

Classroom Problems: *What Can I Do Right Away?*
A Learning Supports Practice Series for Teachers*

Minimizing Referrals Out of the Classroom

I have been asked to cut down on the number of students I refer from my class for special help.

This raises the question: What more can be done in a classroom to help students so that referrals are only necessary for a relatively few whose problems are severe?

Here's what can be tried:

- (1) Expand the classroom focus on prevention strategies. In particular, consider additional ways to personalize learning, facilitate social-emotional learning, and enhance enrichment opportunities.
- (2) Use *Response to Intervention* (Rti) strategies to respond as soon as a problem appears. This involves not only personalizing learning but also the use of specialized interventions and personalized supports and accommodations to enable learning.
- (3) See Practice Notes on *Students in Distress* for immediate next steps to take when referral is necessary (<http://smhp.psych.ucla.edu/pdfdocs/distresspn.pdf>).

Note: Such strategies call for extra hands in the classroom. Teachers need to move quickly to open classroom doors and invite in support staff, peer tutors, parent volunteers and volunteer from colleges, service clubs, senior centers, etc.

The following Center resources provide detailed strategies related to the above:

- > *Personalizing Learning and Addressing Barriers to Learning: Two Units for Continuing Education* –
<http://smhp.psych.ucla.edu/dbsimple2.asp?primary=2104&number=9958>
- > *RTI and Classroom & Schoolwide Learning Supports: Four Units for Continuing Education* –
<http://smhp.psych.ucla.edu/dbsimple2.asp?primary=2311&number=9897>

For more about referral and related processes at schools, see:

- > *School-Based Client Consultation, Referral, and Management of Care*
<http://smhp.psych.ucla.edu/pdfdocs/consultation/consultation2003.pdf>

General Matters for Schools to Consider in Helping Teachers Minimize Referrals

Ultimately, to reduce inappropriate referrals, schools need to develop a unified and comprehensive system of student and learning supports. With this in mind, teachers should begin as soon as they can to push for the school to build such a system.

One facet of this is establishing a full continuum of interventions (from prevention, to responding to the first signs of problems, to effective interventions for chronic problems). A full continuum enables efforts to reduce first and repeat referrals. The continuum encompasses the enhanced classroom efforts and out of class school and community-based interventions.

1. *About prevention.* Rather than waiting to react to behavior problems that can lead to out of class referrals, staff development should help teachers redesign classroom instruction first and foremost to enhance student engagement. Engagement is key to eliminating common problems in the classroom; engaged students are less likely to misbehave. Authentic engagement involves applying strategies that avoid over-reliance on rewards and consequences and that promote intrinsic motivation for learning at school. Outside the classroom, preventing behavior problems requires effective support and guidance before and after school, during nutrition and lunch, going from class to class, and at all other times students are “let loose.” And, as paradoxical as it seems, schools should find leadership roles for students who have been problems and include them in planning and implementing prevention strategies.
2. *About responding early after onset to reduce the need for referral.* When problems can't be prevented, it is essential to have interventions that can respond as soon as feasible after problems appear. These strategies first need to be personalized, with changes to programs/environments that account for the individual's motivation and capabilities (e.g., making changes in classes, schedules, and other school activities to reduce the problems). Then, if necessary, it is time to add personalized supports (mentoring, tutoring) and specialized assistance (e.g., remediation, counseling, therapy).
3. *About referrals.* After classroom efforts and other general school supports have been enhanced, considerably fewer students will need referrals for special out of class school and community-based interventions. This allows the school's referral system to respond better to those who do need more than the classroom can offer.

(cont.)

4. *A note about alternative programs* (including special education placements). In extreme cases, referrals are made to alternative programs (<http://smhp.psych.ucla.edu/qf/altschool.htm>). In such placements, the focus continues to be on program/environment change to account for the individual's motivation and capabilities and on personal assistance to improve motivation and competence. In keeping with policies that stress students should be in regular school settings to the degree that these can be effective, a special focus needs to be on enhancing the students' intrinsic motivation for returning and succeeding in a regular school setting.

Two cautions about alternative programs. One involves grouping students who manifest deviant behavior. As stressed in *Deviant Behavior & Peer Influences*,* adolescent deviant behavior can be exacerbated by placing deviant youth together in programs that are meant to "reform" them.

*<http://www.srkd.org/documents/publications/SPR/spr20-1.pdf>

A second caution involves ensuring a strong emphasis on supports for transitioning students back from alternative programs (see http://smhp.psych.ucla.edu/qf/p2101_01.htm). Often schools don't plan for the re-entry of students from special programs. Avoiding the revolving door effect requires a sophisticated transition program. Such a program includes specially designed welcoming and social supports for (re)entry. It also often calls for some changes in the regular school program to accommodate the needs of the returning student (more academic support, a one-to-one contact person, a special leadership role, etc).

You aren't paying attention to me.
Are you having trouble hearing?

I hear O.K.
I'm having trouble listening!



***Classroom Problems: What Can I Do Right Away? A Learning Supports Practice Series for Teachers**

Often the best way to learn is by addressing a specific concern that needs an immediate response.

With this in mind, the Center is producing a series of resources focused on daily classroom dilemmas teachers experience and some initial ways to deal with such concerns. The emphasis is on engaging and re-engaging students in classroom learning.

As a school moves to develop a unified and comprehensive system of learning supports, this series can help augment professional development by providing a stimulus for discussion by teachers and other staff.

What can I do right away?

To date, this learning supports practice series for teachers includes the following topics:

- > *Bullying* – <http://smhp.psych.ucla.edu/pdfdocs/bullypn.pdf>
- > *Disengaged Students* – <http://smhp.psych.ucla.edu/pdfdocs/disengpn.pdf>
- > *Fidgety Students* – <http://smhp.psych.ucla.edu/pdfdocs/fidgetypn.pdf>
- > *Homework Avoidance* – <http://smhp.psych.ucla.edu/pdfdocs/homeworkpn.pdf>
- > *Students in Distress* – <http://smhp.psych.ucla.edu/pdfdocs/distresspn.pdf>
- > *Minimizing Referrals out of the Classroom* –
<http://smhp.psych.ucla.edu/pdfdocs/referralspn.pdf>
- > *Addressing Neighborhood Problems that Affect the School* –
<http://smhp.psych.ucla.edu/pdfdocs/neighborpn.pdf>

See the complete series and other resources for professional development at
<http://smhp.psych.ucla.edu>
(Click on Resources/Publications)

**Feel free to email similar concerns to the Center for discussion as part of
our weekly community of practice listserv. See**
<http://smhp.psych.ucla.edu/pdfdocs/mhpractitioner/practitioner.pdf>

Prepared by the national Center for Mental Health in Schools at UCLA. The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA, Phone: (310) 825-3634 email: smhp@ucla.edu website: <http://smhp.psych.ucla.edu>

Feel free to share and reproduce this document; no permission is needed.
If you have comments, suggestions, examples you would like to share, please let us know.

Send comments to ltaylor@ucla.edu