

## ***Tools to Aid in Assuring Quality of Care***

- **Follow-up Rating Forms -- Service Status**
- **Management of Care Review Form**
- **Outline of Key Steps and Tasks  
in Problem Solving Intervention**
- *Survey of System Status*
- **Working Together with School and Community**

***Follow-up Rating Form -- Service Status (Intervener Form)***

(To be filled out periodically by *interveners*)

To: \_\_\_\_\_ (Intervener's name)

From: \_\_\_\_\_, Primary Care Manager

Re: Current Status of a client referred to you by \_\_\_\_\_ school.

Student's Name or ID # \_\_\_\_\_ Birthdate \_\_\_\_\_ Date \_\_\_\_\_

Number of sessions seen: Ind. \_\_\_\_ Group \_\_\_\_

What problems were worked on?

Current status of problems worked on: (Severity at this time)

1	2	3	4
very	severe	not too	not at all
severe		severe	severe

If the problems worked on differ from the "presenting" problems (e.g., referral problem), also indicate the current status of the presenting problems.

1	2	3	4
very	severe	not too	not at all
severe		severe	severe

Recommendations made for further action:

Are the recommendations being followed? YES NO  
If no, why not?

How much did the intervention help the student in better understanding his/her problems?

1	2	3	4	5	6
not at	not	only a	more than	quite	very
all	much	little bit	a little bit	a bit	much

How much did the intervention help the student to deal with her/his problems in a better way?

1	2	3	4	5	6
not at	not	only a	more than	quite	very
all	much	little bit	a little bit	a bit	much

**Prognosis**

1	2	3	4
very positive	positive	negative	very negative

***Follow-up Rating Form -- Service Status (Client Form)***

(To be filled out periodically by the clients)

Student's Name or ID # \_\_\_\_\_ Birthdate \_\_\_\_\_ Date \_\_\_\_\_

1. How worthwhile do you feel it was for you to have worked with the counselor?

1	2	3	4	5	6
not at all	not much	only a little bit	more than a little bit	quite a bit	very much

2. How much did the counseling help you better understand your problems?

1	2	3	4	5	6
not at all	not much	only a little bit	more than a little bit	quite a bit	very much

3. How much did the counseling help you deal with your problems in a better way?

1	2	3	4	5	6
not at all	not much	only a little bit	more than a little bit	quite a bit	very much

4. At this time, how serious are the problems for you?

1	2	3	4
very severe	severe	not too severe	not at all severe

5. How hopeful are you about solving your problems?

1	2	3	4
very hopeful	somewhat hopeful	not too hopeful	not at all hopeful

If not hopeful, why not?

6. If you need help in the future, how likely are you to contact the counselor?

1	2	3	4
not at all	not too likely	likely to	definitely will

## *Management of Care Review Form*

Student's Name or ID # \_\_\_\_\_ Birthdate \_\_\_\_\_

Primary Manager of Care \_\_\_\_\_

Management of Care Team (including student/family members):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Initial Plan**                      Date management of care file opened: \_\_\_\_\_

Student Lives with: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Home language \_\_\_\_\_

Type of concern initially presented (briefly describe for each applicable area)

	<b>How serious are the problems?</b>					
	<b>not too serious</b>			<b>very serious</b>		
Learning:	1	2	3	4	5	6
Behavior:	1	2	3	4	5	6
Emotional:	1	2	3	4	5	6
Other:	1	2	3	4	5	6

Problem Identified and Referred by: \_\_\_\_\_ date \_\_\_\_\_

Initial client consultation done with: \_\_\_\_\_ date \_\_\_\_\_  
Conducted by: \_\_\_\_\_

Indicate diagnosis (if any): \_\_\_\_\_

Recommendations/Decisions/consents:

Planned Date for Immediate Follow-up: \_\_\_\_\_  
(2 weeks after recommended action)

**Immediate Follow-up**

Date: \_\_\_\_\_

Appropriate client follow-through?                      Yes      No

If no, why not?

Is the original plan still appropriate?                      Yes      No

If no, why not?

What changes are needed?

Any problems with coordination of interventions?    Yes      No

If yes:

What needs to be done?              By Who?      When?              Monitoring Date:

If plan has changed, indicate new recommendations/decisions (including plans for improving coordination):

**SYSTEMS OF CARE REVIEW:** Any general implications for improving the school's systems for referral, triage, client consultation, management of care, integration of school programs, and work with other agencies? If so, these implications should be directed to those responsible for enhancing the system.

Planned date for first team review: \_\_\_\_\_  
(in about 2 months or sooner if necessary)

The primary manager must be certain that (1) everyone understands revised plans and needs to improve coordination and (2) appropriate steps are taken to facilitate action. This requires monitoring activity in the days and weeks that follow this follow-up check.

**First Team Review**

Date: \_\_\_\_\_

Team members present:

\_\_\_\_\_  
\_\_\_\_\_

General Update on Client Status (indicate source of information, progress, ongoing concerns, etc.)

With respect to concerns initially presented, at this time –

	<b>Amount of Improvement Seen</b>					
	<b>not too</b>				<b>very</b>	<b>much</b>
	<b>much</b>					
Learning:	1	2	3	4	5	6
Behavior:	1	2	3	4	5	6
Emotional:	1	2	3	4	5	6
Other:	1	2	3	4	5	6

Appropriate client follow-through?                      Yes    No

If no, why not?

Is the current plan still appropriate?                      Yes      No

If no, why not?

What changes are needed?

Any problems with coordination of interventions?    Yes    No

If yes:

What needs to be done?              By Who?    When?              Monitoring Date:

If plan has changed, indicate new recommendations/decisions (including plans for improving coordination):

**SYSTEMS OF CARE REVIEW:** Any general implications for improving the school's systems for referral, triage, client consultation, management of care, integration of school programs, and work with other agencies? If so, these implications should be directed to those responsible for enhancing the system.

Planned date for next team review: \_\_\_\_\_  
(in about 2 months or sooner if necessary)

The primary manager must be certain that (1) everyone understands revised plans and needs to improve coordination and (2) appropriate steps are taken to facilitate action. This requires monitoring activity in the days and weeks that follow this follow-up check.

*Note: This sheet may be used several times over the course of intervention (e.g., every 2 mths).*

**Ongoing Team Review**

Date: \_\_\_\_\_

Team members present:

\_\_\_\_\_  
\_\_\_\_\_

General Update on Client Status (indicate source of information, progress, ongoing concerns, etc.)

With respect to concerns initially presented, at this time –

	<b>How Severe?</b>					
	<b>not too severe</b>				<b>very severe</b>	
Learning:	1	2	3	4	5	6
Behavior:	1	2	3	4	5	6
Emotional:	1	2	3	4	5	6
Other:	1	2	3	4	5	6

Appropriate client follow-through?

Yes No

If no, why not?



Is the current plan still appropriate?                      Yes      No

If no, why not?

What changes are needed?

Any problems with coordination of interventions?    Yes    No

If yes:

What needs to be done?              By Who?    When?              Monitoring Date:

If plan has changed, indicate new recommendations/decisions (including plans for improving coordination):

**SYSTEMS OF CARE REVIEW:** Any general implications for improving the school's systems for referral, triage, client consultation, management of care, integration of school programs, and work with other agencies? If so, these implications should be directed to those responsible for enhancing the system.

Planned date for next team review: \_\_\_\_\_  
(in about 2 months or sooner if necessary)

The primary manager must be certain that (1) everyone understands revised plans and needs to improve coordination and (2) appropriate steps are taken to facilitate action. This requires monitoring activity in the days and weeks that follow this follow-up check.

**End of Intervention**

Date: \_\_\_\_\_

Final Update on Client Status (indicate source of information, progress, ongoing concerns, etc.)

With respect to concerns initially presented, at this time –

	<b>How Severe?</b>					
	<b>not too severe</b>					<b>very severe</b>
Learning:	1	2	3	4	5	6
Behavior:	1	2	3	4	5	6
Emotional:	1	2	3	4	5	6
Other:	1	2	3	4	5	6

Why is the intervention ending?

If the client still needs assistance, what are the ongoing needs?

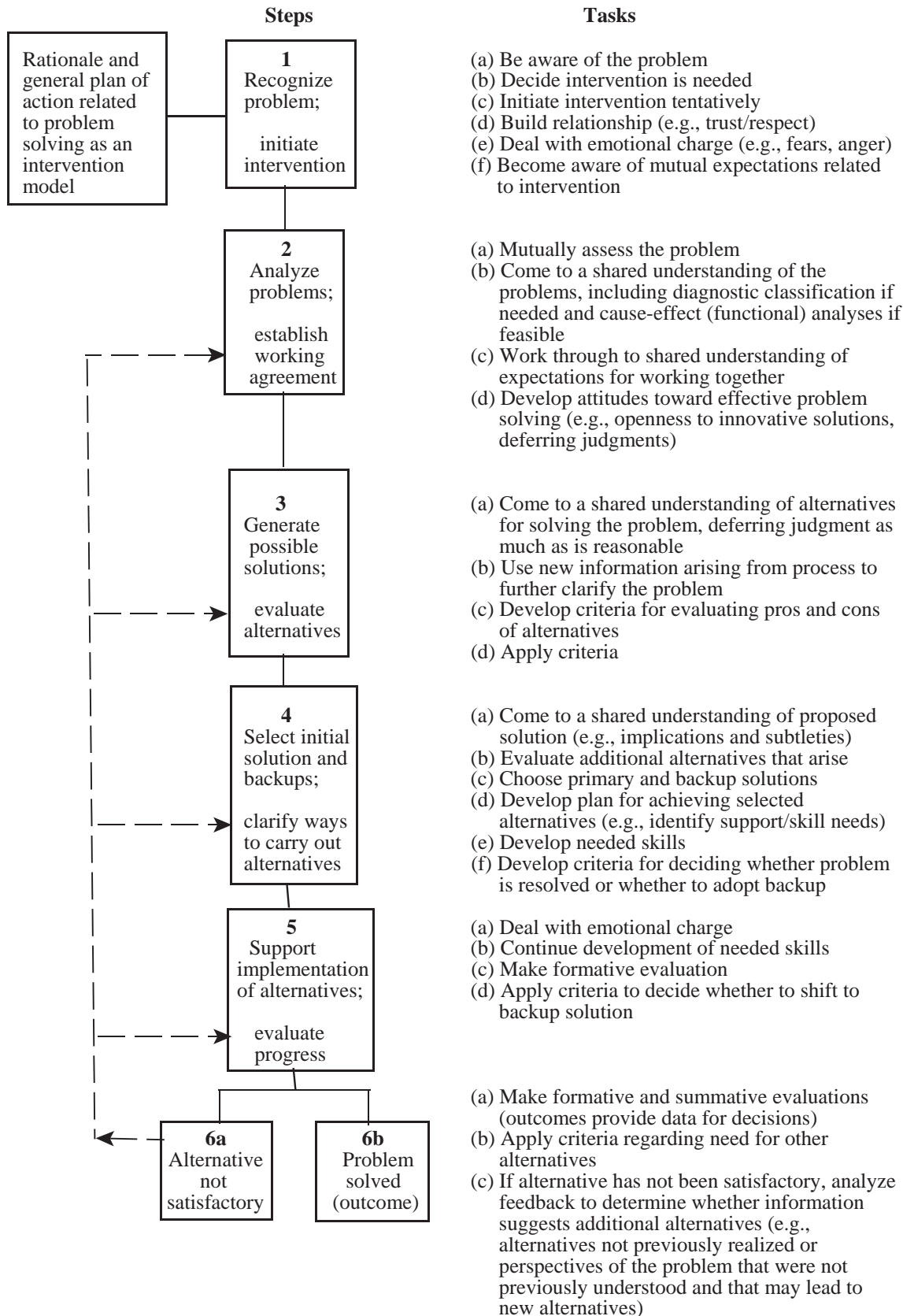
What plans are there for meeting these needs?

If there are no plans, why not?

**SYSTEMS OF CARE REVIEW:** Any general implications for improving the school's systems for referral, triage, client consultation, management of care, integration of school programs, and work with other agencies? If so, these implications should be directed to those responsible for enhancing the system.

With intervention ending, the primary manager must be certain that (1) everyone who should be informed is provided relevant information and (2) evaluation data are entered into the appropriate systems.

## *Outline of Key Steps and Tasks in Problem Solving Intervention*



## ***General Overview of Student & Learning Supports Activity, Processes, and Mechanisms at a School***

This two-step survey provides a starting point for clarifying

- what student and learning supports staff are at the school and what they do
- how student and learning supports resources are used
- how student and learning supports are organized and coordinated
- what procedures are in place for enhancing the impact of student & learning supports

Access at: <http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/general.pdf>

(1) The first form provides a template for quickly clarifying people and positions providing student and learning supports at a school, along with some of what they do. Once this form is completed it can be circulated as basic information for all school stakeholders and can be useful in the social marketing of learning supports. The people listed also are a logical group to bring together in establishing a system development leadership team for learning supports at the school.

(2) Following this form is a self-study survey designed to review and help improve processes and mechanisms relevant to the Learning Supports Component.

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## *Working Together with School and Community*

Every program designed to assist students and their families must consistently be working toward integration with (1) other programs and services at a school and (2) community resources. Efforts to integrate can be viewed in terms of phases of collaboration.

Ultimately, addressing barriers to learning and enhancing healthy development for all students in the school is through

- coordination and integration among all programs at the school
- expanding the range of intervention options

These objectives are only possible through establishment of a close working relationship with school staff who are responsible for and interested in psychosocial programs. A key procedure in stimulating such integration is a Resource Team (discussed later). Another approach is to identify ongoing programs and then establish personal working relationships with the staff involved.

### **Working Together?**

Two best friends were taking a walk in the woods when they saw a giant grizzly bear approaching them, erect, claws bared. Being the best of friends, they clung to one another for dear life. But then one of the two disengaged, knelt to unlace his hiking boots, and hurriedly put on his running shoes.

*I don't get it, his best friend said. What can you hope to achieve? You and I both know there's no way you can outrun a grizzly bear.*

*Silly, said his friend, I don't have to outrun the bear. I only have to outrun you.*

## ***Some General Guidelines for Establishing School-Site Collaborative Teams***

Two basic problems in forming collaborative teams at school-sites are (a) identifying and deploying committed and able personnel and (b) establishing an organizational structure that provides sufficient time and nurtures the competence and commitment of team members. The following are some suggestions that can help in dealing with these problems.

1. For staff, job descriptions and evaluations must reflect a policy that personnel are expected to work in a coordinated and increasingly integrated way with the aim of maximizing resource use and enhancing effectiveness.
2. To maximize resource use and enhancement at a school, every staff member must be encouraged to participate on some team designed to improve students' school functioning. The importance of such teams should be recognized through provision of time and resources that allow team members to build capacity and work effectively together.
3. Teams may consist of current resource staff, special project staff, teachers, site administrators, parents, older students, and others from the community. In this last regard, representatives of school-linked community services must be included. Individuals should be encouraged to choose a team whose work interests them.
4. Group should vary in size -- from two to as many as are needed and interested. Major criteria used in determining size should be factors associated with efficient and effective functioning. The larger the group, the harder it is to find a meeting time and the longer each meeting tends to run. Frequency of meetings depends on the group's functions, time availability, and ambitions. Properly designed and trained teams can accomplish a great deal through informal communication and short meetings.
5. The core of a team is staff who have or will acquire the ability to carry out identified functions and make the mechanism work; others can be auxiliary members. All should be committed to the team's mission. Building team commitment and competence should be one major focus of school management policies and programs.
6. Because several teams require the expertise of the same staff (nurse, psychologist, counselor, resource teacher, social worker, administrator, teacher, parent), these individuals will necessarily be on more than one team.
7. Each team needs a dedicated leader/facilitator who has the ability to keep the group task-focused and productive and someone who records decisions and plans and reminds members of planned activity and products.
8. Team functioning is enhanced through use of computer technology (management systems, electronic bulletin boards and email, resource clearinghouses). Such technology facilitates communication, networking, program planning and implementation, linking activity, and a variety of budgeting, scheduling, and other management concerns.
9. Effective teams should be able to produce savings in terms of time and resources through appropriately addressing their areas of focus. In addition, by tapping into public health-care funds, a district may be able to underwrite some of the costs of those team members who also provide specific services.

## ***Planning and Facilitating Effective Meetings***

There are many fine resources that provide guidelines for conducting effective meetings. Some key points are synthesized below.

### **Forming a Working Group**

- There should be a clear statement about the group's mission.
- Be certain that the members agree to pursue the stated mission and, for the most part, share a vision.
- Pick someone who the group will respect and who either already has good facilitation skills or will commit to learning those that are needed.
- Provide training for members so they understand their role in keeping a meeting on track and turning talk into effective action.
- Be certain to designate processes (a) for sending members information before a meeting regarding what is to be accomplished, specific agenda items, and individual assignments and (b) for maintaining and circulating a record of decisions and planned actions (what, who, when) formulated at the meeting.

### **Meeting Format**

- Be certain there is a written agenda and that it clearly states the purpose of the meeting, specific topics, and desired outcomes for the session.
- Begin the meeting by reviewing purpose, topics, desired outcomes, etc. Until the group is functioning well, it may be necessary to review meeting ground rules.
- Facilitate the involvement of all members, and do so in ways that encourage them to focus specifically on the task. The facilitator remains neutral in discussion of issues.
- Try to maintain a comfortable pace (neither too rushed, nor too slow; try to start on time and end on time -- but don't be a slave to the clock).
- Periodically review what has been accomplished and move on to the next item.
- Leave time to sum up and celebrate accomplishment of outcomes and end by enumerating specific follow-up activity (what, who, when). End with a plan for the next meeting (date, time, tentative agenda). For a series of meetings, set the dates well in advance so members can plan their calendars.

(cont.)



### *Some Group Dynamics to Anticipate*

Despite the best of intentions, group members sometimes find it difficult to stay on task. Some of the reasons are

*Hidden Agendas* -- A person may feel compelled to make some point that is not on the agenda. At any meeting, there may be a number of these hidden agenda items. There is no good way to deal with these. It is important that all members understand that hidden agendas are a problem, and there should be agreement that each member will take responsibility for keeping such items in check. However, there will be times when there is little choice other than to facilitate the rapid presentation of a point and indicate where the concern needs to be redirected.

*A Need for Validation* -- Even when people are task-focused, they may seem to be making the same point over and over. This usually is an indication that they feel it is an important point but no one seems to be accounting for it. To counter such disruptive repetition and related problems, it is helpful to use flipcharts or a writing board on which group member points are highlighted (hopefully with some form of organization to enhance coherence and facilitate summarizing). Accounting for what is said in this visible way helps members feel their contributions have been heard and validated. It also allows the facilitator to point to a matter as a visible reminder to a member that it has already been raised. When a matter is one that warrants discussion at a later time, it can be assigned to a future agenda or planning list to be addressed if time allows toward the end of the meeting or at a subsequent meeting.

*Members are at an Impasse* -- Two major reasons groups get stuck are: (a) some new ideas are needed to "get out of a box" and (b) differences in perspective need to be aired and resolved. The former problem usually can be dealt with through brainstorming or by bringing in someone who has some new alternatives to offer. The latter problem involves conflicts that arise over process, content, and power relationships and is dealt with through problem solving and conflict management strategies (e.g., accommodation, negotiation, mediation).

*Interpersonal Conflict and Inappropriate Competition* -- Some people find it hard to like each other or feel compelled to show others up. Sometimes the problem can be corrected by repeatedly bringing the focus back to the goal -- improving outcomes for students/families. Sometimes, however, the dislike or competitiveness is so strong that certain individuals simply can't work closely together. If there is no mechanism to help minimize such interpersonal dynamics, the group needs to find a way to restructure its membership.

*Ain't It Awful!* -- The many daily frustrations experienced by staff members each day often lead them to turn meetings into gripe sessions. One of the benefits of including parents and community members (agency staff, business and/or university partners) is that, like having company come to one's home, outside team members can influence school staff to exhibit their best behavior.

## ***A Team to Manage Care***

When a client is involved with more than one intervener, management of care becomes a concern. This clearly is always the situation when a student is referred for help over and above that which her/his teacher(s) can provide. Subsequent monitoring as part of the ongoing management of client care focuses on coordinating interventions, improving quality of care (including revising intervention plans as appropriate), and enhancing cost-efficacy.

Management of care involves a variety of activity all of which is designed to ensure that client interests are well-served. At the core of the process is enhanced monitoring of care with a specific focus on the appropriateness of the chosen interventions, adequacy of client involvement, appropriateness of intervention planning and implementation, and progress. Such ongoing monitoring requires systems for

- tracking client involvement in interventions
- amassing and analyzing data on intervention planning and implementation
- amassing and analyzing progress data
- recommending changes

Effective monitoring depends on information systems that enable those involved with clients to regularly gather, store, and retrieve data. Schools rely heavily on forms for gathering necessary information. In coming years, more and more of this information will be entered into computers to facilitate retrieval and assist in other ways with client care.

Management of care, of course, involves more than monitoring processes and outcomes. Management also calls for the ability to produce changes as necessary. Sometimes steps must be taken to improve the quality of processes, including at times enhancing coordination among several interveners. Sometimes intervention plans need to be revised to increase their efficacy and minimize their "costs" -- including addressing negative "side effects." Thus, management of care involves using the findings from ongoing monitoring to clarify if interventions need to be altered and then implements strategies to identify appropriate changes and ensure they are implemented with continued monitoring. Along the way, those involved in managing the client's care may have to advocate for and broker essential help and provide the linkage among services that ensures they are coordinated. They also must enhance coordinated intervener communication with the student's care givers at home.

Who does all this monitoring and management of care? Ideally, all involved parties -- interveners and clients -- assume these functions and become the *management team*. One member of such a team needs to take *primary* responsibility for management of care (a *primary manager*). Sites with sufficient resources often opt to employ one staff member to fill this role for all clients. However, given the limited resources available to schools, a more practical model is to train many staff to share such a role. Ultimately, with proper instruction, one or more family members might be able to assume this role.

All who become primary managers of care must approach the role in a way that respects the client and conveys a sense of caring. The process should be oriented to problem-solving but should not be limited to problem treatments (e.g., in working on their problems, young people should not be cut off from developmental and enrichment opportunities). In most instances, a youngster's family will be integrally involved and empowered as partners, as well as recipients of care. Well-implemented management of care can help ensure that clients are helped in a comprehensive, integrated manner designed to address the whole person. A positive side effect of all this can be enhancement of systems of care.

Management teams should meet whenever analysis of monitoring information suggests a need for program changes and at designated review periods. Between meetings, it is the responsibility of the primary manager to ensure that care is appropriately monitored, team meetings are called as changes are needed, and that changes are implemented. It is the team as a whole, however, that has responsibility for designating necessary changes and working to ensure the changes are made.

The following list itemizes a few basic tasks for primary managers of care:

- Before a team meeting, write up analyses of monitoring data and any recommendations to share with management team.
- Immediately after a team meeting, write up and circulate changes proposed by management team and emphasize who has agreed to do which tasks and when.
- Set-up a "tickler" system to remind you when to check on whether tasks have been accomplished.
- Follow-up with team members who have not accomplished agreed upon tasks to see what assistance they need.

## ***A Resource-Oriented Leadership Team***

School practitioners are realizing that since they can't work any harder, they must work smarter. For some, this translates into new strategies for coordinating, integrating, and redeploying resources. Such efforts start with new (a) processes for mapping and matching resources and needs and (b) mechanisms for resource coordination and enhancement.

An example of a mechanism designed to reduce fragmentation and enhance resource availability and use (with a view to enhancing cost-efficacy) is seen in the concept of a *resource-oriented leadership team*. Creation of such a school-based team provides a vehicle for building working relationships and a good mechanism for starting to weave together existing school and community resources and encourage services and programs to function in an increasingly cohesive way.

Where such a team is created, it can be instrumental in integrating the center into the school's ongoing life. The team solves turf and operational problems, develops plans to ensure availability of a coordinated set of services, and generally improves the school's focus on addressing barriers to learning, including concerns for mental health.

A resource-oriented leadership team differs from teams created to review individual students (such as a student study team, a student 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. In doing so, it provides what often is a missing mechanism for managing and enhancing *systems* to coordinate, integrate, and strengthen interventions. For example, this type of mechanism can be used to weave together the eight components of school health programs to better address such problems as on-campus violence, substance abuse, depression, and eating disorders. Such a team can be assigned responsibility for (a) mapping and analyzing activity and resources with a view to improving coordination, (b) ensuring there are effective systems for referral, case management, and quality assurance, (c) guaranteeing appropriate procedures for effective management of programs and information 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.

Because of its potential value to schools, it is well worth staff time to help establish a *resource-oriented team*. A good way to start the process is to

1. survey key school staff members to identify and map existing school-based psychosocial programs and who runs them
2. invite key people from each program to a meeting to discuss how various school and community programs interface with each other (Note: Be certain to include some from the administrative staff and all other school personnel who might be supportive and interested in program enhancement.)

At the first meeting,

3. if the programs are not coordinated, discuss ways to work together; if some are coordinated with each other, discuss how to integrate all programs into the process
4. suggest the idea that the group constitute itself as a regular resource team and meet regularly (e.g., initially, every two weeks, then once a month)

For subsequent meetings,

5. be certain someone is designated to act as facilitator (e.g., to send out reminders about agenda, times, and places, circulate "minutes" after each meeting, help to ensure the meeting runs smoothly).

Once the team is established, it will raise concerns and ideas that require more time and follow-through than is possible during the meeting. To minimize frustration and maximize effectiveness,

6. set up a small subcommittee (e.g., 1-3 team members) which will take time between meetings to work out details of ideas, work on solving problems raised, and report back to the team.

Among the topics a resource team might address are ways to deal with crises and how to resolve dilemmas regarding consent, confidentiality, legal reporting requirements, and school district policies.

## *Mapping & Analyzing Resources*

The literature on maximizing resources makes it clear that a first step in countering fragmentation involves "mapping" resources by identifying what exists at a site (e.g., enumerating programs and services that are in place to support students, families, and staff; outlining referral and case management procedures). 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.

Based on analyses of what is available, effective, and needed, strategies can be formulated for resource enhancement. These focus on (a) outreach to link with additional resources at other schools, district sites, and in the community and (b) better ways to use existing resources. (The process of outreach to community agencies is made easier where there is policy and organization supporting school-community collaboration. However, actual establishment of formal connections remains complex and is becoming more difficult as publicly-funded community resources dwindle.)

Perhaps the most valuable aspect of mapping and analyzing resources is that the products provide a sound basis for improving cost-effectiveness. In schools and community agencies, there is acknowledged redundancy stemming from ill-conceived policies and lack of coordination. These facts do not translate into evidence that there are pools of unneeded personnel; 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?*

See resource aids from the Center for mapping and analyzing resources (e.g., mapping tool, self-study surveys of existing school-based and linked psychosocial and mental health programs and services).

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

Although a resource-oriented leadership team might be created solely around psychosocial programs, such a mechanism is meant to bring together representatives of all major programs and services supporting a school's instructional component (e.g., guidance counselors, school psychologists, nurses, social workers, attendance and dropout counselors, health educators, special education staff, bilingual and Title I program coordinators). This includes representatives of any community agency that is significantly involved at the school. It also includes the energies and expertise of one of the site's administrators, regular classroom teachers, non-certificated staff, parents, and older students. Where creation of "another team" is seen as a burden, existing teams can be asked to broaden their scope. Teams that already have a core of relevant expertise, such as student study teams, teacher assistance teams, and school crisis teams, have demonstrated the ability to extend their functions to encompass resource coordination. To do so, however, they must take great care to structure their agenda so that sufficient time is devoted to the additional tasks.

Properly constituted, trained, and supported, a resource coordinating team can complement the work of the site's governance body through providing on-site overview, leadership, and advocacy for all activity aimed at addressing barriers to learning and enhancing healthy development. Having at least one representative from the resource coordinating team on the school's governing and planning bodies helps ensure that essential programs and services are maintained, improved, and increasingly integrated with classroom instruction (see Resource Aids).

### ***Local Schools Working Together***

To facilitate resource coordination and enhancement among a complex of schools (e.g., a high school and its feeder middle and elementary schools), a resource coordinating *council* can be established by bringing together representatives of each school's resource coordinating *team*. Such a complex of schools needs to work together because in many cases they are concerned with the same families (e.g., a family often has children at each level of schooling). Moreover, schools in a given locale try to establish linkages with the same community resources. A coordinating council for a complex of schools provides a mechanism to help ensure cohesive and equitable deployment of such resources.

## *Fully Integrating with School and Community Resources*

Most schools and many community services use weak models in addressing barriers to learning. The primary emphasis in too many instances is to refer individuals to specific professionals, and this usually results in narrow and piecemeal approaches to complex problems, many of which find their roots in a student's environment. Overreliance on referrals to professionals also inevitably overwhelms limited, public-funded resources. More ideal models emphasize the need for a comprehensive continuum of community and school interventions to ameliorate complex problems. Such a continuum ranges from programs for primary prevention and early-age intervention -- through those to treat problems soon after onset -- to treatments for severe and chronic problems. Thus, they emphasize that promoting healthy development and positive functioning are one of the best ways to prevent many problems, and they also address specific problems experienced by youth and their families.

Limited efficacy seems inevitable as long as the full continuum of necessary programs is unavailable; limited cost effectiveness seems inevitable as long as related interventions are carried out in isolation of each other. Given all this, it is not surprising that many in the field doubt that major breakthroughs can occur without a comprehensive and integrated programmatic thrust. Such views have added impetus to major initiatives designed to restructure community health and human services and the way schools operate.

To be most effective, such interventions are developmentally-oriented (i.e., beginning before birth and progressing through each level of schooling and beyond) and offer a range of activity -- some focused on individuals and some on environmental systems. Included are programs designed to promote and maintain safety at home and at school, programs to promote and maintain physical/mental health, preschool and early school adjustment programs, programs to improve and augment social and academic supports, programs to intervene prior to referral for intensive treatments, and intensive treatment programs. It should be evident that such a continuum requires meshing together school and community resources and, given the scope of activity, effectiveness and efficiency require formal and long-lasting interprogram collaboration.

One implication of all this is formulated as the proposition that *a unified, comprehensive, and equitable component to address barriers to learning and teaching is essential* in helping the many who are not benefitting satisfactorily from formal education. Schools and communities are beginning to sense the need to adopt such a perspective. As they do, we will become more effective in our efforts to enable schools to teach, students to learn, families to function constructively, and communities to serve and protect. Such efforts will no longer be treated as supplementary ("add-ons") that are carried out as fragmented and categorical services; indeed, they will be seen as a primary, essential, and integrated component of school reform and restructuring.



## ***A Note About Overcoming Barriers to Working Together***

*Treat people as if they were  
what they ought to be  
and you help them become  
what they are capable of being.*  
Goethe

In pursuing their mission, a school's staff must be sensitive to a variety of human, community, and institutional differences and learn strategies for dealing with them. With respect to working with students and their parents, staff members encounter differences in

- sociocultural and economic background and current lifestyle
- primary language spoken
- skin color
- gender
- motivation for help

and much more.

### **Differences as a Problem**

Comparable differences are found in working with school personnel (certificated and non certificated, line staff and administrators). *In addition, there are differences related to power, status, and orientation.* And, for many newcomers to a school, the culture of schools in general and that of a specific school and community may differ greatly from other settings where they have lived and worked.

For school staff, existing differences may make it difficult to establish effective working relationships with students and others who effect the student. For example, many schools do not have staff who can reach out to students whose primary language is Spanish, Korean, Tagalog, Vietnamese, Cambodian, Armenian, and so forth. And although workshops and presentations are offered in an effort to increase specific cultural awareness, what can be learned in this way is limited, especially when one is in a school of many cultures.

There also is a danger in prejudgments based on apparent cultural awareness. There are many reports of students who have been victimized by professionals who are so sensitized to cultural differences that they treat fourth generation Americans as if they had just migrated from their cultural homeland.

Obviously, it is desirable to hire staff who have the needed language skills and cultural awareness and who do not rush to prejudge. Given the realities of budgets and staff recruitment, however, schools cannot hire a separate specialist for all the major language, cultural, and skin color differences that exist in some schools. Nevertheless, the objectives of accounting for relevant differences while respecting individuality can be appreciated and addressed.

#### **Examples of Client Differences as a Problem**

"A 14 year old Filipino wanted help, but his mother told me her culture doesn't recognize the need for counseling."

"Despite the parents' resistance to accepting the need for treatment, we decided the student had to be sent to the emergency room after the suicide attempt."

"A 15 year old Vietnamese attempted suicide because her parents were forcing her into an arranged marriage."

"An 18 year old Latina student reported suicidal ideation; being so strict that he would not allow her to date."

As these cases illustrate, differences can result in problems for students, parents, and staff. Although such problems are not easily resolved, they are solvable as long as everyone works in the best interests of the student, and the differences are not allowed to become barriers to relating with others.

### **Differences as a Barrier**

As part of a working relationship, differences can be complementary and helpful -- as when staff from different disciplines work with and learn from each other. Differences become a barrier to establishing effective working relationships when negative attitudes are allowed to prevail. Interpersonally, the result generally is conflict and poor communication. For example, differences in status, skin color, power, orientation, and so forth can cause one or more persons to enter the situation with negative (including competitive) feelings. And such feelings often motivate conflict.

Many individuals (students, staff) who have been treated unfairly, been discriminated against, been deprived of opportunity and status at school, on the job, and in society use whatever means they can to seek redress and sometimes to strike back. Such an individual may promote conflict in hopes of correcting power imbalances or at least to call attention to a problem. Often, however, power differentials are so institutionalized that individual action has little impact.

*"You're the wrong color to understand."*

*"You're being  
culturally insensitive."*

*"Male therapists shouldn't  
work with girls who have  
been sexually abused."*

*"Social workers (nurses/MDs/  
psychologists/teachers) don't  
have the right training to  
help these kids."*

*"How can you expect to work effectively  
with school personnel when you understand  
so little about the culture of schools and  
are so negative toward them and the people  
who staff them?"*

*"If you haven't had  
alcohol or other drug  
problems, you can't help  
students with such problems."*

*"You don't like sports!  
How can you expect to  
relate to teenagers?"*

*"You don't know what  
it's like to be poor."*

*"How can a woman  
understand a male  
student's problems?"*

*"I never feel that young  
professionals can be  
trusted."*

*"If you don't have teenagers  
at home, you can't really  
understand them."*

***You know, it's a tragedy in a way  
that Americans are brought up to think  
that they cannot feel  
for other people and other beings  
just because they are different.***

**Alice Walker**

It is hard and frustrating to fight an institution. It is much easier and immediately satisfying to fight with other individuals one sees as representing that institution. However, when this occurs where individuals are supposed to work together, those with negative feelings may act and say things in ways that produce significant barriers to establishing a working relationship. Often, the underlying message is "you don't understand," or worse yet "you probably don't want to understand." Or, even worse, "you are my enemy."

It is unfortunate when such barriers arise between students and those trying to help them; it is a travesty when such barriers interfere with the helpers working together effectively. Staff conflicts detract from accomplishing goals and contribute in a major way to "burn out."

### **Overcoming Barriers Related to Differences**

When the problem is **only** one of poor skills, it is relatively easy to overcome. Most motivated professionals can be directly taught ways to improve communication and avoid or resolve conflicts that interfere with working relationships. There are, however, no easy solutions to overcoming deeply embedded negative attitudes. Certainly, a first step is to understand that the nature of the problem is not differences per se but negative perceptions stemming from the politics and psychology of the situation.

It is these perceptions that lead to

- prejudgments that a person is bad because of an observed difference
- and
- the view that there is little to be gained from working with that person.

Thus, minimally, the task of overcoming negative attitudes interfering with a particular working relationship is twofold. To find ways

- to counter negative prejudgments (e.g., to establish the credibility of those who have been prejudged)
- and
- to demonstrate there is something of value to be gained from working together.

## Building Rapport and Connection

To be effective in working with another person (student, parent, staff), you need to build a positive relationship around the **tasks** at hand.

Necessary ingredients in building a working relationship are

- \* minimizing negative prejudgments about those with whom you will be working (see Exhibit 1)
- \* taking time to make connections
- \* identifying what will be gained from the collaboration in terms of mutually desired outcomes -- to clarify the value of working together
- \* enhancing expectations that the working relationship will be productive -- important here is establishing credibility with each other
- \* establishing a structure that provides support and guidance to aid task focus
- \* periodic reminders of the positive outcomes that have resulted from working together

With specific respect to **building relationships** and **effective communication**, three things you can do are:

- \* convey empathy and warmth (e.g., the ability to understand and appreciate what the individual is thinking and feeling and to transmit a sense of liking)
- \* convey genuine regard and respect (e.g., the ability to transmit real interest and to interact in a way that enables the individual to maintain a feeling of integrity and personal control)
- \* talk with, not at, others -- active listening and dialogue (e.g., being a good listener, not being judgmental, not prying, sharing your experiences as appropriate and needed)

Finally, watch out for ego-oriented behavior (yours and theirs) -- it tends to get in the way of accomplishing the task at hand.

