
*Revisiting Learning &
Behavior Problems:
Moving Schools Forward*

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Preface

Editors are want to ask: *Who's your audience?* Well, if you picked up this book because the title seemed important to you, then you are the right audience. We have written it for those who already are intrigued with the topic and for anyone who wants to learn more about it. Some of what we say may seem unfairly critical of present practices. Some or what we propose may seem too difficult to accomplish. In taking the positions we do, we risk offending some of the many overworked professionals who strive everyday to do their best for children who are experiencing learning, behavior, and emotional problems. This, of course, is not our intent. We know the demands placed on so many practitioners go well beyond what common sense says anyone should be asked to endure. And, we know that they often feel as if they are swimming against the tide and making too little progress. One of our objectives in writing this book is to highlight some of the systemic reasons it feels that way. Building on that understanding, we explore the types of changes that are needed.

Between the covers of this book, you will find a big picture overview of what's wrong with the way schools address learning and behavior problems, frameworks for rethinking current policy and practice and for moving in new directions, and specific practices for making schools more effective. Along the way, we stress how schools, families, and communities must collaborate to get there from here. Our approach involves both analysis and commentary; we offer conceptualizations, examples, and opinions.

Over the last 30 years, we have worked together pursuing an eclectic brand of intervention research and practice in school and clinical settings. In doing so, we have drawn on an emerging literature and learned from challenging interchanges with colleagues, students, and clients. At times, our focus has been on improving current practice and research; at times, we have struggled to transform policies and systems. Always we have tried to learn and build on fundamentals. Always the difficulties

involved in understanding the causes of and ways to ameliorate learning, behavior, and emotional problems have challenged and humbled us.

It will be obvious that our work owes much to many – scholars whose research and writing is a shared treasure; colleagues, students, family, and friends who support, nurture, and offer their insights and wisdom; and the many young people and their families who continue to teach us as we try to help them. The contributions of all are reflected throughout. We would fail dismally if we tried to list names. We take this opportunity simply to acknowledge our enormous debt.

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- C. About Active Learning
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- E. About Mental Health in Schools
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*The single most characteristic thing
about human beings is that they learn.*

Jerome Bruner

Part I

So You Want Kids to Succeed at School; Then, It's Time to Rethink What We are Doing

Lack of success at school is one of the most common factors interfering with the current well-being and future opportunities of children and adolescents. Thus, those concerned about the future of young people and society must pay particular attention to what schools do and do not do with respect to students who are not performing well at school.

The good news is that there are many schools where the majority of students are doing just fine, and in any school, one can find youngsters who are succeeding. The bad news is that in any school one can find youngsters who are failing, and there are too many schools, particularly those serving lower income families, where large numbers of students and their teachers are in trouble. And, the simple, but profound truth is that, for the most part, schools are ill-prepared to address the needs of those who are in trouble. Moreover, in some instances, the schools themselves are part of the reason some students and teachers are performing poorly.

Clearly, major systemic changes are in order. Schools must move forward in proactive and positive ways if they are to effectively address all learning and behavior problems, including those associated with disabilities. And, they must do so with a fundamental appreciation of what motivates learning and appropriate behavior.

Since the early 1960's, our work has focused on youngsters who manifest a range of learning, behavior, and emotional problems. Along the way, we have written extensively about the problem of who should and who shouldn't be designated as having a disability or disorder. Diagnoses of learning disabilities were of particular concern because it was evident from the time the term was adopted into

law that problems of over-identification would arise. It was also evident that, as the numbers grew significantly out of proportion to other disorder and disability diagnoses, there would be the type of policy backlash that reverberated across the country during the IDEA reauthorization process in 2002.

These days, when individuals are diagnosed as having a learning disability or an attention-deficit/hyperactivity disorder, it is commonplace to question whether the diagnosis was made validly. To understand the issues, it helps to begin by placing these diagnostic labels into the broad context of learning and behavior problems. It also helps to view all learning and behavior in the context of basic ideas about learning, teaching, and schooling. And, because socio-political and economic factors have such a pervasive influence on all this, it is important to highlight the societal context.

Part I begins by answering the question: *Learning and behavior problems: Who are we talking about?* and explores why students have problems. By the end of Chapter 3, it will be evident that learning and behavior problems are multifaceted and that the solutions must be too. Moreover, in Chapter 4, we stress that the solution is not to develop more and better ways to control youngsters' behavior; the need is for comprehensive approaches that can engage and re-engage students in learning.

Chapter 1

Learning And Behavior Problems: Who Are We Talking About?

*Normality and exceptionally (or deviance) are not absolutes;
both are culturally defined by particular societies
at particular times for particular purposes.*

Ruth Benedict (1934)

A small circus, traveling from town to town, arrived in a village where circus animals had never been seen. As word of these wonders spread, people flocked to see them. In the crowd was a group of blind children. Noticing these children, the circus folk brought out their elephant, who was a gentle beast, so that the blind youngsters could examine the creature. The children were afraid, for they had never been taught about elephants and, even after much reassurance, only three had the courage to touch the beast. Together they were led to the elephant, and each gingerly felt the part of the elephant that was nearest. The others shouted to them to describe the elephant.

The girl who had felt the elephant's leg said, "The elephant is like a tree, round and tall.

"That's not so!" blurted the boy who had felt the trunk. "The elephant is like a person's arm, soft and strong."

The child who explored the ear was indignant. "No! No! The elephant is like a rug, flat and rough."

Confused and dissatisfied by the descriptions, their friends demanded to know who was right. But the three explorers insisted on the correctness of their individual perceptions.

Finally, someone suggested that the three examine the elephant again. This time each encountered a different part. Only then did they come to understand that many parts make up an elephant (adapted from an old fable).

If society is to deal effectively with learning and behavior problems, there must be greater understanding of the parts that make up the phenomena. To begin with, it is important to differentiate learning *disabilities* from learning problems and attention-deficit/hyperactivity disorder from commonplace behavior problems.

What's in a Name?

Limited Bases of Current Labeling Practices

Learning and Teaching as the Context for Understanding Learning and Behavior Problems

Keeping LD and ADHD in Proper Perspective: Type I, II, and III Learning and Behavior Problems

Society as the Context for Teaching, Learning, and Behaving

Concluding Comments

She's depressed.

That kid's got an attention deficit hyperactivity disorder.

He's learning disabled.

Although reliable data do not exist, most would agree that at least 30 percent of the public school population in the United States are not doing well academically and could be described as having school learning problems. (Findings from the National Assessment of Educational Progress indicate that 40 percent of nine-year-olds in the U.S. score poorly -- see National Center for Educational Statistics, 2000.) A great many of these students also are seen as behavior problems. Some are youngsters with learning disabilities (LD), attention-deficit/hyperactivity disorder (ADHD), depression, and other problems stemming from internal dysfunctions. However, despite the fact that the numbers assigned to these specific diagnostic categories continue to grow, the reality is that most youngsters have commonplace learning and behavior problems and should not be assigned labels that denote internal pathology. Indeed, for many young people, troubling symptoms would not have developed given different environmental circumstances.

What's in a Name ?

It is not surprising that debates about labeling young people are so heated. Differential diagnosis is difficult and fraught with complex issues. Diagnostic labels need to be used cautiously. There is a tendency among the general public to refer to anyone with a learning problem as LD, and anyone with problems at school who manifests a high activity level may be thought of as having ADHD.

Strong images are associated with diagnostic labels, and people act upon these notions. Sometimes the images are useful generalizations; sometimes they are harmful stereotypes. Sometimes they guide practitioners toward good ways to help; sometimes they contribute to "blaming the victim," by making young people the focus of intervention rather than pursuing system deficiencies that are causing the problem. In all cases, diagnostic labels can profoundly shape a person's future.

There are many reasons for wanting to differentiate among individuals who have learning and behavior problems. One reason is that some of these problems can be prevented; another is that some learning and behavior problems are much easier to overcome than others. Of course, differentiating among persons who have learning and behavior problems is not easy. Severity is the most common factor used to distinguish LD and ADHD from the many commonplace learning and behavior problems that permeate schools. However, there also is a tendency to rely heavily on how far behind an individual lags, not only in reading, but in other academic and social skills. Thus, besides severity, there is concern about how pervasive the problem is. Specific criteria for judging severity and pervasiveness depend on prevailing age, gender, subculture, and social status expectations. Also important is how long the problem has persisted. Still, in the final analysis the case for LD and ADHD as special types of learning and behavior problems must be made by differentiating them from commonplace problems. As illustrated in the Exhibit on the following pages, behaviors can be described in terms of normal variations or as common problems that do not warrant diagnosis as disorders.

Limited Bases of Current Labeling Practices

The thinking of those who study behavioral, emotional, and learning problems has long been dominated by models stressing *person* pathology. This is evident in discussions of cause, diagnosis, and intervention strategies. It is clearly reflected in the ways LD and ADHD are commonly described and defined.

The definition of *learning disabilities* proposed in the 1960s by the National Advisory Committee on Handicapped Children was given official status when it was incorporated (with minor modifications) into federal legislation in 1969. As stated in the statute (U.S. Public Law 94-142 – the Education for all Handicapped Children Act of 1975) and maintained in reauthorization legislation, individuals with specific learning disabilities are those who have

"a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have

Exhibit

(1) Developmental Variations: *Behaviors within the Range of Expected Behaviors for That Age Group**

DEVELOPMENTAL VARIATION

Hyperactive/Impulsive

Variation

Young children in infancy and in the pre-school years are normally very active and impulsive and may need constant supervision to avoid injury. Their constant activity may be stressful to adults who do not have the energy or patience to tolerate the behavior.

During school years and adolescence, activity may be high in play situations and impulsive behaviors may normally occur, especially in peer pressure situations.

High levels of hyperactive/impulsive behavior do not indicate a problem or disorder if the behavior does not impair functioning.

COMMON DEVELOPMENTAL VARIATIONS

Infancy

Infants vary in their responses to stimulation. Some infants may be overactive to sensations such as touch and sound and may squirm away from the caregiver, while others find it pleasurable to respond with increased activity.

Early Childhood

The child runs in circles, doesn't stop to rest, may bang into objects or people, and asks questions constantly.

Middle Childhood

The child plays active games for long periods. The child may occasionally do things impulsively, particularly when excited.

Adolescence

The adolescent engages in active social activities (e.g., dancing) for long periods, may engage in risky behaviors with peers.

SPECIAL INFORMATION

Activity should be thought of not only in terms of actual movement, but also in terms of variations in responding to touch, pressure, sound, light, and other sensations. Also, for the infant and young child, activity and attention are related to the interaction between the child and the caregiver, e.g., when sharing attention and playing.

Activity and impulsivity often normally increase when the child is tired or hungry and decrease when sources of fatigue or hunger are addressed.

Activity normally may increase in new situations or when the child may be anxious. Familiarity then reduces activity.

Both activity and impulsivity must be judged in the context of the caregiver's expectations and the level of stress experienced by the caregiver. When expectations are unreasonable, the stress level is high, and/or the parent has an emotional disorder (especially depression ...), the adult may exaggerate the child's level of activity/impulsivity.

Activity level is a variable of temperament (...). The activity level of some children is on the high end of normal from birth and continues to be high throughout their development.

(cont.)

Exhibit (cont.)

(2) Problems – Behaviors Serious Enough to Disrupt Functioning with Peers, at School, at Home, but Not Severe Enough to Meet Criteria of a Mental Disorder.*

PROBLEM

COMMON DEVELOPMENTAL PRESENTATIONS

Hyperactive/Impulsive

Behavior Problem

These behaviors become a problem when they are intense enough to begin to disrupt relationships with others or begin to affect the acquisition of age-appropriate skills. The child displays some of the symptoms listed in the section on ADHD predominantly hyperactive/impulsive subtype. However, the behaviors are not sufficiently intense to qualify for a behavioral disorder such as ADHD, or of a mood disorder (see section on Sadness and Related Symptoms), or anxiety disorder (see section on Anxious Symptoms).

A problem degree of this behavior is also likely to be accompanied by other behaviors such as negative emotional behaviors or aggressive/oppositional behaviors.

Infancy

The infant squirms and has early motor development with increased climbing. Sensory underreactivity and overreactivity as described in developmental variations can be associated with high activity levels.

Early Childhood

The child frequently runs into people or knocks things down during play, gets injured frequently, and does not want to sit for stories or games.

Middle Childhood

The child may butt into other children's games, interrupts frequently, and has problems completing chores.

Adolescence

The adolescent engages in "fooling around" that begins to annoy others and fidgets in class or while watching television.

SPECIAL INFORMATION

In infancy and early childhood, a problem level of these behaviors may be easily confused with cognitive problems such as limited intelligence or specific developmental problems (...). However, cognitive problems and hyperactive/ impulsive symptoms can occur simultaneously.

A problem level of these behaviors may also be seen from early childhood on, as a response to neglect (...), physical/sexual abuse (...), or other chronic stress, and this possibility should be considered.

*Adapted from *The Classification of Child and Adolescent Mental Diagnoses in Primary Care*. (1996) American Academy of Pediatrics.

Note: Dots (...) indicate where the material has been abridged or that the original refers to another section of the document.

learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, or emotional disturbance, or of environmental, cultural, or economic disadvantage." (Federal Register, 1977, p. 65, 083)

The federal definition of LD has been controversial from the onset. In particular: (1) use of the term "children" was seen as inappropriately excluding adolescents and adults; (2) the phrase "basic psychological processes" was seen as too vague and became the focus of debates between advocates of direct instruction and those concerned with treating underlying processing disabilities; (3) the list of inclusive conditions (e.g., perceptual handicaps, minimal brain dysfunction) was seen as out-dated and ill-defined; and (4) the "exclusion" clause was seen as contributing to misconceptions (e.g., that LD cannot occur in conjunction with other handicapping conditions, environmental, cultural, or economic disadvantage).

Efforts to describe ADHD also often are considered too vague – “fitting” too many kids with common place problems. For example, a fact sheet prepared by the federal Center for Mental Health Services (a unit of the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services) offers the following description:

“Young people with attention-deficit/ hyperactivity disorder typically are overactive, unable to pay attention, and impulsive. They also tend to be accident prone . . . [and] may not do well in school or even fail, despite normal or above-normal intelligence. . . . There are actually three different types . . ., each with different symptoms. The types are referred to as inattentive, hyperactive-impulsive, and combined attention-deficit/hyperactivity disorder.

Children with the inattentive type:

- have short attention spans
- are easily distracted
- do not pay attention to details
- make lots of mistakes
- fail to finish things
- are forgetful
- don't seem to listen
- cannot stay organized.

Children with the hyperactive-impulsive type:

- fidget and squirm
- are unable to stay seated or play quietly
- run or climb too much or when they should not
- talk too much or when they should not
- blurt out answers before questions are completed
- have trouble taking turns
- interrupt others.

Combined attention-deficit/hyperactivity disorder, the most common type A diagnosis of one of the attention- deficit/hyperactivity disorders is made when a child has a number of the above symptoms, and the symptoms began before the age of 7 and lasted at least 6 months. Generally, symptoms have to be seen in at least two different settings (for example, at home and at school) before a diagnosis is made.”

Despite the concerns about the limitations of the some diagnostic categories, the emphasis has remained on how to classify person pathology (i.e., disorders and disabilities). Because this is so, diagnostic systems have not been developed in ways that adequately account for psychosocial problems. This is well-illustrated by the widely-used *Diagnostic and Statistical Manual of Mental Disorders* – DSM IV (see Exhibit on the next page). As a result, comprehensive *formal* systems used to classify problems in human functioning convey the impression that all behavioral, emotional, or learning problems are instigated by internal *pathology*. Some efforts to temper this notion see the pathology as a vulnerability that only becomes evident under stress. However, most differential diagnoses of children's problems are made by focusing on identifying one or more disorders (e.g., oppositional defiant disorder, attention-deficit/hyperactivity disorder, learning disabilities, or adjustment disorders), rather than first asking: *Is there a disorder?*

Bias toward classifying problems in terms of *personal* rather than *social causation* is bolstered by factors such as (a) attributional bias – a tendency for observers to perceive others' problems as rooted in stable personal dispositions (Miller & Porter, 1988) and (b) economic and political influences – whereby society's current priorities and other extrinsic forces shape professional practice (Becker, 1963; Byrnes, 2002; Coles, 1978; Hobbs, 1975; Prilleltensky & Nelson, 2002; Stainback & Stainback, 1995).

There is a substantial community-serving component in policies and procedures for classifying and labeling exceptional children and in the various kinds of institutional arrangements made to take care of them. "To take care of them" can and should be read with two meanings: to give children help and to exclude them from the community.

Nicholas Hobbs (1975)

Overemphasis on classifying problems in terms of personal pathology skews theory, research, practice, and public policy. One example is seen in the fact that comprehensive classification systems do not exist for environmentally caused problems or for psychosocial problems (caused by the transaction of internal and environmental factors).

There is considerable irony in all this because so many practitioners who use prevailing diagnostic labels understand how many human problems result from the interplay of person and environment. To counter nature *versus* nurture biases in thinking about diagnosing problems, it helps to approach the task guided by a broad perspective of factors determining human behavior.

Exhibit

Diagnostic Criteria for Attention-Deficit/Hyperactivity Disorder

A. Either (1) or (2)

(1) six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Inattention

- (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- (b) often has difficulty sustaining attention in tasks or play activities
- (c) often does not seem to listen when spoken to directly
- (d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- (e) often has difficulty organizing tasks and activities
- (f) often avoids, dislikes or is reluctant to engage in tasks that require sustained mental efforts (such as schoolwork or homework)
- (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- (h) is often easily distracted by extraneous stimuli
- (i) is often forgetful in daily activities

(2) six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity

- (a) often fidgets with hands or feet or squirms in seat
- (b) often leaves seat in classroom in other situations in which remaining seated is expected
- (c) often runs about or climbs excessively in situations in which it is inappropriate ...
- (d) often has difficulty playing or engaging in leisure activities
- (e) is often "on the go" or often acts as if "driven by a motor"
- (f) often talks excessively

Impulsivity

- (g) often blurts out answers before questions have been completed
- (h) often has difficulty awaiting turn
- (i) often interrupts or intrudes on others (e.g., butts into conversations or games)

B. Some hyperactivity-impulsive or inattentive symptoms that caused impairment were present before age 7 years

C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).

D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning...

From the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*. Fourth Edition. Washington, DC. American Psychiatric Association, 1994.

Learning And Teaching as The Context For Understanding Learning And Behavior Problems

As Jerome Bruner (1966) has stated: "The single most characteristic thing about human beings is that they learn" (p. 13). This is not to say that all learning is the result of direct teaching. Indeed, some behavior problems clearly reflect something that was learned even though no one intended to teach it. And, high quality teaching encourages learning that goes beyond specific instruction.

To answer questions such as: Why are there so many problems? What can we do to make things better? we need to understand the factors that lead to learning and those that interfere. Although learning and behavior problems are not limited to any one time or place, they are recognized most often in classroom settings. And, teaching, both in and out of schools, obviously encompasses one critical set of determinants of problems and their prevention and correction. Thus, another way to differentiate among problems seen at school is to identify those caused primarily because of the way schooling is conducted. That is, given that there are schooling-caused problems, they ought to be differentiated from those caused by the type of central nervous system dysfunctioning that is believed to cause true learning *disabilities*, attention deficit/ hyperactivity *disorders*, and a host of other person pathologies..

By making such a differentiation, it becomes clearer that the prevention of some problems requires changes in school practices. Indeed, it becomes evident that quality teaching is a necessary context and provides the fundamentals for helping address learning and behavior problems. And, it also helps clarify that those with true LD and ADHD require something more in the way of help.

Partly because current assessment practices are so limited, there has been widespread failure to differentiate LD and ADHD from other types of learning and behavior problems – particularly with respect to cause. A result of this is that most programs and research samples have included individuals ranging from those whose problems were caused primarily by environmental deficiencies to those whose problems stem from internal disabilities. This source of sample variability confounds efforts to compare findings from sample to sample, limits generalization of findings, and makes translations to practice tenuous.

Because of the problems encountered in classifying school problems, a large proportion of research purporting to deal with LD and ADHD samples has more to say about learning and behavior *problems* in general than about learning *disabilities* or ADHD. In this regard, failure to differentiate underachievement caused by neurological dysfunctioning from that caused by other factors has been a major deterrent to important lines of research and theory and threatens the integrity of the LD field. Similarly, failure to differentiate commonplace behavior problems from behavior disorders has been a deterrent to fields concerned with such disorders.

With respect to intervention practice and research, failure to differentiate learning and behavior problems in terms of cause contributes to widespread misdiagnosis and to unneeded specialized treatments (i.e., individuals who do not have disabilities end up being treated as if they do). In turn, this leads to profound misunderstanding of what interventions do and do not have unique promise for learning disabilities and ADHD. In general, the scope of misdiagnoses and misprescriptions in these fields has undermined prevention, correction, research, and training and the policy decisions shaping such activity.

Given that the concepts of LD and ADHD are poorly defined and diagnosed, it is not surprising that there has been considerable misdiagnosis (see Exhibit on the following page). And, given that those diagnosed as LD have become the largest percentage in special education programs, it is not surprising that the LD field experienced a significant backlash in the form of criticism of practice and policy (see Exhibit at the end of the chapter).

Keeping LD and ADHD in Proper Perspective: Type I, II, AND III Learning and Behavior Problems

Because of the scope of misdiagnosis, it is obvious that assignment of the LD and ADHD labels is not a sufficient indication that an individual has an underlying dysfunction. Still, it remains scientifically valid to conceive of a subgroup (albeit a small subset) with neurologically based learning and/or behavior problems and to differentiate this subgroup from those with learning and behavior problems *caused* by other factors. A useful perspective for doing this is provided by a reciprocal determinist

Exhibit

Some Data and Some Controversy About LD

Data from the National Center for Education Statistics (NCES, 2000) indicates that 37% of 4th graders cannot read at a basic level. Best estimates suggest that at least 20% of elementary students in the U.S. have significant reading problems. Among those from poor families and those with limited-English language skills, the percentage shoots up to 60-70%. At the same time, best estimates suggest that minimally 95% of all children can be taught to read.

By the late 1990s, about 50% of those students designated as in need of special education were labeled LD. This translates into 2.8 million children. (The proportion of school-age children so-labeled has risen from 1.8% in 1976-77 to 5.2% in 2001.) Reading and behavior problems were probably the largest source of the referrals that led to these students being so-designated (Lyons, 2002, Testimony before the Subcommittee on Educational Reform). Testifying before the U.S. Senate Subcommittee for Educational Reform in 2002, Robert Pasternack (Asst. Secretary for Special Education and Rehabilitative Services in the U.S. Dept. of Education) stated that 80-90% of those labeled as having a specific learning disability have their primary difficulties in learning to read, and “of the children who will eventually drop out of school, over seventy-five percent will report difficulties in learning to read.”

These types of data have become the nexus for questioning whether many youngsters diagnosed as LD are mainly displaying commonplace reading and related behavior problems. And, the basis for many of these problems is widely attributed to the way the students are being taught.

While there is a trend to focus on inadequate teaching as a cause of many learning problems, particularly reading problems, there is considerable controversy about this, as well as about how to improve the situation. On one side are those who emphasize the instructional literature. They stress use of direct reading instruction focused on ensuring students, especially in the early grades, learn to distinguish phonemic sounds, connect letters with the sounds they represent (phonics), decode words, and eventually learn to read fluently and with comprehension (NICHD, 2000).¹ With specific respect to LD, such direct instruction or “scientifically-based reading instruction” is being advocated as the key to reducing the numbers labeled. The claim is that findings from early intervention and prevention studies suggest that “reading failure rates as high as 38-40 percent can be reduced to six percent or less” (Lyons, 1998).² Thus, before a student is diagnosed, advocates want students provided with “well-designed and well-implemented early intervention” using the type of direct instruction described by the National Reading Panel sponsored by NICHD (2000). Direct instruction is heavily-oriented to development of specific skills, with the skills explicitly laid out in lesson plans for teachers in published reading programs and with frequent testing to identify what has and hasn’t been learned.

On the other side of the controversy are critics who argue that the evidence-base for direct instruction is so limited that no one can be confident that the approach will produce the type of reading interest and abilities that college-bound students must develop. These professionals are especially critical of the work of the National Reading Panel, which they argue was overloaded with proponents of direct instruction and inappropriately relied on correlational data to infer causation.

¹ NICHD (2000) Report of the National Reading Panel: *Teaching Children to Read*.

<http://www.nichd.nih.gov/publications/nrp/smallbook.htm>

² G. Reid Lyons (1998). Reading: A research based approach. In California State Board of Education (Eds.). *Read all about it: Readings to inform the profession*. Sacramento, CA: County Office of Education.

or transactional view of behavior. (Note that this view goes beyond taking an ecological perspective.)

A transactional perspective subsumes rather than replaces the idea that some learning and behavior problems stem from biological dysfunctions and differences. As we have stressed over the years, a transactional view acknowledges that there are cases in which an individual's disabilities predispose him or her to problems even in highly accommodating settings. At the same time, however, such a view accounts for instances in which the environment is so inadequate or hostile that individuals have problems despite having no disability. Finally, it recognizes problems caused by a combination of person and environment factors. The value of a broad transactional perspective, then, is that it shifts the focus from asking whether there is a biological deficit causing the problem to asking whether the causes are to be found in one of the following as *primary* instigating factors:

- ⊆ *The individual* (e.g., a neurological dysfunction; cognitive skill and/or strategy deficits; developmental and/or motivational differences)
- ⊆ *The environment* (e.g., the primary environment, such as poor instructional programs, parental neglect; the secondary environment, such as racially isolated schools and neighborhoods; or the tertiary environment, such as broad social, economic, political, and cultural influences)
- ⊆ The reciprocal *interplay of individual and environment*

No simple typology can do justice to the complexities involved in classifying problems for purposes of research, practice, and policymaking. However, even a simple conceptual framework based on a transactional view can be helpful. For example, it is valuable to use such an approach to differentiate types of learning or behavior problems along a causal continuum.

In most cases, it is impossible to be certain what the cause of a specific individual's learning or behavior problem might be. Nevertheless, from a theoretical viewpoint, it makes sense to think of such problems as caused by different factors (see Figure 1-1). And, of course, a similar case can be made for a range of mental health and psychosocial concerns related to children and adolescents (Adelman, 1995; Adelman & Taylor, 1994).

Failure to differentiate LD and ADHD from other types of learning and behavior problems has caused a great deal of confusion and controversy. Currently, almost any individual with a learning or

behavior problem stands a good chance of being diagnosed as having LD, ADHD, or both. As a result, many who do not have disabilities are treated as if they did. This leads to prescriptions of unneeded treatments for nonexistent or misidentified internal dysfunctions. It also interferes with efforts to clarify which interventions do and do not show promise for ameliorating different types of learning problems. Ultimately, keeping LD and ADHD in proper perspective is essential to improving both research and practice.

After the general groupings are identified, it becomes relevant to consider differentiating subgroups or subtypes. For example, subtypes for the Type III category might first differentiate learning, behavioral, and emotional problems arising from serious internal pathology (e.g., structural and functional malfunctioning within the person that causes disorders and disabilities and disrupts development). Then, subtypes might be differentiated within each of these categories.

Such subtyping has long characterized discussions of LD (e.g., dyslexia, dyscalculia) and ADHD (e.g., inattentive, hyperactive-impulsive, combined subtypes). For broader illustrative purposes: Figure 1-2 presents some ideas for subgrouping Type I and III problems; Figure 1-3 presents ideas for further subtyping misbehavior within the Type I category. In formulating subtypes, basic dimensions such as problem severity, pervasiveness, and chronicity continue to play a key role, as do considerations about development, gender, culture, and social class.

Our point in offering specific examples is not to argue for their adoption but to emphasize that discussion of classifying problems raises theoretical, practical, legal, and ethical matters of profound concern. The clearer the image people have of learning, behavior, and emotional problems, the sharper can be discussion of cause and correction and the greater the chances are for advancing knowledge and preventing and correcting the full range of problems.

Figure 1-1. Learning and behavior problems: A causal continuum for placing LD and ADHD in proper perspective

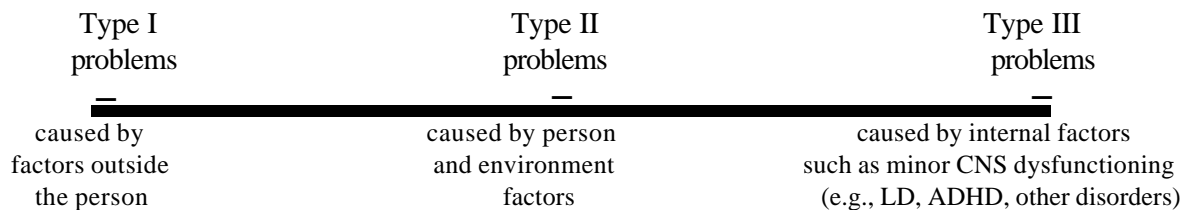
By way of introduction, think about a random sample of students for whom learning and/or behavior problems are the *primary* problem (that is, the problem is not the result of seeing or hearing impairments, severe mental retardation, severe emotional disturbances, or autism). What makes it difficult for them to learn and behave appropriately? Theoretically, at least, it is reasonable to speculate that some may have a relatively minor internal disorder causing a *minor* central nervous system (CNS) dysfunction that makes learning and behaving appropriately difficult even under good teaching circumstances. These are individuals for whom the terms *learning disabilities* and ADHD were created. In differentiating them from those with other types of learning and behavior problems, it may help if you visualize LD and ADHD as being at one end of a continuum. We call this group Type III problems.



At the other end of the continuum are individuals with problems that arise from causes outside the person. Such problems should not be called LD or ADHD. Obviously, some people do not learn or behave well when a learning situation is not a good one. It is not surprising that a large number of students who live in poverty and attend overcrowded schools manifest learning and psychosocial problems. Problems that are primarily the result of deficiencies in the environment in which learning takes place can be thought of as Type I problems.

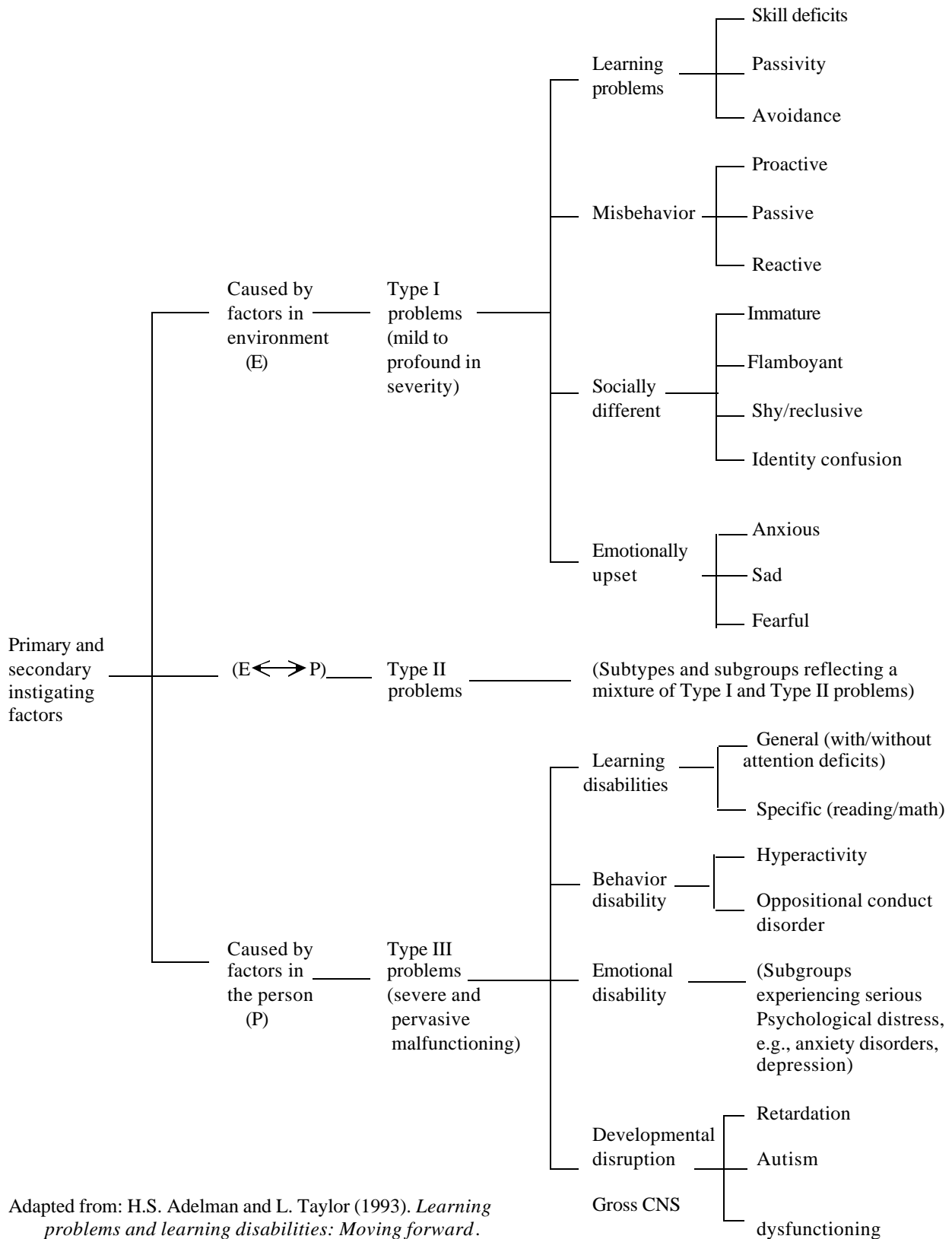


To provide a reference point in the middle of the continuum, we can conceive of a Type II learning problem group. This group consists of persons who do not learn or perform well in situations where their individual differences and vulnerabilities are poorly accommodated or are responded to with hostility. The learning problems of an individual in this group can be seen as a relatively equal product of the person's characteristics and the failure of the learning and teaching environment to accommodate to that individual.



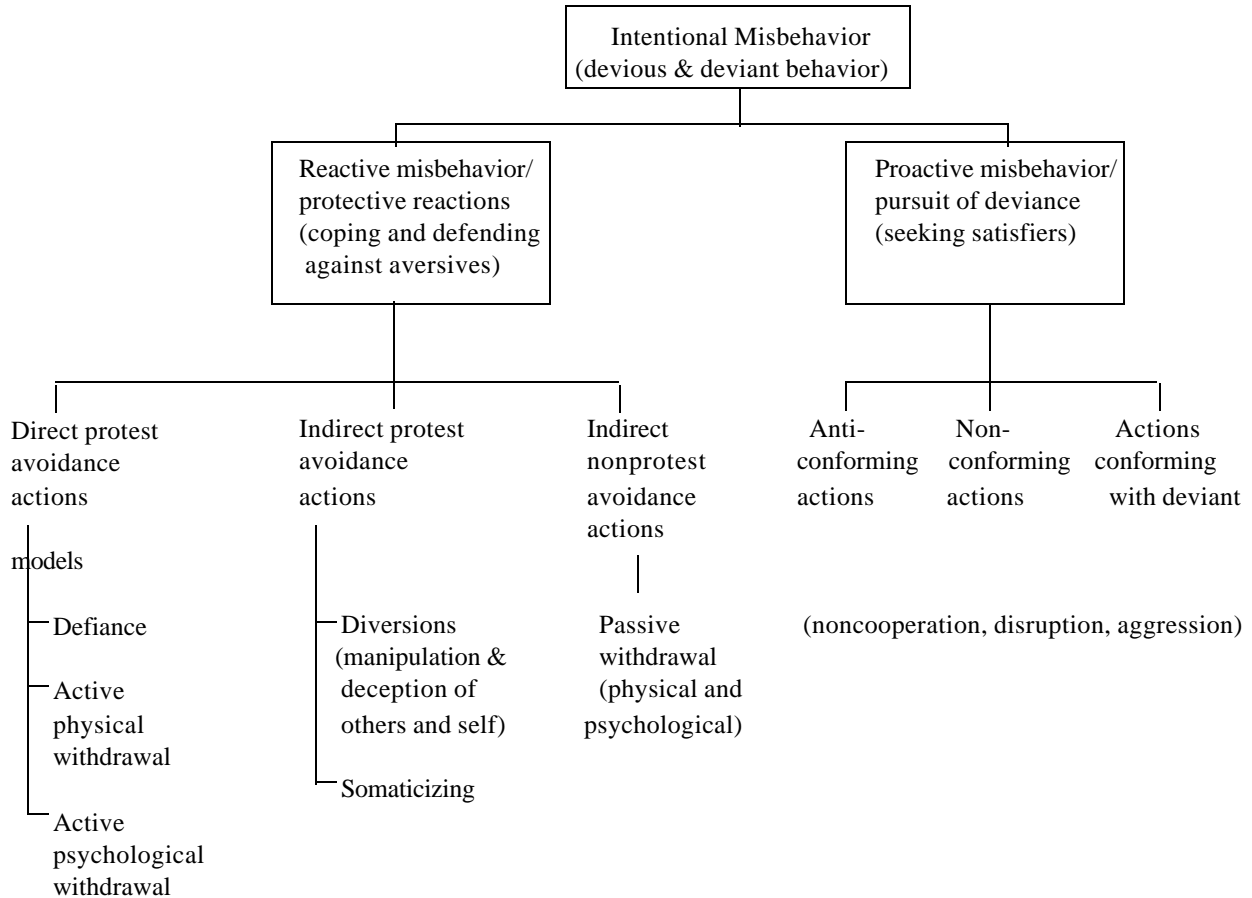
Primary Locus of Cause

Figure 1-2. A categorization of Type I, II, and III Problems



Adapted from: H.S. Adelman and L. Taylor (1993). *Learning problems and learning disabilities: Moving forward*. Pacific Grove, CA: Brooks/Cole.

Figure 1-3. Subtyping intentional misbehavior (a Type I problem)



Society as the Context for Teaching, Learning, and Behavior

Education is a social invention. All societies design schools in the service of social, cultural, political, and economic aims. Concomitantly, socialization is the aim of a significant portion of the teaching done by parents and other individuals who shape the lives of children. This is especially the case for populations labeled as problems. Because society has such a stake in teaching and learning, it is critical to discuss these topics within a societal context.

Society shapes the content and context of teaching, the definition of learning problems, and the way teachers are held accountable for outcomes. The fields focused on learning disabilities and behavior disorders exemplify these points. They were created and are maintained through political processes. Prevailing definitions and proposed revisions are generated through political compromises. Guidelines for differentiating LD and ADHD from other learning and behavior problems, for planning what

students are taught, and for evaluating what they learn – all are established through political processes.

Moreover, as Nicholas Hobbs (1975) stresses: “Society defines what is exceptional or deviant, and appropriate treatments are designed quite as much to protect society as they are to help the child ‘To take care of them’ can and should be read with two meanings: to give children help and to exclude them from the community.”

Inevitably, exploration of teaching and learning and of learning and behavior problems and disorders touches upon education and training, helping and socializing, democracy and autocracy. Schools, in particular, are places where choices about each of these matters arise daily. The decisions made often result in controversy.

It is only through understanding the role society plays in shaping teaching practices and research that a full appreciation of the limits and the possibilities of ameliorating learning problems can be attained. And, it is only through addressing the barriers and promoting full development (including engendering protective factors) that we can hope to stem the rising tide of emotional and behavioral problems.

Concluding Comments

While it's good to give special help to those who need it, the tendency to ignore the fact that many commonplace learning and behavior problems are misdiagnosed as LD and ADHD has compromised the integrity of research and practice. As long as some people use these terms to label every learning and behavior problem and others think there is no such thing as a learning disability or ADHD, confusion and controversy will reign supreme.

It is time for the field to put LD and ADHD firmly into perspective as specific subtypes of learning and behavior problems and to approach all such problems in the context of fundamental ideas about learning and teaching. This is an essential step in enhancing efforts to address the multitude of problems confronting children and adolescents. And, it will help avoid the type of backlash that came to a head during federal legislative reauthorization hearings in 2002 (see the Exhibit on the following pages). With all this in mind, the focus in Chapter 2 is on further clarifying why so many student have learning and behavior problems.

Exhibit

LD: THE BACKLASH

With respect to reauthorization of IDEA, G. Reid Lyon, Chief of the Child Development and Behavior Branch of the National Institute of Child Health and Human Development at the National Institutes of Health testified to Congress on June 6, 2002. He stated that the large and increasing number of individuals diagnosed as having learning disabilities stems from four factors:

First, the vague definition of LD currently in Federal law and the use of invalid eligibility criteria (e.g., IQ-achievement discrepancies) invite variability in identification procedures. For instance, LD identification processes, particularly with regard to how test scores are used, differ across states and even across local school districts within states. Thus, the identification of students with LD is a highly subjective process. . . . For example, one state or local district may require a 22-point discrepancy between an IQ and an achievement test, while another state or district requires more or fewer points, or does not require an IQ-achievement discrepancy calculation at all.

Second, and clearly related to increases in referral for assessment of LD, traditional approaches to reading instruction in the early grades have substantially underestimated the variability among children in their talent and preparation for learning to read. We have seen that many teachers have not been prepared to address and respond to the individual differences in learning that students bring to the classroom. A significant number of general education teachers report that their training programs did not prepare them to properly assess learner characteristics and provide effective reading instruction on the basis of these assessments, particularly to children with limited oral language and literacy experiences who arrive in the classroom behind in vocabulary development, print awareness abilities, and phonological abilities. Our data suggest that many of these youngsters have difficulties reading, not because they are LD, but because they are initially behind and do not receive the classroom instruction that can build the necessary foundational language and early reading skills. If a student is not succeeding academically, general education teachers tend to refer them for specialized services. While some children require these services, many may only require informed classroom instruction from a well-prepared classroom teacher. . . .

Third, given that remediation of learning difficulties is minimally effective after the second grade, it is especially troubling that there has been a large increase in the identification of learning disabilities of students in the later grades. We have theorized that this is primarily due to students falling further and further behind in their academic progress because of reading difficulties and losing motivation to succeed rather than due to limitations in brain plasticity or the closing of "critical periods" in which learning can occur. Consider, during the time that students have been allowed to remain poor readers, they have missed out on an enormous amount of text exposure and reading practice compared to average readers. By one estimate, the number of words read by a middle-school student who is a good reader approaches one million compared with 100,000 for a poor reader. In other words, reading failure seems to compound learning failure exponentially with every grade year passed. This difference places poor readers at a significant disadvantage with respect to vocabulary development, sight word development, and the development of reading fluency. In short, reading becomes an onerous chore, a chore that is frequently avoided.

(cont.)

Exhibit (cont.)

Fourth, and related to the above, the assessment and identification practices employed today under the existing definition of LD and the accompanying requirements of IDEA work directly against identifying children with LD before the second or even the third grade. Specifically, . . . the over reliance on the use of the IQ-achievement discrepancy criterion for the identification of LD means that a child must fail or fall below a predicted level of performance before he or she is eligible for special education services. Because achievement failure sufficient to produce a discrepancy from IQ cannot be reliably measured until a child reaches approximately nine years of age, the use of the IQ-achievement discrepancy literally constitutes a "wait to fail" model. Thus the youngster has suffered the academic and emotional strains of failure for two or three years or even more before potentially effective specialized instruction can be brought to bear. Thus, it is not surprising that our NICHD longitudinal data show clearly that the majority of children who are poor readers at age nine or older continue to have reading difficulties into adulthood.

In summary, the increase in the incidence of LD over the past quarter century . . . particularly within the older age ranges, reflects the fact that Federal policy as set out in the IDEA led to ineffective, inaccurate and frequently invalid identification practices ... placing highly vulnerable children at further risk."

Given all this, Lyon recommended that the exclusionary criteria in the definition be replaced with evidence-based inclusionary criteria and the IQ-discrepancy criterion be discontinued.

Chapter 2

Why Students Have Problems

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)

The Problem of Compelling Clues

Errors in Logic

Causes and Correlates

Causal Models

Human Functioning: a Transactional Model

The Transactional Model as an Umbrella

Why Worry about Cause?

Learning and Behavior Problems: Common Phenomena

Barriers to Learning

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

Concluding Comments

In the last analysis, we see only what we are ready to see. We eliminate and ignore everything that is not part of our prejudices.
Charcot (1857)

What causes learning and behavior problems in general and learning disabilities (LD) and attention-deficit/hyperactivity disorders (ADHD) in particular? In this chapter, we look first at the problem of understanding cause and effect and at general models that shape thinking about the causes of human behavior. Then, using a broad framework, we explore the causes for the full continuum of learning and behavior problems.

The Problem of Compelling Clues

At one time, there was a tribe of South Pacific natives who believed that lice were responsible for keeping a person healthy (Chase, 1956). They had noticed that almost all the healthy people in the tribe had lice, while those who were sick had no lice. Thus, it seemed reasonable to them that lice caused good health.

A teacher-in-training working with children with learning and/or behavior problems notices that most of them are easily distracted and more fidgety than students without such problems. They are also less likely to listen or to do assignments well, and they often flit from one thing to another. The new teacher concludes that there is something physically wrong with these youngsters.

Every day we puzzle over our experiences and, in trying to make sense of them, arrive at conclusions about what caused them to happen. It is a very basic and useful part of human nature for people to try to understand cause and effect. Unfortunately, sometimes we are wrong. The South Pacific Islanders didn't know that sick people usually have a high fever, and since lice do not like the higher temperature, they jump off!

The teacher-in-training is right in thinking that some children with learning problems may have a biological condition that makes it hard for them to pay attention. However, with further training and experience, teachers learn that there are a significant number of students whose attention problems stem from a lack of interest, or from the belief that they really can't do the work, or from any number of other psychological factors.

Errors in Logic

Whenever I read the obituary column, I can never understand how people always seem to die in alphabetical order.

Because it is so compelling to look for causes, and because people so often make errors in doing so, logicians and scientists have spent a lot of time discussing the problem. For example, logicians have pointed out the fallacy of assuming (as the Islanders did) that one event (lice) caused another (good health) just because the first event preceded the second. We make this type of error every time we *presume* that a person's learning or behavior problems are due to a difficult birth, a divorce, poor nutrition, or other factors that preceded the problem.

Another kind of logical error occurs when one event may affect another, but only in a minor way, as part of a much more complicated set of events. There is a tendency to think people who behave nicely have been brought up well by their parents. We all know, however, of cases in which the parents' actions seem to have very little to do with the child's behavior. This can be especially true of teenagers, who are strongly influenced by their friends.

A third logical error can arise when two events repeatedly occur together. After awhile, it can become impossible to tell whether one causes the other or whether both are caused by something else. For instance, frequently children with learning problems also have behavior problems. Did the learning problem cause the behavior problem? Did the behavior problem cause the learning problem? Did poor parenting, or poor teaching, or poor peer models cause both the learning and behavior problems? The longer these problems exist, the harder it is to know.

Causes and Correlates

In trying to understand learning and behavior problems, researchers and practitioners look for all sorts of clues, or *correlates*. When faced with compelling clues, it is important to understand the difference between causes and correlates. *Correlates* are simply events that have some relation to each other: lice and good health, no lice and sickness, learning and behavior problems. A *cause* and its effect show a special type of correlation, one in which the nature of the relationship is known. Some events that occur together (i.e., are correlates) fit so well with "common sense" that we are quick to believe

they are cause and effect. However, we may overlook other factors important in understanding the actual connection.

Some correlates are particularly compelling because they fit with current theories, attitudes, or policies. In general, once a problem is seen as severe enough to require referral for treatment, any other problem or relatively unusual characteristic or circumstance attracts attention. Often, these other problems, characteristics, or circumstances seem to be connected by some cause-effect relationship. The more intuitively logical the connection, the harder it is to understand that they may not be causally related. They are compelling clues, but may be misleading.

Causal Models

Many factors shape thinking about human behavior and learning and the problems individuals experience. It helps to begin with a broad transactional view, such as currently prevails in theories of human behavior.

Human Functioning: A Transactional Model

Before the 1920s, dominant thinking saw human behavior as determined primarily as a function of person variables, especially inborn characteristics. As behaviorism gained influence, a strong competitive view arose and model shift emerged. Behavior was seen as primarily determined and shaped by environmental influences, particularly the stimuli and reinforcers one encounters.

Times changed. For some time now, the prevailing model for understanding human functioning has favored a transactional view that emphasizes the reciprocal interplay of person and environment. This view is sometimes referred to as reciprocal determinism (Bandura, 1978).

Let's apply a transactional model to a learning situation. In teaching a lesson, the teacher will find some students learn easily, and some do not. And even a good student may appear distracted on a given day.

Why the differences?

A commonsense answer suggests that each student brings something different to the situation and therefore experiences it differently. And that's a pretty good answer – as far as it goes. What gets lost in this simple explanation is the essence of the reciprocal impact student and situation have on each other – resulting in continuous change in both.

To clarify the point: For purposes of the present discussion, any student can be viewed as bringing to each situation *capacities, attitudes, and behaviors accumulated over time*, as well as *current states of being and behaving*. These “person” variables transact with each other and also with the environment.

At the same time, the situation in which students are expected to function not only consists of *instructional processes and content*, but also the *physical and social context* in which instruction takes place. Each part of the environment also transacts with the others.

Obviously, the transactions can vary considerably and can lead to a variety of positive and/or negative outcomes. In general, the types of outcomes can be described as

- Ⓒ deviant functioning – capacities, attitudes, and behaviors change and expand but not in desirable ways
- Ⓒ disrupted functioning – interference with learning and performance, an increase in dysfunctional behaving, and possibly a decrease in capacities
- Ⓒ delayed and arrested learning – little change in capacities
- Ⓒ enhancement of learning and positive behavior – capacities, attitudes, and behavior change and expand in desirable ways.

The Transactional Model as an Umbrella

Professionals focusing on learning and behavior problems tend to use models that view the cause of an individual's problems as either within the person or coming from the environment. Actually, two "person-oriented" models have been discussed widely: (1) the disordered or "ill"-person, medical model and (2) the slow maturation model. In contrast, the environment model has emphasized the notions of inadequate and pathological environments.

Based on these models, the dominant approach to labeling and addressing human problems tends to create the impression that problems are determined by *either* person or environment variables. This is both unfortunate and unnecessary – unfortunate because such a view limits progress with respect to research and practice, unnecessary because a transactional view encompasses the position that problems may be caused by person, environment, or both. This broad paradigm encourages a comprehensive perspective of cause and correction.

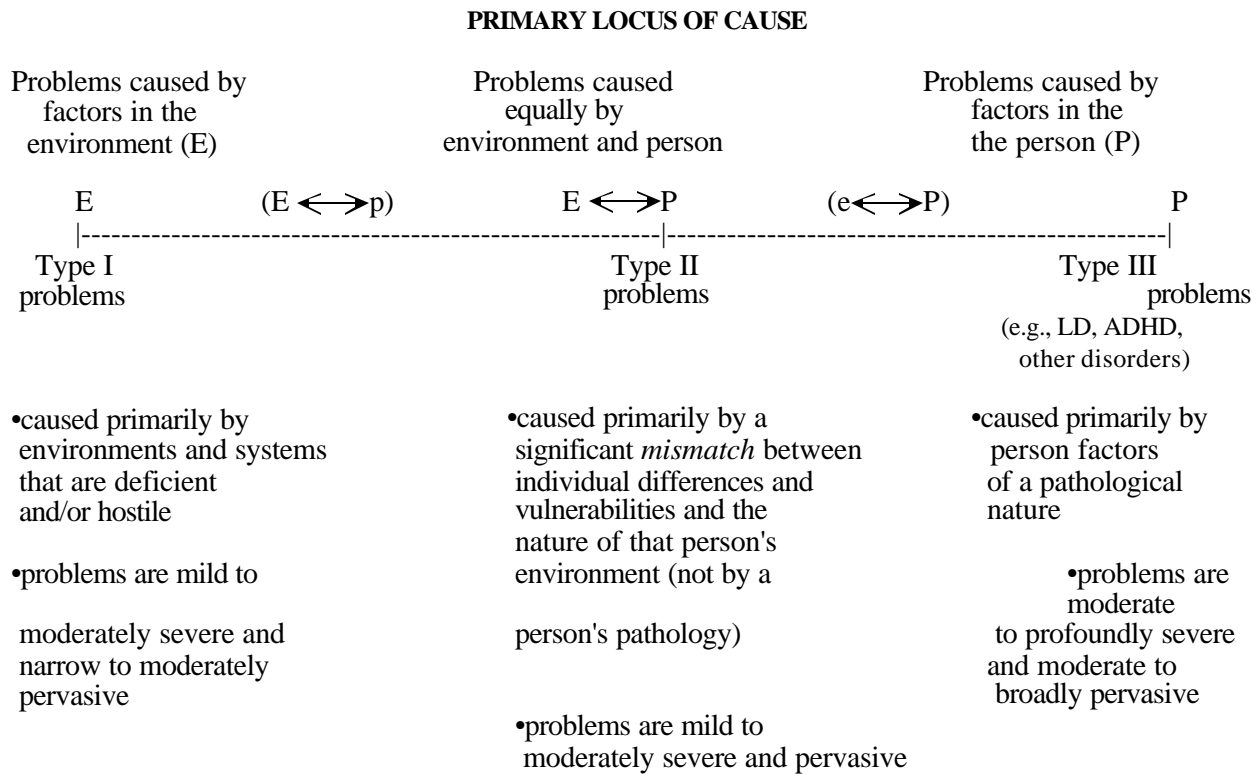
It has long seemed strange to us that the contemporary and prevailing view of behavior and learning reflects a transactional model, while the view of problems remains dominated by person or environment models. We are not suggesting that these models always lead to wrong conclusions. As indicated in Chapter 1, some individuals' problems are due primarily to something wrong within them, and other people do have problems because of factors they encounter in their environment. But what about those whose problems stem from both sources?

It might seem reasonable to continue to use person models and environment models and *add* the transactional model, using it to cover those cases where problems stem from both person and environment. However, this is an unnecessarily fragmented approach. *A transactional view actually encompasses the other models and provides the kind of comprehensive perspective needed to differentiate among learning and behavior problems.*

The need for a comprehensive perspective in labeling problems is illustrated by efforts to develop multifaceted classification systems, such as the multiaxial classification system used in the *Diagnostic and Statistical Manual of Mental Disorders – DSM IV* (American Psychiatric Association, 1994). This system represents the dominant approach used throughout the U.S.A. and it illustrates the problem of making differential diagnoses using a nontransactional approach. It does include a dimension acknowledging "psychosocial stressors;" however, this dimension is used mostly to deal with the environment as a contributing factor, rather than as a primary cause. As a result, individuals are classified primarily in terms of whether their symptoms reach criteria to qualify for one (or more) personal disorder categories. The result has been a person pathology bias that minimizes the role played by environmental factors as primary causes of many behavior, emotional, and learning problems.

The following conceptual example illustrates how a broad framework can offer a useful *starting* place for classifying behavioral, emotional, and learning problems in ways that avoid overdiagnosing internal pathology. Think again about the continuum of Type I, II, and III problems introduced in Chapter 1. As indicated in Figure 2-1, such problems can be differentiated along a continuum that separates those caused by internal factors, environmental variables, or a combination of both.

Figure 2-1. Problems Categorized on a Continuum Using a Transactional View of the Locus of Primary Instigating Factors*



* In this conceptual scheme, the emphasis in each case is on problems that are beyond the early stage of onset.

Problems caused by the environment are placed at one end of the continuum and referred to as Type I problems. At the other end are problems caused primarily by pathology within the person; these are designated as Type III problems. In the middle are problems stemming from a relatively equal contribution of environmental and person sources, labeled Type II problems.

To be more specific: In this scheme, diagnostic labels meant to identify *extremely* dysfunctional problems *caused by pathological conditions within a person* are reserved for individuals who fit the Type III category (see Appendix A). Obviously, some problems caused by pathological conditions within a person are not manifested in severe, pervasive ways, and there are persons without such pathology whose problems do become severe and pervasive. The intent is not to ignore these individuals. As a first categorization step, however, it is essential they not be confused with those seen as having Type III problems.

At the other end of the continuum are individuals with problems arising from factors outside the person (i.e., Type I problems). Many people grow up in impoverished and hostile environmental

circumstances. Such conditions should be considered first in hypothesizing what *initially* caused the individual's behavioral, emotional, and learning problems. (After environmental causes are ruled out, hypotheses about internal pathology become more viable.)

To provide a reference point in the middle of the continuum, a Type II category is used. This group consists of persons who do not function well in situations where their individual differences and minor vulnerabilities are poorly accommodated or are responded to hostilely. The problems of an individual in this group are a relatively equal product of person characteristics and failure of the environment to accommodate that individual.

There are, of course, variations along the continuum that do not precisely fit a category. That is, at each point between the extreme ends, environment-person transactions are the cause, but the degree to which each contributes to the problem varies. Toward the environment end of the continuum, environmental factors play a bigger role (represented as $E \longleftrightarrow p$). Toward the other end, person variables account for more of the problem (thus $e \longleftrightarrow P$).

Clearly, a simple continuum cannot do justice to the complexities associated with labeling and differentiating psychopathology and psychosocial problems. Furthermore, some problems are not easily assessed or do not fall readily into a group due to data limitations and individuals who have more than one problem (i.e., comorbidity). However, the above conceptual scheme shows the value of starting with a broad model of cause. In particular, it helps counter the tendency to jump prematurely to the conclusion that a problem is caused by deficiencies or pathology within the individual and thus can help combat tendencies toward blaming the victim (Ryan, 1971). It also helps highlight the notion that improving the way the environment accommodates individual differences may be a sufficient intervention strategy.

In sum, the continuum, generated by using a transactional model, encompasses a full range of learning and behavior problems – including LD and ADHD. From this perspective, a transactional view provides an umbrella under which the causes of all learning and behavior problems can be appreciated. A list of specific instigating factors that can cause learning and behavior problems based on a transactional view would fill the rest of this book. Table 2-1 is offered as an alternative.

Table 2-1

Factors Instigating Learning, Behavior, and Emotional Problems

Environment (E) (Type I problems)

1. Insufficient stimuli
(e.g., prolonged periods in impoverished environments; deprivation of learning opportunities at home or school such as lack of play and practice situations and poor instruction; inadequate diet)
2. Excessive stimuli
(e.g., overly demanding home, school, or work experiences, such as overwhelming pressure to achieve and contradictory expectations; overcrowding)
3. Intrusive and hostile stimuli
(e.g., medical practices, especially at birth, leading to physiological impairment; contaminated environments; conflict in home, school, workplace; faulty child-rearing practices, such as long-standing abuse and rejection; dysfunctional family; migratory family; language used is a second language; social prejudices related to race, sex, age, physical characteristics, and behavior)

Person (P) (Type III problems)

1. Physiological insult
(e.g., cerebral trauma, such as accident or stroke, endocrine dysfunctions and chemical imbalances; illness affecting brain or sensory functioning)
2. Genetic anomaly
(e.g., genes which limit, slow down, or lead to any atypical development)
3. Cognitive activity and affective states experienced by self as deviant
(e.g., lack of knowledge or skills such as basic cognitive strategies; lack of ability to cope effectively with emotions, such as low self-esteem)
4. Physical characteristics shaping contact with environment and/or experienced by self as deviant
(e.g., visual, auditory, or motoric deficits; excessive or reduced sensitivity to stimuli; easily fatigued; factors such as race, sex, age, or unusual appearance that produce stereotypical responses)
5. Deviant actions of the individual
(e.g., performance problems, such as excessive performance errors; high or low levels of activity)

Interactions and Transactions Between E and P* (Type II problems)

1. Severe to moderate personal vulnerabilities and environmental defects and differences
(e.g., person with extremely slow development in a highly demanding environment—all of which simultaneously and equally instigate the problem)
2. Minor personal vulnerabilities not accommodated by the situation
(e.g., person with minimal CNS disorders resulting in auditory perceptual disability trying to do auditory-loaded tasks; very active person forced into situations at home, school, or work that do not tolerate this level of activity)
3. Minor environmental defects and differences not accommodated by the individual
(e.g., person is in the minority racially or culturally and is not participating in many social activities because he or she thinks others may be unreceptive)

*May involve only one (P) and one (E) variable or may involve multiple combinations.

Why Worry about Cause?

Not all professionals are concerned about what originally instigated a learning or behavior problem. Many practitioners, especially those with a behaviorist orientation, have adopted the view that initial causes (primary instigating factors) usually cannot be assessed; and even if they could, little can be done about the cause once the problem exists. Such practitioners tend to see appropriate corrective procedures as focused on (1) helping the individual acquire skills and strategies that should have been learned previously and on (2) eliminating factors that *currently* are contributing to problems. Thus, they see little point in looking for initial causes.

In stressing the tendency of some practitioners to put aside the matter of the initial causes of learning and behavior problems, we do not mean to imply that their thinking ignores the causes of human behavior. For example, the behaviorist literature provides detailed descriptions of the factors that determine how people learn and act. A considerable body of work explores how environmental events can selectively reinforce and shape actions, thoughts, and feelings. Moreover, although some behaviorists disagree with each other about how to describe the determinants of behavior, they agree that the description should be in psychological rather than biological terms.

And, all interveners are concerned about *current* factors (e.g., secondary instigating factors) that interfere with effective learning and performance. For example, poor study habits or the absence of particular social skills and strategies may be identified as causing poor attention to a task or failure to remember what apparently was learned earlier. In attempting to correct ongoing problems, the assumption sometimes is made that the inappropriate habits can be overcome and the missing skills can be learned. The implication is that even if there is a neurological or psychological disorder that continues to handicap the individual's efforts to learn, intervention cannot directly correct the underlying disorder. Rather, the skills and strategies the individual is taught are intended either to counteract the disorder or help the individual compensate for the handicap.

Any of the factors indicated in Table 2-1 may be a secondary instigating factor that negatively affects current functioning. For example, a student may be a rather passive learner at school (e.g., not paying adequate attention) because of physical and emotional stress caused by inappropriate

child-rearing practices, illness, poor nutrition, and so forth. Obviously, few will disagree that such factors should be assessed and corrected whenever feasible.

At the most fundamental level, the answer to: Why worry about cause? is best understood with reference to the term etiology. Etiology refers to the study of cause. From a scientific perspective, the study of cause needs no justification. From an intervention viewpoint, etiological findings can be the key to prevention and, in some cases, are the best guide to appropriate corrective strategies and provide a useful perspective in avoiding misprescriptions.

Learning and Behavior Problems: Common Phenomena

Given that learning is a function of the transactions between the learner and the environment, it is understandable that certain groups would have higher rates of Type I 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

. . . 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 learning and behavior problems. It is equally important, as we discuss later in the chapter, 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 learning and behavior 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. When a task demands a level of development they have not achieved, they cannot do it. For example, youngsters who have not yet developed to a level where they can visually discriminate between the letter *b* and *d* or make auditory discriminations between words such as *fan* and *man* are in trouble if the reading curriculum demands they do so. And months later, when their development catches up to that curriculum demand, the reading program relentlessly has moved on, leaving them farther behind. Given what we know about the normal range of developmental variations, it is no surprise that many of these youngsters end up having problems (i.e., Type II problems).

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 of ADHD and LD. Given all this, it is not surprising that there is considerable confusion about the relationship between learning and behavior problems.

A particular concern arises around behavior and learning problems that are associated with high activity levels. Individuals with this configuration of problems may be assigned formal diagnostic labels, such as attention-deficit/hyperactivity disorder (ADHD). One view of ADHD attributes causation to neurological factors; another perspective sees such problems in interactional terms.

As we have suggested from a transactional perspective, we think it reasonable to view behavior problems along the Type I, II, and III continuum. Thus, we see diagnostic terms such as ADHD as applicable only to Type III problems (i.e., attention deficits and hyperactivity caused by factors within the person). Currently, however, ADHD often is used as indiscriminately as the LD diagnosis. Thus, the label often is applied inappropriately to behavior problems caused primarily by the impact of factors in the environment (Type I problems) or the transaction of person and environment factors (Type II problems).

The strong relationship between learning and behavior problems makes it essential that practitioners, researchers, and policymakers strive to understand this association. A transactional model of cause provides a framework for doing so.

Barriers to Learning

Another way to discuss why children have problems 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 2-2).

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 2-2

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*

Internal Factors (biological and psychological)

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

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.

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 2-3). 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.

Concluding Comments

It is a mistake to jump too quickly from research that identifies compelling correlates to making assumptions about cause and effect. This is especially so when one understands that behavior is reciprocally determined (i.e., is a function of person and environment transactions). For example, many concepts labeled as risk and protective factors are so general and abstract (e.g., community disorganization, quality of school) that they will require many more years of research to identify specific causal variables. At the same time, it is evident that these general areas are of wide contemporary concern and must be addressed in ways that represent the best evidence and wisdom that can be derived from the current knowledge base. The same is true of efforts to promote development.

Another mistake is to take lists of risk factors, symptoms, or assets and directly translate them into specific intervention objectives. The temptation to do so is great – especially since such objectives often are readily measured. Unfortunately, this type of approach is one of the reasons there is so much inappropriate and costly program and service fragmentation. It is also a reason why so many empirically supported interventions seem to account for only a small amount of the variance in the multifaceted problems schools must address in enabling student learning. And, with respect to promoting development, such a piecemeal approach is unlikely to produce holistic results.

Table 2-3

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

ENVIRONMENTAL CONDITIONS**

PERSON FACTORS**

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

<i>Neighborhood</i>	<i>Family</i>	<i>School and Peers</i>	<i>Individual</i>
<ul style="list-style-type: none"> >extreme economic deprivation >community disorganization, including high levels of mobility >violence, drugs, etc. >minority and/or immigrant status 	<ul style="list-style-type: none"> >chronic poverty >conflict/disruptions/violence >substance abuse >models problem behavior >abusive caretaking >inadequate provision for quality child care 	<ul style="list-style-type: none"> >poor quality school >negative encounters with teachers >negative encounters with peers &/or inappropriate peer models 	<ul style="list-style-type: none"> >medical problems >low birth weight/ neurodevelopmental delay >psychophysiological problems >difficult temperament & adjustment problems

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

<i>Neighborhood</i>	<i>Family</i>	<i>School and Peers</i>	<i>Individual</i>
<ul style="list-style-type: none"> >strong economic conditions/emerging economic opportunities >safe and stable communities >available & accessible services >strong bond with positive other(s) >appropriate expectations and standards >opportunities to successfully participate, contribute, and be recognized 	<ul style="list-style-type: none"> >adequate financial resources >nurturing supportive family members who are positive models >safe and stable (organized and predictable) home environment >family literacy >provision of high quality child care >secure attachments – early and ongoing 	<ul style="list-style-type: none"> >success at school >positive relationships with one or more teachers >positive relationships with peers and appropriate peer models >strong bond with positive other(s) 	<ul style="list-style-type: none"> >higher cognitive functioning >psychophysiological health >easy temperament, outgoing personality, and positive behavior >strong abilities for involvement and problem solving >sense of purpose and future >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)

<i>Neighborhood</i>	<i>Family</i>	<i>School and Peers</i>	<i>Individual</i>
<ul style="list-style-type: none"> >nurturing & supportive conditions >policy and practice promotes healthy development & sense of community 	<ul style="list-style-type: none"> >conditions that foster positive physical & mental health among all family members 	<ul style="list-style-type: none"> >nurturing & supportive climate school-wide and in classrooms >conditions that foster feelings of competence, self-determination, and connectedness 	<ul style="list-style-type: none"> >pursues opportunities for personal development and empowerment >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.**

In Chapters 1 and 2, we stressed the problem of mislabeling commonplace learning and behavior problems as LD and ADHD. We underscored that this trend masks how many problems are caused by the environment and person-environment transactions. In turn, this compromises the integrity of research and limits efforts related to prevention, early intervention, and treatment..

As we discuss in Chapter 3, any school where large numbers of students manifest learning, behavior, and emotional problems needs to implement a comprehensive, multifaceted, and cohesive continuum of interventions. This continuum must address barriers (reducing risks, enhancing buffers) and promote full development. Policy makers and researchers must move beyond the narrow set of empirically supported programs to a research and development agenda that pieces together systematic, comprehensive, multifaceted approaches. It is by moving in this direction that schools can increase their effectiveness with respect to re-engaging the many students who have become disengaged from classroom learning and who are leaving school in droves.

Chapter 3

Problems Are Multifaceted; Solutions Must Be Too!

What's easy to get into,
But hard to get out of?



Trouble!



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

What Schools Are Doing

Staffing to Address Learning and Behavior Problems

Use of Resources

Needed: a Full Intervention Continuum

Rethinking School Reform

The Concept of an Enabling Component

New Directions For Learning Support

Concluding Comments

*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.*
Carnegie Task Force on Education of Young Adolescents (1989)

Given the range of learning, behavior, and emotional problems that schools encounter, meeting the challenge is complex. Efforts to do so often are handicapped by the way interventions are conceived and organized and the way professionals understand their functions. The need to label students in order to obtain special, categorical funding often skews practices toward narrow and unintegrated intervention approaches. One result is that a student identified as having multiple problems may be involved in programs with several professionals working independently of each other. Similarly, a youngster identified and helped in pre-school who still requires special support may cease to receive appropriate help upon entering kindergarten. And so forth.

In schools, interventions usually are developed and function in relative isolation of each other, and intervention rarely is envisioned comprehensively. Organizationally, the tendency is for policy makers to mandate and planners and developers to focus on specific programs. Functionally, most practitioners spend their time working directly with specific interventions and targeted problems and give little thought or time to comprehensive models or mechanisms for program development and collaboration. Consequently, programs to address learning, behavior, emotional, and physical problems rarely are coordinated with each other or with educational programs. Their planning and implementation are widely characterized as being fragmented and piecemeal which is an ineffective way to deal with complex problems. Multifaceted problems usually require comprehensive, integrated solutions applied concurrently and over time.

What Schools Are Doing

Currently, 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 learning, behavior, and emotional problems in mind. There is a large body of research supporting the promise of much of this activity.

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.

Staffing to Address Learning and Behavior Problems

School districts use a variety of *personnel* to address student problems. These may include resource teachers, special education staff, “pupil services” or “support services” specialists, such as psychologists, counselors, social workers, psychiatrists, and psychiatric nurses, as well as a variety of related therapists (e.g., art, dance, music, occupational, physical, speech, language-hearing, and recreation therapists). As outlined in Table 3-1, 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. Federal and state mandates play a significant role in determining how many personnel are employed to address problems.

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.

Use of Resources

Inadequate data are available on how much schools spend to address learning, behavior, and emotional problems. Figures most often gathered and reported focus on pupil service personnel. These data suggest that about 7% of a school district’s budget goes to paying the salaries of such personnel.

Table 3-1

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)

Itinerant Therapists

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

Administrative Staff

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

Personnel-In-Training

Health Office Professionals

(e.g., nurses, physicians, health educators, consultants)

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)

Counseling, Psychological, and Social Work Professionals

(e.g., counselors, health educators, psychologists, psychiatrists, psychiatric nurses, social workers, consultants)

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)
- Accommodations 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

As to numbers employed, the *School Health Policies and Program Study 2000* conducted by the National Center for Chronic Disease Prevention and Health Promotion (see <http://www.cdc.gov>) sampled 51 state departments of education, 560 school districts, and 950 schools. Findings indicate that 77% of schools have a part or full time guidance counselor, 66% have a part of full time school psychologist, and 44% have a part or full time social worker.

While ratios change with economic conditions, professional-to-student ratio for school psychologists or school social workers have averaged 1 to 2500 students; for school counselors, the ratio has been about 1 to 1000 (Carlson, Paavola, & Talley, 1995). At the same time, estimates indicate that more than half the students in many schools are encountering major barriers that interfere with their functioning. Given existing ratios, it is obvious that more than narrow-band (individual and small group oriented) approaches must be used in such schools if the majority are to receive the help they need. Yet, the prevailing orientation remains that of focusing on discrete problems and overrelying on specialized services provided to small numbers of students.

Because the need is so great, a variety of individuals often are called upon to play a role in addressing problems of youth and their families. As highlighted in Table 3-1, 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, social service agencies, and community-based organizations, to provide services to students, their families, and school staff.

In calculating how much schools spend on addressing learning, behavior, and emotional problems, focusing only on pupil service personnel salaries probably is misleading and a major underestimation. This is particularly so for schools receiving special funding. Studies are needed to clarify the entire gamut of resources school sites devote to student problems. Budgets must be broken apart in ways that allow tallying all resources allocated from general funds, support provided for compensatory and

special education, and underwriting related to programs for dropout prevention and recovery, safe and drug free schools, pregnancy prevention, teen parents, family literacy, homeless students, and more. In some schools, it has been suggested that as much as 30 percent of the budget is expended on problem prevention and correction.

What Is Spent in Schools?

- Ⓒ Federal government figures indicate 5.2 billion are spent on special education (U.S. Department of Education, 2001). Overall costs are about \$43 billion (and rising), with the federal government funding only about 5.3 billion. Estimates in many school districts indicate that about 20% of the budget can be consumed by special education. How much is used directly for efforts to address learning, behavior, and emotional problems is unknown, but remember that over 50 percent of those in special education are diagnosed as learning disabled and over 8 percent are labeled emotionally/ behaviorally disturbed.
- Ⓒ Looking at total education budgets, one group of investigators report that nationally 6.7 percent of school spending (about 16 billion dollars) is used for student support services, such as counseling, psychological services, speech therapy, health services, and diagnostic and related special services for students with disabilities (Monk, Pijanowski, & Hussain, 1997). Again, the amount specifically devoted to learning, behavior, and emotional problems is unclear. The figures do not include costs related to time spent on such matters by other school staff, such as teachers and administrators. Also not included are expenditures related to initiatives such as safe and drug free schools programs and arrangements such as alternative and continuation schools and funding for school-based health, family, and parent centers.

Whatever the expenditures, however, it is common knowledge that few schools come close to having enough resources to deal with a large number of students with learning, behavior, and emotional problems. Moreover, the contexts for intervention often are limited and makeshift because of how current resources are allocated and used. A relatively small proportion of space at schools is earmarked specifically for programs that address student problems. Many special programs and related efforts to promote health and positive behavior are assigned space on an ad hoc basis. Support service personnel often must rotate among schools as "itinerant" staff. These conditions contribute to the tendency for such personnel to operate in relative isolation of each other and other stakeholders. To make matters worse, little systematic in-service development is provided for new "support" staff when they arrive from their pre-service programs. All this clearly is not conducive to effective practice and is wasteful of sparse resources.

Needed: a Full Intervention Continuum

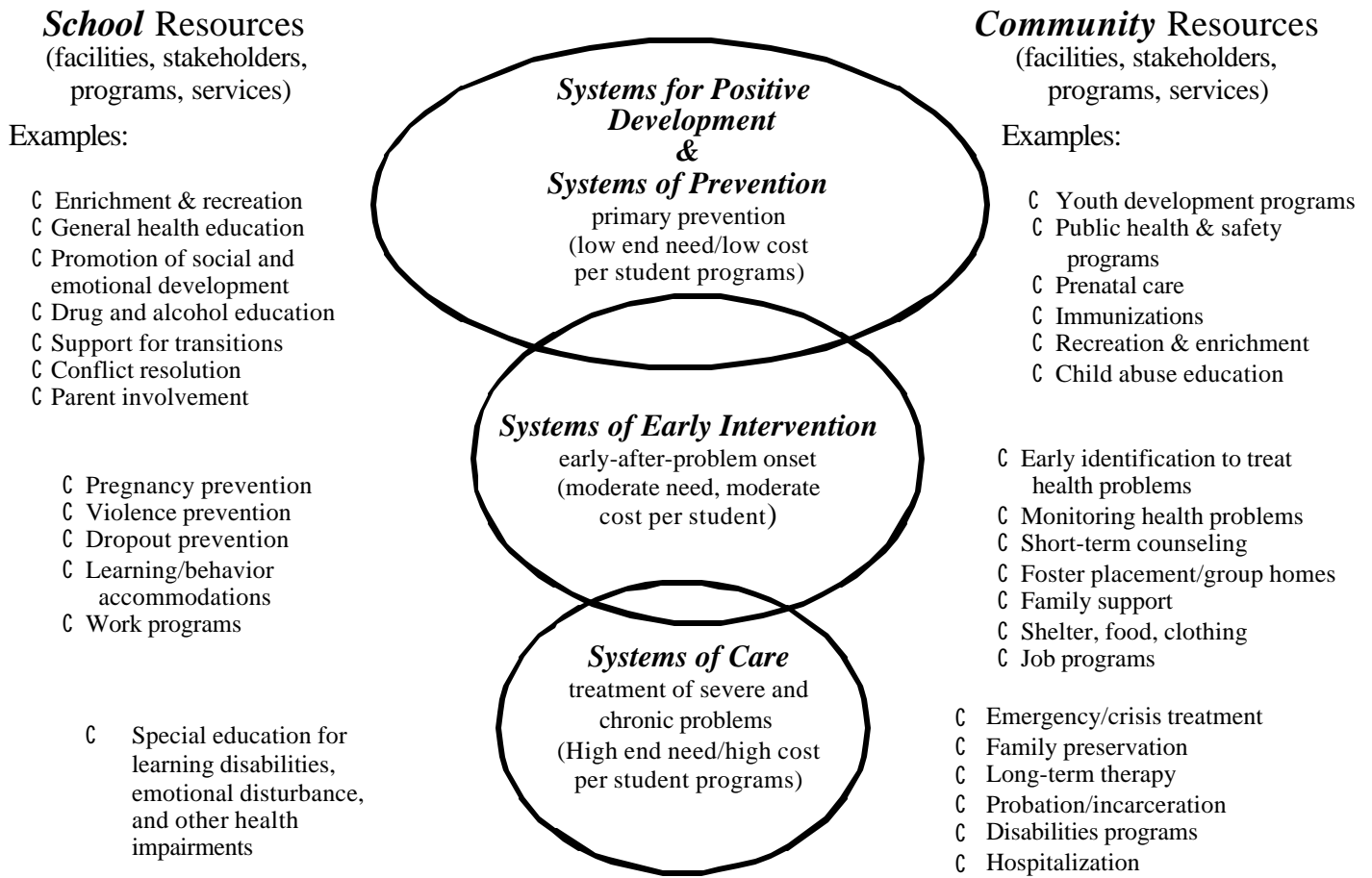
In many schools, when students are not doing well, the trend is to refer them directly for assessment in hopes of referral for special assistance, perhaps even assignment to special education. In some schools and classrooms, the number of referrals is dramatic. Where special teams exist to review students 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 (see Figure 3-1).

As can be seen in Figure 3-1, 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. 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 3-1 must 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,

Figure 3-1. A comprehensive, multifaceted, and integrated approach to addressing barriers to learning and promoting healthy development.



(5) other interventions prior to referral for intensive and ongoing targeted treatments, and (6) intensive treatments. Examples of each are listed in Table 3-2.

The continuum framed in Figure 3-1 and Table 3-2 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.

Although schools cannot do everything outlined, they must play a much greater role in developing the programs and systems that are essential for all students to benefit from higher standards and improved instruction. Central to this is expanding efforts to prevent and correct learning, behavior, and emotional problems (Adelman, 1995; Adelman & Taylor, 1997). This includes doing much more to provide students with academic and social supports and recreational and enrichment opportunities. For families, schools can work with adult educators to bring classes to school and neighborhood sites and facilitate enrollment of family members who want to improve their literacy, learn English, and develop job skills. To accomplish all this, schools must outreach proactively to connect with community resources.

When the framework outlined in Figure 3-1 and Table 3-2 are 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.

In support of specific types of programs exemplified in Figure 3-1 and Table 3-2, a little bit of data can be gleaned from various facets of the research literature, most often project evaluations and dissertations. For obvious reasons, no study has ever looked at the impact of implementing the full continuum in any one geographic catchment area. However, we can make inferences from naturalistic "experiments" taking place in every wealthy and most upper middle income communities. Across the country, concerned parents who have financial resources, or who can avail themselves of such resources when necessary, will purchase any of the interventions listed in order to ensure their children's well-being. This represents a body of empirical support for the value of such

Table 3-2. From primary prevention to treatment of serious problems: A continuum of community-school programs to address barriers to learning and enhance healthy development

<i>Intervention Continuum</i>	<i>Examples of Focus and Types of Intervention</i> (Programs and services aimed at system changes and individual needs)
Systems for Health Promotion & Primary prevention	<ol style="list-style-type: none"> 1. <i>Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness</i> <ul style="list-style-type: none"> • 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. <i>Preschool-age support and assistance to enhance health and psychosocial development</i> <ul style="list-style-type: none"> • 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	<ol style="list-style-type: none"> 3. <i>Early-schooling targeted interventions</i> <ul style="list-style-type: none"> • 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. <i>Improvement and augmentation of ongoing regular support</i> <ul style="list-style-type: none"> • 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
Systems for Treatment for severe/chronic problems	<ol style="list-style-type: none"> 5. <i>Other interventions prior to referral for intensive, ongoing targeted treatments</i> <ul style="list-style-type: none"> • 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) 6. <i>Intensive treatments</i> <ul style="list-style-type: none"> • 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

interventions that cannot be ignored. (As one wag put it: *The range of interventions is supported by a new form of validation – market validity!*)

Rethinking School Reform

Keeping the full continuum in mind, let's look at school reform through the lens of learning and behavior problems. Doing so, we find the prevailing reforms give short shrift to such problems. In contrast, as discussed later in this chapter, pioneer initiatives around the country are demonstrating how schools and communities can meet the challenge by addressing persistent barriers to student learning.

Our analysis 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.

Given that these are the primary concerns of school reformers, the question arises as to what their emphasis is for students who are not doing well. Three types of policy initiatives have emerged. All are cited prominently but are marginalized in daily practice at schools. One line stresses approaches to deal with targeted problems. These "categorical" initiatives generate auxiliary programs, some supported by school district general funds and some underwritten by federal and private sector money. Examples of activities include those related to special and compensatory education; ending social promotion; violence reduction; prevention of substance abuse, youth pregnancy, suicide, and dropouts; early identification; school-based health centers; family and youth resource centers; and so forth.

A second group of overlapping policies includes an emphasis on linking a broad range of community resources to schools. Terms used in conjunction with these initiatives include school-linked services – especially health and social services, full-service schools, school-community partnerships,

and community schools. In a few states where such initiatives have been underway for some time, there are discussions of strengthening the linkage between school reforms and efforts to integrate community services and strengthen neighborhoods. Paralleling these efforts is a natural interest in promoting healthy development and productive citizens and workers.

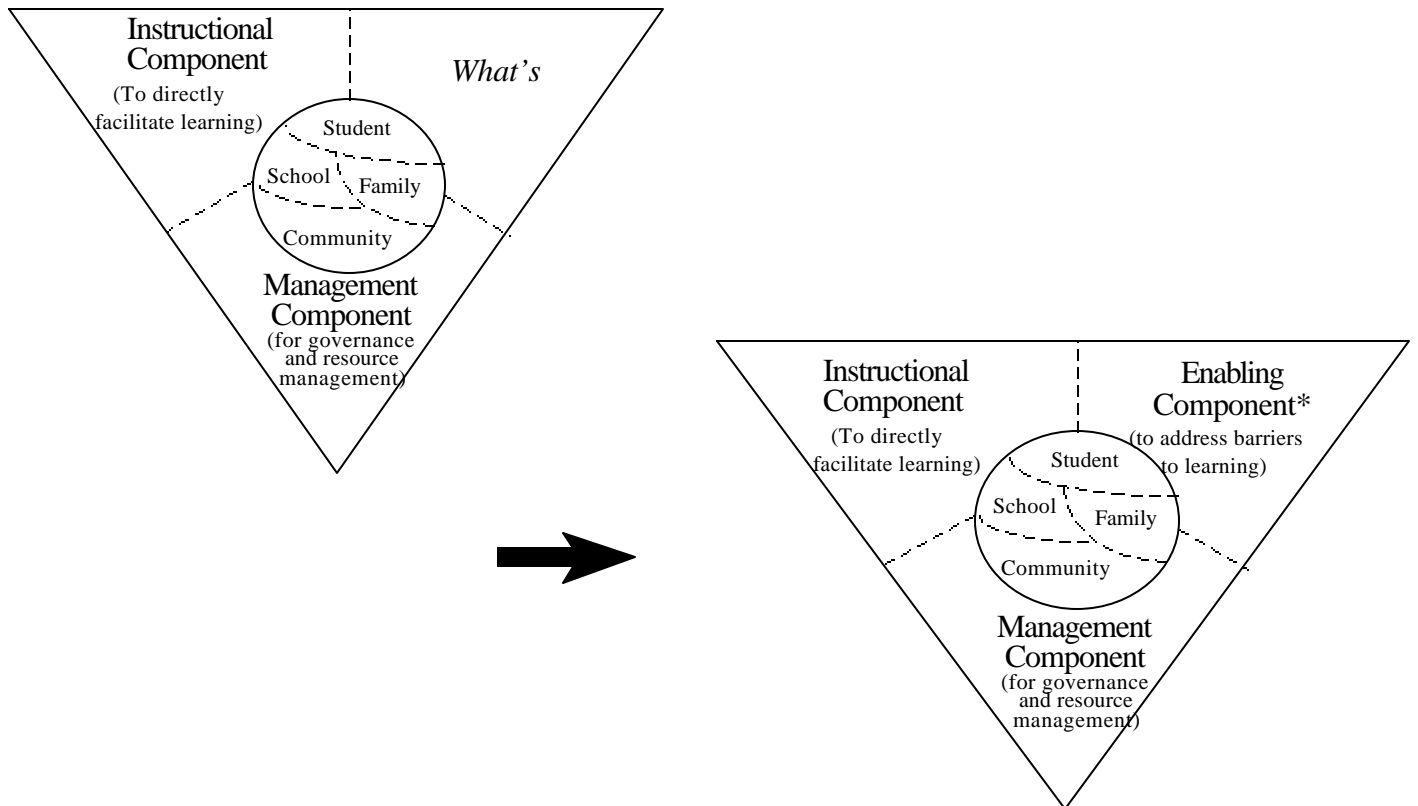
A third and narrower set of initiatives is designed to promote coordination and collaboration among *governmental* departments and their service agencies. The intent is to foster integrated services, with an emphasis on greater local control, increased involvement of parents, and locating services at schools when feasible. The federal government has offered various forms of support to promote this policy direction.¹ To facilitate coordinated planning and organizational change, local, state, and federal intra- and interagency councils have been established. Relatedly, legislative bodies are rethinking their committee structures, and some states have gone so far as to create new executive branch structures (e.g., combining education and all agencies and services for children and families under one cabinet level department). Locally, the most ambitious collaborations are pursuing comprehensive community initiatives with an emphasis on community building.

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.

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 3-2).

¹For example, Title XI of the Improving America's Schools Act of 1994 administered by the U.S. Department of Education was intended to foster service coordination for students and their families. Title I of the No Child Left Behind Act can be used in a similar way. A comparable provision was introduced in the 1997 reauthorization of the Individuals with Disabilities Education Act. And, the Center for Disease Control and Prevention's grants to foster Coordinated School Health Programs pursue this direction by establishing an infrastructure between state departments of health and education.

Figure 3-2. 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.

The Concept of an Enabling Component

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.

Schools, districts, and states across the country are beginning to explore the value of enhancing efforts to develop a comprehensive, multifaceted, and integrated approach to addressing barriers to student learning. One example is the Elizabeth Learning Center in the Los Angeles Unified School District. This school is a demonstration site for the New American Schools’ Urban Learning Center model. That model has adopted a three component approach to school reform. The component for addressing barriers to student learning is called *Learning Supports*. Because the Urban Learning Center model is listed in legislation as one of the Comprehensive School Reform models, the concept of a Learning Supports Component is being adopted currently in various locales (e.g., schools in California, Oregon, and Utah). Another example is seen in the State of Hawai‘i. The entire state has

adopted and has begun to implement the framework. They call their component for addressing barriers a *Comprehensive Student Support System (CSSS)*. Other state education agencies, districts, and schools have taken note of the concept of an enabling component for addressing barriers to learning, adopting terms such as “ Learning Support component” and “component for a Supportive Learning Environment.”

Whatever it is called, a key element of the third component involves building the capacity of classrooms to enhance instructional effectiveness. Such “classroom-focused enabling” involves personalized instruction that accounts for motivational and developmental differences and special assistance in the classroom as needed. As discussed in Part II, such personalized instruction is a key step in distinguishing LD and ADHD from commonplace learning and behavior problems.

However, an emphasis only on classroom-focused enabling risks ignoring school-wide approaches that are essential for addressing barriers to learning and promoting healthy development. That is, beyond the classroom, schools also must develop a variety of programs that enable teaching and learning. Thus, we operationalize the concept of an enabling or learning support component to cover five other arenas in which programs are implemented and developed. These include an array of school-wide interventions to respond to and prevent crises, support transitions, increase home involvement, provide targeted student and family assistance, and outreach to develop greater community involvement and support. By defining the concept in terms of six arenas, a broad unifying framework is created around which education support programs can be restructured (see Figure 3-3).

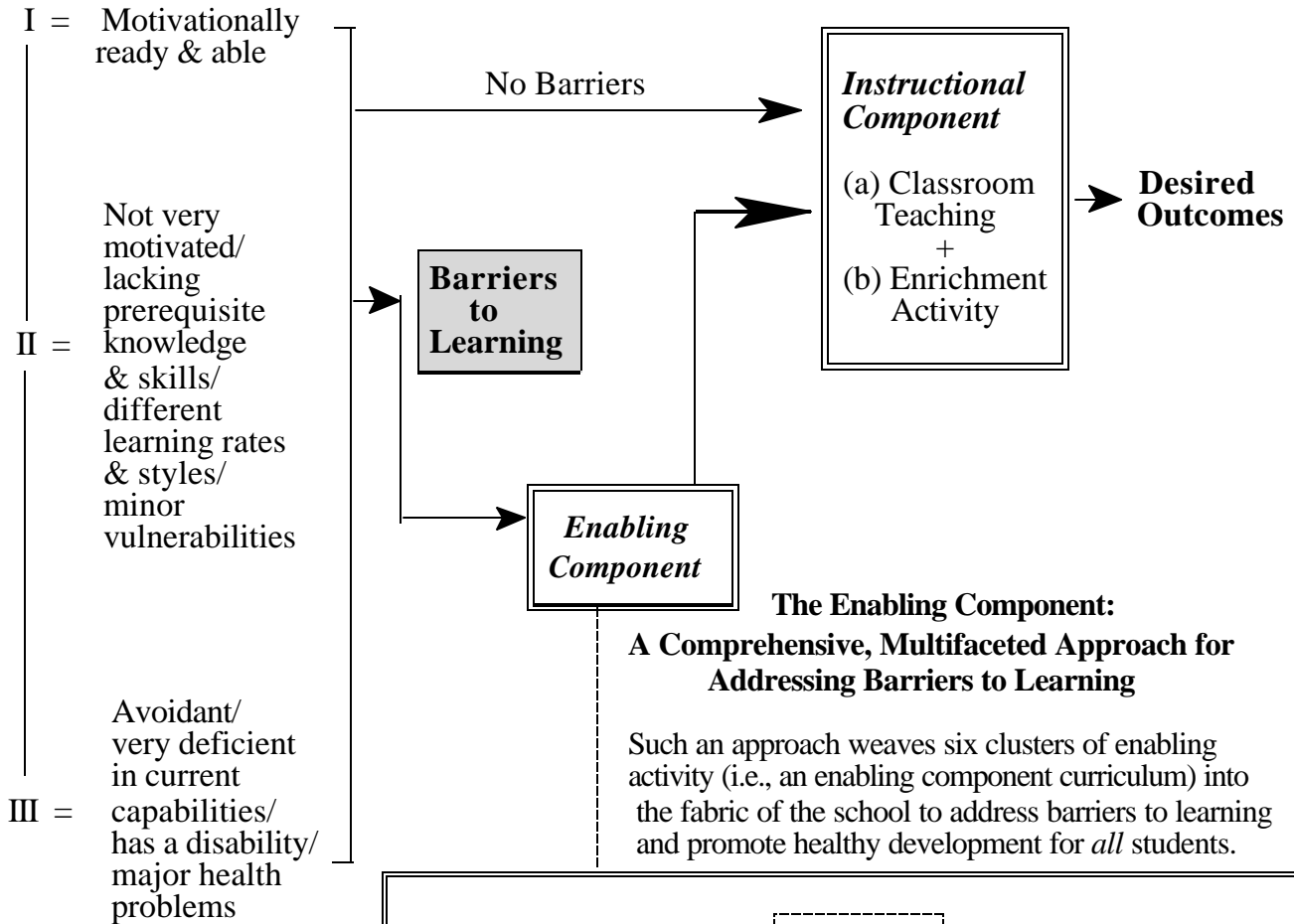
New Directions for Learning Support at a School Site

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.

Figure 3-3. An enabling component to address barriers to learning and enhance healthy development at a school site.

Range of Learners

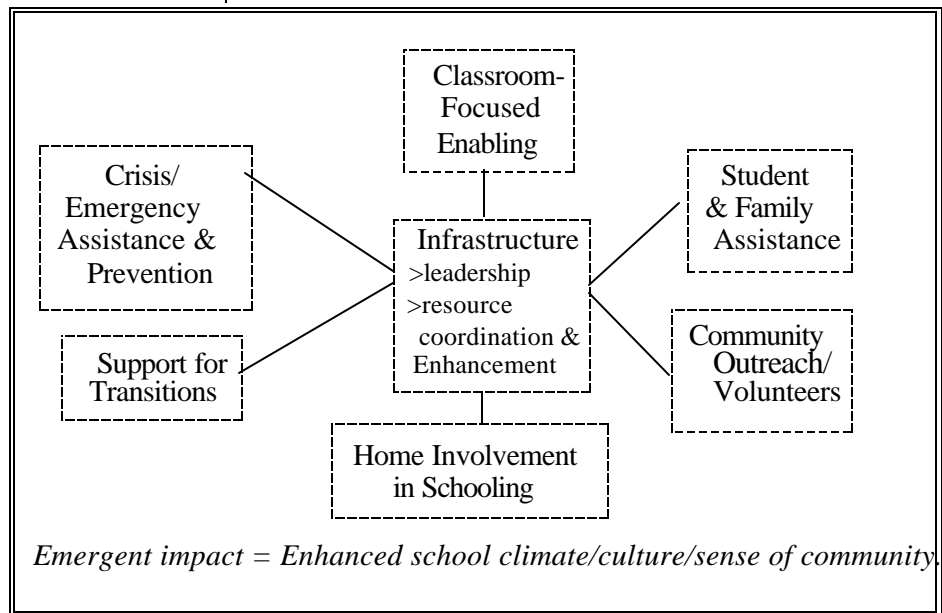
(categorized in terms of their response to academic instruction)



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

For example, based on an extensive analysis of activity used to address barriers to learning, we have formulated a delimited framework as a guide for current initiatives implementing an enabling component. As noted in Figure 3-3 and discussed in Chapter 8, we also have delineated the infrastructure that must be created to provide leadership for coordinating, restructuring, and enhancing the resources involved in establishing the component.

To reiterate, the framework covers:

- C enhancing the classroom teacher's capacity to address problems and foster social, emotional, intellectual and behavioral development,
- C enhancing the capacity of schools to handle the many transition concerns confronting students and their families,
- C responding to, minimizing impact, and preventing crises,
- C enhancing home involvement,
- C outreaching to the surrounding community to build linkages, and
- C providing special assistance for students and families.

Combined these constitute the "curriculum" of an enabling or learning support component. Each of the six arenas is briefly highlighted in Table 3-3 and discussed in greater detail in Chapter 8.

Unfortunately, most school reformers seem unaware that for all students to benefit from higher standards and improved instruction, schools must play a major role in developing such an enabling curriculum. Without it, the resolution of learning and behavior problems is left to current strategies for improving instruction and controlling behavior. And, clearly this has been tried and found wanting. It is time for reform advocates to expand their thinking to include a comprehensive component for addressing barriers to learning, and they must pursue this third component with the same priority they devote to the other efforts for improving schools.

Concluding Comments

In Chapters 1 and 2, we stressed the importance of appreciating the full range of learning and behavior problems and differentiating them in terms of internal and external causes. The main emphasis in this chapter has been on enhancing what schools do to address such a complex set of problems.

Table 3-3

“Curriculum” Areas for an Enabling Component

(1) Enhancing teacher capacity for addressing problems and for fostering social, emotional, intellectual and behavioral development. When a classroom teacher encounters difficulty in working with a youngster, the first step is to see whether there are ways to address the problem within the classroom and perhaps with added home involvement. It is essential to equip teachers to respond to garden variety learning, behavior, and emotional problems using more than social control strategies for classroom management. Teachers must be helped to learn many ways to enable the learning of such students, and schools must develop school-wide approaches to assist teachers in doing this fundamental work. The literature offers many relevant practices. A few prominent examples are: prereferral intervention efforts, tutoring (e.g., one-to-one or small group instruction), enhancing protective factors, and assets building (including use of curriculum-based approaches to promoting social emotional development). Outcome data related to such matters indicate that they do make a difference.

(2) Enhancing school capacity to handle the variety of transition concerns confronting students and their families. It has taken a long time for schools to face up to the importance of establishing transition programs. In recent years a beginning has been made. Transition programs are an essential facet of reducing levels of alienation and increasing levels of positive attitudes toward and involvement at school and learning activity. Thus, schools must plan, develop, and maintain a focus on transition concerns confronting students and their families. Examples of relevant practices are readiness to learn programs, before, during, and after school programs to enrich learning and provide safe recreation, articulation programs (for each new step in formal education, vocational and college counseling, support in moving to and from special education, support in moving to post school living and work), welcoming and social support programs, to and from special education programs, and school-to-career programs. Enabling successful transitions has made a significant difference in how motivationally ready and able students are to benefit from schooling.

(3) Responding to minimizing impact, and preventing crises. The need for crisis response and prevention is constant in many schools. Such efforts ensure assistance is provided when emergencies arise and follow-up care is provided when necessary and appropriate so that students are able to resume learning without undue delays. Prevention activity stresses creation of a safe and productive environment and the development of student and family attitudes about and capacities for dealing with violence and other threats to safety. Examples of school efforts include (1) systems and programs for emergency/crisis response at a site, throughout a complex/family of schools, and community-wide (including a program to ensure follow-up care) and (2) prevention programs for school and community to address safety and violence reduction, child abuse and suicide prevention, and so forth. Examples of relevant practices are establishment of a crisis team to ensure crisis response and aftermath interventions are planned and implemented, school environment changes and safety strategies, and curriculum approaches to preventing crisis events (violence, suicide, and physical/ sexual abuse prevention). Current trends stress school- and community-wide prevention programs.

(cont.)

Table 3-2 (cont). “Curriculum” Areas for an Enabling Component

(4) Enhancing home involvement. In recent years, the trend has been to expand the nature and scope of the school’s focus on enhancing home involvement. Intervention practices encompass efforts to (1) address specific learning and support needs of adults in the home (e.g., classes to enhance literacy, job skills, ESL, mutual support groups), (2) help those in the home meet their basic obligations to their children, (3) improve systems to communicate about matters essential to student and family, (4) enhance the home-school connection and sense of community, (5) enhance participation in making decisions that are essential to the student, (6) enhance home support related to the student’s basic learning and development, (7) mobilize those at home to problem solve related to student needs, and (8) 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 center (which may be part of the Family and Community Service Center Facility if one has been established at the site).

(5) Outreaching to the community to build linkages and collaborations. The aim of outreach to the community is to develop greater involvement in schooling and enhance support for efforts to enable learning. Outreach may be made to (a) public and private community agencies, colleges, organizations, and facilities, (b) businesses and professional organizations and groups, and (c) volunteer service programs, organizations and clubs. Efforts in this area might include 1) programs to recruit and enhance community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and others with special expertise and resources; local businesses to adopt-a-school and provide resources, awards, incentives, and jobs; formal partnership arrangements), 2) systems and programs specifically designed to train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer and cross-age tutors/counselors, and professionals-in-training to provide direct help for staff and students--especially targeted students), 3) outreach programs to hard-to-involve students and families (those who don’t come to school regularly--including truants and dropouts), and 4) programs to enhance community-school connections and sense of community (e.g., orientations, open houses, performances and cultural and sports events, festivals and celebrations, workshops and fairs). A Family and Community Service Center Facility might be a context for some of this activity. (Note: When there is an emphasis on bringing community services to school sites, care must be taken to avoid creating a new form of fragmentation where community and school professionals engage in a form of parallel play at school sites.)

(6) Providing special assistance for students and families. Some problems cannot be handled without a few special interventions; thus the need for student and family assistance. The emphasis is on providing special services in a personalized way to assist with a broad range of needs. School-owned, -based, and -linked interventions clearly provide better access for many youngsters and their families. Moreover, as a result of initiatives that enhance school-owned support programs and those fostering school-linked services and school-community partnerships (e.g., full service schools, family resource centers, etc.), more schools have more to offer in the way of student and family assistance. In current practice, available social, physical and mental health programs in the school and community are used. Special attention is paid to enhancing systems for prereferral intervention, triage, case and resource management, direct services to meet immediate needs, and referral for special services and special education resources and placements as appropriate. A growing body of data indicates the current contribution and future promise of work in this area.

By this point, the following state of affairs is evident. Early in the 21st century:

C Too many kids are not doing well in schools.

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

C 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.

C 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 do they need to rework school-linked services? 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. The motivation for community agencies linking with schools is to increase access to clients and thereby do a better job in meeting the respective missions of their agencies (e.g., addressing health, mental health, social service needs). They believe that this will also help schools do better in meeting the mission of educating the young. However, they do little to directly integrate their efforts with those of a school's student support staff or to braid agency and school resources to address areas of overlapping concern. Moreover, as "outside" professionals offer services at schools, they often are rather naive about the culture of schools. They are surprised that school specialists often view the trend toward school-linked services as discounting their skills and threatening their jobs. At the same time, the "outsiders" often feel unappreciated. Conflicts arise over "turf," use of space, confidentiality, and liability. Thus, competition rather than a substantive commitment to collaboration remains the norm.

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 emphasis stays narrowly focused on providing "services."

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 comprehensive, multifaceted, and cohesive approaches. 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, (c) the third component encompasses a comprehensive continuum of enabling activity to address barriers to learning and teaching, and (d) all three components are essential, complementary,

and overlapping and must be integrated fully in school improvement initiatives. In some places, the third component is called an enabling component; other places use the term learning support, supportive learning environment, or comprehensive student support system. Whatever it is called, the emphasis is on ensuring that efforts to address barriers to development, learning, and teaching are not marginalized in policy and practice.

The next decade must mark a turning point in 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 so that all have an equal opportunity to succeed at school. This means reshaping the functions of all school personnel who have a role to play in addressing barriers to learning and promoting healthy development. It also means rethinking how schools respond to misbehavior. As we stress in the next chapter, there must be a shift in emphasis from social control as an end in itself to strategies that address behavior problems in ways that maximize the re-engagement of students in classroom learning. There is much work to be done as public schools across the country are called upon to leave no child behind.

Chapter 4

It's Not about Controlling Behavior: It's about Engaging and Re-engaging Students in Learning

Many students say that . . .they feel their classes are irrelevant and boring, that they are just passing time . . . (and) are not able to connect what they are being taught with what they feel they need for success in their later life. This disengagement from the learning process is manifested in many ways, one of which is the lack of student responsibility for learning. In many ways the traditional educational structure, one in which teachers "pour knowledge into the vessel" (the student), has placed all responsibility for learning on the teacher, none on the student. Schools present lessons neatly packaged, without acknowledging or accepting the "messiness" of learning-by-doing and through experience and activity. Schools often do not provide students a chance to accept responsibility for learning, as that might actually empower students. Students in many schools have become accustomed to being spoon-fed the material to master tests, and they have lost their enthusiasm for exploration, dialogue, and reflection -- all critical steps in the learning process.

American Youth Policy Forum (2000)

Disengaged Students and Social Control

Motivation and Learning

Don't Lose Sight of Intrinsic Motivation

Two Key Components of Motivation; Valuing and Expectations

About Valuing

About Expectations

Overreliance on Extrinsic: a Bad Match

Re-engagement in School Learning

General Strategies

Options

Learner Decision Making

Concluding Comments

*I suspect that many children would learn arithmetic,
and learn it better, if it were illegal.*

John Holt (1989)

External reinforcement may indeed get a particular act going and may lead to its repetition, but it does not nourish, reliably, the long course of learning by which [one] slowly builds in [one's] own way a serviceable model of what the world is and what it can be.

Jerome Bruner (1966)

As we have stressed in preceding chapters, curriculum content is learned as a result of transactions between the learner and environment. The essence of the teaching process is that of creating an environment that first can mobilize the learner to pursue the curriculum and then can maintain that mobilization, while effectively facilitating learning. Behavior problems clearly get in the way of all this.

Misbehavior disrupts. In some forms, such as bullying and intimidating others, it may be hurtful. And, observing such behavior 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, a considerable amount of time at schools is devoted to discipline; a common concern for teachers is classroom management. Unfortunately, in their efforts to deal with deviant and devious behavior and to create safe environments, schools increasingly have overrelied on control techniques. Such practices model behavior that can foster rather than counter development of negative values and produce other forms of undesired behavior. And, they often make schools look and feel more like prisons than community treasures.

To move schools beyond overreliance on punishment and control strategies, there is ongoing advocacy for social skills training, positive behavior support, and new agendas for emotional "intelligence" training, asset development, 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, some reformers want to transform schools in ways that create an atmosphere of "caring," "cooperative learning," and a "sense of community." Such advocates usually argue for schools that are holistically-oriented and family-centered. They want curricula to enhance values and character, including responsibility (social and moral), integrity, self-regulation (self-discipline), and a work ethic and also want schools to foster self-esteem, diverse talents, and emotional well-being. These trends are important. When paired with a contemporary understanding of

human motivation, they recognize that the major intent in dealing with behavior problems at school must be the engagement and re-engagement of students in classroom learning (Adelman & Taylor, 1993; Center for Mental Health in Schools, 2001).

Disengaged Students And Social Control

For many students, early indications of behavior problems are a forewarning of later disengagement from classroom learning and school and eventual dropout. The degree of concern about student engagement varies depending on school population. In general, teaching involves being able to apply strategies focused on content to be taught and knowledge and skills to be acquired – with some degree of attention given to the process of engaging students.

All this works fine in schools where most students come each day ready and able to deal with what the teacher is ready and able to teach. Indeed, teachers are fortunate when they have a classroom where the majority of students show up and are receptive to the planned lessons. In schools that are the greatest focus of public criticism, this certainly is not the case. What most of us realize, at least at some level, is that teachers in such settings are confronted with an entirely different teaching situation. Among the various supports they absolutely must have are ways to re-engage students who have become disengaged and often resistant to broad-band (non-personalized) teaching approaches (see Exhibit on the next page). To the dismay of most teachers, however, strategies for re-engaging students in *learning* rarely are a prominent part of pre or in-service preparation and seldom are the focus of interventions pursued by professionals whose role is to support teachers and students.

It is commonplace to find that, when a student is not engaged in the lessons at hand, the youngster may engage in activity that disrupts. Teachers and other staff try to cope. Their main concern usually is “classroom management.” At one time, a heavy dose of punishment was the dominant approach. Currently, the stress is on more positive practices designed to provide “behavior support” (including a variety of out-of-the-classroom interventions). For the most part, however, the strategies are applied as a form of *social control* aimed directly at stopping disruptive behavior. An often stated assumption is that stopping the behavior will make the student amenable to teaching. In a few cases, this may be so.

Exhibit

Broad-Band (Non-personalized) Teaching

Once upon a time, the animals decided that their lives and their society would be improved by setting up a school. The basics identified as necessary for survival in the animal world were swimming, running, climbing, jumping, and flying. Instructors were hired to teach these activities, and it was agreed that all the animals would take all the courses. This worked out well for the administrators, but it caused some problems for the students.

The squirrel, for example, was an A student in running, jumping, and climbing but had trouble in flying class, not because of an inability to fly, for she could sail from the top of one tree to another with ease, but because the flying curriculum called for taking off from the ground. The squirrel was drilled in ground-to-air take-offs until she was exhausted and developed charley horses from overexertion. This caused her to perform poorly in her other classes, and her grades dropped to D's.

The duck was outstanding in swimming class -- even better than the teacher. But she did so poorly in running that she was transferred to a remedial class. There she practiced running until her webbed feet were so badly damaged that she was only an average swimmer. But since average was acceptable, nobody saw this as a problem -- except the duck.

In contrast, the rabbit was excellent in running, but, being terrified of water, he was an extremely poor swimmer. Despite a lot of makeup work in swimming class, he never could stay afloat. He soon became frustrated and uncooperative and was eventually expelled because of behavior problems.

The eagle naturally enough was a brilliant student in flying class and even did well in running and jumping. He had to be severely disciplined in climbing class, however, because he insisted that his way of getting to the top of the tree was faster and easier.

It should be noted that the parents of the groundhog pulled him out of school because the administration would not add classes in digging and burrowing. The groundhogs, along with the gophers and badgers, got a prairie dog to start a private school. They all have become strong opponents of school taxes and proponents of voucher systems.

By graduation time, the student with the best grades in the animal school was a compulsive ostrich who could run superbly and also could swim, fly, and climb a little. She, of course, was made class valedictorian and received scholarship offers from all the best universities.

(George H. Reeves is credited with giving this parable to American educators.)

However, the assumption ignores all the work that has led to understanding *psychological reactance* and the need to restore one's sense of self-determination (Deci & Flaste, 1995). Moreover, it belies the reality that so many students continue to do poorly in terms of academic achievement and the fact that dropout rates continue to be staggering in too many schools.

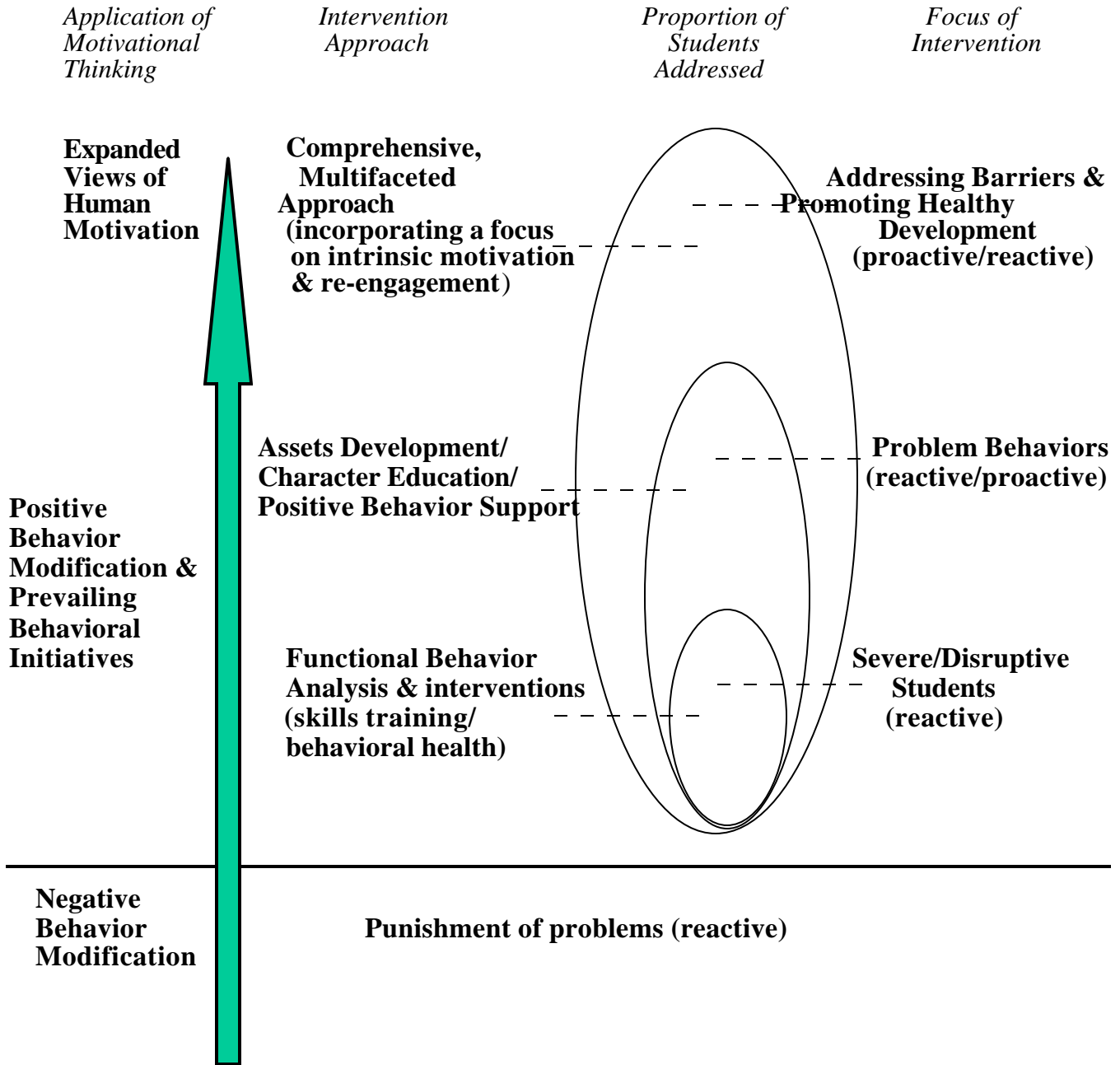
The argument sometimes is made that the reason students continue to do poorly is because the system has used the wrong social control and other socialization practices or implemented practices inappropriately (see Appendix B). In particular, schools have been criticized for overemphasizing punishment. This has given impetus to initiatives to enhance positive behavior supports, asset development, and character education. Such initiatives, however, have not done well in addressing the more basic system failure of paying too little attention to helping teachers deal with student engagement in classroom learning. Student engagement encompasses not only engaging and maintaining engagement, but also *re-engaging* those who have disengaged. Of particular concern is what teachers do when they encounter a student who has disengaged and is misbehaving. In most cases, the emphasis shouldn't be first and foremost on implementing social control techniques. The need is for strategies that have the greatest likelihood of re-engaging the student in classroom learning. Thus, the developmental trend in intervention thinking must be toward practices that embrace an expanded view of human motivation (see Figure 4-1).

Motivation and Learning

Maria doesn't want to work on improving her reading. Not only is her *motivational readiness* for learning in this area low, but she also has a fairly high level of *avoidance motivation* for reading. Most of the time during reading instruction she is disengaged and acting out.

In contrast, David is motivationally ready to improve reading skills, but he has very little motivation to do so in the ways his teacher proposes. He has high motivation for the *outcome* but low motivation for the *processes* prescribed for getting there.

Figure 4-1. Developmental Trend in Intervention Thinking: Behavioral Initiatives and Beyond



Matt often is highly motivated to do whatever is prescribed to help him learn to read better, but his motivation starts to disappear after a few weeks of hard work. He has trouble maintaining a sufficient amount of ongoing or *continuing motivation*.

Helena appeared motivated to learn and did learn many new vocabulary words and improved her reading comprehension on several occasions over the years she was in special school programs. Her motivation to read after school, however, has never increased. It was assumed that as her skills improved, her attitude toward reading would too. But it never has.

No one expected James to become a good reader because of low scores on tests related to phonics ability and reading comprehension in 2nd grade. However, his teacher found some beginning level books on his favorite sport (baseball) and found that he really wanted to read them. He asked her and other students to help him with words and took the books home to read (where he also asked an older sister for some help). His skills started to improve rapidly and he was soon reading on a par with his peers.

What the preceding examples illustrate is that

- C motivation is a prerequisite to learning, and its absence may be a cause of learning and behavior problems, a factor maintaining such problems, or both
- C individuals may be motivated toward the idea of obtaining a certain learning outcome but may not be motivated to pursue certain learning processes
- C individuals may be motivated to start to work on overcoming their learning problem but may not maintain their motivation
- C individuals may be motivated to learn basic skills but maintain negative attitudes about the area of functioning and thus never use the skills except when they must
- C motivated learners can do more than others might expect.

Obviously, motivation must be considered in matching a learner with a learning environment. An increased understanding of motivation clarifies how essential it is to avoid processes that make students feel controlled and coerced, that limit the range of options with regard to materials, and that limit the focus to a day-in, day-out emphasis on remedying problems. From a motivational perspective, such

processes are seen as likely to produce avoidance reactions in the classroom and to school and thus reduce opportunities for positive learning and for development of positive attitudes.

Don't Lose Sight of Intrinsic Motivation

Engaging and re-engaging students in learning is the facet of teaching that draws on what is known about human motivation (e.g., see Deci & Flaste, 1995; Deci & Ryan, 1985; Stipek, 1998). What many of us have been taught about dealing with student misbehavior runs counter to what we intuitively understand about human motivation. Teachers and parents, in particular, often learn to over-depend on reinforcement theory, despite the appreciation they have about the importance of intrinsic motivation. Those who argue we must focus on “basics” are right, but the basics that need attention have to do with motivational considerations.

As we have stressed, the essence of teaching is creating an environment that mobilizes the student and maintains that mobilization, while effectively facilitating learning. And, when a student disengages, re-engagement in learning depends on use of interventions that help reduce factors that interfere with interest and efficacy and enhance motivating conditions.

Of course, no teacher, parent, or counselor can control all factors affecting motivation. Indeed, when any of us teach, we can directly control only a relatively small segment of the physical and social environment. In doing so, we try to maximize the likelihood that opportunities to learn are a good fit with the current *capabilities* of a given youngster. And, we should also place the same emphasis on matching individual differences in *motivation*. This means, for example, attending to:

C *Motivation as a readiness concern.* Optimal performance and learning require motivational readiness. The absence of such readiness can cause and/or maintain problems. If a learner does not have enough motivational readiness, strategies must be implemented to develop it (including ways to reduce avoidance motivation). Readiness should not be viewed in the old sense of waiting until an individual is interested. Rather, it should be understood in the contemporary sense of establishing environments that are perceived by students as caring, supportive places and as offering stimulating activities that are valued and challenging, and doable.

C *Motivation as a key ongoing process concern.* Many learners are caught up in the novelty of a new subject, but after a few lessons, interest often wanes. They may be motivated by the idea of obtaining a given outcome but may not be motivated to pursue certain processes and thus may not pay attention or may try to avoid them. They may be motivated to start to work on overcoming their problems but may not maintain their motivation. Strategies must be designed to elicit, enhance, and maintain motivation so that a youngster stays mobilized.

C *Minimizing negative motivation and avoidance reactions as process and outcome concerns.* Teachers and others at a school and at home not only must try to increase motivation – especially intrinsic motivation – but also take care to avoid or at least minimize conditions that decrease motivation or produce negative motivation. For example, care must be taken not to over-rely on extrinsics to entice and reward because to do so may decrease intrinsic motivation. At times, school is seen as unchallenging, uninteresting, overdemanding, overwhelming, overcontrolling, nonsupportive, or even hostile. When this happens, a student may develop negative attitudes and avoidance related to a given situation (and over time) related to school and all it represents.

C *Enhancing intrinsic motivation as a basic outcome concern.* It is essential to enhance motivation as an outcome so the desire to pursue a given area (e.g., reading) increasingly is a positive intrinsic attitude that mobilizes learning outside the teaching situation. Achieving such an outcome involves use of strategies that do not overrely on extrinsic rewards and that do enable youngsters to play a meaningful role in making decisions related to valued options. In effect, enhancing intrinsic motivation is a fundamental *protective factor* and is the key to developing *resiliency*.

Students who manifest learning, behavior, and/or emotional problems may have developed extremely negative perceptions of teachers and programs. In such cases, they are not likely to be open to people and activities that look like "the same old thing." Major changes in approach are required if the youngster is even to perceive that something has changed in the situation. Minimally, exceptional efforts must be made to have them (1) view the teacher and other interveners as supportive (rather than

controlling and indifferent) and (2) perceive content, outcomes, and activity options as personally valuable and obtainable.

In marked contrast to students who have developed negative attitudes, those who are intrinsically motivated to learn at school seek out learning opportunities and challenges and go beyond requirements. In doing so, they learn more and learn more deeply than do classmates who are extrinsically motivated.

Increasing intrinsic motivation involves affecting a student's thoughts, feelings, and decisions. In general, the intent is to use procedures that can potentially reduce negative and increase positive feelings, thoughts, and coping strategies with respect to learning. For learning and behavior problems, in particular, this means identifying and minimizing experiences that maintain or may increase avoidance motivation. This requires avoiding processes that make students feel controlled and coerced, that limit the range of options with regard to materials, and that limit the focus to a day-in, day-out emphasis on remedying problems. Such processes are likely to produce avoidance reactions and thus reduce opportunities for positive learning and for development of positive attitudes.

Two Key Components of Motivation: Valuing and Expectations

Two common reasons people give for not bothering to learn something are "It's not worth it" and "I know I won't be able to do it." In general, the amount of time and energy spent on an activity seems dependent on how much the activity is valued by the person and on the person's expectation that what is valued will be attained without too great a cost.

About Valuing

What makes something worth doing? Prizes? Money? Merit awards? Praise? Certainly! We all do a great many things, some of which we don't even like to do, because the activity leads to a desired reward. Similarly, we often do things to escape punishment or other negative consequences that we prefer to avoid.

Rewards and punishments may be material or social. For those with learning, behavior, and emotional problems, there has been widespread use of such "incentives" (e.g., systematically giving points or tokens that can be exchanged for candy, prizes, praise, free time, or social interactions).

Punishments have included loss of free time and other privileges, added work, fines, isolation, censure, and suspension. Grades have been used both as rewards and punishments. Because people will do things to obtain rewards or avoid punishment, rewards and punishment often are called *reinforcers*. Because they generally come from sources outside the person, they often are called *extrinsics*.

Extrinsic reinforcers are easy to use and can immediately affect behavior. Therefore, they have been widely adopted in the fields of special education and psychology. Unfortunately, the immediate effects are usually limited to very specific behaviors and often are short-term. Moreover, extensive use of extrinsics can have some undesired effects. And, sometimes the available extrinsics simply aren't powerful enough to get the desired results.

It is important to remember that what makes some extrinsic factor rewarding is the fact that it is experienced by the recipient as a reward. What makes it a highly valued reward is that the recipient highly values it. If someone doesn't like candy, there is not much point in offering it as a reward. Furthermore, because the use of extrinsics has limits, it's fortunate that people often do things even without apparent extrinsic reason. In fact, a lot of what people learn and spend time doing is done for intrinsic reasons. *Curiosity* is a good example. Curiosity seems to be an innate quality that leads us to seek stimulation, avoid boredom, and learn a great deal.

People also pursue some things because of what has been described as an innate *striving for competence*. Most of us value feeling competent. We try to conquer some challenges, and if none are around, we usually seek one out. Of course, if the challenges confronting us seem unconquerable or make us too uncomfortable (e.g., too anxious or exhausted), we try to put them aside and move on to something more promising.

Another important intrinsic motivator appears to be an internal push toward *self-determination*. People seem to value feeling and thinking that they have some degree of choice and freedom in deciding what to do. And, human beings also seem intrinsically moved toward establishing and maintaining relationships. That is, we value the feeling of *interpersonal connection*.

About Expectations

We may value something a great deal; but if we believe we can't do it or can't obtain it without paying too great a personal price, we are likely to look for other valued activities and outcomes to pursue. Expectations about these matters are influenced by previous experiences.

Previously unsuccessful arenas usually are seen as unlikely paths to valued extrinsic rewards or intrinsic satisfactions. We may perceive past failure as the result of our lack of ability; or we may believe that more effort was required than we were willing to give. We may also feel that the help we needed to succeed was not available. If our perception is that very little has changed with regard to these factors, our expectation of succeeding now will be rather low. *In general, then, what we value interacts with our expectations, and motivation is one product of this interaction* (see Exhibit on the following page).

There are many intervention implications to derive from understanding intrinsic motivation. For example, mobilizing and maintaining a youngster's motivation depends on how a classroom program addresses concerns about valuing and expectations. Schools and classrooms that offer a broad range of opportunities (e.g., content, outcomes, procedural options) and involve students in decision making are best equipped to meet the challenge.

Overreliance on Extrinsic: a Bad Match

Throughout this discussion of valuing and expectations, the emphasis has been on the fact that motivation is not something that can be determined solely by forces outside the individual. Others can plan activities and outcomes to influence motivation and learning; however, how the activities and outcomes are experienced determines whether they are pursued (or avoided) with a little or a lot of effort and ability. Understanding that an individual's perceptions can affect motivation has led researchers to important findings about some undesired effects resulting from overreliance on extrinsics (see Exhibit on next page).

You might want to think about how grades affected your motivation over the years. Did you feel you were working for a grade or to learn? How often did receiving a good grade increase your

Exhibit

A Bit of Theory

Motivation theory has many facets. At the risk of over simplifying things, the following discussion is designed to make a few big points.

$$E \times V$$

Can you decipher this? (Don't go on until you've tried.)

Hint: the "x" is a multiplication sign.

In case the equation stumped you, don't be surprised. The main introduction to motivational thinking that many people have been given in the past involves some form of reinforcement theory (which essentially deals with extrinsic motivation). Thus, all this may be new to you, even though motivational theorists have been wrestling with it for a long time, and intuitively, you probably understand much of what they are talking about.

“E” represents an individual's *expectations* about outcome (in school this often means expectations of success or failure). “V” represents *valuing*, with valuing influenced by both what is valued intrinsically and extrinsically. Thus, in a general sense, motivation can be thought of in terms of expectancy times valuing. *Such theory recognizes that human beings are thinking and feeling organisms and that intrinsic factors can be powerful motivators. This understanding of human motivation has major implications for learning, teaching, parenting, and mental health interventions.*

Within some limits (which we need not discuss here), high expectations and high valuing produce high motivation, while low expectations (E) and high valuing (V) produce relatively weak motivation.

David greatly values the idea of improving his reading. He is unhappy with his limited skills and knows he would feel a lot better about himself if he could read. But, as far as he is concerned, everything his reading teacher asks him to do is a waste of time. He's done it all before, and he *still* has a reading problem. Sometimes he will do the exercises, but just to earn points to go on a field trip and to avoid the consequences of not cooperating. Often, however, he tries to get out of doing his work by distracting the teacher. After all, why should he do things he is certain won't help him read any better.

$$(Expectancy \times Valuing = Motivation \quad 0 \times 1.0 = 0)$$

High expectations paired with low valuing also yield low approach motivation. Thus, the oft-cited remedial strategy of guaranteeing success by designing tasks to be very easy is not as simple a recipe as it sounds. Indeed, the approach is likely to fail if the outcome (e.g., improved reading, learning math fundamentals, applying social skills) is not valued or if the tasks are experienced as too boring or if doing them is seen as too embarrassing. In such cases, a strong negative value is attached to the activities, and this contributes to avoidance motivation.

$$(Expectancy \times Valuing = Motivation \quad 1.0 \times 0 = 0)$$

Appropriate appreciation of all this is necessary in designing a match for optimal learning and performance.

motivation to learn more than was required? Did receiving poor grades increase or decrease your motivation? If you ever took a course on a pass/fail basis, instead of for a grade, did it affect your motivation?

On the job, is receiving a good salary enough to ensure job satisfaction? How would offering teachers bonus pay for raising class test scores affect their motivation?

If you chose to read this book because you were interested in the topic, would offering you a reward for reading it increase your motivation for doing so? Maybe. But, you might perceive the proposed reward as an indication that the book probably isn't that interesting or see the reward as an effort to control your behavior. Such perceptions could lead you to think and feel negatively about the book and may even affect your interest in the topic. You may, for example, begin to think there must be something wrong with the book or experience a sense of resentment about what you see as an effort to control or bribe you to read it. Any of these thoughts and feelings may cause you to shift the intrinsic value you originally placed on learning about the topic.

The point is that extrinsic rewards can undermine intrinsic reasons for doing things. Although this is not always the case and may not always be a bad thing, it is an important consideration in deciding to rely on extrinsic reinforcers in creating a match for optimal learning.

Because of the prominent role they play in school programs, grading, testing, and other performance evaluations are a special concern in any discussion of the overreliance on extrinsics as a way to reinforce positive learning. Although grades often are discussed as simply providing information about how well a student is doing, many, if not most, students perceive each grade as a reward or a punishment. Certainly, many teachers use grades to try to control behavior – to reward those who do assignments well and to punish those who don't. Sometimes parents add to a student's perception of grades as extrinsic reinforcers by giving a reward for good report cards.

We all have our own horror stories about the negative impact of grades on ourselves and others. In general, grades have a way of reshaping what students do with their learning opportunities. In choosing what to study, students strongly consider what grades they are likely to receive. As deadlines for

Exhibit

Is It Worth It?

In a small town, there were a few youngsters who were labeled as handicapped. Over the years, a local bully had taken it upon himself to persecute them. In one recent incident, he sent a gang of young ragamuffins to harass one of his classmates who had just been diagnosed as having learning disabilities. He told the youngsters that the boy was retarded, and they could have some fun calling him a "retard."

Day after day in the schoolyard the gang sought the boy out. "Retard! Retard!" they hooted at him.

The situation became serious. The boy took the matter so much to heart that he began to brood and spent sleepless nights over it. Finally, out of desperation, he told his teacher about the problem, and together they evolved a plan.

The following day, when the little ones came to jeer at him, he confronted them saying,

"From today on I'll give any of you who calls me a 'retard' a quarter."

Then he put his hand in his pocket and, indeed, gave each boy a quarter.

Well, delighted with their booty, the youngsters, of course, sought him out the following day and began to shrill, "Retard! Retard!"

The boy looked at them -- smiling. He put his hand in his pocket and gave each of them a dime, saying, "A quarter is too much -- I can only afford a dime today."

Well, the boys went away satisfied because, after all, a dime was money too.

However, when they came the next day to hoot, the boy gave them only a penny each.

"Why do we get only a penny today?" they yelled.

"That's all I can afford."

"But two days ago you gave us a quarter, and yesterday we got a dime. It's not fair!"

"Take it or leave it. That's all you're going to get."

"Do you think we're going to call you a 'retard' for one lousy penny?"

"So don't."

And they didn't.

(Adapted from a fable presented by Ausubel, 1948)

assignments and tests get closer, interest in the topic gives way to interest in maximizing one's grade. Discussion of interesting issues and problems related to the area of study gives way to questions about how long a paper should be and what will be on the test. None of this is surprising given that poor grades can result in having to repeat a course or being denied certain immediate and long-range opportunities. It is simply a good example of how systems that overemphasize extrinsics may have a serious negative impact on intrinsic motivation for learning.

And if the impact of current practices is harmful to those who are able learners, imagine the impact on students with learning and behavior problems!

Re-engagement in School Learning

Many individuals with learning problems also are described as hyperactive, distractable, impulsive, behavior disordered, and so forth. Their behavior patterns are seen as interfering with efforts to remedy their learning problems. Although motivation has always been a concern to those who work with learning and behavior problems, the emphasis in handling these interfering behaviors usually is on using extrinsics as part of efforts to directly control and/or in conjunction with direct skill instruction. For example, the interventions are designed to improve impulse control, perseverance, selective attention, frustration tolerance, sustained attention and follow-through, and social awareness and skills. In all cases, the emphasis is on reducing or eliminating interfering behaviors, usually with the presumption that then the student will re-engage in learning. However, there is little evidence that these strategies enhance a student's motivation toward classroom learning.

For motivated students, facilitating learning is a fairly straightforward matter and fits well with school improvements that primarily emphasize enhancing instructional practices (see Exhibit on the following pages). The focus is on helping establish ways for students who are motivationally ready and able to achieve and, of course, to maintain and enhance their motivation. The process involves knowing when, how, and what to teach and also knowing when and how to structure the situation so they can learn on their own. However, students who manifest learning, behavior, and/or emotional problems

Exhibit

Meaningful, Engaged Learning*

In recent years, researchers have formed a strong consensus on the importance of engaged learning in schools and classrooms. This consensus, together with a recognition of the changing needs of the 21st century, has stimulated the development of specific indicators of engaged learning. Jones, Valdez, Nowakowski, and Rasmussen (1994) developed the indicators described below

1. Vision of Engaged Learning

Successful, engaged learners are responsible for their own learning. These students are self-regulated and able to define their own learning goals and evaluate their own achievement. They are also energized by their learning, their joy of learning leads to a lifelong passion for solving problems, understanding, and taking the next step in their thinking

2. Tasks for Engaged Learning

In order to have engaged learning, tasks need to be challenging, authentic, and multidisciplinary. Such tasks are typically complex and involve sustained amounts of time. They are authentic in that they correspond to the tasks in the home and workplaces of today and tomorrow. Collaboration around authentic tasks often takes place with peers and mentors within school as well as with family members and others in the real world outside of school. These tasks often require integrated instruction that incorporates problem-based learning and curriculum by project.

3. Assessment of Engaged Learning

Assessment of engaged learning involves presenting students with an authentic task, project, or investigation, and then observing, interviewing, and examining their presentations and artifacts to assess what they actually know and can do. This assessment, often called performance-based assessment, is generative in that it involves students in generating their own performance criteria and playing a key role in the overall design, evaluation, and reporting of their assessment. The best performance-based assessment has a seamless connection to curriculum and instruction so that it is ongoing. Assessment should represent all meaningful aspects of performance and should have equitable standards that apply to all students.

4. Instructional Models & Strategies for Engaged Learning

The most powerful models of instruction are interactive. Instruction actively engages the learner, and is generative. Instruction encourages the learner to construct and produce knowledge in meaningful ways. Students teach others interactively and interact generatively with their teacher and peers

Exhibit: Meaningful, Engaged Learning (cont.)

5. Learning Context of Engaged Learning

For engaged learning to happen, the classroom must be conceived of as a knowledge-building learning community. Such communities not only develop shared understandings collaboratively but also create empathetic learning environments that value diversity and multiple perspectives. These communities search for strategies to build on the strengths of all of its members . . .

6. Grouping for Engaged Learning

Collaborative work that is learning-centered often involves small groups or teams of two or more students within a classroom or across classroom boundaries. Heterogeneous groups (including different sexes, cultures, abilities, ages, and socioeconomic backgrounds) offer a wealth of background knowledge and perspectives to different tasks. Flexible grouping, which allows teachers to reconfigure small groups according to the purposes of instruction and incorporates frequent heterogeneous groups, is one of the most equitable means of grouping and ensuring increased learning opportunities.

7. Teacher Roles for Engaged Learning

The role of the teacher in the classroom has shifted from the primary role of information giver to that of facilitator, guide, and learner. As a facilitator, the teacher provides the rich environments and learning experiences needed for collaborative study. The teacher also is required to act as a guide—a role that incorporates mediation, modeling, and coaching. Often the teacher also is a co-learner and co-investigator with the students.

8. Student Roles for Engaged Learning

One important student role is that of explorer. Interaction with the physical world and with other people allows students to discover concepts and apply skills. Students are then encouraged to reflect upon their discoveries, which is essential for the student as a cognitive apprentice. Apprenticeship takes place when students observe and apply the thinking processes used by practitioners. Students also become teachers themselves by integrating what they've learned

*See B. Jones, G. Valdez, J. Nowakowski, & C. Rasmussen (1994). *Designing Learning and Technology for Educational Reform*. Oak Brook, IL: North Central Regional Educational Laboratory. Excerpted from article on NCREL: North Central Regional Educational Laboratory

often have developed extremely negative perceptions of teachers, programs, and school in general. Any effort to re-engage these students must begin by recognizing such perceptions. Thus, the first step in addressing the problem is for the school leadership to acknowledge its nature and scope. Then, school support staff and teachers must work together to pursue a major initiative focused on re-engaging those who have become disengaged and reversing conditions that led to the problem.

Psychological scholarship over the last thirty or so years has brought renewed attention to motivation as a central concept in understanding learning and attention problems. This work is just beginning to find its way into applied fields and programs. One line of work has emphasized the relationship of learning and behavior problems to deficiencies in intrinsic motivation. This work clarifies the value of interventions designed to increase

- C feelings of self-determination
- C feelings of competence and expectations of success
- C feelings of interpersonal relatedness
- C the range of interests and satisfactions related to learning.

Activities to correct deficiencies in intrinsic motivation are directed at improving awareness of personal motives and true capabilities, learning to set valued and appropriate goals, learning to value and to make appropriate and satisfying choices, and learning to value and accept responsibility for choice.

The point for emphasis here is that engaging and re-engaging students in learning involves matching motivation. Matching motivation requires an appreciation of the importance of a student's perceptions in determining the right mix of intrinsic and extrinsic reasons. It also requires understanding the key role played by expectations related to outcome. Without a good match, social control strategies can suppress negative attitudes and behaviors, but re-engagement in classroom learning is unlikely.

Key Challenges for School Staff

Rewards -- To Control or Inform? As Ed Deci (1975) has cogently stressed:

“Rewards are generally used to control behavior. Children are sometimes rewarded with candy when they do what adults expect of them. Workers are rewarded with pay for doing what their supervisors want. People are rewarded with social approval or positive feedback for fitting into their social reference group. In all these situations, the aim of the reward is to control the person's behavior -- to make him continue to engage in acceptable behaviors. And rewards often do work quite effectively as controllers. Further, whether it works or not, each reward has a controlling aspect. Therefore, the first aspect to every reward (including feedback) is a controlling aspect. However, rewards also provide information to the person about his effectiveness in various situations. . . . When David did well at school, his mother told him she was proud of him, and when Amanda learned to ride a bike, she was given a brand new two-wheeler. David and Amanda knew from the praise and bicycle that they were competent and self-determining in relation to school and bicycling. The second aspect of every reward is the information it provides a person about his competence and self-determination.

When the controlling aspect of the reward is very salient, such as in the case of money or the avoidance of punishment, [a] change in perceived locus of causality . . . will occur. The person is ‘controlled’ by the reward and s/he perceives that the locus of causality is external.”

General Strategies

Given appropriate commitment in policy and practice, there are four general strategies we recommend for all working with disengaged students (e.g., teachers, support staff, administrators):

Clarifying student perceptions of the problem – Talk openly with students about why they have become disengaged so that steps can be planned for how to alter the negative perceptions of disengaged students and prevent others from developing such perceptions.

Reframing school learning – In the case of those who have disengaged, major reframing in teaching approaches is required so that these students (a) view the teacher as supportive (rather than controlling and indifferent) and (b) perceive content, outcomes, and activity options as personally valuable and obtainable. It is important, for example, to eliminate threatening evaluative measures; reframe content and processes to clarify purpose in terms of real life needs and experiences and underscore how it all builds on previous learning; and clarify why the procedures are expected to be effective – especially those designed to help correct specific problems.

Renegotiating involvement in school learning – New and mutual agreements must be developed and evolved over time through conferences with the student and where appropriate including parents. The intent is to affect perceptions of choice, value, and probable outcome. The focus throughout is on clarifying awareness of valued options, enhancing expectations of positive outcomes, and engaging the student in meaningful, ongoing decision making. For the process to be most effective, students should be assisted in sampling new processes and content, options should include valued enrichment opportunities, and there must be provision for reevaluating and modifying decisions as perceptions shift.

Reestablishing and maintaining an appropriate working relationship (e.g., through creating a sense of trust, open communication, providing support and direction as needed).

To maintain re-engagement and prevent disengagement, the above strategies must be pursued using processes and content that:

- Ⓒ minimize threats to feelings of competence, self-determination, and relatedness to valued others
- Ⓒ maximize such feelings (included here is an emphasis on a school taking steps to enhance public perception that it is a welcoming, caring, safe, and just institution)
- Ⓒ guide motivated practice (e.g., providing opportunities for meaningful applications and clarifying ways to organize practice)
- Ⓒ provide continuous information on learning and performance in ways that highlight accomplishments
- Ⓒ provide opportunities for continued application and generalization (e.g., ways in which students can pursue additional, self-directed learning or can arrange for additional support and direction).

Obviously, it is no easy task to decrease well-assimilated negative attitudes and behaviors. And, the task is likely to become even harder with the escalation toward high-stakes testing policies (no matter how well-intentioned). It also seems obvious that, *for many schools, enhanced achievement test scores will only be feasible when the large number of disengaged students are re-engaged in learning at school.*

All this argues for (1) minimizing student disengagement and maximizing re-engagement by moving school culture toward a greater focus on intrinsic motivation and (2) minimizing psychological reactance and enhancing perceptions that lead to re-engagement in learning at school by rethinking social control practices. From a motivational perspective, key facets of accomplishing this involve enhancing learner options and decision making as highlighted below and discussed in greater detail in Chapter 6.

Options

If the only decision Maria can make is between reading book A, which she hates, and reading book B, which she loathes, she is more likely to be motivated to avoid making any decision than to be pleased with the opportunity to decide for herself. Even if she chooses one of the books over the other, the motivational effects the teacher wants are unlikely to occur. Thus:

Choices have to include valued and feasible options.

Maria clearly doesn't like to work on her reading problem at school in any way. In contrast, David wants to improve his reading, but he just doesn't like the programmed materials the teacher has planned for him to work on each day. James would rather read about science than the adventure stories his teacher has assigned. Matt will try anything if someone will sit and help him with the work. Thus:

Options usually are needed for (a) content and outcomes and (b) processes and structure.

Every teacher 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 for students with learning, behavior, and/or emotional problems, more variety seems necessary.

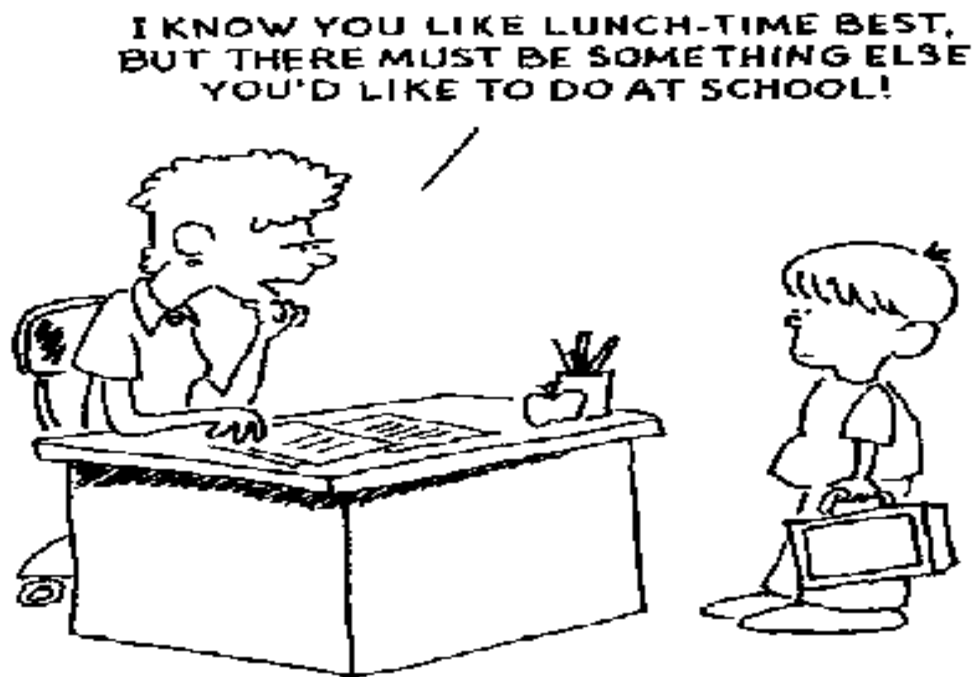
A greater proportion of individuals with avoidance or low motivation for learning at school are found among those with learning, behavior, and/or emotional problems. For these individuals, few currently available options may be appealing. How much greater the range of options needs to be depends primarily on how strong avoidance tendencies are. In general, however, the initial strategies for working with such students involve

- C further expansion of the range of options for learning (if necessary, this includes avoiding established curriculum content and processes)
- C primarily emphasizing areas in which the student has made personal and active decisions

C accommodation of a wider range of behavior than usually is tolerated (e.g., a widening of limits on the amount and types of "differences" tolerated)

Learner Decision Making

From a motivational perspective, one of the most basic instructional concerns is the way in which students are involved in making decisions about options. Critically, decision-making processes can lead to perceptions of coercion and control or to perceptions of real choice (e.g., being in control of one's destiny, being self-determining). Such differences in perception can affect whether a student is mobilized to pursue or avoid planned learning activities and outcomes.



People who have the opportunity to make decisions among valued and feasible options tend to be committed to following through. In contrast, people who are not involved in decisions often have little commitment to what is decided. And if individuals disagree with a decision that affects them, besides not following through they may react with hostility.

Thus, essential to programs focusing on motivation are decision-making processes that affect perceptions of choice, value, and probable outcome. Three special points should be noted about decision-making.

- C Decisions are based on current perceptions. As perceptions shift, it is necessary to reevaluate decisions and modify them in ways that maintain a mobilized learner.
- C Effective and efficient decision making is a basic skill, and one that is as fundamental as the three Rs. Thus, if an individual does not do it well initially, this is not a reason to move away from learner involvement in decision making. Rather, it is an assessment of a need and a reason to use the process not only for motivational purposes, but to improve this basic skill.
- C Among students manifesting learning, behavior, and/or emotional problems, it is well to remember that the most fundamental decision some of these individuals have to make is whether they want to participate or not. That is why it may be necessary in specific cases temporarily to put aside established options and standards. As we have stressed, 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 failure.

Reviews of the literature on human motivation stress that providing students with options and involving them in decision making is an effective way to enhance their engagement in learning and improve their learning and performance (Deci & Flaste, 1995; Deci & Ryan, 1985; Stipek, 1998). For example, numerous studies have shown that opportunities to express preferences and make choices lead to greater motivation, academic gains, increases in productivity and on-task behavior, and decreases in aggressive behavior. Similarly, researchers report that student participation in goal setting leads to more positive outcomes (e.g., higher commitment to a goal and increased performance).

Simply put, people who have the opportunity to make decisions among valued and feasible options tend to be committed to following through.

Conversely, studies indicate that student preferences and involvement tend to diminish when activities are chosen for them.

That is, people who are not involved in decisions often have little commitment to what is decided.

Moreover, if individuals disagree with a decision that affects them, besides not following through they may react hostilely. The implications for the classroom of all the research in this area seem evident: students who are given more say about what goes on related to their learning at school are likely to show higher degrees of engagement and academic success.

Optimally, this means ensuring that decision-making processes maximize perceptions of having a choice from among personally worthwhile options and attainable outcomes. At the very least, it is necessary to minimize perceptions of having no choice, little value, and probable failure.

We have more to say about all this in our discussion of personalized instruction (chapter 6).

Concluding Comments

Getting students involved in their education programs is more than having them participate; it is connecting students with their education, enabling them to influence and affect the program and, indeed, enabling them to become enwrapped and engrossed in their educational experiences.

Wehmeyer & Sands (1998)

Whatever the initial cause of someone's learning and behavior problems, the longer the individual has lived with such problems, the more likely s/he will have negative feelings and thoughts about instruction, teachers, and schools. The feelings include anxiety, fear, frustration, and anger. The thoughts may include strong expectations of failure and vulnerability and low valuing of many learning "opportunities." Such thoughts and feelings can result in avoidance motivation or low motivation for learning and performing in many areas of schooling.

Low motivation leads to half-hearted effort. Avoidance motivation leads to avoidance behaviors.

Individuals with avoidance and low motivation often also are attracted to socially disapproved activity. Poor effort, avoidance behavior, and active pursuit of disapproved behavior on the part of students are sure-fire recipes for failure and worse.

It remains tempting to think that at least the behavior problems can be exorcized by “laying down the law.” We have seen many administrators pursue this line of thinking. For every student who “shapes up,” ten others experience a Greek tragedy that inevitably ends in the student being pushed-out of school through a progression of suspensions, “opportunity” transfers, and expulsions. Official dropout figures don’t tell the tale. What we see in most high schools in cities such as Los Angeles, Baltimore, D.C., Miami, and Detroit is that only about half those who were enrolled in the ninth grade are still around to graduate from 12th grade.

Most of these students entered kindergarten with a healthy curiosity and a desire to learn to read and write. By the end of 2nd grade, we start seeing the first referrals by classroom teachers because of learning and behavior problems. From that point on, increasing numbers of students become disengaged from classroom learning, and most of these manifest some form of behavioral and emotional problems.

The remainder of this book is concerned with how to reverse these trends. Specifically, we explore what needs to change in classrooms and what must be done school-wide and in collaboration with families and the community at large.

*Kids need us most,
when they're at their worst.*

Part II

Enabling Learning: What's a Teacher to Do?

Schools are getting better and better at building triage and referral systems for students who manifest learning, behavior, and/or emotional problems. Not surprisingly, this leads to the “field of dreams” effect. (*Build it, and they will come.*) In some schools, the number of requests is so large that these systems are overwhelmed and unable to handle more than a small percentage of students. As stressed in Part I, schools committed to the success of all children must be redesigned so that teachers and support staff are better equipped to help such students. In this respect, we clarified the need for schools to develop a major component for addressing barriers to learning and promoting healthy development. Such a component is key to appropriately stemming the tide of referrals out of the classroom. And, a major element of the component involves enhancing what goes on in the classroom to address learning and behavior problems in ways that *enable learning*. We have more to say about this in Part III.

Good schools want to do their best for *all* students. This, of course, reflects our society's commitment to equity, fairness, and justice. But, if this commitment is to be meaningful, it cannot be approached simplistically. (It was said of the legendary coach Vince Lombardi that he was always fair because he treated all his players the same -- like dogs!) For schools and teachers, equity, fairness, and justice starts with designing instruction in ways that account for a wide range of individual differences and circumstances. But, the work can't stop there if we are to assure that all students have an equal opportunity to succeed at school. Teachers and student support staff must be prepared to design classrooms to accommodate and assist the many learning, behavior, and emotional problems they encounter. Such preparation involves considerably more than most school staff will have learned before being hired.

Good teachers and support staff are continuing learners. They are keenly interested in what others have found works well. As a result, most end up being rather eclectic in their daily practice.

Thoughtfully put together, an effective approach for helping students who manifest problems can be a healthy alternative to fads, fancies, and dogmatism. But care must be taken to avoid grabbing hold of almost every new idea one learns about. (If it looks appealing, it is adopted – regardless of whether it is valid or consistent with other practices being used.) This is naive eclecticism and can result in more harm than good. No one should use a casual and indiscriminating approach in teaching and helping others. And, no one should think there is a “magic bullet” that will solve the many dilemmas school staff encounter every day.

The way to avoid naive eclecticism is to build one’s intervention approaches on a coherent and consistent set of

- Ⓒ underlying concepts
- Ⓒ practice guidelines that reflect these concepts
- Ⓒ best practices that fit the guidelines
- Ⓒ valid scientific data as it becomes available.

Each of these considerations guide the following discussion which focuses on developing that facet of an enabling or learning support component we call “classroom-focused enabling.” This aspect of the component is the foundation around which a comprehensive approach should be built to enable all students to have an equal opportunity to succeed at school. Going beyond what teacher education programs usually stress, classroom-focused enabling encompasses a host of ways to enhance the effectiveness of classroom instruction by preventing problems and responding in motivationally sensitive ways when problems appear. Particular emphasis is placed on (a) personalizing instruction to account for motivational and developmental differences and (b) providing special assistance to address specific problems as soon as they arise.

Although Part II was written with teachers in mind, we believe all stakeholders in education should develop a basic understanding of the matters discussed. Student support staff, especially those who have not invested years as classroom teachers, need to enhance their appreciation of the type of

classroom changes that can make a difference in preventing and correcting learning, behavior, and emotional problems. The following chapters obviously also have relevance for those who supervise and teach teachers. Finally, we recognize that parents are teachers. And, while they aren't in classrooms, they can benefit from thinking about applying the concepts, principles, guidelines, and practices both to their parenting and to their role as advocates for school improvement.

Because kids need us most when they are at their worst, we must redesign classrooms and prepare school staff to meet the challenge.

Chapter 5

What is Good Teaching?

We believe the strength in education resides in the intelligent use of [a] powerful variety of approaches – matching them to different goals and adapting them to the student's styles and characteristics. Competence in teaching stems from the capacity to reach out to different children and to create a rich and multidimensional environment for them. Curriculum planners need to design learning centers and curricula that offer children a variety of educational alternatives The existing models of teaching are one basis for the repertoire of alternative approaches that teachers, curriculum makers, and designers of materials can use to help diverse learners reach a variety of goals We believe the world of education should be a pluralistic one – that children and adults alike should have a "cafeteria of alternatives" to stimulate their growth and nurture both their unique potential and their capacity to make common cause in the rejuvenation of our troubled society.

Bruce Joyce & Marsha Weil (1980)

Principles, Guidelines, and Characteristics of Good Schools And Good Teaching

About School and Classroom Climate

Importance of Classroom Climate

Promoting a Positive School and Classroom Climate

Creating a Caring Context for Learning

A Collaborative and Caring Classroom: Opening the Classroom Door

Opening the Door to Enhance Teacher Learning

Opening the Door to Assistance and Partnerships

Creating a Stimulating and Manageable Learning Environment

Designing the Classroom for Active Learning

Grouping Students and Turning Big Classes into Smaller Units

Volunteers as an Invaluable Resource

Concluding Comments

*Education is not the filling of a pail,
but the lighting of a fire.*
William Butler Yeats

*Any experience can be a learning activity . . .
any learning activity can be an experience!*

Most public school curriculum guides and manuals reflect efforts to prepare youngsters to cope with what may be called *developmental* or *life tasks*. Reading, math, biology, chemistry, social studies, history, government, physical education, sex education – all are seen as preparing an individual to assume an appropriate role in society as a worker, citizen, community member, and parent. Most educators and parents, however, also want to foster individual well-being, talents, and personal integrity. Thus, good teaching is not simply a matter of conveying content and mastering instructional techniques (Richardson, 2001).

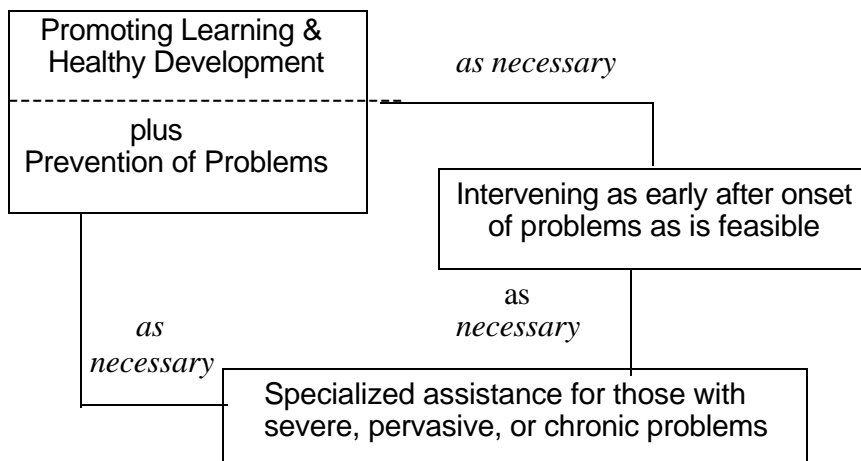
Underlying any discussion of What is good teaching? is a *rationale* regarding what constitutes the right balance between societal and individual interests under a system of compulsory education. One rationale is that, in the context of society's institutions for educating the young, good teaching requires accomplishing society's intentions in ways that promote the well-being of youngsters. This is the perspective to which we subscribe.

Because the rationale adopted by teachers and other school staff is so important, we begin with a brief outline of principles, guidelines, and characteristics that have been synthesized over the years. Their complexity warrants more exploration, and we leave that for you to pursue.

The commonsense view of good teaching is captured by the old adage: *Good teaching meets learners where they are*. Unfortunately, this adage often is interpreted only as a call for *matching* a student's current *capabilities* (e.g., knowledge and skills). The irony in this, of course, is that most school staff recognize that motivational factors often play a key role in accounting for poor instructional outcomes. One of the most common laments among teachers is: "They could do it, if only they *wanted* to!" Teachers also know that good abilities are more likely to emerge when students are motivated not only to pursue class assignments, but also are interested in using what they learn in other contexts. After the discussion in Chapter 4, it should be evident that good teaching requires matching *motivation* and encompasses practices that reflect an appreciation of *intrinsic* motivation and what must be done to overcome *avoidance* motivation.

The main discussion in this chapter focuses on the importance of creating a caring context for learning and the value of collaboration in the classroom as basic building blocks for good teaching in schools. In presenting these basic building blocks, we do so with awareness that learning and teaching are dynamic and nonlinear processes and that some learners experience problems that may require additional and sometimes specialized assistance (see the Figure 5-1).

Figure 5-1. Good Teaching: Promotion of Assets, Prevention of Problems, & Addressing the Problems in Keeping with the Principle of Least Intervention Needed



Principles, Guidelines, and Characteristics of Good Schools and Good Teaching

Consensus is emerging from research on what constitutes effective schools and effective classrooms. Tables 5-1 and 5-2 offer a series of syntheses that encapsulate some of the best thinking about these matters. These probably will seem rather general and maybe a bit abstract and overwhelming on first reading. Take some time to reflect on them – perhaps a few at a time. Such reflection is an essential part of thinking out your philosophy about what schools should be about and your understanding of what good teaching is.

Table 5-1

Principles/Guidelines Underlying Good Schools and Good Teaching*

The following synthesis represents widely advocated guidelines that provide a sense of the philosophy guiding school efforts to address barriers to development and learning and promote healthy development. This synthesis is organized around concerns for (1) stakeholders, (2) the teaching process, and (3) school and classroom climate.

(1) With respect to *stakeholders*, good schools and good teaching

C employ a critical mass of high quality leadership and line staff who believe in what they are doing, value the search for understanding, see errors as valuable sources of learning, and pursue continuing education and self-renewal,

C involve all staff and a wide range of other competent, energetic, committed and responsible stakeholders in planning, implementation, evaluation, and ongoing renewal,

C identify staff who are not performing well and provide personalized capacity building opportunities, support, or other corrective remedies.

(2) With respect to the *teaching process*, good schools and good teaching use the strengths and vital resources of all stakeholders to

C ensure the same high quality for all students,

C formulate and effectively communicate goals, standards, and quality indicators for cognitive, physical, emotional, and social development,

C facilitate continuous cognitive, physical, emotional, and social development and learning using procedures that promote active learning in-and out-of-school,

C ensure use of comprehensive, multifaceted, and integrated approaches (e.g., approaches that are extensive and intensive enough to ensure that students have an equal opportunity to succeed at school and develop in healthy ways),

C make learning accessible to all students (including those at greatest risk and hardest-to-reach) through development of a full continuum of learning supports (i.e., an enabling component),

C tailor processes so they are a good fit in terms of both motivation and capability and are no more intrusive and disruptive than is necessary for meeting needs and accounting for distinctive needs, resources, and other forms of diversity,

C deal with students holistically and developmentally, as individuals and as part of a family, neighborhood, and community,

C tailor appropriate measures for improving practices and for purposes of accountability.

(3) With respect to school and classroom *climate*, good schools and good teaching

C delineate the rights and obligations of all stakeholders,

C are guided by a commitment to social justice (equity) and to creating a sense of community,

C ensure staff, students, family members, and all other stakeholders have the time, training, skills, and institutional and collegial support necessary to create an accepting and safe environment and build relationships of mutual trust, respect, equality, and appropriate risk-taking.

And, in general, good schools and good teaching are experienced by all stakeholders as user friendly, flexibly implemented, and responsive.

*Synthesized from many sources including the vast research literature on good schools and good teaching; these sources overlap, but are not as restricted in their focus as the literature on effective schools and classrooms – see Table 5-2.

Table 5-2

**A Synthesis of Characteristics of Effective Schools and Classrooms
that Account for *All* Learners***

Effective Schools

- C Commitment to shared vision of equality
 - >High expectations for student learning
 - >Emphasis on academic work that is meaningful to the student
- C Daily implementation of effective processes
 - >Strong administrative leadership
 - >Alignment of resources to reach goals
 - >Professional development tied to goals
 - >Discipline and school order
 - >A sense of teamwork in the school
 - >Teacher participation in decision making
 - >Effective parental outreach and involvement
- C Monitoring student progress through measured indicators of achievement
 - >Setting local standards
 - >Use of national standards
 - >Use of data for continuous improvement of school climate and curricula
- C Optimizing school size through limited enrollment, creation of small schools within big schools (e.g., academies, magnet programs), and other ways of grouping students and staff
- C Strong involvement with the community and with surrounding family of schools
 - >Students, families, and community are developed into a learning community
 - >Programs address transitions between grades, school, school-to-career, and higher education

Effective Classrooms

- C Positive classroom social climate that
 - >personalizes contacts and supports in ways that build trust over time and meets learners where they are
 - >offers accommodation so all students have an equal opportunity to learn
 - >adjusts class size and groupings to optimize learning
 - >engages students through dialogue and decision making and seizing “teachable moments”
 - >incorporates parents in multiple ways
 - >addresses social-emotional development
- C Designing and implementing quality instructional experiences that
 - >involve students in decision making
 - >contextualize and make learning authentic, including use of real life situations and mentors
 - >are appropriately cognitively complex and challenging
 - >enhance language/literacy
 - >foster joint student products
 - >extend the time students engage in learning through designing motivated practice
 - >ensure students learn how to learn and are prepared for lifelong learning
 - >ensure use of prereferral intervention strategies
 - >use a mix of methods and advanced technology to enhance learning
- C Instruction is modified to meet students’ needs based on ongoing assessments using
 - >measures of multiple dimensions of impact
 - >authentic assessment tools
 - >students' input based on their self-evaluations
- C Teachers collaborate and are supported with
 - >personalized inservice, consultation, mentoring, grade level teaming
 - >special resources who are available to come into the classroom to ensure students with special needs are accommodated appropriately

*Synthesized from many sources including the vast research literature on effective schools and classrooms .

In Chapter 6, we approach good teaching from the perspective of personalizing instruction. As will be clear, that perspective stresses the addition of the following theory and research-based assumptions as underlying efforts to meet learners where they are.

- C Learning is a function of the ongoing transactions between the learner and the learning environment (with all it encompasses).
- C Optimal learning is a function of an optimal match between the learner's accumulated capacities and attitudes and current state of being and the program's processes and content.
- C Matching both a learner's motivation and pattern of acquired capacities must be primary procedural objectives.
- C The learner's perception is the critical criterion for evaluating whether a good match exists between the learner and the learning environment.
- C The wider the range of options that can be offered and the more the learner is made aware of the options and has a choice about which to pursue, the greater the likelihood that he or she will perceive the match as a good one.
- C Besides improved learning, personalized programs enhance intrinsic valuing of learning and a sense of personal responsibility for learning. Furthermore, such programs increase acceptance and even appreciation of individual differences, as well as independent and cooperative functioning and problem solving.

A Note About Adopting Principles

Discussions of principles related to intervention have become so diffuse that almost every guideline is called a principle. With respect to school and classroom practice, especially with vulnerable and disenfranchised populations, a principled approach certainly is needed. There literature discussing the fundamental social philosophical concerns raised by psychosocial intervention suggests that what must be addressed first and foremost are principles reflecting the overlapping concerns about distributive justice (equity and fairness) and empowerment.

Equity is the legal facet of distributive justice. It ensures and protects individual rights and addresses inequities related to access to “goods” in life and meeting needs. Fairness is the more social philosophical application that deals with such ethical questions as: Fair for whom? Fair according to whom? Fair using what criteria and what procedures for applying the criteria? Obviously, what is fair for the society may not be fair for an individual; what is fair for one person or group may cause an inequity for another (see Beauchamp, Feinberg, & Smith, 1996). A good example of the dilemma is provided by high stakes testing, which is experienced by some students as fair and others as cutting them off from future opportunities. Another example is provided by the *Individuals with Disabilities Education Act*, which attempts to meet the special needs of a subgroup of individuals in ways that are fair to them and to the rest of society.

Equity and fairness do not guarantee empowerment. Empowerment is a multifaceted concept. In discussing power, theoreticians distinguish “power over” from “power to” and “power from.” *Power over* involves explicit or implicit dominance over others and events; *power to* is seen as increased opportunities to act; *power from* implies ability to resist the power of others (see Hollander & Offermann, 1990; Riger, 1993).

From the perspective of school and classroom practice, complex concerns related to the above overlapping principles arise because there are three involved parties in any intervention: the society, the intervener, and those who are identified as participants (e.g., students). Each of these is a stakeholder; each brings vested and often conflicting interests to the enterprise; each party wants to be treated equitably, fairly, and in ways that promote empowerment (Adelman & Taylor, 1994; Strupp & Hadley, 1977). The profound implications of all this have not been well-researched, especially with an eye to stakeholder motivation, setting standards, and cost-benefit analyses.

About School and Classroom Climate

The concept of *climate* plays a major role in shaping the quality of school life and learning. School and classroom climate sometimes are referred to as the learning environment, as well as by terms such as atmosphere, ambience, ecology, and milieu. Depending on quality, the impact on students and staff can be beneficial for or a barrier to learning. Research has indicated a range of strategies for enhancing a positive climate. All school staff have a significant role to play in ensuring that such strategies are well-implemented and maintained.

School and classroom climate are temporal, and somewhat fluid, perceived qualities of the setting. They emerge from the complex transaction of many proximal environmental factors (e.g., physical, material, organizational, operational, and social variables). These factors reflect the influence of the underlying, institutionalized values and belief systems, norms, ideologies, rituals, and traditions that constitute the school *culture*. And, of course, the climate and culture at a school also are shaped by the surrounding and embedded political, social, cultural, and economic contexts (e.g., home, neighborhood, city, state, country).

Key concepts for understanding school and classroom climate are social system organization; social attitudes; staff and student morale; power, control, guidance, support, and evaluation structures; curricular and instructional practices; communicated expectations; efficacy; accountability demands; cohesion; competition; “fit” between learner and classroom; system maintenance, growth, and change; orderliness; and safety. Moos (e.g., 1979) groups such concepts into three dimensions: (1) Relationship (i.e., the nature and intensity of personal relationships within the environment; the extent to which people are involved in the environment and support and help each other); (2) Personal development (i.e., basic directions along which personal growth and self-enhancement tend to occur); and (3) System maintenance and change (i.e., the extent to which the environment is orderly, clear in expectations, maintains control, and is responsive to change).

Importance of Classroom Climate

Classroom climate is seen as a major determiner of classroom behavior and learning. Understanding the nature of classroom climate is seen as a basic element in improving schools.

The concept of classroom climate implies the intent to establish and maintain a positive context that facilitates classroom learning, but in practice, classroom climates range from hostile or toxic to welcoming and supportive and can fluctuate daily and over the school year. Moreover, because the concept is a psychological construct, different observers may have different perceptions of the climate in a given classroom. Therefore, for purposes of his early research, Moos (1979) measured classroom environment in terms of the shared perceptions of those in the classroom. Prevailing approaches to measuring classroom climate use (1) teacher and student perceptions, (2) external observer's ratings and systematic coding, and/or (3) naturalistic inquiry, ethnography, case study, and interpretative assessment techniques (Fraser, 1998; Freiberg, 1999).

Analyses of research suggest significant relationships between classroom climate and matters such as student engagement, behavior, self-efficacy, achievement, and social and emotional development, principal leadership style, stages of educational reform, teacher burnout, and overall quality of school life. For example, studies report strong associations between achievement levels and classrooms that are perceived as having greater cohesion and goal-direction and less disorganization and conflict. Research also suggests that the impact of classroom climate may be greater on students from low-income homes and groups that often are discriminated against.

Given the correlational nature of classroom climate research, cause and effect interpretations remain speculative. The broader body of organizational research does indicate the profound role accountability pressures play in shaping organizational climate (Mahoney & Hextall, 2000). Thus, it seems likely that the increasing demands for higher achievement test scores and control of student behavior contribute to a classroom climate that is reactive, over-controlling, and over-reliant on external reinforcement to motivate positive functioning.

Promoting a Positive School and Classroom Climate

Analyses of the current state of practice and research suggest that a proactive approach to developing a positive school and classroom climates requires careful attention to (1) enhancing the quality of life at school and especially in the classroom for students and staff, (2) pursuing a curriculum that promotes not only academic, but also social, and emotional learning, (3) enabling teachers and

other staff to be effective with a wide range of students, and (4) fostering intrinsic motivation for learning and teaching. With respect to all this, the literature advocates

- Ⓒ a welcoming, caring, and hopeful atmosphere
- Ⓒ social support mechanisms for students and staff
- Ⓒ an array of options for pursuing goals
- Ⓒ meaningful participation by students and staff in decision making
- Ⓒ transforming the classroom infrastructure from a big classroom into a set of smaller units organized to maximize intrinsic motivation for learning and not based on ability or problem-oriented grouping
- Ⓒ providing instruction and responding to problems in a personalized way
- Ⓒ use of a variety of strategies for preventing and addressing problems as soon as they arise
- Ⓒ a healthy and attractive physical environment that is conducive to learning and teaching.

Creating a Caring Context for Learning

By this point, it should be evident that creating a caring context for learning requires considerable commitment on the part of all concerned. Teaching can be done in any context. Whenever a surrounding environment tries to promote learning, the process can be called teaching. Teaching occurs at school, at home, and in the community at large. It may be formalized or informally transmitted. Teaching in no way guarantees that learning will take place. Teaching in an uncaring way probably does guarantee problems will arise.

From a psychological perspective, learning and teaching are experienced most positively when the learner cares about learning and the teacher cares about teaching. *Moreover, the whole process benefits greatly when all the participants care about each other.* Thus, good schools and good teachers work diligently to create an atmosphere that encourages mutual support, caring, and a sense of community. Such an atmosphere can play a key role in preventing learning, behavior, emotional, and health problems.

Caring has moral, social, and personal facets. And when all facets of caring are present and balanced, they can nurture individuals and facilitate the process of learning. At the same time, caring in

all its dimensions should be a major focus of what is taught and learned. That is, the classroom curriculum should encompass a focus on fostering socio-emotional and physical development.

Caring begins when students (and their families) first arrive at a school. Classrooms and schools can do their job better if students feel they are truly welcome and have a range of social supports. A key facet of welcoming encompasses effectively connecting new students with peers and adults who can provide social support and advocacy.

On an ongoing basis, caring is best maintained through use of personalized instruction, regular student conferences, activity fostering social and emotional development, and opportunities for students to attain positive status. Efforts to create a caring classroom climate benefit from programs for cooperative learning, peer tutoring, mentoring, advocacy, peer counseling and mediation, human relations, and conflict resolution. Clearly, a myriad of strategies can contribute to students feeling positively connected to the classroom and school.

Given the importance of home involvement in schooling, attention also must be paid to creating a caring atmosphere for family members. Increased home involvement is more likely if families feel welcome and have access to social support at school. Thus, teachers and other school staff need to establish a program that effectively welcomes and connects families with school staff and other families to generate ongoing social support and greater participation in home involvement efforts.

Also, just as with students and their families, school staff need to feel truly welcome and socially supported. Rather than leaving this to chance, a caring school develops and institutionalizes a program to welcome and connect new staff with those with whom they will be working. And it does so in ways that effectively incorporates newcomers into the organization.

A Collaborative and Caring Classroom: Opening the Classroom Door

Recently heard:

In some schools, it seems that teachers and students enter their classrooms ready to do battle. And at the end of the class, whoever is able to walk out “alive” is the winner.

This, of course, is a gross exaggeration. . . . Isn't it?

For a long time, teachers have gone into their classrooms and figuratively and often literally have shut their doors behind them. As a result, for better and worse, they have been on their own. On the positive side, the closed door limits outside meddling and inappropriate monitoring. The downside is that, in too many instances, teachers are deprived of opportunities to learn from colleagues and too often the isolation from others leads to feelings of alienation and “burn out.” Moreover, students are cut off from a variety of resources and experiences that appear essential to ensuring that all students have an equal opportunity to learn.

Because the negatives outweigh the potential gains, there are increasing calls for “opening the classroom door” to enhance collegial collaboration, consultation, mentoring, and greater involvement of expert assistance, volunteers, family members, and the community-at-large. Such fundamental changes in the culture of schools and classrooms are seen as routes to enhancing a caring climate, a sense of community, and teaching effectiveness. These changes are especially important for preventing commonplace learning, behavior, and emotional problems and for responding early-after-the onset of a problem.

We have already discussed some of these matters. The exhibit on the next page and the following discussion offer some additional details to consider.

Opening the Door to Enhance Teacher Learning

New teachers need as much on-the-job training as can be provided.

All teachers need to learn more about ways to enable learning in their classrooms.

In opening the classroom door to enhance teacher learning, the crux of the matter is to ensure that effective mentoring and collegial practices are used. Learning effectively from colleagues is not just

Exhibit

Working Together

Teaching benefits from organizational learning

Organizational learning requires an organizational structure "where people continually expand their capabilities to understand complexity, clarify vision and improve shared mental models' [Senge, 1990] by engaging in different tasks, acquiring different kinds of expertise, experiencing and expressing different forms of leadership, confronting uncomfortable organizational truths, and searching together for shared solutions" (Hargreaves, 1994).

Collaboration and collegiality

As Hargreaves and others have noted, these concepts are fundamental to improving morale and work satisfaction and to the whole enterprise of transforming schools to meet the needs of individuals and society. *Collaborative cultures* foster collaborative working relationships which are spontaneous, voluntary, development-oriented, pervasive across time and space, and unpredictable. When collegiality is *mandated*, it often produces what has been called *contrived collegiality* which tends to breed inflexibility and inefficiency. Contrived collegiality is administratively regulated, compulsory, implementation-oriented, fixed in time and space, and predictable.

Welcoming for new staff and ongoing social support for all staff

Just as with students and their families, there is a need for those working together at a school to feel they are truly welcome and have a range of social supports. Thus, a major focus for stakeholder development activity is establishment of a program that welcomes and connects new staff with others with whom they will be working and does so in ways that effectively incorporates them into the community.

Barriers to working together

Problems related to working relationships are a given. To minimize such problems, it is important for participants to understand barriers to working relationships and for sites to establish effective problem solving mechanisms to eliminate or at least minimize such barriers.

Rescue dynamics

A special problem that arises in caring communities are rescue dynamics. Such dynamics arise when caring and helping go astray, when those helping become frustrated and angry because those being helped don't respond in desired ways or seem not to be trying. It is important to minimize such dynamics by establishing procedures that build on motivational readiness and personalized interventions.

a talking game. It involves opportunities for mentors and colleagues to model and guide change (e.g., demonstrate and discuss new approaches, guide initial practice and eventual implementation, and follow-up to improve and refine). Preferably, the modeling would take place in a teacher's own classroom. However, visits to colleagues' classrooms and videotapes of good practices provide relevant learning opportunities.

Team teaching with a mentor or a colleague provides a more intensive form of shared learning arrangement. Schools also can use specialist personnel (e.g., school psychologists, counselors, special education resource teachers) in mentoring and demonstration roles and not just as "consultants." That is, instead of telling teachers what they might do to address student learning, behavior, and emotional problems, specialists can be trained to go into classrooms to model and then guide teachers as they begin to practice and implement what they are learning.

Opening the Door to Assistance and Partnerships

Besides enhancing teacher learning, opening the classroom door allows for the addition of a variety of forms of assistance and useful partnerships. As Hargreaves (1994) cogently notes:

the way to relieve the uncertainty and open-endedness that characterizes classroom teaching is to create communities of colleagues who work collaboratively [in cultures of shared learning and positive risk-taking] to set their own professional limits and standards, while still remaining committed to continuous improvement. Such communities can also bring together the professional and personal lives of teachers in a way that supports growth and allows problems to be discussed without fear of disapproval or punishment.

Increasingly, it is becoming evident that teachers need to work closely with other teachers and school personnel, as well as with parents, professionals-in-training, volunteers, and so forth. Collaboration and teaming are key facets of addressing barriers to learning. They allow teachers to broaden the resources and strategies available in and out of the classroom to enhance learning and performance.

As noted, student learning is neither limited to what is formally taught nor to time spent in classrooms. Learning may occur 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. When a classroom successfully joins with its surrounding community, everyone has the opportunity to learn and to teach. Indeed, many schools would do their job better if they were an integral and positive part of the community. The array of people who might be of assistance are aides and a variety of volunteers from the community and from institutions of higher education, other regular classroom teachers, family members, students, specialist teachers and support service personnel, school administrators, classified staff, and teachers-in-training and other professionals-in-training. Together they all constitute what can be called the teaching community.

A few examples are highlighted in the Exhibit on the following page.

Exhibit

Examples of Opening the Door to Assistance and Partnerships

Using Aides and Volunteers in Targeted Ways

Chronically, teachers find classroom instruction disrupted by some student who is less interested in the lesson than in interacting with a classmate. The first tendency usually is to use some simple form of social control to stop the disruptive behavior (e.g., using proximity and/or a mild verbal intervention). Because so many students today are not easily intimidated, teachers find such strategies do not solve the problem. So, the next steps escalate the event into a form of Greek tragedy. The teacher reprimands, warns, and finally sends the student to “time-out” or to the front office for discipline. In the process, the other students start to titter about what is happening and the lesson usually is disrupted.

In contrast to this scenario, teachers can train their aides (if they have one) or a volunteer who has the ability to interact with students to work in ways that target such youngsters. The training of such individuals focuses on what the teacher wants them to do when a problem arises and what they should be doing to prevent such problems. In reaction to a problem, the aide or volunteer should expect the teacher to indicate that it is time to go and sit next to the designated youngster. The focus is on re-engaging the student in the lesson. If this proves undoable, the next step involves taking the student for a walk outside the classroom. It is true that this means the student won’t get the benefit of instruction during that period, but s/he wouldn’t anyway.

Using this approach and not having to shift into a discipline mode has multiple benefits. For one, the teacher is able to carry out the day’s lesson plan. For another, the other students do not have the experience of seeing the teacher having a control contest with a student. (Even if the teacher wins such contests, it may have a negative effect on how students perceive them; and if the teacher somehow “loses it,” that definitely conveys a wrong message. Either outcome can be counterproductive with respect to a caring climate and a sense of community.) Finally, the teacher has not had a negative encounter with the targeted student. Such encounters build up negative attitudes on both sides which can be counterproductive with respect to future teaching, learning, and behavior. Because there has been no negative encounter, the teacher can reach out to the student after the lesson is over and start to think about how to use an aide or volunteers to work with the student to prevent future problems.

Team Teaching

The obvious point here is that partnering with a compatible colleague enables the teachers to complement each others’ areas of competence, provide each other with nurturance and personal support, and allow for relief in addressing problems.

Collaborating with Special Educators and other Specialists

Almost every school has some personnel who have special training relevant to redesigning the classroom to work for a wider range of students. These specialists range from those who teach music or art to those who work with students designated as in need of special education. They can bring to the classroom not only their special expertise, but ideas for how the classroom design can incorporate practices that will engage students who have not been doing well and can accommodate those with special needs.

Creating a Stimulating and Manageable Learning Environment

Every teacher knows that the way the classroom setting is arranged and instruction is organized can help or hinder learning and teaching. The ideal is to have an environment where students and teachers feel comfortable, positively stimulated, and well-supported in pursuing the learning objectives of the day. To these ends and from the perspective of enhancing intrinsic motivation, a classroom benefits from (1) ensuring available options encourage active learning (e.g., authentic, problem-based, and discovery learning; projects, learning centers, enrichment opportunities) and (2) grouping students in ways that turn big classes into smaller learning units and that enhance positive attitudes and support for learning.

Designing the Classroom for Active Learning

Teachers are often taught to group instructional practices under topics such as:

- C **Direct Instruction** (structured overviews; explicit teaching; mastery lectures; drill and practice; compare and contrast; didactic questions; demonstrations; guides for reading, listening, and viewing)
- C **Indirect Instruction** (problem solving; case studies; inquiry; reading for meaning; reflective study; concept formation: concept mapping; concept attainment)
- C **Interactive instruction** (debates; role playing; panels; brainstorming; peer practice; discussion; laboratory groups; cooperative learning groups; problem solving; circle of knowledge; tutorial groups; interviewing)
- C **Independent study** (essays; computer assisted instruction; learning activity packages; correspondence lessons; learning contracts; homework; research projects; assigned questions; learning centers)
- C **Experiential learning** (field trips; conducting experiments; simulations; games; focused imaging; field observations; role playing; model building; surveys)

All these forms of instruction are relevant. However, *teaching* strategies must always have as their primary concern producing effective *learning*. Effective learning requires ensuring that the student is truly engaged in learning. Student engagement is especially important in preventing learning, behavior,

and emotional problems and is essential at the first indications of such problems. Thus, the focus here is on discussing the concept of *active learning* and instructional approaches designed to enhance motivation to learn.

One definition of active learning is “. . . students actively constructing meaning grounded in their own experience rather than simply absorbing and reproducing knowledge transmitted from subject-matter fields . . .” (Newmann, Marks, & Gamoran, 1996). Examples include small group discussions; cooperative learning tasks; independent research projects; use of hands on manipulatives, scientific equipment, and arts and crafts materials; use of computer and video technology, and community-based projects such as surveys, oral histories, and volunteer service.

Simply stated, active learning is *learning by doing, listening, looking, and asking*; but it is not just being active that counts. It is the mobilization of the student to seek out and learn. Specific activities are designed to capitalize on student interests and curiosity, involve them in problem solving and guided inquiry, and elicit their thinking through reflective discussions and appropriate products. Moreover, the activities are designed to do all this in ways that not only minimize threats to feelings of competence, self-determination, and relatedness to others, but enhance such feelings.

There are many examples of ways to promote active learning at all grade levels. It can take the form of class discussions, problem-based and discovery learning, a project approach, involvement in “learning centers” at school, experiences outside the classroom, and independent learning in or out of school . For example, students may become involved in classroom, school-wide, or community service or action projects. Older students may be involved in “internships.” Active methods can be introduced gradually so students learn how to benefit from them and can be provided appropriate support and guidance.

Active learning in the form of interactive instruction, authentic, problem-based, discovery, and project-based learning does much more than motivate learning of subject matter and academic skills. Students also learn how to cooperate with others, share responsibility for planning and implementation, develop understanding and skills related to conflict resolution and mediation, and much more. Moreover, such formats provide a context for building collaborations with other teachers and school

staff and with a variety of volunteers. Appendix C provides brief overviews of a variety of approaches that encompass strategies for actively engaging students in learning and practicing what has been learned.

Grouping Students and Turning Big Classes into Smaller Units

In their report entitled *High Schools of the Millennium*, the workgroup states:

The structure and organization of a High School of the Millennium is very different than that of the conventional high school. First and foremost, [the school] is designed to provide small, personalized, and caring learning communities for students The smaller groups allow a number of adults . . . to work together with the students . . . as a way to develop more meaningful relationships and as a way for the teachers to better understand the learning needs of each student. . . .

Time is used differently Alternatives schedules, such as a block schedule or modified block schedule, create longer class periods that allow students to become more actively engaged in their learning through more in-depth exploration The longer instructional times also allow for multiple learning activities that better meet the different learning styles of students (American Youth Policy Forum, 2000).

Grouping. Aside from those times when a learning objective is best accomplished with the whole class, it is important to think of creating small classes out of the whole. This involves grouping students in various ways, as well as providing opportunities for individual activity.

Clearly, students should never be grouped in ways that harm them. This applies to putting students in low ability tracks and segregating those with learning, behavior, or emotional problems. But grouping is essential for effective teaching. *Appropriate grouping* facilitates student engagement, learning, and performance. Besides enhancing academic learning, it can increase intrinsic motivation by promoting feelings of personal and interpersonal competence, self-determination, and positive connection with others. Moreover, it can foster autonomous learning skills, personal responsibility for learning, and healthy social-emotional attitudes and skills.

A well-designed classroom enables a teacher to spend most of the time (1) working directly with a group while the rest of the students work in small groups and on independent activities or (2) rotating among small groups and individual learners. When the teaching staff team teaches or collaborates in other ways, such grouping can be done across classrooms.

Effective grouping is facilitated by ensuring teachers have adequate resources (including space, materials, and help). The key to effective grouping, however, is to take the time needed for youngsters

to learn to work well with each other, with other resource personnel, and at times independently.

Done appropriately, students are grouped and regrouped flexibly and regularly by the teacher based on individual interests, needs, and for benefits to be derived from diversity. Small learning groups are established for cooperative inquiry and learning, concept and skill development, motivated practice, peer- and cross-age tutoring, and other forms of activity that can be facilitated by peers, aides, and/or volunteers. In a small group (e.g., two to six members) students have more opportunities to participate. In heterogeneous, cooperative learning groups, each student has an interdependent role in pursuing a common learning goal and can contribute on a par with their capabilities.

Three types of groupings that are common are:

- ℄ **Needs-Based Grouping:** Short-term groupings are established for students with similar learning needs (e.g., to teach or reteach them particular skills and to do so in keeping with their current interests and capabilities).
- ℄ **Interest-Based Grouping:** Students who already are motivated to pursue an activity usually can be taught to work together well on active learning tasks.
- ℄ **Designed-Diversity Grouping:** For some objectives, it is desirable to combine sets of students who come from different backgrounds and have different abilities and interests (e.g., to discuss certain topics, foster certain social capabilities, engender mutual support for learning).

All three types provide opportunities to enhance interpersonal functioning and an understanding of working relationships and of factors effecting group functioning.

Tomlinson in her 1999 book *The Differentiated Classroom: Responding to the Needs of All Learners* delineates ways to minimize whole-class instruction through use of flexible small group teaching and facilitating independent learning. She notes that nearly all educators agree with the goal of differentiating instruction, but teachers may lack strategies for making it happen. To avoid lockstep instruction, she suggests strategies such as using *stations* (setting up different spots where students work on various tasks simultaneously) and *orbital studies* (with guidance and support, students are involved in short term – 3-6 week – independent investigations related to a facet of the curriculum).

Tomlinson stresses that differentiated instruction is not a form of tracking – just the opposite. It enables teachers to give every child access to the curriculum and ensures that each makes appropriate progress.

In all forms of grouping, approaches such as cooperative learning and computer-assisted instruction are relevant, and obviously, it helps to have multiple collaborators in the classroom. An aide and/or volunteers, for example, can assist with establishing and maintaining well-functioning groups, as well as providing special support and guidance for designated individuals. As teachers increasingly open their doors to others, assistance can be solicited from tutors, resource and special education teachers, pupil services personnel, and an ever widening range of volunteers (e.g., Reading Corps tutors, peer buddies, parents, mentors, and any others who can bring special abilities into the classroom and offer additional options for learning). And, of course, team teaching offers a potent way to expand the range of options for personalizing instruction.

Recognizing and Accommodating Diversity. Diversity arises from many factors: gender, ethnicity, race, socio-economic status, religion, capability, disability, interests, and so forth. Thus, every classroom is diverse to some degree. In grouping students, it is important to do so in a way that draws on the strengths of whatever diversity is present in the classroom. For example, a multi-ethnic classroom enables teachers to group students across ethnic lines to bring different perspectives to the learning activity. This allows students not only to learn about other perspectives, it can enhance critical thinking and other higher order conceptual abilities. It also can foster the type of intergroup understanding and relationships that are essential to establishing a school climate of caring and mutual respect. In this respect, of course, the entire curriculum and all instructional activities must incorporate an appreciation of diversity, and teachers must plan in ways that make appropriate accommodations for individual and group differences.

Collaborative or Team Teaching. Grouping can be facilitated through teacher collaboration. Not only can such teaming benefit students, it can be a great boon to teachers. A good collaboration is one where colleagues mesh professionally and personally. It doesn't mean that there is agreement about everything, but there must be agreement about what constitutes good teaching and effective learning.

Collaborations can take various forms. The core of the process involves two or more teachers

teaming to share the instructional load in any way they feel works. Sometimes this involves:

- C **Parallel Teaching** – team members combine their classes and teach to their strengths. This may involve specific facets of the curriculum (e.g., one teacher covers math, another reading; they cover different aspects of science) or different students (e.g., for specific activities, they divide the students and work with those to whom they relate best).
- C **Complementary Teaching** – one teacher takes the lead with the initial lessons and another facilitates the follow-up activity.
- C **Special Assistance** – while one team member provides basic instruction, another focuses on those students who need special assistance.

In all forms of teacher teaming, others are involved in the collaborative effort. Teachers deploy aides, volunteers, and designated students to help in creating small groupings for teaching and learning. And, with access to the Internet and distance learning, the nature and scope of collaborative teaching has the potential to expand in dramatic fashion.

Student Helpers. Besides the mutual benefits students get from cooperative learning groups and other informal ways they help each other, formal peer programs can be invaluable assets. Students can be taught to be peer tutors, group discussion leaders, role models, and mentors. Other useful roles include: peer buddies (to welcome, orient, and provide social support as a new student transitions into the class and school), peer conflict mediators, and much more. Student helpers benefit their peers, themselves, and the school staff, and enhance the school's efforts to create a caring climate and a sense of community.

Clearly, when it is done appropriately, grouping has many benefits. At a fundamental level, grouping is an essential strategy in turning classrooms with large enrollments into a set of simultaneously operating small classes. Just as it is evident that we need to turn schools with large enrollments into sets of small schools, we must do the same in the classroom everyday (see Exhibit on the following page).

Volunteers as an Invaluable Resource

Volunteers may help students on a one-to-one basis or in small groups. Group interactions are especially important in enhancing a student's cooperative interactions with peers. One-to-one work is

often needed to develop a positive relationship with a particularly aggressive or withdrawn student and in fostering successful task completion with a student easily distracted by peers. Volunteers can help enhance a student's motivation and skills and, at the very least, can help counter negative effects that arise when a student has difficulty adjusting to school. They can be especially helpful working under the direction of the classroom teacher to establish a supportive relationship with students who are having trouble adjusting to school.

Every teacher has had the experience of planning a wonderful lesson and having the class disrupted by one or two unengaged students. As noted already, properly trained volunteers are a great help in minimizing such disruptions and reengaging an errant student. When a teacher has trained a volunteer to focus on designated students, the volunteer knows to watch for and move quickly at the first indication that the student needs special guidance and support. The strategy involves the volunteer going to sit next to the student and quietly trying to reengage the youngster. If necessary, the volunteer can take the student to a quiet area in the classroom and initiate another type of activity or even go out for a brief walk and talk if this is feasible. None of this is a matter of rewarding the student for bad behavior. Rather, it is a strategy for avoiding the tragedy of disrupting the whole class while the teacher reprimands the culprit and in the process increases that student's negative attitudes toward teaching and school. This use of a volunteer allows the teacher to continue teaching, and as soon as time permits, it makes it possible for the teacher to explore with the student ways to make the classroom a mutually satisfying place to be. Moreover, by handling the matter in this way, the teacher is likely to find the student more receptive to discussing things than if the usual "logical consequences" have been administered (e.g., loss of privileges, sending the student to time-out or to the assistant principal).

Exhibit

Differentiated Instruction and Making Smaller Units out of Larger Classes:

In the Winter 2000 issue of Curriculum, the Association for Supervision and Curriculum Development described how teachers use strategies to differentiate instruction and make smaller units out of larger classes.

"First grade teachers Gail Canova and Lena Conlley ... use supported reading activities to help young learners of various abilities strengthen reading skills. On Mondays, (they) read stories to the entire class but break the class into groups according to challenge levels for the next three days. On Fridays, the whole class reviews the story once more to measure improvements and reinforce learning. To help students of differing abilities improve writing skills, (they) have established peer tutoring groups. In the groups, children read their work aloud and help one another with spelling and editing as they create their own books." . . .

"...Penny Shockly ... uses tiered assignments to engage her 5th graders at all levels of ability. When she begins the unit on perimeter, area, and volume, (she) first presents a short, hands-on lesson that defines the whole-class objective and lays the foundation for individual practice. Together, she and the students measure various sizes of cereal boxes so that everyone is clear about definitions and processes. Then, in groups of two, students receive activity packets. The more concrete learners receive packets with worksheets that direct them to measure their own desks and classroom furniture. In this highly structured activity, students practice calculating the perimeters, areas, and volumes of things they can actually see and touch. Shockley is on hand to offer help and to extend the activity, for those who are ready, by helping students find a way to arrange the desks so that they have the smallest possible perimeter. Other students with greater abstract reasoning skills receive packets that direct them to design their own bedrooms and to create scale drawings. They also calculate the cost and number of five-yard rolls of wallpaper borders needed to decorate their rooms. From catalogs, they select furniture and rugs that will fit into their model rooms. These details provide extensive practice, beginning with such tasks as determining how many square feet of floor space remain uncovered. This open-ended assignment offers higher-ability students an opportunity to extend their learning as far as they want to take it."

Rob Frescoln, a 7th grade science teacher, has students whose reading levels range from 2nd through beyond 7th grade. "To help all his students succeed with research papers, (he) provides science texts at several reading levels and uses mixed-ability groupings. Each of five students in a mixed-ability group might research a different cell part by gathering information from books at her own reading level. Then groups split up so that all students with the same cell assignment compare notes and teach one another. Finally, students return to their original groups so that every member of each group can report to the others and learn about the other cell parts. 'It's the coolest thing in the world to see a lower ability kid teaching a higher-ability kid what he's learned,' says Frescoln."

A high school social studies teacher, Leon Bushe uses mock trials to differentiate instruction according to interest, task, and readiness. "Dividing his class of 30 into three groups of 10, (he) gives each a court case involving a legal concept such as *beyond reasonable doubt*. Students choose whether to be lawyers, witnesses, or defendants -- whichever they feel most comfortable with. Every student has at least two roles because each trial group also serves as the jury for another trial group. To prepare for their roles, students must complete individualized reading and writing assignments, but they all learn the basics of trial by jury. One factor ... that heightens interest is that each jury deliberates in a fishbowl environment -- that is, the rest of the class gets to observe the deliberations but may not speak or interfere."

As summarized in Table 5-3 , volunteers can be a multifaceted resource in a classroom and throughout a school. For this to be the case, however, the school staff must value volunteers and learn how to recruit, train, nurture, and use them effectively. When implemented properly, school volunteer programs can enable teachers to individualize instruction, free teachers and other school personnel to meet students' needs more effectively, broaden students' experiences through interaction with volunteers, strengthen school-community understanding and relations, enhance home involvement, and enrich the lives of volunteers. In the classroom, volunteers can provide just the type of extra support teachers need for conferencing and working with students who require special assistance.

Volunteers can be recruited from a variety of sources: parents and other family members; others in the community such as senior citizens and workers in local businesses; college students; and peers and older students at the school. There also are organized programs that can provide volunteers, such as VISTA, America Reads, and local service clubs. And, increasingly, institutions of higher education are requiring students to participate in learning through service. Schools committed to enhancing home and community involvement in schooling can pursue volunteer programs as a productive element in their efforts to do so.

To amplify a bit on a few of the functions outlined in Table 5-3:

Tutoring. One of the most direct and effective ways to provide extra instructional assistance is through individual and small group tutoring. Volunteer tutors (including peer tutors and cross-age tutors) provide a way to make such assistance feasible on a large scale. Volunteers who are bi-lingual provide a special resource for students with limited English skills. They not only can help students with lessons but also can assist with development of English language skills, and can help the teacher communicate with family members. In the case of students tutoring other students, various benefits may accrue for the tutor in terms of enhanced knowledge, skills, attitudes, and behavior.

Planning and Implementing Instruction. As the teacher develops lesson plans and prepares instructional activities, volunteers can help gather resources and contribute any special knowledge and skills they have acquired. During class, they can help support and guide the work of small groups.

Table 5-3

The Many Roles for Volunteers in the Classroom and Throughout the School

I. Welcoming and Social Support

A. In the Front Office

1. Greeting and welcoming
2. Providing information to those who come to the front desk
3. Escorting guests, new students/families to destinations on the campus
4. Orienting newcomers

B. Staffing a Welcoming Club

1. Connecting newly arrived parents with peer buddies
2. Helping develop orientation and other information resources for newcomers
3. Helping establish newcomer support groups

II. Working with Designated Students in the Classroom

A. Helping to orient new students

B. Engaging disinterested, distracted, and distracting students

C. Providing personal guidance and support for specific students in class to help them stay focused and engaged

III. Providing Additional Opportunities and Support in Class and on the Campus as a Whole

Helping develop and staff additional

A. Recreational activity

B. Enrichment activity

C. Tutoring

D. Mentoring

IV. Helping Enhance the Positive Climate Throughout the School -- including Assisting with "Chores"

A. Assisting with Supervision in Class and Throughout the Campus

B. Contributing to Campus "Beautification"

C. Helping to Get Materials Ready

Social support. Throughout any school day and at critical times throughout the school year, students require social as well as academic support. Who needs social support? New students and their families; students who are shy; those who are uncertain about how to make friends; those who feel alienated; those experiencing temporary emotional upsets; those who misbehave; students making the transition to a new grade and classroom; students transitioning back from special education; and many others. Here, too, peer volunteers can be used. For example, trained "peer buddies" may commit to a buddy for several weeks – eating lunch together, participating in various activities, and facilitating connections with other students.

Mentoring. It is well known that a good relationship with a caring adult is a fundamental ingredient in helping children succeed. In one form or another, all children need role models and advocates. Ideally, family members fulfill this role; teachers and others who work with young people can do so as well. To expand the range of role models and to ensure all youngsters do have an advocate, volunteers can be recruited as mentors. Mentoring is another tool in efforts to provide social support and a sense of future options and hope, develop positive behavior and skills, increase engagement in school and life, and reduce school dropout.

Few teachers have the time to recruit and train a cadre of volunteers. Teachers can work with the school administration and support service staff to set up a volunteer program for the school. Initially, a small group of volunteers can be recruited and taught how to implement and maintain the program (e.g., recruit a large pool of volunteers, help train them, nurture them, work with them to recruit replacements when they leave).

The cost of volunteer programs is relatively small compared to the impact they can have on school climate and the quality of life for students and school staff.

Concluding Comments

With respect to improving schools, a major goal of legislation at state and federal levels is to have a qualified teacher in every classroom. Good teaching is not easy. With respect to differentiated instruction, Patricia Woodin-Weaver (2000) states:

There's no question that it's a big challenge, but there's no bigger challenge than trying to insert kids in a one-size-fits-all [classroom] and then having to deal with the spillover of emotional and behavioral reactions. If kids are not in a place where they can learn, they let us know loud and clear.

Or as one colleague put it: "*Kids would rather look bad than stupid!*"

At the same time, it seems evident that good teaching is essential to preventing many learning and behavior problems at schools, minimizing the impact of those that arise, and is the foundation upon which correction of problems must be built. Moreover, good teaching in a caring context contains the elements for countering staff burnout.

Finally, as important as the research on *effective* teaching is, we must not lose sight of the fact that *good* teaching encompasses much more. The literature on the elements of effective teaching stresses comparative data showing factors that have produced better outcomes than others. But, we must always remember that the term *better* doesn't necessarily mean *good*, and the factors studied have yet to encompass many of the most valued principles that concerned parents and informed citizens want schooling to encapsulate in the best interests of children and society.

We now turn to two specific facets of good teaching: personalizing instruction and providing special assistance as soon as and whenever a student needs it.

Chapter 6

Personalized Instruction

"Let the main object . . . be as follows: To seek and to find a method of instruction, by which teachers may teach less, but learners learn more; by which schools may be the scene of less noise, aversion, and useless labour, but of more leisure, enjoyment, and solid progress. . . .

Comenius (1632 A.D.)

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Concluding Comments

Teaching is a fascinating and somewhat mysterious process. Is it an art, or is it an activity that most people can learn to do?

According to Anatole France: *Teaching is only the art of awakening the natural curiosity of young minds for the purpose of satisfying it afterwards.* And, Albert Einstein noted: *It is the supreme art of the teacher to awaken joy to creative expression and knowledge.*

Art or not, people teach everyday. It is one of the most basic forms of human interaction. We've all been taught; we've all experienced satisfaction when we succeed in helping others learn; and we've all experienced frustration when those we teach don't "get it."

Frustration is a common feeling when teaching doesn't go smoothly. The frustration often leads to a conclusion that something is wrong with the students – a lack of effort (*They would have learned it if they had really been trying.*) – or a lack of ability (*They would have learned if they were smarter or not handicapped by a disability.*).

Sometimes the frustration isn't just with a particular individual; it is with the poor performance at school of large numbers of children and adolescents and with the vast amount of adult illiteracy. Such frustration leads to conclusions that something is wrong with the schools (*Teachers need to get back to basics! Teachers need to be held accountable.*) or with certain groups of people (*These youngsters do badly because their parents don't value education.*).

The frustration is more than understandable. And where there is frustration, it is not surprising that there are accusations and blaming. Blaming, of course, does not solve the problem. Neither does demanding higher standards and accepting no excuses. If legislation is to produce good outcomes, it must support classrooms and schools in ways that help teachers effectively pursue the art, craft, and science of teaching. The intent in this chapter and the next is to outline a framework for classroom teaching that encompasses regular instruction and special assistance. We begin with general strategies for personalizing instruction and mobilizing active learning.

The Concept of Personalized Instruction

We have already introduced the concept of the match as applied to teaching (meeting learners

where they are – in terms of both their motivation and current capabilities). In the psychological literature, this is often referred to as the problem of “fit.” Efforts to create an optimal match (or fit) to maximize learning can be characterized as a teacher’s search for the Holy Grail. For the most part, teachers can only approximate an effective match. That is, they strive to design instruction that is a close enough fit so good learning takes place. The best approximation probably is achieved through personalized instruction

Even in the best classrooms, however, there can be a serious mismatch (a very poor fit), which results in students not learning what they are taught. As discussed in Part I, many factors can produce such a mismatch. Indeed, the possibilities are so extensive it is hardly surprising we all have occasions when learning is a problem.

When a teacher finds it difficult to create an appropriate match for a given student on many days, significant learning problems develop. With the learning problems comes an emotional overlay and often behavior problems. It doesn’t take long for a teacher to realize which students need special assistance.

Defining Personalization

For some time, efforts to improve the match for learning in the classroom have revolved around the concepts of individualized or personalized instruction. While the two concepts overlap, it is worth differentiating between them. They overlap in their emphasis on developmental differences. Indeed, the major thrust in most *individualized* approaches is to account for individual differences in developmental capability. By way of contrast, we define *personalization* as accounting for individual differences in both capability and motivation.

For motivated learners, either individualized or personalized instruction can be quite effective in helping learners attain their goals. Sometimes all that is needed is to provide the opportunity to learn. At other times, teachers facilitate learning by leading, guiding, stimulating, clarifying, and supporting. Both approaches require knowing when, how, and what to teach and when and how to structure the situation so students can learn on their own.

For students with learning, behavior, and emotional problems, motivation for classroom learning

often has become a problem. When this is the case, it is essential to design instruction with motivation as a primary consideration. We use the concept of personalization to guide research and practice related to this matter. Moreover, we treat personalization as a psychological construct by focusing on the *learner's perception* as a critical factor in defining whether the environment is a good fit. From this perspective, then, the key to a good match is ensuring learning opportunities are *perceived by learners* as good ways to reach their goals. And, therefore, a basic assessment concern related to practice and research becomes that of eliciting learners' perceptions of how well teaching and learning environments match both their interests and abilities.

Outlined in Table 6-1 are the underlying assumptions and major program elements of personalized programs. Properly designed and carried out, such programs can reduce the need for special assistance. That is, matching motivation and developmental capability can be a sufficient condition for learning among youngsters whose difficulties are not due to interfering internal factors, such as a true disability. Personalizing regular classroom programs also can improve the effectiveness of prevention, inclusion, mainstreaming, and prereferral interventions. In such classrooms, personalization represents a regular classroom application of the principles of normalization and least intervention needed (which encompasses the concept of "least restrictive environment").

Remember: Motivation is a Core Concern

Matt and Jerry both are in Mr. Phillips' class. Jerry may not say so in so many words, but the class seems to fit him very well. He likes most of what he does in class each day, and he finds it just challenging enough (not too easy and not too hard). All indications suggest he experiences the situation as a good match motivationally and developmentally. And, this should continue as long as the situation changes in ways that reflect his ongoing learning and development.

Matt finds few things to like about the class. Although the teacher planned remedial activities that Matt is able to do rather easily, they don't interest him. He is bored and feels unhappy. From his perspective, the learning environment is not a good one.

At the core of the concept of personalized instruction is the notion of attending as much to motivational differences as to differences in current capabilities. Indeed, there are instances when the primary focus should be on motivation. Because the practices used in too many schools still reflect

Table 6-1

Underlying Assumptions and Major Program Elements of a Personalized Program

I. *Underlying Assumptions*

The following are basic assumptions underlying personalized programs as we conceive them.

- C Learning is a function of the ongoing transactions between the learner and the learning environment (with all it encompasses).
- C Optimal learning is a function of an optimal match between the learner's accumulated capacities and attitudes and current state of being and the program's processes and context.
- C Matching both a learner's motivation and pattern of acquired capacities must be primary procedural objectives.
- C The learner's perception is the critical criterion for evaluating whether a good match exists between the learner and the learning environment.
- C The wider the range of options that can be offered and the more the learner is made aware of the options and has a choice about which to pursue, the greater the likelihood that he or she will perceive the match as a good one.
- C Besides improved learning, personalized programs enhance intrinsic valuing of learning and a sense of personal responsibility for learning. Furthermore, such programs increase acceptance and even appreciation of individual differences, as well as independent and cooperative functioning and problem solving.

II. *Program Elements*

Major elements of personalized programs as we have identified them are:

- C regular use of informal and formal conferences for discussing options, making decisions, exploring learner perceptions, and mutually evaluating progress;
- C a broad range of options from which the learner can make choices with regard to types of learning content, activities, and desired outcomes;
- C a broad range of options from which the learner can make choices with regard to facilitation (support, guidance) of decision making and learning;
- C active decision making by the learner in making choices and in evaluating how well the chosen options match his or her current levels of motivation and capability;
- C establishment of program plans and mutual agreements about the ongoing relationships between the learner and the program personnel;
- C regular reevaluations of decisions, reformulation of plans, and renegotiation of agreements based on mutual evaluations of progress, problems, and current learner perceptions of the "match."

a limited appreciation of human motivation, we want to use the concept of personalizing instruction as a context for reiterating and building on ideas we touched upon in Chapter 4.

No one has control over all the important elements involved in facilitating learning. Teachers actually can affect only a relatively small segment of the classroom, school, home, and neighborhood environments in which learning occurs. Because this is so, it is essential that teachers begin with an appreciation of what is likely to affect a student's positive and negative motivation to learn. For example, our work (as synthesized in Adelman & Taylor, 1993, 1994) suggests teachers need to pay particular attention to the following points:

(1) *Optimal performance and learning require motivational readiness.* Readiness is no longer viewed in the old sense of waiting until an individual is interested. Rather, it is understood in the contemporary sense of offering stimulating environments that can be perceived as vivid, valued, and attainable.

Remember: Motivation is a key antecedent condition in any learning situation. It is a prerequisite to student attention, involvement, and performance. Poor motivational readiness may be a cause of poor learning and a factor maintaining learning, behavior, and emotional problems. Thus, strategies are called for that can result in a high level of motivational readiness (including reduction of avoidance motivation) – so that students are mobilized to participate.

(2) *Motivation represents both a process and an outcome concern.* An individual may value learning something, but may not be motivated to pursue the processes used. Many students are motivated to learn when they first encounter a topic but do not maintain that motivation.

Remember: Processes must elicit, enhance, and maintain motivation so that students stay mobilized. Programs must be designed to maintain, enhance, and expand intrinsic motivation for pursuing current learning activities and also for involving students in learning activities that go beyond the immediate lesson and extend beyond the schoolhouse door.

Remember: Negative motivation and avoidance reactions and any conditions likely to generate them must be circumvented or at least minimized. Of particular concern are activities students perceive as unchallenging, uninteresting, overdemanding, or overwhelming. Students react against structures that

seriously limit their range of options or that are overcontrolling and coercive. Examples of conditions that can have a negative impact on a person's motivation are sparse resources, excessive rules, and a restrictive day-in, day-out emphasis on drill and remediation.

Remember: Students with learning, behavior, and/or emotional problems usually have extremely negative perceptions of and avoidance tendencies toward teachers and activities that look like "the same old thing." Major changes in approach must be made if such students are to change these perceptions. Ultimately, success may depend on the degree to which the student views the teacher as supportive, rather than controlling or indifferent and the program as personally valuable and obtainable.

(3) *Teachers not only need to try to increase motivation – especially intrinsic motivation – but also to avoid practices that decrease it.* Although a student may function well-enough to learn a specific lesson (e.g., some basic skills) at school, the youngster may have little or no interest in using newly acquired knowledge and skills outside of school.

Remember: Increasing intrinsic motivation requires focusing on a student's thoughts, feelings, and decisions. In general, the intent is to use procedures that can reduce negative and increase positive feelings, thoughts, and coping strategies. With learning problems, it is especially important to identify and minimize experiences that maintain or may increase avoidance motivation. Of particular concern is the need to avoid overreliance on extrinsics to entice and reward since such strategies can decrease intrinsic motivation.

Remember: The point is to enhance stable, positive, intrinsic attitudes that mobilize an individual's ongoing pursuit of desired ends in nondemand situations. That is, developing intrinsic attitudes is basic to increasing the type of motivated practice, for example reading for pleasure, that is essential if what has just been learned is to be mastered and assimilated.

Major intervention implications of a focus on motivation are that a program must provide for a broad range of content, outcomes, and procedural *options*, including a personalized structure to facilitate learning, and then provide opportunities for *learner decision making*. There also must be nonthreatening ways to provide *ongoing information about learning and performance*. Such

procedures are fundamental to mobilizing most learners in classroom programs and can be essential for those experiencing learning difficulties.

Personalization First; Add Special Assistance If Necessary

Figure 6-1 presents a sequential and hierarchical framework that can guide efforts to provide a good match and determine the least intervention needed for individuals with learning and behavior problems, including LD and ADHD. As can be seen, the first step focuses on changing regular classrooms if they are not designed to personalize instruction. The changes are meant to create a caring context for learning and introduce personalized instruction so the classroom program is highly responsive to learner differences in motivation and development. With this in place, the next step involves providing special assistance as needed. That is, step 2 is introduced only if the learner continues to have some problems or in other ways does not respond well to the first step. As outlined in Figure 6-1, this second step involves three levels. These are discussed in Chapter 7.

Some Key Features of a Personalized Classroom

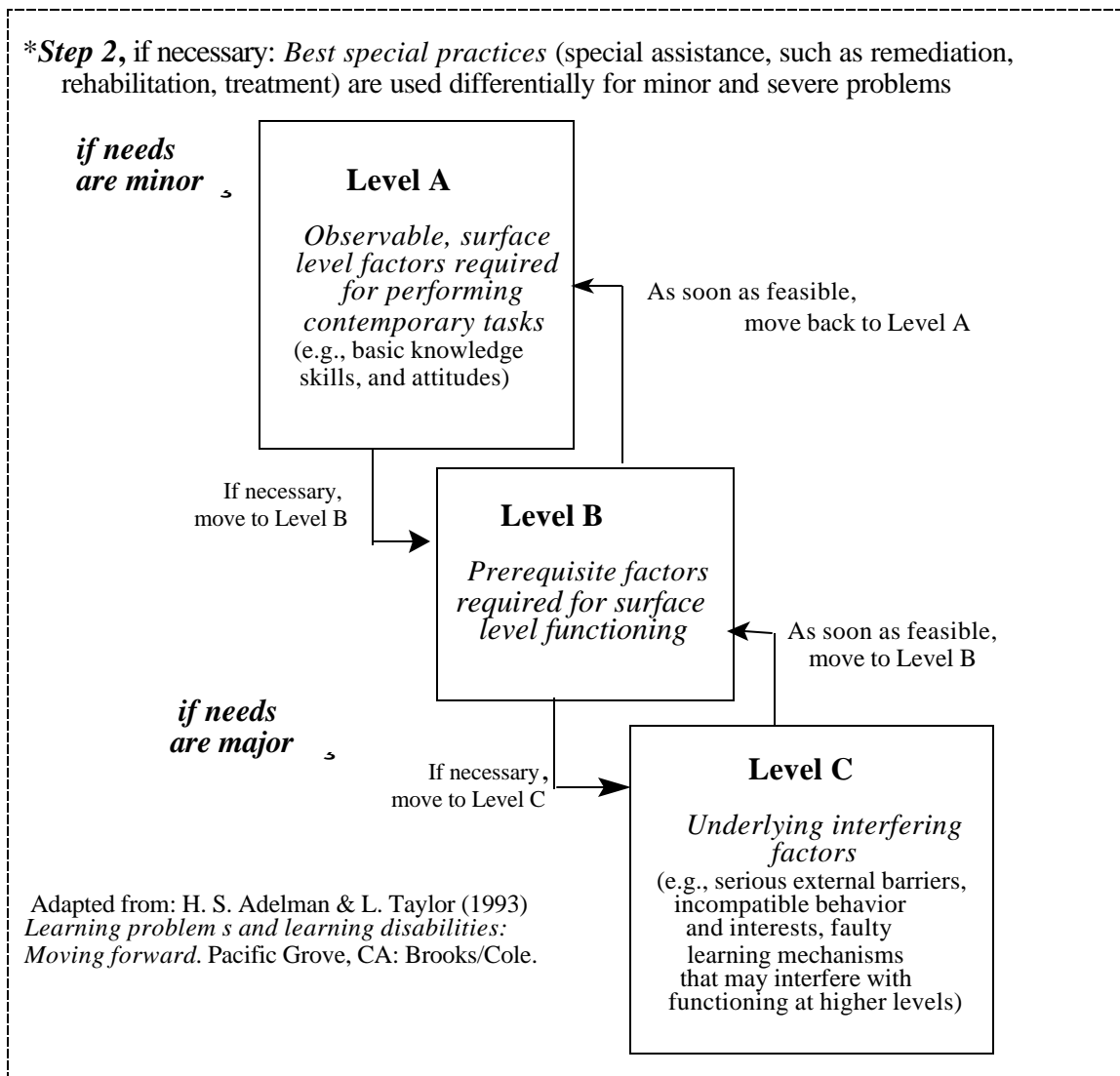
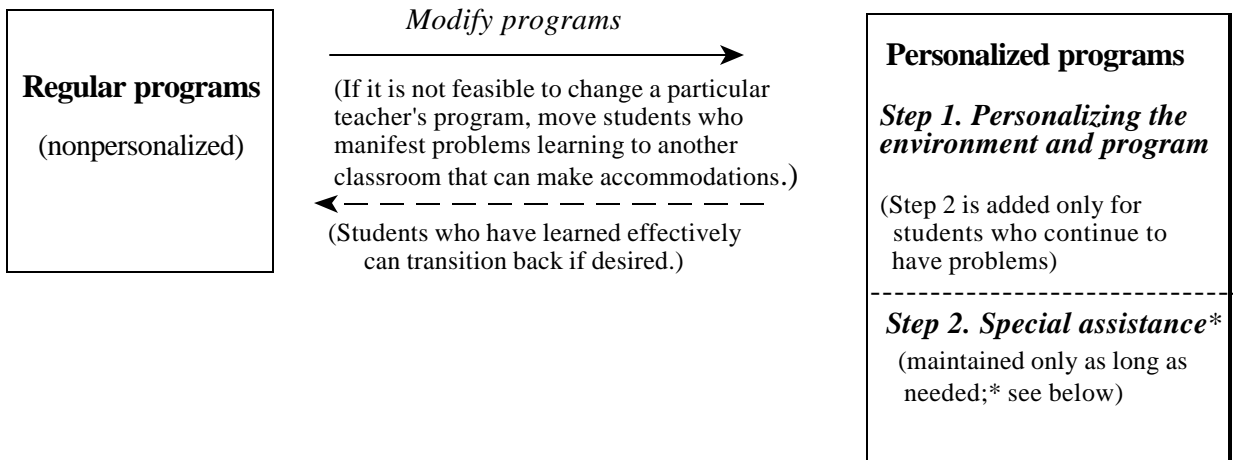
While the framework in Figure 6-1 looks linear, we all know that learning is an ongoing, dynamic, and transactional process. As a student changes, teachers must recognize the changes and ensure their practices are a good match. We view this in terms of a set of procedural objectives.

For example, a primary procedural objective for teachers is to establish and maintain an appropriate working relationship with students. This is done by creating a sense of trust and caring, open communication, and providing support and direction as needed. An essential aspect is clarifying the purpose of learning activities and processes (especially those designed to help correct specific problems) and why processes will be effective.

Examples of other procedural objectives are to

- C clarify the nature and purpose of evaluative processes and apply them in ways that deemphasize feelings of failure (e.g., explain the value of feedback about learning and performance; provide feedback in ways that minimize any negative impact)

Figure 6-1. Learning Sequence and Levels



- C guide and support motivated practice (e.g., by suggesting and providing opportunities for meaningful applications and clarifying ways to organize practice);
- C provide opportunities for continued application and generalization (e.g., so the learner can pursue additional, self-directed learning in the area or can arrange for additional support and direction).

Teachers, of course, do not focus on one procedure at a time. In general, procedures and content are tightly interwoven and viewed as means to an end. And, with advanced technology (e.g., computers, video), many new opportunities are available for blending content and process together into personalized activities.

Providing a Personalized Structure for Learning

A common belief is that a tight and controlling structure must prevail if students are to learn. This view is caricatured when teachers caution each other: “Don’t smile until Christmas!”

Some students – especially the dependent, uninterested ones – do need a tight structure initially. However, it is essential to get beyond this point as soon as possible.

In talking about classroom structure, some people seem to see it as all or nothing – structured or unstructured. Moreover, there is a tendency to equate structure simply with limit setting and social control. Such practices tend to produce vicious cycles. The teacher’s emphasis on control can have a negative impact on students’ motivation (e.g., producing psychological reactance), which makes it harder to teach and control them. As long as a student does not value the classroom, the teacher, and the activities, poor learning and inappropriate behavior are likely outcomes. This leads the teacher to push, prod, and punish. The result is that the whole enterprise of schooling takes on a negative tone for that student and often for the teacher.

The view of structure as social control is particularly prevalent in responding to student misbehavior. In such cases, it is common for observers to say that the youngster needs “more structure.” Sometimes the phrase used is “clearer limits and consequences,” but the idea is the same. The youngster is seen as being out of control, and the need perceived by the observer is for more control.

Most teachers wish it were that easy. Obviously, it is not possible to facilitate the learning of youngsters who are out of control. Equally obvious, however, is the reality that some procedures used to control behavior also interfere with efforts to facilitate learning. A teacher cannot teach a youngster who is sent out of the classroom or suspended from school, and the youngster may be less receptive to the teacher upon returning to class.

Efforts to use external means to control behavior (e.g., isolating a student in a “time out” situation, sending the student for discipline) tend to be incompatible with developing the type of working relationship that facilitates learning. Using the term *structure* to describe extreme efforts to control behavior fails to recognize that the objective is to facilitate learning and performance, not just control behavior.

Good teaching involves a definition of structure that goes well beyond how much control a teacher has over students. Structure must be viewed as *the type of support, guidance, and direction provided the learner, and encompasses all efforts to clarify essential information – including communication of limits as necessary*. Structure can be *personalized* by varying it to match a learner's current motivation and capabilities with respect to a specific task and related circumstances.

Figuring out the best way to provide personalized structure is one of the most important problems a teacher faces in building a working relationship with a student. The problem is how to make the structure neither too controlling and dependency-producing nor too permissive. The teacher does not want to create an authoritarian atmosphere, and no teacher wants to be pushed around. Most teachers find that a positive working relationship requires mutual respect; a warm working relationship requires mutual caring and understanding.

In designing classroom structure, a teacher must plan to provide a great deal of support and guidance for students when they need it and must avoid creating a classroom climate that is experienced by students as tight and controlling. For instance, it is clear that when a student misbehaves, the teacher must respond immediately – but the emphasis needs to be on enhancing personalized structure rather

than simply on punishment. Yes, the student has gone beyond allowable limits; there must be some logical and reasonable consequence for doing so. At the same time, the focus should not be simply on reemphasizing limits (e.g., the rules) and enforcing them. The intent should be to handle the situation in ways that avoid increasing student disengagement with school learning, and even better, the emphasis should be on enhancing engagement. This requires handling the immediate problem in the most positive and matter-of-fact way. The first step is to enhance the amount of support, guidance, and direction provided in ways that keep the student focused on learning (often using a volunteer or aid to sit down immediately to engage the student). Then, as soon as feasible, the teacher confers with the student about *why* the misbehavior occurred and what needs to be done to prevent a future occurrence (including decisions about consequences now and in the future). None of this is done with rancor or condemnation. The message is: *We all make mistakes at times; we just need to find a way to make things better.* The tone is: *We can still respect and like each other and work together after we do a bit of problem solving.* (Chapter 7 provides further discussion about responding to behavior problems.)

The type and degree of structure offered should vary with the youngster's learning needs. It is important to allow students to take as much responsibility as they can for identifying the types and degree of structure they require. A personalized approach to structure enables them to take as much responsibility as they are ready for. Some request a great amount of direction; others prefer to work autonomously. Some like lots of help on certain tasks but want to be left alone at other times. Many activities can be pursued without help, and should be, if the learner is to attain and maintain independence. Other tasks require considerable help if learning is to occur. Although teachers are the single most important source of support and guidance in classrooms, aides, other students, and volunteers all can help approximate the ideal of varying structure to meet learners' needs.

Good structure allows for active interactions between students and their environment, and these interactions are meant to lead to a relatively stable, positive, ongoing working relationship. How positive the relationship is depends on how learners perceive the communications, support, guidance, direction,

and limit setting. Negative perceptions often lead to avoidance behavior and poor working relationships.

Allowing students to take as much responsibility as they can for identifying the types and degree of support, direction, and limits they require can facilitate a positive perception. In providing communication, it is important not only to keep students informed but also to interact in ways that consistently convey a sense of appropriate and genuine warmth, interest, concern and respect. The intent is to help students “know their own minds,” make their own decisions, and at the same time feel that others like and care about them.

When a continuum of structure is made available and students are able to indicate their preferences, the total environment appears less confining. Although we see this as positive, it does tend to make many observers think they are seeing an “open classroom” or open structure, as these terms are widely understood. This is not necessarily the case. The main point of personalizing structure is to provide a good deal of support and direction for students when they need it and to avoid creating a classroom climate that is experienced by students as tight and controlling. Such an approach is a great aid in establishing positive working relationships and provides a basis for turning big classes into smaller units.

TEACHER: *Yes, Chris, what is it?*

CHRIS: *I don't want to scare you, but my Dad says if I don't get better grades someone is in for trouble.*

Options and Learner Decision Making

In Ms. Hopkins classroom, David, Maria, James, and Matt all have reading problems. David refuses to have anything to do with reading. Maria wants to improve her reading, but on most days she just doesn't like any of the materials she is given. James indicates he will read about science but nothing else. Matt will try anything if someone will sit and help him with the work.

Clearly, motivation is a primary consideration in facilitating the learning of such students. There are important differences among students as to the topics and procedures that currently interest or bore them. As we have stressed, the place to start generally involves expanding the range of options related to content, processes, outcomes, and support so that these youngsters perceive classroom activity as a good fit with what they value and believe they can do.

Every teacher knows a classroom program has to have variety. For students with learning and behavior problems, more variety seems necessary than for those without problems. Moreover, among those with problems are a greater proportion of individuals with avoidance or low motivation for learning at school. For these individuals, few currently available options may be appealing.

How much greater the range of options needs to be depends primarily on how strong avoidance tendencies are. In general, however, the initial strategies for working with such students involve further expansion of the range of options for learning, primarily emphasizing areas in which the student has made personal and active decisions. And, the approach almost always requires accommodation of a wider range of behavior than is usually tolerated

From a motivational perspective, one of the basic instructional concerns is the way in which students are involved in making decisions about options. Decision-making processes can lead to perceptions of coercion and control or to perceptions of real choice (being in control of one's destiny, being self-determining). Such differences in perception can affect whether a student is mobilized to pursue or avoid planned learning activities or outcomes.

People who have the opportunity to make decisions among valued and feasible options tend to be committed to follow through. In contrast, people who are not involved in decisions often have little commitment to what is decided. If individuals disagree with a decision that affects them, they may also react with hostility.

Thus, decision-making processes that affect perceptions of choice, value, and probable outcome are essential to programs focusing on motivation. Optimally, teachers hope to maximize perceptions of having a choice from among personally worthwhile options and attainable outcomes. At the very least, they want to minimize perceptions of having no choice, little value, and probable failure (Aregalado, Bradley, & Lane, 1996; Passe, 1996).

For students who seem impulsive and easily distracted, the teacher's first thought should be to view the problem as motivational. True ADHD should only be diagnosed when a student is well-motivated to learn and perform and is unable to stay focused. We discuss all this in more detail in Chapter 7.

Turning Homework into Motivated Practice

Most of us have had the experience of wanting to be good at something such as playing a musical instrument or participating in a sport. What we found out was that becoming good at it meant a great deal of practice, and the practicing often was not very much fun. In the face of this fact, many of us turned to other pursuits. In some cases, individuals were compelled by their parents to labor on, and many of these sufferers grew to dislike the activity. (A few, of course, commend their parents for pushing them, but be assured these are a small minority. Ask your friends who were compelled to practice the piano.)

Becoming good at reading, mathematics, writing, and other academic pursuits requires practice outside the classroom. This, of course, is called *homework*. Properly designed, homework can benefit students. Inappropriately designed homework, however, can lead to avoidance, parent-child conflicts, teacher disapproval, and student dislike of various arenas of learning. Well-designed homework involves assignments that emphasize motivated practice.

As with all learning processes that engage students, motivated practice requires designing activities that the student perceives as worthwhile and do-able with an appropriate amount of effort. In effect, the intent is to personalize in-class practice and homework. This does not mean every student has a different practice activity. Good teachers quickly learn what their students find engaging and can provide three or four practice options that will be effective for most students in a class.

The idea of motivated learning and practice is not without its critics.

Your points about motivation sound good. I don't doubt that students enjoy such an approach; it probably even increases attendance. But – that's not the way it really is in the world. People need to work even when it isn't fun, and most of the time work isn't fun. Also, if people want to be good at something, they need to practice it day in and day out, and that is not fun! In the end, won't all this emphasis on motivation spoil people so that they won't want to work unless it is personally relevant and interesting?

Learning and practice activities can be enjoyable. But even if they are not, they can be viewed as worthwhile and experienced as satisfying. We recognize that there are many things people have to do in their lives that will not be viewed and experienced in a positive way. How we all learn to put up with such circumstances is an interesting question, but one for which psychologists have yet to find a

satisfactory answer. It is doubtful, however, that people have to experience learning basic knowledge and skills as drudgery in order to learn to tolerate boring situations!

In response to critics of motivated practice, those who work with learning and behavior problems stress the reality that many students do not master what they have been learning because they do not pursue the necessary practice activities. Thus, at least for students experiencing such problems, it seems essential to facilitate motivated practice.

Minimally, facilitating motivated practice requires establishing a variety of task options that are potentially challenging – neither too easy nor too hard. However, as we have stressed, the processes by which tasks are chosen must lead to perceptions on the part of the learner that practice activities, task outcomes, or both are worthwhile, especially as potential sources of personal satisfaction.

The examples in the Table 6-2 illustrate ways in which activities can be varied to provide for motivated learning and practice. Because most people have experienced a variety of reading and writing activities, the focus here is on other types of activity. Students can be encouraged to pursue such activity with classmates and/or family members. Friends with common interests can provide positive models and support that enhance productivity and even creativity.

Research on motivation indicates that one of the most powerful factors keeping a person on a task is the expectation of feeling some sense of satisfaction when the task is completed. For example, task persistence results from the expectation that one will feel smart or competent while performing the task or at least will feel that way after the skill is mastered.

Within some limits, the stronger the sense of potential outcome satisfaction, the more likely practice will be pursued even when the practice activities are rather dull. The weaker the sense of potential outcome satisfaction, the more the practice activities themselves need to be positively motivating.

One other point: The best practice stems from a desire to use what one has learned. The reason so many people are good readers probably has less to do with the specific approach their teachers took in teaching reading than with the fact that they were motivated to read at home. One of the reasons

Table 6-2

Homework and Motivated Practice

Learning and practicing by

(1) doing

- C using movement and manipulation of objects to explore a topic (e.g., using coins to learn to add and subtract)
- C dramatization of events (e.g., historical, current)
- C role playing and simulations (e.g., learning about democratic vs. autocratic government by trying different models in class; learning about contemporary life and finances by living on a budget)
- C actual interactions (e.g., learning about human psychology through analysis of daily behavior)

- C applied activities (e.g., school newspapers, film and video productions, band, sports)
- C actual work experience (e.g., on-the-job learning)

(2) listening

- C reading to students (e.g., to enhance their valuing of literature)
- C audio media (e.g., tapes, records, and radio presentations of music, stories, events)
- C listening games and activities (e.g., Simon Says; imitating rhymes, rhythms, and animal sounds)
- C analyzing actual oral material (e.g., learning to detect details and ideas in advertisements or propaganda presented on radio or television, learning to identify feelings and motives underlying statements of others)

(3) looking

- C directly observing experts, role models, and demonstrations
- C visual media
- C visual games and activities (e.g., puzzles, reproducing designs, map activities)
- C analyzing actual visual material (e.g., learning to find and identify ideas observed in daily events)

(4) asking

- C information gathering (e.g., investigative reporting, interviewing, and opinion sampling at school and in the community)
- C brainstorming answers to current problems and puzzling questions
- C inquiry learning (e.g., learning social studies and science by identifying puzzling questions, formulating hypotheses, gathering and interpreting information, generalizing answers, and raising new questions)
- C question-and-answer games and activities (e.g., twenty questions, provocative and confrontational questions)
- C questioning everyday events (e.g., learning about a topic by asking people about how it effects their lives)

so many youngsters who have reading problems continue not to do well is that their motivation for reading has been dampened, and thus, they do not pursue reading away the classroom. One of the problems of overrelying on extrinsic motivators in providing special reading assistance to such youngsters is that such strategies don't seem to enhance their intrinsic motivation for reading. As a consequence, they may learn to read 20 new words and various other skills at school and still not go home and use what they have learned, other than perhaps to do some assigned homework task. The result is they are unlikely to become good readers.



I TOLD HER THE DOG ATE MY
HOMEWORK. SO SHE GAVE MY DOG AN F.

Conferencing as a Key Process

The ability to talk *with* rather than *at* a student is critical for successful teaching. Talking *with* involves a true dialogue – which, of course, depends on each participant truly listening to and hearing the other. Personalized instruction is built on a base that appreciates what a student is thinking and feeling, and carrying on an ongoing dialogue with a student offers the best opportunity to learn about such matters.

The mechanism for carrying on dialogues often is called a *conference*. However, the term does not convey the full sense of what is involved and at times is interpreted in ways contrary to the meaning used here. From a motivational perspective, conferences should be nurturing experiences designed to give, share, and clarify useful information as teacher and student plan the next steps for learning and teaching.

Conferences provide a time and context for

- C exploring progress and problems
- C clarifying and sampling options for pursuing next steps for learning and solving problems
- C mutual planning and decision making
- C modifying previous decisions whenever necessary.

The importance of the dialogue as a two-way process cannot be overemphasized. A conference should be a time for persons to say what they need, want, and are hoping for from each other. When problems exist, time should be devoted to problem solving. Conferences vary in length, depending first on how much time is available and second how much time is needed by a specific student. Even when a teacher can carve out time, one conference often is insufficient for arriving at a full-blown plan and related decisions. Therefore, the process is ongoing and not always done in a formal manner. Indeed, some of the best dialogues are spontaneous (e.g., occur when a teacher takes time to sit down next to a student during class for an informal chat). For some students, several informal chats need to occur each day backed up by a formal conference every few days. Such impromptu conferences are particularly feasible when the classroom is designed to maximize use of small group and independent learning activities. Some guidelines for conferencing are presented in Exhibit 6-1.

Conferencing is pivotal in enhancing student engagement and re-engagement in learning. Through talking with a student, a teacher can convey a sense of positive regard and gain a richer understanding of the status and bases for a student's current levels of motivation and capability. For example, dialogues yield information on motivational factors (e.g., student hopes, goals, desires, interests, attitudes, preferences, expectations, concerns) which should be considered in all planning. Dialogues also provide other information about who the student is as an individual (e.g., personal and family background and/or current life events that have relevance to current behavior and learning). teacher's positive regard, valuing of the student's perspective, and belief that the student should play a meaningful role in defining options and making decisions. Conferences also are one of the best contexts for

Exhibit 6-1

Some Guidelines for Conferencing

Scheduling: Each day the teacher can plan to meet formally with about five individuals. The list for the day is generated as a combination of students who request a meeting and students with whom the teacher asks to meet. Sometimes the teacher may decide to hold a group conference when the focus is on matters that can benefit from a group discussion. Students are asked to sign-up for specific times and to take responsibility for preparing for and coming to the designated place for the conference.

Another variation, particularly for secondary level, uses a "conferencing teacher" for a group of students. Every teacher on the faculty is assigned a set of students (not necessarily ones they teach). They conference with these students every two weeks to review how their entire schedule is working out, review work samples (portfolios), and record progress.

Dialogue Journals. Students can be encouraged to keep dialogue journals as an aid for conferencing. Usually, a dialogue journal is a bound composition book in which the student carries on a private conversation with the teacher. They write each other, often every day, in a direct and informal manner about matters of mutual concern relevant to making learning in the classroom better. This mechanism not only can facilitate communication, it provides students with practice related to basic writing and reading skills and encourages self-evaluation and critical reflection. Dialogue journals also encourage development of coherent self-expression and use of the personal voice -- aspects of writing that can be lost in formal composition writing. (At the same time, because the purpose is to encourage students to communicate, the journals should not be subjected to feedback about writing and spelling errors.)

Involving Parents. Periodically, teacher-student conferences should involve parents or parent surrogates. Here, too, care must be taken to ensure true dialogues take place and that mutual sharing, planning, and decision making are intended. These conferences can take place at designated times and as needed. Because face-to face conferences are costly and difficult to arrange, phone and email exchanges need to become the rule rather than the exception. Although not always feasible, conferences with family members should include the student. Indeed, a recently introduced idea is that of student-led parent-teacher conferences.

Some Process Guidelines

- C Start out on a positive note: Ask about what the student currently likes at school and in the class and clarify areas of strength. (During first conferences, ask about outside interests, hobbies, areas of success.)
- C In exploring current progress, be certain to ask the student about the reasons for their successes.
- C In exploring current problems, be certain to ask the student about the reasons for the problems (including what aspects they don't like about school and the class). Clarify details about these matters (e.g. Are assignments seen as too hard? Is the student embarrassed because others will think s/he does not have the ability to do assignments? Do others pick on the student? Are the assignments not seen as interesting? No support at home? Are there problems at home?)
- C When necessary, use some of the time to analyze academic abilities and learning styles (e.g., listen to the student read aloud, review and discuss the work in a student's portfolio).
- C Explore what the student thinks can be done to make things better (e.g., different assignments, extra support from a volunteer/peer, etc.).
- C Arrive at some mutual agreements that the student values and expects to be able to do with a reasonable amount of effort.

Participating in conferences can enhance a student's feelings of competence, self-determination, and connectedness to the teacher. That is, properly conducted conferences convey to a student the

providing feedback in a nurturing way and for conveying the teacher's sincere desire to help the student succeed.

Assessment to Plan, Feedback to Nurture

Assessment is used for a variety of purposes in schools. It may be used to screen and identify those who need special assistance; it may be used to help make decisions about a special placement for a student; it may be used to evaluate programs and personnel. But, from a teacher's perspective the main use is to help plan instruction and provide feedback in ways that enhance learning.

Planning instruction. Different views about how to design instruction for specific learners lead to divergent assessment perspectives. For instance, concern has been raised that assessment for individualized as contrasted with personalized instruction results in an inadequate instructional design.

To clarify the point, *individualization* typically emphasizes detecting a student's deficiencies by monitoring daily performance on learning tasks and then modifying instruction to address the deficiencies. In addition, some approaches, such as dynamic assessment, attempt to assess the best teaching approach for a given child. In most cases, however, a major shortcoming of assessment guided by the concept of individualized instruction is that it overemphasizes developmental deficiencies and underemphasizes the importance of assessing motivation, especially intrinsic motivation.

In contrast, the concept of *personalization* broadens the focus of assessment. Personalization can be viewed as encompassing individualization. The concept stresses the importance of designing interventions to match not only current learner capabilities but also levels of motivation, especially intrinsic motivation. This latter emphasis is seen as critical given the degree to which intrinsic motivation can profoundly affect current, as well as long-term performance and learning. Thus, a major implication of the concept of personalization for assessment is that formal and systematic procedures are needed to address motivation.

Moreover, many experts suggest that among those not doing well in school, poor performance often is due to low motivation or high anxiety. When this is the case, assessment findings are "contaminated." Under such circumstances, it is impossible to know whether failure to demonstrate an

ability or skill represents a real deficiency in a particular area of development. And, under such circumstances, it is easy to misprescribe a student's specific needs. For example, it is not uncommon to assess a problem as due to skill deficiencies and then design a program to teach "missing" skills – instead of helping the individual overcome psychological problems interfering with the demonstration of what she or he knows and can do.

Given that teachers should assess both current motivation and capabilities, increasing efforts have gone into exploring how to help them do so. One direction focuses on enhancing available tools. As Shepard (1991) notes:

. . . a broader range of assessment tools is needed to capture important learning goals and processes and to more directly connect assessment to on going instruction. The most obvious reform has been to devise more open-ended performance tasks to ensure that students are able to reason critically, to solve complex problems, and to apply their knowledge in real-world contexts. . . . In order for assessment to play a more useful role in helping students learn it should be moved into the middle of the teaching and learning process instead of being postponed as only the end-point of instruction.

In terms of broadening the range of tools, she stresses inclusion of observations, interviews, open discussion ("instructional conversations"), reflective journals, projects, demonstrations, collections of student work, and students' self evaluations.

Beyond tools is the matter of how assessment is pursued. In designing instruction, assessment must reflect student learning, achievement, motivation, and attitudes on instructionally-relevant classroom activities. One of the best ways to think about pursuing such assessment is to view it as an *interactive* process. As captured by the notion of "dynamic" assessment, an interactive assessment process involves the teacher not only in reviewing products, but in clarifying, through observation and discussion, the learner's responses to specific efforts to guide and support performance and learning.

"Authentic" assessment also has been proposed as a special approach to assessing complex performance. The process focuses on performance-based evaluation using such tools as essays, open-ended responses, responses to computer simulations, interview data, and analyses of student journals and work that is accumulated over time in a "portfolio." The information garnered from such

assessments helps to design next steps related to both what and how to teach.

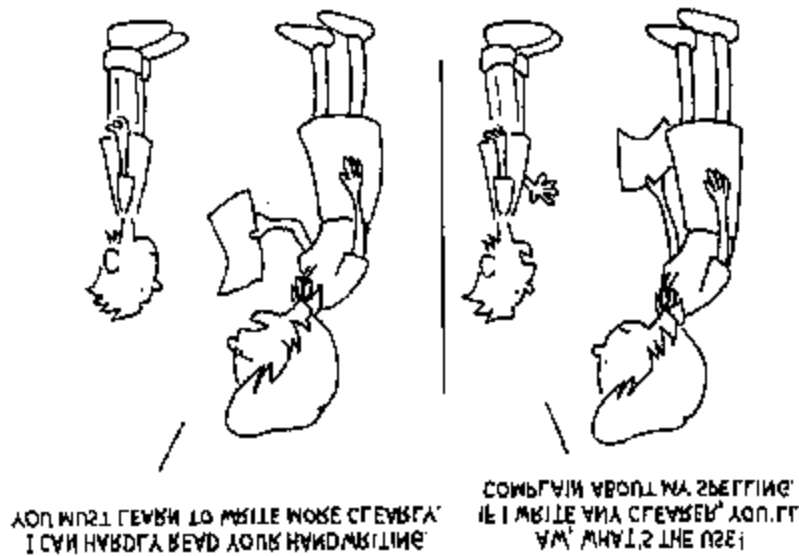
Authentic assessment can be used to address a wide range of student outcomes. For example, it can be especially useful in assessing concerns about transfer of learning (e.g., how well a student is acquiring knowledge, skills and attitudes that they generalize across tasks, settings, and over time). To this end, observations and student reports related to daily activity can provide a wealth of data clarifying the degree to which a student is applying and adapting what has been learned (e.g., in new situations; to novel tasks; to solve problems in new and creative ways). Authentic assessment also has potential for enhancing the sense of partnership and trust among students and teacher and for countering many of the negative aspects of other forms of evaluating student progress.

Providing nurturing feedback. As anyone who has been evaluated knows, feedback can enhance one's sense of well-being, but too often it is devastating. Relatedly, when rewards and punishment are tied to feedback they can complicate the situation greatly and in both cases can have a negative impact (e.g., too great an emphasis on extrinsic rewards and punishment can be counterproductive to maintaining and enhancing intrinsic motivation). For these reasons, great care must be taken in providing information on progress; procedures that may be perceived as efforts to entice and control should be avoided. As much as feasible, the emphasis is on highlighting success, including feedback on effectiveness in making decisions and underscores how well the outcomes match the student's intrinsic reasons for pursuing them. And, with a view to enhancing positive attitudes, feedback should be conveyed in ways that nurture the student's feelings about self, learning, school, and teachers. *Handled well, the information should contribute to students' feelings of competence, self-determination, and relatedness and should clarify directions for future progress.*

A good context for providing feedback is a student conference, formal or informal. At such times, products and work samples can be analyzed; the appropriateness of current content, outcomes, processes, and structure can be reviewed; and agreements and schedules can be evaluated and revised as necessary. Teacher-student dialogues and group open-discussions often are the easiest and most direct way to know about learners' views of the match between themselves and the program.

Regardless of the format in which feedback is given, special attention must be paid to balancing the need to maintain student motivation and feelings of well-being while providing appropriate information to improve learning. For students who tend to make many errors, this means providing support and guidance that anticipates and strives to prevent certain errors and also being selective about feedback on errors. In this last respect, it is essential to differentiate those errors that must be reviewed because they are most relevant to planning the next instructional encounter, as contrasted with errors that can be ignored at this time because it is premature to focus on them. In all this, student self-monitoring, record keeping, and self-evaluation are seen as especially helpful; close supervision and external rewards are seen as procedures to be used sparingly.

Many students are ready to evaluate and say what's working well for them and what isn't; others need to develop the ability to do so. This is especially so for those who are motivated to make excuses, to overstate how well they are doing, or to avoid discussing the matter at all. The presence of students who have trouble with self-evaluation is not a reason to return to procedures that stress close supervision and decision-making by others. Rather, the problems these students are experiencing become an important focus for intervention. When students are not motivated to be appropriately self-evaluative and self-directive, they need opportunities to find out how personally valuable these "basic skills" can be to them. Sometimes all they need is to feel that it's safe to say what's on their minds. If they already feel safe and just haven't acquired the skills, self-monitoring and regular record keeping provide a good framework for learning such competence.



See Exhibit 6-2 for more on evaluative feedback.

About Instructional Techniques

As discussed above, some degree of structure is inherent in all planned activities. To enhance student engagement and guide learning and performance, teachers often want to make activities more attractive and accessible and to minimize interfering factors (factors that lead to avoidance and distraction). This is accomplished through various techniques.

Techniques alter the structure provided for an activity. The same activity can be pursued with different degrees of support and direction by varying the amount of cueing and prompting. Some variations are "built in" when an activity is developed (such as special formatting in published materials); others are added as the activity is pursued. Practice activities present a special concern because they often involve the type of drill that people find dull and prefer to avoid.

From a psychological perspective, techniques are intended to enhance

- motivation (attitudes, commitment, approach, follow-through),
- sensory intake (perceptual search and detection),
- processing and decision making (evaluation and selection), and
- output (practice, application, demonstration).

Exhibit 6-2

Evaluative Feedback and Variations in Perception

Why do people arrive at different conclusions about progress and about the reasons for ongoing problems? Sometimes because they perceive events differently.

For example, social psychologists interested in the "attributions" people make about the causes of behavior have stressed that there are some systematic ways that people differ in their perceptions. Research has shown that there is a general tendency for observers to perceive the behavior of others in terms of internal dispositions or traits. "He failed the test because he's lazy (or stupid)." "She's a success because she works very hard (or because she's very smart)." Referring to the same actions, the people carrying out the behavior have a tendency to blame problems they experience on factors in the environment (e.g., poor teaching, hard tasks, bad luck) and to credit their successes to their effort or ability.

Why? Theorists suggest that sometimes it is because people are operating on the basis of different information. This is especially true when one person has information not available to the other, as is often the case for observers as contrasted to those who are actively involved in an event. For instance, when you do poorly on a test because you didn't have time to study, you may be the only one who knows the reason. Others may think it was because you didn't care to put in the time or that you have difficulty understanding the material. In this instance, the observers lack a key bit of information.

However, the different information affecting perceptions may also be due to the perceiver's level of competence and particular philosophical or political interests. That is, people often are selective in what they see because of their motivation or their capacity to understand.

In general, then, differences in evaluation of progress and problems may reflect differences in the information that is actually available to the decision makers or differences in what information they choose to notice and stress. Understanding such factors can be helpful.

Let's take an example.

Matt wants to improve his spelling. From various options, he has chosen to learn five interesting words each day, which he will pick for himself from his experiences at school or at home. He agrees to bring a list of his five chosen words to school each day.

On the first day, Matt shows up without his list. "I lost it," he explains. The next day, still no list. "We had to go visit my grandmother she's sick."

Naturally, Ms. Evans, his teacher, is suspicious. She knows that many students with learning problems use elaborate excuses and blame everything but themselves for their poor performance. Her first thought is: Matt is telling tales. He really doesn't want to work on his spelling. He's lazy. Probably I should assign his spelling words.

But then she thinks: Suppose he's telling the truth. And even if he isn't, what will I accomplish by accusing him of lying and by going back to procedures that I know were unsuccessful in working with him before. I must work with what he says and try to help him see that there are other ways to cope besides saying he will do something and then giving excuses for not following through.

Ms. Evans tells Matt: "I want you to think about your program. If you don't want to work on spelling, that's O.K. Or if you want to choose another way to work on it, we can figure out a new way. I won't check up on what you do. When we meet, you can just let me know how you're doing and what help you want."

Matt seemed greatly relieved by this. The next day he told Ms. Evans that he'd decided to find his five words at school each day, and he'd like some help in doing so.

For our purposes here we will group them into sets of techniques to (1) enhance motivation and (2) guide performance and learning. All techniques to enhance motivation and guide and support learning can enhance a student's feelings of competence, self-determination, and connectedness and minimize threats to such feelings.

Using techniques to enhance motivation. The foundation for enhancing student motivation is establishing a classroom climate that students experience as caring, supportive, and interesting – a place where they feel competent, valued, and respected. This involves

- Ⓒ a degree of nurturance on the part of teachers
- Ⓒ creating an atmosphere that encourages exploration and change
- Ⓒ ensuring a sense of protection related to such exploration and change.

It also involves providing support and guidance that facilitates effectiveness.

In terms of valuing, the focus can be on what is of intrinsic or extrinsic value. However, as we have stressed care must be taken not to overrely on extrinsics. Efforts to enhance relevance (e.g., making tasks authentic, stressing personal meaning and value of specific tasks) are consistent with an emphasis on intrinsic motivation, as are strategies that emphasize use of novelty to stimulate curiosity. Exhibit 6-3 lists specific examples of techniques for use in enhancing motivation.

Using techniques to support and guide performance and learning. In designing curricula and instruction, techniques are used to support and guide performance and learning by enhancing *sensory intake, processing, decision making, and output*. All this is accomplished through techniques that (a) stress meaning, (b) provide appropriate structure, (c) encourage active contact and use, and (d) offer appropriate feedback. Exhibit 6-4 highlights specific examples.

The concept of *scaffolding* provides a good example of combining several techniques to guide and support student performance and learning (Hogan & Pressley, 1997).

- Ⓒ Scaffolding requires the teacher to be aware of the student's current cognitive and affective state of being and their capabilities. The objective is to match learner capabilities and their current motivation.

Exhibit 6-3

Some Techniques that Nurture, Encourage Exploration, and Protect Learners

A. *Nurturing Learning* (including positive regard, acceptance and validation of feelings, appropriate reassurance, praise, and satisfaction)

Specific examples:

- eliciting and listening to problems, goals, and progress
- making statements intended to reassure students that change is possible
- increasing the number of interpersonal, but nonauthoritarian and nonsupervisory, interactions
- increasing the frequency of positive feedback and positive public recognition
- reducing criticism, especially related to performance
- avoiding confrontations

B. *Creating an Atmosphere for exploration and change* (including encouragement and opportunity)

Specific examples:

- increasing availability of valued opportunities
- establishing and clarifying appropriate expectations and "set"
- modeling expression of affect (self-disclosing) when relevant
- encouraging pursuit of choices and preferences
- reducing demand characteristics such as expanding behavioral and time limits, reducing the amount to be done

C. *Ensuring a Sense of Protection for exploration and change* (including principles and guidelines – rights and rules – to establish "safe" conditions)

Specific examples:

- ⌒ reducing exposures to negative appraisals
- ⌒ providing privacy and support for "risk taking"
- ⌒ making statements intended to reassure learners when risk taking is not successful
- ⌒ reducing exposure to negative interactions with significant others through eliminating inappropriate competition and providing privacy
- establishing nondistracting and safe work areas
- establishing guidelines, consistency, and fairness in rule application
- advocating rights through statements and physical actions

Also important, of course, are techniques that provide support and guidance to facilitate effectiveness. Such techniques are discussed in the next section.

Exhibit 6-4

Some Techniques that Help Guide and Support

A. *Meaning* (including personal valuing and association with previous experiences)

Specific examples:

- using stimuli of current interest and meaning
- introducing stimuli through association with meaningful materials, such as analogies and pictorial representation of verbal concepts, stressing emotional connections
- presenting novel stimuli
- participating in decision making

B. *Structure* (including amount, form, sequencing and pacing, and source of support and guidance)

Specific examples:

- presenting small amounts (discrete units) of material and/or information
- increasing vividness and distinctiveness of stimuli through physical and temporal figure-ground contrasts (patterning and sequencing), such as varying context, texture, shading, outlining, use of color
- varying levels of abstraction and complexity
- using multisensory presentation
- providing models to emulate, such as demonstrations, role models
- encouraging self-selection of stimuli
- using prompts, cues, and hints, such as color coding, directional arrows, step-by-step directions
- using verbally mediated "self"-direction ("stop, look, and listen")
- grouping material
- using formal coding/decoding strategies such as mnemonic devices, word analysis and synthesis
- rote use of specified study skill and decision-making sequences
- allowing responses to be idiosyncratic with regard to rate, style, amount, and quality
- reducing criteria for success
- using mechanical devices for display, processing, and production, such as projectors, tape recorders, and other audio visual media, typewriters, calculators, computers
- using person resources such as teachers, aides, parents, peers to aid in displaying, processing, and producing

C. *Active contact and use* (including amount, form, and sequencing, and pacing of interaction with relevant stimuli)

Specific examples:

- using immediate and frequent review
- allowing for self-pacing
- overlearning
- small increments in level of difficulty, such as in "errorless training"
- using play, games, and other personally valued opportunities for practice
- role playing and role taking
- using formal reference aids, such as dictionaries, multiplication charts
- using mechanical devices and person resources to aid in interactions

D. *Feedback* (including amount, form, sequencing and pacing, and source of information/ rewards)

Specific examples:

- providing feedback in the form of information/rewards
- immediate feedback provided related to all processes and/or outcomes or provided on a contingency basis (reinforcement schedules or need)
- peer and/or self-evaluation
- using mechanical monitoring and scoring

C Scaffolding uses explanations, invites student participation (often using a Socratic style of interaction), verifies and clarifies student understandings, models and coaches thinking processes and desired behaviors, invites students to contribute clues through use of cues and prompts, and provides feedback in ways that nurture students and encourages them to summarize what they have learned and to self-evaluate regarding progress.

Clearly, scaffolding is a tool for improving the match (enhancing “fit,” working in the “zone of proximal development”), thereby enabling the teacher to personalize instruction.

Concluding Comments

As a leading writer of the twentieth century, John Steinbeck (1955) was asked to address a convention of teachers. Part of what he said to them was:

School is not easy and it is not for the most part very much fun, but then, if you are very lucky, you may find a teacher. Three real teachers in a lifetime is the very best of luck. My first was a science and math teacher in high school, my second a professor of creative writing at Stanford and my third was my friend and partner, Ed Ricketts.

I have come to believe that a great teacher is a great artist and that there are as few as there are any other great artists. It might even be the greatest of the arts since the medium is the human mind and spirit.

My three had these things in common – they all loved what they were doing. They did not tell – they catalyzed a burning desire to know. Under their influence, the horizons sprung wide and fear went away and the unknown became knowable. But most important of all, the truth, that dangerous stuff, became beautiful and very precious.

It is well to acknowledge that great teaching rises to the level of art. At the same time, it is essential to understand as much about the process as can be learned through sound research.

Regardless of curriculum content, the process of teaching starts with mobilizing the learner. This involves providing for (1) a broad range of content, outcomes, and procedural options – including personalized structure, (2) learner decision making, and (3) ongoing information about learning and performance. These are all encapsulated into personalized instruction.

What does it take to personalize a classroom? First of all, the teacher must expect and value individual differences in students’ motivation, as well as their current capacities. The teacher must also be willing to engage students in a dialogue about their expectations and what interests them and then help them make decisions about a learning agenda that they perceive as a good match. And, as new

information is acquired about what is and isn't a good match, there must be a willingness to change the agenda.

Beyond having potential for preventing and correcting a full range of learning and behavior problems, the personalized, sequential, and hierarchical approach outlined here and in the next chapter is seen as having promise for identifying different types of learning problems and for detecting errors in diagnosis. For example, when only personalized instruction is needed to correct a learning and/or behavior problem, it seems reasonable to suggest that the individual does not have a learning *disability* or ADHD. At the same time, when a highly mobilized individual still has extreme difficulty in learning, the hypothesis that the person has a disability seems safer. Thus, in our work, personalization is seen as a necessary first step in facilitating valid identification of different types of learning and behavior problems. We now turn to the second step, providing special assistance.

Chapter 7

Special Assistance: Sequence and Hierarchy

One youngster told his new teacher:
*I have a note for you from my old teacher.
It's not on paper though; it's in my head.
She wanted me to tell you how lucky
you are to have me in class!*

Special Assistance in and out of the Classroom

Prereferral Intervention

Sequence and Hierarchy

About Remediation

Outside the Classroom

About Developing Prerequisites

About Addressing Factors Interfering with Learning

About Addressing Behavior Problems

Discipline in the Classroom

About Logical Consequences

About Being Just and Fair

Is the Answer Social Skills Training?

About Addressing Underlying Motivation

Concluding Comments

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

When personalized classroom instruction is not sufficient to the task, some form of special assistance is necessary.¹ Special assistance combines with personalized instruction as a second step in a sequential approach to addressing learning, behavior, and emotional problems (see Figure 6-1 again). This second step is an essential aspect of revamping classroom systems 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.

¹Use 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.

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 7-1). 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 personalization, special assistance must focus in a systematic and comprehensive way 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.

Table 7-1 Special Assistance

	<i>In the Classroom</i>	<i>Outside the Classroom</i>
<p><i>Level A – Surface Level Focus on Observable Factors Required for Effective Learning at School</i></p> <p>Special assistance encompasses what often is called “prereferral” intervention and highly structured instruction. The instruction remains focused on <i>directly</i> enabling acquisition of the basic knowledge, skills, and interests the student appears to be having difficulty with as s/he pursues age-appropriate life and learning tasks (e.g., reading, writing, inter- and intra-personal problemsolving, positive attitudes).</p>	<p>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.</p> <p>C Essentially, at Level A, special assistance in the classroom involves <i>reteaching</i> – 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.</p>	<p>As necessary, added assistance is provided outside class. Special attention is given to both external and internal barriers to learning and performance.</p> <p>C 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.</p>
<p><i>Level B – Missing Prerequisites (i.e., the readiness gap)</i></p> <p>Special assistance at this level focuses on identifying and <i>directly</i> enabling acquisition of missing prerequisites (knowledge, skills, attitudes) in order to fill the readiness gap.</p>	<p>C 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.</p>	<p>C 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.</p>
<p><i>Level C – Underlying Problems and Interfering Factors</i></p> <p>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).</p>	<p>C 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.</p>	<p>C 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.</p> <p>In extreme cases, full time outside interventions may be required for a limited period of time.</p>

Prereferral Intervention

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

Adding learning options and broadening accommodations. As indicated in preceding chapters, 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. A few examples of accommodative strategies are offered in Table 7-2 – all

of which assume the student is involved with activities s/he values and believes are attainable with appropriate effort.

Table 7-2

Accommodations

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

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

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

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

- T modify the length and time demands of assignments and tests
 - T 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)
-

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

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

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.

- C Through enhanced personal contacts, build a positive working relationship with the youngster and family.
- C Focus first on assets (e.g. positive attributes, outside interests, hobbies, what the youngster likes at school and in class).
- C Ask about what the youngster doesn't like at school.
- C Explore the reasons for “dislikes” (e.g., Are assignments seen as too hard? as uninteresting? Is the youngster embarrassed because others will think s/he does not have the ability to do assignments? Is the youngster picked on? rejected? alienated?)

C Explore other possible causal factors.

C Explore what the youngster and those in the home think can be done to make things better (including extra support from a volunteer, a peer, friend, etc.).

C Discuss some new things the youngster and those in the home would be *willing* to try to make the situation better.

(2) Try new strategies in the classroom – based on the best information about what is causing the problem. Enhance student engagement through (a) an emphasis on learning and enrichment options that are of current greatest interest and which the student indicates s/he wants to and can pursue and (b) a temporary deemphasis on areas that are not of high interest.

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

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

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

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

Only after all this is done and has not worked is it time to use the school's referral processes to ask for additional support services. As such services are added, it becomes essential, of course, to coordinate them with what is going on in the classroom, school-wide, and at home.

Sequence and Hierarchy

Thinking about intervening sequentially and hierarchically provides a helpful perspective in implementing the principle of least intervention needed (see Exhibit 7-1). 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. As illustrated in Figure 6-1, 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 6-1 (the relevant portion of which is reproduced in Figure 7-1). As illustrated, a three-tier hierarchy seems minimal.

- C Level A involves a surface level focus on observable factors required for learning effectively at school (direct assistance with immediate problems related to successful pursuit of age-appropriate life and learning tasks).
- C Level B focuses on missing prerequisites necessary for pursuing age-appropriate tasks.
- C Level C is concerned with underlying problems and factors that interfere with classroom learning (major external and internal “barriers”). As discussed in Part I, these barriers may be related to neighborhood, home, school, peer, and personal factors; personal factors include disabling conditions, avoidance motivation, and serious interfering behaviors sometimes related to emotional disorders.

Exhibit 7-1

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.

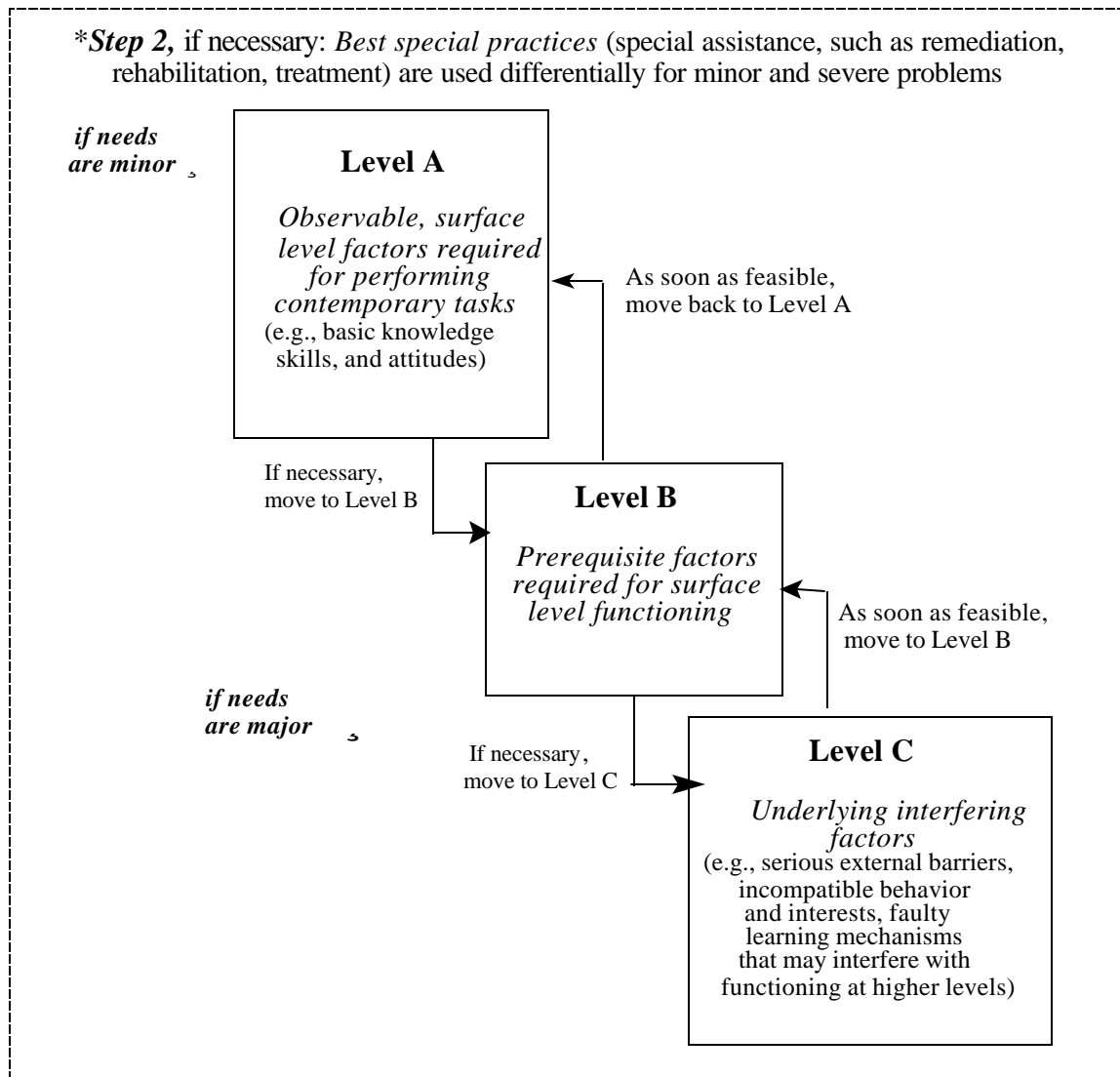
In sixth grade, Joel and his friend Jesse were in the same class and were both behind in their reading. It was decided to keep them in a regular sixth-grade classroom and provide them with special in-class tutoring for an hour a day. Joel has a learning disability and is reading at no better than the 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.

Figure 7-1. Sequence and hierarchy of special assistance.



The concept of using the least intervention needed applies to decisions about using Levels A, B, or C. The point is to ensure the right amount of assistance is provided so that first and foremost the student's needs are addressed. At the same time, the idea is to keep the interventions from becoming too intrusive and to ensure the costs and benefits are appropriately balanced.

Specific needs are determined initially and on an ongoing basis by assessing an individual's responses to intervention efforts, supplemented with formal assessment instruments if necessary. The initial *level of focus* and changes in level are determined by assessing external and internal factors that can interfere with student learning. *Specific objectives* at any level are formulated initially through

dialogue with the learner (and key family members) to identify processes and outcomes that the student values and perceives as attainable. All changes result from ongoing dialogues that are informed by analyses of task performance.

When special assistance is indicated, the teacher may focus on any of the three levels. However, the sequence and level differ depending on whether the student has minor and occasional problems or is found to have severe and pervasive problems. For learners with minor or occasional problems, the initial focus is on directly facilitating learning related to immediate tasks and interests and on expanding the range of interests. The procedures involve (1) continued adaptation of methods to match and enhance current levels of motivation and development and (2) reteaching specific skills and knowledge when the student has difficulty.

If the problem continues, the focus shifts to assessment and development of missing prerequisites (Level B) needed for functioning at the higher level. Again, procedures are adapted to improve the match, and reteaching is used when the learner has difficulty. If missing prerequisites are successfully developed, the focus returns to Level A.

The intent in proceeding in this sequential and hierarchical way is to use the simplest and most direct approaches first whenever problems appear minor. However, if available data indicate the presence of severe and pervasive motivation or developmental problems, instruction at Level B is begun immediately.

If help at Level B is not effective, the focus shifts to Level C. Only at this level is the emphasis on factors that may interfere with functioning (i.e., incompatible behaviors and interests and/or dysfunctional learning mechanisms).

At Level C, there is increased and intensified use of a wide range of instructional techniques. As soon as feasible, the focus shifts back to prerequisites (Level B) and then on to current tasks and interests (Level A). The special strategies are used whenever and as long as necessary.²

²For a discussion of classroom strategies at each level, see the continuing education document prepared by the Center for Mental Health in Schools at UCLA entitled: *Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom-Focused Enabling*. This can be downloaded from the Center's website at <http://smhp.psych.ucla.edu>

About Remediation

As discussed, a significant number of learning and behavior problems may be corrected and others prevented through optimal, nonremedial intervention. There does come a time, however, when remediation is necessary for some individuals. Remediation is not synonymous with all special assistance, special education, or special placements. From our perspective, once one escapes from the debate over *where* a youngster should be taught, everything fits under the term special assistance. The concerns include: Do staff have the ability to personalize instruction, structure teaching, and provide special assistance in ways that account for the range of individual differences and disabilities (accounting for differences in *both* motivation and capability and implementing special practices when necessary)? Does the student-staff ratio ensure the necessary time required for personalizing instruction, implementing special assistance, and providing enrichment? Is there a full array of programs and services designed to address factors interfering with learning and teaching? Is there an appropriate curriculum (that includes a focus on areas of strength and weakness; that encompasses potentially unlearned prerequisites, underlying factors that may interfere with learning, and enrichment opportunities)?

Remediation generally is used when students have difficulty learning or retaining what they have learned. Most of these students will not have learning problems in all areas. Therefore, most of their instruction should continue to use nonremedial approaches.

Techniques and materials designated as remedial often appear quite different from those used in regular teaching. However, the differences often are not as great as appearance suggests. Some remedial practices are simply adaptations of regular procedures. This is even the case with some packaged programs and materials especially developed for problem populations. A great many regular and remedial procedures draw on the same instructional models and basic principles. Thus, the question is frequently asked: *What makes remedial instruction different?* The answer involves the following factors:

- C* *Sequence of application.* Remedial practices are pursued after the best available nonremedial practices prove inadequate.

- C Level of focus.* Specialized psychoeducational procedures to facilitate learning may be applied at any of three levels (as noted above, illustrated in Figure 7-1, and outlined in Table 7-1).
- C Staff competence and time.* Probably the most important feature differentiating remedial from regular practices is the need for a competent professional who has time to provide one-to-one intervention. While special training does not necessarily guarantee such competence, remediation usually is done by staff who have special training. Establishing an appropriate match for learners with problems is difficult and involves a great deal of trial and appraisal. Additional time is essential in developing an understanding of the learner (strengths, weaknesses, limitations, likes, dislikes).
- C Content and outcomes.* Along with basic skills and knowledge, special assistance often adds other content and outcome objectives. These are aimed at overcoming missing prerequisites, faulty learning mechanisms, or interfering behaviors and attitudes.
- C Instructional and other intervention processes.* Remediation usually stresses an extreme application of instructional principles. Such applications may include reductions in levels of abstraction, intensification of the way stimuli are presented and acted upon, and increases in the amount and consistency of direction and support – including added reliance on other resources. This may include in-classroom use of paid aides, resource personnel, and volunteer and peer tutors. (Again, it is important to stress that use of special settings outside regular classrooms are a last resort.) There must also be access to a wide range of other intervention options for addressing barriers to learning.
- C Resource costs.* Because of the types of factors described above, remediation is more costly than regular teaching (allocations of time, personnel, materials, space, and so forth).
- C Psychological Impact.* The features of remediation are highly visible to students, teachers, and others. Chances are such features are seen as "different" and stigmatizing. Thus, the psychological impact of remediation can have a negative component. The sensitive nature of remediation is another reason it should be implemented only when necessary and in ways that result in the learner's perceiving remediation as a special and positive opportunity for learning.

Case Examples. The following examples may further clarify the matter. In Larry's case, the need was to address a minor reading problem. Joan's problem was somewhat more severe.

Mr. Johnston's first efforts to help Larry improve his reading skills involved a variety of reteaching strategies. The activity focused on current reading tasks in which Larry had indicated an interest. The reteaching strategies were not simply a matter of trying more of the same -- more drill, for example. He tried alternative procedures ranging from commonly used explanations, techniques, and materials (such as another example or analogy, a concrete demonstration, a memorization strategy) to less common, specialized, *remedial* techniques (such as a multisensory method). After working on this level for a week, Mr. Johnston found that over the preceding years, Larry had not learned a number of prerequisites widely viewed as reading-readiness skills. For example, Larry had difficulty following directions involving more than one point at a time, and he had problems ordering and sequencing events described to him. He also seemed to have little awareness of the relationship between the spoken and the printed word. As he assessed these problems in his daily work with Larry, Mr. Johnston pointed them out, and they agreed to include them as a major focus of instruction. As had happened with other students, Mr. Johnston found that once the missing prerequisites were learned, Larry had little problem learning basic reading skills.

Joan's situation, however, proved to be more difficult. Because her problem was more severe, Mr. Johnston focused from the start on absent reading prerequisites. As he worked with her over a period of several weeks, he found she had trouble learning most of the prerequisites he taught her and retained only a small amount of what she learned. Thus, he moved on to try to detect any dysfunctional learning mechanisms that might be interfering with her learning. Over a period of weeks, it became clear that Joan was having widespread difficulty discriminating sounds and was continuing to have severe trouble recalling what she had learned the day before. Rather than have her continue to experience failure, Mr. Johnston shifted the focus of instruction. The time usually spent on reading instruction was devoted to helping overcome factors interfering with her learning. Activities she wanted to do were identified; as she had trouble, he worked with her using techniques that stressed multisensory involvement. To improve her retention, he encouraged her to take smaller amounts, and together they identified a variety of interesting activities with which she could immediately apply and practice what she was learning. At first, Joan was hesitant to try things that she had failed at previously. Mr. Johnston did not push. He followed her lead and, at the same time, increasingly encouraged her to risk exploring new things. It should be noted that one of Mr. Johnston's goals with Joan was to help her increase her feelings of competence. When he first began working with her, however, she perceived the special help as another sign of her lack of competence, and this made her feel worse. Such a reaction is common. In the end, as was usually the case with such students, Mr. Johnston found Joan's progress to be slow but steady.

In sum, what makes remedial strategies appear different is their rationale, the extreme degree and consistency with which they must be applied, and their application on levels of functioning other than current life tasks. What may make any remedial procedure work is the fact that it is different from those a student has already tried and found ineffective. Special procedures have the benefit of being novel and thus can have motivational and attention-inducing value. In most instances, however, learning and behavior problems and learning disabilities and ADHD aren't corrected by a specific teaching method or technique. Teachers and support staff must draw on a wide range of materials and techniques and must be imaginative and flexible in using them. This requires a sound understanding of what is involved in personalizing instruction and providing special assistance.

A cautionary note. Too many schools tend to redefine and constrict the curriculum for individuals identified as needing special assistance. For example, remedial programs often focus primarily on a limited range of factors related to basic skills and pay relatively little attention to other opportunities that enhance learning. Always working on one's problems and trying to catch up can be a grueling experience. Any student must be tremendously motivated (and perhaps a bit masochistic) to keep working on fundamentals and problem areas day in and day out.

Concerns arise particularly about research applications that encourage an overemphasis on narrowly focused assessment and remedial approaches in efforts to correct the wide range of learning and behavior problems found in public schools. For example, applied ideas for assessing and fostering development of language and cognitive abilities (e.g., phonological, executive function, writing, and mathematics skills) are appropriate and invaluable; however, an overemphasis on remedying these areas of development could have the same unfortunate consequences as the historic overemphasis on remedying problems related to visual-spatial abilities. That is, when specific areas for remediation are overstressed, other areas tend to be deemphasized, resulting in a narrowing of curriculum and a fragmentation of instruction.

Limiting the focus to special assistance presumes the learner cannot learn when motivated to do so and risks making the whole curriculum rather deadening. Broadening the focus to an increased range of developmental tasks and enrichment activities not only can balance the picture a bit, but also may be the

key to finding better ways to help individuals overcome their problems. A comprehensive curriculum also is essential to minimize the degree to which students are delayed in accomplishing major developmental tasks that are not affected by factors interfering with learning.

Even among those with pervasive and severe problems, there are likely to be some areas in which their learning problems are not severely handicapping. These are areas in which learning can proceed without special assistance or, at least, in which the focus can be on Level B or A. In such cases, an individual would be pursuing learning at several levels at once.

Outside the Classroom

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 remediation. 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 (see Table 7-1). Examples at Levels A and B 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.

About Developing Prerequisites

Some students may not have acquired certain "readiness" skills or attitudes that are prerequisites for effectively learning to read, do math, understand science, and so forth. An individual who has not learned to order and sequence events, follow learning directions, and so forth will need to develop such skills before he or she is likely to be successful in learning basic academics.

Similarly, if the student doesn't see much point in learning the three Rs or other school subjects, development of such interests must be engendered. This prerequisite involves motivational readiness. Remember: *Readiness should not be viewed in the old sense of waiting until an individual develops readiness. Rather, it must be approached as a matter of assisting the student to acquire essential prerequisite skills and attitudes.*

Table 7-3 outlines a set of prerequisites relevant to the process of teaching basic academics, which are a common concern at Level B in the hierarchy. Special assistance at this level remains necessary only for the time required to facilitate acquisition of specific prerequisites identified as missing. Of course, overcoming factors interfering with learning represent another type of prerequisites to engaging students in positive classroom learning and enhancing their progress. We turn to this topic next.

About Addressing Factors Interfering with Learning

Remember: Some students cannot benefit from ongoing instruction unless barriers that interfere with classroom learning and performance are addressed effectively. Of concern are both external and internal barriers. Because of the controversies surrounding the need to address underlying interfering factors, a bit more discussion of this topic is in order here.

If an individual has trouble learning and behaving appropriately in a personalized learning environment even after special assistance has been given to engage the youngster and after missing prerequisites are addressed, it seems reasonable to explore the possibility of major interfering problems. At this level of intervention, the focus shifts to more intensive special assistance (e.g., clinical remediation, psychotherapy and behavior change strategies, and/or social services) designed to help the individual overcome underlying problems. Clearly, the complexity of this type of work is great and can only be touched on here.

Table 7-3

Prerequisites

In general, individuals should have the following important prerequisites if they are to benefit appropriately from instruction in the three Rs.

Language

1. Expressive – working vocabulary and ability to speak clearly and plainly enough to be understood
2. Receptive – ability to understand what is said
3. Use – ability to use at least simple sentences and to express ideas, thoughts, and feelings; understanding of the relationship between spoken and written language

Perception

1. Visual discrimination – ability to discriminate differences and similarities in letters, words, numbers, and colors and to see the relationship of a part to a whole
2. Auditory discrimination -- ability to discriminate differences and similarities in sounds of letters

Cognition and Motivation (including attentional, memory, and conceptual skills)

1. Interest in what is being taught
2. Ability and desire to follow simple directions
3. Ability and desire to stay at one's desk for sufficient periods of time to complete a simple classroom task
4. Ability and desire to remember simple facts
5. Ability and desire to answer questions about a simple story
6. Ability and desire to tell a story from a picture (i.e., associate symbols with pictures, objects, and facts)
7. Ability and desire to stay focused on material (pictures, letters, words) presented to the class by the teacher
8. Ability and desire to solve simple task oriented problems
9. Ability and desire to tolerate failure sufficiently to persist on a task
10. Ability and desire to make transitions from one activity to another
11. Ability and desire to carry on with a task over several days
12. Ability and desire to accept adult direction without objection or resentment
13. Ability and desire to work without constant supervision or reminders
14. Ability and desire to respond to normal classroom routines
15. Ability and desire to suppress tendencies to interrupt others

Basically, efforts to deal with interfering factors involve

- C direct actions to address major barriers (external/internal) to learning and behaving
- C helping students strengthen themselves in areas where they have weaknesses or vulnerabilities
- C helping students learn ways to compensate, as necessary, when confronted with barriers or areas of weaknesses
- C special accommodations.

For school staff, direct action at this level encompasses mainly continuing a process of trial and appraisal to find the best way to help the student. This includes working with others who play a role in causing and correcting the student's problems (e.g., family members, peers, school staff) – counseling them away from actions that interfere with the student's progress and guiding them to ways they can help. Compensatory approaches involve efforts to both enhance the student's (and family's) motivation for addressing barriers and teaching them specific strategies for circumventing those that can't be overcome.

In addition to direct and systematic teaching and behavior management, intervention strategies may draw on a variety of other teaching models, as well as on psychotherapeutic principles. There is concern for rapport building to reduce anxiety and increase positive involvement, traditional learning principles (e.g., mastery learning, reinforcement theory), contemporary views of cognitive strategy instruction and general learning strategies (e.g., metacognitive approaches for "how to" learn and remember), use of multisensory approaches, greater use of specific techniques to enhance engagement and guide and support learning, greater emphasis on social interaction, and so forth. Technology can help in many ways. For example, computers are a major compensatory tool for many students (e.g., using a keyboard to write compensates for poor handwriting, which is especially important for students whose fine motor abilities are weak; various software programs help compensate for poor language skills).

Experienced practitioners often pursue "clinical teaching." This day-by-day process involves (1) assessment to provide information for planning the day's work, (2) formulation of the day's plan, (3) carrying it out, and (4) evaluating the effects (positive and negative). Evaluation findings are supplemented with additional assessment if necessary, and these data provide much of the bases for planning the next session. Over time, teachers using this cycle acquire an appreciation of what is likely to work or will not work with a specific individual.

As discussed earlier in this chapter, accommodations are an important strategy in establishing a good match for learning. For students with significant learning, behavior, and emotional problems interveners often use many special accommodations. In fact, federal law (Section 504 of the Rehabilitation Act of 1973) encourages schools to pursue a range of such accommodations for students whose symptoms significantly interfere with school learning but do not qualify them for special education (see Table 7-4).

The concept of "looping" illustrates another form of accommodation some schools employ (Burke, 1997). Looping involves moving the teacher with students from one grade to the next for one or more years. The intent is to enhance teacher and student opportunities to work together in addressing learning, behavior, and emotional problems. This accommodation provides more time for relationship and community building with teacher and peers and can reduce student apprehension about a new school year. Both academic and social benefits have been reported for this practice. Not only are there achievement gains for students, the practice enables schools to provide more time for slower students, which counters the need for retention. There also are more opportunities for bonding between teachers and students and teachers and parents.

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.

Table 7-4

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

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

Lesson Presentation

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

Assignments/worksheets

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

manuscript writing

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

Test Taking

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

Organization

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

Behaviors

- C use of timers to facilitate task completion
- C structure transitional and unstructured times (recess, hallways, lunchroom, locker room, library, assembly, field trips, etc.)
- C praising specific behaviors
- C using self-monitoring strategies
- C giving extra privileges and rewards
- C keeping classroom rules simple and clear
- C making "prudent use" of negative consequences
- C allowing for short breaks between assignments
- C cueing student to stay on task (nonverbal signal)
- C marking student's correct answers, not his mistakes
- C implementing a classroom behavior management system
- C allowing student time out of seat to run errands, etc.
- C ignoring inappropriate behaviors not drastically outside classroom limits
- C allowing legitimate movement
- C contracting with the student
- C increasing the immediacy of rewards
- C implementing time-out procedures

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 7-5, interventions for misbehavior should be conceived in terms of:

- C efforts to prevent and anticipate misbehavior
- C actions to be taken during misbehavior
- C 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 Exhibit 7-2 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

Table 7-5

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's sense of autonomy)

III. During Misbehavior

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

B. Reestablish a calm and safe atmosphere

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

IV. After Misbehavior

A. Implement Discipline -- Logical Consequences/Punishment

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

B. Discuss the Problem with Parents

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

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

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 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).

Exhibit 7-2

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)

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 (see Appendix B).

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.³

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.

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* (see Figure 1-3). 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.

³All 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

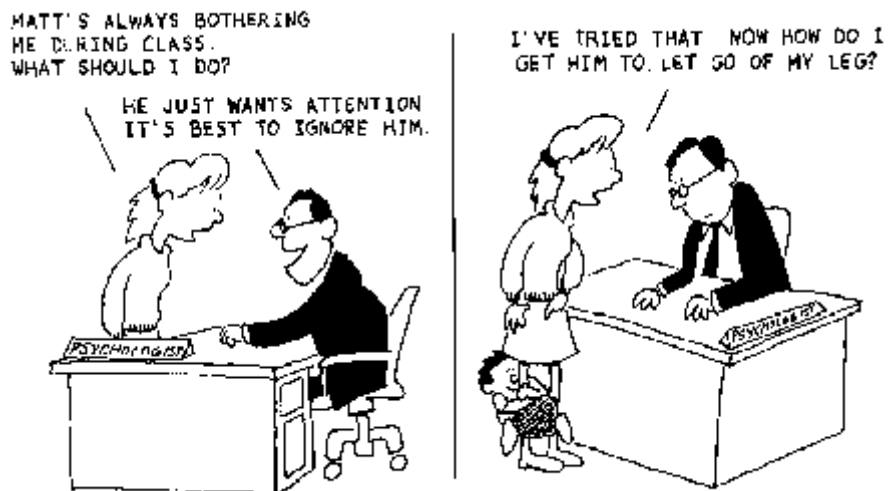
Misbehavior in the classroom also often is *reactive*, stemming from avoidance motivation. That is, the behavior may be a protective reaction stemming from motivation to avoid and protest against situations in which the student is coerced to participate or cannot cope effectively. For students with learning 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 (see Figure 1-3 again).

Interventions for reactive and proactive behavior problems begin with major program changes. From a motivational perspective, the aims are to (a) prevent and overcome negative attitudes toward school and learning, (b) enhance motivational readiness for learning and overcoming problems, (c) maintain intrinsic motivation throughout learning and problem solving, and (d) nurture continuing motivation so students engage in activities away from school that foster maintenance, generalization, and expansion of learning and problem solving. *Failure to attend to motivational concerns in a comprehensive, normative way results in approaching passive and often hostile students with practices that instigate and exacerbate problems.*

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

- C Is the misbehavior unintentional or intentional?
- C If it is intentional, is it reactive or proactive?
- C If the misbehavior is reactive, is it a reaction to threats to self-determination, competence, or relatedness?
- C If it is proactive, are there other interests that might successfully compete with satisfaction derived from deviant behavior?

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



Concluding Comments

As the world around us is changing at an exponential rate, so must the way we approach problems in school. Everyday, our society is called upon to do something about the many individuals who have trouble learning academic skills and whose behavior is disruptive. In responding to this call, we must be prepared to go beyond the narrow perspective of direct instruction of observable skills and related assessment practices.

Those concerned with improving interventions for learning, behavior, and emotional problems must at the very least broaden their view of teaching; optimally, they need to expand their view beyond teaching. Whatever their view of intervention, it is essential that they focus on motivation as a primary intervention concern and personalized instruction as a foundation upon which to engage and re-engage students in classroom learning. When more is needed, it is time to move on to approaches that provide special assistance. Such assistance often is just an extension of general strategies; sometimes something more is called for. In either case, the process objectives are the same – to improve the match between the intervention and a learner's current levels of motivation and capability.

A Few References Related to Providing Special Assistance in the Classroom

In addition to the references already cited, the following is intended as a beginning resource list to guide you to books that can help in designing classrooms to be a better match for the full range of learners who are enrolled.

I. Classrooms for All Students

A. Encouraging Learning Autonomy

Learning for life: Creating classrooms for self-directed learning.

R.J. Aregalado, R.C. Bradley, & P.S. Lane. Thousand oaks, CA: Corwin Press, 1996.

Teaching decision making to adolescents.

J. Baron & R.V. Brown (Eds.). Hillsdale, NJ: Erlbaum, 1991.

Learner-centered teaching: Five key changes to practice.

M. Weimer. San Francisco: Jossey-Bass, 2002.

Nurturing independent learners: Helping students take charge of their learning.

D. Meichenbaum & A. Biemiller. Boston: Brookline Books, 1998.

Cooperative learning: Theory, research, and practice (2nd ed.).

R.E. Slavin. Boston: Allyn & Bacon, 1994.

Self-regulation of learning and performance : Issues and educational applications.

Dale H. Schunk & Barry J. Zimmerman (Eds.). Hillsdale, NJ: L. Erlbaum, 1994.

B. Appreciating Diversity

An introduction to multicultural education.

J.A. Banks. Boston: Allyn & Bacon, 1994.

Effective Programs for Latino Students.

R.E. Slavin & M. Calderon (Eds.). Mahwah, NJ: Erlbaum, 2001.

Teaching children with diverse abilities.

M.W. Churton, A. Cranston-Gingras, & T.R. Blair. Boston: Allyn & Bacon, 1998.

Inclusive and heterogeneous schooling: Assessment, curriculum, and instruction.

M.A. Falvey (Ed.). Baltimore: Paul H. Brookes, 1995.

C. Addressing Problems

Learning problems & learning disabilities: Moving forward.

H.S. Adelman & L. Taylor. Belmont, CA: Brooks/Cole Publishing Company, 1993.

Teaching students with behavioral difficulties.

T. J. Lewis. Reston, VA: Council for Exceptional Children, 1997.

Learning disabilities: The interaction of learner, task, and setting, 4th Edition.

C.R. Smith. Needham Heights, MA: Allyn & Bacon, 1997.

Teaching students with learning and behavior problems.

D.D. Hammill & N. Bartel. Austin, TX: pro-ed, 1995.

Learning disabilities: Theories, diagnosis & teaching strategies, 9th Edition.

J. Lerner. Boston: Houghton-Mifflin, 2003.

Teaching kids with learning difficulties in the regular classroom.

S. Winebrenner. Minneapolis, MN: Free Spirit Publishing, 1996.

(cont.)

Resource Aid (cont.)

Teacher-mediated behavior management strategies for children with emotional/behavioral disorders.
S. R. Mathur, M .M. Quinn,& R.B. Rutherford. Reston, VA: Council for Children with Behavioral Disorders, 1996.

Effective strategies for teaching appropriate behaviors to children with emotional behavioral disorders.
R.B. Rutherford, M.M. Quinn, & S.R. Mathur. Reston, VA: Council for Children with Behavioral Disorders, 1996.

Antisocial behavior in schools: Strategies and best practices.
H. M. Walker, G. Colvin, & E. Ramsey, Pacific Grove, CA: Brooks/Cole, 1995.

Curriculum and instruction practices for students with emotional/behavioral disorders,
R. E. Schmid & W. H. Evans. Reston, VA: Council for Children with Behavioral Disorders, 1997.

Instruction of persons with severe handicaps (4th Ed.)
M. Snell (Ed.) Columbus, OH: Merrill, 1993.

*Phases, steps and guidelines for building school-wide behavior management programs:
A practitioner's handbook.*
G. Sugai & R. Pruitt. Eugene, OR: Behavior Disorders Program, 1993.

Positive behavioral support: Including people with difficult behavior in the community
L.K. Koegel, R.L. Koegel, & G. Dunlap (Eds.) Baltimore: Paul H. Brookes, 1996.

Best practices in school psychology - III.
A. Thomas & J. Grimes (Eds.), Washington, DC: National Association of School Psychologists, 1995.

II. Methods for Specific Areas of School Functioning

Some of the above basic texts provide overviews of each area. The following offer more depth.

A. Reading and Language

Approaches to beginning reading.
R.C. Aukerman. New York: Wiley, 1994.

Reading/Learning Disability: An ecological approach.
J.S. Bartoli & M. Botel. New York: Teachers College Press, 1988.

Reading engagement: Motivating readers through integrated instruction.
J.T. Guthrie & A. Wigfield (Eds.). (1997). Newark, DE: International Reading Association.

Reading for academic success: Powerful strategies for struggling, average, & advanced readers, grade 7-12.
Strong, R.W., Perini, M.J., Silver, H.F., Tuculescu, G.M. Thousand Oaks, CA: Corwin Press, 2002

How to increase reading ability: A guide to developmental and remedial methods.
A.J. Harris & E.R. Sipay (9th ed.). New York: Longman, 1990.

Teaching children with reading problems to decode: Phonics and "not-phonics" instruction.
S.A. Stahl.(1998) *Reading and Writing Quarterly*, 14, 165-188.

(cont.)

Resource Aid (cont.)

B. Math

Mathematics education for students with learning disabilities: Theory to Practice
D.P. Rivera. Austin, TX: PRO-ED, 1998.

Teaching mathematics to the Learning Disabled.
N.S. Bley & C.A. Thorton (3rd ed.). Austin, TX: PRO-ED, 1994.

A guide to teaching mathematics in the primary grades.
A.J. Baroody. Boston: Allyn & Bacon, 1989.

Children's arithmetic: How they learn it and how you teach it.
H.P. Ginsburg (2nd ed.). Austin, TX: PRO-ED, 1989.

C. Cognitive Prerequisites, Learning Strategies, and Higher Order Thinking

Teaching adolescents with Learning Disabilities (3rd ed.).
D.D. Deshler, E.S. Ellis, & B.K. Lenz. Denver: Love Pub., 2003.

Language acquisition and conceptual development.
M. Bowerman & S.C. Levinson (Eds.). Cambridge, MA: Cambridge University Press, 2001.

How children learn the meanings of words (learning, development, and conceptual change)
P. Bloom. Cambridge, MA: MIT Press, 2002.

Reading, thinking and concept development.
T.L. Harris & E.J. Cooper (Eds.). New York: College Board, 1985.

Tips for the science teacher: Research-based strategies to help students learn.
H.J. Hartman, N.A. Glasgow. Thousand Oaks : Corwin Press, Inc., 2002.

Improving science instruction for students with disabilities.
G.P. Stefanich & J. Egelston-Dodd (Eds.). Proceedings of the working conference on science for persons with disabilities. Anaheim, CA: ERIC Document Reproduction Service No. ED 399 724, 1995.

D. Social and Emotional Functioning, Motivation, and Interfering Behavior

Building Learning Communities with Character: How to Integrate Academic, Social, and Emotional Learning
B. Novick, J.S. Kress, & M.J. Elias. Arlington, VA: Association for Supervision and Curriculum Development, 2002.

Emotional intelligence.
D. Goleman. New York: Bantam Books, 1995.

Building Interpersonal Relationships through Talking, Listening, Communicating. (2nd).
J.S. Bormaster & C.L. Treat. Austin, TX: Pro-Ed, 1994.

Intrinsic motivation and self determination in human behavior.
E.L. Deci & R.M. Ryan. New York: Plenum Press, 1985.

Motivation to learn: From theory to practice (3rd ed.)
D.J. Stipek. Boston: Allyn & Bacon, 1998.

Eager to learn: helping children become motivated and love learning.
R.J. Wlodkowski & J.H. Jaynes. San Francisco: Jossey-Bass, 1990.

Preventing problem behaviors: A handbook of successful prevention strategies.
Algozzine, B. & Kay, P. (Ed.) Thousand Oaks, CA: Corwin Press, Inc., 2002.

Skills training for children with behavioral disorders: A parent and therapist guidebook
M.L. Bloomquist. New York: Guilford, 1996.

(cont.)

Resource Aid (cont.)

E. Motoric Development

Physical activities for improving children's learning and behavior.

B.A. Cheatum & A.A. Hammond. Champaign: ILL: Human Kinetics Pub., 2000

Advances in motor learning and control.

H.N. Zelaznik (Ed.). Champaign: ILL: Human Kinetics Pub., 1996.

Perceptual-motor lessons plans, Level 1: Basic and "practical" lesson plans for perceptual-motor program in preschool and elementary grades.

J. Capon & F. Alexander. Discovery Bay, CA: Front Row Experience, 1998.

Perceptual motor development in infants and children.

B. Cratty (3rd ed.). Englewood Cliffs, NJ: Prentice Hall, 1986.

III. Assessment

Assessment.

J. Salvia & J.E. Ysseldyke. Houghton Mifflin Co.; Boston, MA: 2001.

Dynamic testing: The nature and measurement of learning potential.

R.J. Sternberg, E.L. Grigorenko Cambridge, MA: Cambridge University Press, 2002.

Educational assessment of students (3rd Edition)

A.J. Nitko. Englewood Cliffs, NJ: Prentice Hall College Division, 2002.

Literacy assessment for today's schools.

M.D. Collins & B.G. Moss (Ed.s). Harrisonburg, VA: College Reading Assoc., 1996.

Assessing to address barriers to learning (Introductory Packet)

Center for Mental Health in Schools at UCLA. Download from <http://smhp.psych.ucla.edu>

A resource aid packet: screening/assessing students: indicators and tools,

Center for Mental Health in Schools at UCLA. Download from <http://smhp.psych.ucla.edu>

Behavioral assessment: A practical handbook.

A.S. Bellack & M. Hersen (Eds.), Boston: Allyn & Bacon, 1998

Measuring up: Standards, assessment, and school reform.

R. Rothman. San Francisco, CA: Jossey-Bass, Inc., 1995.

Improving educational outcomes for children with disabilities: Principles for assessment, program planning and evaluation.

M. A. Kozloff. Baltimore, MD: Paul H. Brookes Publishing Co, 1994.

"Ecobehavioral assessment of bilingual special education settings: The opportunity to respond."

C. Arreaga-Mayer, J.J. Carta, & Y. Tapia. In *Behavior analysis in education: focus on measurably superior instruction* edited by R. Gardner III, D.M. Sainato, J.O. Cooper, T.E. Heron, W.L. Heward, J.W. Eshleman, T.A. Grossi. Pacific Grove, CA: Brooks/Cole, 1994.

Specific learning disabilities and difficulties in children and adolescents: psychological assessment and evaluation.

A.S. Kaufmann & N.L. Kaufmann (Eds.). Cambridge, MA: Cambridge University Press, 2001

ADHD in the schools: Assessment and intervention strategies.

G.J. DuPaul & G.D. Stoner. New York: Guilford Press, 1994.

Anger, hostility, and aggression: assessment, prevention, and intervention strategies for youth.

M.J. Furlong & D.C. Smith (Ed.s). Brandon, TX: Clinical Psychology Pub., 1994.

*Planners must understand the environment in which they work
and acknowledge the chaos that is present.*
W. Sybouts (1992)

Part III

Beyond the Classroom

In Part I, we clarified that, although some youngsters have disabilities, few start out with internal factors that cause learning, behavior, or emotional problems. Even those who do usually have strengths and protective buffers (assets) that can counter deficits and contribute to success. The majority of student problems seen in schools stem from situations where *external barriers* are not addressed and *learner differences* that require some degree of personalized instruction are not accounted for. And, the problems are aggravated as youngsters internalize the debilitating effects of performing poorly at school and interacting negatively with adults and peers. All this is particularly exacerbated in large urban and poor rural schools where so many students are having difficulties. As also stressed in Part I and Part II, schools need to address such concerns in the classroom and school-wide. *School-wide* approaches are especially important where large numbers of students are affected and at any school that is not yet paying adequate attention to considerations related to equity and diversity.

A school-wide focus on addressing learning and behavior problems should spell out a component that enables the entire school to ensure *all* students have an equal opportunity to learn and *all* teachers have the capacity to teach effectively. In Part I, we discussed such an *enabling component* as encompassing a comprehensive, multifaceted, and cohesive approach for addressing barriers that interfere with learning and teaching. Developing such an approach begins with rethinking, reforming, and restructuring existing fragmented student support programs and services. The groundwork we laid in Chapter 4 provides the basis for a more detailed discussion of these matters in Chapter 8.

Development of a comprehensive approach also requires doing more to connect families and communities to schools. Fortunately, this can be done by appropriately capitalizing on the increasing interest in *school-community collaborations*. We discuss this in Chapter 9.

Finally, in Chapter 10, we look at matters related to accountability and evaluation. In doing so, we explore the available research base for developing comprehensive, multifaceted approaches and explore the question of what constitutes appropriate evaluation.

Chapter 8

Establishing a School-wide Enabling Component

As for the future, our task is not to foresee, but to enable it.
Antoine de Saint-Exupery

We were pleased to see that the Council of Chief State School Officers (CCSSO) revamped their mission statement in 2002 to clarify that the aim is to achieve the vision of “an American education system that *enables* all children to succeed in school, work, and life.” (the italics are ours)

Needed: a Policy Shift to Better Address Barriers to Learning

Moving from a Two- to a Three-component Reform Framework:
Adding an Enabling Component

Guidelines for a Component to Address Barriers to Learning

A Model for an Enabling Component at a School Site

Keeping Mutual Support, Caring, and a Sense of Community in Mind

Getting Started at a School

Systemic Changes at a School Level

School Infrastructure for an Enabling Component

Concluding Comments

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)

Why don't schools do a better job in addressing learning, behavior, and emotional problems? The root of the problem is that such efforts are *marginalized* in school policy and daily practice.¹ As a result, most programs, services, and special projects at a school and district-wide are treated as supplementary (often referred to as support or auxiliary services) and operate on an ad hoc basis. Staff tend 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, the deficiencies of current policies give rise to such aberrant practices as assigning a student identified as at risk for grade retention, dropout, and substance abuse to three counseling programs operating independently of each other. Such fragmentation not only is costly, it works against cohesiveness and maximizing results.

For the most part, community involvement at schools also remains a token and marginal concern, and 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 using a colocation model, rather than integrating such services with the ongoing efforts of school staff.

The marginalized status and the associated fragmentation of efforts to address student problems are maintained at schools because of the failure of educational reform to restructure the work of student support professionals. Currently, most school improvement plans do not focus on using such staff to develop the type of comprehensive, multifaceted, and integrated approaches necessary to address the many overlapping barriers to learning and development. At best, most reformers have offered the notions of *Family Resource Centers* and *Full Service Schools* to link community resources to

¹We have published extensively on these matters over the years and made them a focus of the work of our School Mental Health Project and its national Center for Mental Health in Schools. A sample of relevant articles and documents are included at the end of the book in the section entitled: "Published Works and Center-produced Resources from Our Work on Addressing Barriers to Learning."

schools (e.g., school-linked services) and enhance coordination of services. Much more fundamental changes are needed.

Also mediating against developing school-wide approaches to address factors interfering with learning and teaching is the marginalized, fragmented, and flawed way in which these matters are handled in providing on-the-job education. Almost none of a teacher's inservice training focuses on improving classroom and school-wide approaches for dealing effectively with mild-to-moderate behavior, learning, and emotional problems. Paraprofessionals, aides, and volunteers working in classrooms or with special school projects and services receive little or no formal training/supervision before or after they are assigned duties. And little or no attention is paid to inservice for student support staff.

Needed: a Policy Shift to Better Address Barriers to Learning

As we have stressed throughout this book, ultimately, addressing barriers to student learning and enhancing healthy development must be viewed from a societal perspective and requires fundamental systemic reforms. From this viewpoint, policy is needed to develop the type of comprehensive continuum of community and school programs for local catchment areas that we illustrated in Figure 3-1.

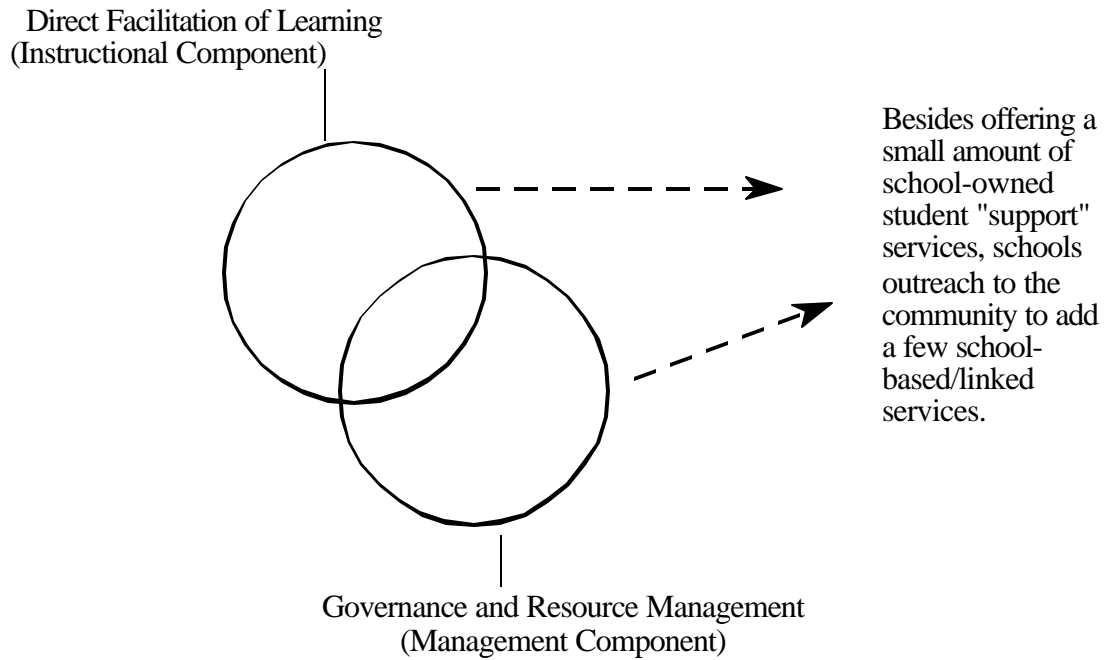
Moving from a Two- to a Three-Component Reform Framework:

Adding an Enabling Component

In Chapter 1, we introduced the idea that a basic policy shift is needed. Figure 8-1a presents a different way of illustrating the inadequacy of the current situation. 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

Figure 8-1a. The prevailing two component model for school reform and restructuring.

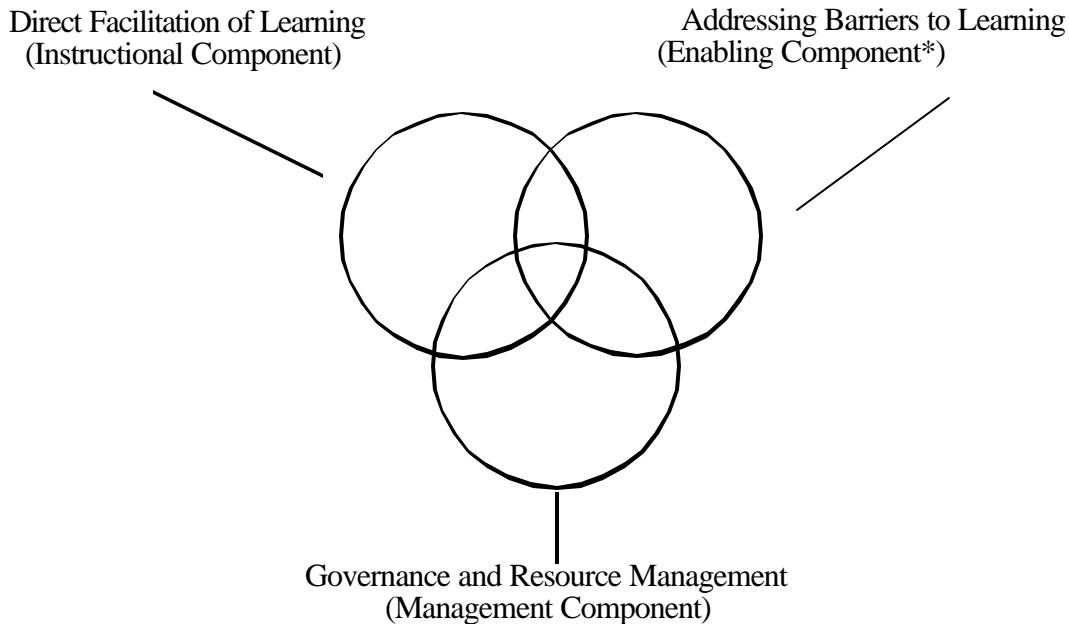


around which to unify efforts to address barriers to development, learning, and teaching. The concept underscores that movement to a three component model is necessary if all young people are to have an equal opportunity to benefit from their formal schooling.

As illustrated in Figure 8-1b, 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 (see Appendix E). 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.

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

Figure 8-1b. A three component model for school reform and restructuring



*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.

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. This includes the scale-up efforts by the New American Schools' Urban Learning Center Model into schools in California, Oregon, and Utah, the adoption of the concept by the State of Hawaii where it is called a Comprehensive Student Support System (CSSS), and the increasing discussion of the topic at many other state education agencies, districts, and schools.

Guidelines for a Component to Address Barriers to Learning

The following outline provides a set of guidelines for a school's student support component. Clearly, no school currently offers the nature and scope of what is embodied in the outline. In essence, the guidelines define a vision for student support designed to address barriers to learning in a comprehensive, multifaceted, and cohesive manner.

Guidelines for a Student/Learning Support Component²

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

- 1.1 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; physical health problems)
- 1.2 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)
- 1.3 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)

2. Timing and Nature of Problem-Oriented Interventions

- 2.1 Primary prevention
- 2.2 Intervening early after the onset of problems
- 2.3 Interventions for severe, pervasive, and/or chronic problems

3. General Domains for Intervention in Addressing Students' Needs and Problems

- 3.1 Ensuring academic success and also promoting healthy cognitive, social, emotional, and physical 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)
- 3.2 Addressing external and internal barriers to student learning and performance

²Adapted from: *Mental Health in Schools: Guidelines, Models, Resources, and Policy Considerations* a document developed by the Policy Leadership Cadre for Mental in Schools. Available from the Center for Mental Health in Schools at UCLA. Downloadable from the Center's website at: <http://smhp.psych.ucla.edu>

3.3 Providing social/emotional support for students, families, and staff (cont.)

4. *Specialize Student and Family Assistance (Individual and Group)*

- 4.1 Assessment for initial (first level) screening of problems, as well as for diagnosis and intervention planning (including a focus on needs and assets)
- 4.2 Referral, triage, and monitoring/management of care
- 4.3 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 and physical first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer- term treatment, remediation, and rehabilitation)
- 4.4 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
- 4.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus
- 4.6 Enhancing connections with and involvement of home and community resources (including but not limited to community agencies)

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

A Model for an Enabling Component at a School Site

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 3-3 and Table 3-1). Each is described in a bit more detail below, and outlined more fully in the series of self-study surveys in Appendix F.

(1) ***Classroom Focused Enabling and Re-engaging Students in Classroom Learning.*** This area 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.³ 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

³The 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.

closely with teachers and students in the classroom and on regular activities. All this can provide teachers with the knowledge and skills to develop a classroom infrastructure that transforms a big class into a set of smaller ones. Classroom based efforts to enable learning can (a) prevent problems, (b) facilitate intervening as soon as problems are noted, (c) enhance intrinsic motivation for learning, and (d) re-engage students who have become disengaged from classroom learning.

Classroom Focused Enabling encompasses

- C Opening the classroom door to bring available supports in** (e.g., peer tutors, volunteers, aids trained to work with students-in-need; resource teachers and student support staff work in the classroom as part of the teaching team)
- C Redesigning classroom approaches to enhance teacher capability to prevent and handle problems and reduce need for out of class referrals** (e.g. personalized instruction; special assistance as necessary; developing small group and independent learning options; reducing negative interactions and over-reliance on social control; expanding the range of curricular and instructional options and choices; systematic use of prereferral interventions)
- C Enhancing and personalizing professional development** (e.g., creating a Learning Community for teachers; ensuring opportunities to learn through co-teaching, team teaching, and mentoring; teaching intrinsic motivation concepts and their application to schooling)
- C Curricular enrichment and adjunct programs** (e.g., varied enrichment activities that are not tied to reinforcement schedules; visiting scholars from the community)
- C Classroom and school-wide approaches used to create and maintain a caring and supportive climate**

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

(2) *Crisis Assistance and 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

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

(3) *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

- C Welcoming & social support programs for newcomers** (e.g., welcoming signs, materials, and initial receptions; peer buddy programs for students, families, staff, volunteers)
- C Daily transition programs for** (e.g., before school, breaks, lunch, afterschool)
- C 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)
- C Summer or intersession programs** (e.g., catch-up, recreation, and enrichment programs)
- C 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)
- C Staff/stakeholder development for planning transition programs/activities**

(4) ***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

- C 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)
- C 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)
- C Involving homes in student decision making** (e.g., families prepared for involvement in program planning and problem-solving)
- C Enhancing home support for learning and development** (e.g., family literacy; family homework projects; family field trips)
- C 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)
- C Staff/stakeholder development to broaden awareness of and plan programs to enhance opportunities for home involvement**

(5) *Community Outreach for Involvement and Support (including a focus on volunteers).*

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

For schools to be seen as an integral part of the community, outreach steps must be taken to create and maintain linkages and collaborations. The intent is to maximize mutual benefits, including better student progress, an enhanced sense of community, community development, and more. In the long run, the aims are to strengthen students, schools, families, and neighborhoods.

Outreach focuses on public and private agencies, organizations, universities, colleges, and facilities; businesses and professional organizations and groups; and volunteer service programs, organizations, and clubs. Greater volunteerism on the part of parents, peers, and others from the community can break down barriers and increase home and community involvement in schools and schooling. Thus, enhanced use of community volunteers is a good place to start. This requires development of a system that effectively recruits, screens, trains, and nurtures volunteers. Another key facet is opening up school sites as places where parents, families, and other community residents can engage in learning, recreation, enrichment, and find services they need.

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

- ① recruit a wide range of community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and individuals with special

- expertise and resources; local businesses to adopt-a-school and provide resources, awards, incentives, and jobs; formal partnership arrangements),
- C train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer-cross-age tutors and counselors, and professionals-in-training to provide direct help for staff and students – especially with targeted students),
- C reach out to students and families who don't come to school regularly – including truants and dropouts,
- C enhance community-school connections and sense of community (e.g., orientations, open houses, performances, cultural and sports events, festivals, celebrations, fairs, workshops).

Community Outreach for Involvement and Support encompasses

- C **Work group for planning and implementing outreach to involve** (e.g., community resources such as public and private agencies; colleges and universities; local residents; artists and cultural institutions, businesses and professional organizations; service, volunteer, and faith-based organizations; community policy and decision makers
- C **Staff/stakeholder development on the value of community involvement and opening the school to expanded forms of community activities and programs**
- C **Mechanisms to recruit, screen, and prepare community participants**
- C **Orienting and welcoming programs for community participants**
- C **Programs to enhance a sense of community**
- C **Policies and mechanisms to enhance and sustain school-community involvement** (e.g., support for maintenance; celebration of shared successes; “social marketing” of mutual accomplishments.

(6) ***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

- C 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)
- C Referral interventions for students & families with problems** (e.g., screening, referrals, and follow-up – school-based, school-linked)
- C Enhancing access to direct interventions for health, mental health, and economic assistance** (e.g., school-based, school-linked, and community-based programs)
- C Follow-up assessment to check whether referrals and services are adequate and effective**
- C Mechanisms for resource coordination to avoid duplication of and fill gaps in services and enhance effectiveness** (e.g., school-based and linked, feeder pattern/family of schools, community-based programs)
- C Enhancing stakeholder awareness of programs and services**
- C Involving community providers to fill gaps and augment school resources**
- C Staff/stakeholder development to enhance effectiveness of student and family assistance systems, programs, and services**

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 later in this chapter and in Chapter 9.

Keeping Mutual Support, Caring, and a Sense of Community in Mind

In clarifying each element of an enabling component, there is danger of losing the “big picture” (see Exhibit 8-1). Ultimately, within the school context, such a component must blend with the instructional and management components in ways that create a school-wide atmosphere encouraging mutual support, caring, and a sense of community. The degree to which a school can create such an atmosphere seems highly related to its capacity to prevent and ameliorate learning, behavior, and emotional problems. And, there is an obvious connection between all this and sustaining morale and minimizing burnout. Thus, in developing an enabling component, there must be a constant focus on ensuring an increasingly supportive and caring context for learning and enhancing a psychological sense of community.

Throughout a school and in each classroom, a psychological sense of community exists when a critical mass of stakeholders are committed to each other *and* to the setting's goals and values, *and* they exert effort to achieve the goals and maintain positive relationships with each other. Being together is no guarantee of feeling a sense of belonging or feeling responsible for a collective vision or mission. A perception of community is shaped by daily experiences. Initially, it probably is engendered when a person feels welcomed, supported, nurtured, respected, liked, and connected in reciprocal relationships with others. Maintaining a sense of community over time requires that a critical mass of participants feel like valued members who are contributing to the collective identity, destiny, and vision and also are committed to being and working together in supportive and efficacious ways. All this takes conscientious effort and mechanisms that effectively provide support, promote self-efficacy, and foster positive relationships.

Exhibit 8-1

What Might a Fully Functioning Enabling Component Look like at a School?

The following is adapted from a description developed for use by Hawaii's *Comprehensive Student Support System* (CSSS). CSSS is designed to ensure that every school develops a comprehensive, multifaceted, and integrated component to address barriers to learning and promote healthy development as primary and essential facets of school improvement.

A school with an enabling or learning support component has an administrative leader who guides the component's development and is accountable for daily implementation, monitoring, and problem solving. There is a team focused on ensuring that all relevant resources are woven together to install a comprehensive, multifaceted, and cohesive continuum of interventions over a period of years. The team uses the framework illustrated in Figure 3-3 in planning and implementing programs in all six content areas, with the aim of establishing effective

- C systems for promoting healthy development and preventing problems
- C systems for responding to problems as soon after onset as is feasible
- C systems for providing intensive care.

There also are mechanisms for responding when students are identified as having problems. In each instance, an analysis is made of the reasons for the problems. For most students, the problems are resolved through minor situational and program changes. Those for whom such strategies are insufficient are provided additional assistance *in the classroom*. For those whose problems require more intensive help, referrals for specialized assistance are made, processed, and interventions are set in motion and carefully monitored and coordinated.

Because there is an emphasis on programs and activities that create a school-wide culture of caring and nurturing, students, families, staff, and the community feel the school is a welcoming and supportive place, accommodating of diversity, and committed to promoting equal opportunities for all students to succeed at school. When problems arise, they are responded to positively, quickly, and effectively. Morale is high.

When any of their children have a problem, a typical family might experience the following:

Clara, a third grader, finds reading difficult. Her teacher asks one of the many community volunteers to work with Clara to improve her skills, motivation, and confidence. Clara and the volunteer, a local college student, go to the library where she is encouraged to choose books on subjects that interest her, and they read together. Clara also writes stories on topics she likes. To further improve her skills, her family is encouraged to have her read the stories to them at home.

As Clara's skills improve, she also begins reading to her younger sister, Emma. Emma needs help in getting ready for kindergarten. She is enrolled in Head Start. Her family, including her grandmother who lives with them, comes to parent meetings to learn ways to enrich Emma's readiness skills.

(cont.)

Exhibit (cont.)

When the family's oldest child, Tommy, got into trouble for fighting at school, his behavior was reviewed at a Student Support Team meeting where school staff, the family, and Tommy explored the causes of his behavior problems and planned some solutions. At subsequent meetings, they reviewed the plan's effectiveness. One of the strategies called for Tommy becoming a "Peer Buddy" to help provide social support for new students. When the next new family enrolled, Tommy spent several days showing the new student around the school, and they both got involved in some extracurricular activities. Tommy's behavior problems quickly turned around, and he soon was able to assume a leadership role during various school events.

In the middle of the year, the grandmother got sick and went to the hospital. Support staff at each of the children's schools were sensitive to the disruption in the home. When Tommy and Clara regressed a bit, they arranged for some extra support and explored ways to assist the family's efforts to cope. The work with the family and the two schools that were involved was coordinated through "care monitoring" strategies developed by a multisite council that focuses regularly on common concerns of all schools in the neighborhood.

Welcoming and ongoing social support. Building a sense of community and caring begins when students (and their families) first arrive at a school or move from grade-to-grade. Classrooms and schools can do their job better if students feel they are truly welcome and have a range of social supports. A key facet of welcoming encompasses effectively connecting new students with peers and adults who can provide social support and advocacy. On an ongoing basis, caring is best maintained through use of strategies that promote feelings of competence, self-determination, and connectedness.

As discussed in Part II, efforts to create a caring classroom climate are facilitated through use of personalized instruction and providing special assistance as necessary. The focus is on using each opportunity to nurture and support, including regular student conferences, cooperative learning, peer tutoring, and any activity designed to foster social and emotional development.

School-wide, a caring culture pays special attention to assisting and advocating for students who have difficulty making friends or who get into trouble. Some of these students need just a bit of support to overcome a problem (e.g., a few suggestions, a couple of special opportunities). Some, however, need much more help. They may be overly shy, lacking in social skills, or may act in negative ways. Efforts to assist these youngsters include strategies that facilitate establishing friendships, mentoring, counseling,

mediation, conflict resolution, and programs to enhance human relations. A range of school staff, including teachers, classroom or yard aides, counselors and other support and resource staff, and parents can work together to address the problems. For example, a “peer buddy” may be brought into the picture. This can be any student with similar interests and temperament or a student who can be understanding and is willing to reach out to the one who needs a friend. Regular opportunities may be created for the student to work with others on shared activities/projects at and away from school. A special relationship may be established with almost anyone on the staff who is willing to help the student feel positively connected at school. For youngsters who really don't know how to act like a friend, specific guidelines and social skills also can be taught.

Given the importance of home involvement in schooling, attention also must be paid to creating a caring atmosphere for family members. Increased home involvement is more likely if families feel welcome and have access to social support at school. Thus, teachers and other school staff need to establish a program that effectively welcomes and connects families with school staff and other families to generate ongoing social support and greater participation in home involvement efforts.

And, don't forget that school staff also need to feel truly welcome and socially supported. Rather than leaving this to chance, a caring school develops and institutionalizes a program to welcome and connect new staff with those with whom they will be working. Moreover, it does so in ways that effectively incorporates newcomers into the organization and builds their capacity to function effectively.

Collaboration and teaming. In discussing “burn-out,” many writers have emphasized that, too often, teaching is carried out under highly stressful working conditions and without much of a collegial and social support structure. Teachers must feel good about themselves if classrooms and schools are to be caring environments. Teaching is one of society's most psychologically demanding jobs, yet few schools have programs designed specifically to counter job stress and enhance staff feelings of well-being.

Recommendations to redress this deficiency usually factor down to strategies that reduce environmental stressors, increase personal capabilities, and enhance job and social supports. However, most schools simply do not have adequate mechanisms in place to plan for and implement such recommendations.

Fundamental to dealing with the above concerns and to improving instruction are approaches that enable teachers to work closely with other teachers and school personnel, as well as with parents, professionals-in-training, volunteers, and so forth. In particular, systemic promotion of collaboration and teaming are key facets of addressing barriers to learning. Such approaches allow teachers to broaden the resources and strategies available in and out of the classroom to enhance learning and performance. As Hargreaves (1984) cogently notes, the way to relieve the uncertainty and open-endedness that characterizes classroom teaching is to create “communities of colleagues who work collaboratively [in cultures of shared learning and positive risk-taking] to set their own professional limits and standards, while still remaining committed to continuous improvement. Such communities can also bring together the professional and personal lives of teachers in a way that supports growth and allows problems to be discussed without fear of disapproval or punishment.”

Collaboration and collegiality are basic to enhancing morale and work satisfaction and to transforming classrooms into caring contexts for learning. Collegiality, however, cannot be demanded. As Hargreaves stresses, when collegiality is *mandated*, it can produce what is called *contrived collegiality* which tends to breed inflexibility and inefficiency. Contrived collegiality is compulsory, implementation-oriented, regulated administratively, fixed in time and space, and predictable. In contrast, *collaborative cultures* foster working relationships which are voluntary, development-oriented, spontaneous, pervasive across time and space, and unpredictable.

Collaborative cultures also can foster a school’s efforts to organize itself into a learning community that personalizes inservice teacher education. Such "organizational learning" requires an organizational structure “where people continually expand their capabilities to understand complexity, clarify vision and improve shared mental models' [Senge, 1990] by engaging in different tasks, acquiring different kinds of expertise, experiencing and expressing different forms of leadership, confronting uncomfortable organizational truths, and searching together for shared solutions” (Hargreaves, 1994).

Finally, collaborative cultures recognize the need to build capacity for dealing with working relationship problems. Despite the best of intentions, relationships often go astray – especially when staff become frustrated and angry because students don't respond in desired ways or seem not to be trying. To minimize

relationship problems, inservice education must foster understanding of interpersonal dynamics and barriers to working relationships, and sites must establish effective problem solving mechanisms to eliminate or at least minimize such problems.

Getting Started at a School

Development of a comprehensive school-wide approach is easy to call for and hard to accomplish. Anyone who has been involved in systemic reform can describe the difficulties in terms of lack of time, insufficient budget, lack of space, disgruntled stakeholders, inadequate capacity building, and on and on. Such difficulties and various strategies for dealing with them are well-discussed in the literature on systemic change. At this point, we simply want to highlight a few fundamentals, with the caveat that each facet described carries with it a myriad of implementation difficulties.

Systemic Changes at the School Level

As noted above, *development* of comprehensive school-wide approaches require shifts in prevailing policy and new models for practice. In addition, for significant systemic change to occur, policy and program commitments must be demonstrated through effective allocation and redeployment of resources. That is, finances, personnel, time, space, equipment, and other essential resources must be made available and used in ways that adequately operationalize policy and promising practices. This includes ensuring sufficient resources to develop an effective structural foundation for system change.

Existing infrastructure mechanisms must be modified in ways that guarantee new policy directions are translated into appropriate daily practices. Well-designed infrastructure mechanisms ensure local ownership, a critical mass of committed stakeholders, processes that overcome barriers to stakeholders effectively working together, and strategies that mobilize and maintain proactive effort so that changes are implemented and there is renewal over time. From this perspective, the importance of creating an atmosphere that encourages mutual support, caring, and a sense of community takes on another dimension.

Institutionalization of comprehensive, multifaceted approaches requires the restructuring of mechanisms associated with at least six basic infrastructure concerns. These encompass processes for daily (1) governance, (2) leadership, (3) planning and implementation of specific organizational and

program objectives, (4) coordination and integration for cohesion, (5) management of communication and information, and (6) capacity building. For example, infrastructure changes must be redesigned to ensure the integration, quality improvement, accountability, and self-renewal related to all three components illustrated in Figure 8-1b.

In redesigning mechanisms to address these matters, new collaborative arrangements must be established, and authority (power) redistributed – again easy to say, extremely hard to accomplish. Reform obviously requires ensuring that those who operate essential mechanisms have adequate resources and support, initially and over time. Moreover, there must be appropriate incentives and safeguards for individuals as they become enmeshed in the complexities of systemic change.

And, let's not forget about linking schools together to maximize use of limited resources. When a “family of schools” in a geographic area collaborates to address barriers, they can share programs and personnel in many cost-effective ways. This includes streamlined processes to coordinate and integrate assistance to a family that has children at several of the schools. For example, the same family may have youngsters in the elementary and middle schools and both students may need special counseling. This might be accomplished by assigning one counselor and/or case manager to work with the family. Also, in connecting with community resources, a group of schools can maximize distribution of limited resources in ways that are efficient, effective, and equitable.

All of the above requires substantive organizational and programmatic transformation. Thus, key stakeholders and their leadership must understand and commit to the changes. And, the commitment must be reflected in policy statements and creation of an organizational structure that ensures effective leadership and resources. The process begins with activity designed to create readiness for the necessary changes by enhancing a climate/culture for change. Steps include:

- (1) building interest and consensus for developing a comprehensive establishing a comprehensive, multifaceted component to address barriers to learning and teaching;
- (2) introducing basic concepts to relevant groups of stakeholders;

- (3) establishing a policy framework that recognizes such a component is a primary and essential facet of the institution's activity;
- (4) appointment of leaders for the component, who are of equivalent status to the leaders for the instructional and management facets, to ensure commitments are carried out.

Overlapping the efforts to create readiness are processes to develop an organizational structure for start-up and phase-in. This involves establishing mechanisms and procedures to guide reforms, such as a steering group and leadership training, formulation of specific start-up and phase-in plans, and so forth.

Although many of the above points about systemic change seem self-evident, their profound implications are widely ignored. Relatively little work has been done to build conceptual models and develop specific interventions for dealing with the processes and problems associated with introducing, sustaining, and scaling-up reforms. As a result, it is not surprising that so many efforts to improve schools fail.

School Infrastructure for an Enabling Component

At schools, obviously the 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 specifically on how resources are used at the school to address barriers to learning. As noted in Chapter 3, 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 and enhance current efforts. Such a mechanism contributes to cost-efficacy of learner 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. Creation of such a mechanism is essential for braiding together existing school and community resources and encouraging services and programs to function in an increasingly cohesive way. When this mechanism is created in the form of a "team," it also is a vehicle for building working relationships and can play a role in solving turf and operational problems.

One of the primary and essential tasks a resource-oriented mechanism undertakes is that of enumerating school and community programs and services that are in place to support students, families, and staff. A comprehensive "gap" assessment is generated as resource mapping is compared with surveys of the unmet needs of and desired outcomes for students, their families, and school staff. Analyses of what is available, effective, and needed provide a sound basis for formulating priorities and developing strategies to link with additional resources at other schools, district sites, and in the community and enhance use of existing resources. Such analyses also can guide efforts to improve cost-effectiveness.

In a similar fashion, a resource-oriented team for a complex 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, such resource-oriented mechanisms are a key facet of efforts to transform and restructure school support programs and services.

A Resource Coordinating Team. We call the school level resource-oriented mechanism a *Resource Coordinating Team*. We initially piloted such teams in the Los Angeles Unified School District and now the concept is being introduced in many schools across the country. 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.

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:

<i>A Case-Oriented Team</i>	<i>A Resource-Oriented Team</i>
Focuses on specific <i>individuals</i> and discrete <i>services</i> to address barriers to learning	Focuses on <i>all</i> students and the <i>resources, programs, and systems</i> to address barriers to learning & promote healthy development
Sometimes called:	Possibly called:
<ul style="list-style-type: none"> C Child Study Team C Student Study Team C Student Success Team C Student Assistance Team C Teacher Assistance Team C IEP Team 	<ul style="list-style-type: none"> C Resource Coordinating Team C Resource Coordinating Council C School Support Team C Learning Support Team
EXAMPLES OF FUNCTIONS:	EXAMPLES OF FUNCTIONS:
<ul style="list-style-type: none"> > <i>triage</i> > <i>referral</i> > <i>case monitoring/management</i> > <i>case progress review</i> > <i>case reassessment</i> 	<ul style="list-style-type: none"> > <i>mapping resources</i> > <i>analyzing resources</i> > <i>enhancing resources</i> > <i>program and system planning/development – including emphasis on establishing a full continuum of intervention</i> > <i>redeploying resources</i> > <i>coordinating and integrating resources</i> > <i>social "marketing"</i>

Two metaphors help differentiate the two types of mechanisms and the importance of both sets of functions. A *case-orientation* fits the *starfish* metaphor.

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 clinical efforts undertaken by staff alone and when they meet together to work on specific cases.

The *resource-oriented* focus is captured by what can be called the *bridge* metaphor.

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 and drowning. Soon every one in the group was diving in and dragging children to the shore, resuscitating them, and then jumping back in to save as many as they could. But, there were too many. For every one they saved, several others floated by and drowned. All of a sudden, in the midst of all this frenzy, one of the group stopped jumping in and was seen walking away. Her colleagues were amazed and irate. How could she leave when there were so many children to save? About an hour later, to everyone's relief, the flow of drowning 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 wooden bridge had several planks missing, and when some children tried to jump over the gap, they couldn't make it and fell through into the river. So I got someone to 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.

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 communication 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 and clientele in evolving the school's vision for learning support and enhancing resources.

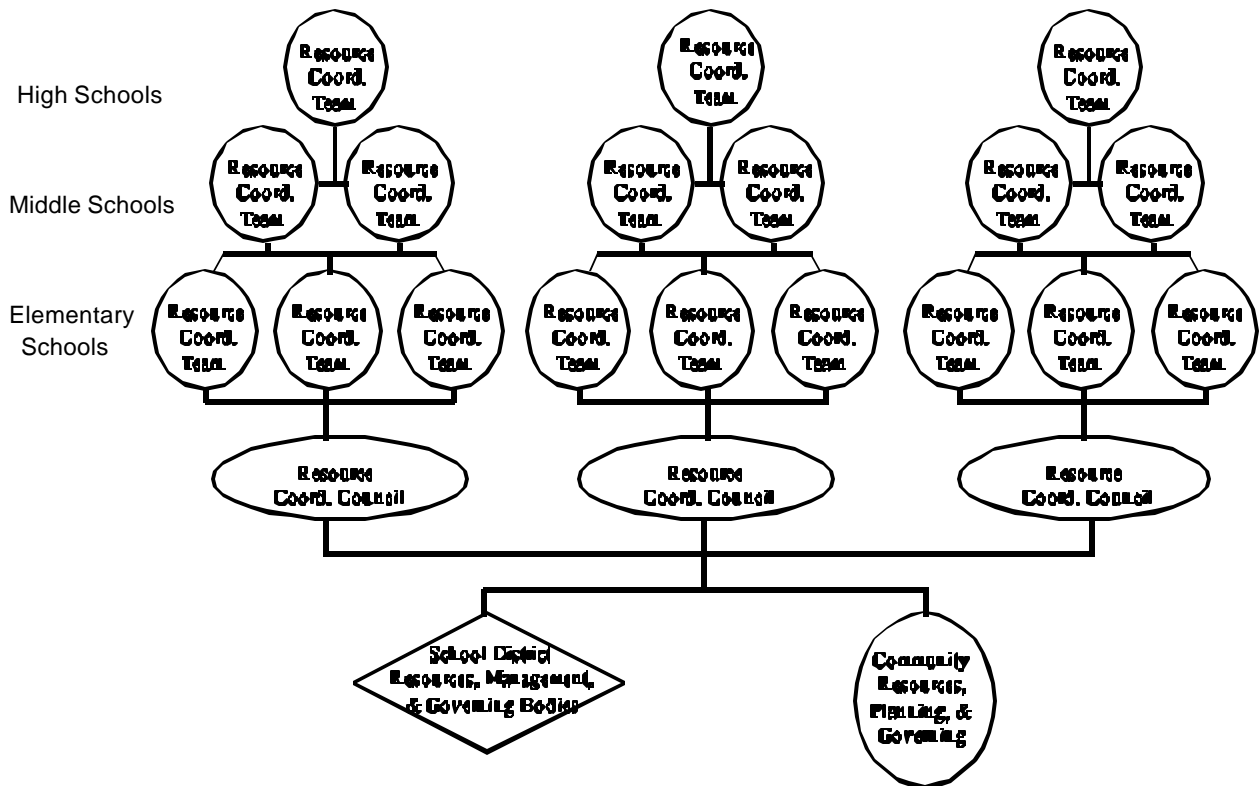
Although a resource-oriented mechanism might be created solely around psychosocial programs, it is meant to focus on resources related to all major learning support programs and services. Thus, it tries to bring together representatives of all these programs and services. This might include, for example, 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.

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 additional tasks. For small schools, a large team often is not feasible, but a two person team can still do the job.

A Resource-Oriented Mechanism for a Family of Schools. Schools in the same geographic or catchment area have a number of shared concerns, and schools in the feeder pattern often interact with students from the same family. 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. 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 make independent arrangements with every school.

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).



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.

Concluding Comments

Given the tremendous pressure on schools to improve academic indicators, it is not surprising that so much attention centers around direct instructional strategies. For too many students, however, teachers are finding the educational mission is thwarted because of multifaceted factors that interfere with youngsters' learning and performance. School-wide approaches to address barriers to learning and teaching are essential for teachers and students to succeed.

Policymakers do understand that they must invest in learning support programs and services, and they do so. But, they give little thought to rethinking this arena of school activity. Indeed, with the increasing focus on test scores and decreasing budgets, the tendency is to layoff student support staff, rather than understanding that such personnel could be used in ways that are essential to the aim of leaving no child behind. In this chapter, we have tried to lay the foundation for understanding new directions for support staff in addressing barriers to enable learning and teaching.

Clearly, establishing new directions for schools requires policy action. This chapter has highlighted the need for policy to guide and facilitate development of a potent enabling component. Such policy should specify that *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.*

The policy should be accompanied with guidelines outlining ways to:

- (1) *phase-in* development of the component
- (2) *expand standards and accountability indicators* for schools to ensure this component is fully integrated with the instructional component and pursued equitably
- (3) *restructure* at every school and district-wide with respect to
 - C 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
 - C reframing the roles and functions of pupil services personnel and other student support staff to ensure development of the component
 - C 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) *weave resources into a cohesive 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

- C *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
- C *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.

With appropriate policy in place, work can advance with respect to *restructuring, transforming, and enhancing* school-owned programs and services and community resources. To these ends, the focus needs to be on *all* school resources, including compensatory and special education, support services, adult education, recreation and enrichment programs, and facility use, and *all* community *resources* – public and private agencies, families, businesses; services, programs, facilities; volunteers, professionals-in-training, and pro-bono professional contributions. The long-range aim is to weave all resources together into the fabric of every school and evolve a comprehensive component that effectively addresses barriers to development, learning, and teaching. Once policy makers recognize the essential nature of such a component, it will be easier to braid resources to address barriers and, in the process, elevate the status of programs to enhance healthy development.

When resources are combined properly, the *end product* can be cohesive and potent *school-community partnerships*. Such partnerships seem essential if we are to strengthen neighborhoods and communities and create caring and supportive environments that maximize learning and well-being. We turn this topic in Chapter 9.

Chapter 9

School, Family, and Community Connections

One of the most important, cross-cutting social policy perspectives to emerge in recent years is an awareness that no single institution can create all the conditions that young people need to flourish

Melaville & Blank, 1998

Why Are Family, School, & Community Connections Important?

Defining Collaboration And Its Purposes

Collaboration: a Growing Movement Across The Country

Understanding Key Facets of Collaboration

Barriers to Collaboration

Building And Maintaining Effective Collaborations

Some Policy Recommendations

Concluding Comments

*Never doubt that a small group of thoughtful,
committed people can change the world. Indeed,
it is the only thing that ever has.*

Margaret Mead

Recent years have seen an escalating expansion in school-community linkages (Center for Mental Health in Schools, 1999; Honig, Kahne, & McLaughlin, 2001; Southwest Regional Educational Laboratory, 2001). Initiatives are sprouting in a rather dramatic and ad hoc manner.

Comprehensive collaboration represents a promising direction for generating essential interventions to address barriers to learning, enhance healthy development, and strengthen families and neighborhoods. For schools, such links are seen as a way to provide more support for schools, students, and families. For agencies, connection with schools is seen as providing better access to families and youth and thus as providing an opportunity to reach and have an impact on hard-to-reach clients. The interest in collaboration is bolstered by concern about widespread fragmentation of school and community interventions. The hope is that integrated resources will have a greater impact on “at risk” factors and on promoting healthy development.

In general, collaborative efforts could improve schools, strengthen neighborhoods, and lead to a marked reduction in young people's problems. Or, such "collaborations" can end up being another reform effort that promised a lot, did little good, and even did some harm. With hope for a promising future, this chapter briefly

- C underscores the “why” of school-family-community collaborations
- C highlights their key facets
- C sketches out the state of the art across the country
- C discusses steps for building and maintaining school-community partnerships.
- C offers some recommendations for local school and community policy makers

Why Are Family, School, & Community Connections Important?

Schools are located in communities, but often are islands with no bridges to the mainland. Families live in neighborhoods, often with little connection to each other or to the schools their youngsters attend. Neighborhood entities such as agencies, youth groups, and businesses have major stakes in the community. All these entities affect each other, for good or bad. Because of this and because they share goals related to education, socialization, and well-being of the young, schools, homes, and communities must collaborate with each other if they are to minimize problems and maximize results.

Dealing with multiple and interrelated problems, such as poverty, child development, education, violence, crime, safety, housing, and employment, requires multiple and interrelated solutions. Interrelated solutions require collaboration. Promoting well-being, resilience, and protective factors and empowering families, communities, and schools also requires the concerted effort of all stakeholders. All stakeholders means all, not just service providers. Policy makers must realize that, as important as health and human services are, such services remain only one facet of a comprehensive, cohesive approach for strengthening families and neighborhoods. The community side of school-community collaboratives must encompass more than representatives of service agencies.

Well designed collaboratives can improve service access and provision, increase support and assistance for learning and for addressing barriers to learning, enhance opportunities for learning and development, and generate new approaches to enhancing family well-being and community self-sufficiency. Thus, appropriate and effective collaboration and teaming should be part of any strategy for developing comprehensive, multifaceted, and integrated approaches to promote well-being and address barriers. *Leaving no child behind is only feasible through well-designed collaborative efforts.*

Increasingly, it is evident that schools and communities should work closely with each other to meet their mutual goals. When schools are an integral and positive part of the community, they are better positioned to enhance academic performance, reduce discipline problems, increase staff morale, and improve use of resources. By working in partnership with schools, families and other community entities can enhance parenting and socialization, address psychosocial problems, and strengthen the fabric of

family and community life. Agencies can make services more accessible to youth and families by linking with schools, and they can connect better with and have an impact on hard-to-reach clients.

The interest in working together is bolstered by concern about widespread fragmentation of school and community interventions. The hope is that by integrating available resources, a significant impact can be made on “at risk” factors. In particular, appropriate and effective collaboration and teaming are seen as key facets of addressing barriers to development, learning, and family self-sufficiency.

While informal school-community linkages are relatively simple to acquire, establishing major long-term connections is complicated. They require vision, cohesive policy, and basic systemic reform. The difficulties are readily seen in attempts to evolve a comprehensive, multifaceted, and integrated continuum of school-community interventions (see Figure 3-1 and Table 3-2). Such a comprehensive continuum involves more than connecting with the community to enhance resources to support instruction, provide mentoring, and improve facilities. It involves more than school-linked, integrated services and activities. It requires weaving school and community resources together in ways that can only be achieved through connections that are formalized and institutionalized, with major responsibilities shared.

School-community partnerships often are referred to as collaborations. Optimally, such partnerships formally blend together resources of at least one school and sometimes a group of schools or an entire school district with resources in a given neighborhood or the larger community. The intent is to sustain such partnerships over time. The range of entities in a community are not limited to agencies and organizations; they encompass people, businesses, community based organizations, postsecondary institutions, religious and civic groups, programs at parks and libraries, and any other facilities that can be used for recreation, learning, enrichment, and support.

School-community partnerships can weave together a critical mass of resources and strategies to enhance caring communities to support all youth and their families and enable success at school and beyond. Strong school-community connections are critical in impoverished communities where schools often are the largest piece of public real estate and also may be the single largest employer.

Comprehensive partnerships represent a promising direction for generating essential interventions to address barriers to learning, enhance healthy development, and strengthen families and neighborhoods. Building such partnerships requires an enlightened vision, creative leadership, and new and multifaceted roles for professionals who work in schools and communities, as well as for all who are willing to assume leadership.

In thinking about school-community partnerships, it is essential not to overemphasize the topics of coordinating community services and co-locating services on school sites. Such thinking downplays the need to also restructure the various education support programs and services that schools own and operate. And, it has led some policy makers to the mistaken impression that community resources can effectively meet the needs of schools in addressing barriers to learning. In turn, this has led some legislators to view the linking of community services to schools as a way to free-up 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.

One trend has been to try to expand resources through providing services that can be reimbursed through third party payments, such as medicaid funds. However, this often results in further limiting the range of interventions offered and who receives them. Moreover, payments from third party sources often do not adequately cover the costs of services rendered.

Defining Collaboration and its Purposes

Some wag defined collaboration as *an unnatural act between nonconsenting adults*.

Establishing a “collaborative” is a snap compared to the task of turning the group into an effective, ongoing mechanism. Collaboration involves more than simply working together. It is more than a process to enhance cooperation and coordination. Thus, professionals who work as a multidisciplinary team to coordinate treatment are not a collaborative; they are a treatment team. Interagency teams

established to enhance coordination and communication across agencies are not collaboratives; they are coordinating teams.

Effective collaboration requires vision, cohesive policy, potent leadership, infrastructure, and capacity building. One hallmark of authentic collaboration is a *formal agreement* among participants to establish mechanisms and processes to accomplish *mutually desired results* – usually outcomes that would be difficult to achieve by any of the participants alone. Thus, while participants may have a primary affiliation elsewhere, they commit to working together under specified conditions to pursue a shared vision and common set of goals. A collaborative structure requires shared governance (power, authority, decision making, accountability) and weaving together of a set of resources for use in pursuit of the shared vision and goals. It also requires building well-defined working relationships to connect and mobilize resources, such as financial and social capital, and to use these resources in planful and mutually beneficial ways.

Growing appreciation of social capital has resulted in collaboratives expanding to include a wide range of stakeholders (people, groups, formal and informal organizations). The political realities of local control have further expanded collaborative bodies to encompass local policy makers, representatives of families, nonprofessionals, and volunteers.

Families have always provided a direct connection between school and community. In addition, the militancy of advocates for students with special needs has led to increased parent and youth participation on teams making decisions about interventions. Many who at best were silent partners in the past now are finding their way to the collaborative table and becoming key players.

Any effort to connect home, community, and school resources must embrace a wide spectrum of stakeholders. In this context, collaboration becomes both a desired process and an outcome. That is, the intent is to work together to establish strong working relationships that are enduring. However, family, community, and school collaboration is not an end in itself. It is a turning point meant to enable participants to pursue increasingly potent strategies for strengthening families, schools, and communities.

As defined above, true collaboratives are attempting to weave the responsibilities and resources of

participating stakeholders together to create a new form of unified entity. For our purposes here, any group designed to connect a school, families, and other entities from the surrounding neighborhood is referred to as a "school-community" collaborative. Such groups can encompass a wide range of stakeholders. For example, collaboratives may include agencies and organizations focused on providing programs for education, literacy, youth development, the arts, health and human services, juvenile justice, vocational education, and economic development. They also may include various sources of social and financial capital, including youth, families, religious groups, community based organizations, civic groups, and businesses.

Operationally, a collaborative is defined by its *functions*. That is, it's all about the functions that are to be accomplished, not about establishing and maintaining a "collaborative" body. Family, community, and school connections may be made to pursue a variety of functions. These include enhancing how existing resources are used, generating new resources, improving communication, coordination, planning, networking and mutual support, building a sense of community, and much more. Such functions encompass a host of specific tasks – mapping and analyzing resources; exploring ways to share facilities, equipment, and other resources; expanding opportunities for community service, internships, jobs, recreation, and enrichment; developing pools of nonprofessional volunteers and professional pro bono assistance; making recommendations about priorities for use of resources; raising funds and pursuing grants; and advocating for appropriate decision making.

In organizing a collaborative, it is essential to remember the principle: *Form (structure) follows function*. A collaborative must develop a differentiated infrastructure that enables accomplishment of its functions and related tasks. Minimally, such an infrastructure requires mechanisms to steer and do work on a regular basis. Furthermore, since the functions being pursued almost always overlap with work being carried out by others, a collaborative needs to establish connections with other bodies.

Collaboration: a Growing Movement Across the Country

Much of the emerging theory and practice of family and community connections with schools encourages a rethinking of our understanding of how children develop and how the various people and contexts fit together to support that development.

Southwest Educational Development Laboratory (2001)

Across the country, various levels and forms of family, community, and school collaboration are being tested, including state-wide initiatives. Some cataloguing has begun, but there is no complete picture of the scope of activity. It is clear that the trend among major demonstration projects is to incorporate health, mental health, and social services into *centers* (including health centers, family centers, parent centers). These centers are established at or near a school and use terms such as school-linked or school-based services, coordinated services, wrap-around services, one-stop shopping, full service schools, systems of care, and community schools.¹

When developed as part of funded projects, the aims generally are to improve coordination and eventually integrate many programs and enhance their linkages to school sites. Scope varies. Most of these projects want to improve access to health services (including immunization, substance abuse, asthma, and pregnancy prevention programs) and access to social service programs (including foster care, family preservation, and child care). However, any of them also may focus on (a) expanding after school academic, recreation, and enrichment, including tutoring, youth sports and clubs, art, music, museum programs, (b) building systems of care, including case management and specialized assistance, (c) reducing delinquency, including truancy prevention, conflict mediation, and violence reduction, (d) enhancing transitions to work, career, and post-secondary education, including mentoring, internships, career academies, and job placement programs, and (e) strengthening schools and community connections through adopt-a-school programs, use of volunteers and peer supports, and neighborhood

¹In practice, the terms *school-linked* and *school-based* encompass two separate dimensions: (a) where programs/services are *located* and (b) who *owns* them. Taken literally, school-based should indicate activity carried out on a campus, and school-linked should refer to off-campus activity with formal connections to a school site. In either case, services may be owned by schools or a community based organization or in some cases may be co-owned. As commonly used, the term school-linked refers to community owned on- and off-campus services and is strongly associated with the notion of coordinated services.

coalitions.

Such "experiments" have been prompted by diverse initiatives:

- C some are driven by school reform
- C some are connected to efforts to reform community health and social service agencies
- C some stem from the community school and youth development movements
- C a few arise from community development initiatives.

Currently, only a few initiatives are driven by school reform. Most stem from efforts to reform community health and social services with the aim of reducing redundancy and increasing access and effectiveness. These tend to focus narrowly on "services." Some initiatives, however, are connecting schools and communities to enhance school-to-career opportunities, develop pools of volunteers and mentors, and expand after school recreation and enrichment programs.

The community school and youth development movements have spawned initiatives that clearly expand intervention efforts beyond a narrow service emphasis. They encourage a view of schools not only as community centers where families can access services, but as hubs for community-wide learning and activity. In doing so, they encompass concepts and practices aimed at promoting protective factors, asset-building, wellness, and empowerment. Included are efforts to establish full-fledged community schools, programs for community and social capital mobilization, and initiatives to establish community policies and structures that enhance youth support, safety, recreation, work, service, and enrichment. This focus on community embraces a wide range of partners, including families and community-based and linked organizations such as public and private health and human service agencies, schools, businesses, youth and faith organizations, and so forth. In some cases, institutions for postsecondary learning also are involved, but the nature and scope of their participation varies greatly, as does the motivation for the involvement. Increased federal funding for after school programs at school sites is enhancing the movement by expanding opportunities for recreation, enrichment, academic supports, and child care. Adult education and training at neighborhood schools also are changing the old view that schools close when the youngsters leave. The concept of a "second shift" at a school site to respond to community needs is beginning to spread.

School-community linkages are meant to benefit a wide range of youngsters and their families. Collaborations for special education students with emotional disturbance represent one well-documented form of linkage. This population is served by classrooms, counseling, day care, and residential and hospital programs. The need for all involved to work together in providing services and facilitating the transitions to and from services is widely acknowledged. To address the needs for monitoring and maintaining care, considerable investment has been made in establishing what are called *wrap around services* and *systems of care*. Initial evaluations of systems of care underscore both the difficulty of studying collaboratives, and the policy issues that arise regarding appropriate outcomes and cost-effectiveness.

While data are sparse, a reasonable inference from available research is that high-quality family-school-community collaboration can be successful and cost effective over the long-run. Collaboratives not only have potential for improving access to and coordination of interventions, they encourage schools to open their doors and enhance opportunities for community and family involvement.

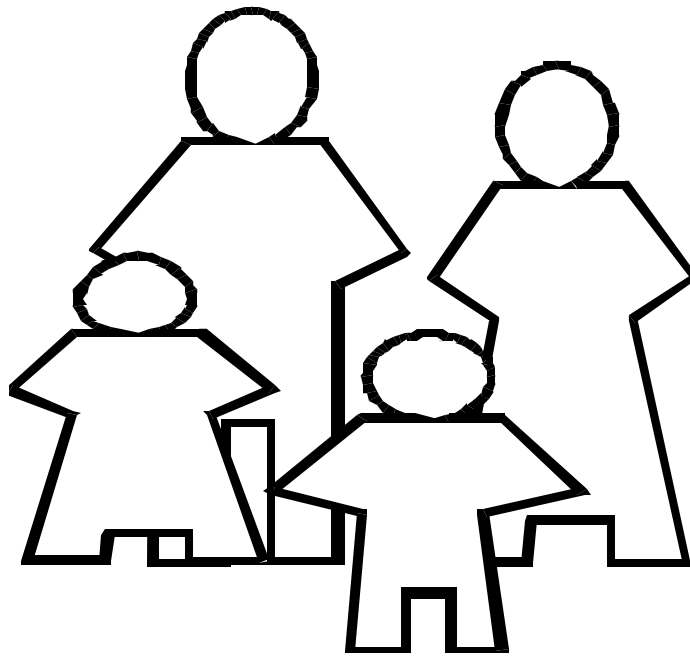
Family and Citizen Involvement

For various reasons, many collaboratives around the country consist mainly of professionals. Family and other citizen involvement may be limited to a few representatives of powerful organizations or to “token” participants who are needed and expected to “sign-off” on decisions.

Genuine involvement of a wide-range of representative families and citizens requires a deep commitment of collaborative organizers to recruiting and building the capacity of such stakeholders so that they can competently participate as enfranchised and informed decision makers.

Collaboratives that proactively work to ensure a broad range of stakeholders are participating effectively can establish an essential democratic base for their work and help ensure there is a critical mass of committed participants to buffer against inevitable mobility. Such an approach not only enhances family and community involvement, it may be an essential facet of sustaining collaborative efforts over the long-run.

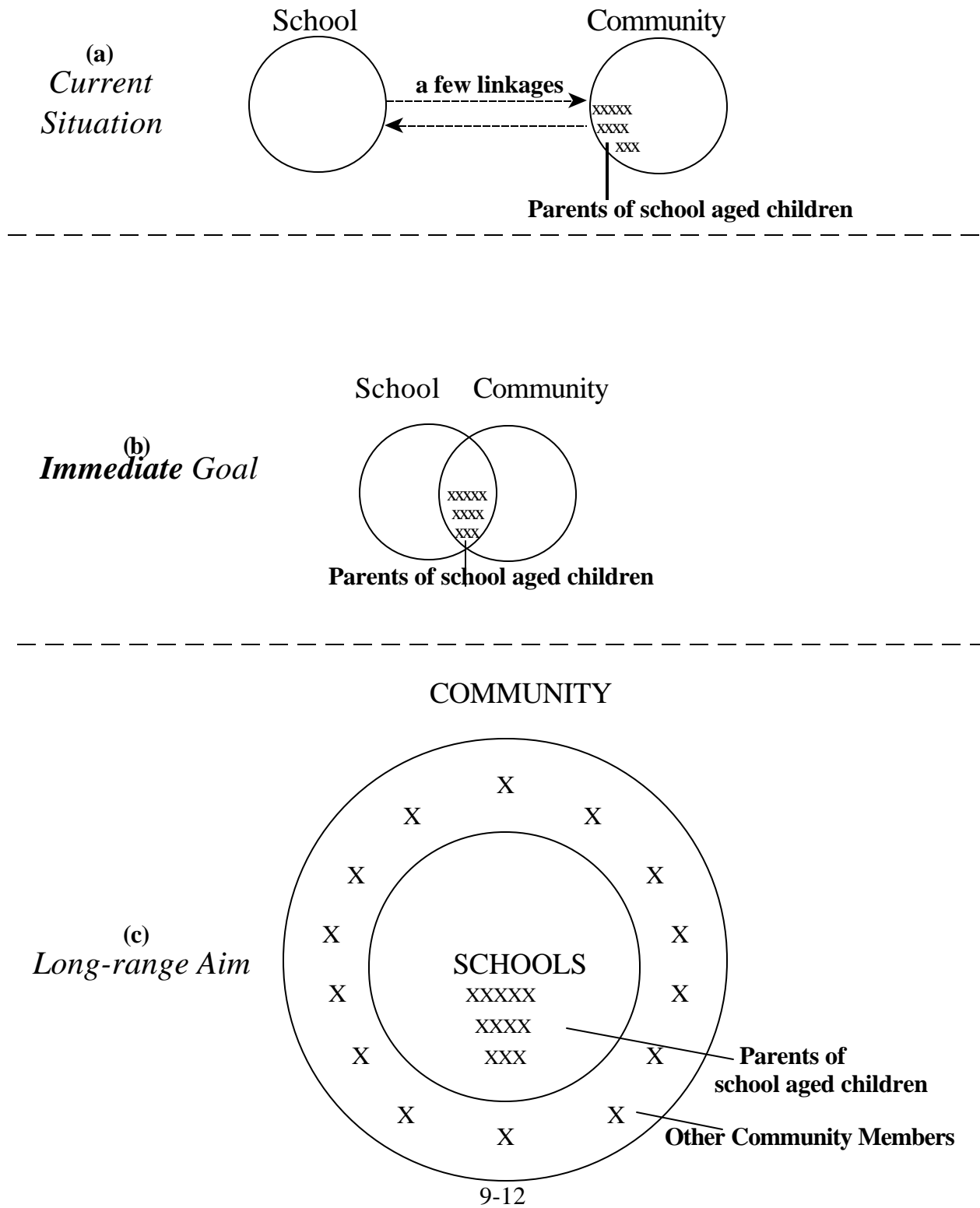
Currently, as illustrated in Figure 9-1a, schools and community entities usually function as separate agents, with a few discrete linkages designed to address highly circumscribed matters. Often the linkages are encouraged by and/or directed at parents of school aged children. The immediate goal of many school-family-community collaboratives is to bring the entities together to work in more cooperative ways and where feasible to integrate resources and activities when they are dealing with overlapping concerns (see Figure 9-1b). Ultimately, some argue that it is all about community and that families should be understood and nurtured as the heart of any community and that schools should be completely embedded and not seen as a separate agent (see Figure 9-1c).



Understanding Key Facets of Collaboration

As should be evident by now, collaboratives differ in terms of purposes adopted and functions pursued. They also differ in terms of a range of other dimensions. For example, they may vary in their degree of formality, time commitment, breadth of the connections, as well as the amount of systemic change required to carry out their functions and achieve their purposes.

Figure 9-1. School-community relationships: Current situation and goals for the future



Key dimensions. Because family, community, and school collaboration can differ in so many ways, it is helpful to think in terms of categories of key factors relevant to such arrangements (see Exhibit 9-1).

Exhibit 9-1

Some Key Dimensions Relevant to Family-Community-School Collaborative Arrangements

I. Initiation

- A. School-led
- B. Community-driven

II. Nature of Collaboration

- A. Formal
 - Cmemorandum of understanding
 - Ccontract
 - Corganizational/operational mechanisms
- B. Informal
 - Cverbal agreements
 - Cad hoc arrangements

III. Focus

- A. Improvement of program and service provision
 - Cfor enhancing case management
 - Cfor enhancing use of resources
- B. Major systemic reform
 - Cto enhance coordination
 - Cfor organizational restructuring
 - Cfor transforming system structure/function

IV. Scope of Collaboration

- A. Number of programs and services involved (from just a few -- up to a comprehensive, multifaceted continuum)
- B. Horizontal collaboration
 - Cwithin a school/agency
 - Camong schools/agencies
- C. Vertical collaboration
 - Cwithin a catchment area (e.g., school and community agency, family of schools, two or more agencies)
 - Camong different levels of jurisdictions (e.g., community/city/county/state/federal)

V. Scope of Potential Impact

- A. Narrow-band -- a small proportion of youth and families can access what they need
- B. Broad-band -- all in need can access what they need

VI. Ownership & Governance of Programs and Services

- A. Owned & governed by school
- B. Owned & governed by community
- C. Shared ownership & governance
- D. Public-private venture -- shared ownership & governance

VII. Location of Programs and Services

- A. Community-based, school-linked
- B. School-based

VIII. Degree of Cohesiveness among Multiple Interventions Serving the Same Student/Family

- A. Unconnected
- B. Communicating
- C. Cooperating
- D. Coordinated
- E. Integrated

IX. Level of Systemic Intervention Focus

- A. Systems for promoting healthy development
- B. Systems for prevention of problems
- C. Systems for early-after-onset of problems
- D. Systems of care for treatment of severe, pervasive, and/or chronic problems
- E. Full continuum including all levels

X. Arenas for Collaborative Activity

- A. Health (physical and mental)
- B. Education
- C. Social services
- D. Work/career
- E. Enrichment/recreation
- F. Juvenile justice
- G. Neighborhood/community improvement

Range of resources. Table 9-1 highlights the wealth of community resources that should be considered in establishing family, community, and school connections.

Table 9-1

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

An example of efforts to establish collaboratives across an entire state. In 1989, the governor of Maryland issued an Executive Order creating the Subcabinet for Children, Youth and Families. In 1990, a Statute was enacted requiring each local jurisdiction to establish a Local Governing Entity now known as Local Management Boards. (§11, Article 49D, Annotated Code of Maryland). By 1997, Local Management Boards (LMBs) were operating in all 24 jurisdictions.

Local Management Boards are the core entity established in each jurisdiction to stimulate joint action by State and local government, public and private providers, business and industry, and community residents to build an effective system of services, supports and opportunities that improve outcomes for children, youth and families. An example of this process for connecting families, communities, and schools is the partnership established in Anne Arundel County created by county government in December 1993.

As described by the Anne Arundel Local Management Board (LMB), they are a collaborative board responsible for interagency planning, goal-setting, resource allocation, developing, implementing, and monitoring interagency services to children and their families. Their mission is to enhance the well-being of all children and their families in the County. All their work focuses on impacting the result of "children safe in their families and communities" with goals and priorities established by the Board Members through a Community Needs process completed in October 1997. The consortium consists of representatives of public and private agencies who serve children and families and private citizens. Membership includes County Public Schools, Department of Social Services, Department of Juvenile Justice, Department of Health/Mental Health, County Mental Health Agency, Inc., County Recreation and Parks, County Government, and private citizens (e.g., private providers, advocacy groups, parents, and other consumers). Private citizens can comprise up to 49% of the membership. Board Members are appointed by the County Executive for a term of four years.

In pursuing their mission, the LMB (a) fosters collaboration among all public and private partners; (b) plans a wide array of services; (c) coordinates and pools resources; (d) monitors and evaluates the effectiveness of programs; and (e) provides a forum for communication and advocacy. For instance, the

LMB develops community plans for providing comprehensive interagency services with guidelines established by the Subcabinet for Children, Youth, and Families. Examples of program initiatives include:

- >Positive Parenting Programs
 - >Mom and Tots Support Groups
 - >Safe Haven Runaway Shelter
 - >Youth and Family Services
 - >Mobile Crisis Team
 - >Success by 6
 - >After-School Middle School Programs for At-Risk Youth
 - >Kinship Care Support Groups
 - >Police "Teen Opportunity Programs"
 - >Juvenile Intervention Programs
 - >Disruptive Youth Program
 - >Second Step Curriculum
 - >School-Community Centers Program
- (For more info: <http://www.aacounty.org/lmb/default.htm>)

Barriers to Collaboration

Collaboration is a developing process. It must be continuously nurtured, facilitated, and supported, and special attention must be given to overcoming institutional and personal barriers.

Years ago, former Surgeon General Jocelyn Elders noted: "We all say we want to collaborate, but what we really mean is that we want to continue doing things as we have always done them while others change to fit what we are doing." More recently, some observers have cautioned that some collaborations amount to little more than groups of people sitting around engaging in "collabo-babble."

Barriers to collaboration arise from a variety of institutional and personal factors. A fundamental institutional barrier to family-community-school collaboration is the degree to which efforts to establish such connections are *marginalized* in policy and practice. The extent to which this is the case can be seen in how few resources most schools deploy to build effective collaboratives.

And, even when a collaboration is initiated, the matters addressed usually are marginalized. For example, many groups spend a great deal of effort on strategies for increasing client access to programs and services and reducing the fragmentation associated with piecemeal, categorically funded programs. However, problems of access and fragmentation stem from marginalization, and this barrier remains a major deterrent to successful collaboration.

Institutional barriers are seen when existing policy, accountability, leadership, budget, space, time schedules, and capacity building agendas do not address the effective and efficient use of collaborative

arrangements to accomplish desired results. This may simply be a matter of benign neglect. More often, it reflects a lack of understanding, commitment, and/or capability related to establishing and maintaining a potent infrastructure for working together and for sharing resources. Occasionally, forces are at work that are meant to actively undermine collaboration.

Examples of institutional barriers include:

- C policies that mandate collaboration but do not enable the process by reconciling divergent accountability pressures interfering with optimal use of resources
- C policies for collaboration that do not provide adequate resources and time for leadership and stakeholder training and for overcoming barriers to collaboration,
- C leadership that does not establish an effective infrastructure, especially mechanism for steering and accomplishing work/tasks on a regular, ongoing basis
- C differences in the conditions and incentives associated with participation, such as the fact that meetings usually are set during the work day which means community agency and school personnel are paid participants, while family members are expected to volunteer their time.

At the personal level, barriers mostly stem from practical deterrents, negative attitudes, and deficiencies of knowledge and skill. These vary for different stakeholders but often include problems related to work schedules, transportation, childcare, communication skills, understanding of differences in organizational culture, accommodations for language and cultural differences, and so forth.

Other barriers arise because of inadequate attention to factors associated with systemic change. How well an innovation such as a collaborative is implemented depends to a significant degree on the personnel doing the implementing and the motivation and capabilities of participants. Sufficient resources and time must be redeployed so they can learn and carry out new functions effectively. And, when newcomers join, well-designed procedures must be in place to bring them up to speed.

When schools and community agencies are at the same table, it is a given that problems will arise

related to the differences in organizational mission, functions, cultures, bureaucracies, and accountabilities. Considerable effort will be required to teach each other about these matters. When families are at the table, power differentials are common, especially when low-income families are involved and are confronted with credentialed and titled professionals. And, if the collaborative is not well-conceived and carefully developed, this generates additional barriers.

In too many instances, so-called school-community partnerships have amounted to little more than collocation of community agency staff on school campuses. Services continue to function in relative isolation from each other, focusing on discrete problems and specialized services for individuals and small groups. Too little thought is given to the importance of meshing, as contrasted with simply linking, community services and programs with existing school owned and operated activity. The result is that a small number of youngsters are provided services that they may not otherwise have received, but little connection is made with families and school staff and programs. Because of this, a new form of fragmentation is emerging as community and school professionals engage in a form of parallel play at school sites. Moreover, when "outside" professionals are brought into schools, district personnel may view the move as discounting their skills and threatening their jobs. On the other side, the "outsiders" often feel unappreciated. Conflicts arise over "turf," use of space, confidentiality, and liability. School professionals tend not to understand the culture of community agencies; agency staff are rather naive about the culture of schools.

Working collaboratively requires overcoming barriers. Participants must be sensitive to a variety of human and institutional differences and learn strategies for dealing with them. These include differences in sociocultural and economic background and current lifestyle, primary language spoken, skin color, sex, motivation, and capability. In addition, there are differences related to power, status, orientation, and organizational culture.

Differences can be complementary and helpful – as when staff from different disciplines work with

and learn from each other. Differences become a barrier in collaboratives when negative attitudes and inappropriate competition are allowed to prevail. Interpersonally, the result generally is conflict and poor communication. For example, many individuals who have been treated unfairly, been discriminated against, been deprived of opportunity and status at school, on the job, and in society use whatever means they can to seek redress and sometimes to strike back. Such an individual may promote conflict in hopes of correcting power imbalances or at least to call attention to injustice and inequality. However, because power differentials are so institutionalized, it is common for individual action to have little impact. This engenders growing frustration and a tendency to fight with anyone who seems to represent institutionalized power. Such fighting usually begins with words, such as "you don't understand" or worse "you probably don't want to understand." Underlying all this may be the message "you are my enemy."

It is unfortunate when barriers arise between those we are trying to help; it is a travesty when such barriers interfere with helpers working together effectively. The problem for a collaborative is how to keep such conflict from becoming counterproductive. Too much conflict among collaborative members interferes with accomplishing goals and contributes in a major way to burn out.

Overcoming barriers is easier to do when all stakeholders are committed to learning to do so. It means moving beyond naming problems to careful analysis of why the problem has arisen and then moving on to creative problem solving (see Exhibit 9-2). Without dedicated commitment to creative problem-solving by participants, collaboratives tend to bog down and fade away.

Exhibit 9-2

Overcoming Barriers Related to Differences

Although workshops and presentations may be offered in an effort to increase specific cultural awareness, what can be learned in this way is limited, especially when one is in a community of many cultures. There also is a danger in prejudgments based on apparent cultural awareness. It is desirable to have the needed language skills and cultural awareness; it is also essential not to rush to judgement.

There are no easy solutions to overcoming deeply embedded negative attitudes. Certainly, a first step is to understand that the problem is not differences per se, but negative perceptions stemming from the politics and psychology of the situation. Such perceptions lead to (a) prejudgments that a person is bad because of an observed difference and (b) the view that there is little to be gained from working with that person.

In general, the task of overcoming negative attitudes interfering with a particular working relationship involves finding ways to counter negative prejudgments (e.g., to establish the credibility of those who have been prejudged) and demonstrate there is something of value to be gained from working together. participants.

In facilitating effective working relationships, collaborative leaders should

- C encourage all participants to defer negative judgments about those with whom they will be working
- C enhance expectations that working together will be productive, with particular emphasis on establishing the value-added by each participant in pursuing mutually desired outcomes
- C ensure there is appropriate time for making connections
- C establish an infrastructure that provides support and guidance for effective task accomplishment
- C provide active, task-oriented meeting facilitation that minimizes ego-oriented behavior
- C ensure regular celebration of positive outcomes resulting from working together

On a personal level, it is worth teaching participants that building relationships and effective communication involve the willingness and ability to

- C convey empathy and warmth – as a way of communicating understanding and appreciation of what others are thinking and feeling and transmitting a sense of liking
- C convey genuine regard and respect – as a way of transmitting real interest and enabling others to maintain a feeling of integrity and personal control
- C talk with, not at, others – as a way of conveying that one is a good listener who avoids prejudgment, doesn't pry, and shares experiences only when appropriate and needed

Building And Maintaining School-Community Partnerships

It is commonly said that collaboratives are about building relationships. It is important to understand that the aim is to build potent, synergistic, *working* relationships, not simply to establish positive personal connections. Collaboratives built mainly on personal connections are vulnerable to the mobility that characterizes many such groups. The point is to establish stable and sustainable working relationships and to involve all who are willing to contribute their talents. This requires clear roles, responsibilities, and an institutionalized infrastructure, including well-designed mechanisms for performing tasks, solving problems, and mediating conflict. Remember: *It's not about a collaborative . . . it's about collaborating to be effective.*

An optimal approach to building school-community partnerships involves formally weaving together resources of at least one school and sometimes a group of schools or an entire school district with local family and community resources. The intent is to sustain connections over time. As indicated in Table 9-1, the range of entities in a community are not limited to agencies and organization; they encompass people, businesses, community based organizations, postsecondary institutions, religious and civic groups, programs at parks and libraries, and any other facilities that can be used for recreation, learning, enrichment, and support.

From a policy perspective, efforts must be made to guide and support the building of collaborative bridges connecting school, family, and community. For schools not to marginalize such efforts, the initiative must be fully integrated with school improvement plans. There must be policy and authentic agreements. Although formulation of policy and related agreements take considerable time and other resources, their importance cannot be overemphasized. Failure to establish and successfully maintain effective collaboratives probably is attributable in great measure to proceeding without the type of clear, high level, and long-term policy support that ends the marginalization of initiatives to connect families-communities-schools.

Given that all major parties are committed to building an effective collaboration, the key to doing so is an appreciation that the process involves significant systemic changes. Such an appreciation encompasses both a vision for change and an understanding of how to effect and institutionalize the

type of systemic changes needed to build an effective collaborative infrastructure. The process requires changes related to governance, leadership, planning and implementation, and accountability. For example:

- C Existing governance must be modified over time. The aim is shared decision making involving school and community agency staff, families, students, and other community representatives. This involves equalizing power and sharing leadership so that decision making appropriately reflects and accounts for all stakeholder groups.
- C High level leadership assignments must be designated to facilitate essential systemic changes and build and maintain family-community-school connections.
- C Mechanisms must be established and institutionalized for analyzing, planning, coordinating, integrating, monitoring, evaluating, and strengthening collaborative efforts. All participants must share in the workload – pursuing clear functions.

Evidence of appropriate policy support is seen in the adequacy of funding for *capacity building* to (a) accomplish desired system changes and (b) ensure the collaborative operates effectively over time. Accomplishing systemic changes requires establishment of temporary facilitative mechanisms and providing incentives, supports, and training to enhance commitment to and capacity for essential changes. Ensuring effective collaboration requires institutionalized mechanisms, long-term capacity building, and ongoing support.

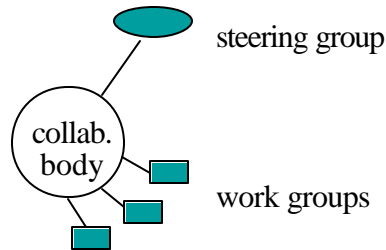
About building from localities outward. In developing an effective collaborative, an infrastructure of organizational and operational mechanisms at all relevant levels are required for oversight, leadership, capacity building, and ongoing support (e.g., see Figure 9-2). Such mechanisms are used to (a) make decisions about priorities and resource allocation, (b) maximize systematic planning, implementation, maintenance, and evaluation, (c) enhance and redeploy existing resources and pursue new ones, and (d) nurture the collaborative. At each level, such tasks require pursuing a proactive agenda.

An effective family-community-school collaboration must coalesce at the local level. Thus, a school and its surrounding community are a reasonable focal point around which to build an infrastructure.

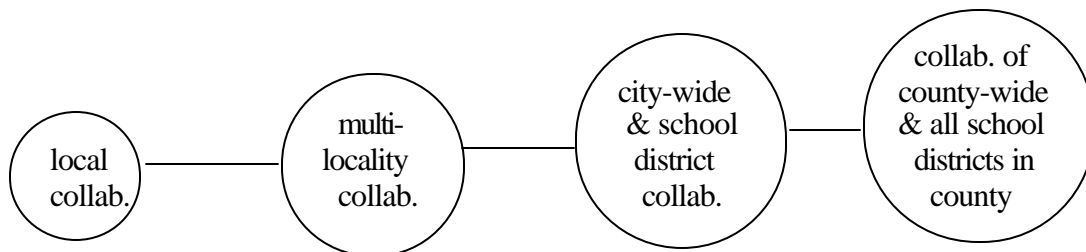
Figure 9-2. About collaborative infrastructure

Basic Collaborative Infrastructure*

Who should be at the table?
 >families¹
 >schools²
 >communities³



Connecting Collaboratives at All Levels*



*Collaborations can be organized by any group of stakeholders. Connecting the resources of families and the community through collaboration with schools is essential for developing comprehensive, multifaceted programs and services. At the multi-locality level, efficiencies and economies of scale are achieved by connecting a complex (or “family”) of schools, such as a high school and its feeder schools. In a small community, such a complex often is the school district. Conceptually, it is best to think in terms of building from the local outward, but in practice, the process of establishing the initial collaboration may begin at any level.

¹*Families.* It is important to ensure that all who live in an area are represented – including, but not limited to, representatives of organized family advocacy groups. The aim is to mobilize all the human and social capital represented by family members and other home caretakers of the young.

²*Schools.* This encompasses all institutionalized entities that are responsible for formal education (e.g., pre-K, elementary, secondary, higher education). The aim is to draw on the resources of these institutions.

³*Communities.* This encompasses all the other resources (public and private money, facilities, human and social capital) that can be brought to the table at each level, such as health and social service agencies, businesses and unions, recreation, cultural, and youth development groups, libraries, juvenile justice and law enforcement, faith-based community institutions, service clubs, media. As the collaborative develops, additional steps must be taken to outreach to disenfranchised groups.

Moreover, primary emphasis on this level meshes nicely with restructuring views that stress increased school-based and neighborhood control.

To maintain the focus on evolving a comprehensive continuum of programs/services that plays out in an effective manner in *every locality*, it is a good idea to conceive the process from the local level outward. That is, first the focus is on mechanisms at the school-neighborhood level. Then, based on analyses of what is needed to facilitate and enhance efforts at a locality, mechanisms are conceived that enable several school-neighborhood collaboratives to work together for increased efficiency, effectiveness, and economies of scale. Then, system-wide mechanisms can be (re)designed to provide support for what each locality is trying to develop.

About building capacity. An infrastructure of organizational and operational mechanisms at all levels are required for oversight, leadership, resource development, and ongoing support. With each of these functions in mind, specific mechanisms and their interrelationship with each other and with other planning groups are explored. Key mechanisms include change agents, administrative and staff leads, resource-oriented teams and councils, board of education subcommittees, and so forth. The proposed infrastructure provides ways to (a) arrive at decisions about resource allocation, (b) maximize systematic and integrated planning, implementation, maintenance, and evaluation of enabling activity, (c) outreach to create formal working relationships with community resources to bring some to a school and establish special linkages with others, and (d) upgrade and modernize the component to reflect the best intervention thinking and use of technology. At each level, these tasks require that staff adopt some new roles and functions and that parents, students, and other community representatives enhance their involvement. The task also call for redeploying existing resources, as well as finding new ones.

Establishing effective school-community partnerships involves major systemic restructuring. Moving beyond initial demonstrations requires policies and processes that ensure what often is called diffusion, replication, roll out, or scale-up. Too often, proposed systemic changes are not accompanied with the resources necessary to accomplish essential changes throughout a county or even a school-district. Common deficiencies include inadequate strategies for creating motivational readiness among a critical mass of stakeholders, 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. The process of scale-up requires its own framework of steps, the essence of which involves establishing mechanisms to address key phases, tasks, and processes for systemic change (see discussion in the Coda following Chapter 10).

A few lessons learned. The following are lessons we learned the hard way and should be kept in mind by those who establish collaboratives. First, an obvious point. A collaborative needs financial support. The core operational budget can be direct funding and in-kind contributions from the resources of stakeholder groups. A good example is the provision of space for the collaborative. A school or community entity or both should be asked to contribute the necessary space. As specific functions and initiatives are undertaken that reflect overlapping arenas of concern for schools and community agencies such as safe schools and neighborhoods, some portion of their respective funding streams can be braided together. Over time, there will be opportunities to supplement the budget with extra-mural grants. A caution here is to avoid pernicious funding. That is, it is important not to pursue funding for projects that will distract the collaborative from vigorously pursuing its vision in a cohesive (nonfragmented) manner.

Second, there is the problem of how agreements are made. In marketing new ideas, it is tempting to accentuate their promising attributes and minimize complications. For instance, in negotiating agreements for school connections, 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 their motivation mainly is to obtain extra resources; sometimes they are motivated by a desire to be seen by constituents as doing *something* to improve the school. In both instances, the result may be premature implementation that produces the form rather than the substance of change.

Third, without careful planning, implementation, and capacity building, collaborative efforts rarely live up to the initial hope. For example, formal arrangements for working together often take the form of committees and meetings. To be effective, such sessions require thoughtful and skillful facilitation. Even when they begin with great enthusiasm, poorly facilitated working sessions quickly degenerate into

another meeting, more talk but little action, another burden, and a waste of time. This is particularly likely to happen when the primary emphasis is on the unfocused mandate to “collaborate,” rather than on moving an important vision and mission forward through effective working relationships.

Finally, most of us know how hard it is to work effectively with a group. Stakeholders can point to the many committees and teams that drained their time and energy to little avail. Obviously true collaboration involves more than meeting and talking. The point is to work in ways that produce the type of actions that result in effective programs. For this to happen, steps must be taken to ensure that committees, councils, and teams are formed in ways that maximize their effectiveness. This includes providing them with the training, time, support, and authority to carry out their role and functions. It is when such matters are ignored that groups find themselves meeting but going nowhere.

Some Policy Recommendations

School-community partnerships must focus on using all resources in the most cost-effective manner to evolve the type of comprehensive, integrated approaches essential for addressing the complex needs of all youngsters, families, schools, and neighborhoods. This includes braiding together many public and private resources. To these ends, a cohesive, high priority policy commitment at all levels is required. This encompasses revisiting current policies to reduce redundancy and redeploy school and community resources that are used ineffectively. Such policy must be operationalized in ways that (a) support the strategic development of comprehensive approaches by weaving together school and community resources, (b) sustain partnerships, and (c) generate renewal. In communities, the need is for better ways of connecting agency and other resources to each other and to schools. In schools, there is a need for restructuring to combine parallel efforts supported by general funds, compensatory and special education entitlement, safe and drug free school grants, and specially funded projects. This includes enhancing efficiency and effectiveness by connecting families of schools.

With all this in mind, policy guidelines must

- C move existing *governance* toward shared decision making, with appropriate degrees of local control and private sector involvement; a key facet of this is guaranteeing roles and providing incentives, supports, and training for effective involvement of line staff, families,

students, and other community members

- C create *change teams and change agents* to carry out the daily activities of systemic change related to building essential support and redesigning processes to initiate, establish, and maintain changes over time
- C delineate high level *leadership assignments* and underwrite essential *leadership/management training* regarding vision for change, how to effect such changes, how to institutionalize the changes, and generate ongoing renewal
- C establish institutionalized *mechanisms to manage and enhance resources* for family-school-community connections and related systems (focusing on analyzing, planning, coordinating, integrating, monitoring, evaluating, and strengthening ongoing efforts)
- C provide adequate funds for *capacity building* for accomplishing desired system changes and enhancing intervention quality over time; a key facet of this is a major investment in staff recruitment and development using well-designed, and technologically sophisticated strategies for dealing with the problems of frequent turnover and diffusing information updates; another facet is an investment in technical assistance at all levels and for all aspects and stages of the work
- C endorse a sophisticated approach to *accountability* that initially emphasizes data that can help develop effective approaches for collaboration in providing interventions and a results-oriented focus on short-term benchmarks and that evolves into evaluation of long-range indicators of impact. (In this area, it is also important to encourage development of technologically sophisticated and integrated management information systems.)

Such an enhanced policy focus would allow stakeholders to build the continuum of interventions needed to strengthen youngsters, families, schools, and neighborhoods in ways that significantly address the safety, health, learning, and general well being of all.

Concluding Comments

Interest in connecting families, schools, and communities is growing at an exponential rate. Collaboratives often are established because of the desire to address a local problem or in the wake of a crisis. In the long-run, however, family-community-school collaboratives must be driven by a comprehensive vision about strengthening youngsters, families, schools, and neighborhoods. This encompasses a focus on safe schools and neighborhoods, positive development and learning, personal, family, and economic well-being, and more.

Collaboratives can weave together a critical mass of resources and strategies to enhance caring communities that support all youth and their families and enable success at school and beyond. Strong family-school-community connections are critical in impoverished communities where schools often are the largest piece of public real estate and the single largest employer.

While it is relatively simple to make informal linkages, establishing major long-term collaborations is complicated. The complications are readily seen in any effort to develop a comprehensive, multifaceted, and integrated approach to promoting healthy development and addressing barriers to development and learning. Such efforts necessitate major systemic changes involving formal and institutionalized sharing of a wide spectrum of responsibilities and resources. The nature and scope of change requires stakeholder readiness, an enlightened vision, cohesive policy, creative leadership, basic systemic reforms, and new and multifaceted roles for professionals who work in schools and communities, as well as for family and other community members assuming leadership.

In fostering collaboration, it is essential not to limit thinking to coordinating community services, recreation, and enrichment activities and collocating some on school sites. As we have stressed, this tends to downplay the need to also restructure the various education support programs and services that schools own and operate, and, it has led some policy makers to the mistaken impression that community resources can effectively meet the needs of schools in addressing barriers to learning. Policy makers must realize that increasing access to services is only one facet of any effort to establish a comprehensive, cohesive approach for strengthening families and neighborhoods.

Clearly, the myriad political and bureaucratic difficulties involved in making major institutional

changes, especially with sparse financial resources, leads to the caution that such changes are not easily accomplished without a high degree of commitment and relentlessness of effort. Also, it should be remembered that systemic change rarely proceeds in a linear fashion. The work of establishing effective collaboratives emerges in overlapping and spiraling ways.

The success of collaborations in enhancing school, family, and community connections is first and foremost in the hands of policy makers. For increased connections to be more than another desired but underachieved aim of reformers, policymakers must understand the nature and scope of what is involved. They must deal with the problems of marginalization and fragmentation. They must support development of appropriately comprehensive and multifaceted school-community collaborations. They must revise policy related to school-linked services because such initiatives are a grossly inadequate response to the many complex factors that interfere with development, learning, and teaching. By focusing primarily on linking community services to schools and downplaying the role of existing school and other community and family resources, these initiatives help perpetuate an orientation that overemphasizes individually prescribed services, results in further fragmentation of interventions, and undervalues the human and social capital indigenous to every neighborhood. This is incompatible with developing the type of comprehensive approaches needed to make statements such as *We want all children to succeed* and *No Child Left Behind* more than rhetoric.

Chapter 10

Using and Extending the Research-base for Addressing Barriers to Learning

The science-base for intervention is an essential building block. However, we must extend it, and we must be careful that we don't limit progress while we do so.

A Usable Research-base

Expanding the Accountability Framework for Schooling

Understanding Results: a Framework for Program Evaluation

Concluding Comments

I find myself looking at children and wondering how they'll impact the average score of my class. I sometimes find myself doing calculations where my students are not learners but assets and liabilities toward the class average on a standardized exam.
(Teacher, quoted in Intrator, 2002)

The first step is to measure whatever can be easily measured. This is okay as far as it goes. The second step is to disregard that which can't be measured or give it an arbitrary quantitative value. This is artificial and misleading. The third step is to presume that what can't be measured easily isn't very important. This is blindness. The fourth step is to say what can't be measured really doesn't exist. This is suicide.

Attributed to Yankelovich

All professional interveners need data to enhance the quality of their efforts and to monitor their outcomes in ways that promote appropriate accountability. This is especially the case for those who work with youngsters who manifest behavior, learning, and emotional problems. Sound planning, implementation, accountability, and advancement of the field necessitate amassing and analyzing existing information and gathering appropriate new evaluative data. In addition, the field is at a point in time when there is an intensive policy emphasis on the evidence-base for instruction and interventions to promote healthy development, prevent problems, intervene early, counsel, collaborate, and so forth.

With respect to addressing barriers to learning and teaching, the policy emphasis on an evidence-base has produced somewhat of a Catch 22. Proposals to strengthen student support are consistently met with demands from policy makers for data showing that the additional effort will improve student achievement. The reality is that available direct evidence is sparse, and other relevant data must be appreciated in terms of addressing barriers that interfere with improving student achievement. Because the body of evidence showing a direct and immediate relationship is not robust, many school districts shy away from investing in efforts to improve learning supports. And, because policy makers do not invest in building the type of student support systems that can produce over time the results they want, it is unlikely that better data will be generated.

At this time, the field is a long way from having enough sound research to rely on as the sole basis for building truly comprehensive, multifaceted approaches that match the complexity of the problems we face in schools and communities. Moreover, because the need to address barriers to learning, development, and teaching covers so many different facets of intervention, it is hard even to summarize what has been found to date. Much of the literature focuses on only one facet, such as instruction, prevention, or treatment, and often only on person-focused interventions. Most collections of practice

include a mixture of research projects and home grown programs. And, because schools and collaboratives do not have the resources for extensive data gathering, a great many local program evaluations are methodologically flawed.

The emphasis in this chapter is first on sharing the results of one effort to draw on the existing research base for support in developing comprehensive, multifaceted approaches to address barriers to learning and promote healthy development. Then, we focus on the question of what constitutes appropriate evaluation data. In doing so, we (a) stress the need to expand the framework for current school accountability and (b) highlight the nature and scope of program evaluation as a tool for advancing the field..

A Usable Research-base

As schools evolve their improvement plans in keeping with higher standards and expectations and increased accountability, most planners should recognize the need to include a comprehensive focus on addressing barriers to student learning and promoting healthy development.¹⁻¹⁵ Throughout this book, we have stressed the conceptual base for doing so. In this chapter, we highlight the extensive body of literature that supports the conceptual base. That literature includes a growing volume of research on the value of schools, families, and communities working together to provide supportive programs and services that enable students to learn and teachers to teach.¹⁶⁻²² Findings include improved school attendance, fewer behavior problems, improved interpersonal skills, enhanced achievement, and increased bonding at school and at home.²³ (Note: Because the list of references in this section is so extensive, they are cited by number and included at the end of the chapter.)

Most *formal* studies have focused on specific interventions (see Exhibit on next page). This literature reports positive outcomes for school and society associated with a wide range of interventions. Because of the fragmented nature of the 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 larger research base to draw upon in addressing barriers to learning and enhancing healthy development.²⁴

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

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

I. Universal Focus on Promoting Healthy Development

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 (www.casel.org)

B. Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs (2002). Social Development Research Group, University of Washington

1. *How it was developed:* 77 programs that sought to achieve positive youth development objectives were reviewed. Criteria used: research designs employed control or comparison group and had measured youth behavior outcomes.
2. *What the list contains:* 25 programs designated as effective based on available evidence.
3. *How to access:* Online journal *Prevention & Treatment* (<http://journals.apa.org/prevention/volume5/pre0050015a.html>)

II. Prevention of Problems; Promotion of Protective Factors

A. Blueprints for Violence Prevention (1998). Center for the Study and Prevention of Violence, Institute of Behavioral Science, University Colorado, Boulder.

1. *How it was developed:* Review of over 450 delinquency, drug, and violence prevention programs based on a criteria of a strong research design, evidence of significant deterrence effects, multiple site replication, sustained effects.
2. *What the list contains:* 10 model programs and 15 promising programs.
3. *How to access:* Center for the Study and Prevention of Violence (www.colorado.edu/cspvblueprints/model/overview.html)

B. Exemplary Substance Abuse Prevention Programs (2001). Center for Substance Abuse Prevention (SAMHSA).

1. *How it was developed:* (a) Model Programs: implemented under scientifically rigorous conditions and demonstrating consistently positive results. These science-based programs underwent an expert consensus review of published and unpublished materials on 15 criteria (theory, fidelity, evaluation, sampling, attrition, outcome measures, missing data, outcome data, analysis, threats to validity, integrity, utility, replications, dissemination, cultural/age appropriateness. (b) Promising Programs: those that have positive initial results but have yet to verify outcomes scientifically.
2. *What the list contains:* 30 substance abuse prevention programs that may be adapted and replicated by communities.
3. *How to access:* SAMHSA (www.modelprograms.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 (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 – (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 random-ized 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://journals.apa.org/prevention/volume4/pre0040001a.html>

IV. Treatment for Problems

A. Amer. Psychological Association, Division of Child Clinical Psychology, Ad Hoc Committee on Evidence-Based

Assessment and Treatment of Childhood Disorders, published its initial work as a special section of the *Journal of Clinical Child Psychology* in 1998.

1. *How it was developed:* Reviewed outcomes studies in each of the above areas and examined how well a study conforms to the guidelines of the Task Force on Promotion and Dissemination of Psychological Procedures (1996).
2. *What it contains:* reviews of anxiety, depression, conduct disorders, ADHD, broad spectrum Autism interventions, as well as more global review of the field. For example:

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

>*Conduct disorder:* 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). Twenty additional studies identified as probably efficacious.

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

>*Phobia and Anxiety:* for phobias participant modeling and reinforced practice are well established; filmed modeling, live modeling, and cognitive behavioral interventions that use self instruction training are probably efficacious. For anxiety disorders, only cognitive-behavioral procedures with and without family anxiety management were found 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:* APA *Journal of Clinical Child Psychology* (1998) v.27, pp. 156-205. (cont.)

**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: (www.nimh.nih.gov/research/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. (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. Synthesis of several lists cited above to highlight examples of programs which meet some criteria for a designation of evidence based for violence prevention and substance abuse prevention. (i.e., Synthesizes lists from the Center for the Study and Prevention of Violence, Center for Substance Abuse Prevention, Communities that Care, Dept. of Education, Department of Justice, Health Resources and Services Administration, National Assoc. of School Psychologists) (http://modelprograms.samhsa.gov/matrix_all.cfm)

At the outset, we note that research on comprehensive approaches for addressing barriers to learning is still in its infancy. There are, of course, many "natural" experiments underscoring the promise of ensuring that all youngsters have access to a comprehensive, multifaceted continuum of interventions. These natural experiments play 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. Those who can afford such interventions clearly understand their value. And, not surprisingly, most indicators of well-being, including higher achievement test scores, are correlated with socio-economic status. Available data highlight societal inequities that can be remedied through public financing for comprehensive programs.

The research-base supporting development of a comprehensive, multifaceted approach to addressing barriers to learning and teaching is highlighted below. To illustrate the value of a unifying framework, we have organized examples into the six arenas of an enabling component: (1) enhancing

classroom teachers' capacity for addressing problems and for fostering social, emotional, intellectual and behavioral development, (2) enhancing school capacity to handle transition concerns confronting students and families, (3) responding to, minimizing impact of, and preventing crisis, (4) enhancing home involvement, (5) outreaching to the community to build linkages and collaborations, and (6) providing special assistance to students and families.

(1) Enhancing teacher capacity for addressing problems and for fostering social, emotional, intellectual and behavioral development. When a classroom teacher encounters difficulty in working with a youngster, the first step is to see whether there are ways to address the problem within the classroom and perhaps with added home involvement. It is essential to equip teachers to respond to garden variety learning, behavior, and emotional problems using more than social control strategies for classroom management. Teachers must be helped to learn many ways to enable the learning of such students, and schools must develop school-wide approaches to assist teachers in doing this fundamental work. The literature offers many relevant practices. A few prominent examples are: prereferral intervention efforts, tutoring and other forms of one-to-one or small group instruction, enhancing protective factors, and assets building (including use of curriculum-based approaches for promoting social emotional development). Outcome data related to such matters indicate that they do make a difference. For instance:

- Many forms of *prereferral intervention programs* have shown success in reducing learning and behavior problems and unnecessary referrals for special assistance and special education.²⁵⁻³¹
- Although only a few *tutoring programs* have been evaluated systematically, available studies report positive effects on academic performance when tutors are trained and appropriately used.³²⁻³⁸
- And, some *programs that reduce class size* are finding increases in academic performance and decreases in discipline problems.³⁹⁻⁴³

(2) Enhancing school capacity to handle the variety of transition concerns confronting students and their families. It has taken a long time for schools to face up to the importance of establishing transition programs. In recent years, a beginning has been made. Transition programs are

an essential facet of reducing levels of alienation and increasing levels of positive attitudes toward and involvement at school and in learning. Thus, schools must plan, develop, and maintain a focus on the variety of transition concerns confronting students and their families. Examples of relevant practices are readiness to learn programs, before and after school programs to enrich learning and provide recreation in a safe environment, articulation programs for each new step in formal education, vocational and college counseling, and support in moving to and from special education, welcoming and social support programs, school-to-career programs, and programs to support moving to post school living and work. Interventions to enable successful transitions have made a significant difference in how motivationally ready and able students are to benefit from schooling. For instance:

- Available evidence supports the positive impact of *early childhood programs* in preparing young children for school. The programs are associated with increases in academic performance and may even contribute to decreases in discipline problems in later school years.^{44,49}
- There is enough evidence that *before- and after-school programs* keep kids safe and steer them away from crime, and some evidence suggesting such programs can improve academic performance.⁵⁰⁻⁵³
- Evaluations show that well-conceived and implemented *articulation programs* can successfully ease students' transition between grades,⁵⁴⁻⁵⁶ and preliminary evidence suggests the promise of programs that provide *welcoming and social support* for children and families transitioning into a new school.^{57, 58}
- Initial studies of programs for transition *in and out of special education* suggest the interventions can enhance students' attitudes about school and self and can improve their academic performance.⁵⁹⁻⁶¹
- Finally, programs providing *vocational training and career education* are having an impact in terms of increasing school retention and graduation and show promise for successfully placing students in jobs following graduation.⁶²⁻⁶⁶

(3) Responding to, minimizing impact, and preventing crisis. The need for crisis response and prevention is constant in many schools. Such efforts ensure assistance when emergencies arise and

follow-up care is provided as necessary and appropriate so that students can resume learning without undue delays. Prevention activity stresses creation of a safe and productive environment and the development of student and family attitudes about and capacities for dealing with violence and other threats to safety. Examples of school efforts include (1) systems and programs for emergency/crisis response and follow-up care at a site, throughout a family of schools, and community-wide and (2) prevention programs for school and community to address school safety and violence reduction, child abuse and suicide prevention, and so forth. Examples of relevant practices are establishment of a crisis team to ensure planning and implementation of crisis response and aftermath interventions, school environment changes and safety strategies, and curriculum approaches to preventing crisis events such as violence, suicide, and physical/ sexual abuse prevention. Current trends are stressing school- and community-wide prevention programs. Most research in this area focuses on

- programs designed to ensure a *safe and disciplined school environment* as a key to deterring violence and reducing injury
- *violence prevention and resiliency curriculum* designed to teach children anger management, problem-solving skills, social skills, and conflict resolution.

In both instances, the evidence supports a variety of practices that help reduce injuries and violent incidents in schools.⁶⁷⁻⁸⁵

(4) Enhancing home involvement. In recent years, the trend has been to expand the nature and scope of the school's focus on enhancing home involvement. Intervention practices encompass efforts for (a) addressing specific learning and support needs of adults in the home, such as mutual support groups and classes to enhance literacy, job skills, and English as a second language, (b) helping those in the home meet basic obligations to the student, (c) improve systems to communicate about matters essential to student and family, (d) strengthening the home-school connection and sense of community, (e) enhancing participation in making decisions essential to the student's well-being, (f) enhancing home support related to the student's basic learning and development, (g) mobilizing those at home to problem solve related to student needs, and (h) eliciting help from the home to meet classroom, school, and community needs.

A few examples illustrate the growing research-base for expanded home involvement.

- *Adult education* is a proven commodity in general and is beginning to be studied in terms of its impact on home involvement in schooling and on the behavior and achievement of youngsters in the family. For example, evaluations of adult education in the form of *family literacy* are reporting highly positive outcomes with respect to preschool children, and a summary of findings on family literacy reports highly positive trends into the elementary grades.⁸⁶
- Similarly, evaluations of *parent education* classes indicate the promise of such programs with respect to improving parent attitudes, skills, and problem solving abilities; parent-child communication; and in some instances the child's school achievement.⁸⁷⁻⁹⁰ Data also suggest an impact on reducing children's negative behavior.⁹¹⁻⁹⁹
- More broadly, programs to *mobilize the home in addressing students' basic needs* effect a range of behaviors and academic performance.¹⁰⁰

(5) Outreaching to the community to build linkages and collaborations. The aim of outreach to the community is to develop greater involvement in schooling and enhance support for efforts to enable learning. Outreach may be made to (a) public and private community agencies, colleges, organizations, and facilities, (b) businesses and professional organizations and groups, and (c) volunteer service programs, organizations and clubs. Efforts in this area might include 1) programs to recruit and enhance community involvement and support, 2) systems and programs specifically designed to train, screen, and maintain volunteers, 3) outreach programs to hard-to-involve students and families, and 4) programs to enhance community-school connections and sense of community.

The research-base for involving the community is growing.

- A popular example are the various *mentoring and volunteer programs*. Available data support their value for both students and those from the community who offer to provide such supports. Student outcomes include positive changes in attitudes, behavior, and academic performance (including improved school attendance, reduced substance abuse, less school

failure, improved grades).¹⁰¹⁻¹⁰⁵

- Another example are the efforts to outreach to the community to develop *school-community collaborations*. A reasonable inference from available data is that school-community collaborations can be successful and cost-effective over the long-run.¹⁰⁶⁻¹¹⁰ They not only improve access to services, they seem to encourage schools to open their doors in ways that enhance recreational, enrichment, and remedial opportunities and family involvement. A few have encompassed concerns for economic development and have demonstrated the ability to increase job opportunities for young people.¹⁰⁶⁻¹¹⁰

(6) Providing special assistance for students and families. Some problems cannot be handled without a few special interventions; thus the need for student and family assistance. The emphasis is on providing special services in a personalized way to assist with a broad-range of needs. School-owned, based, and linked interventions clearly provide better access for many youngsters and their families. Moreover, as a result of initiatives that enhance school-owned support programs and those fostering school-linked services and school-community partnerships, more schools have more to offer in the way of student and family assistance. In current practice, available social, physical and mental health programs in the school and community are used. Special attention is paid to enhancing systems for prereferral intervention, triage, case and resource management, direct services to meet immediate needs, and referral for special services and special education resources and placements as appropriate. A growing body of data indicates the current contribution and future promise of work in this area. For example:

- The more *comprehensive approaches* not only report results related to ameliorating health and psychosocial problems, they are beginning to report a range of academic-related improvements, such as increased attendance, improved grades, improved achievement, promotion to the next grade, reduced suspensions and expulsions, fewer dropouts, and increased graduation rates.¹¹¹⁻¹²⁰
- A rapidly increasing number of *targeted interventions* are reporting positive results related to the specific problems addressed, including reduced behavior, emotional, and learning problems, enhanced positive social-emotional functioning, reduced sexual activity, lower rates

of unnecessary referral to special education, fewer visits to hospital emergency rooms, and fewer hospitalizations.¹²¹⁻¹²⁵

Taken as a whole, the research-base for initiatives to pursue a comprehensive focus on addressing barriers indicates a range of activity that can enable students to learn and teachers to teach. The findings also underscore that addressing major psychosocial problems one at a time is unwise because the problems are interrelated and require multifaceted and cohesive solutions. In all, the literature both provides models for content of such activity and also stresses the importance of coalescing such activity into a comprehensive, multifaceted approach.

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 takes to 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.

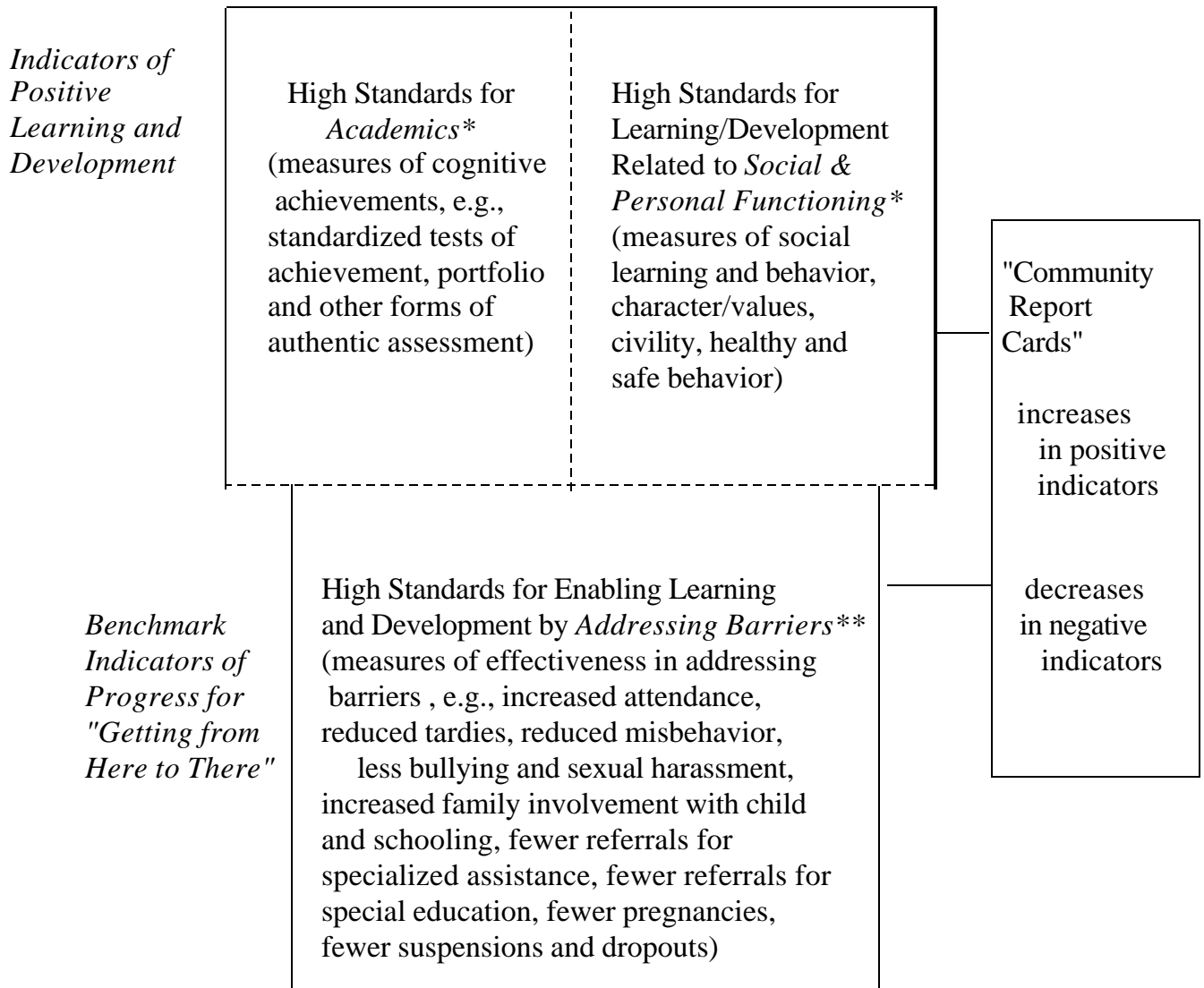
Logically, well designed, systematic efforts should be directed at addressing interfering factors. However, current accountability pressures override the logic and result in the marginalization of almost every initiative that is not seen as directly (and quickly) leading to academic gains. Ironically, 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 10-1 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.

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

Figure 10-1: Expanding the Framework for School Accountability



*Results of interventions for directly facilitating development and learning.

**Results of interventions for addressing barriers to learning and development.

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. Exhibit 10-1 presents a range of indicators related to each of these concerns. In this context, we are reminded of Ulric Neisser's (1976) dictum: *Changing the individual while leaving the world alone is a dubious proposition.*

Understanding Results: A Framework for Program Evaluation

Evaluation practiced at the highest level of the state-of-the-art is one means of speeding up the processes that contribute to human and social progress.

Rossi, Freeman, & Wright (1979)

Whatever the focus of accountability, the prevailing cry is for specific evidence of efficacy – usually in terms of readily measured immediate benefits – and for cost containment. Although understandable in

Exhibit 10-1

Other Indicators of Impact

<i>Students</i>	<i>Families & Communities</i>	<i>Programs & Systems</i>
<p>Increased knowledge, skills, & attitudes to enhance</p> <ul style="list-style-type: none"> •acceptance of responsibility (including attending, following directions & agreed upon rules/laws) •self-esteem & integrity •social & working relationships •self-evaluation & self-direction/regulation •physical functioning •health maintenance •safe behavior <p>Reduced barriers to school attendance and functioning by addressing problems related to</p> <ul style="list-style-type: none"> •health •lack of adequate clothing •dysfunctional families •lack of home support for student improvement •physical/sexual abuse •substance abuse •gang involvement •pregnant/parenting minors •dropouts •need for compensatory learning strategies 	<p>Increased social and emotional support for families</p> <p>Increased family access to special assistance</p> <p>Increased family ability to reduce child risk factors that can be barriers to learning</p> <p>Increased bilingual ability and literacy of parents</p> <p>Increased family ability to support schooling</p> <p>Increased positive attitudes about schooling</p> <p>Increased home (family/parent) participation at school Enhance positive attitudes toward school and community</p> <p>Increased community participation in school activities</p> <p>Increased perception of the school as a hub of community activities</p> <p>Increased partnerships designed to enhance education & service availability in community</p> <p>Enhanced coordination & collaboration between community agencies and school programs & services</p> <p>Enhanced focus on agency outreach to meet family needs</p> <p>Increased psychological sense of community</p>	<p>Enhanced processes by which staff and families learn about available programs and services and how to access those they need</p> <p>Increased coordination among services and programs</p> <p>Increases in the degree to which staff work collaboratively and programmatically</p> <p>Increased services/programs at school site</p> <p>Increased amounts of school and community collaboration</p> <p>Increases in quality of services and programs because of improved systems for requesting, accessing, and managing assistance for students and families (including overcoming inappropriate barriers to confidentiality)</p> <p>Establishment of a long-term financial base</p>

light of the unfulfilled promise of so many programs and the insatiable demands on limited public finances, such a limited focus on outcomes and results can be counterproductive because it ignores the state of the art related to complex interventions.

Intervention evaluation can aid efforts to (1) *make decisions* about whether to undertake, continue, modify, or stop an intervention for one or more “clients” and (2) *advance knowledge* about interventions in ways that can advance understanding of and improve practices (including utility), training, and theory. Evaluation is useful in relation to a great variety of interventions as an aid in assessing efficiency, effectiveness, and impact.

In point of fact, everyone evaluates the programs with which they come in contact. Teachers judge whether their own and others' programs are going well. Students are quick to formulate likes or dislikes of teachers and school programs. And administrators will tell you which programs they think are working and which aren't.

Whenever anyone decides that a program is or isn't a good one, an evaluation is being made. Many times such evaluations simply reflect an individual's or group's informal observations. At other times, however, the judgments reflect careful data gathering and analyses and the use of an appropriate set of standards. Sometimes the judgments reflect differences in opinion about what a program should be doing; sometimes the judgments are about the degree to which the program is being effective.

Unfortunately, many professionals caught up in the day-by-day pressure of providing programs for individuals with problems feel that evaluation is just one more unnecessary chore. It just takes time away from carrying out the program. Indeed, programs often get into trouble because everyone is so busy "doing" that there is no time to evaluate whether there might be a better way.

Two unfounded presumptions are at the core of most current formal and informal evaluations in education and psychology. One premise is that an intervention in widespread use must be at a relatively evolved stage of development and thus warrants the cost of summative evaluation. The other supposition is that major conceptual and methodological problems associated with evaluating intervention efficacy are resolved. The truth is that interventions are frequently introduced prior to adequate development with a view to evolving them based on what is learned each day. Moreover,

many well-institutionalized approaches remain relatively underfunded and underdeveloped. As to the process of evaluation, every review of the literature outlines major unresolved concerns. Given this state of affairs, accountability demands are often unreasonable and chronically reflect a naive view of research and theory.

Overemphasis on immediate evaluation of the efficacy of underdeveloped interventions draws resources and attention away from the type of intensive research programs necessary for advancing intervention knowledge and practice. Cost-effective outcomes cannot be achieved in the absence of costly development of interventions and related intervention research. *Premature* efforts to carry out comprehensive summative evaluations clearly are not cost-effective. Consequently, policies mandating naive accountability run the risk of generating evaluative practices that are neither cost-effective nor wise.

Essentially, evaluation involves determining the worth or value of something (Stake, 1967; 1976). For purposes of this discussion, evaluation is defined as a systematic process designed to describe and judge the overall impact and value of an intervention for purposes of making decisions and advancing knowledge.

More specifically, the goals and objectives of evaluation include the following:

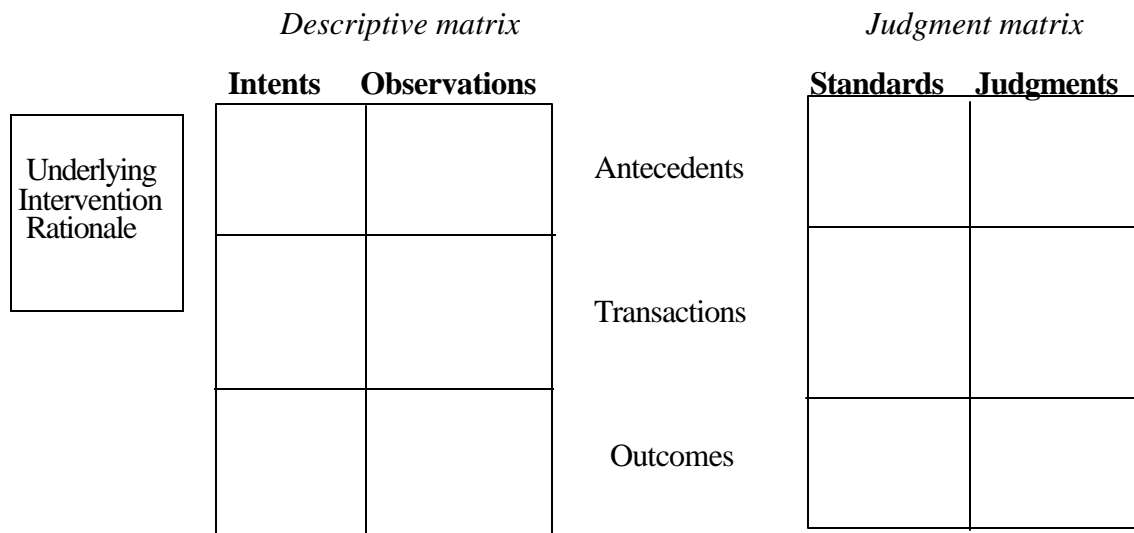
- to *describe* and *judge* an intervention's (1) rationale, including assumptions and intentions, and (2) standards for making judgments
- to *describe* and *judge* an intervention's (1) actual activity, including intended and unintended procedures and outcomes, and (2) costs (financial, negative effects)
- to *make decisions* about continuing, modifying, or stopping an intervention for an individual or for all those enrolled in a program
- to *advance knowledge* about interventions to improve (1) practices, (2) training, and (3) theory

The information needed to meet these purposes comes from comprehensive evaluations that include both immediate and long-term program data. The full range of data that may be gathered is suggested

by the particular evaluation framework adopted.

A framework formulated by Robert Stake (1967) provides a useful specific example of the type of models used by evaluators who are concerned not just about results, but understanding factors that influence outcomes. Stake's framework offers a graphic and comprehensive picture of various facets of evaluation and how they relate to each other (see Figure 10-2).

Figure 10-2. A Framework for Evaluation



Source: R. Stake (1967). The countenance of educational evaluation. *Teachers College Record*, 68, 523–40. Reprinted with permission.

In brief, Stake emphasizes that "the two basic acts of evaluation" are description and judgment. Descriptions take the form of data gathered by formal or informal means. Judgments take the form of interpretive conclusions about the meaning of the data, such as whether a procedure is good or bad, a student is above or below norm, a behavior is pathological or not. In practice, judgments are used for purposes of decision making. When it comes to deciding specifically what to describe and judge, evaluators often are guided by their understanding of the decisions to be made at the conclusion of the evaluation.

Stake stresses that proper program evaluation requires data and criteria for analyzing the degree to

which

- conditions anticipated prior to the program (antecedents), planned procedures (transactions), and intended outcomes are consistent with the program rationale and are logical in relation to each other
- intended antecedents, transactions, and outcomes actually occur.

An example may help further clarify Stake's evaluation framework. Let's use a student support staff's work with a teacher to illustrate each cell of the matrix shown in this box.

Intervention Rationale: A school psychologist has decided that a certain teacher would make fewer unnecessary referrals for behavior problems if she were taught how to anticipate and respond more effectively to her students. He thinks she should learn to use volunteers to work with designated students as a way to reduce the need for referring such students for special assistance out-of-the classroom.

Intents

Antecedents: The school psychologist knows that the teacher has the ability to learn new strategies. A few weeks earlier he taught her to use “proximity” as a classroom management technique, and he thinks it should be relatively easy for her to learn to use volunteers.

Transactions: During a consultation meeting on Wednesday, he plans to teach her about using volunteers to help designated students who are at risk for referral.

Outcomes: He intends for her to implement the strategy over the following weeks, and as a result, he expects the number of referrals she makes to decline.

Observations

Antecedents: In a follow-up visit to her classroom three weeks later, he sees no volunteers.

Transactions: He knows that she understood what he taught her about using volunteers. His follow-up discussion with her found that, because of upcoming achievement testing, she felt there was not enough time to follow his suggestions. In addition, she says she is worried that the time spent finding and training volunteers will take too much time away from her work with the “good” students.

Outcomes: Over the following months, the teacher continues to make many unnecessary referrals.

Standards

Antecedents: The psychologist expected the teacher to be motivated enough to put in the effort to learn and implement the strategies he conveyed to her.

Transactions: From his perspective, the consultation procedures he used to teach her has been extremely effective with 90% of the teachers with whom he has worked, as has the specific strategy of using volunteers.

Outcomes: In every case where volunteers have been used in the manner he prescribed, referrals for behavior problems have declined by 25%.

Judgments

Antecedents: Looking back, the psychologist judges his work with the teacher as having been unrealistic. He now thinks that she was not motivationally ready or able to carry out what he wanted her to do.

Transactions: It was a mistake not to consider the interfering systemic demands confronting the teacher and her own attitudes about “good” and “bad” students.

Outcomes: The continued rate of unnecessary referrals from the teacher was judged unsatisfactory and was seen as the result of unrealistic staff development practices.

In general, the types of data Stake's framework indicates should be gathered can provide a wealth of information for use in describing and judging programs and making decisions about ways to improve them. As such, the data can be used not only for purposes of accountability, but to help build the research-base. The data also can be used for purposes of “social marketing” (see Exhibit 10-2).

Systematic evaluation planning requires decisions about (1) the focus of evaluation (e.g., person or environment, immediate objectives vs. long-range aims), (2) whose perspective (e.g.,

Exhibit 10-2

Using Data for Social Marketing

As Rossi and Freeman (1989) state:

The mass communication and advertising industries use fundamentally the same approaches in developing media programs and marketing products; commercial and industrial corporations evaluate the procedures they use in selecting and promoting employees and organizing their work forces; political candidates develop their campaigns by evaluating the voter appeal of different strategies; . . . administrators in both the public and private sectors are continually assessing clerical, fiscal, and interpersonal practices of their organizations. The distinction between these uses of evaluation lies primarily in the intent of the effort to be evaluated . . . to benefit the human condition . . . [or] for other purposes, such as increasing profits or amassing influence and power.

Social marketing is an important tool for fostering a critical mass of stakeholder support for new directions to improve schools. Particularly important to effective marketing of change is the inclusion of the evidence base for moving in new directions. All data on a school or collaborative's positive impact should be packaged and widely shared.

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, schools, and neighborhoods. Thus, we need to reframe the concept to fit our aim, which is to create readiness for change and influence action by key stakeholders.

- To achieve these aims, 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).

One caution: Beware of thinking of social marketing as just an event. Because stakeholders and systems are continuously changing, social marketing is an ongoing process. It is tempting to plan a “big day” to bring people together to inform, share, involve, and celebrate. This can be a good thing if it is planned as one facet of a carefully thought out strategic plan. It can be counterproductive if it is a one-shot activity that drains resources and energy and leads to a belief that “We did our social marketing.”

client, intervener, program underwriter) is to determine the evaluation focus, methods, and standards used, and (3) the best way to proceed in gathering, analyzing, and interpreting information (e.g., specific measures, design). In making such decisions, concerns arise because what can be evaluated currently is far less than what a program may intend to accomplish. Furthermore, inappropriate bias and vested interests shape evaluation planning and implementation, thereby influencing whether a program is seen as good or bad. And all aspects of evaluation have the potential to produce negative effects. For instance, evaluation can lead to invasion of privacy and an undermining of the ability of clients and interveners to self-evaluate, and over time, what is evaluated can reduce and reshape a program's intended aims.

In sum, evaluations of whether an intervention is any good must first address the question: Is what it is trying to accomplish appropriate? The frame of reference for such evaluations may be the intervention rationale or what others think the program should be doing or both. After judging the appropriateness of what is wanted or expected, a program's intended breadth of focus should guide efforts to evaluate effectiveness. Because not everything is measurable in a technically sophisticated way, some things will be poorly measured or simply reviewed informally. Obviously, this is less than satisfactory. Still, from a rational perspective, continued emphasis on the entire gamut of what is intended is better than limiting evaluation to approaches that inappropriately narrow the breadth of focus for intervention.

Concluding Comments

Gathering good evaluative data is key to the future; it is a process that can improve programs, protect consumers, and advance knowledge. Doing so, however, is a difficult process, which many would prefer to avoid. Nevertheless, the need for professionals to improve their practices and to be accountable is obvious.

The need to improve current evaluation practices seems equally obvious. Because evaluations can as easily reshape programs in negative as well as in positive directions, it is essential that such practices be improved and that accountability pressures not be allowed to inappropriately narrow a program's focus. This is especially important for students who are not doing well at school. If the push for use of evidence-based practices is done in an unsophisticated way, we worry that it will narrow options for

dealing with learning, behavior, and emotional problems. There is also the likelihood of further undermining efforts to deal with complex problems in a comprehensive, multifaceted way. The danger is that resources will be redeployed in ways that favor the current evidence-base – no matter what its deficits.

Finding out if a program is any good is a necessity. But in doing so, it is wise to recognize that evaluation is not simply a technical process. Evaluation involves decisions about what and how to measure, and these decisions are based in great part on values and beliefs. As a result, limited knowledge, bias, vested interests, and ethical issues are constantly influencing the descriptive and judgmental processes and shape the decisions made at the end of the evaluation. While researchers build a better evidence-base over the next 20 years, rational judgments must temper the zeal to prematurely claim scientific validation. And, everyone concerned about learning, behavior, and emotional problems must increase the efforts to bolster both the scientific and rational bases for enhancing learning supports.

As Dennie Wolf, director of the Opportunity and Accountability Initiative at the Annenberg Institute for School Reform, notes: “Clearly, we know how to raise standards. However, we are less clear on how to support students in rising to meet those standards” (Wolf, 2002). Then, she asks:”Having invested heavily in ‘raising’ both the standards and the stakes, what investment are we willing to make to support students in ‘rising’ to meet those standards?” Ultimately, the answer to that question will affect not only individuals with learning, behavior, and emotional problems but the entire society.

Usable Research-Base References

1. 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.
2. Adelman, H.S. & Taylor, L. (1998). Reframing mental health in schools and expanding school reform. *Educational Psychologist*, 33, 135-152.
3. Adelman, H.S. & Taylor, L. (2000). Looking at school health and school reform policy through the lens of addressing barriers to learning. *Children Services: Social Policy, Research, and Practice*, 3, 117-132.
4. Allensworth, D., Wyche, J., Lawson, E., & Nicholson, L. (Eds.), (1997). *Schools and health: Our nation's investment*. Washington, DC: Nat. Academy Press.
5. Carnegie Council on Adolescent Development's Task Force on Education of Young Adolescents (1989). *Turning Points: Preparing American Youth for the 21st Century*. Washington, DC: Author.
6. Center for Mental Health in Schools (1998). *Restructuring Boards of Education to Enhance Schools' Effectiveness in Addressing Barriers to Student Learning*. Los Angeles, CA: Author.
7. Center for Mental Health in Schools (1999). *Policymakers guide to restructuring student support resources to address barriers to learning*. Los Angeles: Author (at UCLA).
8. Comer, J. (1988). Educating poor minority children. *Scientific American*, 259, 42-48.
9. Dryfoos, J. (1998). *Safe passage: Making it through adolescence in a risky society*. New York: Oxford University Press.
10. Hargreaves, A.(Ed.). (1997). *Rethinking Educational Change with Heart and Mind* (1997 ASCD Yearbook). Alexandria, VA: ASCD.
11. Kirst, M.W., & McLaughlin, M. (1990). Rethinking children's policy: Implications for educational administration. In B. Mitchell & L.L. Cunningham (Eds.), *Educational leadership and changing context of families, communities, and schools: 89th yearbook of the National Society for the Study of Education*. (Part 2, pp. 69-90). Chicago: University of Chicago Press.
12. Knitzer, J., Steinberg, Z., & Fleisch, B. (1990). *At the schoolhouse door: An examination of programs and policies for children with behavioral and emotional problems*. NY: Bank Street College.
13. Marx, E. & Wooley, S.F. with Northrop, D. (Eds.), *Health is academic: A Guide to coordinated school health programs*. Teachers College Press.
14. Schorr, L.B. (1988). *Within our reach: Breaking the cycle of disadvantage*. New York: Doubleday.
15. Schorr, L.B. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America*. New York: Anchor Press.
16. Adler, L., & Gardner, S. (Eds.), (1994). *The politics of linking schools and social services*. Washington, DC: Falmer Press.
17. Center for Mental Health in Schools (1999). *School-community partnerships: A guide*. Los Angeles: Author (at UCLA).
18. Center for Mental Health in Schools (1999). *Policymakers' guide to restructuring student support resources to address barriers to learning*. Los Angeles: Author (at UCLA)
19. Kretzmann, J. (1998). *Community-based development and local schools: A promising partnership*. Evanston, IL: Institute for Policy Research.
20. Lawson, H., & Briar-Lawson, K. (1997). *Connecting the dots: Progress toward the integration of school reform, school-linked services, parent involvement and community schools*. Oxford, OH: The Danforth Foundation and the Institute for Educational Renewal at Miami University.
21. Melaville, A. & Blank, M.J. (1998). *Learning together: The developing field of school-community initiatives*. Flint, MI: Mott Foundation.
22. Sailor, W. & Skrtic, T.M. (1996). School/community partnerships and educational reform: Introduction to the topical issue. *Remedial and Special Education*, 17, 267-270, 283.
23. See the compilation of research data gathered by the Center for Mental Health in Schools (2000). *A sampling of outcome findings from interventions relevant to addressing barriers to learning*. Los Angeles: Author (at UCLA)
24. Iowa Department of Education (no date). *Developing Iowa's future – every child matters: Success4*. Des Moines: Author.
25. Bry, B.H. (1982). Reducing the incidence of adolescent problems through preventive intervention: One and five year follow-up. *American Journal of Community Psychology*, 10:265-276.
26. Fuchs, D., Fuchs, L. S., and Bahr, M. W. (1990). Mainstream assistance teams: Scientific basis for the art of consultation. *Exceptional Children*, 57, 128-139.
27. O'Donnell, Julie, Hawkins, J. David, Catalano, Richard F., Abbot, Robert D., & Day, Edward (1995). Preventing school failure, drug use, and delinquency among low-income children: Long-term intervention in elementary schools. *American Journal of Orthopsychiatry*, 65, 87-100.
28. Nelson, J.R., Carr, B.A., & Smith, D.J. (1997). Managing Disruptive Behaviors in School Settings: The THINK TIME Strategy. *Communique*, 25, 24-25.
29. Shure, M.B. *Interpersonal Problem Solving and Prevention: Five Year Longitudinal Study*. Prepared for Department of Health and Human Services, Public Health Service, NIMH, 1993.
30. Smith, L.J., Ross, S.M., & Casey, J.P. (1994). *Special education analyses for Success for All in four cities*. Memphis: University of Memphis, Center for Research in Educational Policy.
31. Sugai, G., & Horner, R.H. (1999). Discipline and behavioral support: Preferred processes and practices. *Effective School Practices*, 7, 10-22.
32. Cohen, P. A., Kuklik, J. A., & Kuklik, C-L. C. (1982). Educational outcomes of tutoring: A meta analysis of findings. *American Educational Research Journal*, 237-248.
33. Cooper, R., Slavin, R.E., & Madden N.A. (1998). Success for All: Improving the quality of implementation of whole-school change through the use of a national reform network. *Education and Urban Society*, 30, (3), 385-408.
34. Giesecke, D., Cartledge, G., & Gardner III, R. (1993). Low-achieving students as successful cross-age tutors. *Preventing School Failure*, 37, 34-43.
35. Martino, L. R. (1994). Peer tutoring classes for young adolescents: A cost-effective strategy. *Middle School Journal*, 25, 55-58.

36. Ross, S.M., Nunnery, J., & Smith, L.J. (1996). *Evaluation of Title I Reading Programs: Amphitheater Public Schools. Year 1: 1995-96*. Memphis: University of Memphis, Center for Research in Educational Policy.
37. Rossi, R. J. (1995). *Evaluation of projects funded by the School Dropout Demonstration Assistance Program: Final evaluation report, Volume I: Findings and recommendations*. Prepared by: American Institutes for Research, P. O. Box 1113, Palo Alto, CA 94302.
38. Slavin, R.E., Madden, N.A., Dolan, L., Wasik, B.A., Ross, S.M., Smith, L.J. & Dianda, M. (1996). Success for All: A summary of research. *Journal of Education for Students Placed at Risk, 1*, 41-76.
39. Egelson, P., Harman, P., and Achilles, C. M. (1996). *Does Class Size Make a Difference? Recent Findings from State and District Initiatives*. Washington, DC: ERIC Clearinghouse. ED 398644.
40. Molnar, A., Percy, S., Smith, P., and Zahorik, J. (December 1998). *1997-98 Results of the Student Achievement Guarantee in Education (SAGE) Program*. Milwaukee, WI: University of Wisconsin-Milwaukee.
41. Pritchard, I., (1999). *Reducing Class Size What Do We Know?* National Institute on Student Achievement, Curriculum and Assessment, Office of Educational Research and Improvement, USDOE.
42. Robinson, G. E. and Wittebols, J.H. (1986). *Class size research: A related cluster analysis for decision-making*. Arlington, VA: Education Research Service
43. Wright, E.N., Stanley M., Shapson, G.E., and Fitzgerald, J. (1977). *Effects of class size in the junior grades: A study*. Toronto: Ontario Institute for Studies of Education.
44. Cryan, J., Sheehan, R., Weichel, J., and Bandy-Hedden, I.G. (1992). Success Outcomes of Full-day Kindergarten: More Positive Behavior and Increased Achievement in the Years After. *Early Childhood Research Quarterly, 7*, 187-203.
45. Gomby, D.S., Lerner, M.B., Stevenson, C.S., Lewit, E.M., and Behrman, R.E. (1995) Long-term outcomes of early childhood programs: Analysis and recommendations. *The Future of Children, 5*, 6-24.
46. Even Start: *Evidence from the past and a look to the future. Planning and evaluation service analysis and highlights*. <http://www.ed.gov/pubs/EvenStart/highlights.html>
47. Head Start (1997). *First progress report on the head start program performance measures*. Prepared for: Admin. on Children, Youth and Families, Head Start Bureau, by Caliber Associates, Ellsworth Associates, Westat, Mathematica Policy Research, http://www2.acf.dhhs.gov/programs/hsb/html/final_report.html
48. Karweit, N. (1992). The kindergarten experience. *Educational Leadership, 49*, 82-86.
49. Yoshikawa, H. (1995) Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency. *The Future of Children, 5*(3), 51-75.
50. Lattimore, C.B., Mihalic, S.F., Grotper, J.K., & Taggart, R. (1998). *Blueprints for Violence Prevention, Book Four: The Quantum Opportunities Program*. Boulder, CO: Center for the Study and Prevention of Violence.
51. Posner, J.K., and Vandell, D.L. (1994). Low-income children's after-school care: Are there beneficial effects of after-school programs? *Child Development, 65*, 440-456.
52. Safe and Smart: Making After-School Hours Work for Kids (1998). See: <http://www.ed.gov/pubs/SafeandSmart/>
53. Seppanen, P.S. and others. (1993). *National study of before- and after-school programs: Final report*. eric-web.tc.columbia.edu/abstracts/ed356043.html
54. Felner, R.D., Ginter, M. & Primavera, J. (1982). Primary prevention during school transitions: Social support and environmental structure. *American Journal of Community Psychology, 10*, 277-289.
55. Greene, R.W., & Ollendick, T.H. (1993). Evaluation of a multidimensional program for sixth-graders in transition from elementary to middle school. *Journal of Community Psychology, 21*, 162-176.
56. Hellem, D.W. (1990). Sixth grade transition groups: An approach to primary prevention. *Journal of Primary Prevention, 10*(4), 303-311.
57. Felner, R.D., Brand, S., Adan, A.M., Mulhall, P.F., Flowers, N., Sartain, B., & DuBois, D.L. (1993). Restructuring the ecology of the school as an approach to prevention during school transitions: Longitudinal follow-ups and extensions of the School Transitional Environment Project (STEP). In L.A. Jason, K.E. Danner, & K.S. Kurasaki, (Eds.) *Prevention and school transitions: prevention in human services*. NY: Haworth Press.
58. Jason, L.A., Weine, A.M., Johnson, J.H., Danner, K.E., Kurasaki, K.S., & Warren-Sohlberg, L. The School Transitions Project: A comprehensive preventive intervention. *Journal of Emotional and Behavioral Disorders, 1*, 65-70.
59. Blalock, G. (1996). Community transition teams as the foundation for transition services for youth with learning disabilities. *Journal of Learning Disabilities, 29*, 148-159.
60. Smith, G. & Smith, D. (1985). A mainstreaming program that really works. *Journal of Learning Disabilities, 18*, 369-372.
61. Wang, M.C. & Birch, J.W. (1984). Comparison of a full-time mainstreaming program and a resource room approach. *Exceptional Children, 51*, 33-40.
62. Biller, E.F. (1987). *Career decision making for adolescents and young adults with learning disabilities: Theory, research and practice*. Springfield, IL: Charles C. Thomas.
63. Hackett, H. & Baron, D. (1995). Canadian action on early school leaving: A description of the national stay-in-school initiative. *ERIC Digest*. ED399481.
64. Miller, J.V., and Imel, S. (1986). Some current issues in adult, career, and vocational education. In E. Flaxman. (Ed.), *Trends and issues in education*. Washington, DC: Council of ERIC Directors, Educational Resources Information Center, Office of Educational Research and Improvement, U.S. Department of Education, 1987. ED 281 897.
65. Naylor, M. (1987). Reducing the dropout rate through career and vocational education. Overview. *ERIC Digest* ED 282094.
66. Renihan, F., Buller, E., Desharnais, W., Enns, R., Laferriere, T., & Therrien, L. (1994). Taking stock: An assessment of The National Stay-In-School Initiative. Hull, PQ: Youth Affairs Branch, Human Resources Development Canada.
67. Altman E. (1994). *Violence Prevention Curricula: Summary of Evaluations*. Springfield, Ill: Illinois Council for the Prevention of Violence.
68. Bureau of Primary Health Care (no date). *Healing Fractured Lives: How Three School-Based Projects Approach Violence Prevention and Mental Health Care*. Washington, DC: U.S. DHHS.

69. Carter, S.L. (1994). Evaluation report for the New Mexico center for dispute resolution. *Mediation in the Schools Program, 1993-1994 school year*. Albuquerque: Center for Dispute Resolution.
70. Davidson, L.L., Durkin, M.S., Kuhn, L., O'Connor, P., Barlow, B., & Heagarty, M.C. (1994). The impact of the Safe Kids/Health Neighborhoods Injury Prevention Program in Harlem, 1988-1991. *American Journal of Public Health, 84*, 580-586.
71. Embry, D.D., Flannery, D.J., Vazsonyi, A.T., Powell, K.E., & Atha, H. (1996). PeaceBuilders: A theoretically driven, school-based model for early violence prevention. *American Journal of Preventive Medicine. Youth Violence Prevention: Description and Baseline Data from 13 Evaluation Projects (Supp.)*, 12 (5), 91-100.
72. Farrell, A.D. & Meyer, A.L., & Dahlberg, L.L. (1996). The effectiveness of a school-based curriculum for reducing violence among urban sixth-grad students. *American Journal of Public Health, 87*, 979-984.
73. Farrell, A.D., Meyer, A.L. & Dahlberg, L.L. (1996). Richmond youth against violence; A school based program for urban adolescents. *American Journal of Preventive Medicine, 12*, 13-21.
74. Farrell, A.D. & Meyer, A.L. (in press). Social Skills Training to Promote Resilience in Urban Sixth Grade Students: One product of an action research strategy to prevent youth violence in high-risk environments. *Education and Treatment of Children*.
75. Grossman, D.C., Neckerman, H.J., Koepsell, T.D., Liu, P. Asher, K.N., Beland, K., Frey, K., & Rivara, F.P. (1997). Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial. *Journal of the American Medical Association, 277*(20), 1605-11.
76. Jason, L.A., & Burrows, B. (1983). Transition training for high school seniors. *Cognitive Therapy and Research, 7*, 79-91.
77. Klingman, A., & Hochdorf, Z. (1993). Coping with distress and self-harm: The impact of a primary prevention program among adolescents. *Journal of Adolescence, 16*, 121-140.
78. Knoff, H.M. & Batsche, G. M. (1995). Project ACHIEVE: Analyzing a school reform process for at-risk and underachieving students. *School Psychology Review, 24*(4), 579-603.
79. Orbach, I., & Bar-Joseph, H. (1993). The impact of a suicide prevention program for adolescents on suicidal tendencies, hopelessness, ego identity and coping. *Suicide and Life-Threatening Behavior, 23*(2), 120-29.
80. Poland, S. (1994). The role of school crisis intervention teams to prevent and reduce school violence and trauma. *School Psychology Review, 23*, 175-189.
81. Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). Safe, drug-free, and effective schools for ALL students: What works! Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
82. Tolan, P. H. & Guerra, N. G. (1994). *What Works in Reducing Adolescent Violence: An Empirical Review of the Field*. Boulder, CO: Center for the Study and Prevention of Violence
83. Walker, H.M., Colvin, G., Ramsey, E. (1995). *Anti-Social Behavior in Schools: Strategies and Best Practices*. Pacific Grove, California: Brooks/Cole..
84. Walker, H.M., Severson, H.H., Feil, E.G., Stiller, B., & Golly, A. (1997). *First step to success: Intervening at the point of school entry to prevent antisocial behavior patters*. Longmont, CO: Sopris West.
85. Walker, H.M., Stiller, B., Severson, H.H., Kavanagh, K., Golly, A., & Feil, E.G. (in press). First step to success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders, 5*(4).
86. *Even Start: An Effective Literacy Program Helps Families Grow Toward Independence*, NCFL, 1997. National Center for Family Literacy website: www.familit.org/research/research.html
87. Dishion, T.J., Andrews, D.W. (1995). Preventing escalation in problem behaviors with high-risk young adolescents: Immediate and one-year outcomes. *Journal of Consulting and Clinical Psychology, 63*, 538-548.
88. Dishion, T. J., Andrews, D.W., Kavanagh, K., & Soberman, L.H. (1996). Chapter 9, preventive interventions for high-risk youth: The adolescent transitions program. In Peteres, R., & McMahon, R. (Eds.), *Preventing Childhood Disorders, Substance Abuse, and Delinquency*. Thousand Oaks, CA: Sage Publications, 184-218.
89. Lally, J.R., Mangione, P.L., & Honig, A.S. (1988). The Syracuse University Family Development Research Program: Long-range impact on an early intervention with low-income children and their families. In D.R. Powell and Irving E. Sigel (eds.), *Parent Education as Early Childhood Intervention: Emerging Direction in Theory, Research, and Practice. Annual Advances in Applied Developmental Psychology, Volume 3*. Norwood, NJ: Ablex Publish
90. Spoth, R., Redmond, C., Haggerty, K., & Ward, T. (1995). A controlled parenting skills outcome study examining individual differences and attendance effects. *Journal of Marriage and the Family, 57*: 449. ing Corp.
91. Aktan, B.B., Kumpfer, K.L., & Turner, C. (1996). The Safe Haven Program: Effectiveness of a family skills training program for substance abuse prevention with inner city African-American families. *Journal of Drugs in Society*.
92. Battistich, V., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early findings from an ongoing multisite demonstration trial. *Journal of Adolescent Research, 11*, 12-35.
93. Battistich, V., Solomon, D., Kim, D., Watson, M., & Schaps, E. (1995). Schools as communities, poverty levels of student populations, and student' attitudes, motives, and performance: A multilevel analysis. *American Educational Research Journal, 32*, 627-658.
94. Berrueta-Clement, J. R., Schweinhart, L. J., Barnett, W. S., Epstein, A. S., Weikart, D. P. (1984). *Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age 19*. Ypsilanti, MI: High/Scope Press.
95. Epstein, Ann S. (1993). *Training for Quality: Improving Early Childhood Programs through Systematic Inservice Training*. Ypsilanti, MI: The High/Scope Press.
96. McDonald, L., Billingham, S., Dibble, N., Rice, C., & Coe-Braddish, D. (January, 1991). Families and Schools Together: An innovative substance abuse prevention program. *Social Work in Education: A Journal of Social Workers in School, 13*, 118-128.
97. O'Donnell, Julie, Hawkins, J. David, Catalano, Richard F., Abbot, Robert D., & Day, Edward (1995). Preventing school failure, drug use, and delinquency among low-income children: Long-term intervention in elementary schools. *American Journal of Orthopsychiatry, 65*, 87-100.

98. Schweinhart, L.J., Barnes, H.V., Weikart, D.P. *Significant benefits: The High/Scope Perry Preschool Study Through Age 27*. Monographs of the High/Scope Educational Research Foundation, Number Ten. Ypsilanti: High/Scope Foundation, 1993.
99. Tremblay, Richard E., Vitaro, Frank, Bertrand, Lucie, LeBlanc, Marc, Beauchesne, Helene, Bioleau, Helene, & David, Lucille (1992). Parent and child training to prevent early onset of delinquency: The Montreal longitudinal Experimental Study. In Joan McCord & Richard Tremblay (eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence*. New York: Guilford Press.
100. Epstein, J. (1995). School/family/community partnerships: Caring for the children we share. *Phi Delta Kappan*, 76, 701-713.
101. Armstrong, P.M., Davis, P. & Northcutt, C. *Year end and final evaluation reports, Project years 1985-1986 and 1986-1987*. San Francisco School Volunteers, San Francisco Unified School District, San Francisco, California.
102. Carney, J.M., Dobson, J.E. & Dobson, R.L. (1987). Using senior citizen volunteers in the schools. *Journal of Humanistic Education and Development*, 25 (3), 136-143.
103. Grossman, J.B. & Garry, E.M. (1997). *Mentoring -- A Proven Delinquency Prevention Strategy*; U.S. Department of Justice - Office of Justice Program - Office of Juvenile Justice and Delinquency Prevention; <http://www.ncjrs.org/txtfiles/164834.txt>
104. Davis, N. (1999). *Resilience: Status of the research and research-based programs*. Substance Abuse and Mental Health Administration Center for Mental Health Services Division of Program Development, Special Populations & Projects Special Programs Development Branch. Phone: 301/443-2844.
105. Michael, B. (1990). *Volunteers in Public Schools*. National Academy Press: Washington, DC. Public/Private Ventures (1994). *Big Brothers / Big Sisters: A study of volunteer recruitment and screening*. Philadelphia: Public/Private Ventures.
106. Cahill, M., Perry, J., Wright, M. & Rice, A. (1993). *A documentation report of the New York Beacons initiative*. New York: Youth Development Institute.
107. Davis, N. (1999). *Resilience: Status of the research and research-based programs*. Substance Abuse and Mental Health Administration Center for Mental Health Services Division of Program Development, Special Populations & Projects Special Programs Development Branch. Phone: 301/443-2844.
108. Melaville, A. & Blank, M. (1998). *Learning together: The Developing Field of School-Community Initiatives*. Washington, DC: Institute for Educational Leadership & National Center for Community Education.
109. Shames, S. (1997). *Pursuing the dream: What helps children and their families succeed*. Chicago: Coalition.
110. Woodruff, D., Shannon, N. & Efimba, M. (1998). Collaborating for success: Merritt elementary extended school. *Journal of Education for Students Placed at Risk*, (1), 11-22.
111. Botvin, G.J., Mihalic, S.F., & Grotmeter, J.K. (1998). *Blueprints for Violence Prevention, Book Five: Life Skills Training*. Boulder, CO: Center for the Study and Prevention of Violence.
112. Bureau of Primary Health Care: *School-Based Clinics that Work*. Washington, DC: Division of Special Populations, Health Resources and Services Administration, HRSA 93-248P, 1993.
113. Caplan, M., Weissberg, R.P., Grober, J.S., Sivo, P.J., Grady, K., Jacoby, C. (1992). Social Competence Promotion with inner-city and suburban young adolescents: Effects on social adjustment and alcohol use. *Journal of Consulting and Clinical Psychology*, 60, 56-63.
114. Catalano, R.F., Haggerty, K.P., Fleming, C.B., & Brewer, D.D. Focus on Families: Scientific findings from family prevention intervention research. *NIDA Research Monograph*, in press.
115. Dryfoos, J.G., Brindis, C., & Kaplan, D.W. Research and Evaluation in School-Based Health Care. *Adolescent Medicine: State of the Art Reviews*. Vol. 7, No. 2, June 1996. Philadelphia: Hanley & Belfus, Inc.
116. Henggler, S.W. (1998). Multisystemic therapy. In D.S. Elliott (Ed.), *Blueprints for violence prevention*. Boulder, CO: Center for the Study and Prevention of Violence.
117. *Healthy Start Works*. A Statewide Profile of Healthy Start Sites. California Department of Education, Healthy Start and After School Partnerships Office, March 1999. Contact (916) 657-3558.
117. Institute for At-Risk Infants, Children and youth, and their Families: *The effect of putting health services on site, Example 1. A Full Services School Assembly*, Tallahassee, Florida Department of Education, Office of Interagency Affairs, 1994.
118. Stroul, B.A. (September 1993). *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Road, N.W., Washington, DC 20007, (202)687-8635.
119. Warren, C. (1999). *Lessons from the Evaluation of New Jersey's School-Based Youth Services Program*. Prepared for the National Invitational Conference on Improving Results for Children and Families by Connecting Collaborative Services with School Reform Efforts.
120. Alexander, J., Barton, C., Gordon, D., Grotmeter, J., Hansson, K., Harrison, R., Mears, S., Mihalic, S., Parsons, B., Pugh, C., Schulman, S., Waldron, H., & Sexton, T. (1998). *Blueprints for Violence Prevention, Book Three: Functional Family Therapy*. Boulder, CO: Center for the Study and Prevention of Violence.
121. Ellickson, P. L. (1998). Preventing adolescent substance abuse: Lessons from the Project ALERT program. In J. Crane (Ed.), *Social Programs that Really Work*. New York: Russell Sage, pp. 201-224.
123. Gillham, J.E., Reivich, K.J, Jaycox, L.H., & Seligman, M.E.P. (1995). Prevention of depressive symptoms in schoolchildren: Two-year follow-up. *Psychological Science*, 6, 343-351.
124. Lochman, J.E., Coie, J., Underwood, M., & Terry, R. (1993). Effectiveness of a social relations intervention program for aggressive and nonaggressive, rejected children. *Journal of Consulting and Clinical Psychology*, 61, 1053-58.
125. An Evaluation of the Early Mental Health Initiative's Primary Intervention Program and enhanced Primary Intervention Program for the 1994-95 Academic Year. Submitted to the State of California Department of Mental Health, Rochester, NY: Primary Mental Health Project, Inc., Nov. 1995.
126. Prinz, R.J., Blechman, E.A., & Dumas, J.E. (1994). An evaluation of peer coping-skills training for childhood aggression. *Journal of Clinical Child Psychology*, 23, 193-203.

CODA

MOVING SCHOOLS FORWARD

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?

Andy Hargreaves & Dean Fink (2000)

Some people believe that the reason they are good readers is because they were taught by a phonetic approach. Others believe they are good readers because they were taught with a language experience or a combination approach. Indeed, most good readers seem to advocate for whatever method they think worked for them.

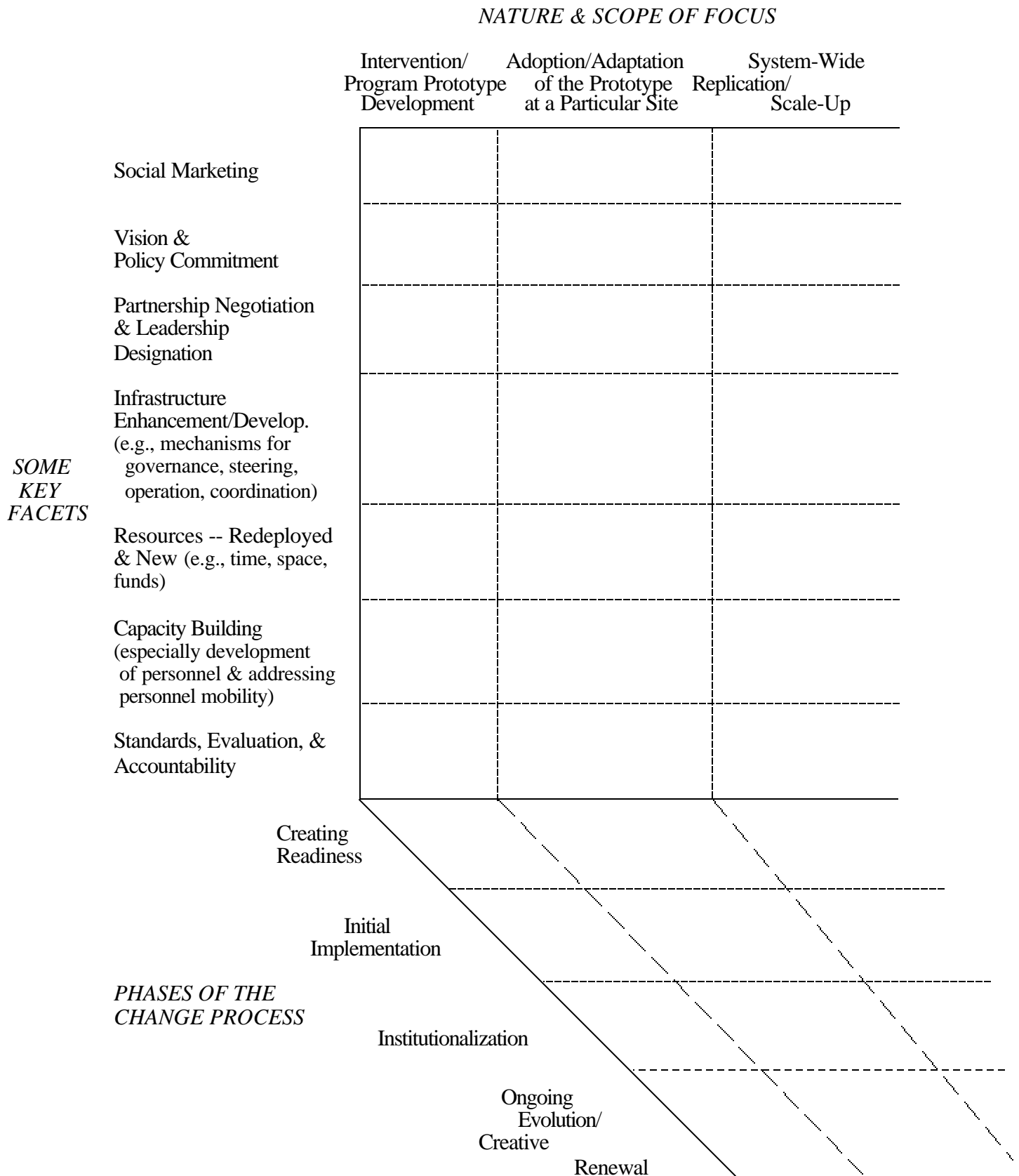
Our reading of the research literature, however, indicates that almost every method has *not* worked for a significant number of people. For a *few*, their reading problems stem from unaccommodated disabilities, vulnerabilities, and individual developmental differences. For many, the problems stem from socioeconomic inequities that affect readiness to learn at school and the quality of schools and schooling.

If our society truly means to provide the opportunity for all students to succeed at school, fundamental changes are needed so that teachers can personalize instruction 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.

The Problems of Prototype Implementation and Scale-Up

From our perspective, Figure Coda-1 on the following page outlines major matters that must be considered related to planning, implementing, sustaining, and going-to-scale.

Figure Coda-1. New Initiatives:
 Considerations Related to Planning, Implementing, Sustaining, and Going-to-Scale

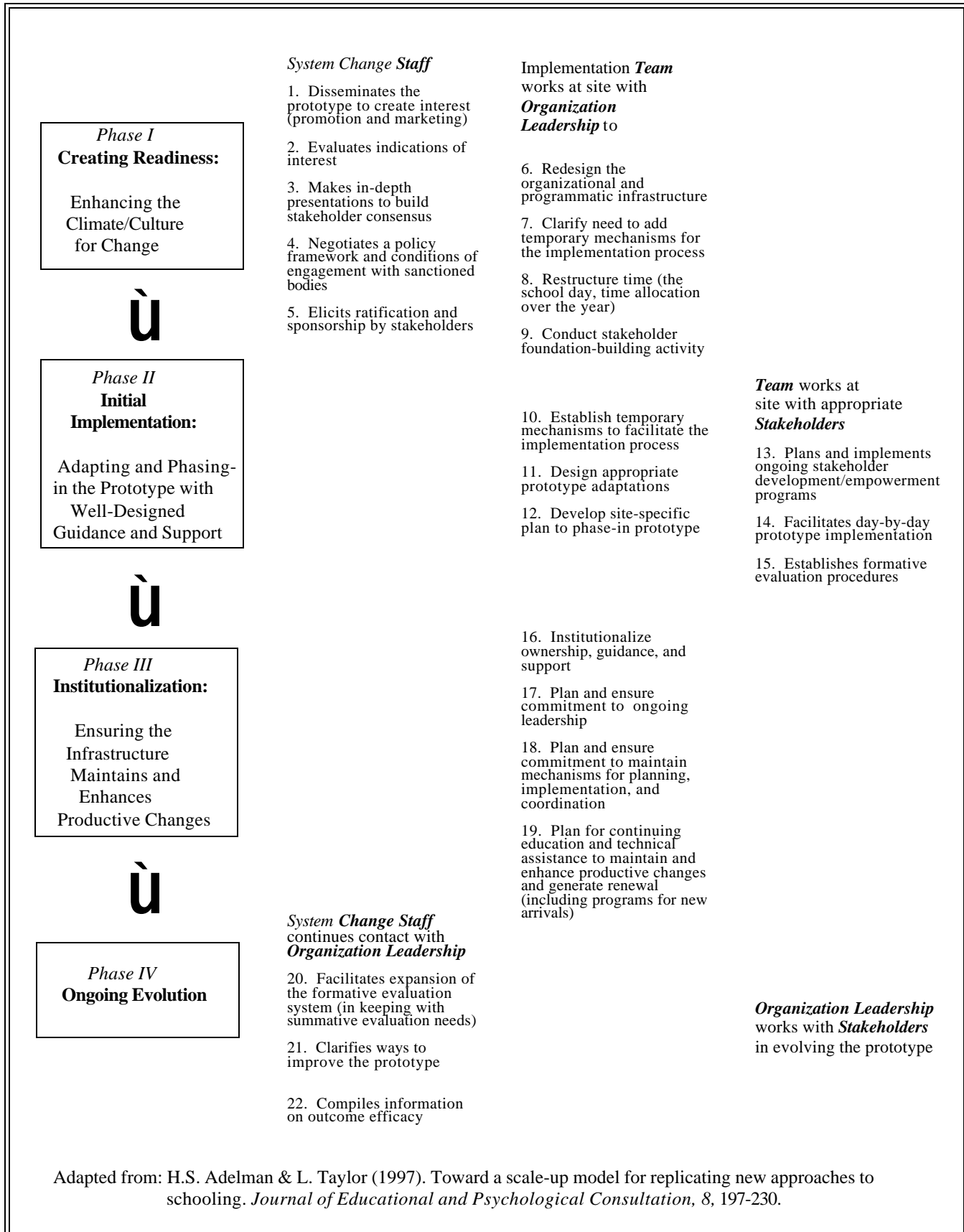


As illustrated in the figure, the focus related to an initiative to improve schools begins with the prototype for an improved approach. Such a prototype usually is developed and initially implemented as a pilot demonstration at one or more sites. Efforts to reform schooling, however, require much more 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 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 Coda-1. 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, 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" Vander Ark, 2002).

For many years, our work revolved mainly around developing demonstration programs. Over the last decade, we have moved into the world of replicating new approaches to schooling 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 a working framework for scale-up (see Figure Coda-2).

Figure 1. Prototype Implementation and Scale-up: Phases and Major Tasks



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 Coda-2, 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.

Figures Coda-1 and Coda-2 briefly 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

- C negotiating partnership agreements
- C designating leadership
- C 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)
- C redeploying resources and establishing new ones
- C building capacity (especially personnel development and strategies for addressing personnel and other stakeholder mobility)
- C establishing standards, evaluation processes, and accountability procedures.

Each facet and task requires careful planning based on sound intervention fundamentals. This means paying special attention to the problem of the match as discussed throughout Part II.

We do not mean to belabor all this. Our 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.

It's About What Happens at the School and in the Classroom

Finally, we want to end by stressing a simple truth: if it doesn't play out at a school and in the classroom, it doesn't mean much. In this respect, we note that current efforts to transform schools and schooling provide opportunities to reorient from "district-centric" planning and resource allocation. For too long there has been a terrible disconnect between central office policy and operations and how programs and services evolve in classrooms and schools. The time is opportune for schools and classrooms to truly become the center and guiding force for all planning. That is, planning should begin with a clear image of what the classroom and school must do to teach all students effectively. Then, the focus can move to planning how a family of schools and the surrounding community can complement

each other's efforts and achieve economies of scale. With all this clearly in perspective, central staff and state and national policy can be reoriented to the role of developing the best ways to support local efforts *as defined locally*.

At the same time, it is essential not to create a new mythology suggesting that every classroom and school site is unique. There are fundamentals that permeate all efforts to improve schools and schooling and that should continue to guide policy, practice, and research. For example:

- C The curriculum in every classroom must include a major emphasis on acquisition of basic knowledge and skills. However, such basics must be understood to involve more than the three Rs and cognitive development. There are many important areas of human development and functioning, and each contains "basics" that individuals may need help in acquiring. Moreover, any individual may require special accommodation in any of these areas.
- C Every classroom must address student motivation as an antecedent, process, and outcome concern.
- C Special assistance must be *added* to instructional programs for certain individuals, but only after the best nonspecialized procedures for facilitating learning have been tried. Moreover, such procedures must be designed to build on strengths and must not supplant a continuing emphasis on promoting healthy development.
- C Beyond the classroom, schools must have policy, leadership, and mechanisms for developing school-wide programs to address barriers to learning. Some of the work will need to be in partnership with other schools, some will require weaving school and community resources together. The aim is to evolve a comprehensive, multifaceted, and integrated continuum of programs and services ranging from primary prevention through early intervention to treatment of serious problems. Our work suggests that at a school this will require evolving programs to (1) enhance the ability of the classroom to enable learning, (2) provide support for the many transitions experienced by students and their families, (3) increase home involvement, (4) respond to and prevent crises, (5) offer special assistance to students and their families, and (6) expand community involvement (including volunteers).

- C Leaders for education reform at all levels are confronted with the need to foster effective scale-up of promising reforms. This encompasses a major research thrust to develop efficacious demonstrations and effective models for replicating new approaches to schooling.
- C Relatedly, policy makers at all levels must revisit current policy using the lens of addressing barriers to learning with the intent of both realigning existing policy to foster cohesive practices and enacting new policies to fill critical gaps.

Clearly, 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.

Cited References

Those references not fully included in a chapter are cited here. This list is followed by a list of other references and resource materials related to our work on addressing barriers to learning. And that list is followed by information about relevant agencies, organizations, and internet sites.

Chapter 1

- Adelman, H.S. & Taylor, L. (1994). *On understanding intervention in psychology and education*. Westport, CT: Prager.
- Adelman, H.S. (1995). Clinical psychology: Beyond psychopathology and clinical interventions, *Clinical Psychology: Science and Practice*, 2, 28-44.
- American Academy of Pediatrics (1996). *The classification of child and adolescent mental diagnoses in primary care (DSM-PC)*. Washington, DC: Author.
- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders (DSM-IV)*. Washington DC: Author.
- Becker, H.S. (1963). *Outsiders: Studies in the sociology of deviance*. New York: Free Press.
- Benedict, R. (1934). *Patterns of culture*. Boston: Houghton Mifflin.
- Bruner, J.S. (1966). *Toward a theory of instruction*. Cambridge, MA: Belknap Press.
- Byrnes, M.A. (Ed.). (2002). *Taking sides : Clashing views on controversial issues in special education*. Guilford, CT: McGraw-Hill/Dushkin;
- Coles, G. (1978). The learning-disabilities test battery: Empirical and social issues. *Harvard Educational Review*, 48, 313-340.
- Federal Register (1977). U.S. Office of Education. Education of handicapped children. *Federal Register*, 42, 65082-85.
- Hobbs, N. (1975). *The future of children: Categories, labels, and their consequences*. San Francisco: Jossey-Bass.
- Miller, D.T., & Porter, C.A. (1988). Errors and biases in the attribution process. In L.Y. Abramson (Ed.), *Social cognition and clinical psychology: A synthesis*. New York: Guilford.
- National Center for Educational Statistics (2000). The Nation's Report Card: Fourth-Grade Reading 2000. Washington, DC: Author.(<http://nces.ed.gov/nationsreportcard/>)
- Prilleltensky, I., & Nelson, G. (2002). *Doing psychology critically: Making a difference in diverse settings*. New York: PalgraveMacMillan.
- Stainback, W.C. & Stainback, S.B. (Eds.) (1995). *Controversial issues confronting special education: Divergent perspectives* (2nd edition). Boston: Allyn & Bacon.

Chapter 2

- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders (DSM-IV)*. Washington DC: Author.
- Bandura, A. (1978). The self system in reciprocal determinism. *American Psychologist*, 33, 344-358.
- Brook-Gunn, J. & Duncan, G.J. (1997). The effects of poverty on children. *The Future of Children*, 7, 55-71.
- Chase, S. (1956). *Guides to straight thinking*. New York: Harper & Brothers.
- Garbarino, J. (1995). *Raising children in a socially toxic environment*. San Francisco: Jossey-Bass.
- Hammond, L. (1997). *The right to learn: A blueprint for creating schools that work*. San Francisco: Jossey-Bass.
- Kohn, A. (1999). Constant frustration and occasional violence: The legacy of American high schools. *American School Board Journal*. (<http://www.asbj.com/security/contents/0999kohn.html>)
- Moos, R.H. (2002). The mystery of human context and coping: An unraveling of clues. *American Journal of Community Psychology*, 30, 67-88.
- Ryan, W. (1971). *Blaming the victim*. New York: Random House.
- Scales P.C., & Leffert, N. (1999). *Developmental Assets*. Minneapolis: Search Institute.
- U.S. Census Bureau (2000). Households and Families: Census 2000 Brief (Issued September 2001). DC: U.S. Department of Commerce. (<http://www.census.gov/prod/2001pubs/c2kbr01-8.pdf>)

Chapter 3

- Adelman, H.S. (1995). Education reform: Broadening the focus. *Psychological Science*, 6, 61-62.
- 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.
- Carlson, C., Paavola, J., & Talley, R. (1995). Historical, current, and future models of schools as health care delivery settings. *School Psychology Quarterly*, 10, 184-202.
- Carnegie Council on Adolescent Development's Task Force on Education of Young Adolescents (1989). *Turning Points: Preparing American Youth for the 21st Century*. Washington, DC: Author.
- Monk, D.H., Pijanowski, J.C., & Hussain, S. (1997). How and where the education dollar is spent. *The Future of Children*, 7, 51-62.
- U.S. Department of Education (2001). To assure the free appropriate public education of all children with disabilities. *Twenty-third Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act*. Jessup, MD: Education Publications Center.

Chapter 4

- Adelman, H.S. & Taylor, L. (1993). *Learning problems and learning disabilities: Moving forward*. Pacific Grove, CA: Brooks/Cole.
- American Youth Policy Forum (2000). *High Schools of the Millennium Report*, Washington, DC: American Youth Policy Forum.
- Bruner, J.S. (1966). *Toward a theory of instruction*. Cambridge, MA: Belknap Press.
- Center for Mental Health in Schools (2001). *Enhancing classroom approaches for addressing barriers to learning: Classroom Focused Enabling*. Los Angeles: Center for Mental Health in Schools at UCLA.
- Holt, J. (1989). *Learning all the time*. Reading, MA: Addison Wesley.
- Deci, E.L. (1975). *Intrinsic motivation*. New York: Plenum.
- Deci, E.L., with Flaste, R. (1995). *Why we do what we do*. New York: Penguin Books.
- Deci, E.L. & Ryan, R.M. (1985). *Intrinsic motivation and self-determination in human behavior*. New York: Plenum Press.
- Stipek, D.J. (1998). *Motivation to learn: From theory to practice* (3rd ed.). Boston: Allyn & Bacon.
- Wehrmeyer, M. L. & Sands, D. J. (1998). *Making it happen: Student involvement in education planning, decision making, and instruction*. Baltimore, MD: Paul Brookes Publishing Co.

Chapter 5

- Adelman, H.S. & Taylor, L. (1994). *On understanding intervention in psychology and education*. Westport, CT: Praeger.
- Adelman, H.S. & Taylor, L. (1997). System reform to address barriers to learning: Beyond school-linked services and full service schools. *American Journal of Orthopsychiatry*, 67, 408-421.
- Beauchamp, T. L., Feinberg, J., Smith, J.M. (1996). *Philosophy and the human condition*. Englewood Cliffs, NJ: Prentice Hall.
- Fraser, Barry J. (1998). Classroom environment instruments: Development, validity, and applications. *Learning Environments Research*, 1, 7-33.
- Freiberg, H. Jerome (Ed.). (1999). *School climate: Measuring, improving, and sustaining healthy learning environments*. London: Falmer Press.
- Hargreaves, A. (1994). *Changing teachers, changing times: Teachers' work and culture in the postmodern age*. New York: Teachers College Press.

- Hollander, E.P., & Offermann, L.R. (1990). Power and leadership in organizations: Relationships in transition. *American Psychologist*, 45, 179-189.
- Joyce, B., & Weil, M. (1980). *Models of teaching*. Boston: Allyn & Bacon.
- Mahony, P., & Hextall, I. (2000). *Reconstructing teaching : Standards, performance and accountability*. New York: Routledge Falmer.
- Moos, R.H. (1979). *Evaluating educational environments*. San Francisco: Jossey-Bass.
- Newmann, F., Marks, H., & Gamoran, A. (1996). Authentic pedagogy and student performance. *American Journal of Education*, 104, 280-312.
- Richardson, V. (Ed.) (2001). *Handbook of research on teaching* (4th ed.). Washington, DC: American Educational Research Association.
- Riger, S. (1993). What's wrong with empowerment. *American Journal of Community Psychology*, 21, 278-292.
- Strupp, H. H., & Hadley, S. M. (1977). A tripartite model for mental health and therapeutic outcomes with special reference to negative effects in psychotherapy. *American Psychologist*, 32, 187-96.
- Tomlinson, C.A. (1999). *The differentiated classroom: Responding to the needs of all learners*. Alexandria, VA: ASCD.
- Woodin-Weaver, P. (2000). Cited in S.Willis & L. Mann. Differentiating instruction: Finding manageable ways to meet individual needs. *ASCD Curriculum Update*. Online at www.ascd.org.

Chapter 6

- Adelman, H.S. & Taylor, L. (1993). *Learning problems and learning disabilities: Moving forward*. Pacific Grove, CA: Brooks/Cole.
- Adelman, H.S. & Taylor, L. (1994). *On understanding intervention in psychology and education*. Westport, CT: Prager.
- Aregalado, R.J., Bradley, R.C., & Lane, P.S. (1996). *Learning for life: Creating classrooms for self-directed learning*. Thousand Oaks, CA: Corwin Press.
- Hogan, K., & Pressley, M. (Eds.) (1997). *Scaffolding student learning: Instructional approaches and issues*. Cambridge, MA: Brookline Books.
- Passe, J. (1996). *When Students Choose Content: A Guide to Increasing Motivation, Autonomy, and Achievement*. Thousand Oaks, CA: Corwin Press, Inc.
- Shepard, L. A. (1990). Interview on assessment issues with Lorrie Shepard. *Educational Researcher*, 20, 21-23, 27.
- Steinbeck, J. (1955). Like captured fireflies. *California Teachers Association Journal*, 51, 7.

Chapter 7

- Bear, G.G. (1995). Best practices in school discipline. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology -- III*. Washington, DC: National Association of School Psychologists.
- Burke, D. (1997). *Looping: Adding time, strengthening relationships*. ERIC DIGEST, ERIC Identifier: ED414098.
- Hyman, I., Flanagan, D., & Smith, K. (1982). Discipline in the schools. In C.R. Reynolds & T.B. Gutkin (Eds.), *The handbook of school psychology* (pp. 454-480). New York: Wiley.
- Knoff, H.M. (1987). School-based interventions for discipline problems. In C.A. Maher & J.E. Zins (Eds.), *Psychoeducational interventions in the schools* (pp. 118-140). New York: Pergamon.
- Metzger, M. (2002). Learning to discipline. *Phi Delta Kappan online*, www.pdkintl.org/kappan/k0209met.htm
- Sapon-Shevin, M. (1996). Celebrating diversity, creating community: Curriculum that honors and builds on differences. In S.B. Stainback & W.C. Stainback (Eds.), *Inclusion: A guide for educators*. Baltimore, MD: Paul H. Brookes.
- Slavin, R.E. (1994). *Cooperative learning: Theory, research, and practice* (2nd ed.). Boston: Allyn & Bacon.
- Wolfgang, C.H. & Glickman, C.D. (1986). *Solving discipline problems: Strategies for classroom teachers* (2nd ed.). Boston: Allyn & Bacon.

Part III Introduction

- Sybouts, W. (1992). *Planning in school administration: A handbook*. Westport, CT: Greenwood Press.

Chapter 8

- Hargreaves, A. (1994). *Changing teachers, changing times: Teachers' work and culture in the postmodern age*. New York: Teachers College Press.
- Senge, P.M. (1990) *The fifth discipline: The art and practice of the learning organization*. NY: Currency/Doubleday.
- Vander Ark, T. (2002). The case for small schools. *Educational Leadership*, 59, 55-59.

For a sample of our work on the matters covered in this chapter, see the various articles, chapters, and related documents in the list following this listing of cited references.

Chapter 9

Center for Mental Health in Schools (2002). *School-community partnership: A guide*. Los Angeles: Center for Mental Health in Schools at UCLA.

Honig, M.I., Kahne, J., & McLaughlin, M.W. (2001) School-community connections: Strengthening opportunity to learn and opportunity to teach. In V. Richardson (Ed.) (2001). *Handbook of research on teaching* (4th ed.). Washington, DC: American Educational Research Association.

Melaville, A. & Blank, M.J. (1998). *Learning together: The developing field of school-community initiatives*. Flint, MI: Mott Foundation.

Southwest Regional Educational Laboratory (2001). *Emerging Issues in School, Family, & Community Connections: Annual Synthesis*. Austin, TX: Author.

Chapter 10

See the end of the chapter for the numbered references.

Intrator, S. (2002). *Stories of the Courage to Teach: Honoring the Teacher's Heart*. San Francisco: Jossey-Bass.

Neisser, U. (1976). *Cognition and reality: Principles and implications of cognitive psychology*. San Francisco: W.H. Freeman.

Rossi, P.H., & Freeman, H.E. (1989). *Evaluation: A systematic approach* (4th ed.). Newbury Park, CA: Sage.

Rossi, P.H., Freeman, H.E., Wright, S. (1979). *Evaluation: A systematic approach* (3rd ed.). Beverly Hills, CA: Sage.

Stake, R.E. (1967). The countenance of educational evaluation. *Teachers College Record*, 68, 523-540.

Stake, R.E. (1976). *Evaluating educational programs: The need and the response*. Paris: Organization for Economic Cooperation and Development.

Wolf, D.P. (2002). When raising isn't rising. *The School Administrator Web Edition* (Dec.). Arlington, VA: American Association of School Administrators.
www.aasa.org/publications/sa/2002_12Wolf.htm

Coda

Hargreaves, A., & Fink, D. (2000). The three dimensions of reform. *Educational Leadership*, 57, 30-34.

Vander Ark, T. (2002). Toward success at scale. *Phi Delta Kappan* 84, 322-326.

Published Works and Center-Produced Resources From Our Work on Addressing Barriers to Learning

Publications since 1990

Motivational readiness and minors' participation in psychoeducational decision making.

Adelman, H.S., MacDonald, V.M., Nelson, P., Smith, D.C., Taylor, L. (1990). *Journal of Learning Disabilities*, 23, 171-176.

School avoidance behavior: Motivational bases and implications for intervention.

Taylor, L., & Adelman, H.S. (1990). *Child Psychiatry and Human Development*, 20, 219-233.

Intrinsic motivation and school misbehavior: Some intervention implications.

Adelman, H.S., & Taylor, L. (1990). *Journal of Learning Disabilities*. 23, 541-550.

Issues and problems related to the assessment of learning disabilities.

Adelman, H.S., & Taylor, L. (1991). In H.L. Swanson (Ed.), *Handbook on the assessment of learning disabilities: Theory, research, and practice*. Pro-ed.

Perceived control, causality, expectations, and help seeking behavior.

Simoni, J.M., Adelman, H.S., & Nelson, P. (1991). *Counselling Psychology Quarterly*, 4, 37-44.

Mental health facets of the School-Based Health Center movement: Need and opportunity for research and development.

Adelman, H.S., & Taylor, L. (1991). *Journal of Mental Health Administration*, 18, 272-283.

Early school adjustment problems: Some perspectives and a project report.

Adelman, H.S., & Taylor, L. (1991). *American Journal of Orthopsychiatry*, 61, 468-474.

The classification problem.

Adelman, H.S. (1992). In W. Stainback & S. Stainback (Eds.), *Controversial issues confronting special education: Divergent Perspectives*. Boston: Allyn & Bacon.

LD: The next 25 years.

Adelman, H.S. (1992). *Journal of Learning Disabilities*, 25, 17-22.

Two studies of low income parents' involvement in schooling.

Klimes-Dougan, B., Lopez, J.A., Adelman, H.S., & Nelson, P. (1992). *The Urban Review*, 24, 185-202.

Learning problems and learning disabilities: Moving forward.

Adelman, H.S., & Taylor, L. (1993). Pacific Grove, CA: Brooks/Cole.

School-based mental health: Toward a comprehensive approach.

Adelman, H.S., & Taylor, L. (1993). *Journal of Mental Health Administration*, 20, 32-45.

A study of a school-based clinic: Who uses it and who doesn't?

Adelman, H.S., Barker, L.A., & Nelson, P. (1993). *Journal of Clinical Child Psychology*, 22, 52-59.

Utilization of a school-based clinic for identification & treatment of adolescent sexual abuse.

McGurk, S.R., Cárdenas, J., & Adelman, H.S. (1993). *Journal of Adolescent Health*, 14, 196-201.

School-based mutual support groups for low-income parents.

Simoni, J., & Adelman, H.S. (1993). *The Urban Review*, 25, 335-350.

Learning disabilities: On interpreting research translations.

Adelman, H.S. (1994). In N.C. Jordan & J. Goldsmith-Phillips (Eds.), *Learning disabilities: New directions for assessment and intervention*. Boston: Allyn and Bacon.

Transition support for immigrant students.

Cárdenas, J., Taylor, L., & Adelman, H. (1993). *Journal of Multicultural Counseling & Develop.*, 21, 203-210.

School-linked mental health interventions: Toward mechanisms for service coordination and integration.

Adelman, H.S. (1993). *Journal of Community Psychology*, 21, 309-319.

Mental health status and help-seeking among ethnic minority adolescents.

Barker, L.A., & Adelman, H.S. (1994). *Journal of Adolescence*, 17, 251-263.

On intervening to enhance home involvement in schooling.

Adelman, H.S. (1994). *Intervention in School and Clinic*, 29, 276-287.

On understanding intervention in psychology and education.

Adelman, H.S., & Taylor, L. (1994). Westport CT: Praeger.

Clinical psychology: Beyond psychopathology and clinical interventions.

Adelman, H.S. (1995). *Clinical Psychology: Science and Practice*, 2, 28-44.

Welcoming: Facilitating a new start at a new school.

DiCecco, M.B., Rosenblum, L., Taylor, L., & Adelman, H.S. (1995). *Social Work in Education*, 17, 18-29.

Upgrading school support programs through collaboration: Resource Coordinating Teams.

Rosenblum, L., DiCecco, M.B., Taylor, L., & Adelman, H. (1995). *Social Work in Education*, 17, 117-124.

Education reform: Broadening the focus.

Adelman, H.S. (1995). *Psychological Science*, 6, 61-62.

Appreciating the classification dilemma.

Adelman, H.S. (1996). In W. Stainback & S. Stainback (Eds.), *Controversial issues confronting special education: Divergent Perspectives*. Boston: Allyn & Bacon.

Mobility and school functioning in the early grades.

Nelson, P.S., Simoni, J.M., & Adelman, H.S. (1996). *Journal of Educational Research*, 89, 365-369.

Mental health in the schools: Promising directions for practice.

Taylor, L. & Adelman, H.S. (1996). *Adolescent Medicine: State of the Art Reviews*, 7, 303-317.

Restructuring education support services: Toward the concept of an enabling component.

Adelman, H.S. (1996). Kent, OH: American School Health Association.

Restructuring education support services and integrating community resources: Beyond the full service school model.

Adelman, H.S. (1996). *School Psychology Review*, 25, 431-445.

Toward a scale-up model for replicating new approaches to schooling.

Adelman, H.S. & Taylor (1997). *Journal of Educational and Psychological Consultation*, 8, 197-230.

Addressing barriers to learning: Beyond school-linked services and full service schools.

Adelman, H.S. & Taylor, L. (1997). *American Journal of Orthopsychiatry*, 67, 408-421.

Establishing school-based collaborative teams to coordinate resources: A case study.

Lim, C. & Adelman, H.S. (1997). *Social Work in Education*, 19, 266-278.

Involving teachers in collaborative efforts to better address barriers to student learning.

Adelman, H.S. & Taylor, L. (1998). *Preventing School Failure*, 42, 55-60.

School counseling, psychological, and social services.

Adelman, H.S. (1998). In E. Marx & S.F. Wooley, with D. Northrop (Eds.), *Health is academic: A Guide to coordinated school health programs*. Teachers College Press.

Psychosocial screening.

Adelman, H.S. & Taylor, L. (1998). Scarborough, ME: National Association of School Nurses.

A policy and practice framework to guide school-community connections.

Taylor, L., & Adelman, H.S. (1998). *Rural Special Education Quarterly*, 17, 62-70.

Mental health in schools: Moving forward.

Adelman, H.S. & Taylor, L. (1998). *School Psychology Review*, 27, 175-190.

Confidentiality: Competing principles, inevitable dilemmas.

Taylor, L., & Adelman, H.S. (1998). *Journal of Educational and Psychological Consultation*, 9, 267-275.

Reframing mental health in schools and expanding school reform.

Adelman, H.S. & Taylor, L. (1998). *Educational Psychologist*, 33, 135-152.

Mental health in schools: A federal initiative.

Adelman, H.S., Taylor, L., Weist, M.D., Adelsheim, S., Freeman, B., Kapp, L., Lahti, M., & Mawn, D. (1999). *Children Services: Social Policy, Research, and Practice*, 2, 99-119.

Mental health in schools and system restructuring.

Adelman, H.S. & Taylor, L. (1999). *Clinical Psychology Review*, 19, 137-163.

Addressing barriers to student learning: Systemic changes at all levels.

Adelman, H.S. & Taylor, L. (1999). Intro to thematic section for *Reading and Writing Quarterly*, 15, 251-254.

Personalizing classroom instruction to account for motivational and developmental differences.

Taylor, L. & Adelman, H.S. (1999). *Reading and Writing Quarterly*, 15, 255-276.

A school-wide component to address barriers to learning.

Adelman, H.S., Taylor, L., & Schnieder, M. (1999). *Reading and Writing Quarterly*, 15, 277-302.

Scaling-up reforms across a school district.

Taylor, L., Nelson, P., & Adelman, H.S. (1999). *Reading and Writing Quarterly*, 15, 303-326.

Fundamental concerns about policy for addressing barriers to student learning.

Adelman, H., Reyna, C., Collins, R., Onghai, J., & Taylor, L. (1999). *Reading & Writing Quarterly*, 15, 327-350.

Keeping reading and writing problems in broad perspective.

Adelman, H.S. & Taylor, L. (1999). Coda to thematic section for *Reading and Writing Quarterly*, 15, 351-354.

Moving prevention from the fringes into the fabric of school improvement.

Adelman, H.S. & Taylor, L. (2000). *Journal of Educational and Psychological Consultation*, 11, 7-36.

Shaping the future of mental health in schools.

Adelman, H.S. & Taylor, L. (2000). *Psychology in the Schools*, 37, 49-60.

Looking at school health and school reform policy through the lens of addressing barriers to learning.

Adelman, H.S. & Taylor, L. (2000). *Children Services: Social Policy, Research, and Practice*, 3, 117-132.

Promoting mental health in schools in the midst of school reform.

Adelman, H.S. & Taylor, L. (2000). *Journal of School Health*, 70, 171-178.

Toward ending the marginalization of mental health in schools.

Taylor, L., & Adelman, H.S. (2000). *Journal of School Health*, 70, 210-215.

Connecting schools, families, and communities.

Taylor, L., & Adelman, H.S. (2000). *Professional School Counseling*, 3, 298-307.

School learning.

Adelman, H.S. (2000). In W.E. Craighead & C.B. Nemeroff (Eds.), *The Corsini encyclopedia of psychology and behavioral science*. (3rd ed.). New York: John Wiley & Sons.

Enlisting appropriate parental cooperation & involvement in children's mental health treatment.

Taylor, L., & Adelman, H.S. (2001). In E.R. Welfel & R.E. Ingersoll (Eds.), *The mental health desk reference*. New York: John Wiley & Sons.

Impediments to enhancing availability of mental health services in schools: fragmentation, overspecialization, counterproductive competition, and marginalization.

Adelman, H.S. & Taylor, L. (2002). Paper commissioned by the National Association of School Psychologists and the ERIC Clearinghouse on Counseling and Student Services (ERIC/CASS). Published by the *ERIC/CASS Clearinghouse*. Accessible on internet from <http://ericcass.uncg.edu/whatnew.html>

Building comprehensive, multifaceted, and integrated approaches to address barriers to student learning.

Adelman, H.S., & Taylor, L. (2002). *Childhood Education*, 78, 261-268.

Lessons learned from working with a district's mental health unit.

Taylor, L., & Adelman, H.S. (2002). *Childhood Education*, 78, 295-300.

Lenses used determine lessons learned.

Adelman, H.S., & Taylor, L. (2002). *Journal of Educational and Psychological Consultation*, 13, 227-236.

School-community relations: Policy and practice.

Taylor, L., & Adelman, H.S. (2003). In Fishbaugh, et al., (Eds.), *Ensuring safe school environments: Exploring issues— seeking solutions*. Mahwah, NJ: Lawrence Erlbaum.

Creating school and community partnerships for substance abuse prevention programs.

(Commissioned by SAMHSA's Center for Substance Abuse Prevention.) Adelman, H.S., & Taylor, L. (2003). *Journal of Primary Prevention*, 23, 331-310.

Toward a comprehensive policy vision for mental health in schools.

Adelman, H.S., & Taylor, L. (2002). In M. Weist, S. Evans, & N. Lever (Eds.), *School mental health handbook*. Kluwer.

Aligning school accountability, outcomes, and evidence-base practices.

Adelman, H.S., & Taylor, L. (2002). *Data Matters*, #5, 16-18.

So you want higher achievement test scores? It's time to rethink learning supports.

Adelman, H.S., & Taylor, L. (2002). *The State Education Standard, Autumn*, 52-56.

School counselors and school reform: New directions.

Adelman, H.S., & Taylor, L. (in press). *Professional School Counseling*.

Advancing mental health in schools: Guiding frameworks and strategic approaches.

Taylor, L., & Adelman, H.S. In Press In K. Robinson (Ed.), *Advances in school-based mental health..* Creative Research Institute.

Materials Produced by the Center for Mental Health in Schools at UCLA

All the following resources can be downloaded at no cost from the Website of the School Mental Health Project and its Center for Mental Health in Schools (see <http://smhp.psych.ucla.edu>)

The following documents represent a variety of resources, including

- (1) *Introductory Packets* – these provide overview discussions, descriptions or model programs, references to publications, access information to other relevant centers, agencies, organizations, advocacy groups, and internet links, and a list of consultation cadre members ready to share expertise;
- (2) *Resource Aid Packets* (designed to complement the Introductory Packets) – these are a form of tool kit for fairly circumscribed areas of practice. They contain overviews, outlines, checklists, instruments, and other resources that can be reproduced and used as information handouts and aids for training and practice;
- (3) *Technical Aid Packets* – these are designed to provide basic understanding of specific practices and tools;
- (4) *Technical Assistance Samplers* – these provide basic information for accessing a variety of resources on a specific topic such as agencies, organizations, websites, individuals with expertise, relevant programs, and library resources;
- (5) *Guides to Practice* – translates ideas into practice;
- (6) *Continuing Education Modules, Training Tutorials & Quick Training Aids* – these provide learning opportunities and resources for use in inservice training;
- (7) *Special Reports & Center Briefs*

Some Resources Focused on Psychosocial Problems

- C Affect and Mood Problems Related to School Aged Youth (Introductory Packet)
- C Anxiety, Fears, Phobias, and Related Problems: Intervention and Resources for School Aged Youth (Introductory Packet)
- C Attention Problems: Intervention and Resources (Introductory Packet)
- C Behavioral Problems at School (Quick Training Aid)
- C Bullying Prevention (Quick Training Aid)
- C Common Psychosocial Problems of School Aged Youth: Developmental Variations, Problems, Disorders and Perspectives for Prevention and Treatment (Guide to Practice)
- C Conduct and Behavior Problems in School Aged Youth (Introductory Packet)
- C Dropout Prevention (Introductory Packet)
- C Learning Problems and Learning Disabilities (Introductory Packet)
- C Sexual Minority Students (Technical Aid Packet)
- C School Interventions to Prevent Youth Suicide (Technical Aid Packet)
- C Social and Interpersonal Problems Related to School Aged Youth (Introductory Packet)
- C Substance Abuse (Resource Aid Packet)
- C Suicide Prevention (Quick Training Aid)
- C Teen Pregnancy Prevention and Support (Introductory Packet)
- C Violence Prevention (Quick Training Aid)

Some Resources Focused on Program/Process Concerns

- C Addressing Barriers to Learning: New Directions for Mental Health in Schools (Continuing education modules)
- C Addressing Barriers to Learning: Overview of the Curriculum for an Enabling (or Learning Supports) Component (Quick Training Aid)
- C After-School Programs and Addressing Barriers to Learning (Technical Aid Packet)
- C Assessing to Address Barriers to Learning (Introductory Packet)
- C Assessing & Screening (Quick Training Aid)
- C Behavioral Initiatives in Broad Perspective (Technical Assistance Sampler)
- C Classroom Changes to Enhance and Re-engage Students in Learning (Training Tutorial)
- C Case Management in the School Context (Quick Training Aid)
- C Community Outreach: School-Community Resources to Address Barriers to Learning (Training Tutorial)
- C Confidentiality (Quick Training Aid)
- C Confidentiality and Informed Consent (Introductory Packet)
- C Creating the Infrastructure for an Enabling (Learning Support) Component to Address Barriers to Student Learning (Training Tutorial)
- C Crisis Assistance and Prevention: Reducing Barriers to Learning (Training Tutorial)
- C Cultural Concerns in Addressing Barriers to Learning (Introductory Packet)
- C Early Development and Learning from the Perspective of Addressing Barriers (Intro Packet)
- C Early Development and School Readiness from the Perspective of Addressing Barriers to Learning (Center Brief)
- C Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom Focused Enabling (Continuing Education Modules with accompanying readings and tool kit)
- C Financing Strategies to Address Barriers to Learning (Quick Training Aid)
- C Financial Strategies to Aid in Addressing Barriers to Learning (Introductory Packet)
- C Financing Mental Health for Children & Adolescents (Center Brief and Fact Sheet)
- C Guiding Parents in Helping Children Learn (Technical Aid)
- C Home Involvement in Schooling (Training Tutorial)
- C Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Needs (Introductory Packet)
- C Mental Health and School-Based Health Centers (Guide to Practice)
- C Mental Health in Schools: New Roles for School Nurses (Continuing Education Modules)
- C Parent and Home Involvement in Schools (Introductory Packet)
- C Protective Factors (Resiliency) (Technical Assistance Sampler)
- C Re-engaging Students in Learning (Quick Training Aid)
- C Responding to Crisis at a School (Resource Aid Packet)
- C School-Based Client Consultation, Referral, and Management of Care (Tech. Aid Packet)
- C School-Based Crisis Intervention (Quick Training Aid)
- C School-Based Health Centers (Technical Assistance Sampler)
- C School-Based Mutual Support Groups (For Parents, Staff, and Older Student) (TA Packet)
- C Screening/Assessing Students: Indicators and Tools (Resource Aid)
- C Students & Family Assistance Programs and Services to Address Barriers to Learning (Training Tutorial)
- C Students and Psychotropic Medication: The School's Role (Resource Aide Packet)
- C Support for Transitions to Address Barriers to Learning (Training Tutorial)
- C Sustaining School-Community Partnerships to Enhance Outcomes for Children and Youth

- (A Guidebook and Tool Kit)
- C Understanding and Minimizing Staff Burnout (Introductory Packet)
- C Using Technology to Address Barriers to Learning (Technical Assistance Sampler)
- C Violence Prevention and Safe Schools (Introductory Packet)
- C Volunteers to Help Teachers and School Address Barriers to Learning (Tech. Aid Packet)
- C Welcoming and Involving New Students and Families (Technical Aid Packet)
- C What Schools Can Do to Welcome and Meet the Needs of All Students and Families (Guide to practice)
- C Where to Get Resource Materials to Address Barriers to Learning (Resource Aid Packet)
- C Where to Access Statistical Information Relevant to Addressing Barriers to Learning: An Annotated Reference List (Resource Aid Packet)

Some Resources Focused on Systemic Concerns

- C About Mental Health in Schools (Introductory Packet)
- C Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It Needs (Resource Aid Packet)
- C Addressing Barriers to Student Learning: Closing Gaps in School/Community Policy and Practice (Center Report)
- C Addressing Barriers to Student Learning & Promoting Healthy Development: A Usable Research-Base (Center Brief)
- C Evaluation and Accountability: Getting Credit for All You Do! (Introductory Packet)
- C Evaluation and Accountability Related to Mental Health in Schools (TA Sampler)
- C Expanding Educational Reform to Address Barriers to Learning: Restructuring Student Support Services and Enhancing School-Community Partnerships (Center Report)
- C Framing New Directions for School Counselors, Psychologists, & Social Workers (Ctr. Rep.)
- C Guides for the Enabling Component -- Addressing Barriers to Learning and Enhancing Healthy Development (Guides to practice)
- C Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together (Center Brief)
- C Introduction to a component for Addressing Barriers to Student Learning (Center Brief)
- C Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations (Ctr Rep)
- C New Directions in Enhancing Educational Results: Policymakers' Guide to Restructuring Student Support Resources to Address Barriers to Learning (Guide to practice)
- C New Directions for School & Community Initiatives to Address Barriers to Learning: Two Examples of Concept Papers to Inform and Guide Policy Makers (Center Report)
- C New Initiatives: Considerations Related to Planning, Implementing, Sustaining, and Going-to-Scale (Center Brief)
- C Organization Facilitators: A Change Agent for Systemic School and Community Changes (Center Report)
- C Pioneer Initiatives to Reform Education Support Programs (Center Report)
- C Policies and Practices for Addressing Barriers to Learning: Current Status and New Directions (Center Report)
- C Resource Mapping and Management to Address Barriers to Learning: An Intervention for Systemic Change (Technical Assistance Packet)
- C Resource-Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education Supports (Center Report)

- C Restructuring Boards of Education to Enhance Schools' Effectiveness in Addressing Barriers to Student Learning (Center Report)
- C Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning (Technical Assistance Sampler)
- C School-Community Partnerships: A Guide
- C Thinking About and Accessing Policy Related to Addressing Barriers to Learning (TA Sampler)
- C Working Together: From School-Based Collaborative Teams to School -Community-Higher Education Connections (Introductory Packet)

Appendix A

About the Causes of Learning Disabilities

In contrast to common learning problems, learning disabilities are defined as stemming from a central nervous system (CNS) dysfunction. However, the dysfunction is seen as a relatively subtle or minor one. That is, the term is used to account for neurologically-based learning problems that are not the result of *gross* brain damage or the kind of severe CNS dysfunction associated with major disorders such as cerebral palsy. As you read on, remember that the factors discussed can, but do not *always* cause CNS dysfunctions, and when they do, the effects may be so minimal as not even to result in learning problems.

Factors Causing Central Nervous System Problems

Factors that can cause CNS problems and lead to learning disabilities may be grouped into four categories: (1) genetic, (2) prenatal (before birth), (3) perinatal (during birth), and (4) post-natal (after birth).

Genetic. There is a tendency to believe the problem is inherited when a child with a learning problem has a parent who also has a learning problem. This is unfortunate since more often than not similar environmental factors may have caused the problem for both the parent and the child. Research has not demonstrated that genetic defects are a high-frequency cause of specific learning disabilities. Clearly, genetic influences play a role in anyone's development. At the same time, the nature of learning experiences and attitudes about learning often are very similar for parents and their children. For example, children often go to schools similar to those their parents attended. Parents often recreate the home environments they experienced as children. If books and reading were not important in the home where the father and mother grew up, the parents may not make much of an effort to provide books or to encourage their children to spend much time reading. In general, parents' attitudes and beliefs are "taught" to children in daily encounters. If parents don't like to read or think of themselves as having a learning problem, their children may soon learn the same attitudes. A child may see these attitudes as a family trait and may model or adopt them. Thus, what is passed on in such cases often is a *learned* behavior and not a genetic trait. Although low frequency occurrences, a few genetic syndromes (e.g.,

neurofibromatosis) do appear to have a high probability of leading to learning problems. The transmission of such genetic abnormalities may produce abnormal brain structures, dysfunctional patterns of CNS maturation, biochemical irregularities, or a high risk for diseases that can impair the brain. When any of these occur, whether genetically caused or not, learning problems may follow.

Prenatal (before birth). More commonly than genetics, events in the first stages of life have been identified as leading to learning disabilities. Factors suggested as resulting in CNS malfunctioning before birth include (a) R-H factor incompatibility, (b) exposure to disease, such as German measles, (c) deficiencies in the mother's diet, such as vitamin or mineral deficiencies, (d) illnesses of the mother, such as diabetes, kidney disease, hypothyroidism, emotional stress, (e) exposure to radiation, such as x-rays, (f) use of certain drugs and medication by the mother, and (g) excessive use of cigarettes and other substances by the mother that may produce a shortage of oxygen. Because many of these prenatal factors are seen as causing premature birth, premature infants (those less than 5 1/2 pounds) are seen as being especially at risk for a variety of illnesses that may affect CNS development.

Perinatal (during birth). During labor and delivery, a few events can occur that may result in physical damage or oxygen deficiency affecting brain tissue. Perinatal factors, however, are not considered as frequent primary causes of learning disabilities. Those perinatal events that may cause problems include (a) intracranial hemorrhaging during labor due to prolonged difficulty in passing through the birth canal, (b) injury from forceps delivery, (c) deprivation of oxygen when the umbilical cord is wrapped around the infant's throat, and (d) various negative effects from some drugs used to induce labor and control postnatal hemorrhaging.

Postnatal (after birth). Many factors in subsequent stages of life may instigate CNS malfunctions. To simplify things, they may be categorized as including events or conditions leading to (a) destruction or deterioration of brain tissue and (b) biochemical irregularities that cause poor connections between brain cells or result in abnormal brain development. Specific examples of these kinds of events and conditions are head injuries, strokes, tumors, ingestion of toxic substances, poor nutrition (such as vitamin deficiencies), hypoglycemia, severe and chronic emotional stress, glandular disorders (such as

calcium and thyroid imbalances), and diseases and illnesses (such as meningitis and encephalitis) that cause prolonged high fevers.

How the CNS is Affected and Learning is Disrupted

It is relatively easy to suggest a variety of ways in which the brain fails to function appropriately and thus causes learning disabilities. Many theories have been offered. However, the more that is learned about CNS functioning, the more some of the theories are seen as too simplistic. Any factor that leads to hormonal, chemical, or blood flow imbalances may instigate some degree of CNS trouble. Yet, only a few factors are likely to have more than a temporary effect. When the effects are more than temporary, they take the form of CNS destruction or deterioration, delayed neurological maturation, development of abnormal brain structures, or malfunctioning of connections between brain cells.

Brain injury and dysfunctioning. Nerve cells in the brain (neurons) that are destroyed cannot be restored. It is comforting to note, however, that the human brain is estimated to have 12 billion neurons, and that as many as ten thousand die a natural death every day without apparent negative effect on brain functioning. Therefore, a small amount of damage can occur without severe consequences. In cases of brain injury, the nature and scope of dysfunction appears to depend, in part, on the amount of tissue damage. For example, as long as enough cells remain undamaged, there are instances where nondamaged cells take over specific functions. Also important in determining the effects of brain injury are its location and the stage of CNS development.

Uneven learning of a particular skill, such as reading, leads to hypotheses about specific areas of the brain that may be malfunctioning. For instance, some youngsters readily recognize letters when asked to point them out but have trouble reading them without prompting. Or they may have difficulty understanding that certain groups of letters mean the same thing as the words they speak. In such cases, the reading problem is likely to be seen as caused by a brain malfunction and will be referred to as *dyslexia* by many experts. (To the regret of many, the term *dyslexia* has come to be used widely to designate almost any reading problem, rather than that subset of reading problems caused by CNS dysfunctioning.) One theory of dyslexia suggests that factors such as oxygen deprivation (anoxia) produce damage to cells in the parietal and parietal-occipital lobes which are the association centers of

the brain. Damage to these areas is believed to result in a specific inability to associate symbols with meaning but is not seen as interfering with the recognition of symbols.

Damaged brain cells can cause malfunctions in the connections necessary for the cells to communicate with each other. Such communication between brain cells is known as *neural impulse transmission*. It is carried out through an electrochemical process and is essential to effective learning and performance. Impulse-transmission problems occur when a neuron is prevented from communicating with others or when the speed of transmission is too rapid or too slow. Dysfunctions in neural impulse transmission usually are the result of endocrine malfunctions and chemical imbalances.

If brain cells cannot communicate efficiently and effectively with each other, development, learning, and performance will be affected. For example, this may be the case for individuals who appear to have extremely high activity levels and difficulty sustaining attention. One hypothesis suggests that when brain cells are damaged, neurotransmitter chemicals usually are destroyed as well. Thus, there is not enough of the chemical needed to inhibit transmission, and it becomes too rapid. Another hypothesis proposes that overly rapid transmissions occur when the points of connection between neurons (i.e., synapses) are so insensitive to chemical inhibitors that they do not adequately slow down transmission.

Despite technological advances, research to test specific hypotheses about minor CNS dysfunctioning confronts many methodological challenges. Efforts in this direction include postmortem studies of brain anomalies of individuals who had reading problems and investigations of families and twins in search of genetic trends. Those researchers capitalizing on instruments that allow for indirect viewing and computer analyses of brain structure and function continue to stress both the promise and limitations of available technology.

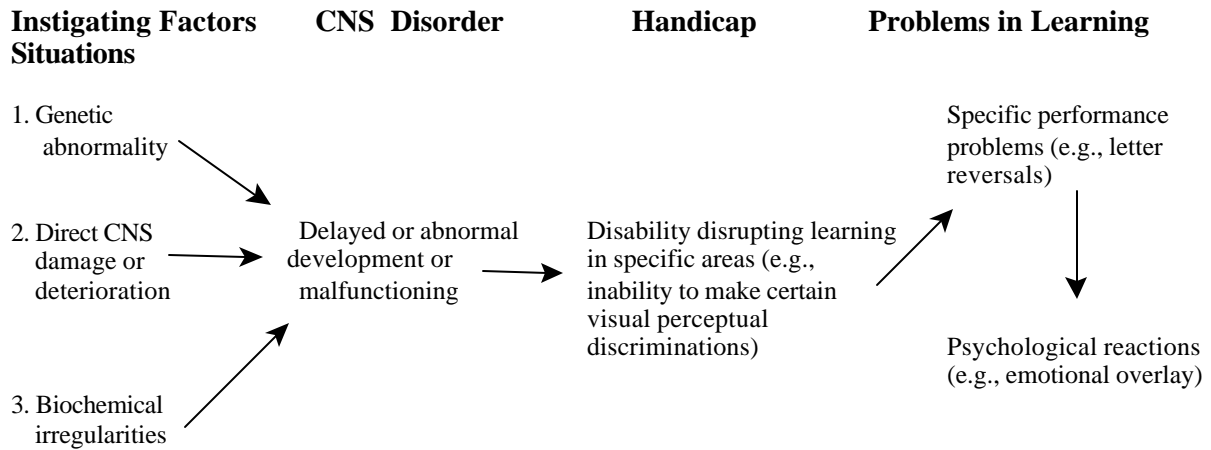
Developmental lag. Not all theories about neurological causes focus on CNS *dysfunction*. Any of the environment or other person instigating factors cited in Table 2-1 can delay the rate of CNS maturation. It is widely hypothesized that persons whose neurological development is disrupted or is comparatively slow will lag behind their peers, especially in the early formative years. This slow development often is referred to as *maturational* or *developmental lag*. According to this view, children whose neurological development is not the same as that of others their age are not ready to learn the same tasks as the majority of their peers. At school, children who are lagging considerably

behind others find that most classrooms cannot wait for them to catch up. It is this fact, not the developmental lag by itself, that is seen as the instigating factor leading to learning problems.

For instance, the first-grade reading curriculum begins with the assumption that all students have a certain level of auditory and visual perceptual capability. Auditory and visual *perception* differ from auditory and visual *acuity*. Acuity is a matter of sharpness and depends on the sensitivity of one's sense organs, (e.g., an eye that can clearly see shapes and forms). Perception is the psychological process by which a person organizes and makes sense out of incoming sensory information. A child may have 20/20 vision (perfect acuity) but not be able to discriminate (perceptually distinguish) differences among letters.

If young David has not yet developed certain capabilities at the expected level, chances are he will not be able to handle parts of the reading lessons *at the expected time*. As the teacher moves on to teach the next lesson, he falls further behind. A year or so later, his neurological development will advance to a point where he has the necessary physiological capability. Unfortunately, he will have missed learning important basic skills. In such cases (and in many cases in which CNS malfunctions produce only temporary disruptions in learning), subsequent learning problems are no longer due to the initial CNS factors. They are caused by the fact that the individual is missing certain skills that are prerequisites for subsequent learning. In effect, the missing skills make the youngster vulnerable to subsequent learning problems. Whether long-term problems emerge depends on how the environment responds to accommodate the vulnerability. In Chapters 1 and 2, we labeled true learning disabilities (LD) as a Type III and differentiated this type of learning problem from those resulting from unaccommodated vulnerabilities (Type II problems).

The sequence of events discussed to this point, beginning with initial instigating factors, is diagrammed below.



The sequence of events related to CNS disorders can be described as beginning with a *primary* instigating factor that produces the disorder (see diagram). In turn, the disorder can produce a handicap. In the case of disrupted learning resulting from a CNS disorder, such a handicap has come to be called a *learning disability*. Such a handicapping disability is seen as disrupting learning in specific areas (e.g., in associating meaning with symbols). As a result, learning problems become evident as the individual has trouble performing in learning settings, such as during reading instruction at school.

The sequence of events becomes complicated after a CNS disorder causes learning problems. More often than not, the learning problems themselves cause more problems. Subsequent development, learning, and performance are disrupted. The impact on the individual can extend into all areas of learning and can be responsible for a variety of negative emotions, attitudes, and behaviors. The combination of performance problems and problems stemming from negative psychological effects often cause the learning problems to become worse. That is, these factors become *secondary* instigating factors leading to further handicapping conditions that cause specific learning problems to become wide-range performance and behavior problems.

Some Related References

- Filipek, P. (1995). Neurobiologic correlates of developmental dyslexia: How do dyslexics' brains differ from those of normal readers? *Journal of Child Neurology*, 10(Supple. 1), S62-S68.
- Kibby, M., & Hynd, G. (2001). Neurological basis of learning disabilities. In D. Hallahan & B. Keogh (Eds.), *Research and global perspectives in learning disabilities: Essays in honor of William A. Cruickshank* (pp. 25-42). Mahwah, NJ: Erlbaum.
- Pennington, B. (1995). Genetics of learning disabilities. *Journal of Child Neurology*, 10(Supple. 1), S69-S77.
- Rutter, M., & Maughan, B. (2002). School effectiveness findings. *Journal of School Psychology*, 40, 451-475.
- Tallal, P., Miller, S., Jenkins, W., & Merzenich, M. (1997). The role of temporal processing in developmental language-based learning disorders: Research and clinical implications. In B. Blachman (Ed.), *Foundations of reading acquisition and dyslexia* (pp. 49-66). Mahwah, NJ: Erlbaum.
- Zefferino, T., & Eden, G. (2000). The neural basis of developmental dyslexia. *Annals of Dyslexia*, 50, 3-30.

Appendix B

About Helping Vs. Socialization: Whose Interests Are Being Served?

The welfare of those with learning and behavior problems often depends on the ability of society, professionals, and parents to keep the difference between socialization and helping in perspective and to resolve conflicting interests appropriately.

Interventions for those with learning and behavior problems can be distinguished in terms of whether the purpose is to serve the interests of the society, the individual, or both. At the root of this distinction, however, is the age old inevitability of conflicts between individual and societal interests. And it is this inevitable conflict that is at the core of so many legal and ethical dilemmas confronting those who intervene in the lives of others.

The problem of conflicting interests is reflected in the extensive concern raised about society's ability to exercise control through psychological and educational interventions. At one extreme, it is argued that there are times when society must put its needs before the individual rights of citizens by pursuing certain activities designed to maintain itself. Examples include involuntary socialization programs and compulsory education, testing, and treatment. At the other extreme, it is argued that activities that jeopardize individuals' rights, such as coerced participation or invasion of privacy, are never justified. For many persons, however, neither extreme is acceptable, especially with respect to minors.

Without agreeing or disagreeing with a particular position, one can appreciate the importance of the debate. Specifically, it serves to heighten awareness that

- C no society is devoid of some degree of coercion in dealing with its members (e.g., no right or liberty is absolute) and that coercion often is seen as particularly justifiable in intervening with minors
- C interventions can be used to serve the vested interests of subgroups in a society at the expense of other subgroups (e.g., to deprive minorities, the poor, females, and legal minors of certain freedoms and rights)

C informed consent and due process of law are central to the protection of individuals when there are conflicting interests at stake (e.g., about who or what should be blamed for a problem and be expected to carry the brunt of corrective measures).

Such awareness and greater sensitivity to conflicts among those with vested interests in interventions are essential if individuals in need of help are to be adequately protected from abuse by those with power to exercise control over them.

Conflicting Interests

The importance of understanding that a variety of persons and groups have vested and often conflicting interests in intervention practices has been alluded to for many years. Strupp and Hadley (1977), for example, propose that there are three "interested parties" involved in intervention decision making: the client, society, and intervener. We contrast the interested parties in terms of those who are directly and those who are indirectly involved. The former include persons or systems to be changed (e.g., individual referred because of a problem, an instructional program), interveners, and subscribers (e.g., parents, those who refer individuals to interveners, government or private agencies that underwrite programs). Indirectly involved parties include those whose influence has the potential to produce a major impact on the intervention. These parties range from other family members to those who lobby for, underwrite, study, evaluate, and teach about intervention. With respect to the different interested parties, a consistent problem arises as to who is the "client" – the person paying, such as parents, the board of education, taxpayers, or an insurance company, or the person with the educational or psychological problem.

Although not always articulated, each interested party has beliefs and values about the nature of identified problems and what should be done. And, it may be uncertain as to whose view should prevail.

James has been "acting out" at school and at home. His parents and teacher and even he himself agree that the behavior is inappropriate. However, each disagrees about the reason for the behavior and what needs to be done. The teacher and parents see the problem residing in James and want him treated to reduce the degree of inappropriate behavior and increase adaptation to social rules. While agreeing that James should be referred for treatment, the teacher and parents have different ideas about what type of intervention should be sought. Moreover, both viewpoints differ from that of a psychologist brought in for consultation and from James's own

perspective.

Based on interest in classroom order, the teacher has implemented a range of behavioral management strategies to curb James's classroom misbehavior. But they have not been effective, and so she suggests James be taken to a physician for evaluation of the need for medication to reduce hyperactive behavior at school. With a concern for his long-term adjustment, his parents want him to have individual psychotherapy to address his underlying emotional problems. The psychologist has a predilection for family system's theory and insists that the parents and James should be referred for family treatment. James says that he doesn't need treatment and indicates he would not have to fight with his teacher and parents if they would just "get off his back."

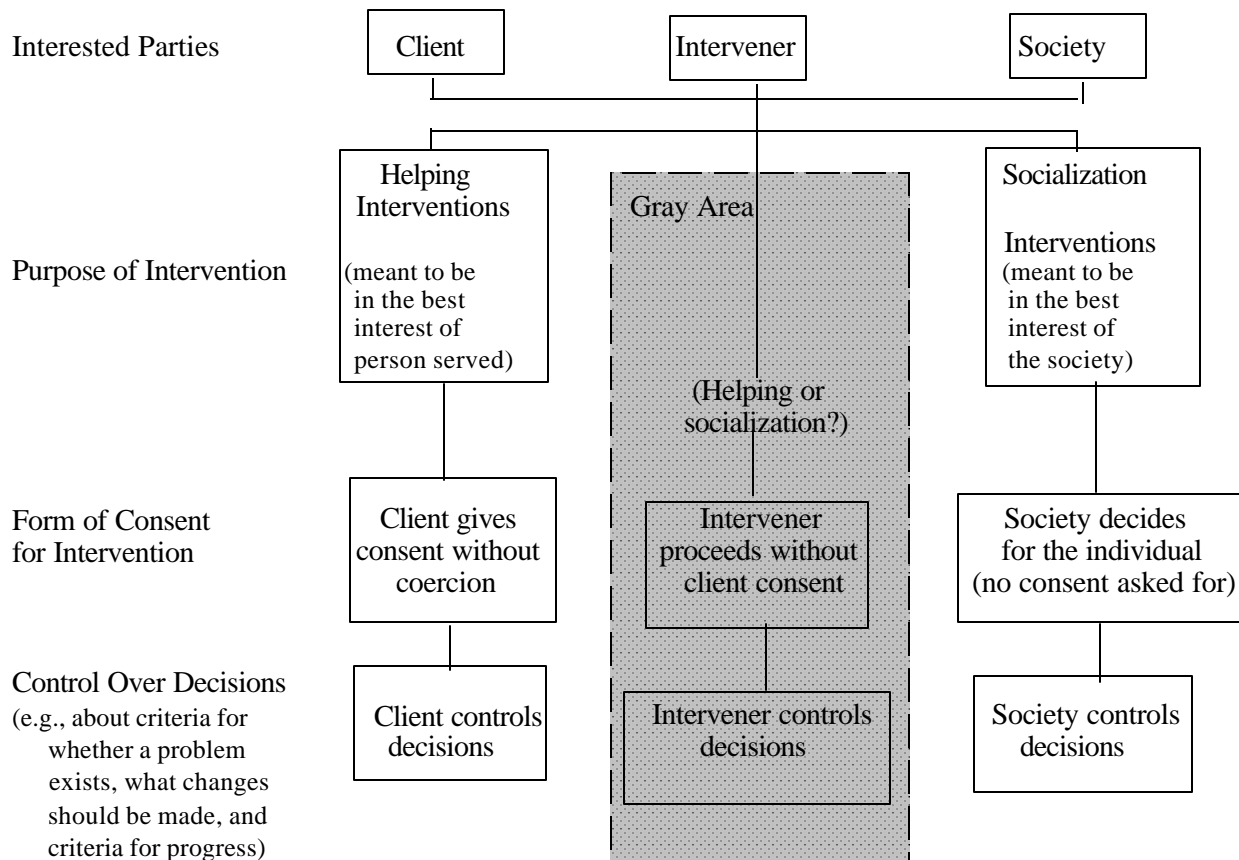
When there are conflicting interests, then theory, philosophical principles, legislation, and legal precedents can provide broad guidelines for decision making. In particular, decisions should be made with full recognition of the helping and/or socialization intent. This includes consideration of the likely impact of proposed interventions on the individual, especially potential negative effects. Furthermore, we suggest that an individual's best interests are not served when interventions designed to socialize are counterproductive to helping, as may happen when there is overreliance on social control strategies. From this perspective, decisions to pursue such interventions are seen as requiring specific justification clarifying that societal interests outweigh those of the individual. The bases for such a justification are found in social philosophical, legal, and psychological discussions which we highlight after differentiating between helping and socialization interventions.

Helping vs. Socialization Interventions

The key to differentiating helping from formal socialization interventions is determining primary intent with respect to whose interests are to be served (see Figure B-1). Helping interventions are defined in terms of a primary intention to serve the client's interests; socialization through formal intervention primarily seeks to serve the interests of the society (Adelman & Taylor, 1988).

How does one know whose interests are served? This can be defined with reference to the nature of the consent and ongoing decision making processes. That is, by definition, the individual's interests are served when she or he consents to intervention without coercion and has control over

Figure B-1. Helping and socialization interventions.



major intervention decisions. In contrast, socialization agendas usually are implemented under a form of "social contract" that allows society's agents to decide on certain interventions for the individual without asking for consent, and in the process, society maintains control over intervention decisions.

When the intent is to serve the individual's interest but it is not feasible to elicit truly informed consent or ensure the individual has control, one is forced to operate in a gray area. This is quite likely to arise with young children and those with severe and profound learning and behavior problems. In such cases, parents, guardians, or other surrogates are asked to become the individual's advocate until that person can act for him or herself. One also is working in a gray area when intervening at the

request of a surrogate who sees the intervention as in a person's best interests despite the individual's protests to the contrary.

Conflict in the form of socialization vs. helping can be expected whenever decisions are made about interventions to deal with behavior the majority of a social group find disruptive or view as inappropriate. Such a conflict can arise, for example, in dealing with children who misbehave at school. One major reason for *compulsory* education is that society wants schools to act as socializing agencies. When James misbehaved at school, the teacher's job was to bring the deviant and devious behavior under control. Interventions were designed to convince James he should conform to the proscribed limits of the social setting. His parents valued the school's socializing agenda, but also wanted him to receive special help at school for what they saw as an emotionally based problem. James, like most children did not appreciate the increasing efforts to control his behavior, especially since many of his actions were intended to enable him to escape such control. Under the circumstances, not only was there conflict among the involved parties, it is likely that the teacher's intervention efforts actually cause James to experience negative emotional and behavior reactions.

It is commonplace for practitioners to be confronted with situations where socialization and helping agendas are in conflict. Some resolve the conflict by clearly defining themselves as socializing agents and in that role pursue socialization goals. In such a context, it is understood that helping is not the primary concern. Others resolve the conflict by viewing individuals as "clients" and pursuing interventions that can be defined as helping. In such cases, the goal is to work with the consenting individual to resolve learning and behavior problems, including efforts designed to make environments more accommodative of individual differences. Some practitioners are unclear about their agenda or are forced by circumstances to try to pursue both agendas at once, and this adds confusion to an already difficult situation.

The problem of conflicting agendas is particularly acute for those who work in "institutional" settings such as schools and residential "treatment" centers. In such settings, the tasks confronting the practitioner often include both helping individuals overcome underlying problems and controlling misbehavior to maintain social order. At times the two are incompatible. And although all interventions

in the setting may be designated as "treatment," the need for social control can overshadow the concern for helping. Moreover, the need to control individuals in such settings has led to coercive and repressive actions.

Coercive Interventions

In the name of helping, coercive interventions often are used with minors. These include a range of programs described as "resocializing" troubled or troubling youth. Examples include isolating youngsters for prolonged periods of time, "boot camp" programs, and forcing minors to wear self-derogatory signs or engage in other humiliation rituals. Not only do these cases illustrate coercive and repressive treatment of minors, courts have been called on to provide some guidelines as to the limitations of such approaches. Judicial cases, of course, raise concerns about the dangers involved in determining public policy and professional practice through litigation. That is, care must be taken not to conclude that judicial rulings provide satisfactory, never mind sufficient, guidelines for decisions about coercive interventions.

Given there are limits, the question remains: When is coercive intervention appropriate? As suggested above, some practitioners argue that any type of involuntary psychoeducational intervention is unjustifiable. Others argue that various forms of majority disapproved behavior, ranging from illegal acts through immoral and deviant behaviors to compulsive negative habits, produce enough social harm, offense, or nuisance to warrant compulsory intervention. Examples cited with respect to minors include substance abuse, gender confusion, truancy, aggressive behavior toward adults or peers, and low self-esteem.

Even when the focus is on the most dramatic psychosocial problems, serious ethical concerns arise whenever compulsory intervention is proposed to socialize or "resocialize" individuals. When the need for coercive intervention is extrapolated from dramatic cases to less extreme behaviors, such as classroom misbehavior and attention problems, the ethical concerns are even more pressing. Ironically, in such instances, the coercive nature of an approach may not even be evident, particularly when the activity is viewed as in keeping with appropriate socialization goals and described as unlikely to be harmful.

For behavior that is illegal or in violation of organizational rules, some minors have been compelled

or at least "encouraged" to enroll in treatment rather than go to jail or be expelled from school. When treatment is offered as an alternative to punishment, the choice between the lesser of two evils may seem clear and devoid of coercion. A chronically truant or "incurable" youth might indeed express preference for a "diversion" program of treatment over juvenile detention. However, given a third nontreatment alternative he or she sees as more desirable, treatment probably would not be chosen.

One moral basis for decisions to allow and pursue involuntary interventions is found in the philosophical grounds for coercion. As Feinberg (1973) and Robinson (1974) suggest, such decisions are informed by principles that address justifications for the restriction of personal liberty. These are:

- (1) To prevent harm to others, either
 - (a) injury to individual persons (The Private Harm Principle), or
 - (b) impairment of institutional practices that are in the public interest (The Public Harm Principle);
- (2) To prevent offense to others (The Offense Principle);
- (3) To prevent harm to self (Legal Paternalism);
- (4) To prevent or punish sin, i.e., to "enforce morality as such" (Legal Moralism);
- (5) To benefit the self (Extreme Paternalism)
- (6) To benefit others (The Welfare Principle). (p. 33)

As Robinson (1974) cogently states:

None of these justifications for coercion is devoid of merit nor is it necessary that any of them exclude the others in attempts to justify actions against the freedoms of an individual. . . . It is one thing to assert each of these justifications enjoys some merit but quite another to suggest that they are equally valid. And it is manifestly the case that they do not share equally in the force of the law. Yet, while not sharing equally, they have all, on one occasion or another, been relied on to validate a legal judgment. (p. 234)

Other related bases for decisions to allow and pursue involuntary interventions with children and adolescents are found in philosophical, legal, and psychological discussions of minors' competence or lack thereof to act in their own best interests. At one time, little doubt existed that minors lacked competence to act in their best interests, and thus, it was reasoned that treatment had to proceed without their consent. Currently, discussion has shifted to the question: At what age are minors

competent to participate as equals or as sole deciders in decisions that affect them? The evolving answer to this question is reshaping views about when it is appropriate to pursue treatment without a minors' consent and is part of the larger concern about respect for the dignity of children (Beider & Dickey, 2001; Center for Mental Health in Schools, 2002; Cohn, 2001; Dickey, Kiefner, & Beidler, 2002; Hutchby & Moran-Ellis, 1998).

There is, for example, evidence that some minors at 14 years of age and even younger are competent to participate appropriately and effectively in making major intervention decisions, such as those made during individual educational program (IEP) planning (Taylor, Adelman, & Kaser-Boyd, 1985). Survey data indicate that a significant number of parents, professionals, and children take the position that individuals as young as 8 years old should play a greater role in decision making (e.g., Taylor, Adelman, & Kaser-Boyd, 1984). In addition, a variety of benefits related to minors' decision making are evident, but there obviously also are risks.

Summing up

Current theory and data are inadequate to resolve debates over age of competence and relative weighting of risks and benefits. The complexity of the problem is increased by the fact that risks and benefits vary with the type of decisions under discussion and developmental and motivational status of the decision maker. Moreover, little is known about whether intervention might improve decision making competence of younger children, thereby lowering the mean age at which competence is manifested and, perhaps, reducing risks and enhancing benefits. Ultimately, every practitioner must personally come to grips with what she or he views as morally proper in balancing the respective rights of the various parties when interests conflict.

References

- Adelman, H.S., & Taylor, L. (1988). Clinical child psychology: Fundamental intervention questions and problems. *Clinical Psychology Review, 8*, 637-665.
- Beider, S.M., & Dickey, S.B. (2001). Children's competence to participate in healthcare decisions. *JONA's Healthcare Law, Ethics and Regulation, 3*, 80-87.
- Center for Mental Health in Schools (2002). *Confidentiality and informed consent*. Los Angeles: Author at UCLA.
- Cohn, S. (with Gelfman, M., & Schwab, N. (2001). Adolescent issues and rights of minors. In N.C. Schwab & M.H. Gelfman (Eds.), *Legal issues in school health services*. North Branch, MN: Sunrise Press.
- Dickey, S.B., Kiefner, J., & Beidler, S.M. (2002). Consent and confidentiality issues among school-age children and adolescents. *The Journal of School Nursing, 18*, 179-186.
- Feinberg, J. (1973). *Social philosophy*. Englewood Cliffs, NJ: Prentice-Hall.
- Hutchby, I, & Moran-Ellis, J. (Eds.) (1998). *Children and Social Competence: Arenas of Action*. New York: RoutledgeFalmer.
- Robinson, D.N. (1974). Harm, offense, and nuisance: Some first steps in the establishment of an ethics of treatment. *American Psychologist, 29*, 233-238.
- Strupp, H. H., & Hadley, S. M. (1977). A tripartite model for mental health and therapeutic outcomes with special reference to negative effects in psychotherapy. *American Psychologist, 32*, 187-96.
- Taylor, L., Adelman, H. S., & Kaser-Boyd, N. (1984). Attitudes toward involving minors in decisions. *Professional Psychology, 15*, 436-49.
- Taylor, L., Adelman, H. S., & Kaser-Boyd, N. (1985). Minors' attitudes and competence toward participation in psychoeducational decisions. *Professional Psychology, 16*, 226-235.

Appendix C

About Active Learning

Teaching strategies must always have as their primary concern producing effective *learning*. Effective learning requires ensuring that the student is truly engaged. This is especially important in preventing learning, behavior, and emotional problems, and essential at the first indications of such problems. Thus, the focus here is on discussing the concept of *active learning*. In doing so, we offer examples of instructional approaches that are designed to enhance motivation to learn (Deci & Ryan, 1985; Passe, 1996; Stipek, 1998; Wehrmeyer & Sands, 1998).

Simply stated, active learning is *learning by doing, listening, looking, and asking*; but it is not just being active that counts. It is the mobilization of the student to seek out and learn (see Exhibit C-1). Specific activities are designed to capitalize on student interests and curiosity, involve them in problem solving and guided inquiry, and elicit their thinking through reflective discussions and specific products. Moreover, the activities are designed to do all this in ways that not only minimize threats to feelings of competence, self-determination, and relatedness to others, but enhance such feelings (Adelman & Taylor, 1993; Deci & Ryan, 1985).

There are many examples of ways to promote active learning at all grade levels. It can take the form of class discussions, problem-based and discovery learning, a project approach, involvement in “learning centers” at school, experiences outside the classroom, and independent learning in or out of school. For example, students may become involved in classroom, school-wide, or community service or action projects. Older students may be involved in “internships.” Active learning methods can be introduced gradually so that students can be taught how to benefit from them and so that they can be provided appropriate support and guidance.

Active learning in the form of interactive instruction, authentic, problem-based, discovery, and project-based learning does much more than motivate learning of subject matter and academic skills. Students also learn how to cooperate with others, share responsibility for planning and implementation, develop understanding and skills related to conflict resolution and mediation, and much more. Such formats also provide a context for collaboration with other teachers and school staff and with a variety of volunteers.

Exhibit C-1

Active Learning

As presented by Fred Newmann, Helen Marks, & Adam Gamoran (in a 1996 *American Journal of Education* article entitled “Authentic Pedagogy and Student Performance”):

Active learning is “. . . students actively constructing meaning grounded in their own experience rather than simply absorbing and reproducing knowledge transmitted from subject-matter fields. . . .”

Examples are . . .

- C Small group discussions
- C cooperative learning tasks
- C independent research projects
- C use of hands on manipulatives, scientific equipment, and arts and crafts materials
- C use of computer and video technology
- C community-based projects such as surveys, oral histories, and volunteer service.

Components of Active Learning in the Classroom are...

- C *Higher-order thinking* – Instruction involves students in manipulating information and ideas by synthesizing, generalizing, explaining, hypothesizing, or arriving at conclusions that produce new meanings and understandings for them.
- C *Substantive conversation* – Students engage in extended conversational exchanges with the teacher and/or their peers about subject matter in a way that builds an improved and shared understanding of ideas or topics.
- C *Deep knowledge* – Instruction addresses central ideas of a topic or discipline with enough thoroughness to explore connections and relationships and to produce relatively complex understandings.
- C *Connections to the world beyond the classroom* – Students make connections between substantive knowledge and either public problems or personal experiences.

On the following pages we offer brief overviews of a variety of approaches that encompass strategies for actively engaging students in learning and related practice. Included are discussions of interactive instruction, authentic learning, problem-based and discovery learning, project-based learning, learning centers, and enrichment activity.

Interactive Instruction

One of the most direct ways teachers try to engage students is through class discussion and sharing of insights about what is being learned, often bringing in their own experiences and personal reactions.

A variety of topics can also be introduced as a stimulus for discussion. Discussion not only helps students practice and assimilate, it adds opportunities to learn more (e.g., from teacher clarifications and peer models). It also can provide an impetus for further independent learning. And, of course, it is the most direct way to enhance such skills as organizing and orally presenting one's ideas.

For students just learning to engage in discussion or who have an aversion to such a format, it is important to keep discussions fairly brief and use a small group format. If a student wants to participate but is having trouble doing so, individual interaction away from the group can help them develop essential readiness skills, such as listening, organizing one's thoughts, and interacting appropriately with another. Whole class discussion is reserved for occasions when the topic affects all the students. These can be invaluable opportunities to enhance a sense of community.

Suggested guidelines for effective discussions include:

- C using material and concepts familiar to the students
- C using a problem or issue that does not require a particular response
- C stressing that opinions must be supported
- C providing some sense of closure as the discussion ends, such as a summary of what was said, insights and solutions generated, any sense of consensus, and implications for the students' lives now and in the future.

Authentic Learning

Authentic learning (sometimes called genuine learning) facilitates active learning by connecting content, process, and outcomes to real-life experiences. The concept encompasses students learning in authentic contexts outside of the classroom, such as around the school, in the neighborhood, and at home. The emphasis is on learning activities that have genuine purpose. The intent is to enhance student valuing of the curriculum through working on somewhat complex problems and tasks/projects they naturally experience or that they will experience later in their lives.

For example, by focusing on current problems or controversies affecting them, students work on projects and create products they value. Tasks range from simple activities, such as groups writing letters to the local newspaper, to more complex projects, such as cross-subject thematic instruction,

science and art fairs, major community service projects, and a variety of on-the-job experiences. Specific examples include developing a classroom newspaper or multimedia newscast on a controversial topic, carrying out an ecological project, developing a school website or specific sections of the school's web site, and creating a display for the school regarding the neighborhood's past, present and future, planning a city of the future.

The key to properly implementing authentic learning activity is to minimize "busy work" and ensure the major learning objectives are being accomplished. Good authentic tasks involve

- | | |
|--|------------------|
| >locating, gathering,
organizing, synthesizing | >problem solving |
| >making collaborative decisions
and interpreting information
and resources | >elaborating |
| | >explaining |
| | >evaluating. |

The process also usually involves public exhibiting of products and related presentations to others outside the class.

Properly implemented, authentic learning activity helps develop

- Ⓒ inquiry (learning to ask relevant questions and search for answers)
- Ⓒ critical and divergent thinking and deep understanding
- Ⓒ judgment
- Ⓒ general decision making and problem solving capability
- Ⓒ performance and communication skills.

Such an approach also can contribute to enhancing a sense of community.

Problem-Based and Discovery Learning

Problem-based and discovery learning processes are built around a series of active problem-solving investigations. These approaches overlap with the concept of authentic learning; at their root is the notion of active learning. It is assumed that, with appropriate guidance and support, students will be motivated by the defined problem and by the process of discovery and will use their capabilities to make pertinent observations, comparisons, inferences, and interpretations and arrive at new insights.

In general, the approach begins with the teacher raising a question or series of questions and leading a discussion to identify a problem worth exploring. Students decide ways to investigate the problem,

and work individually and/or in small groups conducting “investigations.” For example, they manipulate phenomena, make observations, gather and interpret data, and draw inferences. Then, they draw conclusions and make generalizations (see Exhibit C-2).

Exhibit C-2

Problem-Based Learning

From: PBL Overview <http://www.mcli.dist.maricopa.edu/pbl/info.html>

Problem-based learning (PBL) is a term that some have adopted for one type of authentic learning. It is described as a "total approach to education PBL is both a curriculum and a process. The curriculum consists of carefully selected and designed problems that demand from the learner acquisition of critical knowledge, problem solving proficiency, self-directed learning strategies, and team participation skills. The process replicates the commonly used systemic approach to resolving problems or meeting challenges that are encountered in life and career

In problem-based learning, the traditional teacher and student roles change. The students assume increasing responsibility for their learning, giving them more motivation and more feelings of accomplishment, setting the pattern for them to become successful life-long learners. The faculty in turn become resources, tutors, and evaluators, guiding the students in their problem solving efforts."

Project-based learning

This approach also is built on the assumption that motivation and effort is mobilized and maintained and learning is enhanced when students engage in meaningful investigation of interesting problems. The process also draws on the motivational benefits of having students work and learn cooperatively with each other in developing the project, sharing learning strategies and background knowledge, and communicating accomplishments (see Exhibits C-3 and C-4).

Exhibit C-3

Project-Based Learning

As stated by Ralph Ferretti and Cynthia Okolo (1996), “Project-based learning offers an intrinsically interesting and pedagogically promising alternative to an exclusive reliance on text-books. When students have the opportunity to engage in meaningful investigation of interesting problems for the purpose of communicating their findings to others, their interest in learning is enhanced Increased interest can yield significant cognitive benefits, including improved attention, activation and utilization of background knowledge, use of learning strategies, and greater effort and persistence Moreover, during project-based learning activities, students have the opportunity to cooperate and collaborate with peers.”

Ferretti and Okolo outline five essential features of project-based instruction:

- C An authentic question or problem provides a framework for organizing concepts and principles.
- C Students engage in investigations that enable them to formulate and refine specific questions, locate data sources or collect original data, analyze and interpret information, and draw conclusions.
- C These investigations lead to the development of artifacts that represent students' proposed solutions to problems, reflect their emerging understanding about the domain, and are presented for the critical consideration of their colleagues.
- C Teachers, students, and other members of the community of learners collaborate to complete their projects, share expertise, make decisions about the division of labor, and construct a socially mediated understanding of their topic.
- C Cognitive tools, such as multimedia technology are used to extend and amplify students' representational and analytic capacities

They also note with respect to their experiences: “. . . we provide students with guidance and assistance in specific components of project construction, even though each group is responsible for the selection of information in its project. We rely on a combination of teacher-directed instruction and explicit modeling, dialogue with individuals and groups, and scaffolding through worksheets Thus, we have developed modules to teach students (specific skills, such as) how to read source materials with a partner . . . (and) we provide students with planning sheets that scaffold many of the activities they must utilize, such as taking notes or organizing information on a card”

With respect to implementation of project-based learning, various writers stress that students should be involved in choosing a topic, and the topic should be multifaceted enough to maintain student engagement over an extended period of time. Because of the scope of such projects, students must first learn how to work in a cooperative learning group and then how to share across groups.

Exhibit C-4

More on Project-Based Learning

Lillian Katz and Sylvia Chard (1998) stress:

A main aim of project work in the early years is to strengthen children's dispositions to be interested, absorbed, and involved in in-depth observation, investigation, and representation of some worthwhile phenomena in their own environments.

From their perspective, among the factors to consider in selecting and implementing projects are: (1) characteristics of the particular group of children, (2) the geographic context of the school, (3) the school's wider community, (4) the availability of relevant local resources, (5) the topic's potential contribution to later learning, and (6) the teacher's own knowledge of the topic.

CRITERIA FOR CHOOSING PROJECTS

- C It is directly observable in the children's own environment (real world)
- C It is within most children's experiences
- C First-hand direct investigation is feasible and not potentially dangerous
- C Local resources (field sites and experts) are favorable and readily accessible
- C It has good potential for representation in a variety of media (e.g., role play, construction, writing, multi-dimensional, graphic organizers)
- C Parental participation and contributions are likely, and parents can become involved
- C It is sensitive to the local culture as well as culturally appropriate in general
- C It is potentially interesting to many of the children, or represents an interest that adults consider worthy of developing in children
- C It is related to curriculum goals and standards of the school or district
- C It provides ample opportunity to apply basic skills (depending on the age of the children)
- C It is optimally specific: not too narrow and not too broad

Learning Centers

Learning centers are an especially useful strategy for mobilizing and maintaining student engagement.

The format goes well with the concept of authentic learning and processes such as discovery and problem-based learning. As Martha McCarthy (1977) noted decades ago,

Many problems of motivation can be attributed to the fact that children are bored because the class is moving too slowly or too quickly. Also, some behavior problems arise because children are restless when they are required to sit still for long periods of time. These problems can be reduced by supplementing the regular classroom program with learning-center activities. . . . The learning center tries to deal with the reality that pupils learn at different rates, have different interests and needs, and are motivated when they are permitted to make choices based on these unique needs and interests. Learning centers are not a panacea for all the problems that

confront education today, but well-planned centers can enhance the learning environment.

The following are some ways learning centers are used:

1. *Total learning environment* – The entire instructional program is personalized. Youngsters engage in small-group and individual activities at various learning stations throughout the room.

Teacher-conducted learning activities are kept at a minimum.

2. *Remedial work* – Students who have not mastered basic skills go to learning centers focused on those skills. They work with audio-visual materials and individualized-instruction programs or help one another as peer tutors.

3. *Practice* – To reinforce knowledge or skills learned in regular classroom instruction, students go to learning centers equipped with materials for motivated practice to enhance recent learning and challenge them to go beyond what they have learned.

4. *Enrichment activities* – At specific times during the day, students choose to engage in activities they enjoy, such as arts and crafts, games, puzzles, science experiments, or cooking. These also provide a change of pace when students get bored.

An activity in a learning centers can be designed to meet the unique needs of a student.. Although learning centers are usually associated with self-directed activities, one or more stations may be teacher directed. Also, paraprofessionals, volunteers, or pupils who have specific talents can direct centers at various times.

Examples of Types of Centers

Single-Subject Centers

1. Reading Center
2. Math Center
3. Science Center
4. Writing/Spelling/Handwriting Center
5. Social Studies Center
6. Foreign Language Center

Remedial Learning Centers

7. Any of the subjects listed above

Enrichment Centers

8. Library Center
9. Computer Center
10. Art/Music Center
11. Activities and Game Center
12. Listening Center

Independent-Study Centers

13. Research Center
14. Discovery Center
15. Invention Center

The Importance of Enrichment Activity

The richer the environment, the more likely students will discover new interests, information, and skills. Enrichment comprises opportunities for exploration, inquiry, and discovery related to topics and activities that are not part of the usual curriculum. Opportunities are offered but need not be taken. No specific learning objectives may be specified. It is assumed that much will be learned and, equally as important, there will be a greater sense of the value and joy of pursuing knowledge.

Enrichment activities often are more attractive and intriguing than those offered in the developmental curriculum. In part, this is because they are not required, and individuals can seek out those that match their interests and abilities. Enrichment activities also tend to be responsive to students; whatever doesn't keep their attention is replaced.

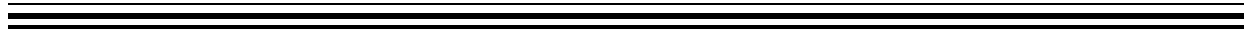
Example of one school's way of organizing enrichment offerings:

1. Arts: stained glass, raku, ceramics, pottery, painting, junk art, maskmaking, puppetry, jewelry-making, basket weaving, air brushing, silkscreening, photography, drama, street dancing, line dancing, folk dancing, hula, creative movement, video/filmmaking, card making, tile mosaics
2. Science/Math: Dissection, kitchen physics, kitchen chemistry, marine biology, rocketry, robotics, K-nex, string art, math games and puzzles, science and toys, boatmaking, Hawaiian ethnobotany, and laser/ holography
3. Computer: computer graphics, internet, computer simulations, computer multimedia, and computer Lego logo
4. Athletics: basketball, baseball, volleyball, football, soccer, juggling, unicycling, golf
5. Others: cooking, magic, clowning around, French culture, Spanish culture, Japanese culture, board games

Because so many people think of enrichment as a frill, it is not surprising that such activities may be overlooked – especially for youngsters who manifest learning and behavior problems. After all, these persons are seen as needing all the time that is available for “catching up.” This view is unfortunate. The broader the curriculum, the better the opportunity for creating a good motivational match and for facilitating learning throughout an important range of developmental tasks and remedial needs.

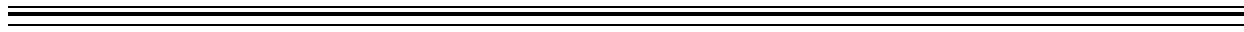
Enrichment should be an integral part of daily classroom time. It should be part of school-wide

opportunities during the day and after school. After school programs not only enable schools to stay open longer to provide academic support and safe havens, drug and violence prevention, and various services such as counseling, they also provide opportunities for youngsters to participate in supervised recreation, chorus, band, the arts and to use the internet. All this allows youngsters to learn skills that often are not part of the school's curricula, such as athletic and artistic performance skills. In some cases, these experiences lead to lifelong interests or careers (Aregalado & Lane, 1996). But, perhaps just as importantly, youngsters are able to enhance their sense of competence and affiliation.



**A Few Other Examples of Activities That Can Be Used Regularly
to Engage Learners and Enrich Learning**

library activities; music/art/drama; student exhibitions & performances; outside speakers & performers; field trips;	mentoring & service learning; clubs; special interest groups; recreation & similar organized activities; school-wide activities such as student council and other leadership opportunities;	athletics; school environment projects (e.g. mural painting, gardening, school clean-up and beautification); poster/essay contests sales events (e.g. candy, t-shirts);	book fairs; health fairs; student newspapers/ magazines
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Active Learning – Yes, But . . .

The push for an increased emphasis on direct instruction to make quick gains related to basic academic skills (e.g., reading, math) narrows thinking about active learning. The nature and scope of activity described in this book requires devoting more time to the learning process. This is good for learning but often is accused of slowing down the pace for increasing elementary school achievement test gains with respect to the 3 Rs. This is an either-or form of thinking we see as a false dichotomy. Nevertheless, this mind set paired with accountability pressure for rapid test score increases is working against appropriate use of active learning. In reaction, growing concerns are voiced about the likelihood that the foundation for higher-order learning and future engagement in learning at school is being sacrificed to allow for short-term, and usually modest, achievement test gains.

As motivational theorists emphasize:

“ . . . it is all quite ironic. Parents, politicians, and school administrators, all want students to be creative problem-solvers and to learn material at a deep, conceptual level. But in their eagerness to achieve these ends, they pressure teachers to produce. The paradox is that the more they do that, the more controlling the teachers become, which, as we have seen so many times, undermines intrinsic motivation, creativity, and conceptual understanding in the students. The harder the teachers are pushed to get results, the less likely it is that the important results will be forthcoming” (Deci & Flaste, 1995, p. 158).

References

- Adelman, H.S. & Taylor, L. (1993). *Learning problems and learning disabilities: Moving forward*. Pacific Grove, CA: Brooks/Cole.
- Aregalado, R.J., Bradley, R.C., & Lane, P.S. (1996). *Learning for life: Creating classrooms for self-directed learning*. Thousand Oaks, CA: Corwin Press.
- Deci, E.L. & Ryan, R.M. (1985). *Intrinsic motivation and self-determination in human behavior*. New York: Plenum Press.
- Ferretti, R. & Okolo, C. (1996). Authenticity in learning: multimedia design projects in the social studies for students with disabilities. *Journal of Learning Disabilities*, 29, 450-460.
- Katz, L. & Chard, S. (1998). *Issues in selecting topics for projects*. ERIC Digest. ERIC Identifier: ED424031.
- McCarthy, M.M. (1977). The how and why of learning centers. *Elementary School Journal*, 77, 292-299.
- Newmann, F., Marks, H., & Gamoran, A. (1996). Authentic pedagogy and student performance. *American Journal of Education*, 104, 280-312.
- Passe, J. (1996). *When Students Choose Content: A Guide to Increasing Motivation, Autonomy, and Achievement*. Thousand Oaks, CA: Corwin Press, Inc.
- Stipek, D.J. (1998). *Motivation to learn: From theory to practice* (3rd ed.). Boston: Allyn & Bacon.
- Wehrmeyer, M. L. & Sands, D. J. (1998). *Making it happen: Student involvement in education planning, decision making, and instruction*. Paul Brookes Publishing Co.

Appendix D

About School-Based Special Education

How do regular and special education differ in schools? One way to discuss the difference is to view regular education classes as trying to serve as wide a range of individual differences as feasible. Those students who regular educators cannot serve appropriately need special education in some form. The less the regular education program can do, the more the need for special education. With this in mind, some basic questions that remain unanswered by research are: What range of individual differences can regular education programs serve well under *optimal school conditions*? and What range of individual differences can regular education programs serve well under *typical school conditions*?

Most regular school programs probably could handle a greater range of individuals than they do (Gersten, Baker, Pugach, 2001). To do so, however, a variety of changes must be made. Indeed, the success of initiatives to include many exceptional students in mainstream programs depends on the assumption that most regular classroom programs will be modified. Necessary changes not only involve additional materials, equipment, procedures, and staffing, but also require lower staff-student ratios, revamped use of student support staff, and considerable training for regular teachers. Examples of major changes include team teaching and the addition of aides or tutors so that a teacher has more time to devote to students with special needs. The right pattern and ratio in a classroom will vary depending on the number of students with special needs and severe problems. These factors also will shape the amount of specialist help needed in and out of the classroom (e.g., resource teachers, speech therapists, counselors, nurses).

Currently, special education in many school districts is both a major enterprise and a process for providing special assistance to some students with special needs. Those who qualify for assistance must go through a process that assigns a special education label and prepares an individual education plan (an IEP). Throughout, considerable attention is paid to due process guidelines to ensure student and family rights are protected and procedural safeguards that are meant to help guarantee that everyone is treated fairly.

Through the year 2002, the most common special education label assigned in most districts in the U.S. was learning disabilities (LD), with an increasing number of other students designated as attention deficit/hyperactivity disorder (ADHD). The remainder of special education students have a range of physical and mental health problems – some of which require special assistance to facilitate learning and some of which just require accommodations for specific disabilities.

The Inclusion Policy

For much of the last century, special education was thought of as a *place* – a special class, a special school, an institutional placement. Special placements tend to segregate and isolate persons with disabilities from others. For this reason, federal law (the Individuals with Educational Disabilities act – IDEA) requires all students with disabilities be placed in the "least restrictive environment" (LRE). This is meant to ensure that they are educated in a regular environment along with students who do not have disabilities and in the school they would regularly attend – unless there is a compelling educational reason for not doing so.

In recent years, the emphasis has been on rethinking what is in the best interests of youngsters with special needs. With each reauthorization of the federal law there is increasing emphasis on the importance of not segregating such students, or more positively stated, the prevailing policy is one of *inclusion*. As suggested above, if regular school programs do not change, the success of this policy cannot be fairly tested. Indeed, the longer regular classrooms stay as they are, the more call there will be for special education programs.

Appropriate inclusion of students with special needs begins with ensuring that only those who cannot be helped effectively in the mainstream are referred to special placements. When data indicate that a person is not making appropriate progress, whatever the cause, the tendency is to consider use of special services and placements. Such a decision may include the profound move of transferring an individual out of a mainstream setting into a special environment. The decision usually is based on whether the person's problem is viewed as mild to moderate or severe and pervasive, and whether it is related to learning, behavior, emotional, or physical functioning. Placement decisions focus first on major intervention needs, then on which, if any, extra assistance seems indicated. Decisions about

secondary interventions (ancillary assistance) probably are best made after primary interventions are given an adequate trial and found insufficient.

Persons with severe and pervasive problems often are placed in specialized treatment settings such as special education classrooms and institutions. Federal policy and the principle of normalization call for returning them to the mainstream with extra supports. Mild to moderate problems are supposed to be dealt with in mainstream settings – either through modifying the setting somewhat or adding ancillary assistance or both. Such ancillary assistance can involve a variety of interventions: (1) extra instruction such as tutoring, (2) enrichment opportunities such as pursuit of arts and crafts and recreation, (3) psychologically oriented treatments such as individual and family therapy, and (4) biologically oriented treatments such as medication.

Principle of Least Intervention Needed

When professionals attempt to ameliorate problems, standards for good practice call on them to prescribe as much but no more intervention than is necessary. This is essential because interventions can be costly – financially and in terms of potential negative consequences. Of course, the ability to provide what is necessary depends on the availability of a full array of appropriate and accessible interventions. However, even if one has the good fortune to be able to prescribe from a full array of interventions, good practice requires using an intervention only when it is necessary and when the benefits significantly outweigh the costs. Obviously, dilemmas arise regarding costs and benefits for and according to whom.

The desire to meet needs in ways that ensure that benefits outweigh costs, financial and otherwise, makes the principle of least intervention needed a fundamental intervention concern. As we noted in Chapter 7, this principle and the related notion of placement in the least restrictive environment are related to the principle of normalization, and all are associated with anti-labelling, mainstreaming, and deinstitutionalization policies.

First and foremost, least intervention needed emphasizes the intent to do what is *needed*. At the same time, the adjective "least" reflects the recognition that any intervention

- is an interference into the affairs of others (can be intrusive, disruptive, restrictive)
- consumes resources
- may produce serious negative outcomes.

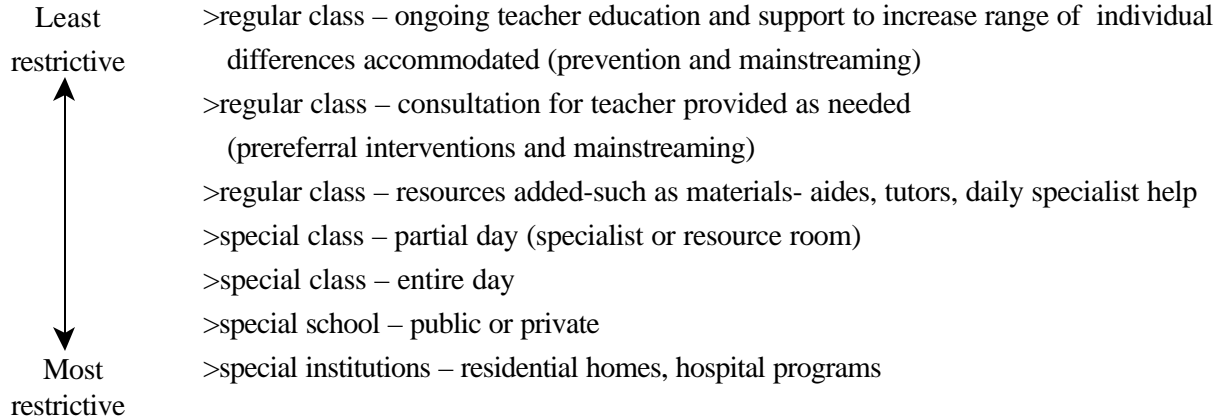
Thus, translated into an intervention guideline for special education, the concept can be stated as follows: *In ensuring that needs for assistance are met, do not interfere with an individual's opportunity for a normal range of experiences more than is absolutely necessary.*

For example, if an individual with emotional problems can be helped effectively at a community agency, this is seen as a better option than placing the person in a mental hospital. For school-based special education, when a student with learning or behavior problems can be worked with effectively in a regular classroom, placement in a special education class is inappropriate.

The principle of least intervention needed is reflected in laws that protect individuals from removal from the "mainstream" without good cause and due process. Such legislation and associated regulations reflect concern that disruptive or restrictive interventions can produce negative effects, such as poor self-concept and social alienation; in turn, these effects may narrow immediate and future options and choices, thereby minimizing life opportunities.

The field of special education provides a fundamental illustration of the difficulty in applying the principle of least intervention needed. Because of legislation and related regulations in the United States, the idea of using the least intervention needed quickly became embroiled with demands that (a) schools ensure availability and access to a continuum of alternative placements for students with disabilities and (b) students be placed in the least restrictive environment (LRE). From this perspective, the least restrictive placement was described as keeping people in normal situations and using special assistance only to the degree necessary. By consensus, placement in a special class generally is viewed as somewhat more restrictive than keeping the individual in a regular class. Full-day placement in a special class is viewed as even more restrictive, and assignment to a special school or institution is considered even a more restrictive placement (see below).

Example: Continuum of Placements for Schooling Conceived as Ranging from Least to Most Restrictive



Obviously, there are interpretative and administrative problems related to such a one dimensional approach to a complex concept such as least intervention needed. A setting designated as least restrictive may lead to extreme future restrictions in an individual's life opportunities if the setting cannot meet the individual's needs. (Note: The unproven assumption often has been made that the least restrictive environment is also the most effective.)

It's Not About Placement; It's About What's in Place to Meet Special Needs

Problems arise because administrative factors such as financial support and program availability play significant roles in intervention decisions. At times, for example, the decision is made to place a student in a particular setting for administrative rather than treatment considerations. When this occurs, individuals are shifted from one setting to another without significant attention to whether the new setting can provide appropriate assistance. A placement can work administratively, but the setting may be unable to meet an individual's special needs. In the past, such poor practice often undermined mainstreaming efforts and will certainly plague inclusion initiatives. Obviously, the emphasis cannot be just on providing *least intervention* and not ensuring that *needs* are met. Remember: the first and foremost emphasis is on meeting needs and doing so in ways that produce benefits that outweigh costs.

Once one escapes from the debate over *where* a youngster should be taught, the concern shifts to four fundamental concerns that must be addressed in meeting students' learning, behavioral, and emotional needs and doing so with the least intervention:

- C Is there a full array of programs and services designed to address factors interfering with

learning and teaching? (See Figure 3-1, 3-2, 3-3, and Table 3-3.)

- C Is there an appropriate curriculum – including a focus on areas of strength and weakness and addressing prerequisites that may not have been learned, and underlying factors that may be interfering with learning, and enrichment opportunities?
- C Do staff have the ability to personalize instruction and structure teaching in ways that account for the range of individual differences and disabilities in the classroom – especially the ability to account for differences in *both* motivation and capability and to implement special practices when necessary?
- C Does the student-staff ratio ensure the necessary time required for personalizing instruction, implementing special practices, and providing enrichment?

As suggested throughout this book, for learning in the classroom and home to be effective for some individuals, there must be a full array of programs and services designed to address factors that interfere with learning and teaching. From this perspective, the concept of least intervention needed calls for (1) ensuring availability and access to a comprehensive, integrated continuum of community and school programs/services and (2) only using specialized interventions when they are needed – and only to the degree they are needed and appropriate. Such an approach is one of the best ways to ensure that the sparse resources available for assisting persons with special needs are used in the most appropriate and effective manner.

References

- Adelman, H.S. & Taylor, L. (1993). *Learning problems and learning disabilities: Moving forward*. Pacific Grove, CA: Brooks/Cole.
- 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.
- Gersten, R., Baker, S., Pugach, M., with Scanlon, D. & Chard, D. (2001). Contemporary research on special education teaching. In V. Richardson (Ed.), *Handbook of research on teaching* (4th ed., pp. 695-722). Washington, DC: American Educational Research Association.
- Finn, C.E., Rotherham, A.J., & Hokanson, Jr., R. (Eds.). (2001). Rethinking special education for a new century. Washington, DC: Thomas B. Fordham Foundation. Online at www.edexcellence.net/library/special_ed/index.html

Appendix E

About Mental Health in Schools

When we talk about mental health in schools, a frequently asked question is:

Why should schools be involved with mental health?

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 succeed at school. It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways. Such 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 all this, school policy makers, have a lengthy, albeit somewhat reluctant, history of trying 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.

Current School Practices

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. There is a large body of research supporting the promise of much of this activity (see Chapter 10).

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.

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 (e.g., art, dance, music, occupational, physical, speech, language-hearing, and recreation therapists). Such specialists tend to focus on students seen as problems or as having problems. As outlined in Table 3-1, 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 (Adelman and Taylor, 1993, 1997; Center for

Mental Health in Schools, 2001; Taylor & Adelman, 1996). 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.

Federal and state mandates play a significant role in determining how many pupil services professionals are employed. The School Health Policies and Program Study 2000 conducted by the National Center for Chronic Disease Prevention and Health Promotion sampled 51 state departments of education, 560 school districts, and 950 schools. Findings indicate that 77% of schools have a part or full time guidance counselor, 66% have a part or full time school psychologist, and 44% have a part or full time social worker (<http://www.cdc.gov>). In general, the ratio for school psychologists or school social workers averages 1 to 2500 students; for school counselors, the ratio is about 1 to 1000 (Carlson, Paavola, & Talley, 1995). Given estimates that more than half the students in many schools are encountering major barriers that interfere with their functioning, such ratios inevitably mean that more than narrow-band approaches must be used if the majority are to receive the help they need (Knitzer, Steinberg, & Fleisch, 1990). Nevertheless, the prevailing orientation remains that of focusing on discrete problems and overrelying on specialized services for individuals and small groups.

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.

Because so few resources are allocated, the contexts for the activity often are limited and makeshift. That is, a relatively small proportion of this activity seems to take place in school/clinical offices ear-marked specifically for such functions. Health education and skill development interventions may take place in classrooms if they are part of the regular curriculum; otherwise they tend to be assigned space on an ad hoc basis. Home visits remain a rarity. Support service personnel such as school psychologists and social workers must rotate among schools as "itinerant" staff. These conditions contribute to the tendency for such personnel to operate in relative isolation of each other and other stakeholders. These conditions clearly are not conducive to effective practice.

As outlined in Table E-1, all this activity is provided through five major *delivery mechanisms and formats*. (For more on this, see the major report prepared in 20001 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.

Advancing Mental Health in Schools

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. And, available research suggests that for some youngsters schools are the main

Table E-1

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 MH Unit* – A few districts operate specific mental health units that encompass clinic facilities, as well as providing services and consultation to schools. Some others have started financing their own School-Based Health Centers with mental health services as a major element. The format for this mechanism tends to be centralized clinics with the capability for outreach to schools.

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:

 C 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

 C 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

 C formal partnerships between a school district and community agencies to establish or expand school-based or linked facilities that include provision of MH services

 C contracting with community providers to provide needed student services

IV. *Classroom-Based Curriculum and Special “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:

 C integrated instruction as part of the regular classroom content and processes

 C specific curriculum or special intervention implemented by personnel specially trained to carry out the processes

 C 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:

 C mechanisms to coordinate and integrate school and community services

 C initiatives to restructure support programs and services and integrate them into school reform agendas

 C community schools

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.”

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 book.

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

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.

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.

To these ends, throughout this book, we have (1) highlighted the need for a broad perspective in thinking about and justifying “mental health” in schools, (2) promoted the importance of comprehensive and multifaceted guidelines that provide a basis for operationally defining mental health in schools (see Table E-2), (3) proposed 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 (see Chapter 8), and (4) suggested a wide variety of strategies designed to advance the field.

We, of course, are talking about 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.”

Ending the Marginalization

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

Table E-2

Guidelines for Mental Health in Schools*

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)

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)

(cont.)

Guidelines For Mental Health in Schools (cont.)

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

*These guidelines were developed by the Policy Leadership Cadre for Mental Health in Schools, 2001.

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.

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.

References¹

- Adelman, H.S. & Taylor, L. (1993). *Learning problems and learning disabilities: Moving forward*. Pacific Grove, CA: Brooks/Cole.
- 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.
- 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.
- Carlson, C., Paavola, J., & Talley, R. (1995). Historical, current, and future models of schools as health care delivery settings. *School Psychology Quarterly*, 10, 184-202.
- Center for Mental Health in Schools (2001). *School community partnerships: A guide*. Los Angeles: Author at UCLA.
- Knitzer, J., Steinberg, Z., & Fleisch, B. (1990). *At the schoolhouse door: An examination of programs and policies for children with behavioral and emotional problems*. NY: Bank Street College of Education.
- 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.
- Taylor, L. & Adelman, H.S. (1996). Mental health in the schools: Promising directions for practice. *Adolescent Medicine: State of the Art Reviews*, 7, 303-317.

¹For more information 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. A description of the Center is provided on the following page. The Center's website is: <http://smhp.psych.ucla.edu>

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 1995 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

- C mental *illness* is understood within the broader perspective of psychosocial and related health problems and in terms of strengths as well as deficits
- C the roles of schools/communities/homes are enhanced and pursued jointly
- C equity considerations are confronted
- C the marginalization and fragmentation of policy, organizations, and daily practice are countered
- C 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

- C connecting with major initiatives of foundations, federal government & policy bodies, and national associations;
- C connecting with major initiatives of state departments and policy bodies, counties, and school districts;
- C collaborating and network building for program expansion and systemic change;
- C providing catalytic training to stimulate interest in program expansion and systemic change;
- C 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>*

Appendix F

About Surveying How a School is Addressing Barriers to Student Learning

Throughout the book we stress the following points:

- C In their effort to raise test scores, school leaders usually have pursued intensive instruction as the primary route. While improved instruction is necessary, for too many youngsters it is not sufficient. Students who arrive at school on any given day lacking motivational readiness and/or certain abilities need something more. That something more involves developing comprehensive, multifaceted, and integrated approaches to address barriers to student learning and promote healthy development.
- C Schools already have a variety of programs and services to address barriers and promote development. These range from Title I programs, through extra help for low performing students, to accommodations for special education students. In some places, the personnel and programs to support learning account for about 30% of the resources at a school. However, because school leaders have been so focused on instruction, essential efforts to support learning are marginalized, and resources are deployed in a fragmented and often wasteful and ineffective manner. The result of the marginalization is that school improvement efforts continue to pay little attention to the need for and potential impact of rethinking how these resources can be used to enable student learning.

Given all this, the question that we focused on is:

How can a school improve its impact in addressing barriers to student learning?

In addressing this, we have highlighted the need for systemic changes and have noted that an early step in making the necessary systemic changes involves (a) taking stock of the resources already being expended and (b) considering how these valuable resources can be used to the greatest effect. These matters involve a variety of functions and tasks we encompass under the theme of *mapping, analyzing, and enhancing resources*.

Mapping, Analyzing, and Enhancing Resources

In most schools and community agencies, there is redundancy stemming from ill-conceived policies and lack of coordination. These facts do not translate into evidence that there are pools of unneeded personnel and programs; they simply suggest there are resources that can be used in different ways to address unmet needs. Given that additional funding is hard to come by with respect to developing comprehensive, multifaceted approaches for addressing barriers to student learning, such redeployment of resources is the primary answer to the ubiquitous question: *Where will we find the funds?* Thus, a primary and essential task in improving the current state of affairs is that of enumerating (mapping) school and community programs and services that are in place to support students, families, and staff. Such mapping is followed by analyses of what is available, effective, and needed. The analysis provides a sound basis for formulating strategies to link with additional resources at other schools, district sites, and in the community and to enhance use of existing resources. Such analyses can also guide efforts to improve cost-effectiveness. In a similar fashion, mapping and analyses of a complex or family of schools provide information for analyses that can guide strategies for cooperation and integration to enhance intervention effectiveness and garner economies of scale.

Carrying out the functions and tasks related to mapping, analyzing, and managing resources is, in effect, an intervention for systemic change. For example:

- C A focus on these matters highlights the reality that the school's current infrastructure probably requires some revamping to ensure the necessary functions are carried out (e.g., there is a need for a mechanism focusing on resources).
- C By identifying and analyzing existing resources (e.g., personnel, programs, services, facilities, budgeted dollars, social capital), awareness is heightened of their value and potential for playing a major role in helping students engage and re-engage in learning at school.
- C Analyses also lead to sophisticated recommendations for deploying and redeploying resources to improve programs, enhance cost-effectiveness, and fill programmatic gaps in keeping with well-conceived priorities.

- C The products of mapping activities can be invaluable for “social marketing” efforts designed to show teachers, parents, and other community stakeholders all that the school is doing to address barriers to learning and promote healthy development.

Enhanced appreciation of the importance of resource mapping, analysis, and management may lead to a desire to move as simply and quickly as possible to get such tasks over with and get on with the “real business.” This is unwise. Resource mapping and management is real business and the tasks are ongoing.

Generally speaking, mapping usually is best done in stages, and the information requires constant updating and analysis. Most schools find it convenient to do the easiest forms of mapping first and, then, build the capacity to do in-depth mapping over a period of months. Similarly, initial analyses and management of resources focus mostly on enhancing understanding of what exists and coordination of resource use. Over time, the focus is on spread-sheet type analyses, priority recommendations, and braiding resources to enhance cost-effectiveness, and fill programmatic gaps. The Exhibit on the next page outlines matters related to mapping and managing resources. More on this topic is available in *Resource Mapping and Management to Address Barriers to Learning: An Intervention for Systemic Change* (a technical assistance packet developed by the Center for Mental Health in Schools at UCLA).¹

Some Tools to Aid Mapping

A comprehensive form of "needs assessment" is generated when surveys of unmet needs of students, their families, and school staff are paired with resource mapping that provide essential information for analyses of current resource use. Following the Exhibit on the next page are examples of a set of self-study surveys that were designed to aid school staff as they map and analyze their current programs, services, and systems for purposes of developing a comprehensive, multifaceted approach to addressing barriers to learning.

¹This document mentioned and the surveys on the following pages can be downloaded at no cost from the website of the Center for Mental Health in Schools at UCLA – go to <http://smhp.psych.ucla.edu> and click on *Center Materials*.

Exhibit

About Resource Mapping and Management

A. Why mapping resources is so important.

- To function well, every system has to fully understand and manage its resources. Mapping is a first step toward enhancing essential understanding, and done properly, it is a major intervention in the process of moving forward with enhancing systemic effectiveness.

B. Why mapping both school *and* community resources is so important.

- Schools and communities share
 - < goals and problems with respect to children, youth, and families
 - < the need to develop cost-effective systems, programs, and services to meet the goals and address the problems.
 - < accountability pressures related to improving outcomes
 - < the opportunity to improve effectiveness by coordinating and eventually integrating resources to develop a full continuum of systemic interventions

C. What are resources?

- Programs, services, real estate, equipment, money, social capital, leadership, infrastructure mechanisms, and more

D. What do we mean by mapping and who does it?

- A representative group of informed stakeholder is asked to undertake the process of identifying
 - < what currently is available to achieve goals and address problems
 - < what else is needed to achieve goals and address problems

E. What does this process lead to?

- Analyses to clarify gaps and recommend priorities for filling gaps related to programs and services and deploying, redeploying, and enhancing resources
- Identifying needs for making infrastructure and systemic improvements and changes
- Clarifying opportunities for achieving important functions by forming and enhancing collaborative arrangements
- Social Marketing

F. How to do resource mapping

- Do it in stages (start simple and build over time)
 - < a first step is to clarify people/agencies who carry out relevant roles/functions
 - < next clarify specific programs, activities, services (including info on how many students/families can be accommodated)
 - < identify the dollars and other related resources (e.g., facilities, equipment) that are being expended from various sources
 - < collate the various policies that are relevant to the endeavor
- At each stage, establish a computer file and in the later stages create spreadsheet formats
- Use available tools (see examples in this packet)

G. Use benchmarks to guide progress related to resource mapping

A Set of Surveys

- C The first survey provides an overview of System Status.
- C This is followed by a set surveys related to each of the six arenas of an enabling or learning support component: (1) classroom-based efforts to enhance learning and performance of those with mild-moderate learning, behavior, and/or emotional problems, (2) crisis assistance and prevention, (3) support for transitions, (4) home involvement in schooling, (5) outreach to develop greater community involvement and support– including recruitment of volunteers, and (6) prescribed student and family assistance.
- C Finally, included is a survey focusing specifically on School-Community Partnerships.

The items on any of the surveys can help clarify

- C what is currently being done and whether it is being done well
- C what else is desired.

At schools, this type of self-study is best done by teams. However, it is *not* about having another meeting and/or getting through a task. It is about moving on to better outcomes for students through (a) working together to understand what is and what might be and (b) clarifying gaps, priorities, and next steps. For example, a group of school staff (teachers, support staff, administrators) could use the items to discuss how the school currently addresses any or all of the areas. Members of a team initially might work separately in responding to survey items, but the real payoff comes from group discussions.

The purposes of such discussions are to

- C analyze whether certain activities should no longer be pursued (because they are not effective or not as high a priority as some others that are needed).
- C decide about what resources can be redeployed to enhance current efforts that need embellishment
- C identify gaps with respect to important areas of need.
- C establish priorities, strategies, and timelines for filling gaps.

Done right mapping and analysis of resources can

- C counter fragmentation and redundancy
- C mobilize support and direction
- C enhance linkages with other resources
- C facilitate effective systemic change
- C integrate all facets of systemic change and counter marginalization of the component to address barriers to student learning.

The discussion and subsequent analyses also provide a form of quality review.

Mapping System Status

As your school sets out to enhance the usefulness of education support programs designed to address barriers to learning, it helps to clarify what you have in place as a basis for determining what needs to be done. You will want to pay special attention to

- ! *clarifying what resources already are available*
- ! *how the resources are organized to work in a coordinated way*
- ! *what procedures are in place for enhancing resource usefulness*

This survey provides a starting point.

The first form provides a template which you can fill in to clarify the people and their positions at your school who provide services and programs related to addressing barriers to learning. This also is a logical group of people to bring together in establishing a resource-oriented team for the school.

Following this is a survey designed to help you review how well systems for Learning Supports have been developed and are functioning.

Survey of System Status

In discussing the following survey items, note:

Items 1-6 ask about what processes are in place.
Use the following ratings in responding to these items.

- DK = don't know
- 1 = not yet
- 2 = planned
- 3 = just recently initiated
- 4 = has been functional for a while
- 5 = well institutionalized (well established with a commitment to maintenance)

Items 7- 10 ask about effectiveness of existing processes.
Use the following ratings in responding to these items.

- DK = don't know
- 1 = hardly ever effective
- 2 = effective about 25 % of the time
- 3 = effective about half the time
- 4 = effective about 75% of the time
- 5 = almost always effective

DK = don't know
 1 = not yet
 2 = planned
 3 = just recently initiated
 4 = has been functional for a while
 5 = well institutionalized

1. Is someone at the school designated as coordinator/leader for activity designed to address barriers to learning (e.g., education support programs, health and social services, the Enabling Component)? DK 1 2 3 4 5
2. Is there a time and place when personnel involved in activity designed to address barriers to learning meet together? DK 1 2 3 4 5
3. Do you have a Resource Coordinating Team? DK 1 2 3 4 5
4. Do you have written descriptions available to give staff (and parents when applicable) regarding
 - (a) activities available at the site designed to address barriers to learning (programs, teams, resources services -- including parent and family service centers if you have them)? DK 1 2 3 4 5
 - (b) resources available in the community? DK 1 2 3 4 5
 - (c) a system for staff to use in making referrals? DK 1 2 3 4 5
 - (d) a system for triage (to decide how to respond when a referral is made)? DK 1 2 3 4 5
 - (e) a case management system? DK 1 2 3 4 5
 - (f) a student study team? DK 1 2 3 4 5
 - (g) a crisis team? DK 1 2 3 4 5
 - (h) Specify below any other relevant programs/services --including preventive approaches (e.g., prereferral interventions; welcoming, social support, and articulation programs to address transitions; programs to enhance home involvement in schooling; community outreach and use of volunteer)?
 _____ DK 1 2 3 4 5
 _____ DK 1 2 3 4 5
 _____ DK 1 2 3 4 5
5. Are there effective processes by which staff and families learn
 - (a) what is available in the way of programs/services? DK 1 2 3 4 5
 - (b) how to access programs/services they need? DK 1 2 3 4 5
6. With respect to your complex/cluster's activity designed to address barriers to learning has someone at the school been designated as a representative to meet with the other schools? DK 1 2 3 4 5

DK = don't know
1 = not yet
2 = planned
3 = just recently initiated
4 = has been functional for a while
5 = well institutionalized

7. How effective is the
- (a) referral system? DK 1 2 3 4 5
 - (b) triage system? DK 1 2 3 4 5
 - (c) case management system? DK 1 2 3 4 5
 - (d) student study team? DK 1 2 3 4 5
 - (e) crisis team? DK 1 2 3 4 5

8. How effective are the processes for
- (a) planning, implementing, and evaluating system improvements (e.g., related to referral, triage, case management, student study team, crisis team, prevention programs)? DK 1 2 3 4 5
 - (b) enhancing resources for assisting students and family (e.g., through staff development; developing or bringing new programs/services to the site; making formal linkages with programs/services in the community)? DK 1 2 3 4 5

9. How effective are the processes for ensuring that
- (a) resources are properly allocated and coordinated? DK 1 2 3 4 5
 - (b) linked community services are effectively coordinated/integrated with related activities at the site? DK 1 2 3 4 5

10. How effective are the processes for ensuring that resources available to the whole complex/cluster are properly allocated and shared/coordinated? DK 1 2 3 4 5

Please list community resources with which you have formal relationships.

(a) Those that bring program(s) to the school site

(b) Those not at the school site but which have made a special commitment to respond to the school's referrals and needs.

Classroom-Focused Enabling

The emphasis here is on enhancing classroom-based efforts to enable learning by increasing teacher effectiveness for preventing and handling problems in the classroom. This is accomplished by providing personalized help to increase a teacher's array of strategies for working with a wider range of individual differences (e.g., through use of accommodative and compensatory strategies, peer tutoring and volunteers to enhance social and academic support, resource and itinerant teachers and counselors in the classroom). Through classroom-focused enabling programs, teachers are better prepared to address similar problems when they arise in the future. Anticipated outcomes are increased mainstream efficacy and reduced need for special services.

Please indicate all items that apply.

	<u>Yes</u>	Yes but more of this is needed	<u>No</u>	If no, is this something you want?
A. What programs for <i>personalized professional development</i> are currently at the site?				
1. Are teachers clustered for support and staff development?	___	___	___	___
2. Are models used to provide demonstrations?	___	___	___	___
3. Are workshops and readings offered regularly?	___	___	___	___
4. Is consultation available from persons with special expertise such as				
a. members of the Student Success Team?	___	___	___	___
b. resource specialists and/or special education teachers?	___	___	___	___
c. members of special committees?	___	___	___	___
d. bilingual and/or other coordinators?	___	___	___	___
e. counselors?	___	___	___	___
f. other? (specify) _____	___	___	___	___
5. Is there a formal mentoring program?	___	___	___	___
6. Is there staff social support?	___	___	___	___
7. Is there formal conflict mediation/resolution for staff?	___	___	___	___
8. Is there assistance in learning to use advanced technology?	___	___	___	___
9. Other (specify) _____	___	___	___	___
B. What supports are available in the classroom to help students identified as having problems?				
1. Are "personnel" added to the class (or before/after school)?	___	___	___	___
If yes, what types of personnel are brought in:	___	___	___	___
a. aides (e.g., paraeducators; other paid assistants)?	___	___	___	___
b. older students?	___	___	___	___
c. other students in the class?	___	___	___	___
d. volunteers?	___	___	___	___
e. parents?	___	___	___	___
f. resource teacher?	___	___	___	___
g. specialists?	___	___	___	___
h. other? (specify) _____	___	___	___	___
2. Are materials and activities upgraded to				
a. ensure there are enough basic supplies in the classroom?	___	___	___	___
b. increase the range of high-motivation activities (keyed to the interests of students in need of special attention)?	___	___	___	___
c. include advanced technology?	___	___	___	___
d. other? (specify) _____	___	___	___	___
3. Are regular efforts to foster social and emotional development supplement?	___	___	___	___

Classroom-Focused Enabling (cont.)

		Yes but more of this is needed	No	If no, is this something you want?
	Yes			
C. What is done to assist a teacher who has difficulty with limited English speaking students?				
1. Is the student reassigned?	_____	_____	_____	_____
2. Does the teacher receive professional development related to working with limited English speaking students?	_____	_____	_____	_____
3. Does the bilingual coordinator offer consultation?	_____	_____	_____	_____
4. Is a bilingual aide assigned to the class?	_____	_____	_____	_____
5. Are volunteers brought in to help (e.g., parents, peers)?	_____	_____	_____	_____
6. Other? (specify) _____	_____	_____	_____	_____
D. What types of technology are available to the teachers?				
1. Are there computers in the classroom?	_____	_____	_____	_____
2. Is there a computer lab?	_____	_____	_____	_____
3. Is computer assisted instruction offered?	_____	_____	_____	_____
4. Are there computer literacy programs?	_____	_____	_____	_____
5. Are computer programs used to address ESL needs?	_____	_____	_____	_____
6. Does the classroom have video recording capability?	_____	_____	_____	_____
7. Is instructional TV used in the classroom?	_____	_____	_____	_____
c. videotapes?	_____	_____	_____	_____
d. PBS?	_____	_____	_____	_____
8. Is there a multimedia lab?	_____	_____	_____	_____
9. Other? (specify) _____	_____	_____	_____	_____
E. What curricular enrichment and adjunct programs do teachers use?				
1. Are library activities used regularly?	_____	_____	_____	_____
2. Is music/art used regularly?	_____	_____	_____	_____
3. Is health education a regular part of the curriculum?	_____	_____	_____	_____
4. Are student performances regular events?	_____	_____	_____	_____
5. Are there several field trips a year?	_____	_____	_____	_____
6. Are there student council and other leaders opportunities?	_____	_____	_____	_____
7. Are there school environment projects such as	_____	_____	_____	_____
a. mural painting?	_____	_____	_____	_____
b. horticulture/gardening?	_____	_____	_____	_____
c. school clean-up and beautification?	_____	_____	_____	_____
d. other? (specify) _____	_____	_____	_____	_____
8. Are there special school-wide events such as	_____	_____	_____	_____
a. clubs and similar organized activities?	_____	_____	_____	_____
b. publication of a student newspaper?	_____	_____	_____	_____
c. sales events (candy, t shirts)?	_____	_____	_____	_____
d. poster contests?	_____	_____	_____	_____
e. essay contests?	_____	_____	_____	_____
f. a book fair?	_____	_____	_____	_____
g. pep rallies/contests?	_____	_____	_____	_____
h. attendance competitions?	_____	_____	_____	_____
i. attendance awards/assemblies?	_____	_____	_____	_____
j. other? (specify) _____	_____	_____	_____	_____
9. Are guest contributors used (e.g., outside speakers/performers)?	_____	_____	_____	_____
10. Other (specify)? _____	_____	_____	_____	_____

Classroom-Focused Enabling (cont.)

		Yes, but more of this is needed	No	If no, is this something you want?
F. What programs for temporary out of class help are currently at the site?	<u>Yes</u>	<u>needed</u>	<u>No</u>	<u>you want?</u>
1. Is there a family center providing student and family assistance?	___	___	___	___
2. Are there designated problem remediation specialists?	___	___	___	___
3. Is there a "time out" room?	___	___	___	___
4. Other? (specify) _____	___	___	___	___
G. Are there school-wide approaches for				
1. Creating and maintaining a caring and supportive climate?	___	___	___	___
2. Supporting high standards for positive behavior?	___	___	___	___
H. What programs are used to train aides, volunteers, and other "assistants" who come into the classrooms to work with students who need help?				

I. Which of the following can teachers request as special interventions?				
1. Family problem solving conferences	___	___	___	___
2. Exchange of students as an opportunity for improving the match and for a fresh start	___	___	___	___
3. Referral for specific service	___	___	___	___
4. Other (specify) _____	___	___	___	___
J. Is there ongoing training for team members concerned with the area of Classroom-Focused Enabling?	___	___	___	___
K. Please indicate below any other ways that are used at the school to assist a teacher's efforts to address barriers to students' learning.				

L. Please indicate below other things you want the school to do to assist a teacher's efforts to address barriers to students' learning.				

Crisis Assistance and Prevention

The emphasis here is on responding to,, minimizing the impact of,,and preventing crises. If there is a school-based Family/Community Center facility, it provides a staging area and context for some of the programmatic activity. Intended outcomes of crisis assistance include ensuring immediate assistance is provided when emergencies arise and follow-up care is provided when necessary and appropriate so that students are able to resume learning without undue delays. Prevention activity outcomes are reflected in the creation of a safe and productive environment and the development of student and family attitudes about and capacities for dealing with violence and other threats to safety.

Please indicate all items that apply.

	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
A. With respect to Emergency/Crisis Response:				
1. Is there an active Crisis Team?	___	___	___	___
2. Is the Crisis Team appropriately trained?	___	___	___	___
3. Is there a plan that details a coordinated response				
a. for all at the school site?	___	___	___	___
b. with other schools in the complex?	___	___	___	___
c. with community agencies?	___	___	___	___
4. Are emergency/crisis plans updated appropriately with regard to				
a. crisis management guidelines (e.g., flow charts, check list)?	___	___	___	___
b. plans for communicating with homes/community?	___	___	___	___
c. media relations guidelines?	___	___	___	___
5. Are stakeholders regularly provided with information about emergency response plans?	___	___	___	___
6. Is medical first aid provided when crises occur?	___	___	___	___
7. Is psychological first aid provided when crises occur?	___	___	___	___
8. Is follow-up assistance provided after the crises?	___	___	___	___
a. for short-term follow-up assistance?	___	___	___	___
b. for longer-term follow-up assistance?	___	___	___	___
9. Other? (specify)				

Crisis Assistance and Prevention (cont.)

	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
B. With respect to developing programs to prevent crises, are there programs for				
1. school and community safety/violence reduction?	___	___	___	___
2. suicide prevention?	___	___	___	___
3. child abuse prevention?	___	___	___	___
4. sexual abuse prevention?	___	___	___	___
5. substance abuse prevention?	___	___	___	___
6. other (specify) _____	___	___	___	___
C. What programs are used to meet the educational needs of personnel related to this programmatic area?				
1. Is there ongoing training for team members concerned with the area of Crisis Assistance and Prevention?	___	___	___	___
2. Is there ongoing training for staff of specific services/programs?	___	___	___	___
3. Other? (specify) _____	___	___	___	___
D. Which of the following topics are covered in educating stakeholders?				
1. how to respond when an emergency arises	___	___	___	___
2. how to access assistance after an emergency (including watching for post traumatic psychological reactions)	___	___	___	___
3. indicators of abuse and potential suicide and what to do	___	___	___	___
4. how to respond to concerns related to death, dying, and grief	___	___	___	___
5. how to mediate conflicts and minimize violent reactions	___	___	___	___
6. other (specify) _____	___	___	___	___
E. Please indicate below any other ways that are used to provide crisis assistance and prevention to address barriers to students' learning.				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
F. Please indicate below other things you want the school to do to provide crisis assistance and prevention to address barriers to students' learning.				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Support for Transitions

The emphasis here is on planning, developing, and maintaining a comprehensive focus on the variety of transition concerns confronting students and their families. The work in this area can be greatly aided by advanced technology. Anticipated outcomes are reduced levels of alienation and increased levels of positive attitudes toward and involvement at school and in a range of learning activity.

Please indicate all items that apply.

	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
A. What programs for establishing a welcoming and supportive community are at the site?				
1. Are there welcoming materials/a welcoming decor?	___	___	___	___
Are there welcome signs?	___	___	___	___
Are welcoming information materials used?	___	___	___	___
Is a special welcoming booklet used?	___	___	___	___
Are materials translated into appropriate languages?	___	___	___	___
Is advanced technology used as an aid?	___	___	___	___
2. Are there orientation programs?	___	___	___	___
Are there introductory tours?	___	___	___	___
Are introductory presentations made?	___	___	___	___
Are new arrivals introduced to special people such as the principal and teachers?	___	___	___	___
Are special events used to welcome recent arrivals?	___	___	___	___
Are different languages accommodated?	___	___	___	___
3. Is special assistance available to those who need help registering?	___	___	___	___
4. Are social support strategies and mechanisms used?	___	___	___	___
Are peer buddies assigned?	___	___	___	___
Are peer parents assigned?	___	___	___	___
Are special invitations used to encourage family involvement?	___	___	___	___
Are special invitations used to encourage students to join in activities?	___	___	___	___
Are advocates available when new arrivals need them?	___	___	___	___
5. Other? (specify) _____	___	___	___	___
B. Which of the following transition programs are in use for grade- to-grade and program-to-program articulation?				
1. Are orientations to the new situation provided?	___	___	___	___
2. Is transition counseling provided?	___	___	___	___
3. Are students taken on "warm-up" visits	___	___	___	___
4. Is there a "survival" skill training program?	___	___	___	___
5. Is the new setting primed to accommodate the individual's needs?	___	___	___	___
6. Other (specify) _____	___	___	___	___

Support for Transitions (cont.)

C. Which of the following are used to facilitate transition to post school living?	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
1. vocational counseling	—	—	—	—
2. college counseling	—	—	—	—
3. a mentoring program	—	—	—	—
4. job training	—	—	—	—
5. job opportunities on campus	—	—	—	—
6. a work-study program	—	—	—	—
7. life skills counseling	—	—	—	—
8. Other? (specify) _____	—	—	—	—
 D. Which of the following before and after school programs are available?				
1. subsidized breakfast/lunch program	—	—	—	—
2. recreation program	—	—	—	—
3. sports program	—	—	—	—
4. Youth Services Program	—	—	—	—
5. youth groups such as drill team	—	—	—	—
interest groups	—	—	—	—
service clubs	—	—	—	—
organized youth programs (“Y,” scouts)	—	—	—	—
CA. Cadet Corps	—	—	—	—
other (specify) _____	—	—	—	—
6. academic support in the form of				
tutors	—	—	—	—
homework club	—	—	—	—
study ball	—	—	—	—
homework phone line	—	—	—	—
homework center	—	—	—	—
other (specify) _____	—	—	—	—
7. enrichment opportunities (including classes)	—	—	—	—
8. Other (specify) _____	—	—	—	—

Support for Transitions (cont.)

	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
E. Which of the following programs are offered during intercession?				
1. recreation	___	___	___	___
2. sports	___	___	___	___
3. Youth Services	___	___	___	___
4. youth groups	___	___	___	___
5. academic support	___	___	___	___
6. enrichment opportunities (including classes)	___	___	___	___
7. other (specify) _____	___	___	___	___
F. What programs are used to meet the educational needs of personnel related to this programmatic area?				
1. Is there ongoing training for team members concerned with the area of ways that are used to provide support for transitions?	___	___	___	___
2. Is there ongoing training for staff of specific services/programs? (e.g., teachers, peer buddies, office staff, administrators)?	___	___	___	___
G. Which of the following topics are covered in educating stakeholders?				
1. understanding how to create a psychological sense of community	___	___	___	___
2. developing systematic social supports for students, families, and staff	___	___	___	___
3. developing motivation knowledge, and skills for successful transitions	___	___	___	___
4. the value of and strategies for creating before and after school programs	___	___	___	___

H. Please indicate below other things you want the school to do to provide support for transitions.

I. Please indicate below other thing you wants the school to do provide support for transitions.

Home Involvement in Schooling

The emphasis here is on enhancing home involvement through programs to address specific parent learning and support needs (e.g., ESL classes, mutual support groups), mobilize parents as problem solvers when their child has problems (e.g., parent education, instruction in helping with schoolwork), elicit help from families in addressing the needs of the community, and so forth. The context for some of this activity may be a parent center (which may be part of the Family/Community Service Center if one has been established at the site). Outcomes include specific measures of parent learning and indices of student progress, as well as a general enhancement of the quality of life in the community.

Please indicate all items that apply.

	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
A. Which of the following are available to address specific learning and support needs of the adults in the home?				
1. Does the site offer adult classes focused on				
a. English As a Second Language (ESL)?	___	___	___	___
b. citizenship?	___	___	___	___
c. basic literacy skills?	___	___	___	___
d. GED preparation?	___	___	___	___
e. job preparation?	___	___	___	___
f. citizenship preparation?	___	___	___	___
g. other? (specify) _____	___	___	___	___
2. Are there groups for				
a. mutual support?	___	___	___	___
b. discussion?	___	___	___	___
3. Are adults in the home offered assistance in accessing outside help for personal needs?	___	___	___	___
4. Other? (specify) _____	___	___	___	___
B. Which of the following are available to help those in the home meet their basic obligations to the student?				
1. Is help provided for addressing special family needs for				
a. food?	___	___	___	___
b. clothing?	___	___	___	___
c. shelter?	___	___	___	___
d. health and safety?	___	___	___	___
e. school supplies?	___	___	___	___
f. other? (specify) _____	___	___	___	___
2. Are education programs offered on				
a. childrearing/parenting?	___	___	___	___
b. creating a supportive home environment for students?	___	___	___	___
c. reducing factors that interfere with a student's school learning and performance?	___	___	___	___
3. Are guidelines provided for helping a student deal with homework?	___	___	___	___
4. Other? (specify) _____	___	___	___	___

Home Involvement in Schooling (cont.)

	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
C. Which of the following are in use to improve communication about matters essential to the student and family?				
1. Are there periodic general announcements and meetings such as				
a. advertising for incoming students?	___	___	___	___
b. orientation for incoming students and families?	___	___	___	___
c. bulletins/newsletters?	___	___	___	___
d. back to school night/open house?	___	___	___	___
e. parent teacher conferences?	___	___	___	___
g. other? (specify) _____	___	___	___	___
2. Is there a system to inform the home on a regular basis				
a. about general school matters?	___	___	___	___
b. about opportunities for home involvement?	___	___	___	___
c. other? (specify) _____	___	___	___	___
3. To enhance home involvement in the student's program and progress, are interactive communications used, such as				
a. sending notes home regularly?	___	___	___	___
b. a computerized phone line?	___	___	___	___
c. frequent in-person conferences with the family?	___	___	___	___
d. other? (specify) _____	___	___	___	___
4. Other? (specify) _____	___	___	___	___
D. Which of the following are used to enhance the home-school connection and sense of community?				
1. Does the school offer orientations and open houses?	___	___	___	___
2. Does the school have special receptions for new families?	___	___	___	___
3. Does the school regularly showcase students to the community through				
a. student performances?	___	___	___	___
b. award ceremonies?	___	___	___	___
c. other? (specify) _____	___	___	___	___
4. Does the school offer the community				
a. cultural and sports events?	___	___	___	___
b. topical workshops and discussion groups?	___	___	___	___
c. health fairs	___	___	___	___
d. family preservation fairs	___	___	___	___
e. work fairs	___	___	___	___
f. newsletters	___	___	___	___
g. community bulletin boards	___	___	___	___
h. community festivals and celebrations	___	___	___	___
i. other? (specify) _____	___	___	___	___
5. Is there outreach to hard to involve families such as				
a. making home visits?	___	___	___	___
b. offering support networks?	___	___	___	___
c. other? (specify) _____	___	___	___	___
6. Other? (specify) _____	___	___	___	___

Home Involvement in Schooling (cont.)

	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
E. Which of the following are used to enhance family participation in decision making essential to the student?				
1. Families are invited to participate through personal				
a. letters	___	___	___	___
b. phone calls	___	___	___	___
c. other (specify) _____	___	___	___	___
2. Families are informed about schooling choices through				
a. letters	___	___	___	___
b. phone calls	___	___	___	___
c. conferences	___	___	___	___
d. other (specify) _____	___	___	___	___
3. Families are taught skills to participate effectively in decision making.	___	___	___	___
4. Staff are specially trained to facilitate family participation in decision making meetings.	___	___	___	___
5. Other (specify) _____	___	___	___	___
F. Which of the following are used to enhance home support of student's learning and development?				
1. Are families instructed on how to provide opportunities for students to apply what they are learning?	___	___	___	___
2. Are families instructed on how to use enrichment opportunities to enhance youngsters' social and personal and academic skills and higher order functioning?	___	___	___	___
3. Other? (specify) _____	___	___	___	___
G. Which of the following are used to mobilize problem solving at home related to student needs?				
1. Is instruction provided to enhance family problem solving skills(including increased awareness of resources for assistance)?	___	___	___	___
2. Is good problem solving modeled at conferences with the family?	___	___	___	___
3. Other? (specify) _____	___	___	___	___

Home Involvement in Schooling (cont.)

		Yes but more of this is needed	No	If no, is this something you want?
	Yes			
H. For which of the following are those in the home recruited and trained to help meet school/community needs?				
1. Improving schooling for students by assisting				
a. administrators	___	___	___	___
b. teachers	___	___	___	___
c. other staff	___	___	___	___
d. with lessons or tutoring	___	___	___	___
e. on class trips	___	___	___	___
f. in the cafeteria	___	___	___	___
g. in the library	___	___	___	___
h. in computer labs	___	___	___	___
i. with homework helplines	___	___	___	___
j. in the front office to welcome visitors and new enrollees and their families	___	___	___	___
k. with phoning home regarding absences	___	___	___	___
l. outreach to the home	___	___	___	___
m. other? (specify) _____	___	___	___	___
2. Improving school operations by assisting with				
a. school and community up-keep and beautification	___	___	___	___
b. improving school-community relations	___	___	___	___
c. fund raising	___	___	___	___
d. PTA	___	___	___	___
e. enhancing public support by increasing political awareness about the contributions and needs of the school	___	___	___	___
f. school governance	___	___	___	___
g. advocacy for school needs	___	___	___	___
h. advisory councils	___	___	___	___
i. program planning	___	___	___	___
j. other? (specify) _____	___	___	___	___
3. Establishing home-community networks to benefit the community	___	___	___	___
4. Other? (specify) _____	___	___	___	___
I. What programs are used to meet the educational needs of personnel related to this programmatic area?				
1. Is there ongoing training for team members concerned with the area of Home Involvement in schooling?	___	___	___	___
2. Is there ongoing training for staff of specific services/programs	___	___	___	___
3. Other? (specify) _____	___	___	___	___

Home Involvement in Schooling (cont.)

	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
J. Which of the following topics are covered in educating stakeholders?				
1. designing an inclusionary "Parent Center"	___	___	___	___
2. overcoming barriers to home involvement	___	___	___	___
3. developing group-led mutual support groups	___	___	___	___
4. available curriculum for parent education	___	___	___	___
5. teaching parents to be mentors and leaders at the school	___	___	___	___
6. other (specify) _____	___	___	___	___

K. Please indicate below any other ways that are used to enhance home involvement in schooling.

L. Please indicate below other things you want the school to do to enhance home involvement in schooling.

Community Outreach for Involvement and Support (including Volunteers)

The emphasis here is on outreaching to the community to build linkages and collaborations, develop greater involvement in schooling, and enhance support for efforts to enable learning. Outreach is made to (a) public and private community agencies, universities, colleges, organizations, and facilities, (b) businesses and professional organizations and groups, and (c) volunteer service programs, organizations, and clubs. If a Family/Parent/Community Center facility has been established at the site, it can be a context for some of this activity. Anticipated outcomes include measures of enhanced community participation and student progress, as well as a general enhancement of the quality of life in the community.

Please indicate all items that apply.

	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
A. With respect to programs to recruit community involvement and support				
1. From which of the following sources are participants recruited?				
a. public community agencies, organizations, and facilities	___	___	___	___
b. private community agencies, organizations, and facilities	___	___	___	___
c. business sector	___	___	___	___
d. professional organizations and groups	___	___	___	___
e. volunteer service programs, organizations, and clubs	___	___	___	___
f. universities and colleges	___	___	___	___
g. other (specify) _____	___	___	___	___
2. Indicate current types of community involvement at the school				
a. mentoring for students families	___	___	___	___
b. volunteer functions	___	___	___	___
c. a community resource pool that provides expertise as requested such as				
artists	___	___	___	___
musicians	___	___	___	___
librarians	___	___	___	___
health and safety programs	___	___	___	___
other (specify) _____	___	___	___	___
d. formal agency and program linkages that result in community				
health and social services providers coming to the site	___	___	___	___
after school programs coming to the site services	___	___	___	___
programs providing direct access to referrals from the site	___	___	___	___
other (specify) _____	___	___	___	___
e. formal partnership arrangements that involve community agents in school governance	___	___	___	___
advocacy for the school	___	___	___	___
advisory functions	___	___	___	___
program planning	___	___	___	___
fund raising	___	___	___	___
sponsoring activity (e.g., adopt-a-school partners)	___	___	___	___
creating awards and incentives	___	___	___	___
creating jobs	___	___	___	___
other (specify) _____	___	___	___	___

**Community Outreach for Involvement and Support
(including Volunteers) [cont.]**

B. With specific respect to volunteers	Yes but more of this is needed		No	If no, is this something you want?
	Yes	needed		
1. What types of volunteers are used at the site?				
a. nonprofessionals	___	___	___	___
parents	___	___	___	___
college students	___	___	___	___
senior citizens	___	___	___	___
business people	___	___	___	___
peer and cross age tutors	___	___	___	___
peer and cross age counselors	___	___	___	___
paraprofessionals	___	___	___	___
b. professionals-in-training (specify) _____	___	___	___	___
c. professionals (pro bono) (specify) _____	___	___	___	___
d. other (specify) _____	___	___	___	___
2. Who do volunteers assist?				
a. administrators	___	___	___	___
b. assist teachers	___	___	___	___
c. assist other staff	___	___	___	___
d. others (specify) _____	___	___	___	___
3. In which of the following ways do volunteers participate?				
a. providing general classroom assistance	___	___	___	___
b. assisting with targeted students	___	___	___	___
c. assisting after school	___	___	___	___
d. providing special tutoring	___	___	___	___
e. helping students with attention problems	___	___	___	___
f. helping with bilingual students	___	___	___	___
g. helping address other diversity matters	___	___	___	___
I helping in the cafeteria	___	___	___	___
j. helping in the library	___	___	___	___
k. helping in computer lab	___	___	___	___
l. helping on class trips	___	___	___	___
m. helping with homework helplines	___	___	___	___
n. working in the front office	___	___	___	___
o. helping welcome visitors	___	___	___	___
p. helping welcome new enrollees and their families	___	___	___	___
q. phoning home about absences	___	___	___	___
r. outreaching to the home	___	___	___	___
s. acting as mentors or advocates for students, families, staff	___	___	___	___
t. assisting with school up-keep and beautification efforts	___	___	___	___
u. helping enhance public support by increasing political awareness about the contributions and needs of the school	___	___	___	___
v. other (specify) _____	___	___	___	___
4. Are there systems and programs specifically designed to				
a. recruit -volunteers?	___	___	___	___
b. train volunteers?	___	___	___	___
c. screen volunteers?	___	___	___	___
d. maintain volunteers?	___	___	___	___

***Community Outreach for Involvement and Support
(including Volunteers) [cont.]***

C Which of the following are used to enhance school involvement of hard to involve students and families (including truants and dropouts and families who have little regular contact with the school)?	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
1. home visits to assess and plan ways to overcome barriers to				
a. student attendance	___	___	___	___
b. family involvement in schooling	___	___	___	___
2. support networks connecting hard to involve				
a. students with peers and mentors	___	___	___	___
b. families with peers and mentors	___	___	___	___
3. special incentives for				
a. students	___	___	___	___
b. families	___	___	___	___
4. Other (specify) _____	___	___	___	___
D. Which of the following are used to enhance community-school connections and sense of community?				
1. orientations and open houses for				
a. newly arriving students	___	___	___	___
b. newly arriving families	___	___	___	___
c. new staff	___	___	___	___
2. student performances for the community	___	___	___	___
3. school sponsored				
a. cultural and sports events for the community	___	___	___	___
b. community festivals and celebrations	___	___	___	___
c. topical workshops and discussion groups	___	___	___	___
d. health fairs	___	___	___	___
e. family preservation fairs	___	___	___	___
f. work fairs	___	___	___	___
4. Other? (specify) _____	___	___	___	___
E. What programs are used to meet the educational needs of personnel related to this programmatic area?				
1. Is there ongoing training for team members concerned with the area of Community Outreach/Volunteer?	___	___	___	___
2. Is there ongoing training for staff of specific services/programs?	___	___	___	___
3. Other? (specify) _____	___	___	___	___

***Community Outreach for Involvement and Support
(including Volunteers) [cont.]***

	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
F. Which of the following topics are covered in educating stakeholders?				
1. understanding the local community -- culture, needs, resources	___	___	___	___
2. how to recruit, train, and retain volunteers	___	___	___	___
a. in general	___	___	___	___
b. for special roles	___	___	___	___
3. how to move toward collaborations with community resources	___	___	___	___
4. how to outreach to hard-to-involve students and families	___	___	___	___
5. other (specify) _____	___	___	___	___

G. Please indicate below any other ways that are used with respect to community outreach/ volunteer programs.

H. Please indicate below other things you want the school to do with respect to community outreach/volunteer programs.

Student and Family Assistance Programs and Services

The emphasis here is on providing special services in a personalized way to assist with a broad-range of needs. To begin with, available social, physical and mental health programs in the school and community are used. As community outreach brings in other resources, they are linked to existing activity in an integrated manner. Special attention is paid to enhancing systems for triage, case and resource management, direct services to meet immediate needs, and referral for special services and special education resources and placements as appropriate. Intended outcomes are to ensure special assistance is provided when necessary and appropriate and that such assistance is effective.

Please indicate all items that apply.

	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
A. Are there classroom focused enabling programs to reduce the need for teachers to seek special programs and services?				
B. What activity is there to facilitate and evaluate requests for assistance?	___	___	___	___
1. Does the site have a directory that lists services and programs?	___	___	___	___
2. Is information circulated about services/programs?	___	___	___	___
3. Is information circulated clarifying how to make a referral?	___	___	___	___
4. Is information about services, programs, and referral procedures updated periodically?	___	___	___	___
5. Is a triage process used to assess	___	___	___	___
a. specific needs?				
b. priority for service?				
6. Are procedures in place to ensure use of pre-referral interventions?	___	___	___	___
7. Do inservice programs focus on teaching the staff ways to prevent unnecessary referrals?	___	___	___	___
8. Other? (specify) _____	___	___	___	___
T. After triage, how are referrals handled?	___	___	___	___
1. Is detailed information provided about available services (e.g., is an annotated community resource system available)?	___	___	___	___
2. Is there a special focus on facilitating effective decision making?	___	___	___	___
3. Are students/families helped to take the necessary steps to connect with a service or program to which they have been referred?	___	___	___	___

Student and Family Assistance Programs and Services (cont.)

	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
D. What types of direct interventions are provided currently?				
1. Which medical services and programs are provided?				
a. immunizations	___	___	___	___
b. first aid and emergency care	___	___	___	___
c. crisis follow-up medical care	___	___	___	___
d. health and safety education and counseling	___	___	___	___
e. screening for vision problems	___	___	___	___
f. screening for hearing problems	___	___	___	___
g. screening for health problems (specify)	___	___	___	___
h. screening for dental problems (specify)	___	___	___	___
i. treatment of some acute problems (specify)	___	___	___	___
j. other (specify) _____	___	___	___	___
2. Which psychological services and programs are provided?				
(a) psychological first aid	___	___	___	___
b. crisis follow-up counseling	___	___	___	___
c. crisis hotlines	___	___	___	___
d. conflict mediation	___	___	___	___
e. alcohol and other drug abuse programs	___	___	___	___
f. pregnancy prevention program	___	___	___	___
g. gang prevention program	___	___	___	___
h. dropout prevention program	___	___	___	___
i. physical and sexual abuse prevention	___	___	___	___
j. individual counseling	___	___	___	___
k. group counseling	___	___	___	___
l. family counseling	___	___	___	___
m. mental health education	___	___	___	___
n. home outreach	___	___	___	___
o. other (specify) _____	___	___	___	___
3. Which of the following are provided to meet basic survival needs?				
a. emergency food	___	___	___	___
b. emergency clothing	___	___	___	___
c. emergency housing	___	___	___	___
d. transportation support	___	___	___	___
e. welfare services	___	___	___	___
f. language translation	___	___	___	___
g. legal aid	___	___	___	___
h. protection from physical abuse	___	___	___	___
i. protection from sexual abuse	___	___	___	___
j. employment assistance	___	___	___	___
k. other (specify) _____	___	___	___	___

Student and Family Assistance Programs and Services (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
4. Which of the following special education, Special Eligibility, and independent study programs and services are provided?				
a. early education program	___	___	___	___
b. special day classes (specify) _____	___	___	___	___
c. speech and language therapy	___	___	___	___
d. adaptive P. E.	___	___	___	___
e. special assessment	___	___	___	___
f. Resource Specialist Program	___	___	___	___
g. Chapter I	___	___	___	___
h. School Readiness Language Develop. Program (SRLDP)	___	___	___	___
i. other (specify) _____	___	___	___	___
5. Which of the following adult education programs are provided?				
a. ESL	___	___	___	___
b. citizenship classes	___	___	___	___
c. basic literacy skills	___	___	___	___
d. parenting	___	___	___	___
e. helping children do better at school	___	___	___	___
f. other (specify) _____	___	___	___	___
6. Are services and programs provided to enhance school readiness? specify _____	___	___	___	___
7. Which of the following are provided to address attendance problems?				
a. absence follow-up	___	___	___	___
b. attendance monitoring	___	___	___	___
c. first day calls	___	___	___	___
8. Are discipline proceedings carried out regularly?	___	___	___	___
9. Other? (specify) _____	___	___	___	___
E. Which of the following are used to manage cases and resources?				
1. Is a student information system used?	___	___	___	___
2. Is a system used to trail progress of students and their families?	___	___	___	___
3. Is a system used to facilitate communication for				
a. case management?	___	___	___	___
b. resource and system management?	___	___	___	___
4. Are there follow-up systems to determine				
a. referral follow-through?	___	___	___	___
b. consumer satisfaction with referrals?	___	___	___	___
c. the need for more help?	___	___	___	___
5. Other? (specify) _____	___	___	___	___

Student and Family Assistance Programs (cont.)

F. Which of the following are used to help enhance the quality and quantity of services and programs?	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
1. Is a quality improvement system used?	___	___	___	___
2. Is a mechanism used to coordinate and integrate services/programs?	___	___	___	___
3. Is there outreach to link-up with community services and programs?	___	___	___	___
4. Is a mechanism used to redesign current activity as new collaborations are developed?	___	___	___	___
5. Other? (specify) _____	___	___	___	___
G. What programs are used to meet the educational needs of personnel related to this programmatic area?	___	___	___	___
1. Is there ongoing training for team members concerned with the area of Student and Family Assistance?	___	___	___	___
2. Is there ongoing training for staff of specific services/programs (e.g., Assessment and Consultation Team, direct service providers)?	___	___	___	___
3. Other? (specify) _____	___	___	___	___
H. Which of the following topics are covered in educating stakeholders?	___	___	___	___
1. broadening understanding of causes of learning, behavior, and emotional problems	___	___	___	___
2. broadening understanding of ways to ameliorate (prevent, correct) learning, behavior, and emotional problems	___	___	___	___
3. developing systematic academic supports for students in need	___	___	___	___
4. what classroom teachers and the home can do to minimize the need for special interventions	___	___	___	___
5. enhancing resource quality, availability, and scope	___	___	___	___
6. enhancing the referral system and ensuring effective follow through	___	___	___	___
7. enhancing the case management system in ways that increase service efficacy	___	___	___	___
8. other (specify) _____	___	___	___	___

Student and Family Assistance Programs (cont.)

I. Please indicate below any other ways that are used to provide student and family assistance to address barriers to students' learning.

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

J. Please indicate below other things you want the school to do to provide student and family assistance to address barriers to students' learning.

<hr/>	<hr/>
<hr/>	<hr/>
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<hr/>	<hr/>

School-Community Partnerships: Self-Study Surveys

Formal efforts to create school-community partnerships to improve school and neighborhood, involve building formal relationships to connect resources involved in preK-12 schooling and resources in the community (including formal and informal organizations such as the home, agencies involved in providing health and human services, religion, policing, justice, economic development; fostering youth development, recreation, and enrichment; as well as businesses, unions, governance bodies, and institutions of higher education).

As you work toward enhancing such partnerships, it helps to clarify what you have in place as a basis for determining what needs to be done. You will want to pay special attention to

- *clarifying what resources already are available*
- *how the resources are organized to work together*
- *what procedures are in place for enhancing resource usefulness*

The following set of surveys are designed as self-study instruments related to school-community partnerships. Stakeholders can use such surveys to map and analyze the current status of their efforts.

This type of self-study is best done by teams. For example, a group of stakeholders could use the items to discuss how well specific processes and programs are functioning and what's not being done. Members of the team initially might work separately in filling out the items, but the real payoff comes from discussing them as a group. The instrument also can be used as a form of program quality review.

In analyzing, the status of their school-community partnerships, the group may decide that some existing activity is not a high priority and that the resources should be redeployed to help establish more important programs. Other activity may be seen as needing to be embellished so that it is effective. Finally, decisions may be made regarding new desired activities, and since not everything can be added at once, priorities and time lines can be established.

Survey (self-study) -- Overview of Areas for School-Community Partnership

Indicate the status of partnerships between a given school or family of schools and community with respect to each of the following areas.

Please indicate all items that apply	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
A. Improving the School				
(name of school(s): _____)				
1. the instructional component of schooling	—	—	—	—
2. the governance and management of schooling	—	—	—	—
3. financial support for schooling	—	—	—	—
4. school-based programs and services to address barriers to learning	—	—	—	—
B. Improving the Neighborhood				
(through enhancing linkages with the school, including use of school facilities and resources)				
1. youth development programs	—	—	—	—
2. youth and family recreation and enrichment opportunities	—	—	—	—
3. physical health services	—	—	—	—
4. mental health services	—	—	—	—
5. programs to address psychosocial problems	—	—	—	—
6. basic living needs services	—	—	—	—
7. work/career programs	—	—	—	—
8. social services	—	—	—	—
9. crime and juvenile justice programs	—	—	—	—
10. legal assistance	—	—	—	—
11. support for development of neighborhood organizations	—	—	—	—
12. economic development programs	—	—	—	—

Survey (self-study) -- Overview of System Status for Enhancing School-Community Partnership

Items 1-7 ask about what processes are in place.
Use the following ratings in responding to these items.

DK = don't know

1 = not yet

2 = planned

3 = just recently initiated

4 = has been functional for a while

5 = well institutionalized (well established with a commitment to maintenance)

- | | |
|--|--------------|
| 1. Is there a stated policy for enhancing school-community partnerships (e.g., from the school, community agencies, government bodies)? | DK 1 2 3 4 5 |
| 2. Is there a designated leader or leaders for enhancing school-community partnerships? | DK 1 2 3 4 5 |
| 3. With respect to each entity involved in the school-community partnerships have specific persons been designated as representatives to meet with each other? | DK 1 2 3 4 5 |
| 4. Do personnel involved in enhancing school-community partnerships meet regularly as a team to evaluate current status and plan next steps? | DK 1 2 3 4 5 |
| 5. Is there a written plan for capacity building related to enhancing the school-community partnerships? | DK 1 2 3 4 5 |
| 6. Are there written descriptions available to give all stakeholders regarding current school-community partnerships | DK 1 2 3 4 5 |
| 7. Are there effective processes by which stakeholders learn | |
| (a) what is available in the way of programs/services? | DK 1 2 3 4 5 |
| (b) how to access programs/services they need? | DK 1 2 3 4 5 |

Survey (self-study) -- Overview of System Status for Enhancing School-Community Partnership (cont.)

Items 8- 9 ask about effectiveness of existing processes.
Use the following ratings in responding to these items.

- DK = don't know
- 1 = hardly ever effective
- 2 = effective about 25 % of the time
- 3 = effective about half the time
- 4 = effective about 75% of the time
- 5 = almost always effective

8. In general, how effective are your local efforts to enhance school-community partnerships? DK 1 2 3 4 5
9. With respect to enhancing school-community partnerships, how effective are each of the following:
- (a) current policy DK 1 2 3 4 5
 - (b) designated leadership DK 1 2 3 4 5
 - (c) designated representatives DK 1 2 3 4 5
 - (d) team monitoring and planning of next steps DK 1 2 3 4 5
 - (e) capacity building efforts DK 1 2 3 4 5

List Current School-Community Partnerships

For improving the school

For improving the neighborhood
(though enhancing links with the school,
including use of school facilities and resources)

Survey (self-study) --

School-Community Partnerships to Improve the School

Indicate the status of partnerships between a given school or family of schools and community with respect to each of the following:

Please indicate all items that apply (name of school(s): _____)	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
Partnerships to improve				
1. the instructional component of schooling				
a. kindergarten readiness programs	___	___	___	___
b. tutoring	___	___	___	___
c. mentoring	___	___	___	___
d. school reform initiatives	___	___	___	___
e. homework hotlines	___	___	___	___
f. media/technology	___	___	___	___
g. career academy programs	___	___	___	___
h. adult education, ESL, literacy, citizenship classes	___	___	___	___
i. other _____	___	___	___	___
2. the governance and management of schooling				
a. PTA/PTSA	___	___	___	___
b. shared leadership	___	___	___	___
c. advisory bodies	___	___	___	___
d. other _____	___	___	___	___
3. financial support for schooling				
a. adopt-a-school	___	___	___	___
b. grant programs and funded projects	___	___	___	___
c. donations/fund raising	___	___	___	___
d. other _____	___	___	___	___
4. school-based programs and services to address barriers to learning*				
a. student and family assistance programs/services	___	___	___	___
b. transition programs	___	___	___	___
c. crisis response and prevention programs	___	___	___	___
d. home involvement programs	___	___	___	___
e. pre and inservice staff development programs	___	___	___	___
f. other _____	___	___	___	___

*The Center for Mental Health in Schools at UCLA has a set of surveys for in-depth self-study of efforts to improve a school's ability to address barriers to learning and teaching.

Survey (self-study) --

School-Community Partnerships to Improve the Neighborhood

Indicate the status of partnerships between a given school or family of schools and community with respect to each of the following:

Please indicate all items that apply (name of school(s): _____)	<u>Yes</u>	<u>Yes but more of this is needed</u>	<u>No</u>	<u>If no, is this something you want?</u>
Partnerships to improve				
1. youth development programs				
a. home visitation programs	---	---	---	---
b. parent education	---	---	---	---
c. infant and toddler programs	---	---	---	---
d. child care/children's centers/preschool programs	---	---	---	---
e. community service programs	---	---	---	---
f. public health and safety programs	---	---	---	---
g. leadership development programs	---	---	---	---
h. other _____	---	---	---	---
2. youth and family recreation and enrichment opportunities				
a. art/music/cultural programs	---	---	---	---
b. parks' programs	---	---	---	---
c. youth clubs	---	---	---	---
d. scouts	---	---	---	---
e. youth sports leagues	---	---	---	---
f. community centers	---	---	---	---
g. library programs	---	---	---	---
h. faith community's activities	---	---	---	---
i. camping programs	---	---	---	---
j. other _____	---	---	---	---
3. physical health services				
a. school-based/linked clinics for primary care	---	---	---	---
b. immunization clinics	---	---	---	---
c. communicable disease control programs	---	---	---	---
d. CHDP/EPSTD programs	---	---	---	---
e. pro bono/volunteer programs	---	---	---	---
f. AIDS/HIV programs	---	---	---	---
g. asthma programs	---	---	---	---
h. pregnant and parenting minors programs	---	---	---	---
i. dental services	---	---	---	---
j. vision and hearing services	---	---	---	---
k. referral facilitation	---	---	---	---
l. emergency care	---	---	---	---
m. other _____	---	---	---	---

Survey (self-study) --

School-Community Partnerships to Improve the Neighborhood (cont)

4. mental health services

- a. school-based/linked clinics w/ mental health component _____
- b. EPSDT mental health focus _____
- c. pro bono/volunteer programs _____
- d. referral facilitation _____
- e. counseling _____
- f. crisis hotlines _____
- g. other _____

5. programs to address psychosocial problems

- a. conflict mediation/resolution _____
- b. substance abuse _____
- c. community/school safe havens _____
- d. safe passages _____
- e. youth violence prevention _____
- f. gang alternatives _____
- g. pregnancy prevention and counseling _____
- h. case management of programs for high risk youth _____
- i. child abuse and domestic violence programs _____
- j. other _____

6. basic living needs services

- a. food _____
- b. clothing _____
- c. housing _____
- d. transportation assistance _____
- e. other _____

7. work/career programs

- a. job mentoring _____
- b. job programs and employment opportunities _____
- c. other _____

8. social services

- a. school-based/linked family resource centers _____
- b. integrated services initiatives _____
- c. budgeting/financial management counseling _____
- d. family preservation and support _____
- e. foster care school transition programs _____
- f. case management _____
- g. immigration and cultural transition assistance _____
- h. language translation _____
- i. other _____

9. crime and juvenile justice programs

- a. camp returnee programs _____
- b. children's court liaison _____
- c. truancy mediation _____
- d. juvenile diversion programs with school _____
- e. probation services at school _____
- f. police protection programs _____
- g. other _____

Survey (self-study) --

School-Community Partnerships to Improve the Neighborhood (cont)

10. legal assistance

a. legal aide programs

b. other _____

___ ___ ___ ___
___ ___ ___ ___

11. support for development of neighborhood organizations

a. neighborhood protective associations

b. emergency response planning and implementation

c. neighborhood coalitions and advocacy groups

d. volunteer services

e. welcoming clubs

f. social support networks

g. other _____

___ ___ ___ ___
___ ___ ___ ___
___ ___ ___ ___
___ ___ ___ ___
___ ___ ___ ___
___ ___ ___ ___
___ ___ ___ ___

12. economic development programs

a. empowerment zones.

b. urban village programs

c. other _____

___ ___ ___ ___
___ ___ ___ ___
___ ___ ___ ___