Moving Forward

Addressing Barriers to Learning

Vol. 29, #2

... the Center's quarterly e-journal

Minimizing Referrals Out of the Classroom*

Schools ask: *What more can be done in a classroom so that referrals are only necessary for the few students whose problems are relatively severe?*

All efforts to address barriers to learning and teaching build on the promotion of healthy development and personalized instruction. Then, to further reduce inappropriate referrals, schools need to develop a unified, comprehensive, and equitable system of student/learning supports.

One facet of such a system is establishing a full continuum of interventions (from prevention, to responding to the first signs of problems, to effective interventions for chronic problems). The continuum encompasses enhanced classroom efforts and schoolwide interventions and weaves together school and community efforts. An effective continuum helps:

Prevent problems - Rather than waiting to react to problems that can lead to out of class referrals, staff development focuses on helping teachers redesign classroom to enhance student engagement. Engagement is key to eliminating common problems (e.g., engaged students learn better and are less likely to misbehave). Authentic engagement involves strategies that avoid over-reliance on rewards and consequences and that promote intrinsic motivation for learning. Outside the classroom, preventing problems requires engaging activities and a range of effective supports (e.g., for transitions before and after school, for home involvement).

Reduce the need for referral by responding as soon as a problem arises - When problems can't be prevented, it is essential to have positive interventions that can respond as soon as feasible after problems appear. As a first step, the focus is on making personalized changes in the classroom to better account for the student's motivation and capabilities (e.g., appropriate accommodations, changes in schedules and activities to minimize the problems). Then, if necessary, it is time to add personalized special assistance in the classroom. Such strategies not only reduce the need for referral to specialized services, they counter suspensions and expulsions (see **https://onlinelibrary.wiley.com/doi/abs/10.1002/pits.22111**).

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*Also in this issue,

>Arguments About Whether Overdiagnosis of ADHD is a Significant Problem
>Turning Big Classes into Smaller Units
>Teachers ask: What do you have that I can use right away?
>The MTSS Continuum: Essential - but Not Comprehensive Enough

Minimize referrals, which enables the referral system to function properly - 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 counter disproportional referrals (see **https://academic.oup.com/cs/article/39/4/248/4107279**) and respond better to those who do need more than the classroom can offer.

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A note about referrals to alternative programs (including special education placements). In extreme cases, alternative program referrals are made. For these to produce positive outcomes, the program must account for the individual's motivation and capabilities and provide personalized assistance that enhances motivation and competence (https://smhp.psych.ucla.edu/qf/altschool.htm).

One caution about alternative programs involves the downside of grouping students who manifest deviant behavior. Research stresses that deviant behavior can be exacerbated when deviant youth are together in programs (https://www.srcd.org/documents/publications/SPR/spr20-1.pdf).

A second caution involves the tendency not to plan for reintegrating students (despite policies that stress students should be in regular school settings to the degree that these can be effective). It is essential to ensure a strong emphasis on (a) enhancing the students' intrinsic motivation for returning and succeeding in a regular school setting and (b) providing supports for transitioning them back from alternative programs. A successful transition includes specially designed welcoming and social supports for reentry. It also usually calls for some changes in the regular school program to accommodate the needs of the returning student (more academic support, a peer buddy, a one-to-one contact staff person, etc. (see https://smhp.psych.ucla.edu/qf/p2101_01.htm).

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Four Immediate Steps to Take

(1) Open the classroom door to bring extra hands into the classroom. Invite in support staff, peer tutors, parent volunteers and volunteer from colleges, service clubs, senior centers, etc., to help provide additional student support and guidance.
(2) Enhance engagement strategies. In particular, consider additional ways to personalize instruction and learning - focusing on both academic and social- emotional learning and increasing enrichment opportunities.
(3) Use Response to Intervention (RtI) strategies. The aim is to use such strategies to personalize instruction and, if necessary, provide accommodations and special assistance to respond as soon as a problem appears.
(4) Use referral as a last resort. See Practice Notes on ***Students in Distress*** for immediate next steps to take when referral is necessary.

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

>***Personalizing Learning and Addressing Barriers to Learning***

>***RTI and Classroom & Schoolwide Learning Supports***

For more about referral and related processes at schools, see

>***School-Based Client Consultation, Referral, and Management of Care***

Free books are have been developed to bring all this together. See

>***Improving School Improvement***

>***Addressing Barriers to Learning: In the Classroom and Schoolwide***

The Relationship Between Student Behavior and Engagement

By Brian Stack

"...Over the last 10 years as a school administrator, I have seen a dramatic decline in classroom disruptions and general student misbehavior that I believe is correlated to increased student engagement in school... My staff quickly discovered that the more we engaged in student-centered, project-based, and hands-on activities in the classroom, the more students would be engaged and less likely to act out. Additionally, we discovered that adding choice and voice options for students continued to reverse the trend of student disengagement.

We stopped offering students the choice to stay in class or leave when there was a behavior problem. We found other ways to support them when they were disengaged. Instead of asking teachers to send disruptive students out to receive supports, we brought the supports to the student in the classroom. We call these supports "push ins," and they were adults who didn't have teaching roles such as social workers, deans, and academic advisers. A new cycle was formed where students stayed in class and found ways to re-engage in their learning. The model shows promise and may serve as inspiration for other school leaders looking to change the culture at their school."

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About the Material Presented in this Issue

Because of our Center's focus on addressing barriers to learning and teaching, we regularly are asked for resources to aid in professional development (e.g., materials, technical assistance, opportunities to network with others with special expertise in providing student/learning supports for students who are not doing well at school).

Over many years, we have developed free resources to aid those wanting to learn more about ways to help address student's learning, behavior, and emotional problems. Our Quick Find online clearinghouse provides links to a wide range of resources related to over 130 topics **https://smhp.psych.ucla.edu/quicksearch.htm** . Two types of brief documents that can be accessed there are Information Resources and Practice Notes such as those reproduced in this issue.

Other easily accessible online resources from our center are:

>a weekly community of practice (the Practitioner) - **https://smhp.psych.ucla.edu/practitioner.htm**

>a monthly newsletter (ENEWS) - **https://smhp.psych.ucla.edu/enews.htm**

>a quarterly ejournal (*Addressing Barriers to Learning*) - **https://smhp.psych.ucla.edu/news.htm**

>links to relevant Webinars - **https://smhp.psych.ucla.edu/webcast.htm**

>links to relevant Conferences - **https://smhp.psych.ucla.edu/upconf.htm**

>info on relevant Grants - **https://smhp.psych.ucla.edu/upcall.htm**

>immediate responses for Technical Assistance requests - contact **Ltaylor@ucla.edu**

Let us know if you have suggestions for how we can improve any of these efforts.

Arguments About Whether Overdiagnosis of ADHD is a Significant Problem*

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed mental disorder among children and adolescents. The Centers for Disease Control and Prevention (CDC) report a steady increase in prevalence, from 6.9% in 1997 to 9.5% in 2007.

With increased diagnoses has come widespread concern about the degree of overdiagnosis. This concern is compounded by related increases in use of medications to treat ADHD.

About School Accountability Policy and ADHD Diagnosis

The U.S. has the highest rate of diagnosed ADHD -- 11% compared to a rate of around 5% in countries such as Brazil, China, and Europe. Variations within and across nations suggest the role of cultural and societal factors in determining rates of diagnosis. For example, in the U.S., cultural attitudes about special education labels such as ADHD and LD, and school accountability policies and pressures have been identified as playing a role in overdiagnoses. For example, in order to meet accountability standards and avoid being designated as low performing schools, districts try to exclude or at least ensure special accommodations for special education students in order to report higher test score averages.

In their 2014 book, *The ADHD Explosion*, Hinshaw and Scheffler discuss the impact of school accountability legislation as a major factor leading schools to increase their special education population. As a prime example, they focus on North Carolina, where school accountability legislation was enacted that specified rewards for schools performing up to a standard and penalized those that did not. The critical accountability measure was academic test scores. Hinshaw and Scheffler suggest that to maximize test scores schools sought to have underachieving students diagnosed and treated for ADHD so they would be put on "attention-enhancing" medications and/or receive testing accommodations. To back up this suggestion, they report research indicating a positive correlation between the increasing accountability demands and increases in ADHD diagnosis over the years.

Moreover, public schools in low-income communities are typically the most vulnerable when it comes to the negative impact of school-accountability policy. And indications are that the rate of increase in ADHD diagnosis is related to low socioeconomic students. Hinshaw and Scheffler report increases as high as 59% for ADHD diagnosis among youngsters from low-income homes after the launching of school accountability laws compared to a less than 10% increase among middle- and high-income children. Those who argue that overdiagnosis of ADHD is not a problem suggest that such a discrepancy is an indication of a long-standing failure to address ADHD among low-income populations. Hinshaw and Scheffler argue that the discrepancy is better explained by school accountability policy.

> As a footnote to all this: In an interview with the Los Angeles Times, Scheffler made it clear that the current process for diagnosing ADHD depends heavily on the subjective judgments from parents, clinicians, as well as youngsters themselves. This reality alone makes false positive diagnoses of students a likelihood and provides a cautionary warning about the need to counter overdiagnoses.

Over the years, prevalence has increased steadily with each new version of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM).* Concerns have been expressed that prevalence will further increase with the latest version (DSM-5). The questions arise: *Do ongoing refinements in the DSM and available assessment procedures enable better differential diagnosis? Do they overdiagnose ADHD?*

Errors are common when diagnoses of ADHD are made. These include indicating a person has ADHD when they do not (designated as a false positive), indicating a person doesn't have ADHD when they do (designated as a false negative), or misclassifying the person's problem. In this respect, some argue that rising ADHD prevalence rates reflect many false positives; others argue the increases reflect a reduction in false negatives.

Those arguing that overdiagnosis is a significant problem suggest that:

- *Practitioners' Overdiagnose.* Both empirical and observational studies are cited as revealing that practitioners often diagnose ADHD despite limited assessment. For example, in a study of 1,000 clinicians assessing ADHD, only 15% reported regularly using information from multiple sources and settings; other studies have demonstrated false negatives resulting from gender and ethnic bias in the diagnosis process.
- *Conflicting Interests.* The relationship between medical/psychiatric diagnosticians and pharmaceutical companies is pointed to as the type of conflict of interest that contributes to ADHD overdiagnosis.
- *Criteria are Pathologically Biased*. Diagnostic criteria in the DSM have been described as blurring the line between behaviors that warrant diagnosis and behaviors that reflect a commonplace developmental trajectory. For instance, DSM 5 is seen as further widening the definition of ADHD with the inclusion of more behavioral descriptions and delays the maximum onset age to include late onset diagnosis. The term "clinically significant" in previous editions is seen as having been revised into more lenient descriptions (e.g., behavior that "interferes with or reduces the quality of social, academic, or occupational functioning"). The concern is that changes in DSM may further increase ADHD diagnosis among individuals who display ADHD symptoms but who only manifest minor functional impairment.
- *Forces are at Work that Produce Uncritical Consumer Demand*. General and social networking media and ADHD organizations are seen as contributing to increasing demand, overdiagnosis, and overprescription. For example, a variety of websites promote initial home diagnosis based on a small set of symptom related questions. Relatedly, direct to consumer pharmaceutical advertising is seen as the type of mass promotion of ADHD that fuels demand for and overdiagnosis of ADHD along with overprescription of medication (e.g., a particular focus is on parents of students doing poorly at school).
- *Cognitive Biasing Factors*. Research emphasizes various cognitive biases that can lead observers to misattribute the source of problems and overestimate prevalence. For example, availability bias suggests there is a tendency to inflate the likelihood of an event based on a few salient examples. Confirmation bias suggests the tendency for one to become attached to an unconfirmed hypothesis and subsequently only attend to and seek information that support the hypothesis while disregarding and minimizing counter evidence. Attribution bias suggests the tendency for observers to attribute an actor's (e.g., a student's) problem behavior to a stable, internal cause. Such biasing factors are seen as playing a role in disparate overdiagnosis of males, adolescents, and some racial groups.

Examples of efforts to counter such arguments point to:

- *Underlying biasing factors.* The claim is that biasing factors have reified the view that diagnostic rates are excessive. Such bias is seen as perpetuated by media through sensational portrayals of ADHD false positives that mislead people to believe that overdiagnosis is more prominent than it really is. Widely presented anecdotal accounts of children receiving unwarranted ADHD diagnosis along with aggressive pharmacological treatment are cited as misleading the public into

overestimating the prevalence of false positives in ADHD. Moreover, the bias against ADHD diagnoses is seen as colluding with the tendency to overemphasize false positives, while deemphasizing estimates of false negatives. Furthermore, cognitive biases (e.g., information availability and confirmation) leading to judgments of overdiagnosis are viewed as reinforced by reports that overstate the case for overdiagnosis. In particular, mass promotion of the idea that ADHD overdiagnosed is seen as contributing to the tendency for people to become attached to an unconfirmed.

- *Improved diagnostic practices*. It is widely stressed that changes in DSM 5 are intended to and will reduce clinician subjectivity in the diagnostic process and increase diagnostic reliability by providing additional behavioral descriptions that include developmentally appropriate examples. It is also emphasized that just because many of the behaviors viewed as ADHD symptoms are commonplace is not a sound reason to question the validity of ADHD diagnoses.
- *About data related to race*. Claims of overdiagnosis due to racial factors are seen as ignoring findings that report racial minority children were less likely than their white peers to receive ADHD diagnosis across early to middle childhood. Related to this, data are referenced indicating racial differences in parental reports about ADHD symptoms in their children, with parents of racial minorities less likely to report such symptoms compared to parents of non Latino whites.

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*The material in this document was culled from the literature and drafted by Joyce Cheng as part of her work with the national Center for Mental Health in Schools at UCLA.

Attention deficit hyperactivity disorder (ADHD) is one of the most frequently diagnosed disorders in children, yet it remains poorly understood. Substantial controversy exists regarding correct diagnosis of ADHD, and areas of subjectivity in diagnosis have been identified. Concerns for appropriate diagnosis are critical in terms of children's educational outcomes, as well as health concerns associated with the use and potential overuse of stimulant medications. -- Polly Christine Ford-Jones

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

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

Turning Big Classes into Smaller Units

As the number of students manifesting learning, behavior, and emotional problems increases, the need for schools to make structural system changes becomes imperative.

Just as it is evident that we need to turn schools with large enrollments into sets of small schools, we must do the same in the classroom everyday. As a report in 2000 from the American Youth Policy Forum states:

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

The Key is Grouping

Aside from times when a learning objective is best accomplished with the whole class, the general trend should be to create small classes out of the whole. This involves grouping students in various ways, as well as providing opportunities for individual activity. At a fundamental level, grouping is an essential strategy in turning classrooms with large enrollments into a set of simultaneously operating small classes.

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

A well-designed classroom enables teachers to spend most of their time rotating among small self-monitored groups (e.g., two to six members) and individual learners. With team teaching and staff collaboration, such grouping can be done across classrooms.

Effective grouping is facilitated by ensuring teachers have adequate resources (including space, materials, and help). The key to effective grouping, however, is to take the time needed for youngsters to learn to work well with each other, with other resource personnel, and at times independently. Students are grouped and regrouped flexibly and regularly based on individual interests, needs, and for the benefits to be derived from diversity. Small learning groups are established for cooperative inquiry and learning, concept and skill development, problem solving, motivated practice, peer- and cross-age tutoring, and other forms of activity that can be facilitated by peers, aides, and/or volunteers. In a small group, students have more opportunities to participate. In heterogeneous, cooperative learning groups, each student has an interdependent role in pursuing a common learning goal and can contribute on a par with their capabilities.

Three types of groupings that are common are:

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

All three types provide opportunities to enhance interpersonal functioning and an understanding of working relationships and of factors effecting group functioning. And, in all forms of grouping, approaches such as cooperative learning and computer-assisted instruction are relevant.

Recognize and Accommodate Diversity

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

Collaborative or Team Teaching

As Hargreaves notes:

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

Obviously, it helps to have multiple collaborators in the classroom. An aide and/or volunteers, for example, can assist with establishing and maintaining well-functioning groups, as well as providing special support and guidance for designated individuals. As teachers increasingly open their doors to others, assistance can be solicited from paid tutors, resource and special education teachers, pupil services personnel, and an ever widening range of volunteers (e.g., tutors, peer buddies, parents, mentors, and any others who can bring special abilities into the classroom and offer additional options for learning). And, of course, team teaching offers a potent way to expand the range of options for personalizing instruction. Not only can teaming benefit students, it can be a great boon to teachers. A good collaboration is one where colleagues mesh professionally and personally. It doesn't mean that there is agreement about everything, but there must be agreement about what constitutes good classroom practices.

Collaborations can take various forms. For example, teaming may take the form of:

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

Usually, the tendency is to think in terms of two or more teachers teaming to share the instructional load. We stress, however, the value of expanding the team to include support staff, aides, volunteers, and designated students to help in creating small groupings. Teachers and support staff can work together to recruit and train others to join in the collaborative effort. And, with access to the Internet and distance learning, the nature and scope of collaboration has the potential to expand in dramatic fashion.

A Note About Students as Collaborative Helpers

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

Teachers ask: *What do you have that I can use right away?*

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 *Learning Supports Practice Series for Teachers*.

This series of resources focuses on daily classroom dilemmas teachers experience and some initial ways to deal with such concerns. The emphasis is on engaging and reengaging students in classroom learning. As a school moves to develop a unified, comprehensive, and equitable system of learning supports, this series can help augment continuing education efforts by providing a stimulus for discussion by teachers and other staff.

Among others, the Center's learning supports practice series for teachers includes the following topics:

>***Bullying***

>***Disengaged Students***

>***Fidgety Students***

>***Homework Avoidance***

>***Students in Distress***

>***Minimizing Referrals out of the Classroom***

>***Prereferral Interventions***

>**Addressing Neighborhood Problems that Affect the School**

See the complete **catalogue of Center resources**.

Feel free to email relevant concerns to the Center for discussion as part of our weekly community of practice **Practitioner** listserv.

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At the same time: *Teacher's can't do everything and shouldn't be asked to do so*

New teachers chronically find they are ill-prepared to deal with "behavior problems." So it is not surprising that we regularly are asked: *What's the best way to prepare new teachers to address behavioral and mental health concerns?*

We are always amazed by the growing list of items suggested for the preservice, certification, and inservice of teachers (e.g., preparation for new approaches to reading, training to enhance social-emotional learning, training for what to watch for related to specific learning, behavior, and emotional problems, training to improve school climate, and on and on). To avoid adding yet another item to what often is an ad hoc and fragmented agenda for teacher training-certification-continuing education, we suggest reframing the above question to ask: *What's the best way for a school to address barriers to learning and teaching and reengage disconnected students and families?*

This moves the emphasis from teachers to the whole school and community. See the discussion of teacher turnover and the need to stop expecting teachers to work alone in the classroom. See **https://www.smhp.psych.ucla.edu/pdfdocs/Jan23.pdf**.

Teachers, and especially novice teachers, cannot and should not be expected to do it alone. Successful classrooms require teacher collaboration with others to effectively personalize instruction, overcome barriers to teaching and learning, and reengage disconnected students. Classroom doors need to be open and teachers need to invite in others who can help improve instruction and provide special student assistance as needed. This includes collaborating with other teachers and with student and learning support staff, and professionals-in-training, as well as strategic use of parents and volunteers.

Beyond the classroom, teachers must be supported by school-wide student and learning supports focusing on factors interfering with good instruction and productive learning. A wide range of external and internal barriers to learning and teaching pose pervasive and entrenched challenges to educators across the country, particularly in chronically low performing schools. Failure to directly address such barriers ensures that (a) too many students will continue to struggle in school and (b) too many teachers will suffer the effects of having to deal with problems that stress them and the system.

Unfortunately, current policy efforts have stressed only framing student/learning supports as a multi-tiered support system (MTSS). Such a framework as widely adopted does not meet the needs found in too many schools (see the next page). We stress that school-wide efforts to address barriers to learning and teaching involve developing a unified, comprehensive, and equitable system of learning supports. See ***Rethinking Student and Learning Supports*** and the ***National Initiative for Transforming Student and Learning Supports.***

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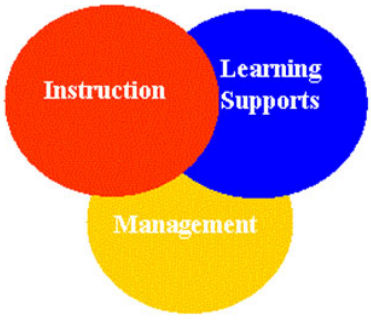
National Initiative for Transforming Student and Learning Supports



Our Center emphasizes the opportunity to start now to transform how schools address barriers to learning and teaching and reengage disconnected students.

***Let Us Know* – about what ideas are being proposed for moving in new directions to transform how schools address barriers to learning and teaching.**

And if anyone is thinking about increasing the capacity of a district or school with respect to developing a unified, comprehensive, and equitable system of student/learning supports, we can help. Send all info and requests to ltaylor@ucla.edu

Equity of opportunity is fundamental to enabling civil rights; transforming student and learning supports is fundamental to promoting whole child development, advancing social justice, and enhancing learning and a positive school climate.

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The MTSS Continuum: Essential, but Not Comprehensive Enough – *How to make it Better*

In ESSA, a multi-tiered support system (MTSS) is referenced as "a comprehensive continuum of evidence-based, systemic practices to support a rapid response to students' needs, with regular observation to facilitate data based instructional decision making." Now that adaption of some form of MTSS is so widespread, it is time to realize that more involved in a comprehensive approach than the emphasis on a *continuum* of interventions. That is, while a full continuum is essential, it is just one facet of a comprehensive intervention system.

Given this, schools using MTSS as a framework for interventions to address barriers to learning and teaching and re-engage disconnected students need to build on and expand their intervention framework into a truly comprehensive system.

(1) To appreciate why MTSS (as widely formulated and implemented) is insufficient, see:
>***MTSS: Strengths and Weaknesses***

(2) As a quick overview for understanding how to reframe MTSS into a unified, comprehensive, and equitable system of student and learning supports, see:
>***Toward Next Steps in School Improvement: Addressing Barriers to Learning and Teaching***

(3) For a more in-depth discussion, see:
>***Addressing Barriers to Learning: In the Classroom and Schoolwide***

(4) To place the framework in the broad context of school improvement, see:
>***Improving School Improvement***

(5) For examples of design and other documents developed by various state and district trailblazers, see:
>***Design Document Examples***
>***Brochures Examples***

(6) As evidence of the need to rethink student/learning supports and fill critical gaps, schools can map and analyze current efforts to address barriers to learning and teaching and re-engage disconnected students. See the resource aid:
>***Mapping & Analyzing Learning Supports***

(7) Anyone interested in moving forward to transform student and learning supports can find other resource aid in the Center's ***System Change Toolkit*** at

(8) And feel free to contact the Center co-directors to discuss ways we can help with the transformation; just email Ltaylor@ucla.edu or adelman@psych.ucla.edu.

Alone we can do so little; together we can do so much.
Helen Keller

The *Center for MH in Schools & Student/Learning Supports* operates under the auspices of the School Mental Health Project in the Dept. of Psychology, UCLA.

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. . . and a host of students