

# Addressing Barriers

New ways to think . . .

Better ways to link

## to Learning

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*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 Council Task Force (1989)

### Addressing Barriers to Learning & Promoting Healthy Development: A Usable Research-Base

As schools evolve their improvement plans in keeping with higher standards and expectations and increased accountability, most planners recognize they must include a comprehensive focus on addressing barriers to student learning and promoting healthy development.<sup>1-15</sup> This awareness finds support in an extensive body of literature. It is illustrated by 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.<sup>16-22</sup> Findings include improved school attendance, fewer behavior problems, improved interpersonal skills, enhanced achievement, and increased bonding at school and at home.<sup>23</sup>

Given the promising findings, state and local education agencies all over the country are delineating ways to enhance social, emotional, and behavioral performance as an essential facet of improving academic performance. Among the many initiatives underway is *Success4*,<sup>24</sup> spearheaded by the Iowa State Department of

Education. That department recently asked Our Center to identify for policy makers research clarifying the importance of and bases for such initiatives. The following is what we provided.

#### About the Research Base

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 all youngsters access to a comprehensive, multifaceted continuum of interventions. These natural experiments are playing out in every school and neighborhood where families are affluent enough to purchase the additional programs and services they feel will maximize their youngsters' well-being. It is obvious that those who can afford such interventions understand their value. And, not surprisingly, most indicators of well-being, including higher achievement test scores, are correlated with socio-economic status. Available data underscore societal inequities that can be remedied through public financing for comprehensive programs and services.

Most *formal* studies have focused on specific interventions. This literature reports positive outcomes (for school and society) associated with a wide range of interventions. Because of the fragmented nature of available research, the findings are best appreciated in terms of the whole being greater than the sum of the parts, and implications are best derived from the total theoretical and empirical picture. When such a broad perspective is adopted, schools have a large research base to draw upon in addressing barriers to learning and enhancing healthy development.

The research-base is highlighted below by organizing examples into six areas of concern: (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 their families, (3) responding to, minimizing impact of, and preventing crises, (4) enhancing home involvement, (5) outreaching to the surrounding community

#### Contents

- *Need resources? technical assistance?*  
See page 5.
- Pages 6-8: *Teaching Teachers to Enable Learning in the Classroom*
- On pages 9-11: *On Young Children's Social Emotional Readiness for School*

(cont. on page 2)

to build linkages, and (6) providing special assistance for 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 (e.g., 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.

- Many forms of *prereferral intervention programs* have shown success in reducing learning and behavior problems and unnecessary referrals for special assistance and special education.<sup>25-31</sup>
- 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.<sup>32-38</sup>
- And, of course, *programs that reduce class size* are finding increases in academic performance and decreases in discipline problems.<sup>39-43</sup>

**(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 many 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 safe recreation, articulation programs (for each new step in formal education, vocational and college counseling, 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. Enabling successful transitions has 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.<sup>44-49</sup>
- 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.<sup>50-53</sup>
- Evaluations show that well-conceived and implemented *articulation programs* can successfully ease students' transition between grades,<sup>54-56</sup> and preliminary evidence suggests the promise of programs that provide *welcoming and social support* for children and families transitioning into a new school.<sup>57, 58</sup>
- 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.<sup>59-61</sup>
- Finally, programs providing *vocational training and career education* have an impact in terms of increasing school retention and graduation and show promise for successfully placing students in jobs following graduation.<sup>62-66</sup>

**(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 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. 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.<sup>67-85</sup>

**(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 (a) address specific learning and support needs of adults in the home (e.g., classes to enhance literacy, job skills, ESL, mutual support groups), (b) help those in the home meet basic obligations to the student, (c) improve systems to communicate about matters essential to student and family, (d) strengthen home-school connections and sense of community, (e) enhance participation in making decisions essential to student well-being, (f) enhance home support related to the student's basic learning and development, (g) mobilize those at home to problem solve related to student needs, and (h) elicit help (support, collaborations, and partnerships) from the 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). 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 children 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.<sup>86</sup>
- 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.<sup>87-90</sup> Data also suggest an impact on reducing children's negative behavior.<sup>91-99</sup>
- More broadly, programs to *mobilize the home in addressing students' basic needs* affect a range of behaviors and academic performance.<sup>100</sup>

**(5) Outreach to build community linkages and collaborations.** The aim here 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/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) programs outreaching 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.)

The research-base for involving the community is growing.

- A popular example is 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, and improved grades).<sup>101-105</sup>
- Another example is 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.<sup>106-110</sup> 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 encompass concerns for economic development and demonstrate the ability to increase job opportunities for young people.

**(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. 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 improvements (e.g., increased attendance, improved grades, improved achievement, promotion to the next grade, reduced suspensions and expulsions, fewer dropouts, and increased graduation rates).<sup>111-120</sup>

- A rapidly increasing number of *targeted interventions* are reporting positive results related to the specific problems addressed (e.g., 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).<sup>121-125</sup>

### Concluding Comments

Taken as a whole, the research base for initiatives to pursue a comprehensive focus on addressing barriers to student learning and promoting healthy development 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 the content of such activity and also stresses the importance of coalescing such activity into a comprehensive, multifaceted approach.

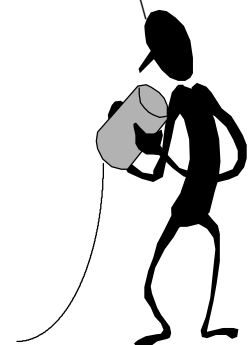
### References Cited

Space precludes providing the list of 125 references here; they are available on our web site in the Center Brief version of this article which has the same title.

Now that you've been in school for a while, how do you like it?



Closed!



## Center News



### *Haven't visited our website in a while?*

Go to <http://smhp.psych.ucla.edu> and click on *What's New?*

Check out Features such as:

\***News Item(s) of the Week.**

\***Quick Finds** -- easy access to information on a variety of topics (new ones added recently include Early Childhood Development, Cultural Competence, Hate-groups: Helping Students and Preventing Hate Crimes, IDEA Accommodations /inclusion, Statistical Resources, Emotionally Disturbed Children, Student Motivation, Discipline Codes and Policies, Dating Violence)

\***Gateway to a World of Resources for Enhancing MH in Schools** (see p. 12 of this newsletter)

\***Surfin' for Funds** (go to What's New; scroll to New Materials, find Surfin' for Funds)

### Want resources? Need technical assistance?

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Write: Center for Mental Health in Schools  
Department of Psychology, UCLA  
Los Angeles, CA 90095-1563

Or use our website:

<http://smhp.psych.ucla.edu>

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Also, if you want to submit comments and info for us to circulate, use the insert form in this newsletter or contact us directly by mail, phone, or E-mail.

*We like children who are a little afraid of us, docile, deferential children, though not, of course, if they are so obviously afraid that they threaten our image of ourselves as kind lovable people whom there is no reason to fear.*

John Holt

## Some New & Revised Resources

### **Revised Introductory Packet**


>Dropout Prevention

>Evaluation and Accountability: Getting Credit For All You do

To download, go to <http://smhp.psych.ucla.edu> –

### **New Technical Assistance Sampler**

>**Sexual Minority Students** -- Covers issues facing sexual minority students and staff, including violence, homophobia, social and psychological issues and provides info about programs for sexual minority students, school policy, educational concerns, and so forth. Available in hardcopy and soon also will be downloadable from the web.

 **Other resources:** Now downloadable from our website in PDF format:

*Policymakers' Guide to Restructuring Student Support Resources to Address Barriers to Learning*

*Common Psychosocial Problems of School Aged Youth: Developmental Variations, Problems, Disorders and Perspectives for Prevention and Treatment*

*Protective Factors (Resiliency)*

*A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning*

<http://smhp.psych.ucla.edu> –  
click on *Center Materials*

FOR THOSE WITHOUT INTERNET ACCESS, ALL RESOURCES ARE AVAILABLE BY CONTACTING THE CENTER.

I don't suffer from stress, I'm a carrier.  
(From Dilbert)

#### Center Staff:

*Howard Adelman, Co-Director  
Linda Taylor, Co-Director  
Perry Nelson, Coordinator  
... and a host of graduate and undergraduate students*

## Teaching Teachers to Enable Learning in the Classroom

Teachers, teacher educators, school reformers, policy makers, parents, and students all are aware of a simple truth: too many teachers know too little about how best to support and guide students who manifest commonplace behavior, learning, and emotional problems. Despite widespread awareness of this fact, little is done about it. For teachers in classrooms where few students are doing poorly, not surprisingly this gap in teacher training rarely is a matter of much concern. However, in settings where large proportions of students are not doing well, the matter is of fundamental importance. This is especially the case in situations where many students are “acting out.” Indeed, in such settings, the overriding concern is “classroom management.”

From an inservice perspective, schools tend to respond to teacher concerns about misbehavior by offering a brief session or two on various social control practices. This, of course, skirts right by the matter of what is causing a student to misbehave and ignores the reality that social control practices can be incompatible with enhancing a student’s interest in doing better at school.

In general, there remains a major disconnect between what teachers need to learn and what they are taught about addressing student problems. As long as this disconnect continues, too many students will be “referred out” for special attention and too many will eventually dropout of school.

We hasten to stress that, in highlighting this state of affairs, we do not mean to minimize the importance of thorough, ongoing training related to and instruction. Every teacher must have the ability and resources to bring a sound curriculum to life and apply strategies that make learning meaningful. At the same time, they must learn how to “enable” learning in the classroom by addressing barriers to learning and teaching – especially factors leading to low/negative motivation for schooling. All students need instruction that is a good match for both their motivation and capabilities (e.g., teaching that accounts for interests, strengths, weaknesses, and limitations; approaches that overcome avoidance motivation; structure that provides personalized support and guidance; instruction designed to enhance and expand intrinsic motivation for learning and problem solving). And some students require added support and special accommodations.

It is a myth in schools where large proportions of students are not doing well to think achievement test score averages can be meaningfully raised by focusing mainly on curriculum and instructional concerns. And, it is no fantasy to anticipate increases in mental health and societal problems as long as teachers are poorly prepared to address barriers to learning and teaching.

## Providing *All* Students with an Equal Opportunity to Succeed

It is easy to say that schools must ensure that *all* students succeed. 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 *internal* barriers that interfere with benefitting from what the teacher is offering. Thus, providing all students an equal opportunity to succeed requires a comprehensive, multifaceted approach to barriers to learning.

At some time or another, most students bring problems with them to school that effect their learning and perhaps interfere with the teacher’s efforts to teach. 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. Then, these problems are exacerbated as youngsters internalize the frustrations of confronting barriers and the debilitating effects of performing poorly at school. In such locales, the reality often is that over 50% of students manifest forms of behavior, learning, and emotional problems. And, in most of these schools, teachers are ill-prepared to address the problems in a potent manner. Thus, when a student is not doing well, the trend increasingly is to refer them directly for counseling or for assessment in hopes of referral for special help – perhaps even special education assignment. In some schools and classrooms, the number of referrals is dramatic. Where special teams have been established to review teacher requests for 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 only has reviewed a small percentage of those on the list. And, no matter how many are reviewed, there always are more referrals than can be served.

One solution might be to convince policy makers to fund more services. However, even if the policy climate favored expanding public services, more health and social services alone are not a comprehensive approach for addressing barriers to learning. More services to treat problems certainly are needed. But so are prevention and early-after-onset programs that can reduce the numbers who teachers refer for special assistance.

Ultimately, of course, addressing barriers to learning must be approached from a societal perspective and requires fundamental systemic reforms designed to improve efforts to support and enable learning. This calls for developing a continuum of community and school programs. Such a continuum must be *comprehensive*, *multifaceted*, and *integrated* and woven into three overlapping systems: systems of

prevention, systems of early intervention to address problems as soon after onset as feasible, and systems of care for those with chronic and severe problems. All of this encompasses an array of activity that we group under 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 around the proposition that a comprehensive, multifaceted, integrated continuum of enabling activity *is essential* in addressing the needs of youngsters who encounter barriers that interfere with benefitting satisfactorily from instruction. For schools, such a component and its various activities cluster nicely into six programmatic areas: (a) enhancing regular classroom strategies to improve instruction for students with mild-to-moderate behavior, learning, and emotional problems, (b) assisting students and families in negotiating transitions that affect school learning and performance, (c) increasing home and community involvement with schools, (d) responding to and preventing crises, (e) offering additional assistance to students and their families when necessary, and (f) outreaching to develop greater community involvement and support (including recruitment of volunteers). It is unfortunate that most school reformers seem unaware that schools must play a major role in developing such programs and systems if *all* students are to benefit from higher standards and improved instruction. It is time for reform advocates to expand their emphasis on improving instruction and school management 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 two. (For more on this, see the Center website or request references.)

### **Enhancing Regular Classroom Strategies to Enable Learning for All**

Our concern here is with one of the six programmatic areas of an *Enabling Component*, namely, the one we call *Classroom-Focused Enabling*. This area focuses on enhancing regular classroom strategies to improve instruction for students with mild-to-moderate behavior, learning, and emotional problems. It overlaps the instructional component and expands definitions of good teaching to encompass practices that enable teachers to be effective with a wide range of students and, in doing so, reduce the need for specialized services and enhance the effectiveness of inclusionary policies. Any definition of good teaching must include being able to address problems within the regular classroom. For example, good teaching involves developing a classroom infrastructure that transforms a big classroom into a set of smaller ones, fostering a caring context for learning, using strategies that prevent problems, addressing a wide range of problems when they arise, and eliciting home involvement in solving problems.

Accomplishing all this requires rethinking pre- and in-service education for teachers, and for support staff, paraeducators and other paid assistants, and volunteers. It also involves rethinking the forms of temporary out-of-class student and family assistance that are provided. Every teacher needs to be taught an array of strategies for accommodating and for teaching students to compensate for differences, vulnerabilities, and disabilities. Teachers

need to learn how to use paid assistants, peer tutors, and volunteers to enhance social and academic support and to work in targeted ways with specific youngsters who manifest problems. Strategies must be developed for using resource and itinerant teachers and counselors and other student support professionals to work closely with teachers and students *in the classroom* and on regular activities. (Such matters, of course, have major implications for restructuring and redesigning the roles, functions, and staff development of such personnel, as well as for redeploying resources.)

### **Personalized Instruction: The Core of Classroom-Focused Enabling**

At the core of efforts to enable classroom learning is development of a classroom infrastructure that enables a teacher to *personalize* instruction. Some teachers use the terms individualization and personalization of instruction interchangeably. *We don't*. Although both terms are intended to describe the process of “meeting learners where they are,” individualization often is used for approaches that primarily emphasize accounting for differences in capability (and often only with respect to a few areas of development).

As a classroom concept, we stress that personalization should refer to the need to meet a learner where s/he is in terms of capabilities *and* with respect to *motivation* – especially interests, attitudes, and other *intrinsic motivational* considerations. That is, personalization should encompass a broad, concerted, and systematic emphasis on motivation, as well as on knowledge and skills, when planning, implementing, and evaluating instruction. Moreover, this emphasis should reflect an appreciation of the fact that motivational differences often must be attended to before an accurate assessment can be made of capabilities and before students will respond well to classroom instruction.

From a psychological perspective, personalization is further defined in terms of learner *perceptions*. That is, the matter of whether one has “met a learner where (s)he is” can be viewed as dependent on how the learner experiences learning tasks and environments. A teacher may think a good match has been made, but if the student doesn't experience it as such, the instructional effort probably isn't meaningfully personalized.

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

- Learning is a function of the ongoing transactions between the learner and the learning environment (with all it encompasses).
- 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.
- Matching both a learner's motivation and pattern of acquired capacities must be primary procedural objectives.
- The learner's perception is the critical criterion for evaluating whether a good match exists between the learner and the learning environment.

- 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.
- 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.

Properly implemented, personalization can help establish a classroom atmosphere that encourages mutual support and caring and creates a sense of community. All this can play a role in preventing learning, behavior, and emotional problems. This probably is even more the case when the school-wide context fosters a sense of personal caring and mutual support, and probably is further enhanced when the surrounding neighborhood is supportive and caring.

Personalization is seen as a necessary and often sufficient in addressing behavior, learning, and emotional problems in the classroom. Some students, however, need something more. The "something more" often is called remediation, but at a time when education is trying to move away from thinking of students as having "deficits," another term may have to be found. Here, we will use the term *specialized assistance*. Specialized assistance is called for when the best general practices are found wanting. Specialized assistance is needed to address major motivational and behavioral problems and for students who have difficulty learning, performing, or retaining what they have learned. Fortunately, however, most students usually are motivationally ready and able to function in some learning arenas, and thus, specialized assistance in all facets of classroom instruction and activity usually is unnecessary.

### **A Set of Training Modules for Classroom-Focused Enabling**

Our Center is just completing development of a set of training modules for Classroom-Focused Enabling. Module I provides a big picture context for understanding why every school must develop a component to address barriers to learning. Module II covers the nuts and bolts of Classroom-Focused Enabling (see Exhibit). Module III provides teachers-in-training and those already on the job with an overview of the other five areas of an Enabling Component so they can help their schools provide a better context for classroom learning.

The modules represent the first attempt to define a major preservice/inservice training curriculum to prepare teachers to design classrooms and schools that can support and guide students who manifest commonplace behavior, learning, and emotional problems. We will be working diligently to get these modules into the hands of teacher educators and will encourage teachers to use them as a form of independent continuing education. In the coming years, we expect to improve and refine the modules based on feedback from the field. If you care to provide feedback at this stage, please do so by sending your comments to the Center.

## ***Exhibit***

### **"What's a teacher to do?" (Enabling All Students to Learn)**

#### ***Module II***

- A. What do successful programs and practices teach us about preventing problems and maximizing learning in the classroom?
  1. Principles/Guidelines for practice that ensure all have an equal opportunity to learn
  2. The result must be a collaborative classroom: Opening the classroom door
- B. What strategies and practices are basic?
  1. Engaging students (and their families) in learning
    - a. Meaningful, engaged learning: Real and valued options and decision making
    - b. Facilitating motivated performance and practice: Normative strategies
      - 1) Creating a stimulating learning environment
        - a) Learning centers and projects: discovery and problem based learning
        - b) Groupings and cooperative learning
        - c) Using authentic contexts beyond the classroom (service learning, field trips)
        - d) Enrichment opportunities
      - 2) Instructional techniques
        - a) To enhance motivation
        - b) To guide performance and learning
    - c. Facilitating motivated performance and practice: Personalized support and guidance
      - 1) Adaptations for individual differences in motivation and capability
      - 2) Ensuring motivated practice
    - d. Feedback that enhances intrinsic motivation and performance
  2. Redesigning the classroom to enable personalized instruction.
    - a. Turning big classes into small learning groups
    - b. Many collaborators -- special teachers, aids, volunteers, other students, pupil service personnel, parents, mentors
    - c. Using collaborators in targeted ways (difficult students, tutoring)
  3. Personalized contacts.
    - a. Conferencing to engage, support, and guide
    - b. Accounting for diversity in a caring way
    - c. Home involvement in schooling
  4. Special Accommodations and efforts for those who need more.
    - a. Increased resources for intensive instruction
    - b. Other prereferral interventions
    - c. Opportunities and adaptations related to inclusion of students with special needs
    - d. Referral when necessary.
  5. Capitalizing on technology
- C. Tools for Classroom-Focused Enabling



Do You Know About . . . ?



## Young Children's Social-Emotional Readiness for School

The Children's Mental Health Foundations and Agencies Network (FAN) is a group of public and private agencies and foundations interested in child development and public policy issues. The current work of the group focuses on the importance of young children's social and emotional readiness for school. As they note: "While both cognitive and social-emotional development play critical roles in early school success, most research and programming to date has emphasized the cognitive aspect of school readiness." Thus, FAN has chosen to concentrate on social-emotional readiness "in order to raise awareness, broaden research, inform policy, and encourage the transfer of research into practice." Toward these ends, last year FAN commissioned two papers which have been summarized under the title:

*Off to a Good Start.*

(<http://www.nimh.nih.gov/childhp/prfan.cfm>)

The individual papers are:

- *Research on the Risk Factors for Early School Problems*, by L.C. Huffman, S. Mehlinger, and A. Kerivan, highlights the evidence and research gaps related to risk factors adversely affecting youngsters' socio-emotional school readiness
- *Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School*, by D. Cavanaugh, J. Lippitt, and O. Moyo, highlights the federal policies and programs designed to address risk factors.

In discussing the research on risk factors, Huffman, Mehlinger, and Kerivan conclude: "The fact that we can identify multiple risk factors at multiple levels suggest that interventions may need to address multiple levels -- modifying parenting strategies, increasing maternal education and improving mental health, supplementing family financial resources, and even improving the school and neighborhood milieu."

Cavanaugh, Lippitt, and Moyo's paper examines federal policies in five domains: child health, early childhood care and education, family support and

child welfare, child nutrition, and socioeconomic status. (See their summary table on pages 10 and 11.)

As Cavanaugh and Huffman state in the summary:

The findings highlight the federal government's "contribution to the emotional and behavioral health of young children and their families through Medicaid expansions, the passage of the State Child Health Insurance Program, and demonstration programs such as Starting Early, Starting Smart. While some federal policies are complementary, many overlap, illustrating both the complexity of collaborative efforts ... and the diversity of partnerships.... Current changes in the organization and financing of health care delivery, coupled with the complex interaction of federal policies that address young children, affect the efficiency and effectiveness of federal policy responses to the identified risk factors.

Emotional and behavioral health care for young children cuts across a number of disciplines. The multiplicity of federal agencies addressing similar concerns creates fragmentation of resources and engenders difficulty in coordinating efforts to ensure that all young children's emotional and behavioral health needs are met. Equally significant are the gaps in federal policy and the inadequacy of federal programs to reach all young children.

A seamless, multidisciplinary system of early childhood care that transcends traditional federal policy boundaries must be designed and implemented. Research is needed on new models for organizing, financing, and delivering behavioral health care for young children, and efforts must be made to translate research findings into practice.

...

Numerous reports on these issues have been written in the past. The current opportunity to implement a comprehensive early childhood policy should not be missed. It is essential to build on past efforts and to identify champions in the highest levels of government, philanthropy, and business. Leaders in the social and medical sciences must join those in other sectors of society to emphasize the importance of early childhood experience on future success in both education and in the workplace. Only with the commitment of resources from the broad range of involved agencies and foundations, and the collaboration of scientists with policy maker can we hope to improve the chances for at-risk children to succeed as they begin school."

#####

From Dilbert's Rules of Order:

*I can only please one person per day. Today is not your day. Tomorrow isn't looking good for you either.*

#####

Table: Risk Factors and Selected Federal Policies Affecting Children's Emotional and Social Development and Readiness for School (from *Resource Guide to Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School*, by D.A. Cavanaugh, J. Lippitt, and O. Moyo. The Child Mental Health Foundations and Agencies Network [FAN]).

	Child Health						Early Childhood Care and Education								
	MCHBG <sup>1</sup>	Healthy Start	Medicaid	EPSDT <sup>2</sup>	CHIP <sup>3</sup>	SESS <sup>4</sup>	CMHSBG <sup>5</sup>	Head Start	Early Head Start	CCDBG <sup>6</sup>	ESEA <sup>7</sup> Title 1 Part A	ESEA Title 1 Part B Even Start	IDEA <sup>8</sup> Part B State Grants	IDEA Part B Preschool Grants	IDEA Part C
<i>Risk Factors*</i>															
<b>Individual Child</b>															
Low Birthweight and Neurodevelopmental Delay	Ź	Ź	Ź	Ź	Ź	Ź		Ź	Ź				Ź	Ź	Ź
Other Medical Problems	Ź	Ź	Ź	Ź	Ź			Ź	Ź				Ź	Ź	Ź
Cognitive Deficits	Ź	Ź				Ź		Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź
Temperament and Personality Problems	Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź		Ź	Ź	Ź	Ź
Early Behavior and Adjustment Problems	Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź		Ź	Ź	Ź	Ź
Age at School Entry															
Inadequate Nutrition	Ź	Ź						Ź	Ź			Ź			
<b>Microsystems: Family and Peers</b>															
Family Composition															
Low Level of Maternal Education						Ź		Ź	Ź			Ź			
Parental Substance Abuse		Ź	Ź			Ź									
Parental Psychopathology		Ź	Ź			Ź	Ź								
Problematic Parenting Practices	Ź	Ź				Ź		Ź	Ź			Ź	Ź	Ź	Ź
Child Maltreatment			Ź	Ź	Ź	Ź									
Insecure Attachment	Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź				Ź	Ź	Ź
Difficulties with Peer Relationships						Ź		Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź
<b>Microsystems: Day Care and School</b>															
Non-maternal Care						Ź		Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź
Relationships with Teachers						Ź		Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź
<b>Exosystem: Neighborhood, Community, and Socioeconomic Status</b>															
Immigrant Status**															
Minority Status**															
Low Socioeconomic Status	Ź	Ź	Ź	Ź	Ź	Ź		Ź	Ź	Ź	Ź	Ź			

<sup>1</sup>Maternal & Child Health Block Grant   <sup>2</sup>Early Periodic Screening, Diagnosis, & Treatment   <sup>3</sup>Child Health Insurance Program

<sup>4</sup>Starting Early Starting Smart   <sup>5</sup>Community Mental Health Services Block Grant   <sup>6</sup>Child Care Development Block Grant

<sup>7</sup>Elementary & Secondary Education Act   <sup>8</sup>Individuals with Disabilities Education Act

Table: Risk Factors and Selected Federal Policies Affecting Children's Emotional And Social Development and Readiness for School (cont'd)

	Family Support and Child Welfare							Child Nutrition			Socioeconomic status			
	Family and Medical Leave Act	SSA <sup>1</sup> Title IV-B, Child Welfare Services	SSA Title IV-B, Safe and Stable Families	CAPTA <sup>2</sup>	SSA Title XX, Social Services Block Grant	SSA Title IV-E, Foster Care and Adoption	Adoption and Safe Families Act	Food Stamp Program	WIC <sup>3</sup>	Child and Adult Care Food Program	TANF <sup>4</sup>	SSI <sup>5</sup>	EITC <sup>6</sup>	DTC <sup>7</sup>
<i>Risk Factors*</i>														
<b>Individual Child</b>														
Low Birthweight and Neurodevelopmental Delay	Ź		Ź	Ź									Ź	
Other Medical Problems	Ź			Ź									Ź	
Cognitive Deficits					Ź	Ź								
Temperament and Personality Problems		Ź	Ź	Ź	Ź	Ź	Ź						Ź	
Early Behavior and Adjustment Problems		Ź	Ź	Ź	Ź	Ź	Ź						Ź	
Age at School Entry														
Inadequate Nutrition								Ź	Ź	Ź				
<b>Microsystems: Family and Peers</b>														
Family Composition													Ź	
Low Level of Maternal Education													Ź	
Parental Substance Abuse				Ź	Ź									
Parental Psychopathology				Ź	Ź								Ź	
Problematic Parenting Practices		Ź	Ź	Ź	Ź	Ź	Ź							
Child Maltreatment		Ź	Ź	Ź	Ź	Ź	Ź							
Insecure Attachment	Ź	Ź	Ź	Ź	Ź	Ź	Ź							
Difficulties with Peer Relationships					Ź									
<b>Microsystems: Day Care and School</b>														
Non-maternal Care			Ź		Ź					Ź				Ź
Relationships with Teachers					Ź									
<b>Exosystem: Neighborhood, Community, and Socioeconomic Status</b>														
Immigrant Status**								Ź			Ź	Ź		
Minority Status**														
Low Socioeconomic Status					Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź	Ź

\* Ž – indicates the policy affects the risk factor.

\*\* The risk factors of immigrant and minority status identified by Dr. Huffman are interrelated with low socioeconomic status and, with three exceptions, cannot be meaningfully separated for the purposes of this analysis. For the immigrant status risk factor, the interaction with policies identified here indicates possible negative effects, including exclusion from program eligibility, because of immigrant status.

<sup>1</sup>Social Security Act <sup>2</sup>Child Abuse Prevention & Treatment Act <sup>3</sup>Special Supplemental Nutrition Program for Women, Infants, & Children

<sup>4</sup>Temporary Assistance for Needy Families <sup>5</sup>Supplemental Security Income <sup>6</sup>Earned Income Tax Credit <sup>7</sup>Dependent Care Tax Credit

## A Gateway to a World of Resources for Enhancing MH in Schools

**NEW:** In addition to maintaining lists of links on our Website (<http://smhp.psych.ucla.edu>), we have added a working draft of a links "map" designed to be a "*Gateway to a World of Resources for Enhancing MH in Schools.*" The intent is to improve quick access to relevant resources on the Internet and to provide a tool to facilitate various forms of networking. (We also intend to use the map as a tool in analyzing the strengths, weaknesses, and gaps/inequities in available resources as a basis for enhancing practice and policy.)

The map represents the next generation (beyond lists of links) for guiding users quickly to sites that are most likely to meet their needs. Sites are grouped under five categories with respect to how directly they relate to MH in schools and are further divided into four sources for support. We are in the early stages of developing the Gateway map, but we wanted to get it online as an aid and to invite feedback that can help us improve it. We invite your suggestions for improving the map (including ideas related to categorizing the entries, organizing the lists to differentiate among sites with respect to how helpful they are, improving the map design with reference to website presentation, etc.).

Try the Gateway out, and then let us hear from you.

Please use the enclosed form to ask for what you need and to give us feedback.  
Also, send us information, ideas, and materials for the Clearinghouse.

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The Center for Mental Health in Schools is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project in the Dept. of Psychology, UCLA. Support comes in part from the Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration. Co-funding comes from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Both HRSA and SAMHSA are agencies of the U.S. Dept. of Health and Human Services.





## Tell Us What You Need and Give Us Feedback

(1) Gateway to a World of Resources for Enhancing MH in Schools

<http://smhp.psych.ucla.edu> (see p. 12 of this Newsletter)  
Any suggestions to improve this resource?

(2) Usable Research-Base (see lead article)

\_\_\_ *Check here if you need us to send you the list of 126 references*

(3) \_\_\_ *Check here if you want to be part of our Consultation Cadre*

(See our website for a description and provide relevant information below)

(4) As always, we welcome your requests, as well as your feedback on any facets of the Center's operations.

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Thanks for completing this form.** Return it by FAX to (310) 206-8716 *or* in a separate envelope *or* by folding it in half to use the return address on the back as a mailing label.

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