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Moving Prevention From the Fringes Into the Fabric of School Improvement

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If prevention initiatives are to get beyond their current marginalized and fragmented status, they must be framed in a comprehensive context. This article places primary prevention at one end of a comprehensive continuum of interventions and explores the continuum in terms of a component for addressing barriers to development and learning. Such a component is conceptualized as primary and essential to successful school reform. Current concerns and emerging trends related to policy, research, practice, and training are highlighted, and general implications for systemic changes are suggested.

The term prevention conjures up a variety of reactions. Few would argue against the desirability of preventing educational and psychological problems. However, some leaders in the field have lamented that prevention initiatives are still too oriented to risk reduction, which often works against efforts to promote wellness as an invaluable mental health end in and of itself (e.g., Cowen, 1997). In schools, the orientation to reducing risk has led to an overemphasis on observed problems and on treating them as discrete entities. This contributes to de-emphasizing common underlying causes and their treatment. Such a state of affairs is both a result and an ongoing

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factor in perpetuating widespread fragmentation of prevention initiatives at all levels. A vicious cycle of unsatisfactory policy and practice has emerged. And, the cycle is likely to continue as long as policy priorities for prevention are so low that the enterprise remains a marginalized aspect of systemic reforms. These concerns are of major relevance to anyone interested in preventing problems on a large scale.

If prevention initiatives are to get beyond their current marginalized and fragmented status, they must be framed in a comprehensive context. With this in mind, we begin with a presentation that places primary prevention at one end of a comprehensive continuum of interventions. Then, the continuum is explored in terms of a component for addressing barriers to development and learning that is viewed as primary and essential to successful school reform. Throughout the article, implications are discussed with respect to policy, research, practice, and training.

FRAMING PREVENTION AS ONE END OF A COMPREHENSIVE, MULTIFACETED CONTINUUM OF INTERVENTION

Prevention initiatives have many facets. At a school, approaches may be school wide with the intent of having an impact on all students; they may be limited to a classroom; they may target a specific group and a specific problem. Various strategies may be used to promote healthy development or address factors that interfere with positive functioning. Table 1 outlines some key categories that can aid in differentiating among school-oriented prevention efforts. As outlined, the term *prevention* encompasses discrete strategies and broad, multifaceted approaches.

Policy-oriented discussions increasingly recognize the importance of multifaceted approaches to account for social, economic, political, and cultural factors that can interfere with or promote development, learning, and teaching (Center for Mental Health in Schools, 1996, 1997; Dryfoos, 1998; Schorr, 1997). For purposes of analyzing the state of the art and making recommendations, major policies and practices for addressing such factors can be grouped into five areas. The areas are:

1. Measures to abate inequities or restricted opportunities.
2. Primary prevention and early age interventions.
3. Identification and amelioration of learning, behavior, emotional, and health problems as early as is feasible.
4. Ongoing amelioration of mild to moderate learning, behavior, emotional, and health problems.

TABLE 1
Outline Aid for Analyzing Key Facets of School-Oriented Prevention Efforts

I. Form of initiative.
- A. Policy (federal, state, local).
- B. Practice.
- C. Capacity building.
- D. Systemic change.

II. Context for practice.
- A. Community wide.
- B. School wide.
- C. In classroom as part of regular program.
- D. An "add-on" program in or outside the regular class.
- E. Part of "clinical" services.

III. Stage of prevention.
- A. Primary.
- B. Secondary.
- C. Tertiary.

IV. Focus.
- A. Focal point of intervention.
  - 1. *Environment(s).*
  - 2. *Person(s).*
  - 3. *Both.*
- B. Intended range of impact.
  - 1. *A broad-band intervention.*
  - 2. *For one or more specific targets.*
- C. Breadth of approach.
  - 1. *Directed at a categorical problem.*
  - 2. *Multifaceted.*
- D. General area of concern.
  - 1. *Addressing barriers to development, learning, and positive functioning.*
  - 2. *Promoting healthy development.*
- E. Domain.
  - 1. *Knowledge.*
  - 2. *Skills.*
  - 3. *Attitudes.*
- F. Strategy.
  - 1. *Instruction.*[a]
  - 2. *Behavior modification.*
  - 3. *Enhancing expectations and opportunities for positive behavior.*
  - 4. *Counseling/therapy.*
  - 5. *Physical health programs and services.*
  - 6. *Social support.*
  - 7. *Social services.*
  - 8. *Student to student support and socialization.*
  - 9. *School–home–community partnerships.*
  - 10. *Enhancing security and policing measures.*
  - 11. *Multiple strategies.*
  - 12. *Comprehensive, school-wide approaches.*

V. Level of schooling/student development.
- A. Elementary/middle/high school.
- B. Specific grade, age, or stage of development.

VI. Degree of integration with other interventions.
- A. Isolated.
- B. Coordinated with others.
- C. Systematically integrated.

VII. Stage of intervention development.
- A. Formative.
- B. Fully developed, but unevaluated.
- C. Empirically supported.

VIII. Scope of implementation.
- A. Limited project.
  - 1. *At one site.*
  - 2. *At several sites.*
- B. Systemic change initiative.
  - 1. *Still at pilot demonstration stage.*
  - 2. *Being phased in—at a few sites.*
  - 3. *Being phased in—at many sites.*
  - 4. *All sites involved.*

IX. Approach to evaluation.
- A. Focused only on accountability demands.
- B. Formative program evaluation.
- C. Summative program evaluation.
  - 1. *Of efficacy.*
  - 2. *Of effectiveness when replicated under natural conditions.*
  - 3. *Cost-effectiveness analyses.*
- D. Designed as evaluation research.

Note. When the emphasis is on curriculum to prevent psychosocial problems (violence, substance abuse, delinquency, pregnancy, eating disorders, learning problems, etc.) and/or promote healthy socioemotional development and effective functioning, the *content focus* may be on

(Continued)

TABLE 1 *(Continued)*

- Assets-building (including strengthening academics, developing protective factors, expanding areas of competence and self-discipline).
- Socioemotional development (e.g., understanding self and others, enhancing positive feelings toward self and others, cognitive and interpersonal problemsolving, social skills, emotional "intelligence").
- Building character (e.g., values).
- Physical development (e.g., diet/nutrition, sports/recreation).
- Fostering abilities (e.g., one or more of the multiple "intelligences," enrichment).
- Fostering hope (e.g., positive expectations for the future; perceptions of self-determination).
- Resistance education.
- Stress reduction.
- Symptom reduction.

[a]Content focus of curricular approaches.

5. Ongoing treatment of and support for chronic or severe or pervasive problems.

As illustrated in Figure 1, the range of interventions can be further appreciated by viewing them on a continuum ranging from primary prevention (including a focus on wellness or competence enhancement), through approaches for treating problems early-after-onset, and extending on to narrowly focused treatments for severe or chronic problems.[1] Such a continuum provides a template for assessing the degree to which the package of community and school programs serving local geographic or catchment areas is comprehensive, multifaceted, and integrated. It encompasses the concepts of primary, secondary, and tertiary prevention. It is intended to incorporate a holistic and developmental emphasis that envelops individuals, families, and the contexts in which they live, work, and play. The examples offered in Figure 1 reflect a basic assumption that many problems are not discrete, and therefore, interventions that address root causes can minimize the trend to develop separate programs for every observed problem. Another assumption is that the least restrictive and nonintrusive forms of intervention required to appropriately address problems and accommodate diversity should be used.

The range of programs cited in Figure 1 are seen as integrally related, and it seems likely that the impact of each can be exponentially increased through coordination and integration. Such connections may involve hori-

[1]There are too many references to cite here, but a bit of an overview of work that is directly relevant to school-based and linked interventions can be garnered from Adelman and Taylor (1993), Albee and Gullotta (1997), Borders and Drury (1992), Carnegie Council on Adolescent Development (1988), Dryfoos (1990, 1994, 1998), Durlak (1995), Duttweiler (1995), Goleman (1995), Henggeler (1995), Hoagwood and Erwin (1997), Karoly et al. (1998), Kazdin (1993), Larson (1994), Scattergood, Dash, Epstein, and Adler (1998), Schorr (1988, 1997), Slavin, Karweit, & Wasik (1994), and Thomas and Grimes (1995).

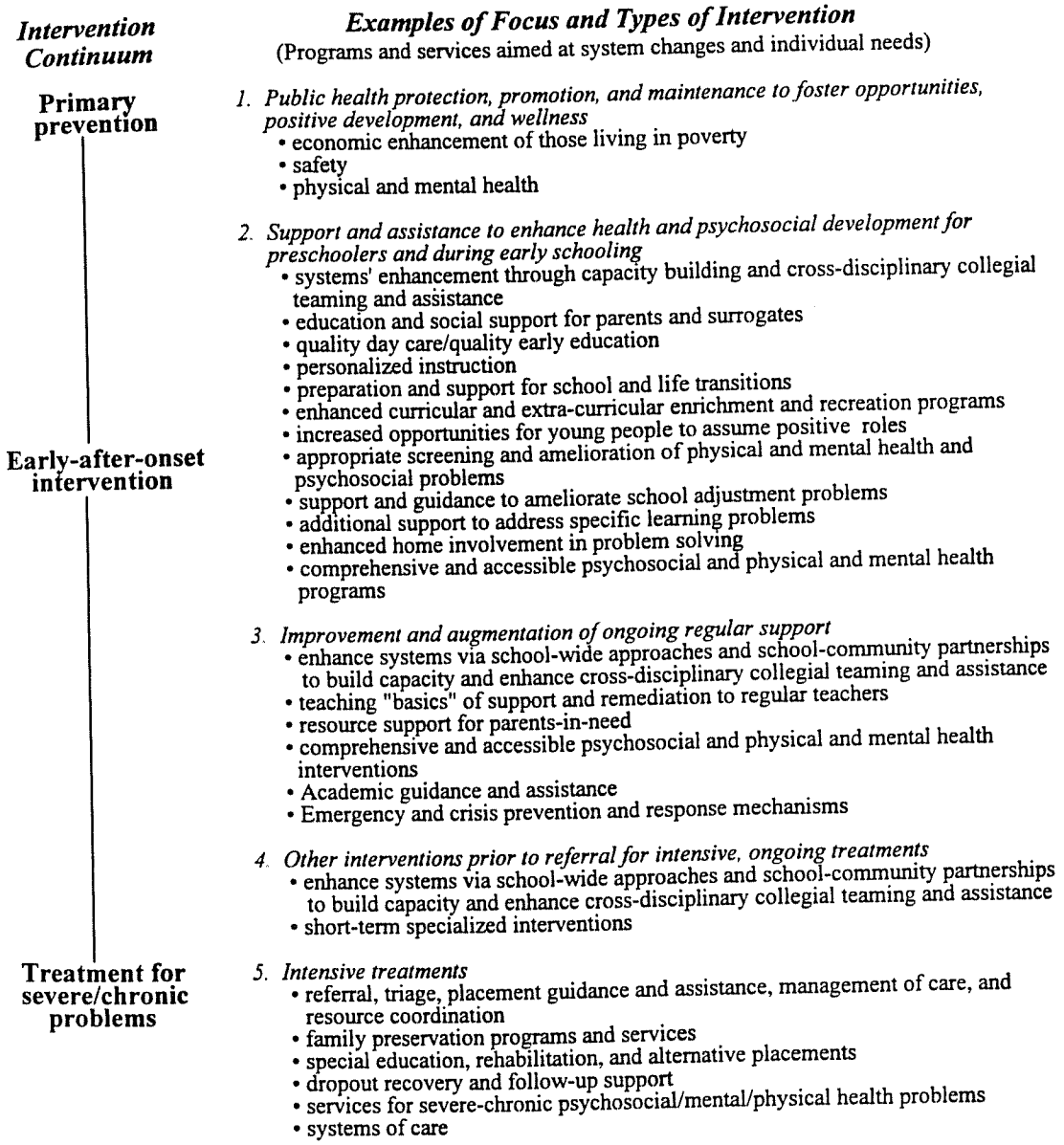

FIGURE 1 From primary prevention to treatment of serious problems: A continuum of community-school programs. From *Learning problems and learning disabilites: Moving forward* (p. 279) by H. S. Adelman & L. Taylor, 1993, Pacific Grove, CA: Brooks/Cole. Copyright 1993 by Wadsworth Publishing, a division of Thomson Learning. Fax: (800)730–2215. Adapted with permission.

zontal and vertical restructuring of programs and services (a) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units) and (b) between jurisdictions, school and community agencies, public and private sectors, among clusters of schools, and among community agencies. Ultimately, such a continuum should be developed into systems of prevention, systems of early intervention, and systems of care (see Figure 2). And each of these systems must be connected effectively.

Unfortunately, implementation of a full continuum of programs with an extensive range of activities does not occur in communities that must rely on underwriting from public funds and private philanthropic organi-

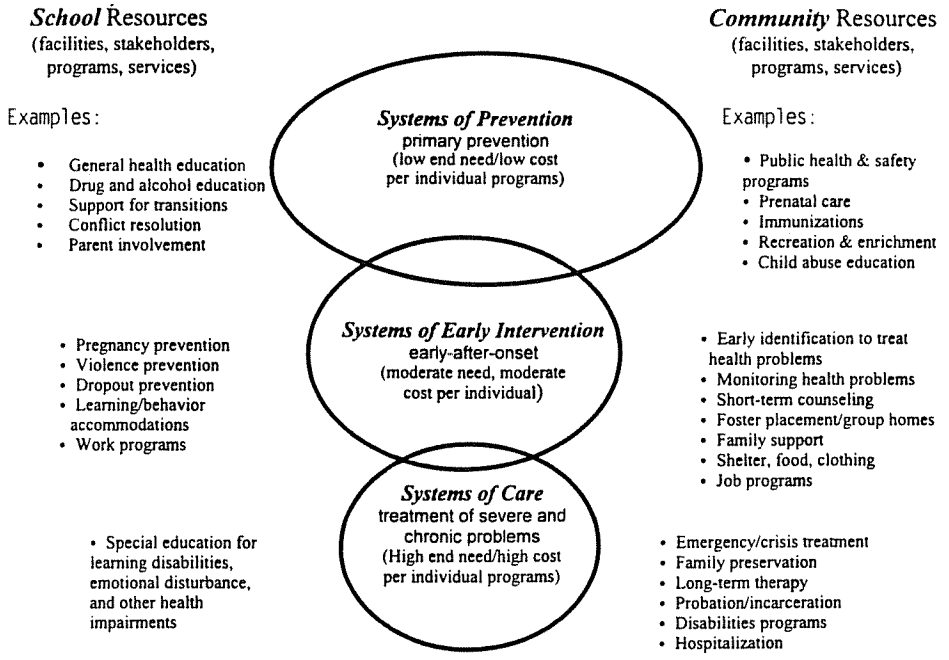

FIGURE 2 Interconnected systems for meeting the needs of all students. Systemic collaboration* is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among *systems of prevention*, *systems of early intervention*, and *systems of care*.

*Such colaboration involves horizontal and vertical restructuring of programs and services
(a) within jurisdictions, school districts, and community agencies (e.g., among departments, divisons, units, schools, clusters of schools).
(b) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies.

zations. It is painfully clear that few schools do more than give short shrift to efforts that prevent and ameliorate barriers to development and learning. In particular, prevention programs are few in number and usually are funded as discrete projects often with "soft" money (e.g., see projects described in Bond & Compas, 1989; Cowen & Hightower, 1996; Durlak, 1995; Scattergood et al., 1998). Moreover, what programs are in place are fragmented. And this means there is not the type of systemic collaboration that is essential for establishing interprogram connections on a daily basis and over time.

FRAMING POLICY IN TERMS OF ADDRESSING BARRIERS TO DEVELOPMENT AND LEARNING

It is one thing to stress the desirability of framing primary prevention as one end of a continuum of intervention; it is quite another to argue that schools should pursue the type of comprehensive approach outlined above. The success of such an argument probably depends on framing it in the context of the mission of schools and with reference to current initiatives for school reform. That is, it must be rooted in the reality that schools are first and foremost accountable for educating the young. It must appreciate that what interest schools have shown in addressing designated problems mostly reflects a long-held understanding that certain problems are barriers to student learning. Some of these stem from primary internal problems or disabilities that lead to learning, behavior, and emotional dysfunction. Fortunately, relatively few youngsters start out with such problems. For many children and adolescents, however, it is patently evident that a range of external factors that interfere with schools accomplishing their mission are at play. Anyone who works with young people is all too familiar with the litany of such factors (e.g., violence, drugs, frequent school changes, and a host of problems that confront recent immigrants and families living in poverty). It is this state of affairs that argues for schools and communities offering much more in the way of prevention programs.

Prevailing Policy Trends

From our perspective, the policies shaping current agendas for school reform and community agency restructuring are seriously flawed. In recent years, policymakers have stressed the relation between limited intervention efficacy and the widespread tendency for complementary programs to operate in isolation. Limited efficacy does seem inevitable as long as inter-

ventions are carried out in a piecemeal fashion and with little follow through. Therefore, reformers have directed restructuring activity toward reducing service fragmentation and increasing access to health and social services. Although these are significant concerns, they are not the most basic ones, and it is unlikely that even these concerns can be resolved appropriately in the absence of concerted attention in policy and practice to ending the marginalized status of efforts to address factors interfering with development, learning, and teaching.

Policies focused on integrated services and school-linked services are insufficient. The call for integrated services clearly is motivated by a desire to reduce redundancy, waste, and ineffectiveness resulting from fragmentation (Adler & Gardner, 1994). Special attention is given to the many piecemeal, categorically funded approaches, such as those created to reduce learning and behavior problems, substance abuse, violence, school dropouts, delinquency, teen pregnancy, and so forth. And, ironically, initiatives to colocate community services on school sites can increase fragmentation.

By focusing primarily on the aforementioned matters, policy makers fail to deal with the overriding issue, namely that addressing barriers to development and learning remains a marginalized aspect of policy and practice. As long as this is the case, reforms to reduce fragmentation and to increase access are seriously hampered. More to the point, the desired impact for large numbers of children and adolescents will not be achieved.

Community strategies to enhance youth development also are insufficient. Some initiatives for school-linked services have meshed with the emerging movement to expand school and community strategies and to enhance the infrastructure for youth development (Burt, 1998; Cahill, 1994, 1998; Catalano & Hawkins, 1995; Dryfoos, 1998; Schorr, 1997). Currently, the growing youth development movement encompasses a range of concepts and practices aimed at promoting protective factors, asset-building, wellness, and empowerment. Youth development initiatives clearly expand intervention beyond services and programs. However, they still represent a marginalized set of strategies, and thus the movement's success also seems unlikely, unless its status in the public policy arena is enhanced considerably.

Toward Countering Marginalization

For prevention to play a significant role in the lives of children and their families, policy and practice must undergo a radical transformation. Because the focus on addressing barriers is so marginalized, schools and com-

munities continue to operate with virtually no comprehensive frameworks to guide their thinking about the most *potent* approaches to widespread prevention. The consequences of all this are seen in the lack of attention given these matters in consolidated plans and program quality reviews and the lack of efforts to map, analyze, and rethink resource allocation; the impact is also apparent in the token way these concerns are dealt with in designing preservice and continuing education agendas for administrative and line staff; and on and on.

Policy must foster a full continuum of integrated systems. A major breakthrough in the battle against learning, behavior, and emotional problems probably can be achieved only when a full range of programs are implemented. Developing comprehensive approaches requires more than specific prevention and early intervention programs, more than outreach to link with community resources (and certainly more than adopting a school-linked services model), more than coordinating school-owned services, more than coordinating school services with community services, and more than creating Family Resource Centers, Full Service Schools, and Community Schools. None of these constitute school- or community-wide approaches, and the growing consensus is that comprehensive, multifaceted, and integrated approaches are essential in addressing the complex concerns confronting schools, families, and neighborhoods (e.g., Adelman, 1993, 1996a, 1996b; Adelman & Taylor, 1997; Catalano & Hawkins, 1995; Comer, 1997; Dryfoos, 1998; Greenwald, Hedges, & Laine, 1996; Sailor & Skrtic, 1996; Schorr, 1997).

Unfortunately, when it comes to addressing barriers, there are too few guidelines delineating basic areas around which to develop a broad-based continuum of interventions. The frameworks illustrated in Figures 1 and 2 provide a beginning. From our perspective, a high level of policy emphasis on developing a comprehensive, multifaceted continuum is the key not only to unifying fragmented activity, but also to using all available resources in the most productive manner.

Expanding school reform. Because no comprehensive approach can be established without weaving together school and community resources, it is essential to develop models and policies that expand the nature and scope of school reform. Indeed, it is time for a basic policy shift. In this regard, we have proposed that policy makers move from the inadequate, two-component model that dominates school reform to a three-component framework (see Adelman, 1996a, 1996b; Adelman & Taylor, 1994, 1997, 1998; Center for Mental Health in Schools, 1996, 1997, 1998). The continued

failure of current models for school reform suggests that better achievement surely requires more than good instruction and well-managed schools (Tyack & Cuban, 1995).

As highlighted in Figures 3 and 4, a three component model calls for elevating efforts to address barriers to learning, development, and teaching to a high level of policy focus. That is, a component that comprehensively enables learning by addressing barriers is seen as a fundamental and essential facet of educational reform. When policy and practice are viewed through the lens of this third component, it becomes evident

How does current policy, practice, and research address barriers to student learning?

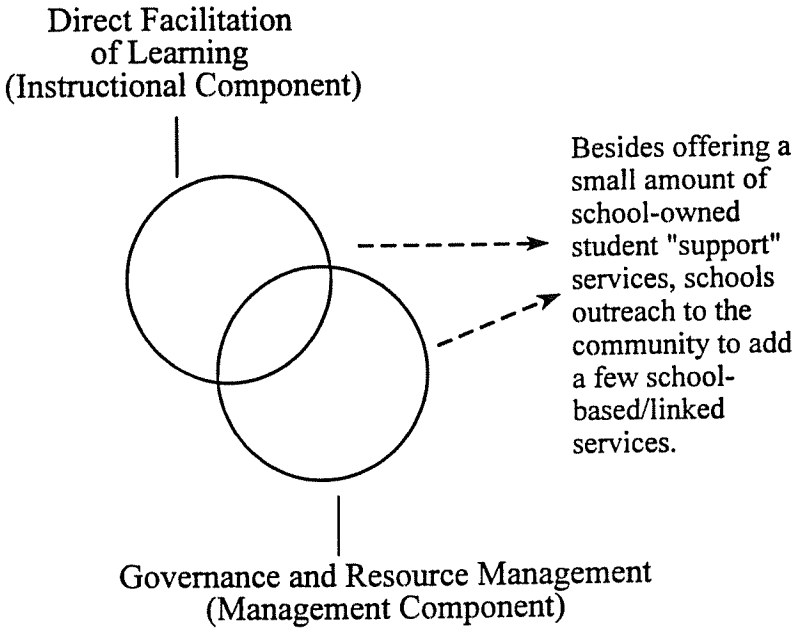

FIGURE 3 A two component model for reform and restructuring.

What type of policy, practice, and research are needed to address barriers to learning more effectively?

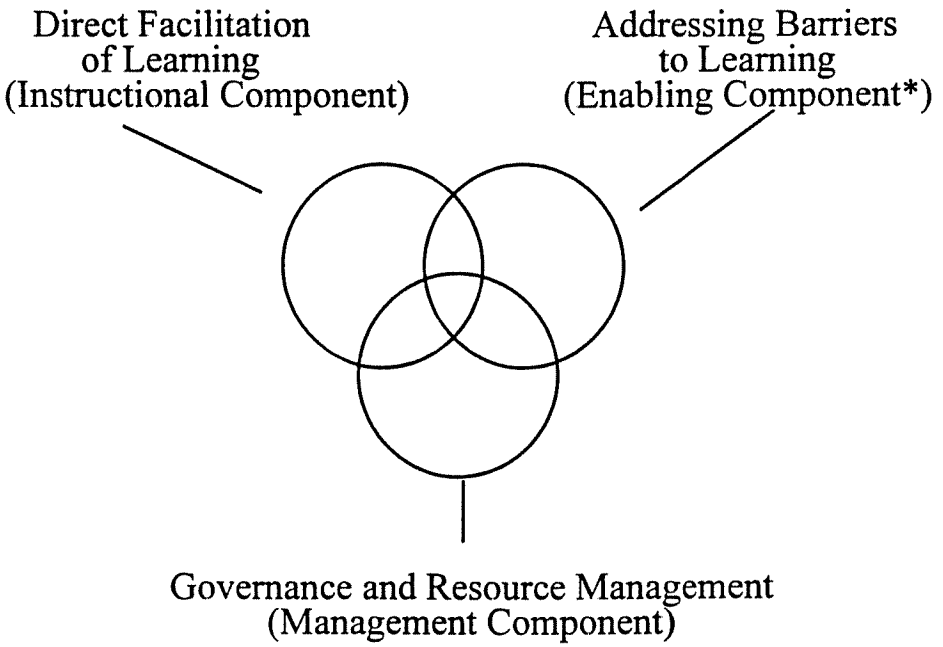

FIGURE 4 A three component model for reform and restructuring.

* A component which is treated as primary and essential and which weaves together school and community resources to devlop comprehensive, multifaceted approaches to addressing barriers.

how much is missing in current efforts to enable all students to learn and develop.

The concept of an enabling component was formulated to encompass a third component (Adelman, 1996a, 1996b; Adelman & Taylor, 1994, 1997, 1998). It provides a basis for combating marginalization and a focal point for developing a comprehensive framework for policy and practice. It can also help address fragmentation by providing a unifying term for disparate approaches to preventing and to ameliorating psychosocial problems and to promoting wellness. The usefulness of the concept of an enabling component as a broad, unifying focal point for policy and practice is evidenced in its adoption by the California Department of Education (whose

version is called *Learning Supports*) and by one of the New American School's design teams (Urban Learning Center, 1995). It is also attracting attention in various states and localities around the country.

Emergence of a cohesive enabling component requires policy reform and operational restructuring that allow for the weaving together of what is available at a school; expanding this through integrating school, community, and home resources; and enhancing access to community resources by linking as many as is feasible to programs at the school. This involves extensive restructuring of school-owned enabling activity, such as pupil services and special and compensatory education programs, and doing so in ways that fully integrate the enabling, instructional, and management components. In the process, mechanisms must be developed to coordinate and to eventually integrate school-owned enabling activity with community-owned resources (e.g., formally connecting school programs with assets at home, in the business and faith communities, and neighborhood enrichment, recreation, and service resources).

It is important to stress that addressing barriers is not a separate agenda from a school's instructional mission. In policy, practice, and research, all categorical programs can be integrated into a comprehensive component for addressing barriers. Analyses indicate that schools can build an enabling component by developing programs in six basic areas (see Figure 5 and the Appendix). Work carried out in the context of school reform indicates that delineating these six areas for schools can foster comprehensive, multifaceted approaches that encompass school–community partnerships (Adelman, 1996b; Adelman & Taylor, 1994; Urban Learning Center, 1995).

NEEDED: SYSTEMIC RESTRUCTURING AND PERSONNEL RETRAINING AT ALL LEVELS

The type of policy and practice changes outlined previously carry with them calls for restructuring systemic mechanisms and personnel roles and functions at schools, central offices, and school boards. With respect to preventing and ameliorating problems, well-redesigned organizational and operational mechanisms can provide the means for schools to (a) arrive at wise 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 interventions to reflect the best models and use of technology. Implied in all this are new roles and

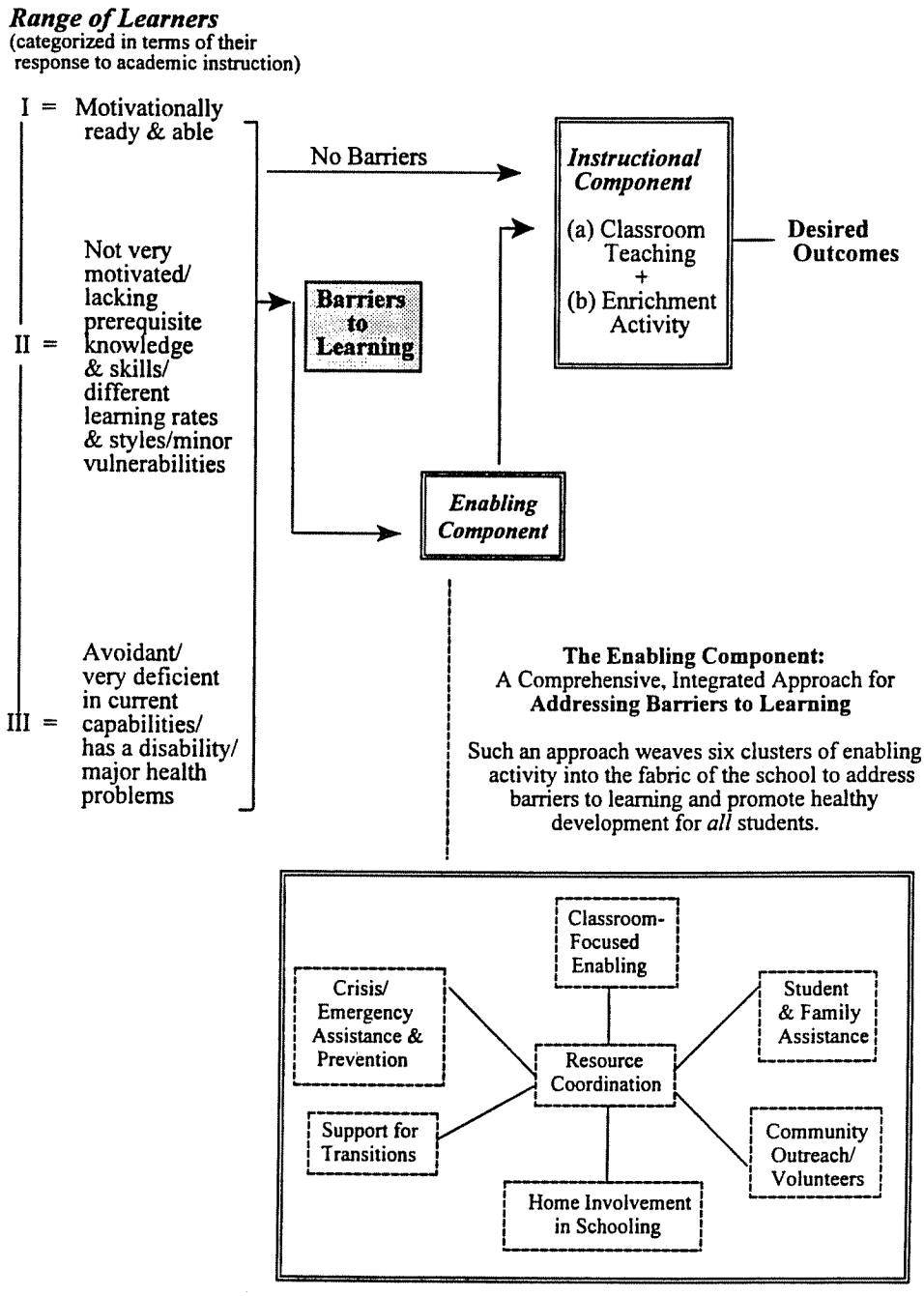

FIGURE 5 An enabling component to address barriers to learning and enhance healthy development at a school site.

functions for some staff and greater involvement of parents, students, and other representatives from the community. Also implied is redeployment of existing resources as well as finding new ones.

New Mechanisms

From a decentralized perspective, the focus is first on systemic changes at the school level. Then, based on analyses of what is needed to facilitate and enhance school level efforts, changes are conceived for families of schools. Finally, appropriate central office restructuring can be pursued, with clarity about what is needed to facilitate school-based models. Awareness of the myriad political and bureaucratic difficulties involved in making major institutional changes, especially with limited financial resources, leads to the caution that such large-scale restructuring is not likely to proceed in straight-forward, sequential steps. Experience indicates the changes emerge in overlapping and spiraling phases. Offered next are a few examples of systemic changes we are fostering with the intent of moving school reform from a two- to a three-component model (again, see Figures 3 and 4).

Resource-oriented teams at schools, complexes, and system wide. Currently, many schools do not have mechanisms focused specifically on how to prevent and ameliorate barriers to learning and teaching. No administrator or team has responsibility for mapping existing efforts, analyzing how well resources are being used to meet needs, and planning how to enhance such efforts. An example of mechanisms designed for these purposes can be seen in work related to building into the structure of every school a resource coordinating team, creating a resource coordinating council for a complex, or "family," of schools, and creating a system-wide steering body (Adelman, 1993; Adelman & Taylor, 1993, 1998; Lim & Adelman, 1997; Rosenblum, DiCecco, Taylor, & Adelman, 1995).

A resource-oriented team differs from those created to review students (e.g., a student study or success team, a teacher-assistance team, a case management team). That is, its focus is not on specific cases, but on clarifying resources and their best use. Such a team provides what often is a missing mechanism for managing and enhancing *systems* to coordinate, integrate, and strengthen interventions. For example, at a school site, a resource coordinating team can be assigned responsibility for (a) identifying

and analyzing activity and resources with a view to improving the school's efforts to prevent and ameliorate problems; (b) ensuring there are effective systems for prereferral interventions, referral, case management, and quality assurance; (c) guaranteeing appropriate procedures for effective management of programs and for communication among school staff and with the home; and (d) exploring ways to redeploy and enhance resources, such as clarifying which activities are nonproductive and suggesting better uses for the resources, as well as reaching out to connect with additional resources in the school district and community.

Creation of resource-oriented teams provides essential mechanisms for starting to weave together existing school and community resources and encourage services and programs to function in an increasingly cohesive way. Such teams are also vehicles for building working relationships and can play a role in solving turf and operational problems; developing plans to ensure availability of a coordinated set of efforts; and generally improving the attention paid to developing a comprehensive, integrated approach for addressing barriers to student learning.

1. Mapping, analyzing, and enhancing resources. In 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 for reform is hard to come by, such redeployment of resources is the primary answer to the ubiquitous question, where will we find the funds?

Thus, one of the primary and essential tasks a resource-oriented team undertakes is that of enumerating school and community programs and services that are in place to support students, families, and staff. A comprehensive form of "needs assessment" is generated as resource mapping is paired with surveys of the unmet needs of students, their families, and school staff. Analyses of what is available, effective, and needed, 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, a resource-oriented team for a complex, or family, of schools (e.g., a high school and its feeders) provides a mechanism for analyses that can lead to strategies for cooperation and integration to enhance intervention effectiveness and to garner economies of scale.

2. An enhanced role in program development and governance. Where creation of "another team" is seen as a burden, existing teams can be asked to broaden their scope. At school sites, teams, such as student study or success teams, teacher assistance teams, site-based management teams, and school crisis teams, have extended their functions to encompass resource mapping, analyses, coordination, and enhancement. To do so, however, they must take great care to structure their agenda so that sufficient time is devoted to the additional tasks.

Although a resource-oriented team might be created solely around psychosocial programs, such a mechanism is meant to bring together representatives of all major programs and services that support the instructional component (e.g., guidance counselors, school 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). This also includes 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, noncertificated staff, parents, and older students.

School-site and central office leadership. School and multisite resource-oriented teams are not sufficient. Site and system-wide policy guidance, leadership, and assistance are required. For example, it is unlikely that a school can create, institutionalize, and foster ongoing renewal of a comprehensive approach to addressing barriers to learning without an administrator who has the time and competence to lead the way. Thus, one clear implication of a policy shift that embraces a component to address barriers to learning is to restructure administrative roles and functions. At many schools, this would involve the assignment of an assistant principal who can devote at least 50% of his or her time to oversight and development of an enabling component. The functions of this role include vision building and strategic planning for creating the component; facilitating ongoing program planning, implementation, and evaluation; and ensuring its integration with the instructional and management components. In most cases, the assigned administrator will require a fair amount of on-the-job training to carry out these functions effectively. Once the new policies take hold on a large scale, relevant changes can be expected in administrative credentialing programs.

At the central office level, leadership must focus on supporting school and cluster level activity. That is, such leadership must ensure that sys-

tem-wide resources are truly designed to support the work of school-sites in the most effective and efficient ways. This role requires much more than distributing a "fair" share to everyone. It encompasses capacity building strategies that facilitate school-site development of comprehensive approaches for preventing and ameliorating problems, including creating readiness for systemic change, leadership training, stakeholder development, and capitalizing on commonalities across sites to achieve economies of scale.

Central district offices generally have not attended to establishing a cohesive infrastructure for supporting school-based efforts to develop and enhance comprehensive approaches. Many have quite independent units focused on related matters (e.g., school psychology, counseling, nursing, social work, special and compensatory education, school safety, health education). There is often no overall administrative leader, such as an associate superintendent, who has the time and expertise to weave the parts together and ensure they are used effectively to support what must go on in each school. Such a leader is needed to (a) evolve the district-wide vision and strategic planning for preventing and ameliorating problems; (b) ensure coordination and integration of enabling activity among groups of schools and system wide; (c) establish linkages and integrated collaboration among system-wide programs and with those operated by community, city, and county agencies; and (d) ensure integration with instructional and management components. This leader's functions also encompass evaluation. This includes the determination of the equity of various efforts, reviewing the improvement of the quality of all mechanisms and procedures, and, of course, ascertaining how well outcomes are achieved.

School board committee on addressing barriers to learning. As a 1998 report from the Center for Mental Health in Schools noted, most school boards do not have a standing committee that gives its full attention to the problem of how schools address barriers to learning and teaching. This is not to suggest that boards are ignoring such matters. Indeed, items related to these concerns appear regularly on every school board's agenda. The problem is that each item tends to be handled in an ad hoc manner, without sufficient attention to the "big picture." Given this, it is not surprising that the administrative structure in most districts is not organized in ways that coalesce various functions for preventing and ameliorating student problems. The piecemeal structure reflects the marginalized status of such functions and creates and maintains fragmented policies and practices. Given that every school endeavors to address barriers to learning and teaching,

school boards should carefully analyze the way they deal with these functions and consider whether they need to restructure themselves to enhance cohesion of policy and practice.

Personnel Retraining at All Levels

Over the next decade, initiatives to restructure education and community health and human services will reshape the work of all pupil service professionals and others who consult with schools. Although some current roles and functions will continue, many will disappear, and others will emerge. Opportunities will arise not only to provide direct assistance, but also to play increasing roles as advocates, catalysts, brokers, and facilitators of reform and to provide various forms of consultation and in-service training. And, it should be emphasized that these additional duties include participation on school and district governance, planning, and evaluation bodies.

All who work to address barriers to student learning must participate in capacity building activity that allows them to carry out new roles and functions effectively. This means time must be made available for personnel retraining and continuing education.

One specific example of emerging demands is the call for improving intervention effectiveness through enhancing coordination and integration of health and social services. The movement toward full service schools clearly requires functions that go beyond direct service and traditional consultation (Knoff & Batsche, 1991; Reschly & Ysseldyke, 1995). More generally, as public schools struggle to deal with poor achievement and escalating psychosocial problems, there are many specific needs and opportunities related to addressing barriers to learning and enhancing healthy development that warrant greater attention. Examples include enhancing personalization of instruction and special assistance; helping schools and communities create comprehensive, integrated approaches; clarifying how to plan and implement interventions so they are more cost-effective; and supporting evaluative efforts designed to improve interventions and their cost-effectiveness (Kress, Cimring, & Elias, 1997; Lawson, 1998; Zins, Kratochwill, & Elliott, 1993).

Furthermore, systemic change also calls for new roles and functions, including those related to facilitating the processes of change (Adelman & Taylor, 1997). Reform provides both a challenge and an opportunity for consultants to move beyond a focus on a specific student's problems. In keeping with the intent of prevention, consultants can be agents for comprehensive, systemic reform and for the restructuring of education support programs and services, thereby improving the state of the art related

to enhancing how schools address barriers to learning and promote healthy development. Recent work demonstrates the value of redeploying and training a cadre of pupil services personnel as change agents in moving schools toward better approaches for addressing barriers to learning (Adelman, 1993; Adelman & Taylor, 1993, 1994; Early Assistance for Students and Families Project, 1995; Lim & Adelman, 1997). Designated as *organization facilitators*, such professionals come to the work with a relevant base of knowledge and skills. In addition, because they are seen as internal agents for change, many of the negative reactions their colleagues direct at outside reformers are minimized. Additional training provides them with an understanding of the specific activities and mechanisms required for establishing and maintaining comprehensive, integrated approaches and increases their capacity for dealing with the processes and problems of organizational change.

Besides moving support staff into change agent roles, there is growing interest in identifying common skills among education support professionals so they can cover an overlapping range of intervention activity and help to fully integrate education supports into the fabric of daily school reform efforts. This is consistent with the view that specialist-oriented activity and training should be *balanced* with a generalist perspective (e.g., Henggeler, 1995). Emerging trends designed to counter overspecialization include granting waivers of regulatory restrictions and enhancing flexibility in the use of categorical funds. Related to this, there are proposals and pilot programs focused on cross-disciplinary training and interprofessional education to better equip service professionals to assume expanding roles and functions (Brandon & Meuter, 1995; Lawson & Hooper-Briar, 1994; Research and Training Center on Family Support and Children's Mental Health, 1996). These trends recognize underlying commonalities among a variety of student problems and are meant to encourage expanded use of generalist strategies in ameliorating them (Carnegie Council on Adolescent Development, 1995). Also related is the intent to foster less emphasis on intervention ownership and more attention on accomplishing desired outcomes through flexible roles and functions for staff (see Adelman & Taylor, 1994; Lawson & Hooper-Briar, 1994; Lipsky & Gartner, 1992).

THE ACCOUNTABILITY DILEMMA AND EFFORTS TO DEVELOP AND SCALE-UP COMPREHENSIVE, MULTIFACETED, AND INTEGRATED APPROACHES

How effective is the intervention? Do you have data to support that approach? Where is your proof? Clearly, the prevailing cry is for specific evi-

dence of results—usually in terms of readily measured, immediate benefits—and for cost containment. Although understandable in light of the unfulfilled promise of so many programs and the insatiable demands on limited resources, increasing mandates for proof of results in research and practice are producing what can be called *the accountability dilemma.*

Prevention researchers and practitioners understand they must be accountable for their actions and outcomes. At the same time, most have experienced the dilemmas raised by premature demands for proof that ignore the complexities associated with developing and evaluating interventions to address major mental health, psychosocial, and educational concerns. In these arenas, evaluation must focus on much more than gathering accountability data. Given the limitations of current approaches, evaluations must also help advance the state of the art related to practice and policy (General Accounting Office, 1989).

Accountability is a tool that can be used to encourage people and organizations to meet appropriate standards, or it can be misused as in cases where unrealistic timelines and results are to be met. Over the past few decades, social, political, and economic forces pressing for accountability have increasingly demanded quick and dramatic results related to complex, long-standing problems. Ironically, as more and more resources are used to meet these accountability requirements, fewer resources are available for improving the quality of existing interventions and doing the research necessary to advance the field.

The Example of School Reform

Current accountability demands related to school reform illustrate the dilemma. In this arena, the demand is for unrealistically quick improvements in average achievement test scores (e.g., rapid score increases for large numbers of students in a school and/or school district). What makes the demand unrealistic is the absence of comprehensive and multifaceted approaches to address barriers to learning. As suggested previously, the failure of the school reform movement to adequately deal with this matter means that many schools are missing a component that is essential for raising test score averages. And, the irony is that they cannot devote the time, talent, and other resources necessary for developing such a component because their resources are tied up pursuing policies that stress high standards, local decision making, and increased accountability as a sufficient set of reforms.

We do not mean to imply that schools do nothing to address barriers to learning. Indeed, as schools "raise the bar," it is commonplace for them to acknowledge that something more than instructional and management reforms may be needed. For example, as attempts are made to eliminate social promotion, there is increasing emphasis on the need to institute a range of prevention and learning support programs. Unfortunately, there is a considerable gap between the acknowledgement of need and the development of essential practices. And, the profound implications of all this seem lost on those influential stakeholders who establish accountability criteria. Perhaps the situation would be different if there were effective ways to hold these stakeholders accountable for the dilemmas they create by making unrealistic demands.

How Ill-Conceived Accountability Can Inappropriately Reshape Research and Practice

There are undeniable benefits from demonstrating that intended outcomes are achieved. However, if one is not careful, the desire for information on efficacy can redesign a program's underlying rationale in ways that inappropriately reduce its breadth of focus. This was the case some years ago when there was a push toward behavioral- and criterion-referenced outcomes as ways to improve instructional accountability. In too many cases, this trend resulted in the drifting away from long-range educational aims to a limited set of immediately measurable objectives. The result, as commonly happens in cases of "teaching to the test," was that many important things were ignored simply because they were not directly evaluated. To facilitate measurement of immediate results, complex aims are frequently translated into highly specific, concrete, short-term objectives. Such short-range objectives are not ends in themselves; they are a small part of a particular goal and may be prerequisites to attaining the goal. It is essential not to lose sight of the fact that many specific objectives are relatively small, unrepresentative, and often unimportant segments of the most valued aims society has for its citizens—and that citizens have for themselves. Unfortunately, in the translation to short-range, measurable objectives, the essence of some intended outcomes can be distorted, and the breadth of intervention foci can be narrowed.

Even when an outcome is not easily measured, if it is important, it still must be evaluated as well as is possible and kept in the forefront of discussions about intended results. For example, efforts to prevent learning, behavior, and emotional problems encompass concern for both reducing

problems and enhancing wellness (Cowen, 1997). Wellness outcomes do not receive the attention they warrant, in part because they are not easy to measure, and this situation is unlikely to change unless a concerted effort to evaluate relevant variables is made.

As the aforementioned concerns suggest, accountability demands can and do reshape the essence of intervention research and practice (Adelman, 1986; Adelman & Taylor, 1994; Burchard & Schaefer, 1992; Cuban, 1990). Indeed, evaluation methodology has the ability to alter interventions to such a degree that the research and development focus on ameliorating major societal problems can be fundamentally undermined. Evidence of the negative impact of the pressures for quick evidence of the results is well illustrated by the narrow focus of the data reported on prevention and early intervention programs (e.g., see Albee & Gullotta, 1997; Bond & Compas, 1989; Dryfoos, 1990; Durlak, 1995; Elias, 1997; Schorr, 1988; Slavin, Karweit, & Wasik, 1994; Weissberg, Gullotta, Hamptom, Ryan, & Adams, 1997).

Unfounded Underlying Presumptions

Two unfounded presumptions are at the core of most accountability oriented evaluations in education and psychology. One premise is that any approach 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 program efficacy and effectiveness are already resolved. The truth, of course, is that programs are frequently introduced prior to adequate development, with a view to evolving them based on what is learned each day. And, as evaluation methodologists clearly acknowledge, the most fundamental problems related to summative evaluation have not been solved. Moreover, even when a project has demonstrated an approach's efficacy, most scaled-up efforts are poorly conceived and underfunded (Adelman & Taylor, 1997; Replication and Program Services, 1993). Thus, it is not surprising that findings from the evaluation of prevention programs that have gone to scale indicate a significant drop in effectiveness (Durlak & Wells, 1997; Elias, 1997; Sarason, 1990; Weisz, Donenberg, Han, & Weiss, 1995).

One way to deal with the dilemma is to ensure that accountability is pursued within the context of an *evaluative research* agenda. Such an agenda is essential to the development and eventual scale-up of the type of intervention continuum illustrated in Figure 1. Although there are many

unresolved concerns related to evaluative research, scholarly work has advanced the way such activity is conceived in education and psychology, and thus there are ample methodological guidelines (Adelman & Taylor, 1994; Chen & Rossi, 1992; Hollister & Hill, 1995; Knapp, 1995; Pogrow, 1998; Scriven, 1993; Sechrest & Figueredo, 1993; Weiss, 1995). First and foremost is the emphasis on data gathering and analyses that can help improve the intervention. In designing such formative evaluations, the methodology also should address, as much as is feasible, immediate accountability demands and anticipate long-term summative evaluations of efficacy and effectiveness (Adelman, 1986; Adelman & Taylor, 1994).

CONCLUDING COMMENTS

As schools strive for reform, the primary emphasis is on high standards, high expectations, assessment, accountability, and no excuses. These are all laudable guidelines for reform. They are simply not sufficient. It is time for policy makers to deal more effectively with the reality that, by themselves, the best instructional reforms cannot produce the desired results when large numbers of students are not performing well. It is essential to enhance the way every school site works to prevent, and to ameliorate barriers to learning and teaching. Each school needs policy support to help evolve a comprehensive, multifaceted, and well-integrated approach for accomplishing the aim of addressing barriers and for doing so in ways that weave the work seamlessly with the school's efforts to enhance instruction and school management. Progress along these lines is hampered by the marginalized status of programs and personnel whose primary focus is on enabling learning by providing a continuum of programs and services. At school sites, central offices, and school boards there is not a comprehensive focus on this arena of policy and practice because key mechanisms are missing. The absence of such structural mechanisms, along with unrealistic accountability demands, make it difficult to work powerfully and cohesively to improve how current resources are used, and hinders exploration of comprehensive and multifaceted approaches.

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REFERENCES

Adelman, H. S. (1986). Intervention theory and evaluating efficacy. *Evaluation Review, 10,* 65–83.

Adelman, H. S. (1993). School-linked mental health interventions: Toward mechanisms for service coordination and integration. *Journal of Community Psychology, 21,* 309–319.

Adelman, H. S. (1996a). Restructuring education support services and integrating community resources: Beyond the full service school model. *School Psychology Review, 25,* 431–445.

Adelman, H. S. (1996b). *Restructuring support services: Toward a comprehensive approach.* Kent, OH: American School Health Association.

Adelman, H. S., & Taylor, L. (1993). *Organization facilitator guidebook.* Los Angeles: Early Assistance for Students and Families Project. Copies available from the School Mental Health Project, Department of Psychology, UCLA.

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

Adelman, H. S., & Taylor, L. (1997). Addressing barriers to learning: Beyond school-linked services and full service schools. *American Journal of Orthopsychiatry, 67,* 408–421.

Adelman, H. S., & Taylor, L. (1998) Involving teachers in collaborative efforts to better address barriers to student learning. *Preventing School Failure, 42*(2), 55–60.

Adler, L., & Gardner, S. (Eds.). (1994). *The politics of linking schools and social services.* Washington, DC: Falmer.

Albee, G. W., & Gullotta, T. P. (Eds.). (1997). *Primary prevention works.* Thousand Oaks, CA: Sage.

Bond, L., & Compas, B. (Eds.). (1989). *Primary prevention in the schools.* Newbury Park: Sage.

Borders, L. D., & Drury, S. M. (1992). Comprehensive school counseling programs: A review for policymakers and practitioners. *Journal of Counseling & Development, 70,* 487–498.

Brandon, R. N., & Meuter, L. (1995). *Proceedings: National Conference on Interprofessional Education and Training.* Seattle: Human Services Policy Center, University of Washington.

Burchard, J. D., & Schaefer, M. (1992). Improving accountability in a service delivery system in children's mental health. *Clinical Psychology Review, 12,* 867–882.

Burt, M. R. (1998). *Reasons to invest in adolescents.* Paper prepared for the Health Futures of Youth II: Pathways to Adolescent Health. Washington, DC: Maternal and Child Health Bureau, Department of Health and Human Services.

Cahill, M. (1994). *Schools and communities: A continuum of relationships.* New York: The Youth Development Institute, The Fund for the City of New York.

Cahill, M. (1998). *Development of a core set of principles for community strategies to enhance youth health and development.* Paper prepared for Health Futures of Youth II: Pathways to Adolescent Health. Washington, DC: Maternal and Child Health Bureau, Department of Health and Human Services.

Carnegie Council on Adolescent Development. (1988). *Review of school-based health services.* New York: Carnegie Foundation.

Carnegie Council on Adolescent Development. (1995). *Great transitions: Preparing adolescents for a new century.* New York: Carnegie Corporation.

Catalano, R. F., & Hawkins, J. D. (1995). *Risk-focused prevention: Using the social development strategy*. Seattle, WA.: Developmental Research and Programs, Inc.

Center for Mental Health in Schools. (1996). *Addressing barriers to learning: Current status and new directions*. Los Angeles: Author.

Center for Mental Health in Schools. (1997). *Addressing barriers to learning: Closing gaps in school-community policy and practice*. Los Angeles: Author.

Center for Mental Health in Schools. (1998). *Restructuring Boards of Education to enhance schools' effectiveness in addressing barriers to student learning*. Los Angeles: Author.

Chen, H., & Rossi, P. (Eds.). (1992). *Theory-driven evaluations in analyzing policies and programs*. Westport, CT: Greenwood.

Comer, J. P. (1997). *Waiting for a miracle*. New York: Dutton.

Cowen, E. L. (1997). On the semantics and operations of primary prevention and wellness enhancement (or will the real primary prevention please stand up?). *American Journal of Community Psychology, 25*, 245–257.

Cowen, E. L., & Hightower, D. A. (Eds.). (1996). *School-based prevention of children at risk: The primary mental health project*. Washington, DC: American Psychological Association.

Cuban, L. (1990). Reforming again, again, and again. *Educational Researcher, 19*, 3–13.

Dryfoos, J. G. (1990). *Adolescents at risk: Prevalence and prevention*. New York: Oxford University Press.

Dryfoos, J. G. (1994). *Full-service schools: A revolution in health and social services for children, youth and families*. San Francisco: Jossey-Bass.

Dryfoos, J. G. (1998). *Safe passage: Making it through adolescence in a risky society*. New York: Oxford University Press.

Durlak, J. A. (1995). *School-based prevention programs for children and adolescents*. Thousand Oaks, CA: Sage.

Durlak, J. A., & Wells, A. M. (1997). Primary prevention programs for children and adolescents: A meta-analytic review. *American Journal of Community Psychology, 25*, 115–152.

Duttweiler, P.C. (1995). *Effective strategies for educating students in at risk situations*. Clemson, SC: National Dropout Prevention Center.

Early Assistance for Students and Families Project. (1995). *Guidebook*. Los Angeles: School Mental Health Project, Department of Psychology, University of California Los Angeles.

Elias, M. J. (1997). Reinterpreting dissemination of prevention programs as widespread implementation with effectiveness and fidelity. In R. P. Weissberg, T. P. Gullotta, R. L. Hamptom, B. A. Ryan, & G. R. Adams (Eds.), *Establishing preventive services* (pp. 253–289). Thousand Oaks, CA: Sage.

General Accounting Office. (1989). *Prospective evaluation methods: The prospective evaluation synthesis* (General Accounting Office/PEMD-89-10). Washington, DC: Author.

Goleman, D. (1995). *Emotional intelligence*. New York: Bantam.

Greenwald, R., Hedges, L. V., & Laine, R. D. (1996). The effect of school resources on student achievement. *Review of Educational Research, 66*, 361–396.

Henggeler, S. W. (1995). A consensus: Conclusions of the APA Task Force report on innovative models or mental health services for children, adolescents, and their families. *Journal of Clinical Child Psychology, 23*, 3–6.

Hoagwood, K., & Erwin, H. (1997). Effectiveness of school-based mental health services for children: A 10-year research review. *Journal of Child and Family Studies, 6*, 435–451.

Hollister, G., & Hill, J. (1995). *Problems in the evaluation of community-wide initiatives*. A paper prepared for the Roundtable on Comprehensive Community Initiatives. New York: Russel Sage Foundation.

Karoly, L. A., Greenwood, P. W., Everingham, S. S., Hoube, J., Kilburn, M. R., Rydell, C. P., Sanders, M., & Chiesa, J. (1998). *Investing in our children: What we know and don't know about the costs and benefits of early childhood interventions.* Santa Monica, CA: RAND.

Kazdin, A. E. (1993). Adolescent mental health: Prevention and treatment programs. *American Psychologist, 48,* 127–141.

Knapp, M. (1995). How shall we study comprehensive, collaborative services for children and families? *Educational Researcher, 24,* 5–16.

Knoff, H., & Batsche, G. (1991). Integrating school and educational psychology to meet the educational and mental health needs of all children. *Educational Psychology, 26,* 167–183.

Kress, J. S., Cimring, B. R., & Elias, M. (1997). Community psychology consultation and the transition to institutional ownership and operation of intervention. *Journal of Educational and Psychological Consultation, 8,* 231–253.

Larson, J. (1994). Violence prevention in the schools: A review of selected programs and procedures. *School Psychology Review, 23,* 151–164.

Lawson, H. A. (1998). Academically based community scholarship, consultation as collaborative problem-solving, and a collective responsibility model for the helping fields. *Journal of Educational and Psychological Consultation, 9,* 171–194.

Lawson, H., & Hooper-Briar, K. (1994). *Expanding partnerships: Involving colleges and universities in interprofessional collaboration and service integration.* Oxford, OH: The Danforth Foundation and the Institute for Educational Renewal at Miami University.

Lim, C., & Adelman, H. S. (1997). Establishing school-based collaborative teams to coordinate resources: A case study. *Social Work in Education, 19,* 266–277.

Lipsky, D. K., & Gartner, A. (1992). Achieving full inclusion: Placing the student at the center of educational reform. In W. Stainback & S. Stainback (Eds.), *Controversial issues confronting special education: Divergent perspectives* (pp. 3–12). Boston: Allyn & Bacon.

Pogrow, S. (1998). What is an exemplary program, and why should anyone care? A reaction to Slavin and Klein. *Educational Researcher, 27,* 22–29.

Replication and Program Services. (1993). *Building from strength: Replication as a strategy for expanding social programs that work.* Philadelphia: Author.

Reschly, D. J., & Ysseldyke, J. E. (1995). School psychology paradigm shift. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology—III* (pp. 17–32). Washington, DC: National Association for School Psychologists.

Research and Training Center on Family Support and Children's Mental Health (1996). *Interprofessional education for family-centered services: A survey of interprofessional/interdisciplinary training programs.* Portland, OR: Portland State University.

Rosenblum, L., DiCecco, M. B., Taylor, L., & Adelman, H. S. (1995). Upgrading school support programs through collaboration: Resource coordinating teams. *Social Work in Education, 17,* 117–124.

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.

Sarason, S. B. (1990). *The predictable failure of educational reform: Can we change course before its too late?* San Francisco: Jossey-Bass.

Scattergood, P., Dash, K., Epstein, J., & Adler, M. (1998). *Applying effective strategies to prevent or reduce substance abuse, violence, and disruptive behavior among youth.* Newton, MA: Educational Development Center, Inc.

Schorr, L. B. (1988). *Within our reach: Breaking the cycle of disadvantage.* New York: Doubleday.

Schorr, L. B. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America.* New York: Anchor.

Scriven, M. (1993). *Hard-won lessons in program evaluation.* San Francisco: Jossey-Bass.

Sechrest, L., & Figueredo, A. J. (1993). Program evaluation. *Annual Review of Psychology, 44,* 645–674.

Slavin, R., Karweit, N., & Wasik, B. (1994). *Preventing early school failure: Research on effective strategies.* Boston: Allyn & Bacon.

Thomas, A., & Grimes, J. (Eds.). (1995). *Best practices in school psychology—III.* Washington, DC: National Association for School Psychologists.

Tyack, D., & Cuban, L. (1995). *Tinkering toward Utopia: A century of public school reform.* Cambridge, MA: Harvard University Press.

Urban Learning Center. (1995). *A design for a new learning community.* Los Angeles: Los Angeles Educational Partnership.

Weiss, C. H. (1995). Nothing as practical as a good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families. In J. B. Connell, A. C. Kubisch, L. Schorr, & C. H. Weiss (Eds.), *New approaches to evaluating community initiatives: Concepts, methods, and concepts.* Washington, DC: Aspen Institute.

Weissberg, R. P., Gullotta, T. P., Hamptom, R. L., Ryan, B. A., & Adams, G. R. (Eds.). (1997). *Establishing preventive services* (pp. 253–289). Thousand Oaks, CA: Sage.

Weisz, J. R., Donenberg, G. R., Han, S. S., & Weiss, B. (1995). Bridging the gap between laboratory and clinic in child and adolescent psychotherapy. *Journal of Consulting and Clinical Psychology, 63,* 699–701.

Zins, J. E., Kratochwill, T. R., & Elliott, S. N. (Eds.). (1993). *Handbook of consultation services for children.* San Francisco: Jossey-Bass.

APPENDIX

SIX INTERRELATED CLUSTERS OF ENABLING ACTIVITY

I. Classroom Focused Enabling

When a teacher has difficulty working with a youngster, the first step is to address the problem within the regular classroom and perhaps with added home involvement. The emphasis is on enhancing classroom-based efforts that enable learning by increasing teacher effectiveness for preventing and handling problems. Personalized help is provided to increase a teacher's array of strategies for working with a wider range of individual differences. For example, teachers learn to use volunteers and peer tutoring to enhance social and academic support and to increase their range of accommodative strategies and their ability to teach students compensatory strategies. As appropriate, support *in the classroom* is provided by resource and itinerant teachers and counselors. Work in this area requires (a) programs for personalized professional development; (b) systems to expand resources; (c) programs for temporary out of class help; and (d) programs to develop aides, volunteers, and any others who help in classrooms or who work with teachers to enable learning. Through classroom-focused enabling programs, teachers are better prepared to address similar problems when they arise in the future. (The classroom curriculum already should encompass a focus on fostering

socioemotional and physical development; such a focus is seen as an essential element in preventing learning, behavior, emotional, and health problems.) Besides enabling learning, two aims of all this work are to increase mainstreaming efficacy and reduce the need for special services.

II. Student and Family Assistance

Student and family assistance should be reserved for the relatively few problems that cannot be handled without adding special interventions (e.g., health and social services, special education). The emphasis 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, and remedial 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. Ongoing efforts are made to expand and enhance resources. Work in this area requires (a) programs designed to support classroom focused enabling, with specific emphasis on reducing the need for teachers to seek special programs and services; (b) a stakeholder information program to clarify available assistance and how to access help; (c) systems to facilitate requests for assistance and strategies to evaluate the requests (including the use of strategies designed to reduce the need for special intervention); (d) a programmatic approach for handling referrals; (e) programs providing direct service; (f) programmatic approaches for effective case and resource management; and (g) interface with the community outreach to assimilate additional resources into current service delivery. As major outcomes, the intent is to ensure that special assistance is provided when necessary and appropriate and that such assistance is effective.

III. Crisis Assistance and Prevention

Schools must respond to, minimize the impact of, and prevent crises. This requires (a) systems and programs for emergency and crisis response at a site, throughout a school complex, and community wide (including a program to ensure follow-up care) and (b) prevention programs for school and community to address school safety and violence reduction, suicide prevention, child abuse prevention, and so forth. Desired outcomes of crisis assistance include ensuring that immediate emergency and follow-up care is provided so that students are able to resume learning without undue delay. Prevention activity outcomes are reflected in indexes that show there is a safe and productive environment and that students and their families have the type of attitudes and capacities needed to deal with violence and other threats to safety.

IV. Support for Transitions

A variety of transitions concerns confront students and their families. A comprehensive focus on transitions requires planning, developing, and maintaining (a) programs to establish a welcoming and socially supportive school community, especially for new arrivals; (b) counseling and articulation programs to support grade-to-grade and school-to-school transitions, moving to and from special education, going to college, moving to post school living and work; and (c) programs for before and after-school and for intersession to enrich learning and provide recreation in a safe environment. Anticipated outcomes are reduced alienation and increased positive attitudes and involvement related to school and various learning activities.

V. Home Involvement in Schooling

Work in this area includes (a) programs to address specific learning and support needs of adults in the home, such as ESL classes and mutual support groups; (b) programs to help those in the home meet their basic obligations to the student, such as instruction for parenting and for helping with schoolwork; (c) systems to improve communication about matters essential to the student and family; (d) programs to enhance the home–school connection and sense of community; (e) interventions to enhance participation in making decision that are essential to the student; (f) programs to enhance home support related to the student's basic learning and development; (g) interventions to mobilize those at home to problem solve related to student needs; and (h) intervention to 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 a *Family Service Center* facility, if one has been established at the site). Outcomes include indexes of parent learning, student progress, and community enhancement specifically related to home involvement.

VI. Community Outreach for Involvement and Support (Including a Focus on Volunteers)

Outreach to the community is 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. Activity includes (a) programs to recruit 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); (b) systems and programs specifically designed to train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer and cross-age tutors and counselors, and professionals-in-training to provide direct help for staff and students—especially targeted students); (c) programs outreaching to hard-to-involve students and families (those who do not come to school regularly, including truants and dropouts); and (d) programs to enhance community–school connections and a sense of community (e.g., orientations, open houses, performances and cultural and sports events, festivals and celebrations, workshops and fairs). Outcomes include indexes of community participation, student progress, and community enhancement.

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