions

Some specific functions for a Council are:

- to share info about resource availability (at participating schools and in the immediate community and in geographically related schools and district-wide) with a view to enhancing coordination and integration.

- to identify specific needs and problems and explore ways to address them (e.g., Can some needs be met by pooling certain resources? Can improved linkages and collaborations be created with community agencies? Can additional resources be acquired? Can some staff and other stakeholder development activity be combined?)

- to discuss and formulate longer-term plans and advocate for appropriate resource allocation related to enabling activities.

Council Membership

Each school might be represented on the *Council* by two members of its Resource *Team.* To assure a broad perspective, one of the two might be the site administrator responsible for enabling activity; the other would represent line staff. To ensure a broad spectrum of stakeholder input, the council also should include representatives of classroom teachers, non-certificated staff, parents, and students, as well as a range of community resources that should be involved in schools.

Council facilitation involves responsibility for convening regular monthly (and other ad hoc) meetings, building the agenda, assuring that meetings stay task focused and that between meeting assignments will be carried out, and ensuring meeting summaries are circulated. With a view to shared leadership and effective advocacy, an administrative leader and a council member elected by the group can co-facilitate meetings. Meetings can be rotated among schools to enhance understanding of each site in the council.

> *For examples of Resource Coordination Council's Initial and Ongoing Tasks, general meeting format, and a checklist for establishing councils, see the accompanying reading and adapt the material in the relevant exhibits.*

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Notes: System-wide Mechanisms and School-Community Collaboratives

School and multi-site mechanisms are not sufficient. A system-wide mechanism must be in place to support school and cluster level activity. A *system-wide resource coordinating body* can provide guidance for operational coordination and integration across groups of schools. Functions might encompass (a) ensuring there is a district-wide vision and strategic planning for addressing barriers to student learning and promoting healthy development, (b) ensuring coordination and integration among groups of schools and system-wide, (c) establishing linkages and integrated collaboration among system-wide programs and with those operated by community, city, and county agencies, (d) ensuring complete and comprehensive integration with the district's education reforms, and (e) ensuring evaluation, including determination of equity in program delivery, quality improvement reviews of all mechanisms and procedures, and ascertaining results for accountability purposes.

The system-wide group should include (a) representatives of multi-school councils, (b) key district administrative and line staff with relevant expertise and vision (including unit heads, coordinators, union reps), and (c) various other stakeholders such as nondistrict members whose job and expertise (e.g., public health, mental health, social services, recreation, juvenile justice, post secondary institutions) make them invaluable contributors to the tasks at hand.

Also note that the Center for Mental Health in Schools has developed a major guide for those who are ready to move on to developing full scale school-community partnerships (Center for Mental Health in Schools, 2003).

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See Exhibit 7 for a review of key points covered above.

Exhibit 7
Phasing in Teams and Councils

This Exhibit provides a review of points covered about Resource Coordinating Teams and Councils and how to phase them in their efforts to organize a learning support component.

Phase *1. Organizing Resource Coordinating Teams at a School Site*

Creation of a school-site *Resource Coordinating Team* provides a starting point in efforts to reform and restructure education support programs. Such a team not only can begin the process of transforming what already is available, it can help reach out to District and community resources to enhance education support activity. Such a resource-oriented team differs from case-oriented teams (e.g., Student Assistance/Guidance Teams). The focus of this team is not on individual students. Rather, it is oriented to clarifying resources and how they are best used.

Such a team can help

- improve coordination and efficacy by ensuring

    >basic systems (for referral, triage, case management) are in place and effective
    >programs/services are profiled, written up, and circulated
    >resources are shared equitably

- enhance resources through staff development and by facilitating creation of new resources via redeployment and outreach

- evolve a site's education support activity infrastructure by assisting in the creation of program teams and Family/Parent Centers as hubs for such activities.

Among its first functions, the Resource Coordinating Team can help clarify

(a)   the resources available to the school (who? what? when?) – For example, the team can map out and then circulate to staff, students, and parents a handout describing *Available Special Services, Programs, and Other Resources*.

(b)   how someone gains access to available resources – The team can clarify processes for referral, triage, follow-through, and case management, and circulate a description of procedures to the school staff and parents.

(c)   how resources are coordinated – To ensure systems are in place and to enhance effectiveness, the team can help weave together resources, make analyses, coordinate activity, and so forth.

(d)   what other resources the school needs and what steps should be taken to acquire them – The team can identify additional resources that might be acquired from the District or by establishing community linkages.

Toward the end of Phase 1, a *Complex Resource Coordinating Council* (a multi-locality council) can be organized. This group is designed to ensure sharing and enhancement of resources across schools in a given neighborhood. Of particular interest are ways to address common concerns related to crisis response and prevention, as well as dealing with the reality that community resources that might be linked to schools are extremely limited in many geographic areas and thus must be shared.

Phase II. *Organizing a Programmatic Focus and Infrastructure for Learning Supports*

All sites that indicate readiness for moving toward reconceptualizing education support (enabling) activity into a delimited set of program areas are assisted in organizing program teams and restructuring the site's Resource Coordinating Team.

This involves facilitating

- development of program teams

- analyses of education support activity (programs/services) by program area teams to determine

>how well the various activities are coordinated/integrated (with a special emphasis on minimizing redundancy)
>whether any activities need to be improved (or eliminated)
>what is missing -- especially any activity that seems as important or even more important than those in operation.

- efforts by program area teams related to

>profiling, writing up, circulating, and publicizing program/service information
>setting priorities to improve activity in a programmatic area
>setting steps into motion to accomplish their first priority for improvement
>moving on to their next priorities.

Phase III. *Facilitating the Maintenance and Evolution of Appropriate Changes*

In general, this involves evaluating how well the infrastructure and related changes are working, including whether the changes are highly visible and understood. If there are problems, the focus is on clarifying what is structurally and systemically wrong and taking remedial steps. (It is important to avoid the trap of dealing with a symptom and ignoring ongoing factors that are producing problems; that is, the focus should be on addressing systemic flaws in ways that can prevent future problems.)

Examples of activity:

Checking on maintenance of Program Teams (keeping membership broad based and with a working core through processes for identifying, recruiting, and training new members when teams need bolstering).

Holding individual meetings with school site leadership responsible for restructuring in this area and with team leaders to identify whether everyone is receiving adequate assistance and staff development.

Determining if teams periodically make a new listing (mapping) of the current activity at the site and whether they update their analyses of the activity.

Checking on efficacy of referral, triage, and case management systems.

Checking on the effectiveness of mechanisms for daily coordination, communication, and problem solving.

Evaluating progress in refining and enhancing program activity.

Phase IV. *Facilitating the Institutionalization/Sustainability of Appropriate Changes*

A critical aspect of institutionalization involves ensuring that school staff responsible for restructuring education support activity formulate a proposal for the next fiscal year. Such a proposal encompasses resource requests (budget, personnel, space, staff development time). It must be submitted and approved by the site's governance authority. Institutionalization requires a plan that is appropriately endorsed and empowered through appropriation of adequate resources.

Institutionalization is further supported by evaluating functioning and outcomes of new mechanisms and fundamental activities. With a view to improving quality and efficacy, the findings from such evaluations are used to revise activities and mechanisms as necessary.

Based on what you've learned so far:

think about a school with which you are familiar.

Then, discuss

*How does the school's infrastructure address
barriers to learning?*

Group Process Guidelines:

- Start by identifying someone who will facilitate the group interchange

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

- Be sure all major points are compiled so they can be shared with other groups.

- Ask someone else to watch the time so that the group doesn't bog down.

# Integrating Learning Supports into the Infrastructure of a Small School

http://smhp.psych.ucla.edu/pdfdocs/infra small school notes.pdf

Obviously, a small school has less staff and other resources than most larger schools. Nevertheless, the three major functions necessary for school improvement remain the same in all schools, namely (1) improving instruction, (2) providing learning supports to address barriers to learning and teaching, and (3) enhancing management and governance.

The challenge in any school is to pursue all three functions in an integrated and effective manner. The added challenge in a small school is how to do it with so few personnel. The key is to use and, to the degree feasible, modestly expand existing infrastructure mechanisms.

The figure below is a modification for small schools of the school level infrastructure prototype we have proposed (see references). The illustration maintains the focus on all three major functions. However, rather than stressing the involvement of several administrative leaders and numerous staff members, the emphasis is on the role a *School Leadership Team* can play in establishing essential infrastructure mechanisms.
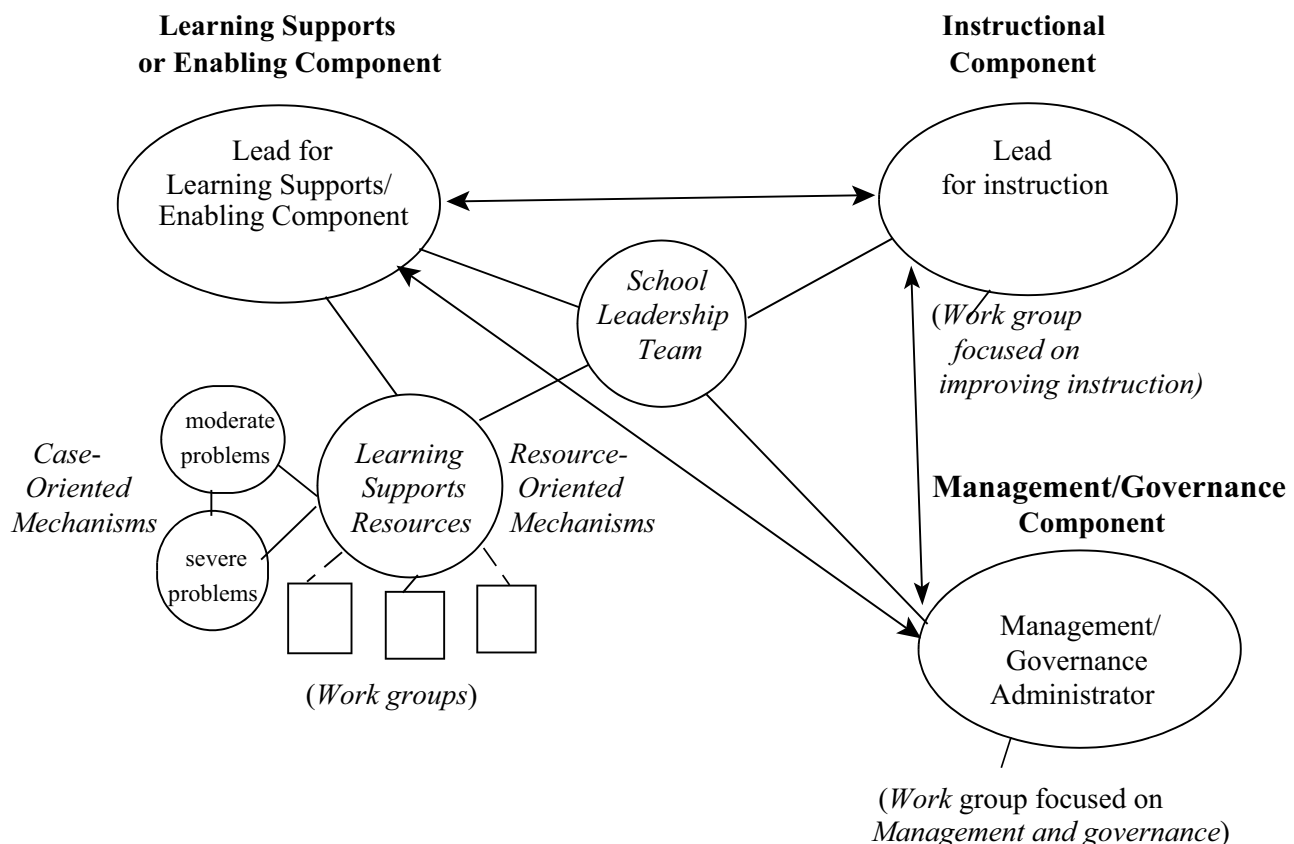
The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA.

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With less personnel, a principal must use who and what is available to pursue all three functions. Usually, the principal and whoever else is part of a school leadership team will lead the way in improving instruction and management/governance. As presently constituted, however, such a team may not be prepared to advance development of a comprehensive system of learning supports. Thus, someone already on the leadership team will need to be assigned this role and provided training to carry it out effectively.

Alternatively, someone in the school who is involved with student supports (e.g. a pupil services professional, a Title I coordinator, a special education resource specialist) can be invited to join the leadership team, assigned responsibility and accountability for ensuring the vision for the component is not lost, and provided additional training for the tasks involved in being a Learning Supports or Enabling Component Lead.

The lead, however chosen, will benefit from eliciting the help of other advocates/champions at the school and from the community. These all can help ensure development, over time, of a comprehensive system of learning supports.

A resources-oriented mechanism focused specifically on learning supports is needed to ensure component cohesion, integrated implementation, and ongoing development. If there are several staff at the school who are especially concerned with enhancing learning supports (e.g. pupil services professionals, Title I coordinator, a special education staff, regular classroom teachers, outside agency staff working with the school), they can form a Learning Supports Resource Team. If there is no way to form a separate team, the agenda can become a periodic focus for a case-oriented team. If neither of these approaches is workable, the School Leadership Team needs to take on the essential set of resource-oriented tasks.

Finally, small work groups provide an opportunity to mobilize and utilize the talents of any and all school and community stakeholders. Because most schools have a great deal to do in developing a comprehensive system of learning supports, several such groups are desirable.

A Few References

For more on all this, see:

Toward a School District Infrastructure that More Effectively Addresses Barriers to Learning and Teaching.
    Online: http://smhp.psych.ucla.edu/pdfdocs//briefs/toward a school district infrastructure.pdf

Infrastructure for Learning Support at District, Regional, and State Offices.
    Online: http://smhp.psych.ucla.edu/pdfdocs/studentsupport/toolkit/aidk.pdf

Resource oriented teams: Key infrastructure mechanisms for enhancing education supports.
    Online: http://smhp.psych.ucla.edu/pdfdocs/Report/resource_oriented_teams.pdf

Developing resource-oriented mechanisms to enhance learning supports - a continuing education packet.
    Online: http://smhp.psych.ucla.edu/pdfdocs/contedu/developing_resource_oriented-mechanisms.pdf

About infrastructure mechanisms for a comprehensive learning support component.
    Online: http://www.smhp.psych.ucla.edu/pdfdocs/infrastructure/infra_mechanisms.pdf

Another initiative? Where does it fit? A unifying framework and an integrated infrastructure for schools to address barriers to learning and promote healthy development.
    Online: http://smhp.psych.ucla.edu/pdfdocs/infrastructure/anotherinitiative-exec.pdf

Read more about it . . .

Establishing a Resource-Oriented Team

Establishing a resource-oriented team in schools represents a major systemic change. The danger in creating new mechanisms is that they can become just another task, another meeting – busy work. Infrastructure must be designed in keeping with the major functions to be carried out, and all functions must be carried out in the service of a vital vision for improving outcomes for all students. Resource-oriented mechanisms are valuable only if they are driven by and help advance an important vision. Leaders and facilitators must be able to instill that vision in team members and help them sustain it.

Successful systemic change requires considerable attention to creating readiness and building the capacity for initial implementation. After introducing the concept of a learning support or enabling component, it is easy to get lost in a morass of details when caught up in the daily tasks of making major systemic changes. This module covers topics and contains some tools that have been found helpful in efforts to provide guidance and support for those involved in establishing innovations at schools. As you use the material, you may find it helpful periodically to review the points covered below so that you can keep the big picture in perspective and maintain a sense of some of the most basic considerations.

Who Will Facilitate the Process?

Someone needs to be designated to facilitate the process of establishing a resource-oriented team at a school. Because the process involves significant organizational change, the individual chosen has to have the full support of the administration and the skills of a change agent. We characterize such an individual as an *organization facilitator*.*

An organization facilitator is a catalyst and manager of change. As such, s/he strives to ensure that changes are true to the design for improvement and adapted to fit the local culture. The facilitator also must be an effective problem solver – responding quickly as problems arise and designing proactive strategies to counter anticipated barriers to change, such as negative reactions and dynamics, common factors interfering with working relationships, and system deficiencies. All this must be accomplished in ways that enhance readiness and commitment to change, empowerment, a sense of community.

*See Center for Mental Health in Schools (2001). *Organization Facilitators: A Change Agent for Systemic School and Community Changes*.

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Our discussion here focuses on organization facilitators as a change agent for one school. However, such an individual might rotate among a group of schools. And, in large school districts, a cadre of such professionals might be used to facilitate change across an entire district.

Regardless of the nature and scope of the work, an organization facilitator's core functions require an individual whose background and training have prepared her/him to understand

- *the specific systemic changes (content and processes) to be accomplished* (In this respect, a facilitator must have an assimilated understanding of the fundamental concerns underlying the need for change.)

- *how to work with a site's stakeholders as they restructure their programs* (e.g., how to be an effective agent of change).

The main work revolves around planning and facilitating:

- infrastructure development, maintenance, action, mechanism liaison and interface, and priority setting

- stakeholder development (coaching -- with an emphasis on creating readiness both in terms of motivation and skills; team building; providing technical assistance)

- communication (visibility), resource mapping, analyses, coordination, and integration

- formative evaluation and rapid problem solving

- ongoing support

Such personnel also can help organize basic "interdisciplinary and cross training" to create the trust, knowledge, skills, and the attitudes essential for the kind of working relationships required if the resource-oriented mechanism is to operate successfully.

For more see the Exhibit on the following pages.

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Exhibit

Examples of Activity for an Organization Facilitator

1. Infrastructure tasks

(a) Works with school governing bodies to further clarify and negotiate agreements about

- policy changes
- participating personnel (including administrators authorized to take the lead for the systemic changes)
- time, space, and budget commitments

(b) Helps leaders identify and prepare members for a group to steer the process

(c) Helps leaders identify members for the resource-oriented team

2. Stakeholder development

(a) Provides general orientations for governing and planning bodies

(b) Provides basic capacity building for resource-oriented team

(c) Ongoing coaching of team members (about purposes, processes)

> Examples: At a team's first meeting, the organization facilitator offers to provide a brief orientation presentation (including handouts) and helps teams establish processes for daily interaction and periodic meetings. During the next few meetings, coaching might help with mapping and analyzing resources.

(d) Works with leaders to ensure presentations and written information about changes are provided to the entire staff and other stakeholders

3. Communication (visibility), coordination, and integration

(a) Determines if info on new directions (including leadership and team functions and membership) and about resources has been written-up and circulated. If not, facilitator determines why and helps address systemic breakdowns; if necessary, effective processes are modeled.

(b) Determines if leaders and team members are effectively handling priority tasks. If not, the facilitator determines why and helps address systemic breakdowns; if necessary, effective processes are modeled.

Exhibit (cont.)

Examples of Activity for an Organization Facilitator

   (c) Determines if the following have been accomplished (and if not, takes
        appropriate steps)

        • mapping of current activity and resources related to learning supports

        • analyses of activity and resources to determine
            > how well they are meeting needs and how well coordinated/integrated they
              are (with special emphasis on maximizing cost-effectiveness and
              minimizing redundancy)
            > what learning supports need to be improved (or eliminated)
            > what is missing, its level of priority, and how and when to develop it

         • info has been written-up and circulated about all resources and plans for change

   (d) Determines the adequacy of efforts made to enhance communication to and among
        stakeholders and, if more is needed, facilitates improvements

   (e) Determines if systems are in place to identify problems related to functioning
        of the infrastructure and communication systems. If there are problems,
        determines why and helps address any systemic breakdowns

   (f) Checks on visibility of reforms and if the efforts are not visible, determines why
        and helps rectify

4. Formative Evaluation and Rapid Problem Solving

   (a) Works with leaders and team members to develop procedures for formative
        evaluation and processes that ensure rapid problem solving

   (b) Checks regularly to be certain that learning supports are enabling student learning
        and that there is rapid problem solving. If the data are not promising, helps school
        leaders to make appropriate modifications.

5. Ongoing Support

   (a) Offers ongoing coaching on an "on-call" basis

       For example: informs team members about ideas developed by others or provides
       expertise related to a specific topic they plan to discuss.

   (b) At appropriate points in time, asks for part of a meeting to see how things are
       going and (if necessary) to explore ways to improve the process

   (c) At appropriate times, asks whether participants have dealt with longer-range
       planning, and if they haven't, determines what help they need

   (d) Helps participants identify sources for continuing development/education

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Using an Organization Facilitator to Establish and Coach a Resource Coordinating Team

The following example from one school may help clarify some of the above points.

At First Street School, the Organization Facilitator's first step was to ensure the site leadership was sufficiently committed to restructuring learning support programs and services. The commitment was made public by the site's governance body adopting the enabling component concept and by formally agreeing to the role the Organization Facilitator would play in helping staff implement reforms.

The process of restructuring began with assignment of an assistant principal to function as the component's administrative leader and establishment of a Resource Coordinating Team consisting of the school's pupil service personnel, the administrative leader, a staff lead, and several teachers. With the Organization Facilitator acting as coach, the team began by mapping and analyzing all school resources being used to address barriers to student learning.

By clustering existing activities into the six arenas of intervention designated for an enabling component, the team was able to consider a new programmatic vision for the school's efforts to address barriers to learning and enhance healthy development. By analyzing activities from this perspective, the team identified essential activities, major programmatic gaps, redundant efforts, and several long-standing activities that were having little effect. Decisions were made to eliminate redundant and ineffective activity and redeploy the resources to strengthen essential programs and begin to fill learning support gaps.

As one facet of the school's community outreach, the Organization Facilitator coached the Resource Coordinating Team on how to bring community resources to the site in ways that do not displace essential school resources. This focus was on integrating community resources into the enabling component. That is, the team outreached specifically to those community resources that could either fill a significant gap or enhance the school staffs' efforts by becoming part of an ongoing program. To ensure coordination and integration, all community agencies working at the site are asked to have a representative participate on the Resource Coordinating Team.

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About Creating Readiness

If efforts to restructure schools are to result in substantive and sustainable changes, particular attention must be paid to ensuring effective leadership and ongoing support Talking about change has rarely been a problem for educational leaders and change agents. Problems arise when they try to introduce change into specific locales and settings. It is then that they encounter the difficulties inherent in building consensus and mobilizing others to develop and maintain the substance of new prototypes.

In effect, leaders and change agents have a triple burden as they attempt to improve schools.

• They must ensure that substantive change is on the policy agenda.

• They must build consensus for change.

• They must facilitate effective implementation (e.g., establish, maintain, and enhance productive changes).

Creating readiness for systemic changes involves strategic interventions to ensure:

• strong policy support

• administrative and stakeholder buy-in and support

• long-range strategic and immediate action planning

• daily formal leadership from highly motivated administrative and supervisory staff and key union representatives

• daily informal leadership from highly motivated line staff

• ongoing involvement of leadership from outside the system

• establishment of change agent mechanisms to facilitate systemic changes

• careful development of mechanisms for planning, implementation, and improvement of new approaches

• mobilization of a critical mass of stakeholders

• capacity building designed to ensure a1l involved can perform effectively

• protection for those who are assuming new roles and new ways of working

• using all supportive data that can be gathered (e.g., benchmarks for all progress)

A thread running through all this is the need to stimulate increasing interest or *motivational readiness* among stakeholders.

Motivational Readiness

To clarify the point:

> In education a new idea or practice almost always finds a receptive audience among a small group. Many more, however, are politely unresponsive and reluctant to change things, and some are actively resistant. Successful change at any level of education restructuring requires the committed involvement of a critical mass of stakeholders. Thus, leaders often are confronted with the task of enhancing the motivational readiness for change of a significant proportion of those who appear reluctant and resistant.

This raises the question: What mobilizes individual initiative?

The answer requires an understanding of what is likely to affect a person's positive and negative motivation related to intended changes in process, content, and outcomes. Particular attention to the following ideas seems warranted:

- **Optimal functioning requires motivational readiness.**
  Readiness is not viewed in the old sense of waiting until a person is interested. Rather, it is understood in the contemporary sense of designing interventions to maximize the likelihood that processes, content, and outcomes are perceived as vivid, valued, and attainable.

- **Good strategies not only aim at increasing motivation but also avoid practices that decrease motivation.**
  Care must be taken, for example, not to overrely on extrinsics to entice and reward because to do so may decrease intrinsic motivation; excessive monitoring or pressure can produce avoidance motivation.

- **Motivation is a process and an outcome concern.**
  In terms of outcomes, for example, strategies should be designed to maintain, enhance, and expand intrinsic motivation so that individuals will come to "own" new practices.

- **Increasing intrinsic motivation involves affecting a person's thoughts, feelings, and decisions.**
  The intent is to use procedures that can reduce negative feelings, thoughts, and coping strategies and increase positive ones related to relevant outcomes, processes, and content. With respect to negative attitudes, this means identifying and minimizing experiences that maintain or may increase avoidance motivation.

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Readiness is about . . . *Matching Motivation and Capabilities*

Success of efforts to establish effective use of learning support resources depends on stakeholders' motivation and capability. Substantive change is most likely when high levels of positive energy can be mobilized and appropriately directed over extended periods of time. Among the most fundamental errors related to systemic change is the tendency to set actions into motion without taking sufficient time to lay the foundation. Thus, one of the first concerns is how to mobilize and direct the energy of a critical mass of participants to ensure readiness and commitment. This calls for strategies that establish and maintain an effective match with their motivation and capability.

The initial focus is on communicating essential information to key stakeholders using strategies that help them understand that the benefits of change will outweigh the costs and are more worthwhile than the status quo. The strategies used must be personalized and accessible to the subgroups of stakeholders (e.g., must be "enticing," emphasize that costs are reasonable, and engage them in processes that build consensus and commitment). Sufficient time *must* be spent creating motivational readiness of key stakeholders and building their capacity and skills.

And readiness is an everyday concern.

All changes require constant care and feeding. Those who steer the process must be motivated and competent, not just initially but over time. The complexity of systemic change requires close monitoring of mechanisms and immediate follow up to address problems. In particular, it means providing continuous, personalized guidance and support to enhance knowledge and skills and counter anxiety, frustration, and other stressors. To these ends, adequate resource support must be provided (time, space, materials, equipment) and opportunities must be available for increasing ability and generating a sense of renewed mission. Personnel turnover must be addressed by welcoming and orienting new members.

A note of caution. In marketing new ideas, it is tempting to accentuate their promising attributes and minimize complications. For instance, in negotiating agreements, school policy makers frequently are asked simply to sign a memorandum of understanding, rather than involving them in processes that lead to a comprehensive, informed commitment. Sometimes they agree mainly to obtain extra resources; sometimes they are motivated by a desire to be seen by constituents as doing *something* to improve the school. This can lead to premature implementation, resulting in the form rather than the substance of change.

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Readiness also Involves Maintaining Motivation

For motivated persons, readiness interventions focus on ways to maintain and possibly enhance intrinsic motivation. This involves ensuring their involvement continues to produce mostly positive feelings and a minimum of negative side effects.

At times, all that may be necessary is to help clear the way of external hurdles. At other times, maintaining motivation requires leading, guiding, stimulating, clarifying, and supporting. Efforts to maintain motivation build on processes used initially for mobilization. In both instances, activity is conceived in terms of nine comprehensive process objectives. These underscore that strategies to facilitate change should be designed to

- establish and maintain an appropriate working relationship (e.g., through creating a sense of trust, open communication, providing support and direction as required)

- clarify the purpose of activities and procedures, especially those intended to help correct specific problems

- clarify why procedures should be effective

- clarify the nature and purpose of evaluative measures

- build on previous capabilities and interests

- present outcomes, processes, and content in ways that structure attending to the most relevant features (e.g., modeling, cueing)

- guide motivated practice (e.g., suggesting and providing opportunities for meaningful applications and clarifying ways to organize practice)

- provide continuous information to ensure awareness of accomplishments

- provide opportunities for continued application and generalization (e.g., ending the process by addressing ways in which individuals can pursue additional, self-directed accomplishments in the area and/or can arrange for additional support and direction).

Some Initial Steps in Establishing a Resource Coordinating Team

When the focus is on establishing teams throughout a district, it is wise to begin with sites that manifest the highest levels of motivational readiness.

Step 1

After initial presentations have been made to potential school sites, elicit responses regarding possible interest (e.g., highly interested and ready to go, highly interested but with a few barriers that must be surmounted, moderately interested, not interested).

Follow-up on Initial Interest – Begin discussions with those sites that are highly interested in proceeding.

Clarify
- what process will be used to produce the desired changes
- what resources will be brought in to help make changes
- what the site must be willing to provide and do

Step 2

At the end of the discussions, there should be a written mutual agreement covering matters such as

>long-term goals and immediate objectives (e.g., site policy commitment to developing and sustaining a comprehensive approach to addressing barriers to learning; willingness to assign an administrative leader; agreement to develop a resource coordinating team; readiness to map, analyze, and redeploy resources)

>times to be made available for working with the change agent and for staff to work together on the restructuring

>personnel who will assume leadership (e.g., site leader and key staff)

>access to other resources (e.g., space, phone, photocopier)

>access for staff development (e.g., agreement to devote a significant amount of staff development time to the process -- time with teachers, pupil personnel staff, program coordinators, noncredentialled staff)

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Step3

Meet with key individuals at the site to discuss their role and functions as leaders for the intended systemic changes (e.g., meet with the site administrative leader who has been designated for this role; meet with each person who will initially be part of a Resource Coordinating Team)

Clarify roles and functions – discuss plans, how to most effectively use time and other resources effectively.

Before having the first team meeting, work with individuals to clarify specific roles and functions for making the group effective (e.g., Who will be the meeting facilitator? time keeper? record keeper?). Provide whatever training is needed to ensure that these groups are ready and able to work productively.

Step 4

Arrange first group meetings

It may take several meetings before a group functions well. The change agent's job is to help them coalesce into a working group. After this, the task is to help them expand the group gradually.

The group's first substantive tasks is to map learning support resources at the site (programs, services, "who's who," schedules – don't forget recreation and enrichment activities such as those brought to or linked with the school). The mapping should also clarify the systems used to ensure that staff, parents, and students learn about and gain access to these resources. The group should plan to update all of above as changes are made

Mapping is followed by an analysis of what's worth maintaining and what should be shelved so that resources can be redeployed. Then, the focus shifts to planning to enhance and expand in ways that better address barriers to learning and promote healthy development. ("What don't we have that we need? Do we have people/programs that could be more effective if used in other ways? Do we have too much in one area, not enough in others? major gaps?")

> (In doing mapping and analysis, the Center surveys focusing on six clusters of enabling activity can be a major aid -- see *Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What it Needs* – download at http://smhp.psych.ucla.edu)

Step 5

Initial Focus in Enhancing New Activity at a School Site

In the first stages of restructuring, advise the site to begin by focusing on activities with a fast pay off.

As sites and their Resource Coordination Teams work to improve things, it helps if the focus initially is on doing some highly visible things that can payoff quickly. Such products generate a sense that system improvement is feasible and allows an early sense of accomplishment. It also can generate some excitement and increase the commitment and involvement of others.

Examples of such activities are:

- Establishment of a "Support for Transition" program for new students and families (e.g., welcoming and social support programs such as trained Student Peer Buddies to welcome and act as part of a social support system for new students in every classroom, trained Parent Peer Buddies to welcome and act as part of a social support system for new parents; training for volunteers who staff a welcoming table in the front office; training and support for office staff so that they can play a constructive role with newcomers; development of welcoming and orientation materials in all relevant languages)

- Development of a program for recruiting, screening, training, and nurturing volunteers to work with targeted students in classrooms or to become mentors and advocates for students in need

- Provide teachers with staff development not only with respect to requesting special services for a few but to enhance their capacity to use prereferral interventions effectively to address the needs of the many

Step 6

Help publicize and encourage appreciation for new approaches at the site

- Every means feasible (e.g., handouts, charts, newsletters, bulletin boards) should be used to make the activity visible and keep all stakeholders informed and involved. For example, as soon as resources are mapped, information about what is available and how to access it should be circulated to staff, parents, and students.

- Demonstrate Impact and Get Credit for All that is Accomplished – Specify process benchmarks and some outcome indicators

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- Don't forget to gather some baseline data on attendance, tardies, suspensions, and timeouts. Also, survey teachers regarding the school's efforts to address barriers to learning and enhance healthy development (e.g., ratings of knowledge and satisfaction with programs and services).

In the short run, the task is to help the site staff organize their record keeping to ensure they get credit for progress. These data are important when it comes time to make the case with site based decision makers that the restructuring is worth the time, effort, and money. (Minimally, someone needs to keep a "log" to show all the activities carried out, all the changes and improvements that have been made, and to have a record of a representative set of anecdotes describing teacher/family/student success stories.)

Step 7 Refining the team's infrastructure (e.g., creating work groups) and connecting it with the schools infrastructure for instruction and governance.

We will focus on all this in Module IV.

The nice part about developing sites sequentially is that those already developed can serve as mentor sites.

Enhance and Celebrate!

Make every accomplishment highly visible; show people the progress.

Build a strong public perception of changes and their benefits.

What's New! What's Coming!

And celebrate the accomplishments. People work hard to improve outcomes for students, and they need to know that what they did was appreciated for its importance and value.

The Exhibits on the following two pages list:

- **Examples of a Resource Coordinating Team's Initial and Ongoing Tasks**

- **A General Outline for the Team Meeting Format**

- **A Checklist Related to Establishing Resource-Oriented Teams and Work Groups**

Exhibit

Examples of Resource Coordinating Team's Initial and Ongoing Tasks

• Orientation for representatives to introduce each to the other and provide further clarity of Team's purposes and processes

• Review membership to determine if any group or major program is not represented; take steps to assure proper representation

• Share information regarding what exists at the site (especially systems and programs for promoting healthy development and preventing problems, intervening early after the onset of problems, and addressing the needs of students with severe and pervasive problems)

• Share information about other resources at schools in the feeder pattern and in the immediate community and district-wide

• Analyze information on resources to identify important needs at the site

• Establish priorities for efforts to enhance resources and systems

• Formulate plans for pursuing priorities

• Discussion of proposals for coordinating and sharing resources across the feeder pattern (to be presented to Complex Resource Coordinating Council)

• Discussion of staff (and other stakeholder) development activity

• Discussion of quality improvement and longer-term planning (e.g., efficacy, pooling of resources)

General Outline for the Team Meeting Format

• Updating on and introduction of team members

• Reports from those who had between meeting assignments

• Current topic for discussion and planning

• Decision regarding between meeting assignments

• Ideas for next agenda

Exhibit

Checklist Related to Establishing Resource-Oriented Teams and Work Groups

1. ___ Job descriptions/evaluations reflect a policy for working in a coordinated and increasingly integrated way to maximize resource use and enhance effectiveness (this includes allocation of time and resources so that members can build capacity and work effectively together to maximize resource coordination and enhancement).

2. ___ Every staff member is encouraged to participate on some group to improve students' classroom functioning and can choose to work on matters of specific professional interest.

3. ___ Teams and work groups include key stakeholders (current resource staff, special project staff, teachers, site administrators, parents, older students, others from the community, including representatives of school-linked community services).

4. ___ The size of a team or work group reflects current needs, interests, and factors associated with efficient and effective functioning. (The larger the group, the harder it is to find a meeting time and the longer each meeting tends to run. Frequency of meetings depends on the group's functions, time availability, and ambitions. Properly designed and trained groups can accomplish a great deal through informal communication and short meetings).

5. ___ There is a core of members who have or will acquire the ability to carry out identified functions and make the mechanism work. All are committed to the group's mission. (Building team commitment and competence should be a major focus of school management policies and programs. Because several groups will require the expertise of the same personnel, some individuals necessarily will be part of more than one group.)

6. ___ Each team and work group has a dedicated leader/facilitator who is able to keep the group task-focused and productive

7. ___ Each team and work group has someone who records decisions and plans and reminds members of planned activity and products.

8. ___ Teams and work groups should use advanced technology (management systems, electronic bulletin boards and E-mail, resource clearinghouses) to facilitate communication, networking, program planning and implementation, linking activity, and a variety of budgeting, scheduling, and other management concerns.

Building Team Capacity

To be effective in working with another person (e.g., colleagues, students, parents), you need to build a positive relationship around the *tasks* at hand. Necessary ingredients in building a working relationship are:

- minimizing negative prejudgments about those with whom you work

- taking time to make connections

- identifying what will be gained from the collaboration in terms of mutually desired outcomes – to clarify the value of working together

- enhancing expectations that the working relationship will be productive – important here is establishing credibility with each other

- establishing a structure that provides support and guidance to aid task focus

- periodic reminders of the positive outcomes for students, staff, families, school, and community that have resulted from working together

- ensuring newcomers are welcomed into the process and are brought up-to-date in ways that don't delay ongoing efforts (e.g., through use of orienting materials – including use of technology as feasible).

All of this, of course, assumes that adequate funds are allocated for capacity building related to both accomplishing desired systemic changes and enhancing intervention quality over time.

On the following pages are some points about planning and facilitating effective team meetings.

Planning and Facilitating Effective Meetings

Forming a Working Group

- There should be a clear statement about the group's mission.

- Be certain that members agree to pursue the stated mission and share a vision.

- Pick someone who the group will respect and who either already has good facilitation skills or will commit to learning those that are needed.

- Provide training for members so they understand their role in keeping a meeting on track and turning talk into effective action.

- Designate processes (a) for sending members information before a meeting regarding what is to be accomplished, specific agenda items, and individual assignments and (b) for maintaining and circulating record of decisions and planned actions (what, who, when).

Meeting Format

- Be certain there is a written agenda and that it clearly states the purpose of the meeting, specific topics, and desired outcomes for the session.

- Begin the meeting by reviewing purpose, topics, and desired outcomes. Until the group is functioning well, it may be necessary to review meeting ground rules.

- Facilitate the involvement of all members, and do so in ways that encourage them to focus specifically on the task. The facilitator remains neutral in discussion of issues.

- Try to maintain a comfortable pace (neither too rushed, nor too slow; try to start on time and end on time but don't be a slave to the clock).

- Periodically review what has been accomplished and move on the next item.

- Leave time to sum up and celebrate accomplishment of outcomes and end by enumerating specific follow-up activity (what, who, when). End with a plan for the next meeting (date, time, tentative agenda). For a series of meetings, set the dates well in advance so members can plan ahead.

Some Group Dynamics to Anticipate

- *Hidden Agendas* – All members should agree to help keep hidden agendas in check and, when such items cannot be avoided, facilitate the rapid presentation of a point and indicate where the concern needs to be redirected.

- *A Need for Validation* – When members make the same point over and over, it usually indicates they feel an important point is not being validated. To counter such disruptive repetition, account for the item in a visible way so that members feel their contributions have been acknowledged. When the item warrants discussion at a later time, assign it to a future agenda.

- *Members are at an Impasse* – Two major reasons groups get stuck are: (a) some new ideas are needed to "get out of a box" and (b) differences in perspective need to be aired and resolved. The former problem usually can be handled through brainstorming or by bringing in someone with new ideas. To deal with conflicts that arise over process, content, and power relationships, employ problem solving and conflict management strategies (e.g., accommodation, negotiation, mediation).

- *Interpersonal Conflict and Inappropriate Competition* – These problems may be corrected by repeatedly bringing the focus back to the goal – improving outcomes for students/families; when this doesn't work; restructuring group membership may be necessary.

- A*in't It Awful!* – Daily frustrations experienced by staff often lead them to turn meetings into gripe sessions. Outside team members (parents, agency staff, business and/or university partners) can influence school staff to exhibit their best behavior.

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Making Meetings Work

A good meeting is task focused and ensures that tasks are accomplished in ways that:

>are efficient and effective
>reflect common concerns and priorities
>are implemented in an open, noncritical, nonthreatening manner
>turn complaints into problems that are analyzed in ways that lead to plans for
  practical solutions
>feel productive (produces a sense of accomplishment and of appreciation)

About Building Relationships and Communicating Effectively

- convey empathy and warmth (e.g., this involves working to understand and appreciate what others are thinking and feeling and transmitting a sense of liking them)

- convey genuine regard and respect (e.g., this involves transmitting real interest and interacting in ways that enable others to maintain a feeling of integrity and personal control)

- talk with, not at, others – active listening and dialogue (e.g., this involves being a good listener, not being judgmental, not prying, and being willing to share experiences as appropriate)
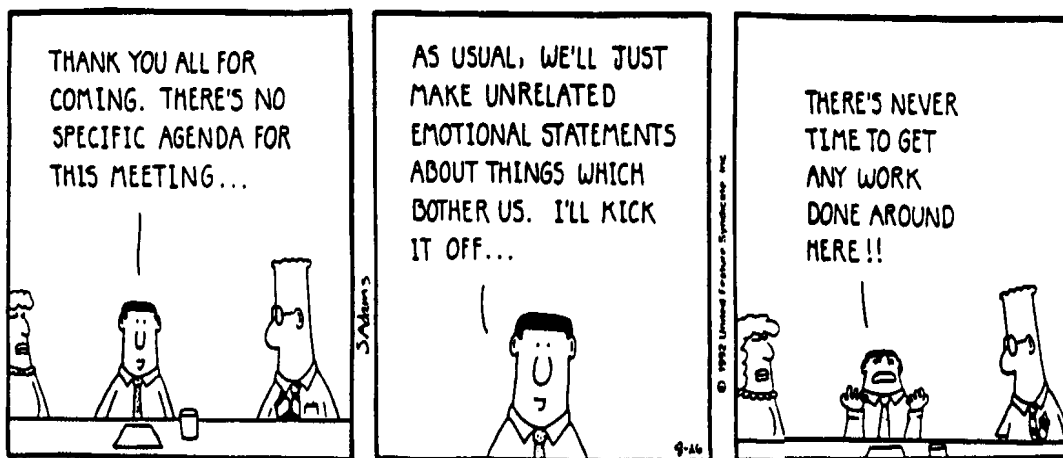
"*Another* meeting? There goes the last lunch break I could have taken this school year"

Materials for use as

Handouts/Overheads/Slides

in Presenting

Part IV

IV. Rethinking Infrastructure

A. Overview

B. A School-Based Resource Coordinating Team

C. Refining the School Infrastructure

D. Infrastructure for a Family of Schools

>>Group Activity
  How does the school's infrastructure address barriers to learning?

>>>Brief follow-up reading –
  Establishing a Resource-Oriented Team

A Few Key Infrastructure Considerations

Building Local Capacity

for Systemic Change and Ongoing

Component Development

A Resource Coordinating Team?????
"*We already have a team*"

What you probably have is **a Case-Oriented Team**	What you also need is a **a Resource-Oriented Team**
(Focused on specific *individuals* and discrete *services*)	(Focused on *all* students and the **resources, programs, and systems** to address barriers to learning & promote healthy development)
Sometimes called: • Child/Student Study Team • Student Success Team • Student Assistance Team • Teacher Assistance Team • IEP Team	Possibly called: • Resource Coordinating Team • Resource Coordinating Council • School Support Team • Learning Support Team
EXAMPLES OF *FUNCTIONS:* >*triage* >*referral* >*case monitoring/ management* >*case progress review* >*case reassessment*	EXAMPLES OF *FUNCTIONS:* >*mapping resources* >*analyzing resources* >*enhancing resources* >*program and system planning/ development – including building a full continuum of intervention* >*redeploying resources* >*coordinating-integrating resources* >*social "marketing"*

School-Based
Resource-Oriented Mechanism
(e.g., a Resource Coordinating Team)

What are it's functions?

- mapping resources
- analyzing resources
- enhancing resources
- program and system planning/development
- redeploying resources
- coordinating and integratingresources
- social "marketing"

If it is a team, how many are on it?

From 2 -- to as many as are willing and able.

Another team?

Not necessarily -- but definitely a different agenda and time to do it.

Who's on it? (depends on what's feasible)

> School staff
  (e.g., counselors, psychologists, social workers, nurses,
  attendance and dropout counselors, special education staff,
  health educators, bilingual program coordinators, teachers)
> one of the school's administrators
> 1-2 parents
> 1-2 older students
> Representatives of any community resources/agencies
  who are working closely with the school

Infrastructure Connections

- The administrator on the team represents the team at
    administrator meetings
- One member must be an official representative on the
    school's governance body
- One member represents the team on the
    Complex's Resource Coordinating Council

Some of the Special Resources
Connected to _____ School

School Psychologist _____
times at the school _____

- Provides assessment and testing of students for special services. Counseling for students and parents. Support services for teachers. Prevention, crisis, conflict resolution, program modification for special learning and/or behavioral needs.

School Nurse _____
times at the school_____

- Provides immunizations, follow-up, communicable disease control, vision and hearing screening and follow-up, health assessments and referrals, health counseling and information for students and families.

Pupil Services & Attendance Counselor
_____
times at the school _____

- Provides a liaison between school and home to maximize school attendance, transition counseling for returnees, enhancing attendance improvement activities.

Social Worker _____
times at the school _____

- Assists in identifying at-risk students and provides follow-up counseling for students and parents. Refers families for additional services if needed.

Counselors   times at the school
_____   _____
_____   _____

- General and special counseling/guidance services. Consultation with parents and school staff.

Dropout Prevention Program Coordination
_____
times at the school _____

- Coordinates activity designed to promote dropout prevention.

Title I and Bilingual Coordinators
_____
_____

- Coordinates categorical programs, provides services to identified Title I students, implements Bilingual Master Plan (supervising the curriculum, testing, and so forth)

Resource and Special Education Teachers
_____
_____
_____
times at the school _____

- Provides information on program modifications for students in regular classrooms as well as providing services for special education.

Other important resources:

School-based Crisis Team
(list by name/title)
_____/_____
_____/_____
_____/_____
_____/_____
_____/_____

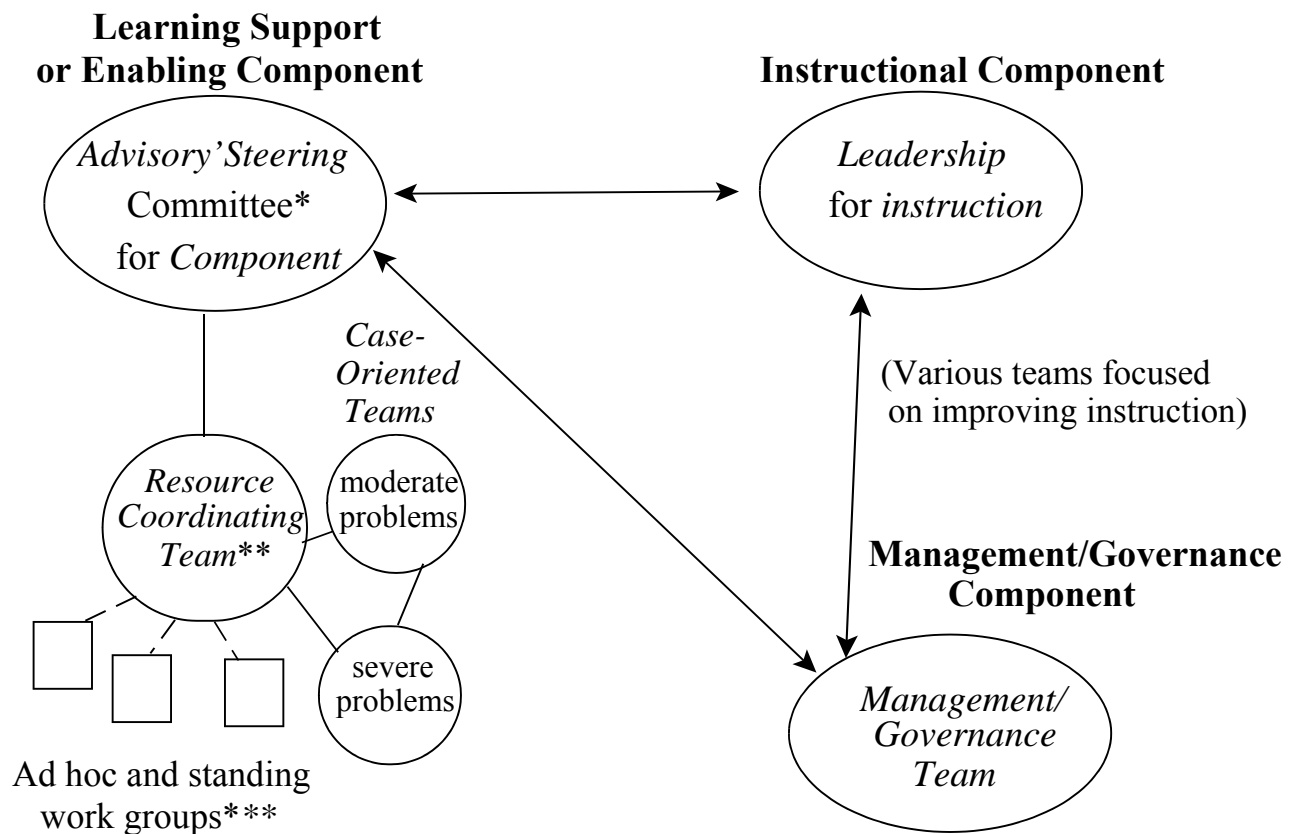**School Improvement Program Planners**
_____/_____
_____/_____
_____/_____

Community Resources

- Providing school-linked or school-based interventions and resources

Who	What they do	When
_____/	_____	_____/
_____/	_____	_____/
_____/	_____	_____/
_____/	_____	_____/
_____/	_____	_____/
_____/	_____	_____/

Integrating the Component into the School Infrastructure

**Learning Support
or Enabling Component**

Instructional Component

Advisory'Steering
Committee*
for *Component*

Leadership
for *instruction*

*Case-
Oriented
Teams*

(Various teams focused
on improving instruction)

*Resource
Coordinating
Team***

moderate
problems

**Management/Governance
Component**

severe
problems

*Management/
Governance
Team*

Ad hoc and standing
work groups***

*A Learning Support or Enabling Component Advisory/Steering Committee at a school site consists of a leadership group whose responsibility is to ensure the vision for the component is not lost. It meets as needed to monitor and provide input to the Resource Coordinating Team..

**A Resource Coordinating Team is the key to ensuring component cohesion and integrated implementation. It meets weekly to guide and monitor daily implementation and development of all programs, services, initiatives, and systems at a school that are concerned with providing student support and specialized assistance.

***Ad hoc and standing work groups are formed as needed by the Resource Coordinating Team to address specific concerns. These groups are essential for accomplishing the many tasks associated with the Resource Coordinating Team's functions.

Developing and connecting key mechanisms at school sites, among families of schools, and district and community wide

High Schools

Middle Schools

Elementary Schools

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Team

Resource Coord. Council

Resource Coord. Council

Resource Coord. Council

School District Resources, Management, & Governing Bodies

Community Resources, Planning, & Governing

School Leadership for a Component to Enable Learning by Addressing Barriers

- Administrative Leader
  (e.g., 50% FTE devoted to component)

- Staff Lead for Component

- Program Area Leads

Leadership Beyond the School for a Component to Enable Learning by Addressing Barriers

At the Complex Level (family of schools)

- 1-2 representatives from each School-Based Resource Team

- Facilitator for Complex Resource Council

At the District Level

- 1-2 representatives from each Complex Resource Council

- High Level District Administrator

- School Board Subcommittee Chair

(Comparable leadership at county, state, and federal levels)

Organization Facilitator
A Temporary Change Agent Mechanism

At the School Level

- facilitates establishment of resource-oriented mechanism (e.g., School-Based Resource Team)

- facilitates *initial* capacity building (especially leadership training)

- provides support in implementing initial tasks (e.g., mapping and analyzing resources)

At the Complex Level

- facilitates establishment of resource-oriented mechanism (e.g., Complex Resource Council)

- facilitates *initial* capacity building

- provides support in implementing initial tasks
  >mapping
  >analyses
  >interface with neighborhood resources

Sequence

- focus first on establishing school infrastructure, then complex infrastructure

- focus first on complex, then each school

- focus simultaneously on establishing infrastructure at schools and complex

 Group Reflection and Discussion

Based on what you've learned so far:

think about a school with which you are familiar.

Then, discuss

How does the school's infrastructure address barriers to learning?

Group Process Guidelines:

- Start by identifying someone who will facilitate the group interchange

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

- Be sure all major points are compiled so they can be shared with other groups.

- Ask someone else to watch the time so that the group doesn't bog down.

V. The Systemic Change Problem: Moving Schools Forward in Addressing Barriers to Learning

A. The Role of Standards and Accountability Indicators

B. Frameworks for Understanding Key Facets of Systemic Change

C. Change Agent and Catalytic Facets of Leadership Roles

>>Group Activity – *Moving Schools Forward:*
What will it take to make it happen?

>>Brief Follow-up Reading –
New Initiatives: Considerations related to planning, implementing, sustaining, and going-to-scale

Orienting Questions:

Why should the framework for school accountability be expanded?

What are some key facets of systemic change that must be addressed in establishing a comprehensive component to address barriers to student learning?

What are leadership roles related to systemic change?

V. The System Change Problem:

As Andy Hargreaves and Dean Fink (2000)stress:

Ultimately, only three things matter about educational reform. Does it have depth: does it improve important rather than superficial aspects of students' learning and development? Does it have length: can it be sustained over long periods of time instead of fizzling out after the first flush of innovation? Does it have breadth: can the reform be extended beyond a few schools, networks or showcase initiatives to transform education across entire systems or nations?

Successful reform depends on how the problem of system change is handled. Many school professionals find themselves enmeshed in efforts to facilitate systemic change, and rue the fact that their professional preparation programs didn't do more to teach them how to do it. In this section, the focus is on several key issues and frameworks to stimulate thinking about the system change problem.
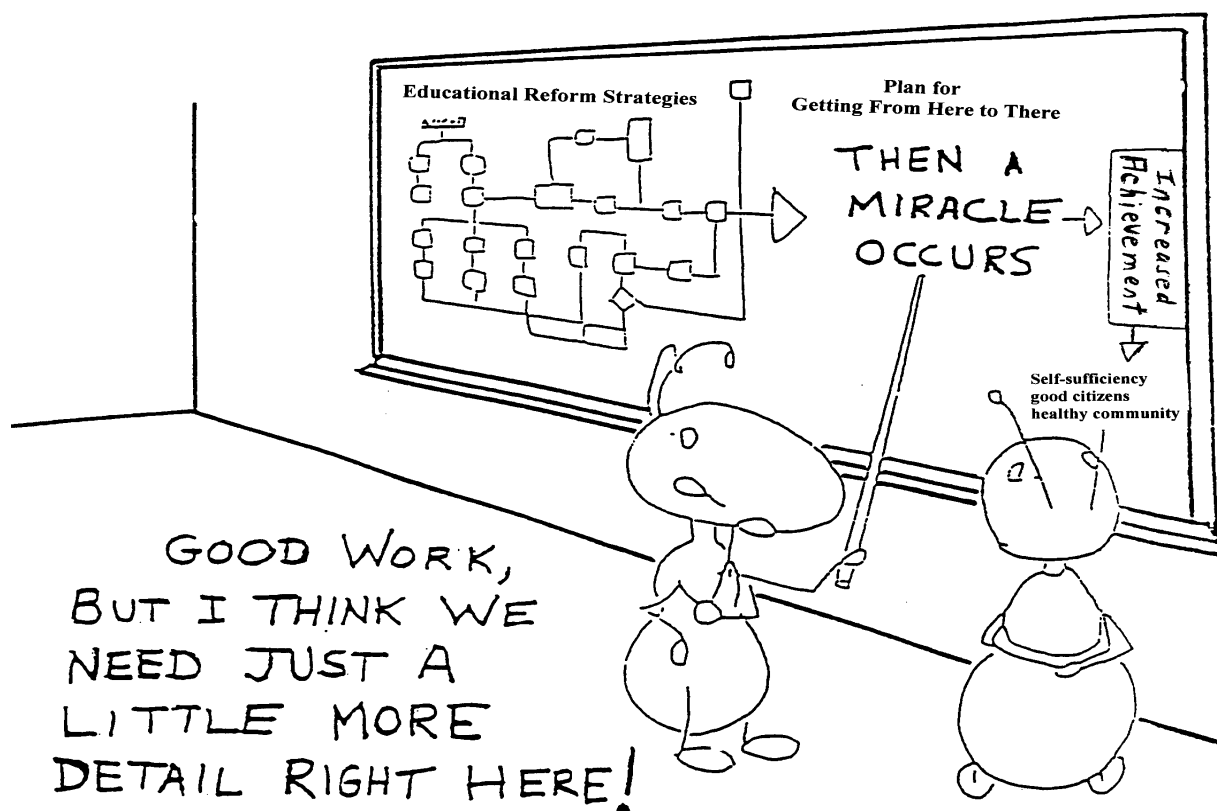
A. The Role of Standards and Accountability Indicators

School-reform across the country is "standards-based" and accountability driven (with the dominant emphasis on improving academic performance as measured by achievement test scores). Given these realities, efforts to reform student support in ways that move it from its current marginalized status must delineate a set of standards and integrate them with instructional standards. And, to whatever degree is feasible, efforts must be made to expand the accountability framework so that it supports the ongoing development of comprehensive, multifaceted approaches to addressing barriers and promoting healthy development.

Standards

Establishing *standards* is another facet of ensuring high levels of attention and support for development of comprehensive, multifaceted approaches to address barriers to learning. While the move toward establishing standards for a learning support component is new, examples of relevant standards are available. For instance, the department of education in the state of Hawai`i has incorporated a set of standards for "Quality Student Support." They have made this an integral part of their total *Standards Implementation Design (SID) System.* The initial effort to delineate criteria and rubrics is available online at: http://doe.k12.hi.us/standards/sid.pdf.

Another attempt is seen in work done a few years ago by the Memphis City Schools in their effort to provide standards, guidelines, and related quality indicators for their reforms related to student supports. (This is available in documents from the Center for Mental Health in Schools at UCLA.)

Also, the *Guidelines for a Student Support Component* included in this module provide a basis upon which any district or school can develop standards and related quality indicators.

Once standards are formulated, they must be thoroughly incorporated into every school's improvement plan. This is a necessary step toward making the policy commitment visible at every school, and it establishes the framework for ensuring relevant accountability.

Of course, for all this to happen, it will be essential to expand the current framework for school accountability. Such an expanded framework is outlined in the next section.

Expanding the Accountability Framework for Schools

Systems are driven by what is measured for purposes of accountability. This is particularly so when systems are the focus of major reform. Under reform conditions, policy makers often want a quick and easy recipe to use. Thus, most of the discussion around accountability stresses making certain that program administrators and staff are held accountable to specific, short-term results. Little discussion wrestles with how to maximize the benefits (and minimize the negative effects) of accountability in improving complex, long-term outcomes. As a result, in too many instances, the tail wags the dog, the dog is gets dizzy, and the citizenry doesn't get what it needs and wants.

School accountability is a good example of the problem. Accountability has extraordinary power to reshape schools – for good and for bad. The influence can be seen in classrooms everyday. With the increasing demands for accountability, teachers quickly learn what is to be tested and what will not be evaluated, and slowly but surely greater emphasis is placed on teaching what will be on the tests. Over time what is on the tests comes to be viewed as what is most important. Because only so much time is available to the teacher, other things not only are deemphasized, they also are dropped from the curriculum. If allowed to do so, accountability procedures have the power to reshape the entire curriculum.

What's wrong with that? Nothing – if what is being evaluated reflects all the important things we want students to learn in school. Unfortunately, this is not the case.

Current accountability pressures reflect values and biases that have led to evaluating a small range of basic skills and doing so in a narrow way. For students with learning, behavior, or emotional problems, this is of even greater concern when their school programs are restricted to improving skills they lack. When this occurs, they are cut off from participating in learning activities that might increase their interest in overcoming their problems and that might open up opportunities and enrich their future lives.

Policy makers want schools, teachers, and administrators (and students and their families) held accountable for higher academic achievement. And, as everyone involved in school reform knows, the only measure that really counts is achievement test scores. These tests drive school accountability, and what such tests measure has become the be-all and end-all of what school reformers attend to. This produces a growing disconnect between the realities of what it takesto improve academic performance and where many policy makers and school reformers are leading the public.

This disconnect is especially evident in schools serving what are now being referred to as "low wealth" families. Such families and those

who work in schools serving them have a clear appreciation of many barriers to learning that must be addressed so that the students can benefit from the teacher's efforts to teach. They stress that, in many schools, major academic improvements are unlikely until comprehensive and multifaceted approaches to address these barriers are developed and pursued effectively.

At the same time, it is evident to anyone who looks that there is no direct accountability for whether these barriers are addressed. To the contrary, when achievement test scores do not reflect an immediate impact for the investment, efforts essential for addressing barriers to development and learning often are devalued and cut.
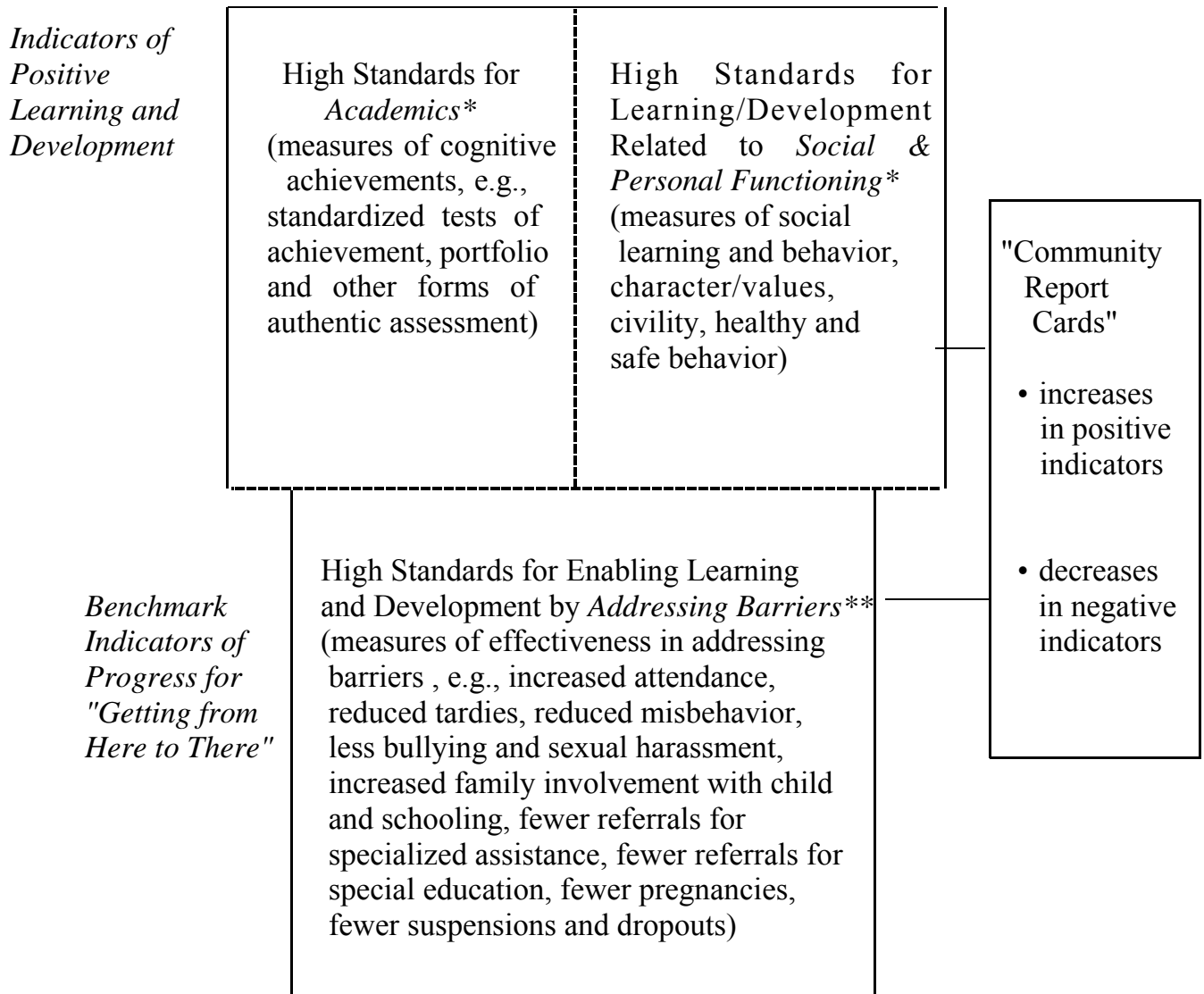
Thus, rather than building the type of comprehensive, multifaceted, and integrated approach that can produce improved academic performance, prevailing accountability measures are pressuring schools to maintain a narrow focus on strategies whose face validity suggests a direct route to improving instruction. The implicit underlying assumption of most of these teaching strategies is that students are motivationally ready and able each day to benefit from the teacher's instruction. The reality, of course, is that in too many schools the *majority* of youngsters are not motivationally ready and able and thus are not benefitting from the instructional improvements. For many students, the fact remains that there are a host of external interfering factors.

Logically, well designed, systematic efforts should be directed at addressing interfering factors. However, current accountability pressures override the logic and result in the marginalization of almost every initiative that is not seen as directly (and quickly) leading to academic gains. Ironically, not only does the restricted emphasis on achievement measures work against the logic of what needs to be done, it works against gathering evidence on how essential and effective it is to address barriers to learning in a direct manner.

All this leads to an appreciation of the need for an expanded framework for school accountability. A framework that includes direct measures of achievement and much more. Figure 12 highlights such an expanded framework.

As illustrated, there is no intent to deflect from the laser-like focus on accountability for meeting high standards related to academics. The debate will continue as to how best to measure outcomes in this arena, but clearly schools must demonstrate they are effective institutions for teaching academics.

Figure 12. Expanding the Framework for School Accountability

Indicators of
Positive
Learning and
Development

| High Standards for *Academics** (measures of cognitive achievements, e.g., standardized tests of achievement, portfolio and other forms of authentic assessment) | High Standards for Learning/Development Related to *Social & Personal Functioning** (measures of social learning and behavior, character/values, civility, healthy and safe behavior) |

"Community Report Cards"

• increases in positive indicators

• decreases in negative indicators

Benchmark
Indicators of
Progress for
"Getting from
Here to There"

High Standards for Enabling Learning and Development by *Addressing Barriers*** (measures of effectiveness in addressing barriers , e.g., increased attendance, reduced tardies, reduced misbehavior, less bullying and sexual harassment, increased family involvement with child and schooling, fewer referrals for specialized assistance, fewer referrals for special education, fewer pregnancies, fewer suspensions and dropouts)

*Results of interventions for directly facilitating development and learning.

**Results of interventions for addressing barriers to learning and development.

At the same time, it is time to acknowledge that schools also are expected to pursue high standards for promoting social and personal functioning, including enhancing civility, teaching safe and healthy behavior, and some form of "character education." Every school we visit has specific goals related to this arena of student development and learning. At the same time, it is evident that schools currently are not held accountable for this facet of their work. That is, there is no systematic evaluation or reporting of the work. Thus, as would be expected, schools direct their resources and attention mainly to what is measured. Given that society wants schools to attend to these matters and most professionals understand that personal and social functioning is integrally tied to academic performance, it is self-defeating not to hold schools accountable in this arena.

For schools where a large proportion of students are not doing well, it is also self-defeating not to attend to benchmark indicators of progress related to addressing barriers to learning. Teachers cannot teach children who are not in class. Therefore, increasing attendance, reducing tardiness, reducing problem behaviors, lessening suspension and dropout rates, and abating the large number of inappropriate referrals for special education all are essential indicators of school improvement and precursors of enhanced academic performance. Thus, the progress of school staff related to such matters should be measured and treated as a significant aspect of school accountability.

School outcomes, of course, are influenced by the well-being of the families and the neighborhoods in which they operate. Thus, the performance of any school must be judged within the context of the current status of indicators of community well-being, such as economic, social, and health measures. If those indicators are not improving or are declining, it is patently unfair to ignore these contextual conditions in judging school performance.

More broadly, it is unlikely the students in many economically depressed areas will perform up to high standards if the schools do not pursue a holistic, systemic, and collaborative approach to strengthening their students, families, the feeder pattern of schools, and the surrounding neighborhood. In this context, we are reminded of Ulric Neisser's (1976) dictum: *Changing the individual while leaving the world alone is a dubious proposition.*

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B. Frameworks for Understanding
Key Facets of Systemic Change

If our society truly means to provide the opportunity for all students to succeed at school, fundamental changes are needed so that teachers can teach effectively and teachers along with other school staff can address barriers to learning. Policy makers can call for higher standards and greater accountability, improved curricula and instruction, increased discipline, reduced school violence, and on and on. None of it means much if the reforms enacted do not ultimately result in substantive changes in the classroom and throughout a school site. Moreover, such reforms have to be sustained over time. And, if the intent is to leave no child behind, then such reforms have to be replicated in school after school.

Figure 13 outlines in linear fashion a set of logical considerations that can guide development of a school-based component to address barriers to learning. It begins with a *vision* for the component, focuses on the *resources* needed to carry out the intended *general functions and major tasks*, calls for *structure and strategies* that ensure the functions can be accomplished in ways that accomplish the desired *outcomes.*

As indicated in the figure, all of this has implications for systemic change. That is, a parallel set of concerns arises related to systemic changes that must be made if the component is to be successfully implemented. Specifically, systemic change requires:

- a vision for how changes are to be made
- resources for change activity
- delineation of change functions and tasks
- a structure and strategies for accomplishing change functions and tasks
- change benchmarks keyed to desired outcomes

The next framework (Figure14) outlines major matters that must be considered related to planning, implementing, sustaining, and going-to-scale. As illustrated in the figure, the focus related to an initiative to improve schools begins with the prototype for an improved approach. Such a prototype usually is developed and initially implemented as a pilot demonstration at one or more sites. Efforts to reform schooling, however, require much more than implementing demonstrations at a few sites. Improved approaches are only as good as a school district's ability to develop and institutionalize them on a large scale. This process often is called diffusion, replication, roll out, or scale-up.

For the most part, education researchers and reformers have paid little attention to the complexities of large-scale diffusion. This is evident from the fact that the nation's research agenda does not include major initiatives to delineate and test

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models for widespread replication of education reforms. Furthermore, leadership training has given short shrift to the topic of scale-up processes and problems. Thus, it is not surprising that the pendulum swings that characterize shifts in the debate over how best to improve schools are not accompanied with the resources necessary to accomplish prescribed changes throughout a school-district in an effective manner.

Common deficiencies are failure to address the four phases of the change process as outlined in Figure 14.

Examples include failure to pursue adequate strategies for creating motivational readiness among a critical mass of stakeholders, especially principals and teachers, assignment of change agents with relatively little specific training in facilitating large-scale systemic change, and scheduling unrealistically short time frames for building capacity to accomplish desired institutional changes.

As Tom Vander Ark (2002).executive director of education for the Bill and Melinda Gates Foundation, notes:

> *Effective practices typically evolve over a long period in high-functioning, fully engaged systems.*

Figure 13. Developing a Logic Model for Interventions to Strengthen Young People, Schools, Families, & Neighborhoods

Clarify answers to the following questions:
    (1) What is the vision and long-term aims?
    (2) What are the existing resources that might be woven together to make better progress toward the vision?
    (3) What general intervention functions and major tasks need to be implemented?
    (4) What structure/strategies are needed to carry out the functions and tasks (including governance and resource management)?
    (5) What are the implications for (re)deploying existing resources and requesting additional resources?
    (6) What systemic changes are needed and what is the plan for accomplishing these (e.g., policy rethinking current reforms;
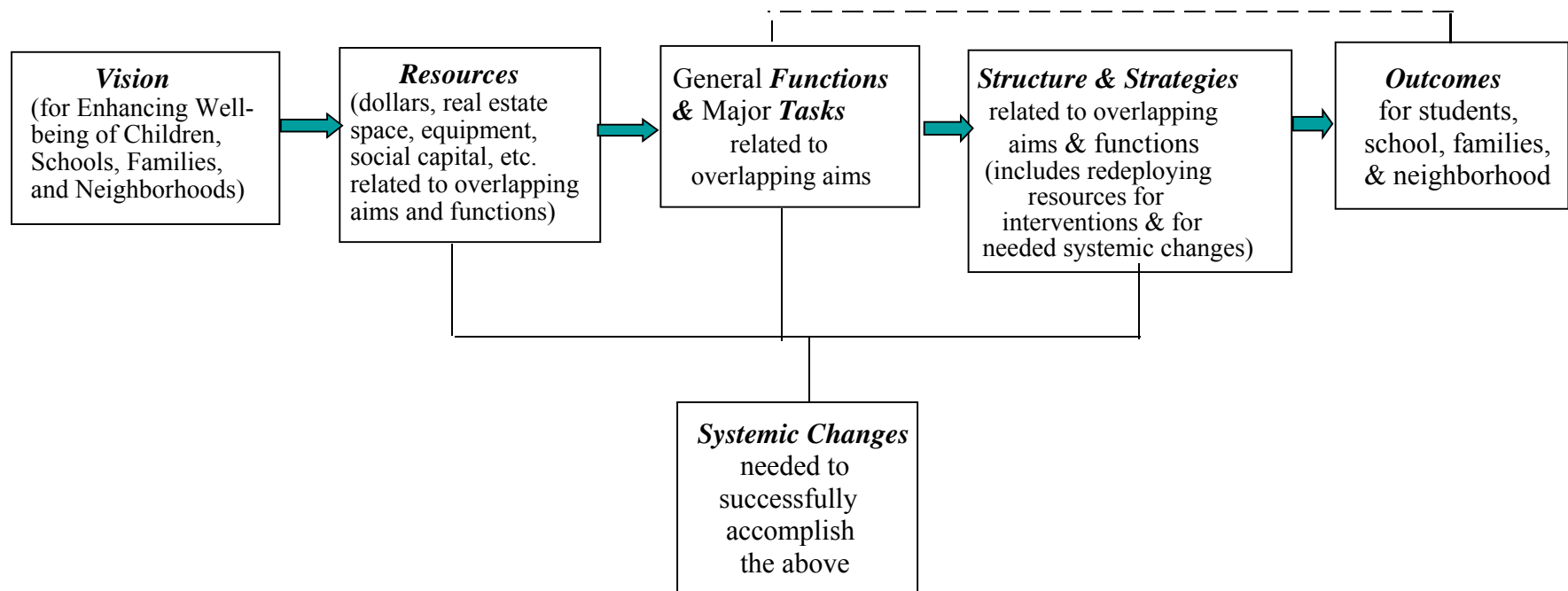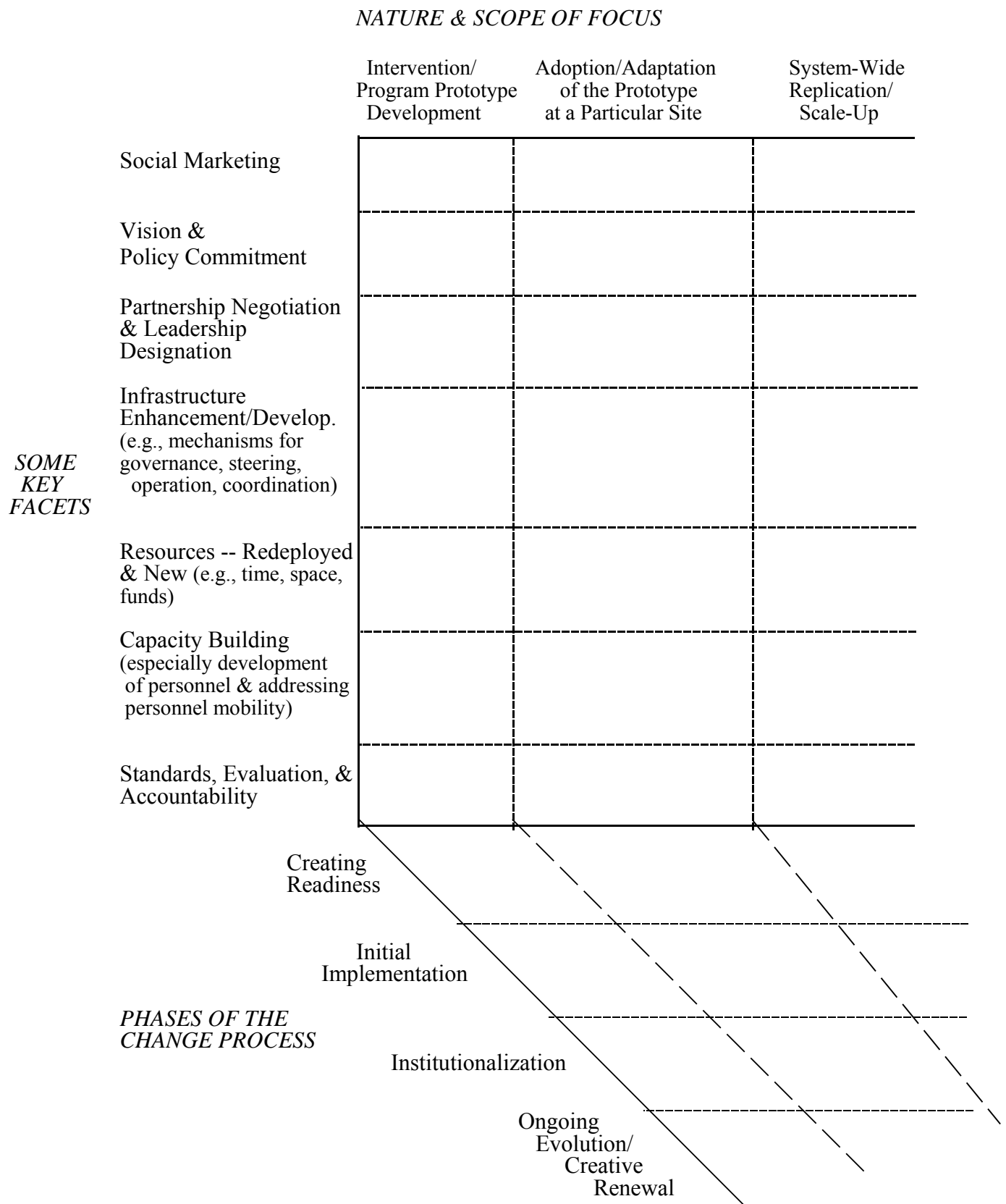   leadership for change and other change agent mechanisms)

Figure 14. New Initiatives: Considerations Related to Planning, Implementing, Sustaining, and Going-to-Scale

NATURE & SCOPE OF FOCUS

	Intervention/ Program Prototype Development	Adoption/Adaptation of the Prototype at a Particular Site	System-Wide Replication/ Scale-Up
Social Marketing			
Vision & Policy Commitment			
Partnership Negotiation & Leadership Designation			
Infrastructure Enhancement/Develop. (e.g., mechanisms for governance, steering, operation, coordination)			
Resources -- Redeployed & New (e.g., time, space, funds)			
Capacity Building (especially development of personnel & addressing personnel mobility)			
Standards, Evaluation, & Accountability			

SOME KEY FACETS

Creating Readiness

Initial Implementation

PHASES OF THE CHANGE PROCESS

Institutionalization

Ongoing Evolution/ Creative Renewal

For many years, professionals have toiled to develop demonstration programs. Over the last decade, many have moved into the world of replicating new approaches to schooling on a large-scale. Confronted with the problems and processes of scale-up, they have drawn on a broad range of psychological and organizational literature. One working framework for scale-up that has emerged is outlined in Figure 15.

Think about the best model around for how schools can improve the way they address barriers to student learning. Assuming the model has demonstrated cost-effectiveness and that a school-district wants to adopt/adapt it, the first problem becomes that of how to replicate it, and the next problem becomes that of how to do so at every school. Or, in common parlance, the question is: *How do we get from here to there?*.
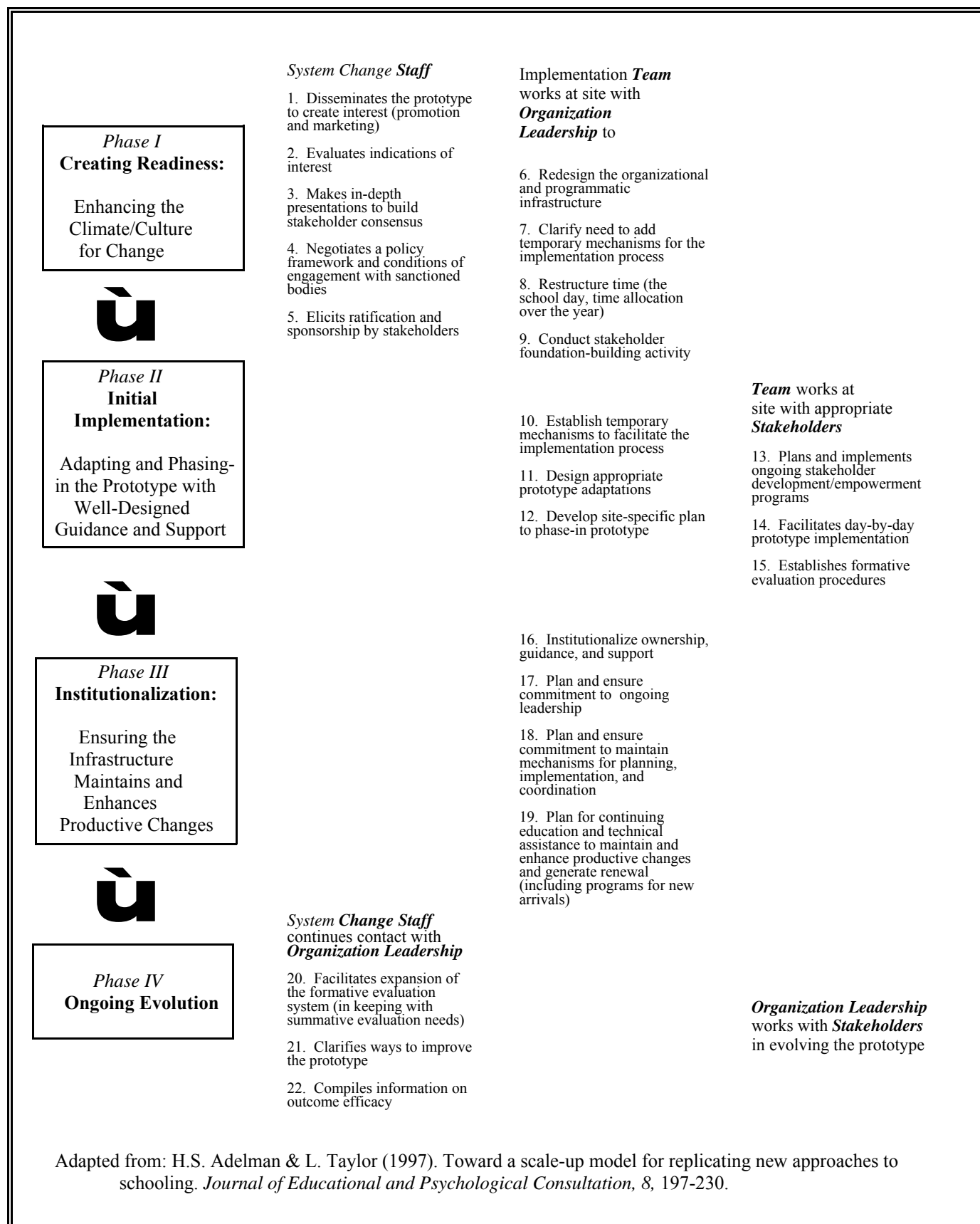
Whether the focus is on establishing a prototype at one site or replicating it at many, the systemic changes can be conceived in terms of four overlapping phases: (1) *creating readiness* – by enhancing a climate/culture for change, (2) *initial implementation* – whereby change is carried out in stages using a well-designed guidance and support infrastructure, (3) *institutionalization* – accomplished by ensuring there is an infrastructure to maintain and enhance productive changes, and (4) *ongoing evolution* – through use of mechanisms to improve quality and provide continuing support.

As indicated in Figure 15, a change *mechanism* is needed. One way to conceive such a mechanism is in terms of a *system implementation staff*. Such staff provides a necessary organizational base and skilled personnel for disseminating a prototype, negotiating decisions about replication, and dispensing the expertise to facilitate implementation of a prototype and eventual scale-up. They can dispense expertise by sending out a *team* consisting of personnel who, for designated periods of time, travel to the location in which the prototype is to be implemented/replicated. A core team of perhaps two-to-four staff works closely with a site throughout the process. The team is augmented whenever a specialist is needed to assist in replicating a specific element of the prototype design. Implementation and scaling-up of a comprehensive prototype almost always requires *phased-in* change and the addition of *temporary infrastructure mechanisms* to facilitate changes.

The frameworks in Part V highlight key facets and specific tasks related to the four phases of prototype implementation and eventual scale-up. Note in particular the importance of

- ongoing social marketing
- articulation of a clear, shared vision for the work
- ensuring there is a major policy commitment from all participating partners
- negotiating partnership agreements
- designating leadership
- enhancing/developing an infrastructure based on a clear articulation of essential functions (e.g., mechanisms for governance and priority setting, steering, operations, resource mapping and coordination; strong facilitation related to all mechanisms)
- redeploying resources and establishing new ones
- building capacity (especially personnel development and strategies for addressing personnel and other stakeholder mobility)
- establishing standards, evaluation processes, and accountability procedures.

Figure 15. Prototype Implementation and Scale-up: Phases and Major Tasks

Phase I
Creating Readiness:

Enhancing the
Climate/Culture
for Change

ù

Phase II
**Initial
Implementation:**

Adapting and Phasing-
in the Prototype with
Well-Designed
Guidance and Support

ù

Phase III
Institutionalization:

Ensuring the
Infrastructure
Maintains and
Enhances
Productive Changes

ù

Phase IV
Ongoing Evolution

*System Change **Staff***

1. Disseminates the prototype to create interest (promotion and marketing)

2. Evaluates indications of interest

3. Makes in-depth presentations to build stakeholder consensus

4. Negotiates a policy framework and conditions of engagement with sanctioned bodies

5. Elicits ratification and sponsorship by stakeholders

Implementation ***Team***
works at site with
***Organization
Leadership*** to

6. Redesign the organizational and programmatic infrastructure

7. Clarify need to add temporary mechanisms for the implementation process

8. Restructure time (the school day, time allocation over the year)

9. Conduct stakeholder foundation-building activity

10. Establish temporary mechanisms to facilitate the implementation process

11. Design appropriate prototype adaptations

12. Develop site-specific plan to phase-in prototype

Team works at
site with appropriate
Stakeholders

13. Plans and implements ongoing stakeholder development/empowerment programs

14. Facilitates day-by-day prototype implementation

15. Establishes formative evaluation procedures

16. Institutionalize ownership, guidance, and support

17. Plan and ensure commitment to ongoing leadership

18. Plan and ensure commitment to maintain mechanisms for planning, implementation, and coordination

19. Plan for continuing education and technical assistance to maintain and enhance productive changes and generate renewal (including programs for new arrivals)

*System **Change Staff***
continues contact with
Organization Leadership

20. Facilitates expansion of the formative evaluation system (in keeping with summative evaluation needs)

21. Clarifies ways to improve the prototype

22. Compiles information on outcome efficacy

Organization Leadership
works with ***Stakeholders***
in evolving the prototype

Adapted from: H.S. Adelman & L. Taylor (1997). Toward a scale-up model for replicating new approaches to schooling. *Journal of Educational and Psychological Consultation, 8,* 197-230.

C. Change Agent and Catalytic Facets of Leadership Roles

Clearly, the many steps and tasks involved in system change call for a high degree of commitment and relentlessness of effort. Major systemic changes are not easily accomplished. The rationale for presenting frameworks here is to increase interest in learning more. At the same time, awareness of the myriad political and bureaucratic difficulties involved in making major institutional changes, especially with limited financial resources, leads to the caution that the frameworks may appear linear but systemic change rarely happens in a straight-forward sequential manner. Rather, the work proceeds and changes emerge in overlapping and spiraling ways. Nevertheless, the work cannot be pursued haphazardly. Each facet and task requires careful planning based on sound intervention fundamentals.

And all this takes leadership focused on establishing a comprehensive, multifaceted component for addressing barriers to learning. Such leadership plays a catalytic and change agent roles by:

- Promoting *commitment to* vision, policy, and outcomes – (including "social marketing")

- Developing a cohesive set of standards for such a component

- Facilitating **initial** *agreements* -- on program content, strategies, and system changes and their *ongoing* **refinement**

- Promoting the *braiding* of all resources used for addressing barriers to learning

- Facilitating *initial implementation* of program and systemic change

- Playing a key role in *building capacity* -- coaching, mentoring, teaching (creating a good fit by matching motivation and capability)

- Working to expand the accountability framework to account for such a component

- Ensuring *a focus on sustainability and scale-up*

There is no need to belabor all this. The point simply is to make certain that there is a greater appreciation for and more attention paid to the problems of systemic change. Those who set out to change schools and schooling are confronted with two enormous tasks. The first is to develop prototypes; the second involves large-scale replication. One without the other is insufficient. Yet considerably more attention is paid to developing and validating prototypes than to delineating and testing scale-up processes. Clearly, it is time to correct this deficiency.

Group Reflection and Discussion

Moving Schools Forward: What will it take to make it happen?

(1) In general, what do you think must be done in order to "get from here to there?" (e.g., What actions must be taken? By who? What must be done to ensure new directions are considered seriously?).

(2) What do you see as the next steps that must be taken to move schools forward in developing a comprehensive component to address barriers to learning?

(3) What barriers to systemic change do you see and how might they be overcome?

Group Process Guidelines:

- Start by identifying someone who will facilitate the group interchange

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

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

- Ask someone else to watch the time so that the group doesn't bog down.

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**New Initiatives: Considerations Related to Planning,
Implementing, Sustaining, and Going-to-Scale**

*If we want to bring . . . quality, equity, and new life to our system –
we must trust in a vision and a process of change.*

Dwight Allen

The difficult work of implementing and sustaining any major innovation involves a host of complementary activity. This is particularly so with respect to developing and maintaining school-community collaboration.

Increasingly, it is becoming evident that schools and communities (including institutions of higher education) should work closely together in order to generate the systemic changes necessary for meeting their mutual goals. While informal linkages are relatively simple to acquire, establishing major systemic reforms involves complicated long-term connections, especially when the goal is to strengthen youth, their families, and the community. Achieving such goals requires vision, cohesive policy, leadership, and an appreciation of the processes involved in planning, implementing, sustaining, and going-to-scale.

This reading offers a brief discussion about these matters to increase awareness of what is involved.

Systemic Change

In discussing how the integrity of initiatives gets lost, Denise Gottfredson (2001) states:

> "...a greater degree of implementation integrity can be expected with explicit, user-friendly innovations for which a great deal of training is offered and when (staff) perceive that the innovation meets a need and have participated in the planning for the innovation. If the program is complex, more effort must be expended to increase clarity and perceived need. Greater integrity can be expected in schools that have highly skilled (staff) who communicate well and have high sense of self-efficacy, cultural norms that do not reject the innovation, strong district- and school-level leadership, staff stability, central office support, and a climate supporting change (e.g., problem-solving focus, high staff morale and commitment to change, no history of failed implementation, and a relatively low level of turbulence). Finally, local adaptation is likely to occur, especially with more complex programs. This adaptation process, although necessary has the potential to alter the program drastically."

Gottfredson goes on to stress that school innovations are implemented in "the contexts of local school districts, state education agencies, and federal government policies, practices, and funding streams, and are influenced by local politics and community pressures." And, because of various inequities, she sees urban, inner-city settings as special cases with additional concerns to be addressed.

Figure 10 in Part V outlines major matters that must be considered related to planning, implementing, sustaining, and going-to-scale. These encompass:

(1) Nature and scope of focus
  For example:
- What specific functions are to be implemented and sustained (e.g., specific interventions or program packages)
- Will one or more sites/organizations be involved?
- Is the intent to make system-wide changes?

(2) Key facets related to undertaking any area of focus

- Ongoing social marketing
- Articulation of a clear, shared vision for the work
- Ensuring there is a major policy commitment from all participating partners
- Negotiating partnership agreements
- Designating leadership
- Enhancing/developing an infrastructure based on a clear articulation of essential functions (e.g., mechanisms for governance and priority setting, steering, operations, resource mapping and coordination; strong facilitation related to all mechanisms)
- Redeploying resources and establishing new ones
- Building capacity (especially personnel development and strategies for addressing personnel and other stakeholder mobility)
- Establishing standards, evaluation processes, and accountability procedures

(3) Phases related to making systemic changes

- Creating readiness (motivation and capability – enhancing the climate/culture for change)
- Initial implementation (phasing-in the new with well-designed guidance and support)
- Institutionalization (maintaining and sustaining the new)
- Ongoing evolution and creative renewal

To guide specific action planning related to sustaining specific functions and systemic changes, the process can be conceived as involving four stages:

- Preparing the argument for sustaining functions
- Mobilizing interest, consensus, and support among key stakeholders
- Clarifying feasibility
- Proceeding with specific system changes

Sustainability

A dictionary definition indicates that *to sustain* is

> *to keep in existence;   to maintain;*
> *to nurture;   to keep from failing;   to endure*

Another way to view sustainability is in terms of institutionalizing system changes. As Robert Kramer states:

> *Institutionalization is the active process of establishing your initiative –*
> *not merely continuing your program, but developing relationships,*
> *practices, and procedures that become a lasting part of the community.*

Few will argue with the notion that something of value should be sustained if it is feasible to do so. Thus, the keys to sustainability are clarifying value and demonstrating feasibility. Both these matters are touched upon on the following pages.

Note:
While skills and tools are a key aspect of sustaining school-community partnerships, underlying the application of any set of procedures is motivation.

> *Motivation for sustaining school-community partnerships comes from the desire to achieve better outcomes for all children & youth.*

> *It come from hope and optimism about a vision for what is possible for all children and youth.*

> *It comes from the realization that working together is essential in accomplishing the vision.*

> *It comes from the realization that system changes are essential to working together effectively.*

> *Maintaining motivation for working together comes from valuing each partner's assets and contributions.*

> *When a broad range of stakeholders are motivated to work together to sustain progress, they come up with more innovative and effective strategies than any guidebook or toolkit can contain.*

Sustainability of what? Presenting a *strong* argument that there is something of value to sustain begins with understanding what is likely to be a *weak* argument.

One of the most pressing concerns to the staff of a specially funded project is sustaining their jobs when the project ends. The desire for maintaining one's job is more than understandable. The problem is that this is the weakest case that can be made for sustaining a program. Also weak is any argument that advocates for sustaining *all* facets of a complex and expensive program. Decision makers want to know which facets are really necessary to achieve outcomes and which are nice but unessential accessories.

- **Strong arguments** focus on *specific functions* that are essential to achieving highly valued outcomes and that will be lost when a project ends.

- **Strong arguments** connect the functions to be sustained with the overall vision and mission of the institutions that are being asked to sustain them and clarify cost-impact strategies for doing so.

- **Strong arguments** are framed within a "big picture" context of school and community efforts to (a) address barriers to development and learning and b) promote healthy development.

In discussing approaches for sustaining community schools, the Coalition for Community Schools (2000) offers a range of "principles." Among these are highlighted the importance of policies and practices that

- use school-community teams at the site level to integrate resources and strategies
- honor and encourage existing school-community governance arrangements
- support local decision making
- improve coordination of funding streams
- build infrastructure
- negotiate joint-use agreements
- strengthen pre-service and in-service development
- support inter-professional initiatives
- create and sustain capacity-building organizations

Sustainability conceived as a set of logical stages and steps. Although the phases of systemic change are rather self-evident, the intervention steps are less so. As a guide for those working on sustainability and system change, we have drawn on a range of models to delineate key steps related to the first two phases.

Below, we highlight 16 steps (organized into four "stages"). Remember, this formulation of stages and steps is designed to *guide* thinking about sustainability and systemic change . It is not meant as a rigid format for the work. More important than any set of steps is building a cadre of stakeholders who are motivationally ready and able to proceed. Thus, an overriding concern in pursuing each of these steps is to do so in ways that enhance stakeholders' readiness to make necessary systemic changes. A particularly persistent problem in this respect is the fact that stakeholders come and go. There are administrative and staff changes; some families and students leave; newcomers arrive; outreach brings in new participants. The constant challenge is to maintain the vision and commitment and to

develop strategies to bring new stakeholders on board and up to speed. Addressing this problem requires recycling through capacity building activity in ways that promote the motivation and capability of new participants.

Stage 1: Preparing the Argument for Sustaining Valued Functions

The process begins by ensuring that advocates for sustaining the valued functions introduced through a project, pilot, or demonstration understand the "big picture" context in which such functions play a role. Of particular importance is awareness of prevailing and pending policies, institutional priorities, and their current status. All major sustainability efforts must be framed within the big picture context. Thus, the first four steps involve:

(1) Developing an understanding of the local "Big Picture" for addressing problems and promoting development (e.g., become clear about the school and community vision, mission statements, current policy, major agenda priorities, etc.)

(2) Developing an understanding of the *current status* of the local big picture agenda (e.g., priorities, progress toward goals)

(3) Clarifying how specific functions have contributed to the big picture agenda (e.g., providing data on results) and where the functions fit in terms of current policy and program priorities

(4) Clarifying what functions will be lost if the school(s) and community do not determine ways to sustain them

Stage 2: Mobilizing Interest, Consensus, and Support among Key Stakeholders

(5) Identifying champions for the functions and clarifying the mechanism(s) for bringing a broad base of supporters together to work on sustainability

(6) Clarifying cost-effective strategies for sustaining functions (e.g., focusing on how functions can be integrated with existing activity and supported with existing resources, how some existing resources can be redeployed and braided to sustain the functions, how economies of scale can be achieved, how current efforts can be used to leverage new funds)

(7) Planning and implementing a "social marketing" strategy to mobilize a critical mass of stakeholder support

(8) Planning and implementing strategies to obtain the support of key policy makers, such as administrators, school boards, etc.

Stage 3: Clarifying Feasibility

The preceding steps all contribute to creating initial readiness for making decisions to sustain valued functions. Next steps encompass formulating plans that clarify specific ways the functions can become part of the ongoing big picture context. Such plans reflect an agreed upon "theory of change" (e.g., a logic model). Stage 3 steps include:

(9) Clarifying how the functions can be institutionalized through existing, modified, or new *infrastructure* of organizational and operational mechanisms (e.g., for leadership, administration, capacity building, resource deployment, integration of efforts, etc.)

(10) Clarifying how necessary changes can be accomplished (e.g., change mechanisms – steering change, external and internal change agents, underwriting for the change process)

(11) Formulating a longer-range strategic plan for maintaining momentum, progress, quality improvement, and creative renewal

By this point in the process, the following matters should have been clarified: (a) what valued functions could be lost, (b) why they should be saved, and (c) who can help champion a campaign for saving them. In addition, strong motivational readiness for the necessary systemic changes should have been established.

Stage 4: Proceeding with Specific Systemic Changes

At this juncture, the next steps to save threatened functions involve:

(12) Assessing readiness to proceed with specific systemic changes

(13) Establishing an infrastructure and action plan for carrying out the changes

(14) Anticipating barriers and how to handle them

(15) Negotiating and renegotiating initial agreements (e.g., memoranda of understanding)

(16) Flexible and adaptive implementation with a focus on maintaining high levels of commitment to accomplishing desirable and necessary systemic changes (e.g., ensuring each task/objective is attainable; ensuring effective task facilitation and follow-through; negotiating long-term agreements and policy; celebrating each success; renewal)

Going to Scale

Efforts to create systemic changes require much more than implementing demonstrations at a few sites. Improved approaches are only as good as the ability of a school district and community to develop and institutionalize them on a large scale. This process often is called diffusion, replication, roll out, or scale-up.

For the most part, education and community researchers and reformers have paid little attention to the complexities of large-scale diffusion. This is evident from the fact that the nation's research agenda does not include major initiatives to delineate and test models for widespread replication of education reforms (see Replication and Program Services, 1993;

Taylor, Nelson, & Adelman, 1999; Vander Ark, 2002). Furthermore, leadership training has given short shrift to the topic of scale-up. Thus, it is not surprising that the pendulum swings that characterize shifts in the debate over how best to teach reading are not accompanied with the resources necessary to accomplish prescribed changes throughout a school-district in an effective manner. Common deficiencies include inadequate strategies for creating motivational readiness among a critical mass of stakeholders, especially principals and teachers, assignment of change agents with relatively little specific training in facilitating large-scale systemic change, and scheduling unrealistically short time frames for building capacity to accomplish desired institutional changes. As Tom Vander Ark, executive director of education for the Bill and Melinda Gates Foundation notes: "Effective practices typically evolve over a long period of high-functioning, fully engaged systems."

For many years, our work revolved mainly around developing demonstration programs. Major examples include the *Early Assistance for Students and Families* project (funded by the U.S. Department of Education), the restructuring of education support services in a large school district, and the development of the *Urban Learning Centers'* model for comprehensive school reform (supported by the New American Schools Development Corporation, NASDC). More recently, we have moved into the world of replicating new approaches on a large-scale. Confronted with the problems and processes of scale-up, we analyzed a broad range of psychological and organizational literature and delineated the following working framework for scale-up (Adelman & Taylor, 1997).

Figure 11 in Part V lists specific scale-up oriented tasks related to the four phases of systemic change. (For more on each phase and a discussion of some major lessons learned from our recent efforts, see Adelman and Taylor, 1997 and Taylor, Nelson, & Adelman, 1999.) Each task requires careful planning based on sound intervention fundamentals. At the onset, we should stress that initiating and guiding prototype replication requires a scale-up *mechanism*. One way to conceive such a mechanism is in terms of a scale-up *project*. Such a project provides a necessary organizational base and skilled personnel for disseminating a prototype, negotiating decisions about replication, and dispensing the expertise to facilitate scale-up.

Think about the best model around for how schools can improve the way they address barriers to student learning. Assuming the model has demonstrated cost-effectiveness and that a school-district wants to adopt/adapt it, the first problem becomes that of how to replicate it, and the next problem becomes that of how to do so at every school. Or, in common parlance, the question is: *How do we get from here to there?*.

Whether the focus is on establishing a prototype at one site or replicating it at many, the systemic changes can be conceived in terms of four overlapping phases: (1) *creating readiness* – by enhancing a climate/culture for change, (2) *initial implementation* – whereby change is carried out in stages using a well-designed guidance and support infrastructure, (3) *institutionalization* – accomplished by ensuring there is an infrastructure to maintain and enhance productive changes, and (4) *ongoing evolution* – through use of mechanisms to improve quality and provide continuing support.

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prototype and eventual scale-up. They can dispense expertise by sending out a *team* consisting of personnel who, for designated periods of time, travel to the location in which the prototype is to be implemented/replicated. A core team of perhaps two-to-four staff works closely with a site throughout the process. The team is augmented whenever a specialist is needed to assist in replicating a specific element of the prototype design. Implementation and scaling-up of a comprehensive prototype almost always requires *phased-in* change and the addition of *temporary infrastructure mechanisms* to facilitate changes.

The frameworks presented highlight key facets and specific tasks related to the four phases of prototype implementation and eventual scale-up. Note in particular the importance of

* ongoing social marketing
* articulation of a clear, shared vision for the work
* ensuring there is a major policy commitment from all participating partners
* negotiating partnership agreements
* designating leadership
* enhancing/developing an infrastructure based on a clear articulation of essential functions (e.g., mechanisms for governance and priority setting, steering, operations, resource mapping and coordination; strong facilitation related to all mechanisms)
* redeploying resources and establishing new ones
* building capacity (especially personnel development and strategies for addressing personnel and other stakeholder mobility)
* establishing standards, evaluation processes, and accountability procedures.

Systematic efforts to scale-up can dispense expertise by sending out a scale-up *team* consisting of project staff who, for designated periods of time, travel to replication sites. A core team of perhaps two-to-four staff works closely with a site throughout the replication process. The team is augmented whenever a specialist is needed to assist with a specific element, such as new curricula, use of advanced technology, or restructuring of education support programs. Scaling-up a comprehensive prototype almost always requires *phased-in* change and the addition of *temporary infrastructure mechanisms* to facilitate changes.

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Awareness of the myriad political and bureaucratic difficulties involved in making major institutional changes, especially with limited financial resources, leads to the caution that the type of approach described above is not a straight-forward sequential process. Rather, the process proceeds and changes emerge in overlapping and spiraling ways. Nevertheless, it helps to have the type of step-by-step overview that has been just outlined.

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Below are a few points about *underwriting* the change process.

A basic funding principle is that no single source of or approach to financing
is sufficient to underwrite major systemic changes.

Opportunities to Enhance Funding

• reforms that enable redeployment of existing funds
  away from redundant and/or ineffective programs
• reforms that allow flexible use of categorical funds
  (e.g., waivers, pooling of funds)
• health and human service reforms (e.g., related to
  Medicaid, TANF, S-CHIP) that open the door to
  leveraging new sources of MH funding
• accessing tobacco settlement revenue initiatives
• collaborating to combine resources in ways that enhance
  efficiency without a loss (and possibly with an increase)
  in effectiveness (e.g., interagency collaboration, public-
  private partnerships, blended funding)
• policies that allow for capturing and reinvesting funds
  saved through programs that appropriately reduce costs
  (e.g., as the result of fewer referrals for costly services)
• targeting gaps and leveraging collaboration (perhaps
  using a broker) to increase extramural support while
  avoiding pernicious funding
•developing mechanisms to enhance resources through
  use of trainees, work-study programs, and volunteers
  (including professionals offering pro bono assistance).

For More Information

The Internet provides ready access to info on funding and
financing.

Regarding funding, see:

 >*Healthy Youth Funding Database* –
   http://apps.nccd.cdc.gov/HYFund
 >*Snapshot from SAMHSA* – http://www.samhsa.gov
 >*The Catalog of Federal Domestic Assistance* –
   http://www.gsa.gov/
 >*The Federal Register – http://*www.gpoaccess.gov/nara/
 >*GrantsWeb* – http://www.research.sunysb.edu/research/kirby.html
 >*The Foundation Center* – http://fdncenter.org
 >*Surfin' for Funds* – guide to internet financing info
   http://smhp.psych.ucla.edu/   (search *Quick Find*)

Regarding financing issues and strategies, see:

 >*The Finance Project* – http://www.financeproject.org
 >*Center for Study of Social Policy* – http://www.cssp.org
 >*Center on Budget and Policy Priorities* – http:www.cbpp.org
 >*Fiscal Policy Studies Institute* –
   http://www.resultsaccountability.com

To foster service coordination, there are several ways to use existing dollars provided to a
district by the federal government. For example, some districts use funds from Title I of the
No Child Left Behind Act based on a provision that encourages steps to foster service
coordination for students and families. A similar provision exists in the 1997 reauthorization
of the Individuals with Disabilities Education Act. Other possible sources are Community
MH Services block grant, funds related to after school programs, state-funded initiatives for
school-linked services, etc.

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From the Center for Mental Health in Schools:
(The following can be downloaded from **http://smhp.psych.ucla.edu**)

> *Addressing Barriers to Student Learning & Promoting Healthy Development: A Usable Research-Base*
>
> *Developing Resource-Oriented Mechanisms to Enhance Learning Supports*
>
> *Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom-Focused Enabling*
>
> *Evaluation and Accountability: Getting Credit for All You Do*
>
> *Expanding Educational Reform to Address Barriers to Learning: Restructuring Student Support Services and Enhancing School-Community Partnerships*
>
> *Financial Strategies to Aid in Addressing Barriers to Learning*
>
> *Financing Mental Health for Children & Adolescents (Brief and Fact Sheet)*
>
> *Framing New Directions for School Counselors, Psychologists, & Social Workers*
>
> *Guidelines for a Student Support Component*
>
> *Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together*
>
> *New Directions for Student Support: Some Fundamentals*
>
> *New Directions in Enhancing Educational Results: Policymakers' Guide to Restructuring Student Support Resources to Address Barriers to Learning*
>
> *Organization Facilitators: A Change Agent for Systemic School and Community Changes*
>
> *Resource-Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education Supports*
>
> *Restructuring Boards of Education to Enhance Schools' Effectiveness in Addressing Barriers to Student Learning*
>
> *Rethinking Student Support to Enable Students to Learn and Schools to Teach*
>
> *Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning*
>
> *School-Community Partnerships: A Guide*
>
> *Summits on New Directions for Student Support*
>
> *Sustaining School-Community Partnerships to Enhance Outcomes for Children and Youth: A Guidebook and Tool Kit*
>
> *Where's It's Happening? New Directions for Student Support*
>
> *Working Together: From School-Based Collaborative Teams to School-Community-Higher Education Connections*

Some Helpful Websites to search related to this topic:

The Community Toolbox – http://ctb.ku.edu
The Financing Project – http://www.financeproject.org/
Northwest Regional Educational Laboratory – http://www.nwrel.org
Annie E Casey Foundation – http://www.aecf.org (e.g., see documents such as "Rebuilding Communities" for discussions of sustainability)
Calif. Center for Health Improvement – http://www.healthpolicycoach.org

Appendices for the Reading:

New Initiatives: Considerations Related to Planning, Implementing, Sustaining, and Going-to-Scale

A. Readiness for Systemic Change

B. Social Marketing, Data, and Systemic Change

C. Formative and Summative Evaluation of Efforts to Sustain Functions

Appendix A

Readiness for Systemic Change

Substantive change is most likely when high levels of positive energy among stakeholders can be mobilized and appropriately directed over extended periods of time. That is, one of the first concerns related to systemic change is how to mobilize and direct the energy of a critical mass of participants to ensure readiness and commitment. This calls for proceeding in ways that establish and maintain an effective match with the motivation and capabilities of involved parties.

The initial focus is on communicating essential information to key stakeholders using strategies that help them understand that the benefits of change will outweigh the costs and are more worthwhile than competing directions for change.

The strategies used must be personalized and accessible to the subgroups of stakeholders (e.g., must be "enticing," emphasize that costs are reasonable, and engage them in processes that build consensus and commitment).

Benchmarks related to Creating Readiness for Systemic Change
Related to School/Community Approaches to Addressing Barriers to Learning,
Promoting Healthy Development, & Closing the Achievement Gap

Location:	Date Started	Date Completed	Current Status

I. Orienting Stakeholders

A. Basic ideas and relevant research base
are introduced to key stakeholders
using "social marketing" strategies
>school administrators
>school staff
>families in the community
>business stakeholders

_____

_____

B. Opportunities for interchange are provided &
additional in-depth presentations are made
to build a critical mass of consensus for
systemic changes

C. Ongoing evaluation of interest is conducted until
a critical mass of stakeholders indicate
readiness to pursue a policy commitment

D. Ratification and sponsorship are elicited from a
critical mass of stakeholders

II. Establishing Policy Commitment & Framework

A. Establishment of a high level policy
and assurance of leadership commitment

B. Policy is translated into an inspiring vision, a
framework, and a strategic plan that phases in
changes using a realistic time line

C. Policy is translated into appropriate resource
allocations (leadership, staff, space, budget, time)

D. Establishment of incentives for change
(e.g., intrinsically valued outcomes, expectations
for success, recognitions, rewards)

E. Establishment of procedural options that reflect
stakeholder strengths and from which those
expected to implement change can select strategies
they see as workable

F. Establishment of an infrastructure and processes
that facilitate change efforts

G. Establishment of a change agent position

H. Establishment of temporary infrastructure
mechanisms for making systemic changes

I. Initial capacity-building – developing essential
skills among stakeholders to begin implementation

J. Benchmarks are used to provide feedback on
progress and to make necessary improvements
in the process for creating readiness

Appendix B

Social Marketing, Data, and Systemic Change

Social marketing is an important tool for fostering a critical mass of stakeholder support for efforts to change programs and systems. Particularly important to effective marketing of change is the inclusion of the evidence base for moving in new directions.

The handout included here can be used to provide a quick introduction as a basis for discussion by school-community partners about the importance of social marketing to sustainablity.

For an example of a research base that can be used to support comprehensive, multifaceted approaches to addressing barriers to student learning, see the UCLA Center Brief entitled: *Addressing barriers to student learning and promoting healthy development: A usable research base.* This summary of data can be extrapolated and combined with local data and anecdotes to support a variety of school-community endeavors. The brief can be downloaded from the Center's website: http://smhp.psych.ucla.edu – hard copies can be ordered at cost.

Appendix B: Social Marketing as a Spiraling Facet of Program and Systemic Change

Social marketing is a tool for accomplishing social change.

As such, it can be used in good or bad ways.

Social marketing draws on concepts developed for commercial marketing, but in the context of school and community change, we are not talking about selling products. We are trying to build a consensus for ideas and new approaches that can strengthen youngsters, families, and neighborhoods. Thus, we need to reframe the concept to fit our purposes.

Some Basic Marketing Concepts as Applied to Changing Schools and Communities

- the aim is to influence action by key stakeholders
- to achieve this aim, essential information must be communicated to key stakeholders and strategies must be used to help them understand that the benefits of change will outweigh the costs and are more worthwhile than competing directions for change
- the strategies used must be personalized and accessible to the subgroups of stakeholders (e.g., must be "enticing," emphasize that costs are reasonable, and engage them in processes that build consensus and commitment)

Because stakeholders and systems are continuously changing, social marketing is an ongoing process.

Social Marketing as an Aid in Creating Readiness for Change

From a teaching and learning perspective, the initial phases of social marketing are concerned with creating readiness for change. Substantive change is most likely when high levels of positive energy among stakeholders can be mobilized and appropriately directed over extended periods of time. That is, one of the first concerns related to systemic change is how to mobilize and direct the energy of a critical mass of participants to ensure readiness and commitment. This calls for proceeding in ways that establish and maintain an effective match with the motivation and capabilities of involved parties.

With respect to systemic change, the initial aims are to

- introduce basic ideas and the relevant research base to key stakeholders using "social marketing" strategies
- provide opportunities for interchange & additional in-depth presentations to build a critical mass of consensus for systemic changes
- conduct ongoing evaluation of interest until a critical mass of stakeholders indicate readiness to pursue a policy commitment
- obtain ratification and sponsorship by critical mass of stakeholders
- establish a high level policy and ensure leadership commitment
- translate policy into an inspiring vision, a framework, and a strategic plan that phases in changes using a realistic time line
- translate policy into appropriate resource allocations (leadership, staff, space, budget, time)
- establish incentives for change (e.g., intrinsically valued outcomes, expectations for success, recognitions, rewards)
- establish procedural options that reflect stakeholder strengths and from which those expected to implement change can select strategies they see as workable
- establish an infrastructure and processes that facilitate change efforts
- establish a change agent position
- establish temporary infrastructure mechanisms for making systemic changes
- build initial implementation capacity – develop essential skills among stakeholders
- use benchmarks to provide feedback on progress and to make necessary improvements in the process for creating readiness

Appendix C

Formative and Summative Evaluation of Efforts to Sustain Functions

As highlighted earlier, findings supporting the value of sustaining functions are invaluable in making the case for doing so. Such data come from intervention/program evaluation.

In this section, the emphasis is on a different evaluation focus – monitoring and determining the efficacy of the sustainability activity.

Essentially what is involved is:

- formulating an evaluation action plan

- adopting specific *benchmarks* for monitoring progress

- specifying and measuring *immediate indicators* that functions are sustained

- specifying and measuring *longer-term indicators* that functions are sustained

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The format for *action planning* presented in the Center's document entitled: *Sustaining School-Community Partnerships to Enhance Outcomes for Children and Youth* can be adapted for planning what needs to be done here, by whom, and by when.

On the following pages is a *benchmark* tool that can be adapted.

Immediate indicators that functions are sustained include data from several sources that show functions that were in danger of being lost (1) are being continued and (2) are being carried out in ways that maintain their potency.

Longer-term indicators that functions are sustained include data from several sources that show functions in danger of being lost are *institutionalized*. The focus here is on matters such as including the functions in policy statements, as regular items in the budget, as part of regular job descriptions for administrative and line staff, as part of the systems' accountability reviews, and so forth.

Benchmarks for Monitoring and Reviewing Progress of Sustainability Activity

	Date started	Date Completed	Current Status
I. Preparing the Argument for Sustaining Valued Functions			
Developing an understanding of the *current status* of the local big picture agenda			
Clarifying how specific functions have contributed to the big picture agenda (e.g., data on results) and where the functions fit in terms of current policy and program priorities			
Clarifying what valued functions will be lost if the school(s) and community do not determine ways to sustain them			
II. Mobilizing Interest, Consensus, and Support among Key Stakeholders	Date started	Date Completed	Current Status
Identifying champions for the functions and clarifying the mechanism(s) for bringing a broad base of supporters together to work on sustainability			
Clarifying cost-effective strategies for sustaining functions			
Planning and implementing a "social marketing" strategy specifically to garner a critical mass of stakeholder support			
Planning and implementing strategies to obtain the support of key policy makers			
III. Clarifying Feasibility	Date started	Date Completed	Current Status
Clarifying how the functions can be institutionalized into existing, modified, or new infrastructure of organizational and operational mechanisms			
Clarifying how necessary changes can be accomplished			
Formulating a longer-range strategic plan for maintaining momentum, progress, quality improvement, and creative renewal			

IV. Proceeding with Specific Systemic Changes	Date started	Date Completed	Current Status
Assessing readiness to proceed with specific systemic changes			
Establishing an infrastructure and action plan for carrying out the changes			
Anticipating barriers and how to handle them			
Negotiating and renegotiating initial agreements (e.g., MOUs)			
Maintaining high levels of commitment to accomplishing desirable and necessary systemic changes			

An overarching benchmark involves the monitoring of the implementation of the evaluation action plan.
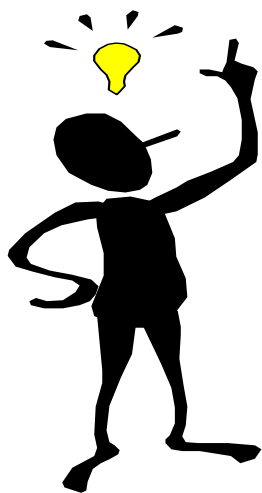
Planners must understand
the environment in which
they work
and acknowledge
the chaos that is present..
W. Sybouts

Materials for use as

Handouts/Overheads/Slides

in Presenting

Part V

V. The Systemic Change Problem: Moving Schools
    Forward in Addressing Barriers to Learning

   A. The Role of Standards and Accountability Indicators

   B. Frameworks for Understanding Key Facets
      of Systemic Change

   C. Change Agent and Catalytic Facets of Leadership Roles

   >>Group Activity – *Moving Schools Forward:*
                      What will it take to make it happen?

   >>Brief Follow-up Reading –
                      New Initiatives: Considerations related to planning,
                      implementing, sustaining, and going-to-scale

How do we get from here to there?

System Change!

Is this your change process?
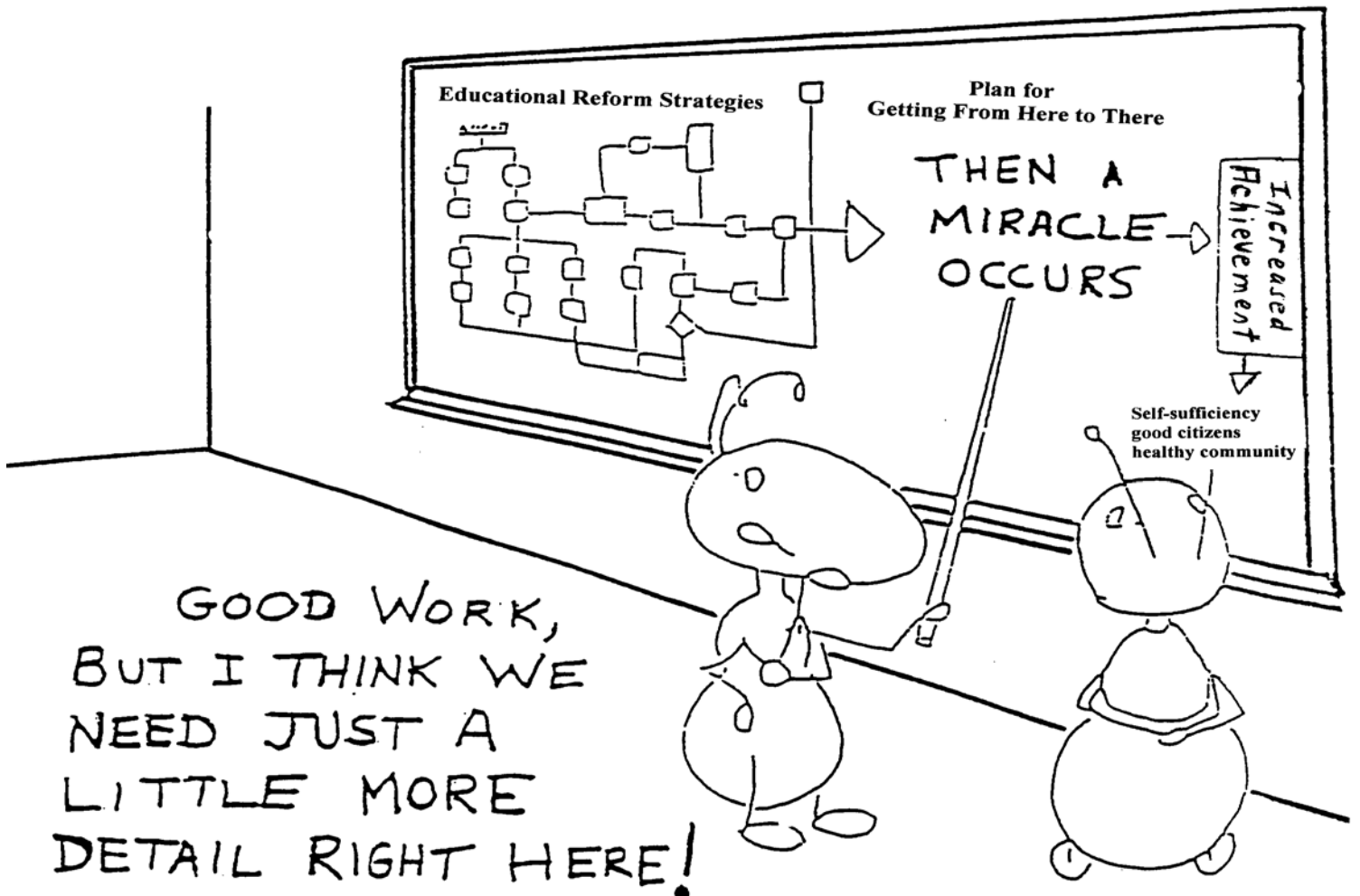
We can't wait for Miracles!!!!

Addressing Barriers to Student Learning:
New Directions

Needed:

Expanded Frameworks for

- *Standards*

- *School Accountability*

Expanding the Framework for School Accountability

Indicators of Positive Learning and Development

| High Standards for *Academics** (measures of cognitive achievements, e.g., standardized tests of achievement, portfolio and other forms of authentic assessment) | High Standards for Learning/ Development Related to *Social & Personal Functioning** (measures of social learning and behavior, character/values, civility, healthy and safe behavior) |

"Community Report Cards"

- increases in positive indicators

- decreases in negative indicators

Benchmark Indicators of Progress for "Getting from Here to There"

High Standards for Enabling Learning and Development by *Addressing Barriers*** (measures of effectiveness in addressing barriers , e.g., increased attendance, reduced tardies, reduced misbehavior, less bullying and sexual harassment, increased family involvement with child and schooling, fewer referrals for specialized assistance, fewer referrals for special education, fewer pregnancies, fewer suspensions and dropouts)

*Results of interventions for directly facilitating development and learning.

**Results of interventions for addressing barriers to learning and development.

Developing a Logic Model for Interventions to Strengthen Young People, Schools, Families, & Neighborhoods

Clarify answers to the following questions:
 (1) What is the vision and long-term aims?
 (2) What are the existing resources that might be woven together to make better progress toward the vision?
 (3) What general intervention functions and major tasks need to be implemented?
 (4) What structure/strategies are needed to carry out the functions and tasks (including governance and
       resource management)?
 (5) What are the implications for (re)deploying existing resources and requesting additional resources?
 (6) What systemic changes are needed and what is the plan for accomplishing these (e.g., policy rethinking
       current reforms; leadership for change and other change agent mechanisms)

Vision
(for Enhancing Well-being of Children, Schools, Families, and Neighborhoods)

→

Resources
(dollars, real estate space, equipment, social capital, etc. related to overlapping aims and functions)

→

General **Functions &** Major **Tasks** related to overlapping aims

→

Structure & Strategies related to overlapping aims & functions (includes redeploying resources for interventions & for needed systemic changes)

→

Outcomes for students, school, families, & neighborhood

Systemic Changes needed to successfully accomplish the above

New Initiatives: Considerations Related to Planning, Implementing, Sustaining, and Going-to-Scale

NATURE & SCOPE OF FOCUS

	Intervention/ Program Prototype Development	Adoption/Adaptation of the Prototype at a Particular Site	System-Wide Replication/ Scale-Up
Social Marketing			
Vision & Policy Commitment			
Partnership Negotiation & Leadership Designation			
Infrastructure Enhancement/Develop. (e.g., mechanisms for governance, steering, operation, coordination)			
Resources – Redeployed & New (e.g., time ,space, funds)			
Capacity Building (especially development of personnel & addressing personnel mobility)			
Standards, Evaluation, & Accountability			

SOME KEY FACETS

PHASES OF THE CHANGE PROCESS

Creating Readiness

Initial Implementation

Institutionalization

Ongoing Evolution/ Creative Renewal

Some Key Elements in Making System Changes

(1) SOCIAL MARKETING 101
    (Simple messages – the rhetoric of the new – necessary, but insufficient)

(2) VISION & COMMITMENT

  **A Comprehensive, Multifaceted, and Integrated Approach for
  Addressing Barriers to Student Learning & Promoting Healthy Development**

(3) LEADERSHIP & INFRASTRUCTURE

- **administrative leads**
  - **>district (e.g., assistant superintendent)**
  - **>school site administrative lead (principal, AP)**

- **Board of Education (e.g., subcommittee)**

- **Resource Teams/Councils (school, cluster/complex, district mechanisms)**

- **Organization Facilitators/Change Agents**

(4) RESOURCES

- **redeployment of current expenditures**
  - **>Title I of NCLBA (5% of ESEA dollars for coordinated services)**
  - **>IDEA (5% of special education dollars for coordinated services)**
  - **>other "compensatory" education dollars**
  - **>other special education dollars**
  - **>safe and drug free school dollars**
  - **>general funds for student support services**

- **better integration of**
  - **>community resources (including post secondary institutions)**
  - **>grants**

(5) CAPACITY BUILDING (especially time, space, and inservice education)

- **including all stake holders**

- **intensive efforts during first phases of change require extra support and use of temporary mechanisms to facilitate the changes**

- **need to address the problem of turnover and newcomers**

*Major system change is not easy, but the alternative is
promoting a very unsatisfactory status quo.*

CHANGE AGENT & CATALYTIC FACETS OF LEADERSHIP ROLES

- Promoting *commitment to* vision, policy, and outcomes – (including "social marketing")

- Developing a cohesive set of standards for such a component

- Facilitating **initial** *agreements* -- on program content, strategies, and system changes and their *ongoing* **refinement**

- Promoting the *braiding* of all resources used for addressing barriers to learning

- Facilitating *initial implementation* of program and systemic change

- Playing a key role in *building capacity* -- coaching, mentoring, teaching (creating a good fit by matching motivation and capability)

- Working to expand the accountability framework to account for such a component

- Ensuring *a focus on sustainability and scale-up*

Group Reflection and Discussion

Moving Schools Forward:
What will it take to make it happen?

(1) In general, what do you think must be done in order to "get from here to there?" (e.g., What actions must be taken? By who? What must be done to ensure new directions are considered seriously?).

(2) What do you see as the next steps that must be taken to move schools forward in developing a comprehensive component to address barriers to learning?

(3) What barriers to systemic change do you see and how might they be overcome?

Group Process Guidelines:

- Start by identifying someone who will facilitate the group interchange

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

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

- Ask someone else to watch the time so that the group doesn't bog down.

Concluding Comments

Emerging reforms are reshaping the work of all school professionals. Student/learning supports in schools are expanding and changing rapidly. We all have the opportunity and the responsibility to play a bigger role in moving schools toward a comprehensive approach for dealing with barriers to learning, and in the process, we can ensure that schools enhance their efforts to promote healthy development.

It has become increasingly evident that the relatively small number of student support staff available to schools can provide only a small proportion of the *direct services* needed by students. Every call for new directions stresses that student support functions must go beyond direct service and traditional consultation. All who work in the schools must be prepared not only to provide direct help but to act as advocates, catalysts, brokers, and facilitators of systemic reform. Particularly needed are efforts to improve intervention efficacy through integrating physical and mental health and social services. More extensively, the need is for systemic restructuring of all support programs and services into a comprehensive and cohesive set of programs.

The more such staff are used at the level of program organization, development, and maintenance, the greater the number students who potentially will benefit. In this respect, it is encouraging to note the growing trend for student support staff to expand their roles to include:

- Direct service activity (e.g., crisis intervention in emergency situations; short-term assessment and treatment, including facilitating referral and case management; prevention through promotion of physical and mental health and enhancing resources through supervising professionals-in-training and volunteers),

- Resource coordination and development (e.g., organizing existing programs; integrating with instruction through inservice mentoring and consultation; interfacing with community agencies to create formal linkages; preparing proposals and developing new programs; acting as an agent of change to create readiness for systemic reform and facilitating development of mechanisms for collaboration and integration; providing support for maintenance of reforms; participation on school governance and planning bodies),

- Enhancing access to community resources (e.g., identifying community resources; assisting families to connect with services; working with community resources to be more responsive to the needs of a district's students; community coalition building).

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Discussion now needs to focus on how these three areas of function should be prioritized so school-based professionals can use their time to produce the broadest impact. Used properly, school support staff can play a potent role in creating a comprehensive component to address barriers to learning at every school to meet the needs of students, families, and school staff.

Overcoming today's limitations and meeting tomorrow's challenges requires a clear picture of where we want to go and how we can get there. Over the next few years, there will be fundamental changes in the ways in which the needs of young people are addressed. We all have the opportunity to play key roles in redesigning schools internally and in terms of how they work with others in the surrounding community to better address barriers to learning and enhance healthy development. Our hope is that the material presented in this continuing education module has not only provided some new information, but a picture of emerging trends and their implications.

In particular, we have tried to emphasize that there is ample direction for improving how schools address barriers to learning and teaching. The time to do so is now. Unfortunately, too many school professionals and researchers are caught up in the day-by-day pressures of their current roles and functions. Everyone is so busy "doing" that there is no time to introduce better ways. One is reminded of Winnie-the-Pooh who was always going down the stairs, bump, bump, bump, on his head behind Christopher Robin. He thinks it is the only way to go down stairs. Still, he reasons, there might be a better way if only he could stop bumping long enough to figure it out.

Addressing Barriers to Learning

New ways to think . . .

Better ways to link

School improvement policies and plans designed to leave no child behind will fail if they leave student support staff behind.

New Directions:
Where's it Happening?

Note: The *Summits Initiative: New Directions for Student Support* was introduced in October, 2002 with a National Summit. Regional Summits were held for eastern states in March and for midwestern states in May, 2003. Other Regionals will be held in the fall, 2003. Plans call for convening a summit for each state. For more info, see the various Summit documents and reports at http://smhp.psych.ucla.edu

Moving student support in new directions requires rethinking how best to address barriers to learning and teaching. It means revamping the way learning supports are used. A major purpose of the *Summits Initiative* is to stimulate such rethinking and to support widespread systemic changes leading to comprehensive, multifaceted approaches.

As part of the work, we are compiling information about pioneering and trailblazing examples that help clarify new directions. Relevant work is being carried out at schools, districts, and state levels. Such groundbreaking endeavors provide intriguing glimpses into the future of student support and offer invaluable lessons learned. Some already are well along the way; some are in the planning stage or are

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Inside

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taking first steps. A few have begun comprehensive innovations but have yet to generate the type of momentum necessary to produce full blown systemic change. We have compiled and put online descriptions of 12 locales; we look forward to adding many more examples in coming years.(See Center document – *Where's It Happening? New Directions for Student Support.*)

What we most want to document is ambitious and comprehensive "out-of-the-box" thinking. As noted on page 2, we group innovations into (1) places where broad-based systemic changes are underway, (2) places where an interesting innovation is or has been implemented, and (3) places developing strategic plans for broad-based systemic changes. Other examples will be added as they are identified and relevant descriptive materials are gathered.

Full scale efforts address four key problems that must be the focus of new directions thinking. First and foremost, these approaches revisit school improvement *policies* to expand them in ways that end marginalization of student supports. Second, they adopt *intervention frameworks* that encompass a comprehensive and multifaceted intervention continuum that guides development of a cohesive enabling/learning support component. Third, they reframe the *infrastructure* at school, complex, and district levels to ensure effective leadership, redefined roles and functions, and resource-oriented mechanisms. Fourth, they use strategic approaches to enable *systemic change and scale up* so that every school in a district has an effective component for addressing barriers to learning and teaching.

Hawai`i

Unlike other states, Hawai`i's education, health, and social service agencies are state controlled. This means that the State Department of Education has direct responsibility for all schools. In 1997, the Department decided to move in major new directions with respect to student support. They

called the new approach a *Comprehensive Student Support System* (CSSS).

CSSS is the Department's umbrella for ensuring a continuum of supports and services ensuring that students, families, teachers, principals, and staff have the support they need to enable student success. This is translated into the continuum necessary for all students to have an equal opportunity to attain the state's Content and Performance Standards. CSSS particularly stresses prevention and early intervention to meet the changing needs of students in ways that promote their success. The idea is to provide school-based supports in a timely and effective manner and thus to have fewer students in need of complex, intensive services. Differentiated classroom practices are conceived as the base for supporting each student. Beyond the classroom, the focus is on school wide and community programs and resources.

The stated goals for CSSS are to:

(1) provide comprehensive, coordinated, integrated, and customized student supports that are accessible, timely, and strength-based

(2) involve families, fellow students, educators, and community members as integral partners in the provision of a supportive, respectful learning environment

(3) integrate the human and financial resources of appropriate public and private agencies to create caring communities at each school.

Interventions and delivery processes are designed to fit the severity, complexity, and frequency of each student's needs.

With respect to the four key problems that focus new directions thinking, Hawai`i has done the following:

I. Policy – The concept of a *Comprehensive Student Support System* (CSSS) has been adopted with the legislature's support. Establishment of such a component is the policy for all schools.

II. Intervention Framework – Interventions are conceived as a seamless continuum for addressing barriers that impede learning and teaching. The

critical elements of student support are conceived as six broad arenas of activity:

- Personalized Classroom Climate and Differentiated Classroom Practices
- Prevention/Early Intervention
- Family Participation
- Support for Transition
- Community Outreach and Support
- Specialized Assistance and Crisis/ Emergency Support

These elements are used in developing the Standards Implementation Design (SID) at each school. (The SID process emphasizes standards based, data-driven results focused on learning.) The extent to which the elements are included in the school's delivery of student supports is assessed on an ongoing basis.

Five levels of student support also are conceived. Each increases in intervention intensity or specialization. The five levels are:

Level 1: Basic Support for All Students
Level 2: Informal Additional Support through Collaboration
Level 3: Services through School-Level and Community Programs
Level 4: Specialized Services from DOE and/or Other Agencies
Level 5: Intensive and Multiple Agency Services

III. Infrastructure – The state Department's Division of Learner, Teacher and School Support, Student Support Branch provides leadership and guides capacity building for CSSS. Each district is asked to clarify who will provide district leadership and be accountable for the component's development. Each school is asked to identify an administrative lead for CSSS. And, schools are expected to have a resource-oriented mechanism (e.g., a Resource Coordinating Team).

IV. Systemic Change – To facilitate the necessary systemic changes, the state created the position of *Student Services Coordinator* as a pivotal person to help build school capacity for CSSS. The position of a *Complex School Renewal Specialist* also was created to help coordinate resources among feeder patterns of schools. Finally, the functions of *Complex Resource Teachers* have been enhanced to connect with the *Student Services Coordinator* and *Complex School Renewal Specialist*.

Want more info? Contact Glenn Tatsuno, Admin., Student Support Branch, 637 18th Ave., Bldg. C, Rm 102, Honolulu, HI 96816 (808/733-4400)

Madison Metropolitan School District, Madison, WI

Madison's school district is developing an approach that supports the beliefs, values, and practices inherent in a system of comprehensive student support. This is described as "a major change because it requires the construction of system wide supports and staff working in professional learning communities."

Central to the work are research and best practices that can produce positive student outcomes related to the following core elements:

- practices that focus equally on improvement of *learning*, increased student *engagement* with schooling, and development of positive *relationships* between youngsters and adults

- collaborative problem-solving strategies to determine why youngsters are not engaged, learning, or developing positive relationships

- systematic, progressive supports and interventions for youngsters who are not having success, which in turn is intended to reduce dependence on special education

- a culture that embraces collaboration among staff, parents/guardians, and the community and that links with community supports and services.
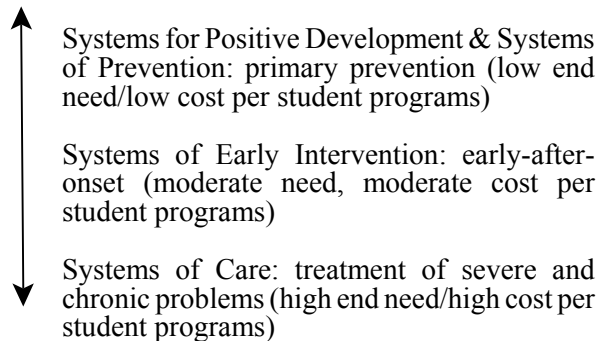
With respect to the four key problems that focus new directions thinking, Madison has done the following:

I. Policy – The district's 1999-2000 updated strategic plan established policy priorities and goals to address the immediate and emerging challenges facing the district. In addition to *instructional excellence*, high level priority was assigned to *student support* (assuring a safe, respectful and welcoming learning environment) and *home and community partnerships*. These priorities are to be accomplished in ways that enhance staff effectiveness and fiscal responsibility.

II. Intervention Framework – The new framework fully integrates student support with its concern for improving instruction. The framework's primary organizing concepts are (1) *engagement* (connection to schooling), (2) *learning* (acquiring knowledge and skills), and (3) *relationships* (connections to people). Thus, practices are to "focus equally on improvement of learning, increased student engagement with schooling, and development of positive relationships between children and adults."

For students not succeeding at school, the framework provides for a progressive assessment and problem solving sequence. The sequence starts with classroom specific supports, moves to school/district wide supports if necessary, on to time limited specialized support when needed, and finally offers long term intensive specialized support.

District staff are using the following continuum as an organizing framework for mapping and analyzing resource use, identifying intervention gaps, and identifying priorities for program development:

Systems for Positive Development & Systems of Prevention: primary prevention (low end need/low cost per student programs)

Systems of Early Intervention: early-after-onset (moderate need, moderate cost per student programs)

Systems of Care: treatment of severe and chronic problems (high end need/high cost per student programs)

III. Infrastructure & IV. Systemic Change – The infrastructure at each school is conceived in terms of (1) a building leadership team, (2) an intervention team, and (3) a building consultation team. At the district level, student support leadership are part of the instructional cabinet to ensure full integration of the framework components. There also is a Framework Advisory Team.

The current focus is on developing the comprehensive student support system and professional learning community. Strategic priority action teams have been given responsibility to:

>provide oversight for existing initiatives
>identify implementation strategies resulting from the strategic planning process
>identify indicators, targets and measure
>recommend benchmarks and standards for assessing school district performance
>use these benchmarks and standards to identify and/or validate areas of improvement
>recommend improvement projects

The District staff development program is establishing "Framework Resource Teachers" to work with support staff and schools to develop "Framework School Teams." These teams will include: a building leadership team, an intervention team, and a building consultation team.

Want more info? Contact Mary Gulbrandsen, Chief of Staff, 545 W. Dayton St., Madison, WI 53703 (608/663-1670)

Saint Paul Public Schools, St. Paul, MN

In recent years, the Saint Paul schools have explored new directions for providing learning supports through special projects. With support from the Wilder Foundation, they focused on three schools designated as Achievement Plus schools. Then,with a federal Safe Schools/Healthy Students grant (in collaboration with Wilder), they expanded from a narrow MH focus to an emphasis on addressing barriers to learning. This was done by adopting a comprehensive learning support approach. As part of this work, a plan was developed to scale up to13 schools using specially trained consultants.

At each site, interventions are conceived in terms of the following six areas:

>coordinating and providing services to students and families
>responding to and preventing crises
>classroom teacher support and consultation
>supporting transitions
>increasing home involvement in schooling
>developing greater community involvement and support for the school.

The work of the specially trained consultants involves building infrastructure, facilitating systemic changes, and helping establish procedures to coordinate and develop interventions. Initial efforts have focused on integrating school interventions and developing a broad-based preventive emphasis to address the needs of urban learners. To these ends, resource-oriented mechanisms have been used to map resources and ensure interventions match the assessed needs of the school staff, parents, and students.

Based on this work and related initiatives (including the MN State Summit for New Directions for Student Support), an administrator from the District reports the following as of July 2, 2003:

"Some very exciting developments are presently underway in Saint Paul. We are on the cusp of serious change! [Here's] a bit of a progress update:

1. Recently, the Office of Accountability has set a new direction for the office to reconstitute . . . from [being] the "accountability cops" to a functional unit which not only bears the responsibility for school improvement but also adheres to the belief that student support services are vital components to ensure student success.... Saint Paul Schools are firmly taking a stand recognizing that student support and learner support are as important as instruction.... We are even looking at a new name for the Office of Accountability! The vision and mission are in draft form....

2. ... last month, we brought the leaders of the school counselors, school social workers, school psychologists, nurses and chemical health together and formally began the discussion of how we can begin to work together as a team and resource to the schools and to the district. . . .

3. We have created a Middle School Initiative district wide to address school reform in reading and math ... This reform will be supported by training from student services and ... the Office of Instructional Services, through Title I funding. . . . We will train support staff in the learner support framework, which will match the training elements ... taking place with the teaching staff. ... Wilder Foundation will be working with us in this area.

4. While this is occurring, at a steady pace, we have also sent a message to the rank and file of the school counselors, chemical health specialists, and school social workers that we can no longer do our jobs just the way we have always done them. We are asking these groups to come together, with their professional associations – local and state – and review the learner support framework and devise professional development needs/criteria to support this move .... We are asking them to look at their respective professional standards and national organizations and see how this approach fits....

. . . So, we are steadily moving along with some exciting changes occurring. ... more to share as the summer progresses. The biggest step, I feel, was fully integrating student support ... into the fabric of the "new" to be named - Office of Accountability. I believe our time has come to be recognized, along with instruction, as a fundamental (priority) component to student achievement."

Want more info? Contact Kevin Hogan, Assistant Director of Guidance and Related Services and Director of Safe Schools, Healthy Students, Strong Communities Collaborative, 1930 Como Ave., St. Paul, MN 55108 (651/603-4944)
  At the Wilder Foundation, contact: Mary Heiserman, 919 LaFond Ave., St. Paul, MN 55416 (651/642-4056)

Urban Learning Center Design

The Urban Learning Center Design was developed with initial support from the New American Schools Development Corporation (now called simply *New American Schools*). The aim was to develop "break-the-mold" comprehensive school reform designs. Described here is the prototype created through a partnership among the Los Angeles Unified School District's administration, the teachers' union, and a variety of community partners brought together by a private nonprofit then called the Los Angeles Educational Partnership (now the Urban Educational Partnership). Demonstrations were initiated at two sites in Los Angeles. The design was one of those included in the federal legislation supporting school efforts to develop Comprehensive School Reform Initiatives, and as a result, it is under adoption by schools in California, Georgia, Oregon, and Utah.

The design encompasses a three component approach to school improvement. That is, the focus is not just on improved instruction and governance/management. An equal emphasis is given to a third essential component focused on *addressing barriers to learning* by establishing a comprehensive continuum of *learning supports.* This Learning Support (or "enabling") Component offers a unifying framework and concrete practices for enabling students to learn and teachers to teach. Key to achieving these educational imperatives is an ongoing process by which school and community resources for addressing barriers to learning and development are restructured and woven together. In defining the component as one that both addresses barriers to learning and promotes healthy development, the design encompasses the type of models described as full-service schools – *and goes beyond them* to create an approach that is much more comprehensive.

With respect to the four key problems that focus new directions thinking, the Urban Learning Center Model has done the following:

I. Policy – By fully integrating an emphasis on addressing barriers, the third Component provides a unifying framework for developing policy that responds to a wide range of psychosocial factors interfering with learning and performance. It also encompasses a commitment to facilitating healthy development, positive behavior, and asset-building as the best way to prevent problems and as an essential adjunct to corrective interventions.

More specifically, a comprehensive and cohesive component to enable learning by addressing barriers calls for policy that

> >weaves together what is available at a school,
> >expands what is available by integrating school, community, and home resources,
> >enhances access to community resources by linking them to school programs.

The design team prepared the following statement to capture the essence of the type of general policy commitment needed at district and school levels.

> *We recognize that for some of our students, improvements in instruction and how school is governed and managed are*

necessary but not sufficient. We are committed to comprehensively and cohesively addressing barriers to learning and teaching. Thus, we will ensure that a Learning Support (enabling) Component is given the same priority in everyday practices as are the Instructional and Management Components. All three are essential if all students are to have an equal opportunity to succeed at school.

II. Intervention Framework – All this involves a rethinking of school-owned enabling activity, such as pupil services and special and compensatory education programs. Operationalizing a unified component of learning supports requires a framework delineating basic areas of enabling activity. The design specifies six areas of integrated activity. This grouping of activity emerged from research on existing and desired programs and services in schools. The six areas are:

- Classroom-focused Learning Supports
- Crisis assistance and prevention
- Support for transitions
- Home involvement in schooling
- Community outreach for involvement and support (including volunteers)
- Student and family assistance through direct services and referral

III. Infrastructure – Mechanisms are developed to coordinate and eventually integrate school-owned learning support resources and blend them with community resources. Restructuring also must ensure the component is well integrated with the instructional and management components. This minimizes marginalization and fragmentation, and ensures that programs addressing problems play out in classrooms, schoolwide, and throughout the neighborhood. Specifically, leadership, planning, and decision making mechanisms at district and school levels are essential for the successful implementation and sustainability of a Learning Support component.

At the district level, this calls for an assistant or associate superintendent who develops a team that brings together all centralized staff responsible for aspects of learning supports. Such a team is to ensure every school is properly supported as it evolves a comprehensive, multifaceted, and cohesive Learning Support component.

A school-site leader for the component ideally should be a site administrator who participates in the school's decision-making processes. Such a leader helps develop a resource-oriented mechanism (e.g., a Resource Coordinating Team) that brings together all staff at the school who have responsibility for aspects of learning support. This school-based team is key to ensuring, over time, that a school's Learning Support component is well developed.

IV. Systemic Change – An Urban Learning Center guidebook outlines a series of 13 steps for "getting from here to there" in establishing a Learning Support component. The steps are organized into three stages:

- Orientation to Learning Supports: Creating Readiness for Change
- Starting Up and Phasing In: Building an Infrastructure
- Maintenance and Evolution: Refining Infrastructure, Increasing Efficacy, and Fostering Creative Renewal

Want more info: Contact Susan Way-Smith, Pres., Urban Education Partnership, 315 W. Ninth St., Suite 1110, Los Angeles 90015 (213/622-5237). Also see the website at: http://www.urbanlearning.org

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Do you know some place where a district or state is moving toward major systemic changes in providing student learning supports?

If so, let us know (see newsletter insert). We will be adding to the list and don't want to miss anyone.

What did you learn in school today?

Not enough I guess, they told me I have to go back tomorrow!

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Internet Sites for a Sampling of Major Agencies and Organizations

There are many agencies and organizations that help and advocate for those with learning, behavior, and emotional problems. The following is a list of major links on the World Wide Web that offer information and resources related to such matters. This list is not an exhaustive listing; it is meant to highlight some premier resources and serve as a beginning for your search. Many of the websites will have "links" to others which cover similar topics. In general, the Internet is an invaluable tool when trying to find information on learning, behavior, and emotional problems.

American Academy of Child & Adol. Psychiatry
www.aacap.org/

Site serve both AACAP Members, and Parents and Families. Provides info to aid in the understanding and treatment of the developmental, behavioral, and mental disorders, including.fact sheets for parents and caregivers, current research, practice guidelines, managed care information, and more.Provides fact sheets and other info.

American Psychiatric Association
http://www.psych.org

Has a variety of reports, publications, and links.

American Psychological Association
http://www.apa.org

Has a variety of reports, publications, and links.

American School Counselor Association
http://www.schoolcounselor.org/

Partners with Learning Network to provide school counseling-related content for parents, including age- and grade-specific info to help enhance learning and overall development – both in and outside of school. FamilyEducation.com offers 20 free e-mail newsletters, expert advice on education and child rearing, and home learning ideas. Includes materials for kids with special needs, gifted children, and homeschooling families.

Center for Effective Collaboration and Practice
http://www.air.org/cecp/

This Center (at the American Institute for Research) identifies promising programs and practices, promotes info exchanges, and facilitates collaboration among stakeholders and across service system disciplines with a focus on the development and adjustment of children with or at risk of developing serious emotional disturbances.

Center for Mental Health in Schools
http://smhp.psych.ucla.edu

Approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Its mission is to improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools. Website has extensive online resources accessible at no cost.

Center for School Mental Health
http://csmh.umaryland.edu

Provides leadership and TA to advance effective interdisciplinary school-based MH programs.

Center for the Study & Prevention of Violence
www.colorado.edu/cspv

This Center, at the Institute of Behavioral Sciences, University of Colorado at Boulder, provides informed assistance to groups committed to understanding and preventing violence, particularly adolescent violence.

Collaborative for the Advancement of Social and Emotional Learning (CASEL)
http://www.casel.org/

This is an international collaborative of educators, scientists, policy makers, foundations, and concerned citizens promoting social and emotional educational and development in schools.

Connect for Kids
http://www.connectforkids.org

A virtual encyclopedia of info for those who want to make their communities better places for kids. Through radio, print, and TV ads, a weekly E-mail newsletter and a discussion forum, provides tools to help people become more active citizens—from volunteering to voting—on behalf of kids.

Council for Exceptional Children
http://www.cec.sped.org/

Largest international professional organization dedicated to improving educational outcomes for individuals with exceptionalities, students with disabilities, and/or the gifted. Has divisions focused on LD and Behavioral Disorders.

Education World
http://www.educationworld.com

Education-based resource and internet search site designed especially for teachers, students, administrators and parents.

ERIC Clearinghouses
http://eric.ed.gov

Provides extensive info on all topics relevant to education. For example: The Clearinghouse for Counseling and Student Services provides for computer searches of ERIC and info relating to continuing education focused on training, supervision, and continuing professional development in counseling, student services, student development, human services, and mental health professionals; the roles of counselors, social workers, and psychologists in all educational settings and at all educational levels.

Federal Consumer Information Center
http://www.pueblo.gsa.gov

Publishes a catalog listing booklets from several federal agencies, including works related to learning, behavior, and emotional problems.

Federal Resource Center for Special Education
http://www.dssc.org/frc/

Supports a national technical assistance network that responds quickly to the needs of students with disabilities, especially students from under-represented populations.

Higher Education and the Handicapped
http://www.heath.gwu.edu

National clearinghouse offering statistics and info on post-high school for individuals with disabilities.

Learning Disabilities Association of America
http://www.ldanatl.org

National non-profit advocacy organization. Site includes info on the association, upcoming conferences, legislative updates, and links to other related resources.

LD Online
http://www.ldonline.org

Focused on the education and welfare of individuals with learning disabilities. It is geared toward parents, teachers, and other professionals.

Mental Health Net (MHN)
http://mentalhelp.net

Guide to mental health topics, with over 3,000 individual resources listed. Topics covered range from disorders such as depression, anxiety, and substance abuse, to professional journals and self-help magazines that are available online.

National Association of School Psychologist
http://www.nasponline.org/

Largest organization for school psychology. Promotes the rights, welfare, education and mental health of children and youth; and advancing the profession of school psychology.

National Association of State Directors of Special Education
http://www.nasdse.org/

Promotes and supports education programs for students with disabilities.

National Clearinghouse for Alcohol and Drug Information
http://www.health.org/

The info service of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP.) This is the world's largest resource for current information and materials concerning substance abuse. Has both English- and Spanish-speaking info specialists.

National Dropout Prevention Center
http://www.dropoutprevention.org

Offers clearinghouse and professional development on issues related to dropout prevention and strategies designed to increase the graduation rates.

National Information Center for Children and Youth with Disabilities
http://www.nichcy.org

National info and referral center for families, educators, and other professionals. Has a Spanish version accessible from the main web page.

National Institute of Mental Health (NIMH)
http://www.nimh.nih.gov

Conducts and supports research nationwide on mental illness and mental health, including studies of the brain, behavior, and mental health services.

National Technical Assistance Center for Children's Mental Health
http://gucchd.georgetown.edu/programs/ta_center/

Provides TA to improve service delivery and outcomes for children and adolescents with, or at-risk of, serious emotional disturbance and their families. Assists states and communities in building systems of care that are child and family centered, culturally competent, coordinated, and community-based

National Youth Gang Center
http://www.iir.com/nygc
Purpose is to expand and maintain the body of critical knowledge about youth gangs and effective responses to them. Assists state and local jurisdictions in the collection, analysis, and exchange of information on gang-related demographics, legislation, literature, research, and promising program strategies.

Office of Special Education and Rehabilitative Services
http://www.ed.gov/about/offices/list/osers/index.html
Supports programs that assist in educating children with special needs, provides for the rehabilitation of youth and adults with disabilities, and supports research to improve the lives of individuals with disabilities.

Teaching Learning Disabilities
http://www.teachingld.org
Provides up-to-date resources about teaching students with learning disabilities (a service of the Division for Learning Disabilities of the Council for Exceptional Children).

Regional Education Laboratories
http://www.ed.gov/prog_info/Labs/

With support from the U. S. Department of Education, Office of Educational Research and Improvement (OERI), this network of 10 Regional Educational Laboratories serves geographic regions that span the nation. They work to ensure that those involved in educational improvement at the local, state, and regional levels have access to the best available information from research and practice. This site is one of many ways that the network reaches out to make that information accessible. While each Laboratory has distinctive features tailored to meet the special needs of the geographic region it serves, they also have common characteristics – one of which is promoting widespread access to information regarding research and best practice.

Special Education Regional Resource Centers
http://www.rrfcnetwork.org/

The following six regional centers offer tools and strategies for achieving effective education and human services delivery systems: coordinating information, providing technical assistance, linking research with practice, facilitating interagency collaboration.

School Mental Health Project/Center for Mental Health in Schools at UCLA

In an effort to advance the field, the School Mental Health Project was established in 1986 in the Department of Psychology at UCLA to pursue theory, research, practice, and training related to addressing mental health and psychosocial concerns through school-based interventions. Under the auspices of the Project, the national Center for Mental Health in Schools was funded in l995 and, in October, 2000, began a second five year cycle of operation. The Center is one of two national centers focusing directly on mental health in schools.[1] Its goals are to enhance *in strategic ways* (1) availability of and access to resources to improve and advance MH in schools, (2) the capacity of systems/personnel, and (3) the role of schools in addressing MH, psychosocial, and related health concerns.

From the perspective of the guiding frameworks described in various works generated by the project/center staff, addressing MH of youngsters involves ensuring

- mental *illness* is understood within the broader perspective of psychosocial and related health problems and in terms of strengths as well as deficits

- the roles of schools/communities/homes are enhanced and pursued jointly

- equity considerations are confronted

- the marginalization and fragmentation of policy, organizations, and daily practice are countered

- the challenges of evidence-based strategies and achieving results are addressed.

Thus, the Center's work aims not only at improving practitioners' competence, but at fostering changes in the systems with which they work. Such activity also addresses the varying needs of locales and the problems of accommodating diversity among those trained and among populations served.

Given the number of schools across the country, resource centers such as ours must work in well-conceived strategic ways. Thus, our emphasis is on expanding programmatic efforts that enable all student to have an equal opportunity to succeed at school and on accomplishing essential systemic changes for sustainability and scale-up through (a) enhancing resource availability and the systems for delivering resources, (b) building state and local capacity, (c) improving policy, and (d) developing leadership.

The strategies for accomplishing all this include

- connecting with major initiatives of foundations, federal government & policy bodies, and national associations;

- connecting with major initiatives of state departments and policy bodies, counties, and school districts;

- collaborating and network building for program expansion and systemic change;

- providing catalytic training to stimulate interest in program expansion and systemic change;

- catalytic use of technical assistance, internet, publications, resource materials, and regional meetings to stimulate interest in program expansion and systemic change.

Because we know that schools are not in the mental health business, all our work strives to approach mental health and psychosocial concerns in ways that integrally connect with school reform. We do this by integrating health and related concerns into the broad perspective of addressing barriers to learning and promoting healthy development. We stress the need to restructure current policy and practice to enable development of a comprehensive and cohesive approach that is an essential and primary component of school reform, without which many students cannot benefit from instructional reforms and thus achievement scores will not rise in the way current accountability pressures demand.

1.The other national center, called the Center for School Mental Health Assistance, is located at the University of Maryland at Baltimore and is directed by Mark Weist. Both Centers are partially supported by the U.S. Dept. of Health and Human Services through the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. *The UCLA Center website is:* **http://smhp.psych.ucla.edu**

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POLICY & PROGRAM REPORTS & BRIEFS

I. Mental Health in Schools

> Youth Risk Taking Behavior: The Role of Schools
> Building Collaboration for Mental Health Services in California Schools: What Will be Built?
> Suicide Prevention in Schools
> Should Policy Specify a Formal Role for Schools Related to Mental Health?
> Screening Mental Health Problems in Schools
> The Current Status of Mental Health in Schools: A Policy and Practice Analysis
> Diversity Competence for Psychological Practitioners: Eliminating Disparities in Psychological Practices
> Integrating Agenda for Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health
> Gap Analysis of the Resource Synthesis Related to integrating Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health
> Mental Health of Children and Youth: The Important Role of Primary Care Health Professionals
> Mental Health of Children and Youth and the Role of Public Health Professionals
> Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together
> Youngsters' Mental Health and Psychosocial Problems: What are the Data?
> Financing Mental Health for Children & Adolescents
> The Maternal and Child Health Bureau's Initiative for Mental Health in Schools
> Mental Health in Schools: Reflections on the Past, Present, and Future

II. School Improvement and Restructuring Related to Addressing Barriers to Student Learning

A. Policy & Practice Analysis

> Integration of Schools and Mental Health Systems: An Overview of the State Grants from the U.S. Department of Education Program
> Youth Gangs and Schools
> School Attendance Problems: Are Current Policies & Practices Going in the Right Direction?
> Preschool Programs: A Synthesis of Current Policy Issues
> Grade Retention: What's the Prevailing Policy and What Needs to be Done?
> Early Development and School Readiness from the Perspective of Addressing Barriers to Learning

> Addressing Barriers to Student Learning & Promoting Healthy Development
> Introduction to a component for Addressing Barriers to Student Learning
> Expanding Educational Reform to Address Barriers to Learning: Restructuring Student
　　Support Services and Enhancing School-Community Partnerships
> Addressing Barriers to Student Learning: Closing Gaps in School/Community Policy and
　　Practice
> Schools as Caring, Learning Communities
> Policies and Practices for Addressing Barriers to Learning: Current Status and New
　　Directions
> Designing Schoolwide Programs in Title I Schools: Using the Non-Regulatory Guidance in
　　Ways that Address Barriers to Learning and Teaching
> Legislation in Need of Improvement: Reauthorizing the No Child Left Behind Act to

　　Better Address Barriers to Learning

> For Consideration in Reauthorizing the No Child Left Behind Act . . . Promoting a
　　Systematic Focus on Learning Supports to Address Barriers to Learning and Teaching
> School Improvement Planning: What's Missing?
> Another Initiative? Where Does it Fit? A Unifying Framework and an Integrated
　　Infrastructure for Schools to Address Barriers to Learning and Promote Healthy
　　Development
> Addressing What's Missing in School Improvement Planning: Expanding Standards and
　　Accountability to Encompass an Enabling or Learning Supports Component
> Addressing Barriers to Student Learning & Promoting Healthy Development: A Usable
　　Research-Base
> Example of a Formal Proposal for Moving in New Directions for Student Support

B. Concept Papers and Proposals for Restructuring
　(see also Books, Chapters, and Articles and Other Center Resources)

> New Directions for Student Support (Concept Paper)
> Assuring No Child is Left Behind
> Two Examples of White Papers to Inform and Guide Policy Makers
> So you Want Higher Achievement Scores? It's Time to Rethink Learning Supports
> Q & A Talking Points
> What Might a Fully Functioning Enabling or Learning Supports Component Look Like
　　at a School?
> Guidelines for a Student Support Component
　　>> Full Document and Summary Outline
> Where's It Happening? New Directions for Student Support
> Resource-Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education
　　Supports
> Restructuring Boards of Education to Enhance Schools' Effectiveness in Addressing
　　Barriers to Student Learning
　　>> Full Report and Executive Summary
> Framing New Directions for School Counselors, Psychologists, & Social Workers

C. Calls to Action to Advance Efforts to Address Barriers to Student Learning:

> An Open Letter to Congress: Reauthorizing the Elementary and Secondary Education Act
　　to Better Address Barriers to Learning and Teaching
> An Open letter To Mayors: discussion of a mayor's role in public education
> School Improvement? . . . fully addressing barriers to learning and teaching is the next

　　step!
> Student Support Staff: Moving in New Directions through School Improvement

D. Systemic Change and Sustainability

> Community Schools: Working Toward Institutional Transformation

> Transforming School Improvement to Develop a Comprehensive System of Learning Supports: What District Superintendents Say They Need to Move Forward

> Preparing All Education Personnel to Address Barriers to Learning & Teaching
> New Directions for Student Support: Current State of the Art
> Toward a School District Infrastructure that More Effectively Addresses Barriers to Learning and Teaching
> New Initiatives: Considerations Related to Planning, Implementing, Sustaining, and Going- to-Scale
> Systemic Change for School Improvement: Designing, Implementing, and Sustaining Prototypes and Going to Scale
>> Full Report and Executive Summary
> Organization Facilitators: A Key Change Agent for Systemic School and Community Changes
> Toward Enhancing Resource Center Collaboration

FEATURED ARTICLES IN CENTER NEWSLETTER/JOURNAL

> Personnel Development for Education: Does the Process Enhance How Schools Address Barriers to Learning and Teaching? (Summer, 2008)
> Rethinking How Schools Address Student Misbehavior & Disengagement (Spring, 2008)
> Challenges and Opportunities in the Classroom (Winter, 2008)
> Mental Health in Schools: Much More than Services for the Few (Fall, '07)
> Evidence-Based Practices in Schools: Concerns About Fit and Implementation (Summer '07)
> Engaging the Strengths of Families, Youth, and Communities in Rebuilding Learning Supports (Spring '07)
> Open Letter to the Mayor (Winter '07)
> Response to Intervention (Fall '06)
> School Improvement: Where's Student Support? (Summer '06)
> Concerns=Opportunities: Addressing Student Disengagement, Acting Out, and Dropouts by Moving in New Directions (Spring '06)
> Working in Schools: Q and A (Winter '06)
> Mental Health in Schools: An Opportunity to Influence Change in a Period of Transformation (Fall '05)
> Complex Problems, Limited Solutions (Summer '05)
> Who at the School Addresses Barriers to Learning and Teaching? (Spring '05)
> Bullying and Addressing Barriers to Learning (Winter '05)
> Sustainability & Scale-up: It's About Systemic Change (Fall '04)
> Beyond Positive Behavior Support Initiatives (Summer '04)
> Diversity and Professional Competence in Schools... a mental health perspective (Spring '04)
> Integrating Agendas for Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health (Winter '04)
> Natural Opportunities to Promote Social-Emotional Learning and MH (Fall '03)
> New Directions: Where's it Happening? (Summer, '03)
> Safe Students/Healthy Schools: A Collaborative Process. (Spring, '03)
> Needed: A Greater Role for Learning Support Staff in Inservice at Every School. (Winter, '03)
> Summit on New Directions for Student Support. (Fall, '02)
> Revisiting Learning Problems and Learning Disabilities.(Summer, '02)
> School Staff Burnout. (Spring, '02)
> Re-engaging Students in Learning at School. (Winter, '02)
> Comprehensive & Multifaceted Guidelines for Mental Health in Schools. (Fall, '01)
> CSSS - Hawai`i's Comprehensive Student Support System... a multifaceted approach that encompasses & enhances MH in schools. (Summer, '01)
> Opening the Classroom Door (Spring, 01)
> Mechanisms for Delivering MH in Schools (Winter, '01)
> Addressing Barriers to Learning & Promoting Healthy Development: A Usable Research-Base (Fall, '00)
> Substance Abuse Prevention: Toward Comprehensive, Multifaceted Approaches (Summer,'00)

> Expanding the Framework for School Accountability (Spring, '00)
> Connecting Counseling, Psychological, & Social Support Programs to School Reform
   (Winter, '00)
> Promoting Youth Development and Addressing Barriers (Fall, '99)
>Youth Suicide/Depression/Violence (Summer, '99)
> Expanded School Reform (Spring, '99)
> School-Community Partnerships from the School's Perspective (Winter, '99)
> Denying Social Promotion Obligates Schools to Do More to Address Barriers to Learning
   (Fall, '98)
> Open Letter to the Secretary of Education, Richard Riley (Summer '98)
> Enabling Learning in the Classroom: A Primary Mental Health Concern(Spr98)
> Accountability: Is it Becoming a Mantra? (Winter '98)
> Easing the Impact of Student Mobility: Welcoming & Social Support (Fall '97)
> Addressing Barriers to Learning: Closing Gaps in Policy & Practice (Sum '97)
> Behavior Problems: What's a School to Do? (Spring '97)
> Comprehensive Approaches & Mental Health in Schools (Winter '97)
> Policies and Practices for Addressing Barriers to Learning: Current Status and New Directions
   (Fall '96)
> Labeling Troubled Youth: The Name Game (Summer '96)
> School-Linked Services and Beyond (Spring '96)
> Mental Health in Schools: Emerging Trends (Winter '96)

GUIDES TO POLICY AND PROGRAM DEVELOPMENT/PRACTICE

I. Guidebooks (also see Books)

> Steps and Tools to Guide Planning and Implementation of a Comprehensive System to
   Address Barriers to Learning and Teaching
> Fostering School, Family, and Community Involvement. Guidebook in series, Safe and Secure:
   Guides to Creating Safer Schools. Portland, OR: Northwest Regional Educational Laboratory
   & Hamilton Fish Institute. (2007)
> Sustaining School and Community Efforts to Enhance Outcomes for Children and Youth: A
   Guidebook and Tool Kit
> School-Community Partnerships: A Guide
> What Schools Can Do to Welcome and Meet the Needs of All Students and Families (SP)
> Mental Health and School-Based Health Centers
> Common Psychosocial Problems of School Aged Youth: Developmental Variations, Problems,
   Disorders and Perspectives for Prevention and Treatment
> New Directions in Enhancing Educational Results: Policymakers' Guide to Restructuring
   Student Support Resources to Address Barriers to Learning
> Getting from Here to There: A Guidebook for the Enabling Component
> A Guide to the Enabling Component (one of the New American School Models)

II. Guidance Notes

> Turning a Project or Pilot into a Catalyst for Systemic Change and Sustainability
> Is the School Year Off to a Good Start?
> Addressing School Adjustment Problems
> Dropout Prevention
> Homework is a Mental Health Concern
> Gateways to Resources for Enhancing Positive Outcomes for all Students
> Integrating Learning Supports into the Infrastructure of a Small School
> The Relationship of Response to Intervention and Systems of Learning Supports
> Fully Integrating Student/Learning Supports into the School Improvement Agenda
> Pursuing Opportunities for Moving Proactively from the Margins into the Mainstream of
   School Improvement
> Life Beyond the "Project" — Fully Integrating the Effort into the School Improvement Agenda
> What will it cost? - No New Dollars!

> Infrastructure for Learning Supports at District, Regional, and State Offices
> About Planning and Action for the Mental Health Needs of Students and School Staff in the Aftermath of a Natural Disaster

III. Practice Notes

> Notes on Transition Planning for College
> Volunteers as an Invaluable Resource
> Guiding and Supporting Volunteers
> Turning Big Classes into Smaller Units
> Response to Intervention
> About Motivation
> Addressing School Adjustment Problems
> Bullying: A Major Barrier to Student Learning
> Common Behavior Problems at School: A Natural Opportunity for Social and Emotional Learning
> Countering the Over-pathologizing of Students' Feeling & Behavior: A Growing Concern Related to MH in Schools
> Developing Systems at a School for Problem Identification, Triage, Referral, and Management of Care
> Grief and Loss
> Involving Parents in Counseling
> Making MOUs Meaningful
> Natural Opportunities to Promote Social-Emotional Learning and MH
> Obesity and Mental Health
> Prereferral Interventions
> Prescription Drugs Abuse Among Youth
> School Response to Natural Disasters
> Suicidal Crisis
> Supporting Successful Transition to Ninth Grade
> Welcoming Strategies for Newly Arrived Students & Their Families
> When a Student Seems Dangerous to Self or Others
> Working with Disengaged Students

IV. Tools

Toolkit: Rebuilding Student Supports into a Comprehensive System for Addressing Barriers to Learning and Teaching - (http://smhp.psych.ucla.edu/toolkit.htm)

This kit is divided into five sections.

Section A contains a set of brief documents clarifying the imperative for rebuilding and providing a big picture for policy makers, administrators, and other stakeholders. These include: briefs clarifying the rationale and frequently asked questions about rebuilding student supports; examples of policy formulations; prototypes of guidelines and standards; and a prototype for a school district proposal

Section B describes some planning tools for initial and ongoing planning of the rebuilding process. These include: reframing intervention; reworking infrastructure; and capacity building.

Section C includes tools related to phasing-in the new system such as: planning phase-in; and ongoing capacity building.

Section D contains some considerations about systemic change.

Section E highlights a topical Quick Find Clearinghouse that is readily accessed through a menu (direct website addresses are provided). The menu of over 130 specific Quick Finds covers topics related to disaster response, classroom management, motivation (including engagement and re-engagement in classroom learning), social and emotional development, and much more. Some of the Quick Finds provide links directly to staff/stakeholder development and training aids and tutorials and continuing education modules

TRAINING & PRESENTATION RESOURCES

I. Continuing Education Modules (also see Books, Chapters, and Articles)

> Leadership Training: Moving in New Directions for Student Support
> Revisiting Learning & Behavior Problems: Moving Schools Forward
> Addressing Barriers to Learning: New Directions for Mental Health in Schools
> Addressing Barriers to Learning: A Comprehensive Approach to Mental Health in Schools

> Enhancing Classroom Approaches for Addressing Barriers to Learning:
Classroom-Focused Enabling
>> Accompanying Readings & Tools for Enhancing Classroom Approaches for Addressing
Barriers to Learning: Classroom-Focused Enabling
> Enhancing School Staff Understanding of MH and Psychosocial Concerns: A Guide
> About Infrastructure Mechanisms for a Comprehensive Learning Support Component
> Developing Resource-Oriented Mechanisms to Enhance learning Supports
> Mental Health in Schools: New Roles for School Nurses

II. Quick Training Aids & Tutorials

> Addressing Barriers to Learning: Overview of the Curriculum for an Enabling (or Learning
Supports) Component
> Assessing & Screening (SP)
> Attention Problems in School
> Behavior Problems at School
> Bullying Prevention
> Case Management in the School Context
> Classroom Changes to Enhance and Re-engage Students in Learning
> Community Outreach: School-Community Resources to Address Barriers to learning
> Confidentiality (SP)
> Creating the Infrastructure for an Enabling (Learning Support) Component to Address Barriers
to Student Learning
> Crisis Assistance and Prevention: Reducing Barriers to Learning
> Financing Strategies to Address Barriers to Learning
> Home Involvement in Schooling
> Re-engaging Students in Learning
> School-Based Crisis Intervention (SP)
> School Interventions to Prevent and Respond to Affect and Mood Problems
> School Staff Burnout
> Students & Family Assistance Programs and Services to Address Barriers to Learning
> Suicide Prevention
> Support for Transitions to Address Barriers to Learning
> Violence Prevention

III. Fact & Information Resources

> Why School-owned Student Support Staff are So Important
> Many Schools, Many Students: Equity in Addressing Barriers
> Data Related to the Need for New Directions for School Improvement
> Data on the Plateau or Leveling Off Effect of Achievement Test Scores
> *Diffusion of Innovations and Science-Based Practices to Address Barriers to Learning &
Improve Schools: A Series of Information Resources on Enabling System Change*
>> Diffusion: In Pursuit of Action
>> Excerpts from Child Trends' series of Research-to Results Briefs on Adopting,
Implementing, Sustaining, and Replicating Evidence-Based Practices
>> Brief Overview of Major Concepts from E.M. Rogers' Work on Diffusion of Innovations
>> Some Key Terms Related to Enabling System Change
>> Systemic Change for School Improvement

>> Change Agent Mechanisms for School Improvement: Infrastructure not Individuals
>> Policy Implications for Advancing Systemic Change for School Improvement
>> Some Key References Related to Enabling System Change
>> Brief Overview of Malcolm Gladwell's Concept of the Tipping Point
>> Systemic Change and Empirically-Supported Practices: The Implementation Problem
> Costs of Not Addressing Barriers to Learning
> Some Base Line Data on School Mental Health Services
> Why Address What's Missing in School Improvement Planning?
> Frequently Asked Questions About Mental Health in Schools
> The School's Role in Addressing Psychological Reactions to Loss
> About Positive Psychology
> About Empirically Supported Therapeutic Relationships
> Using Federal Education Legislation in Moving Toward a Comprehensive, Multifaceted, and
   Integrated Approach to Addressing Barriers to Learning (e.g., Creating a Cohesive System of
   Learning Supports)
> New Directions for Student Supports: Some Resources
> Resources for Planning Mental Health in Schools
> What Might a Fully Functioning Enabling or Learning Supports Component Look Like at a
   School
> What is a Learning Support Resource Team?
> Financing Mental Health for Children & Adolescents
> Annotated "lists" of Empirically Supported/Evidence Based Interventions for School-aged
   Children and Adolescents
> About School Engagement and Re-Engagement

IV. Presentation Handouts/Slides

> Enhancing School Improvement: Addressing Barriers to Learning and Reducing the
   Achievement Gap
>Youth Suicide Prevention: Mental Health and Public Health Perspectives (SP)

RESOURCE PACKETS

I. Introductory Packets on System, Program/Process Concerns, & Psychosocial Problems

A. System Concerns

> Financial Strategies to Aid in Addressing Barriers to Learning
> Evaluation and Accountability: Getting Credit for All You Do
> Working Collaboratively: From School-Based Teams to School-Community-Higher
   Education Connections
> About Mental Health in Schools.

B. Program/Process Concerns

> Violence Prevention and Safe Schools (SP)
> Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Needs
> Parent and Home Involvement in Schools (SP)
> Confidentiality and Informed Consent (SP)
> Understanding and Minimizing Staff Burnout
> Assessing to Address Barriers to Learning
> Cultural Concerns in Addressing Barriers to Learning
> Early Development and Learning from the Perspective of Addressing Barriers
> Transitions: Turning Risks into Opportunities for Student Support

C. Psychosocial Problems

> Dropout Prevention
> Learning Problems and Learning Disabilities
> Teen Pregnancy Prevention and Support
> Attention Problems: Intervention and Resources
> Anxiety, Fears, Phobias, and Related Problems: Intervention and Resources for School
     Aged Youth
> Social and Interpersonal Problems Related to School Aged Youth
> Affect and Mood Problems Related to School Aged Youth
> Conduct and Behavior Problems in School Aged Youth

II. *Resource and Technical Aids*

A. Resource Aid Packets & Tools

> Toward Next Steps in School Improvement: Addressing Barriers to Learning and Teaching

> Frameworks for Systemic Transformation of Student and Learning Supports
> Screening/Assessing Students: Indicators and Tools (SP)
> Responding to Crisis at a School (SP)
> Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It
     Needs
> Students and Psychotropic Medication: The School's Role
> Substance Abuse (SP)
> Clearinghouse Catalogue (On-line)
> Consultation Cadre (On-line)
> Gateway of Internet Sites Relevant to Mental Health in Schools (On-line)
> Organizations with Resources Relevant to Addressing Barriers to Learning: A Catalogue of
     Clearinghouse, Technical Assistance Centers, and Other Agencies
> Where to Get Resource Materials to Address Barriers to Learning (includes a range of
     sample materials)
> Where to Access Statistical Information Relevant to Addressing Barriers to Learning: An
     Annotated Reference List
> Improving Teaching and Learning Supports by Addressing the Rhythm of a Year
> Guidelines for a Student Support Component
> Resource Synthesis to Help Integrate Mental Health in Schools into the Recommendations
     of the President's New Freedom Commission on Mental Health (see also Gap Analysis
     Report)
> New Directions for Student Support: Rethinking Student Support to Enable Students to
     Learn and Schools to Teach
> Catalogue of Internet Sites Relevant to Mental Health in Schools
> Standards for an Enabling or Learning Supports Component
> Standards & Quality Indicators for an Enabling or Learning Supports Component

B. Technical Aid Packets

> School-Based Client Consultation, Referral, and Management of Care
> School-Based Mutual Support Groups (For Parents, Staff, Older Students) (SP)
> Volunteers to Help Teachers and School Address Barriers to Learning
> Welcoming and Involving New Students and Families (SP)
> Guiding Parents in Helping Children Learn (SP)
> After-School Programs and Addressing Barriers to Learning
> Resource Mapping and Management to Address Barriers to Learning: An Intervention for
     Systemic Change
> Evaluation and Accountability Related to Mental Health in Schools
> Autism Spectrum Disorders and Schools

C. Technical Assistance Samplers

> Thinking About and Accessing Policy Related to Addressing Barriers to Learning
> Behavioral Initiatives in Broad Perspective
> School-Based Health Centers
> Protective Factors (Resiliency)
> School Interventions to Prevent Youth Suicide
> A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to
    Learning (also see policy brief entitled: Addressing Barriers to Student Learning &
    Promoting Healthy Development: A Usable Research-Base)
> Using Technology to Address Barriers to Learning
> Sexual Minority Students

Initiative & Center Reports

I. Reports from the *National Initiative: New Directions for Student Support*

In addition to the items below, other resources for the *Initiative* and reports on individual state
activity are online at: http://smhp.psych.ucla.edu/summit2002/ndannouncement

A. Report from the National Meeting on Pioneer Initiatives to Reform Education Support Programs (May, 2000)

> Center Report: Pioneer Initiatives to Reform Education Support Programs
> Executive Summary: Pioneer Initiatives to Reform Education Support Programs
> Resource Materials

B. National Summit New Directions for Student Support

> Executive Summary and Full Report

II. Reports from the *Policy* Leadership Cadre for Mental Health in Schools

> Expanding Policy Leadership for Mental Health in Schools
> Report from the Regional Conferences
> Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations
> Report from the Texas Leadership Institute for Mental Health in Schools
> An Initial Look at Texas Policy Related to Mental Health in Schools

III. Reports from the *Coalition for Cohesive Policy in Addressing Barriers to Development & Learning*

> Organizing Framework: Coalition for Cohesive Policy in Addressing Barriers to Development
    and Learning
> Initial Tasks and Guiding Frameworks: Coalition for Cohesive Policy in Addressing Barriers
    to Development and Learning
> The Policy Problem and a Resolution to Guide Organizations Working toward Policy
    Cohesion
> Proposal for Policy Legislation: Restructuring Student Support Resources and Enhancing
    Their Connection with Community Resources

IV. *Center Impact Evaluation Report*

Answers to the Pretest/ Posttest

1.   True

2.   Any of the factors listed under these categories in Table 4.

3.   False

4.   >Systems for Positive Development
      >Systems of Prevention
      >Systems of Early Intervention
      >Systems of Care

5.   True

6.   >Classroom focused Enabling
      >Crisis/Emergency Response and Prevention
      >Support for Transitions
      >Home Involvement in Schooling
      >Community Outreach/Volunteers
      >Student and Family Assistance

7.   Principle of Least Intervention Needed

8.   False

9.   Examples of Case-oriented Team Functions:
      >*triage*
      >*referral*
      >*case monitoring/management*
      >*case progress review*
      >*case reassessment*

Examples of a Resource-oriented Team Functions:
      >*mapping resources*
      >*analyzing resources*
      >*enhancing resources*
      >*program and system planning/development – including emphasis on establishing a full   continuum of intervention*
      >*redeploying resources*
      >*coordinating-integrating resources*
      >*social "marketing"*

10.   (e) all of the above

(11) True

From the Center's Clearinghouse...

Thank you for your interest and support of the Center for Mental Health in Schools. You have just downloaded one of the packets from our clearinghouse. Packets not yet available on-line can be obtained by calling the Center (310)825-3634.

We want your feedback! Please rate the material you downloaded:

How well did the material meet your needs?   *Not at all   Somewhat   Very much*

Should we keep sending out this material?   *No   Not sure   Yes*

Please indicate which if any parts were more helpful than others.

In general, how helpful are you finding the Website? *Not at all   Somewhat   Very Much*

If you are receiving our monthly ENEWS, how helpful are you finding it?
                                             Not at all   Somewhat   Very Much

Given the purposes for which the material was designed, are there parts that you think should be changed? (Please feel free to share any thoughts you have about improving the material or substituting better material.)

We look forward to interacting with you and contributing to your efforts over the coming years. Should you want to discuss the center further, please feel free to call (310)825-3634 or e-mail us at smhp@ucla.edu

Send your responce to:
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The Center is co-directed by Howard Adelman and Linda Taylor and operates
under the auspices of the School Mental Health Project, Dept. of Psychology,
UCLA, Los Angeles, CA 90095-1563 -- Phone: (310) 825-3634.

We hope you found this to be a useful resource.
There's more where this came from!

This packet has been specially prepared by our Clearinghouse. Other Introductory Packets and materials are available. Resources in the Clearinghouse are organized around the following categories.

Systemic Concerns

» Policy issues related to mental health in schools
» Mechanisms and procedures for
    program/service coordination
     • Collaborative Teams
     • School-community service linkages
     • Cross disciplinary training and
       interprofessional education
» Comprehensive, integrated programmatic
    approaches (as contrasted with fragmented,
    categorical, specialist oriented services)

» Issues related to working in rural, urban,
    and suburban areas
» Restructuring school support service
     • Systemic change strategies
     • Involving stakeholders in decisions
     • Staffing patterns
     • Financing
     • Evaluation, Quality Assurance
     • Legal Issues
» Professional standards

Programs and Process Concerns

» Clustering activities into a cohesive,
    programmatic approach
     • Support for transitions
     • Mental health education to enhance
       healthy development & prevent problems
     • Parent/home involvement
     • Enhancing classrooms to reduce referrals
       (including prereferral interventions)
     • Use of volunteers/trainees
     • Outreach to community
     • Crisis response
     • Crisis and violence prevention
       (including safe schools)

» Staff capacity building & support
     • Cultural competence
     • Minimizing burnout
» Interventions for student and
    family assistance
     • Screening/Assessment
     • Enhancing triage & ref. processes
     • Least Intervention Needed
     • Short-term student counseling
     • Family counseling and support
     • Case monitoring/management
     • Confidentiality
     • Record keeping and reporting
     • School-based Clinics

Psychosocial Problems

» Drug/alcohol abuse
» Depression/suicide
» Grief
» Dropout prevention
» Gangs
» School adjustment (including newcomer acculturation)

» Pregnancy prevention/support
» Eating problems (anorexia, bulimia)
» Physical/Sexual Abuse
» Neglect
» Gender and sexuality

» Self-esteem
» Relationship problems
» Anxiety
» Disabilities
» Reactions to chronic illness
» Learning, attention & behavior problems