



A Center Concept Paper . . .

New Directions for Student Support

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New Directions for Student Support

*School systems are not responsible for meeting every need of their students.
But when the need directly affects learning, the school must meet the challenge.*

Carnegie Task Force on Education of Young Adolescents (1989)

Given the range of student learning, behavior, and emotional problems experienced each day by teachers and families, meeting the challenge is complex. Efforts to do so are handicapped by the way in which student support interventions currently are conceived, organized, and implemented.

Student supports usually are mandated, developed, and function in relative isolation of each other. The result is an ad hoc and fragmented enterprise that does not meet the needs encountered at most schools (see Figure 1).

Over the many years that school reform has focused on improving instruction, little or no attention has been paid to rethinking student supports. As a result, essential resources are not being used in ways that are essential if schools are to accomplish their mission. This concept paper highlights the problem and suggests new directions.

Ask any teacher: “Most days, how many of your students come to class motivationally ready and able to learn what you have planned to teach them?” We have asked that question across the country. The consistency of response is surprising and disturbing.

Addressing Barriers to Learning . . . Everyday at School

In urban and rural schools serving economically disadvantaged families, teachers tell us that about 10 to 15% of their students fall into this group. In suburbia, teachers usually say 75% fit that profile.

Talk with students: Student surveys consistently indicate that alienation, bullying, harassment, and academic failure at school are widespread problems. Discussions with groups of students and support staff across the country suggest that many students who dropout are really “pushed out.”

Ironically, many young teachers who “burnout” quickly could also be described as pushouts.

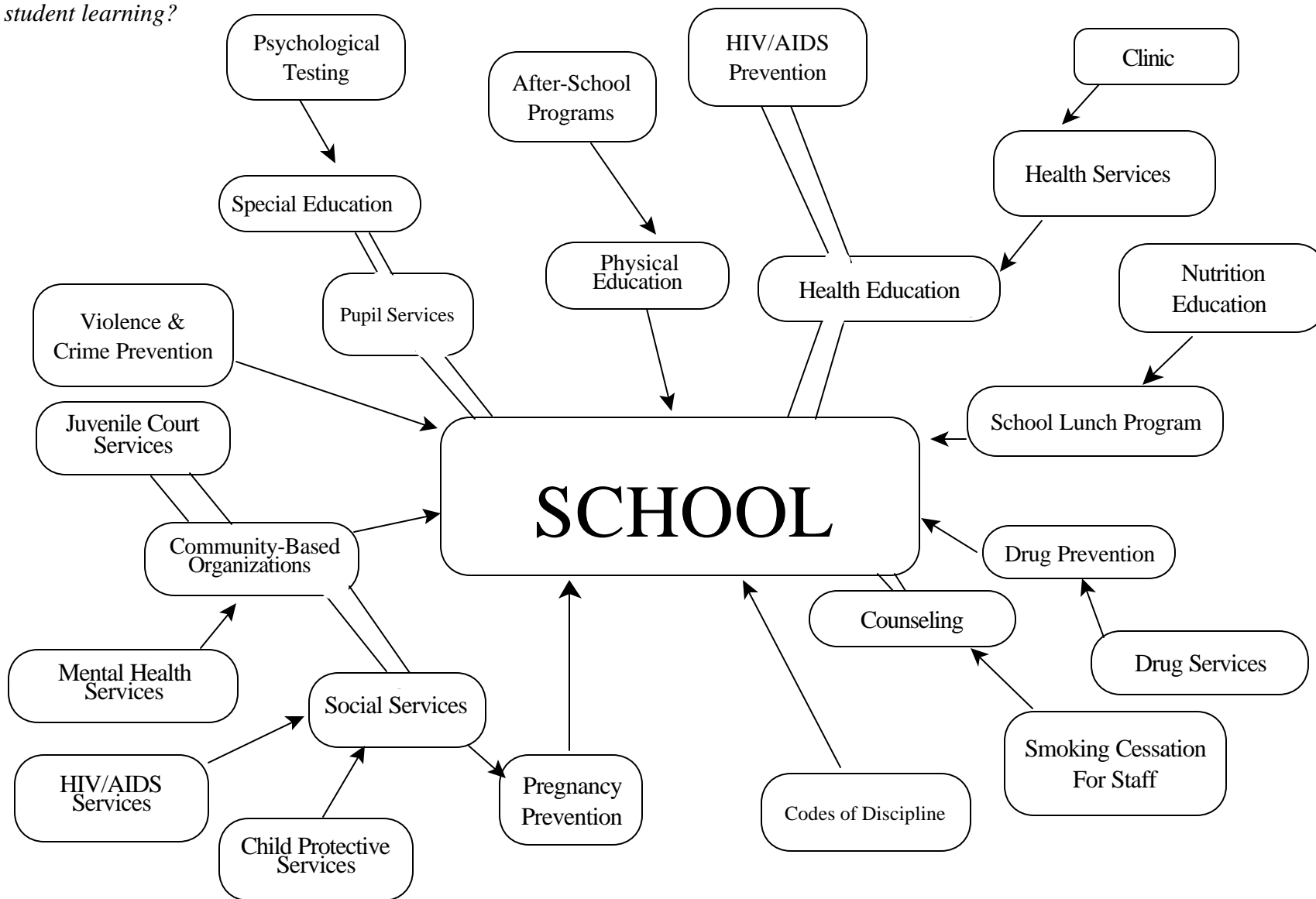
Although reliable data do not exist, many policy makers would agree that at least 30 percent of the public school population in the U.S. are not doing well academically and could be described as having learning and related behavior problems. In recent years, about 50% of students assigned a special education diagnosis were identified as having a learning disability (LD). Such numbers are far out of proportion with other disability diagnoses, and this has led to a policy backlash. If estimates are correct, about 80% of those diagnosed as having LD in the last part of the 20th century actually did not. This is not to deny that they had problems learning at school or to suggest that they didn’t deserve assistance in overcoming their problems.

Given the above, it is not surprising that teachers, students, and their families continuously ask for help. And, given the way student supports currently operate, it is not surprising that few feel they are receiving the help they need.

Schools must be able to prevent and respond appropriately each day to a variety of barriers to learning and teaching. Those that can’t are ill-equipped to raise test scores to high levels.

Which of these addresses barriers to student learning?

Figure 1. *Talk About Fragmented!*



Adapted from: *Health is Academic: A guide to Coordinated School Health Programs* (1998). Edited by E. Marx & S.F. Wooley with D. Northrop. New York: Teachers College Press.

Current Student Support is Fragmented and Marginalized

Most teachers and administrators have a clear picture of the external and internal factors that interfere with effective learning and teaching at their school. And they aren't making excuses, they are stating facts. Moreover, they are aware of the need to help address such barriers. This awareness is reflected in the considerable expenditure of resources for student support programs and services and the growing number of initiatives for school-community collaboration. Now, the *No Child Left Behind Act* has set in motion events that will require even more "supplemental services."

Looked at as a whole, most districts offer a wide range of support programs and services. Some are provided throughout a school district, others are carried out at or linked to targeted schools. Some are owned and operated by schools; some are from community agencies. The interventions may be for all students in a school, for those in specified grades, for those identified as "at risk," and/or for those in need of compensatory education.

Student and teacher supports are provided by various divisions in a district, each with a specialized focus such as curriculum and instruction, student support services, compensatory education, special education, language acquisition, parent involvement, intergroup relations, and adult and career education. Such divisions usually are organized and operate as relatively independent entities. For example, many school-owned and operated services are offered as part of what are called pupil personnel services or support services. Federal and state mandates tend to determine how many pupil services professionals are employed, and states regulate compliance with mandates. Governance of their work usually is centralized at the district level. In large districts, counselors, psychologists, social workers, and other specialists may be organized into separate units, overlapping regular, special, and compensatory education. The delivery mechanisms and formats are outlined in the Exhibit on the following page.

At the school level, analyses of the current state of affairs find a tendency for student support staff to function in relative isolation of each other and other stakeholders, with a great deal of the work oriented to discrete problems and with an overreliance on specialized services for individuals and small groups. In some schools, a student identified as at risk for grade retention, dropout, and substance abuse may be assigned to three counseling programs operating independently of each other. Such fragmentation not only is costly in terms of redundancy and counterproductive competition, it works against developing cohesive approaches and maximizing results.¹

In short, although various divisions and support staff usually must deal with the same common

barriers to learning (e.g., poor instruction, lack of parent involvement, violence and unsafe schools, poor support for student transitions, disabilities), they tend to do so with little or no coordination, and sparse attention to moving toward integrated efforts. Furthermore, in every facet of a school district's operations, an unproductive separation often is manifested between staff focused directly on instruction and those concerned with student support. It is not surprising, then, how often efforts to address barriers to learning and teaching are planned, implemented, and evaluated in a fragmented, piecemeal manner (again see Figure 1).

Moreover, despite the variety of activity across a school district, it is common knowledge that few schools come close to having enough resources to respond when confronted with a large number of students experiencing barriers to learning. Many schools offer only bare essentials. Too many schools do not even meet basic needs. Thus, it comes as no surprise to those who work in schools each day that teachers often do not have the supports they need when they identify students who are having learning and related behavior problems.

Clearly, school improvement and capacity building efforts (including pre and in service staff development) have yet to deal effectively with the enterprise of providing supports for students and teachers. And, the simple psychometric reality is that in schools where a large proportion of students encounter major barriers to learning, test score averages are unlikely to increase adequately until such supports are rethought and redesigned. Schools that do not take steps to do so will remain ill-equipped to meet their mission.

Exhibit

Student Support Delivery Mechanisms and Related Formats

1. ***School-Financed Student Support Services*** – Most school districts employ pupil services professionals such as school psychologists, counselors, and social workers to perform services related to psychosocial and mental and physical health problems (including related services designated for special education students). The format for this delivery mechanism tends to be a combination of centrally-based and school-based programs and services.
2. ***Classroom-Based Curriculum and Special “Pull Out” Interventions*** – Most schools include in some facet of their curriculum a focus on enhancing social and emotional functioning. Specific instructional activities may be designed to promote healthy social and emotional development and/or prevent psychosocial problems such as behavior and emotional problems, school violence, and drug abuse. And, of course, special education classrooms always are supposed to have a constant focus on mental health concerns. Three formats have emerged:
 - integrated instruction as part of the regular classroom content and processes
 - specific curriculum or special intervention implemented by personnel specially trained to carry out the processes
 - curriculum approach is part of a multifaceted set of interventions designed to enhance positive development and prevent problems
3. ***School-District Specialized Units*** – Some districts operate specific units that focus on specific problems, such as safe and drug free school programs, child abuse, suicide, and mental and physical health (sometimes including clinic facilities, as well as providing outreach services and consultation to schools).
4. ***Formal Connections with Community Services*** – Increasingly, schools have developed connections with community agencies, often as the result of school-linked services initiatives (e.g., full service schools, family resource centers), the school-based health center movement, and efforts to develop systems of care (“wrap-around” services for those in special education). Four formats have emerged:
 - co-location of community agency personnel and services at schools
 - formal linkages with agencies to enhance access and service coordination for students and families at the agency, at a nearby satellite office, or in a school-based or linked family resource center
 - formal partnerships between a school district and community agencies to establish or expand school-based or linked facilities that include provision of various services
 - contracting with community providers to provide needed student services
5. ***Comprehensive, Multifaceted, and Integrated Approaches*** – A few school districts have begun the process of reconceptualizing their piecemeal and fragmented approaches to addressing barriers that interfere with students having an equal opportunity to succeed at school. They are starting to restructure their student support services and weave them together with community resources and integrate all this with instructional efforts that effect healthy development. The intent is to develop a full continuum of programs and services encompassing efforts to promote positive development, prevent problems, respond as early-after-onset as is feasible, and offer treatment regimens. psychosocial and mental and physical health concerns are a major focus of the continuum of interventions. Efforts to move toward comprehensive, multifaceted approaches are likely to be enhanced by initiatives to integrate schools more fully into systems of care and the growing movement to create community schools. Three formats are emerging:
 - mechanisms to coordinate and integrate school and community services
 - initiatives to restructure student support programs and services and integrate them into school reform agendas
 - community schools

Rethinking Student and Teacher Supports

Policy makers have come to appreciate that limited intervention efficacy is related to the widespread tendency for programs to operate in isolation. Concerns have been particularly voiced about categorically funded programs, such as those created to reduce learning and behavior problems, substance abuse, violence, school dropouts, teen pregnancy, and delinquency. And, some initiatives have been designed to reduce the *fragmentation*. However, policy makers have failed to deal with the overriding issue, namely that addressing barriers to development and learning remains a *marginalized* aspect of school policy and practice. The whole enterprise is treated as supplementary (often referred to as auxiliary services).

The degree to which marginalization is the case is seen in the lack of attention given to addressing barriers to learning and teaching in consolidated school improvement plans and certification reviews. It is also seen in the lack of attention to mapping, analyzing, and rethinking how the resources used to address barriers are allocated. For example, educational reformers virtually have ignored the need to reframe the work of pupil services professionals and other student support staff. All this seriously hampers efforts to provide the help teachers and their students so desperately need.

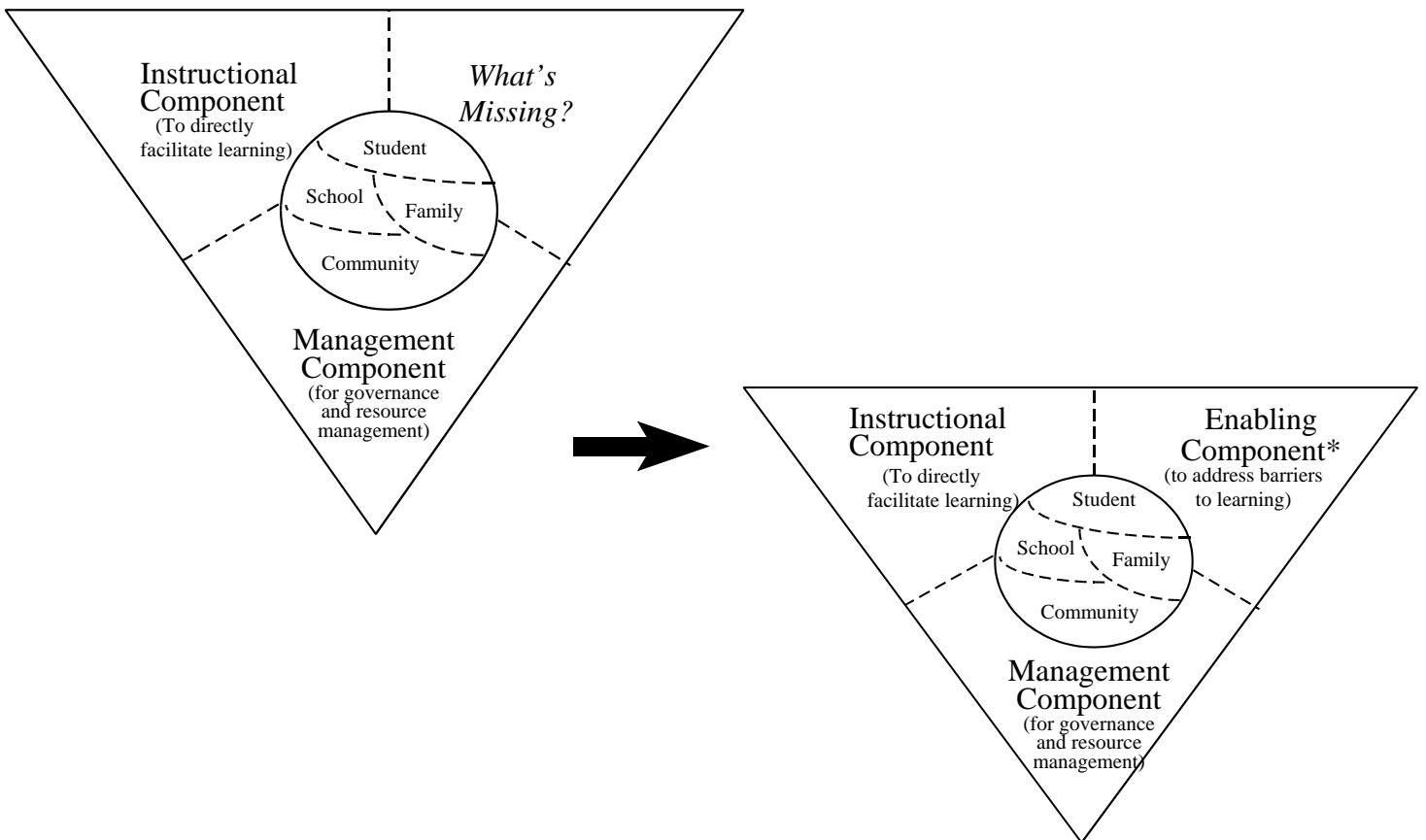
Needed: A Policy Shift

Current policies designed to enhance support for teachers, students, and families are seriously flawed. It is unlikely that an agenda to enhance academics can succeed in the absence of concerted attention to ending the marginalized status of efforts to address barriers to learning and teaching.

Increased awareness of policy deficiencies has stimulated analyses that indicate current policy is dominated by a two-component model of school improvement. That is, the primary thrust is on improving instruction and school management. While these two facets obviously are essential, addressing barriers effectively requires a third component – a component to enable students to learn and teachers to teach (see Figure 2). Such an “enabling” component provides both a basis for combating marginalization and a focal point for developing a comprehensive framework to guide policy and practice. To be effective, however, it must be established as essential and fully integrated with the other two components in policy and practice.

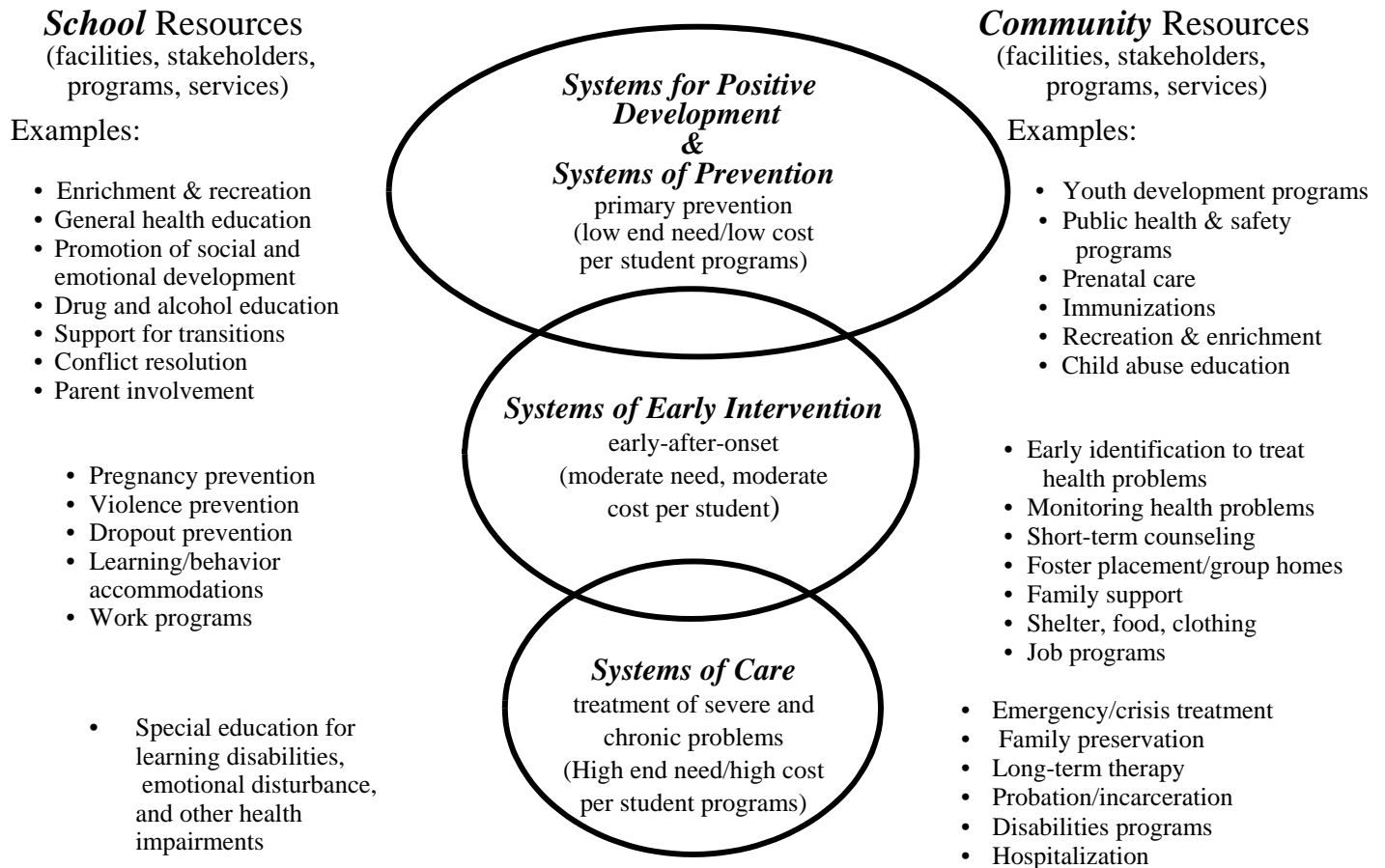
Various states and localities are moving in the direction of a three component approach for school improvement. In doing so, they are adopting different labels for their enabling component. For example, the California Department of Education and districts such as the Los Angeles Unified School District have adopted the term Learning Supports. So has the New American Schools’ Urban Learning Center comprehensive school reform model. Some states use the term “Supportive Learning Environment.” The Hawaii Department of Education calls it a Comprehensive Student Support System (CSSS). In each case, there is recognition at a policy level that schools must do much more to enable *all* students to learn and *all* teachers to teach effectively. In effect, the intent, over time, is for schools to play a major role in establishing a school-community continuum of interventions ranging from a broad-based emphasis on promoting healthy development and preventing problems, through approaches for responding to problems early-after-onset, and extending on to narrowly focused treatments for severe problems (see Figure 3).

Figure 2. Moving from a two- to a three-component model for reform and restructuring.



*The third component (an enabling component) is established in policy and practice as primary and essential and is developed into a comprehensive approach by weaving together school and community resources.

Figure 3. Interconnected systems for meeting the needs of all youngsters.



Guidelines for a
Student Support
Component

The following outline provides a set of guidelines for a school's student support component. Clearly, no school currently offers the nature and scope of what is embodied in the outline. In a real sense, the guidelines define a vision for student support.

GUIDELINES FOR A STUDENT SUPPORT COMPONENT*

1. Major Areas of Concern Related to Barriers to Student Learning

- 1.1 Addressing common educational and psychosocial problems (e.g., learning problems; language difficulties; attention problems; school adjustment and other life transition problems; attendance problems and dropouts; social, interpersonal, and familial problems; conduct and behavior problems; delinquency and gang-related problems; anxiety problems; affect and mood problems; sexual and/or physical abuse; neglect; substance abuse; psychological reactions to physical status and sexual activity; physical health problems)
- 1.2 Countering external stressors (e.g., reactions to objective or perceived stress/demands/ crises/deficits at home, school, and in the neighborhood; inadequate basic resources such as food, clothing, and a sense of security; inadequate support systems; hostile and violent conditions)
- 1.3 Teaching, serving, and accommodating disorders/disabilities (e.g., Learning Disabilities; Attention Deficit Hyperactivity Disorder; School Phobia; Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; Post Traumatic Stress Disorder; Anorexia and Bulimia; special education designated disorders such as Emotional Disturbance and Developmental Disabilities)

2. Timing and Nature of Problem-Oriented Interventions

- 2.1 Primary prevention
- 2.2 Intervening early after the onset of problems
- 2.3 Interventions for severe, pervasive, and/or chronic problems

3. General Domains for Intervention in Addressing Students' Needs and Problems

- 3.1 Ensuring academic success and also promoting healthy cognitive, social, emotional, and physical development and resilience (including promoting opportunities to enhance school performance and protective factors; fostering development of assets and general wellness; enhancing responsibility and integrity, self-efficacy, social and working relationships, self-evaluation and self-direction, personal safety and safe behavior, health maintenance, effective physical functioning, careers and life roles, creativity)
- 3.2 Addressing external and internal barriers to student learning and performance
- 3.3 Providing social/emotional support for students, families, and staff

(cont.)

*Adapted from: *Mental Health in Schools: Guidelines, Models, Resources, and Policy Considerations* a document developed by the Policy Leadership Cadre for Mental in Schools. Available from the Center for Mental Health in Schools at UCLA. Downloadable from the Center's website at: <http://smhp.psych.ucla.edu>

Guidelines for a Student Support Component (cont.)

4. *Specialize Student and Family Assistance (Individual and Group)*

- 4.1 Assessment for initial (first level) screening of problems, as well as for diagnosis and intervention planning (including a focus on needs and assets)
- 4.2 Referral, triage, and monitoring/management of care
- 4.3 Direct services and instruction (e.g., primary prevention programs, including enhancement of wellness through instruction, skills development, guidance counseling, advocacy, school-wide programs to foster safe and caring climates, and liaison connections between school and home; crisis intervention and assistance, including psychological and physical first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer- term treatment, remediation, and rehabilitation)
- 4.4 Coordination, development, and leadership related to school-owned programs, services, resources, and systems – toward evolving a comprehensive, multifaceted, and integrated continuum of programs and services
- 4.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus
- 4.6 Enhancing connections with and involvement of home and community resources (including but not limited to community agencies)

5. *Assuring Quality of Intervention*

- 5.1 Systems and interventions are monitored and improved as necessary
- 5.2 Programs and services constitute a comprehensive, multifaceted continuum
- 5.3 Interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development
- 5.4 School-owned programs and services are coordinated and integrated
- 5.5 School-owned programs and services are connected to home & community resources
- 5.6 Programs and services are integrated with instructional and governance/management components at schools
- 5.7 Program/services are available, accessible, and attractive
- 5.8 Empirically-supported interventions are used when applicable
- 5.9 Differences among students/families are appropriately accounted for (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)
- 5.10 Legal considerations are appropriately accounted for (e.g., mandated services; mandated reporting and its consequences)
- 5.11 Ethical issues are appropriately accounted for (e.g., privacy & confidentiality; coercion)
- 5.12 Contexts for intervention are appropriate (e.g., office; clinic; classroom; home)

6. *Outcome Evaluation and Accountability*

- 6.1 Short-term outcome data
- 6.2 Long-term outcome data
- 6.3 Reporting to key stakeholders and using outcome data to enhance intervention quality

Reframing How Schools Address Barriers to Learning

School-wide approaches to address barriers to learning are especially important where large numbers of students are not doing well and at any school that is not yet paying adequate attention to equity and diversity. Leaving no child behind means addressing the problems of the many who are not benefitting from instructional reforms. Because of the complexity of ensuring that all students have an equal opportunity to succeed at school, policy makers and practitioners need an operational framework to guide development of a comprehensive, multifaceted, and cohesive enabling/learning supports component.

Pioneering efforts have operationalized such a component into six programmatic arenas. Based on this work, the intervention arenas are conceived as

- *enhancing regular classroom strategies to enable learning* (i.e., improving instruction for students who have become disengaged from learning at school and for those with mild-moderate learning and behavior problems)
- *supporting transitions* (i.e., assisting students and families as they negotiate school and grade changes and many other transitions)
- *increasing home and school connections*
- *responding to, and where feasible, preventing crises*
- *increasing community involvement and support* (outreach to develop greater community involvement and support, including enhanced use of volunteers)
- *facilitating student and family access to effective services and special assistance as needed.*

As a whole, this six area framework provides a unifying, umbrella to guide the reframing and restructuring of the daily work of all staff who provide learning supports at a school (see Figure 4 and Appendix A).

Research on this type of comprehensive approach for addressing barriers to learning is still in its infancy. There are, of course, many “natural” experiments underscoring the promise of ensuring all youngsters access to a comprehensive, multifaceted continuum of interventions. These natural experiments are playing out in every school and neighborhood where families are affluent enough to purchase the additional programs and services they feel will maximize their youngsters' well-being. It is obvious that those who can afford such interventions understand their value.

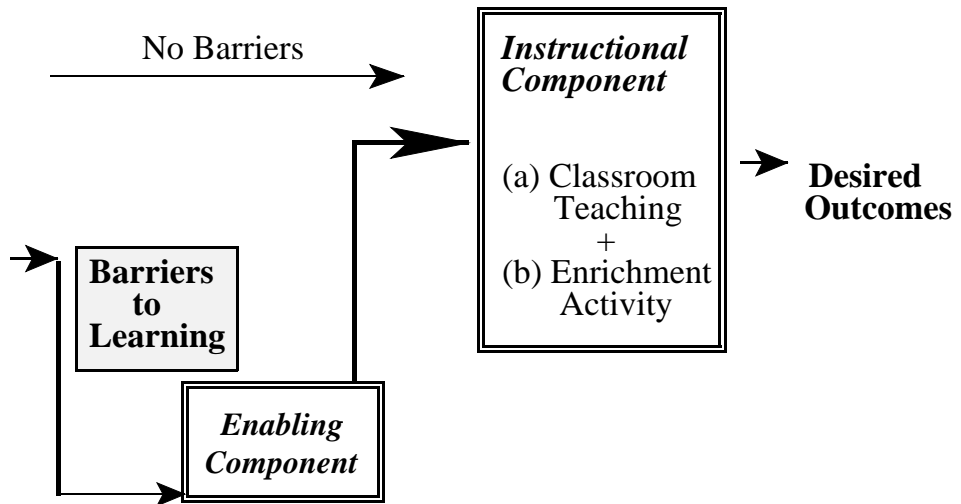
Most *formal* studies have focused on specific interventions. This literature reports positive outcomes (for school and society) associated with a wide range of interventions. Because of the fragmented nature of available research, the findings are best appreciated in terms of the whole being greater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

Figure 4. An enabling component to address barriers to learning and enhance healthy development at a school site.

Range of Learners

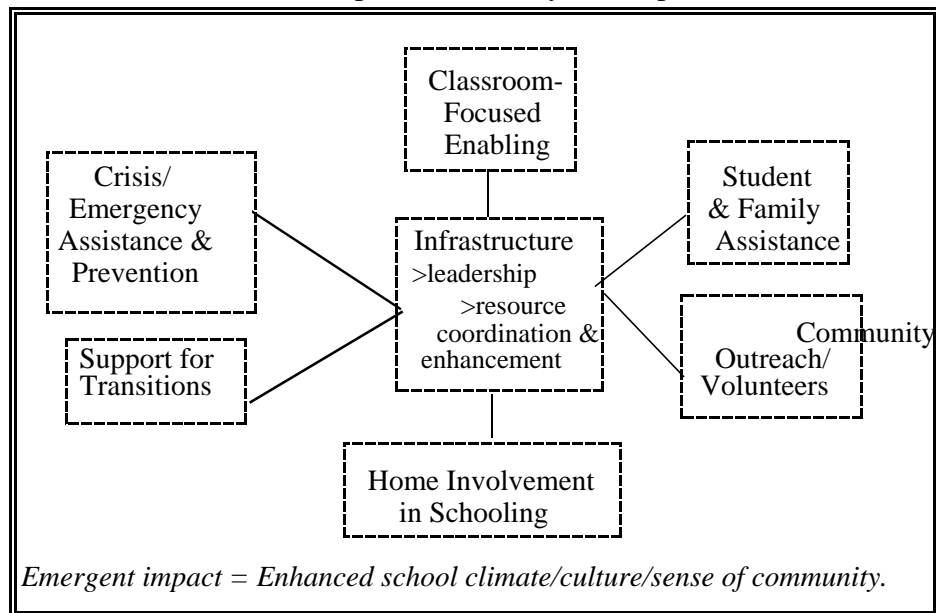
(categorized in terms of their response to academic instruction)

- I = Motivationally ready & able
- II = Not very motivated/ lacking prerequisite knowledge & skills/ different learning rates & styles/ minor vulnerabilities
- III = Avoidant/ very deficient in current capabilities/ has a disability/ major health problems



**The Enabling Component:
A Comprehensive, Multifaceted Approach for
Addressing Barriers to Learning**

Such an approach weaves six clusters of enabling activity (i.e., an enabling component curriculum) into the fabric of the school to address barriers to learning and promote healthy development for *all* students.



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

Where Do We Go From Here?

Policy action is needed to guide and facilitate the development of a potent component to address barriers to learning (and support the promotion of healthy development) at every school. The policy should specify that such an enabling (or learning support) component is to be pursued as a primary and essential facet of school improvement and in ways that complement, overlap, and fully integrate with the instructional component (see Resource Aid A).

Guidelines accompanying the policy need to cover how to:

(1) *phase-in* development of the component's six programmatic facets at every school (see Resource Aid B)²

(2) *expand standards and accountability indicators* for schools to ensure this component is fully integrated with the instructional component and pursued with equal effort in policy and practice (see Resource Aid C).

(3) *restructure* at every school and district-wide with respect to

- redefining administrative roles and functions to ensure there is dedicated administrative leadership that is authorized and has the capability to facilitate, guide, and support the systemic changes for ongoing development of such a component at every school (see Resource Aid D)
- reframing the roles and functions of pupil services personnel and other student support staff to ensure development of the component³ (see Resource Aid E)
- redesigning the infrastructure to establish a team at every school and district-wide that plans, implements, and evaluates how resources are used to build the component's capacity⁴ (see Resource Aid F)

(4) *weave resources into a cohesive and integrated continuum of interventions over time*. Specifically, school staff responsible for the component should be mandated to collaborate with families and community stakeholders to evolve systems for (a) promoting healthy development and preventing problems, (b) intervening early to address problems as soon after onset as feasible, and (c) assisting those with chronic and severe problems (see Resource Aid G)

In addition, policy efforts should be made to move

- *boards of education* toward establishing a standing subcommittee focused specifically on ensuring effective implementation of the policy for developing a component to address barriers to student learning at each school (see Resource Aid H)
- *pre- and in-service programs* for school personnel toward including a substantial focus on the concept of an enabling component and how to operationalize it at a school in ways that fully integrate with instruction (see Resource Aid I).

Early in the 21st century, the following state of affairs is evident:

Concluding Comments

- Too many kids are not doing well in schools.
- To change this, schools must play a major role in addressing barriers to learning.
- However, support programs and services as they currently operate are *marginalized* in policy and practice and can't meet the needs of the majority of students experiencing learning, behavior, and emotional problems.
- Rather than address the problems surrounding school-owned support programs and services, policy makers seem to have become enamored with the concept of school-linked services, as if adding a few community health and social services to a few schools is a sufficient solution.

Policy makers at all levels need to understand the full implications of all this. Limited efficacy seems inevitable as long as the full continuum of necessary programs is unavailable and staff development remains deficient; limited cost effectiveness seems inevitable as long as related interventions are carried out in isolation of each other; limited systemic change is likely as long as the entire enterprise is marginalized in policy and practice. Given all this, it is not surprising that many in the field doubt that major breakthroughs can occur without a comprehensive, multifaceted, and integrated continuum of interventions. Such views add impetus to major initiatives that are underway designed to restructure the way schools operate in addressing learning and behavior problems.

A major shift in policy thinking is long overdue. First, policy makers must rework policies for linking community services to schools. Then, they must rethink how schools, families, and communities can meet the challenge of addressing persistent barriers to student learning and at the same time enhance how all stakeholders work together to promote healthy development.

Why must school-linked services be reworked? The social marketing around "school-linked, integrated services" has led some policy makers to the mistaken impression that community resources alone can effectively meet the needs of schools in addressing barriers to learning. In turn, this has led some legislators to view linking community services to schools as a way to free-up dollars underwriting school-owned services. The reality is that even when one adds together community and school assets, the total set of services in impoverished locales is woefully inadequate. In

situation after situation, it has become evident that as soon as the first few sites demonstrating school-community collaboration are in place, community agencies find their resources stretched to the limit.

Another problem is that overemphasis on school-linked services exacerbates tensions between school district service personnel and their counterparts in community based organizations. As "outside" professionals offer services at schools, school specialists often view the trend as discounting their skills and threatening their jobs. At the same time, the "outsiders" often feel unappreciated and may be rather naive about the culture of schools. Conflicts arise over "turf," use of space, confidentiality, and liability. Thus, competition rather than a substantive commitment to collaboration remains the norm.

Awareness is growing that there can never be enough school-based and linked "support services" to meet the demand in many public schools. Moreover, it is becoming more and more evident that efforts to address barriers to student learning will continue to be marginalized in policy and practice as long as the focus is narrowly on providing "services."

Fortunately, pioneering initiatives around the country are demonstrating ways to broaden policy and practice. These initiatives recognize that to enable students to learn and teachers to teach, there must not only be effective instruction and well-managed schools, but barriers to learning must be handled in a comprehensive way. Those leading the way are introducing new frameworks for a comprehensive, multifaceted, and cohesive continuum of programmatic interventions. In doing so, their work underscores that (a) current reforms

are based on an inadequate two component model for restructuring schools, (b) movement to a three component model is necessary if schools are to benefit all young people appropriately, and (c) all three components must be integrated fully in school improvement initiatives.

The third component is formulated around the proposition that a comprehensive, multifaceted, integrated continuum of enabling activity is essential in addressing the needs of youngsters who encounter barriers that interfere with their benefitting satisfactorily from instruction. In some places, this is called an Enabling Component; other places use the term learning support component or a component for a supportive learning environment or a comprehensive student support system. Whatever it is called, the important point is that all three components are seen as necessary, complementary, and overlapping and that efforts to address barriers to development, learning, and teaching must not be marginalized in policy and practice.

The next decade must mark a turning point for how schools and communities address the problems of children and youth. In particular, the focus must be on initiatives to reform and restructure how schools work to prevent and ameliorate the many learning, behavior, and emotional problems experienced by students. This means reshaping the functions of all school personnel who have a role to play in addressing barriers to learning and promoting healthy development. There is much work to be done as public schools across the country are called upon to leave no child behind.

Endnotes:

1. See:

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. (2000). Looking at school health and school reform policy through the lens of addressing barriers to learning. *Children's Services: Social Policy, Research, and Practice*, 3, 117-132.

Adelman, H.S., & Taylor, L. (2002). Building comprehensive, multifaceted, and integrated approaches to address barriers to student learning. *Childhood Education*, 78, 261-268.

2. All resource aids are in an accompanying document. These are intended to enhance understanding of the discussion and aid pursuit of new directions.

3. See:

Center for Mental Health in Schools (2001). *Framing New Directions for School Counselors, Psychologists, & Social Workers*. Los Angeles: Author at UCLA.

4. See:

Center for Mental Health in Schools (2001). *Resource-Oriented Teams: Key Infrastructure Mechanisms for Enhancing Education Supports*. Los Angeles: Author at UCLA.

Center for Mental Health in Schools (1999). *New Directions in Enhancing Educational Results: Policymakers' Guide to Restructuring Student Support Resources to Address Barriers to Learning*. Los Angeles: Author at UCLA.

Appendix A

Framing a School's Student Support Component for Addressing Barriers to Learning: Major Examples of Activity in Each of the 6 Curriculum Areas of an Enabling Component

Pioneer initiatives around the country are demonstrating the need to rethink how schools and communities can meet the challenge of addressing persistent barriers to students learning and to healthy development. These initiatives are underscoring that (a) current reforms are based on an inadequate two component model for restructuring schools and (b) movement to a three component model is necessary if schools are to benefit all young people appropriately. They recognize that to enable teachers to teach effectively, there must not only be effective instruction and well-managed schools, but barriers must be handled in a comprehensive way.

The three component model calls for elevating efforts to address barriers to development, learning, and teaching to the level of one of three fundamental and essential facets of education reform. We call this third component an Enabling Component. All three components are seen as essential, complementary, and overlapping. The concept of an Enabling Component is formulated around the proposition that a comprehensive, multifaceted, integrated continuum of enabling activity is essential in addressing the needs of youngsters who encounter barriers that interfere with their benefitting satisfactorily from instruction.

In establishing such a third component, some schools and education agencies around the country have labeled it a "Learning Supports" component or a "Supportive Learning Environment" component or a "Comprehensive Student Support System". By calling for reforms that fully integrate a focus on addressing barriers to student learning, the notion of a third component (whatever it is called) provides a unifying concept for responding to a wide range of factors interfering with young people's learning and performance. And, the concept calls on reformers to expand the current emphasis on improving instruction and school management to include a comprehensive component for addressing barriers to learning and to ensure it is well integrated with the other two components.

Operationalizing an enabling component requires (a) formulating a delimited framework of basic program areas and then (b) creating an infrastructure to restructure and enhance existing resources. Based on an extensive analysis of activity schools use to address barriers to learning, we cluster enabling activity into six interrelated areas. Examples for each are offered on the following pages.¹

A well-designed and supported *infrastructure* is needed to establish, maintain, and evolve this type of comprehensive approach to addressing barriers to student learning. Such an infrastructure includes mechanisms for coordinating among enabling activity, for enhancing resources by developing direct linkages between school and community programs, for moving toward increased integration of school and community resources, and for integrating the developmental/instructional, enabling, and management components. It also includes reframing the roles of education support personnel.²

¹ A set of surveys covering the six areas is available from the Center for Mental Health in Schools at UCLA (download at <http://smhp.psych.ucla.edu>). These can be used as part of a school's self-study or quality review processes to map what a school has and what it needs to address barriers to learning in a multifaceted and comprehensive manner.

² Documents describing infrastructure mechanisms and new roles for support staff also are available from the Center for Mental Health in Schools at UCLA and can be downloaded from the website.

Table A

“Curriculum” Areas for an Enabling Component

(1) Enhancing teacher capacity for addressing problems and for fostering social, emotional, intellectual and behavioral development. When a classroom teacher encounters difficulty in working with a youngster, the first step is to see whether there are ways to address the problem within the classroom and perhaps with added home involvement. It is essential to equip teachers to respond to garden variety learning, behavior, and emotional problems using more than social control strategies for classroom management. Teachers must be helped to learn many ways to enable the learning of such students, and schools must develop school-wide approaches to assist teachers in doing this fundamental work. The literature offers many relevant practices. A few prominent examples are: prereferral intervention efforts, tutoring (e.g., one-to-one or small group instruction), enhancing protective factors, and assets building (including use of curriculum-based approaches to promoting social emotional development). Outcome data related to such matters indicate that they do make a difference.

(2) Enhancing school capacity to handle the variety of transition concerns confronting students and their families. It has taken a long time for schools to face up to the importance of establishing transition programs. In recent years a beginning has been made. Transition programs are an essential facet of reducing levels of alienation and increasing levels of positive attitudes toward and involvement at school and learning activity. Thus, schools must plan, develop, and maintain a focus on transition concerns confronting students and their families. Examples of relevant practices are readiness to learn programs, before, during, and after school programs to enrich learning and provide safe recreation, articulation programs (for each new step in formal education, vocational and college counseling, support in moving to and from special education, support in moving to post school living and work), welcoming and social support programs, to and from special education programs, and school-to-career programs. Enabling successful transitions has made a significant difference in how motivationally ready and able students are to benefit from schooling.

(3) Responding to minimizing impact, and preventing crises. The need for crisis response and prevention is constant in many schools. Such efforts ensure assistance is provided when emergencies arise and follow-up care is provided when necessary and appropriate so that students are able to resume learning without undue delays. Prevention activity stresses creation of a safe and productive environment and the development of student and family attitudes about and capacities for dealing with violence and other threats to safety. Examples of school efforts include (1) systems and programs for emergency/crisis response at a site, throughout a complex/family of schools, and community-wide (including a program to ensure follow-up care) and (2) prevention programs for school and community to address safety and violence reduction, child abuse and suicide prevention, and so forth. Examples of relevant practices are establishment of a crisis team to ensure crisis response and aftermath interventions are planned and implemented, school environment changes and safety strategies, and curriculum approaches to preventing crisis events (violence, suicide, and physical/ sexual abuse prevention). Current trends stress school- and community-wide prevention programs.

(cont.)

Table A (cont). “Curriculum” Areas for an Enabling Component

(4) Enhancing home involvement. In recent years, the trend has been to expand the nature and scope of the school’s focus on enhancing home involvement. Intervention practices encompass efforts to (1) address specific learning and support needs of adults in the home (e.g., classes to enhance literacy, job skills, ESL, mutual support groups), (2) help those in the home meet their basic obligations to their children, (3) improve systems to communicate about matters essential to student and family, (4) enhance the home-school connection and sense of community, (5) enhance participation in making decisions that are essential to the student, (6) enhance home support related to the student’s basic learning and development, (7) mobilize those at home to problem solve related to student needs, and (8) 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 the Family and Community Service Center Facility if one has been established at the site).

(5) Outreaching to the community to build linkages and collaborations. The aim of outreach to the community is to develop greater involvement in schooling and enhance support for efforts to enable learning. Outreach may be made to (a) public and private community agencies, colleges, organizations, and facilities, (b) businesses and professional organizations and groups, and (c) volunteer service programs, organizations and clubs. Efforts in this area might include 1) programs to recruit and enhance community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and others with special expertise and resources; local businesses to adopt-a-school and provide resources, awards, incentives, and jobs; formal partnership arrangements), 2) systems and programs specifically designed to train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer and cross-age tutors/counselors, and professionals-in-training to provide direct help for staff and students--especially targeted students), 3) outreach programs to hard-to-involve students and families (those who don’t come to school regularly--including truants and dropouts), and 4) programs to enhance community-school connections and sense of community (e.g., orientations, open houses, performances and cultural and sports events, festivals and celebrations, workshops and fairs). A Family and Community Service Center Facility might be a context for some of this activity. (Note: When there is an emphasis on bringing community services to school sites, care must be taken to avoid creating a new form of fragmentation where community and school professionals engage in a form of parallel play at school sites.)

(6) Providing special assistance for students and families. Some problems cannot be handled without a few special interventions; thus the need for student and family assistance. The emphasis is on providing special services in a personalized way to assist with a broad range of needs. School-owned,- based, and -linked interventions clearly provide better access for many youngsters and their families. Moreover, as a result of initiatives that enhance school-owned support programs and those fostering school-linked services and school-community partnerships (e.g., full service schools, family resource centers, etc.), more schools have more to offer in the way of student and family assistance. In current practice, available social, physical and mental health programs in the school and community are used. Special attention is paid to enhancing systems for prereferral intervention, triage, case and resource management, direct services to meet immediate needs, and referral for special services and special education resources and placements as appropriate. A growing body of data indicates the current contribution and future promise of work in this area.

Appendix B

ADDRESSING BARRIERS TO STUDENT LEARNING & PROMOTING HEALTHY DEVELOPMENT: A USABLE RESEARCH-BASE

School systems are not responsible for meeting every need of their students.

But when the need directly affects learning, the school must meet the challenge.

Carnegie Council
Task Force (1989)

As schools evolve their improvement plans in keeping with higher standards and expectations and increased accountability, most planners recognize they must include a comprehensive focus on addressing barriers to student learning and promoting healthy development.¹⁻¹⁵ This awareness finds support in an extensive body of literature. It is illustrated by a growing volume of research on the value of schools, families, and communities working together to provide supportive programs and services that enable students to learn and teachers to teach.¹⁶⁻²² Findings include improved school attendance, fewer behavior problems, improved interpersonal skills, enhanced achievement, and increased bonding at school and at home.²³

Given the promising findings, state and local education agencies all over the country are delineating ways to enhance social, emotional, and behavioral performance as an essential facet of improving academic performance. Among the many initiatives underway is *Success4*²⁴ spearheaded by the Iowa State Department of Education. That department recently asked our Center to identify for policy makers research clarifying the importance of and bases for such initiatives. The following is what we provided.

About the Research Base

At the outset, we note that research on comprehensive approaches for addressing barriers to learning is still in its infancy. There are, of course, many “natural” experiments underscoring the promise of ensuring all youngsters access to a comprehensive, multifaceted continuum of interventions. These natural experiments are playing out in every school and neighborhood where families are affluent enough to purchase the additional programs and services they feel will maximize their youngsters' well-being. It is obvious that those who can afford such interventions understand their value. And, not surprisingly, most indicators of well-being, including higher achievement test scores, are correlated with socio-economic status. Available data underscore societal inequities that can be remedied through public financing for comprehensive programs and services.

Most *formal* studies have focused on specific interventions. This literature reports positive outcomes (for school and society) associated with a wide range of interventions. Because of the fragmented nature of available research, the

findings are best appreciated in terms of the whole being greater than the sum of the parts, and implications are best derived from the total theoretical and empirical picture. When such a broad perspective is adopted, schools have a large research base to draw upon in addressing barriers to learning and enhancing healthy development.²⁴

The research-base is highlighted below by organizing examples into the six areas of concern: (1) enhancing classroom teachers' capacity for addressing problems and for fostering social, emotional, intellectual and behavioral development, (2) enhancing school capacity to handle transition concerns confronting students and families, (3) responding to, minimizing impact of, and preventing crisis, (4) enhancing home involvement, (5) outreaching to the community to build linkages and collaborations, and (6) providing special assistance to students and families.

(1) Enhancing teacher capacity for addressing problems and for fostering social, emotional, intellectual and behavioral development. When a classroom teacher encounters difficulty in working with a youngster, the first step is to see whether there are ways to address the problem within the classroom and perhaps with added home involvement. It is essential to equip teachers to respond to garden variety learning, behavior, and emotional problems using more than social control strategies for classroom management. Teachers must be helped to learn many ways to enable the learning of such students, and schools must develop school-wide approaches to assist teachers in doing this fundamental work. The literature offers many relevant practices. A few prominent examples are: prereferral intervention efforts, tutoring (e.g., one-to-one or small group instruction), enhancing protective factors, and assets building (including use of curriculum-based approaches for promoting social emotional development). Outcome data related to such matters indicate that they do make a difference.

- Many forms of *prereferral intervention programs* have shown success in reducing learning and behavior problems and unnecessary referrals for special assistance and special education.²⁵⁻³¹
- Although only a few *tutoring programs* have been evaluated systematically, available studies report positive effects on academic performance when tutors are trained and appropriately used.³²⁻³⁸
- And, of course, *programs that reduce class size* are finding increases in academic performance and decreases in discipline problems.³⁹⁻⁴³

(2) Enhancing school capacity to handle the variety of transition concerns confronting students and their families. It has taken a long time for schools to face up to the importance of establishing transition programs. In recent years, a beginning has been made. Transition programs are an essential facet of reducing levels of alienation and increasing levels of positive attitudes toward and involvement at school and in learning. Thus, schools must plan, develop, and maintain a focus on the variety of transition concerns confronting students and their families. Examples of relevant practices are readiness to learn programs, before and after school programs to enrich learning and provide recreation in a safe environment, articulation programs (for each new step in formal education, vocational and college counseling, support in moving to and from special education), welcoming and social support programs, school-to-career programs, and programs to support moving to post school living and work. Interventions to enable successful transitions have made a significant difference in how motivationally ready and able students are to benefit from schooling. For instance:

- Available evidence supports the positive impact of *early childhood programs* in preparing young children for school. The programs are associated with increases in academic performance and may even contribute to decreases in discipline problems in later school years.⁴⁴⁻⁴⁹
- There is enough evidence that *before- and after-school programs* keep kids safe and steer them away from crime, and some evidence suggesting such programs can improve academic performance.⁵⁰⁻⁵³
- Evaluations show that well-conceived and implemented *articulation programs* can successfully ease students' transition between grades,⁵⁴⁻⁵⁶ and preliminary evidence suggests the promise of programs that provide *welcoming and social support* for children and families transitioning into a new school.^{57,58}
- Initial studies of programs for transition *in and out of special education* suggest the interventions can enhance students' attitudes about school and self and can improve their academic performance.⁵⁹⁻⁶¹
- Finally, programs providing *vocational training and career education* are having an impact in terms of increasing school retention and graduation and show promise for successfully placing students in jobs following graduation.⁶²⁻⁶⁶

(3) Responding to, minimizing impact, and preventing crisis. The need for crisis response and prevention is constant in many schools. Such efforts ensure assistance is provided when emergencies arise and follow-up care is provided as necessary and appropriate so that students can resume learning without undue delays. Prevention activity stresses creation of a safe and productive environment and the development of student and family attitudes about and capacities for dealing with violence and other threats to safety. Examples of school efforts include (1) systems and programs for emergency/crisis response at a site, throughout a complex/family of schools, and community-wide (including a program to ensure follow-up care) and (2) prevention programs for school and community to address school safety and violence reduction, child abuse and suicide prevention, and so forth. Examples of relevant practices are establishment of a crisis team to ensure crisis response and aftermath interventions are planned and implemented, school environment changes and safety strategies, curriculum approaches to preventing crisis events (violence, suicide, and physical/ sexual abuse prevention). Current trends are stressing school- and community-wide prevention programs. Most research in this area focuses on

- programs designed to ensure a *safe and disciplined school environment* as a key to deterring violence and reducing injury
- *violence prevention and resiliency curriculum* designed to teach children anger management, problem-solving skills, social skills, and conflict resolution.

In both instances, the evidence supports a variety of practices that help reduce injuries and violent incidents in schools.⁶⁷⁻⁸⁵

(4) Enhancing home involvement. In recent years, the trend has been to expand the nature and scope of the school's focus on enhancing home involvement. Intervention practices encompass efforts to (a) address specific learning and support needs of adults in the home (e.g., classes to enhance literacy, job skills, ESL, mutual support groups), (b) help those in the home meet basic obligations to the student, (c) improve systems to communicate about matters essential to student and family, (d) strengthen the home-school connection and sense of community, (e) enhance participation in making decisions essential to the student's well-being, (f) enhance home support related to the student's basic learning and development, (g) mobilize those at home to problem solve related to student needs, and (h) elicit help (support, collaborations, and partnerships) from the home with respect to meeting classroom, school, and community needs. The context for some of this activity may be a parent center (which may be part of the Family and Community Service Center Facility if one has been

established at the site). A few examples illustrate the growing research-base for expanded home involvement.

- *Adult education* is a proven commodity in general and is beginning to be studied in terms of its impact on home involvement in schooling and on the behavior and achievement of youngsters in the family. For example, evaluations of adult education in the form of *family literacy* are reporting highly positive outcomes with respect to preschool children, and a summary of findings on family literacy reports highly positive trends into the elementary grades.⁸⁶
- Similarly, evaluations of *parent education* classes indicate the promise of such programs with respect to improving parent attitudes, skills, and problem solving abilities; parent-child communication; and in some instances the child's school achievement.⁸⁷⁻⁹⁰ Data also suggest an impact on reducing children's negative behavior.⁹¹⁻⁹⁹
- More broadly, programs to *mobilize the home in addressing students' basic needs* effect a range of behaviors and academic performance.¹⁰⁰

(5) Outreaching to the community to build linkages and collaborations. The aim of outreach to the community is to develop greater involvement in schooling and enhance support for efforts to enable learning. Outreach may be made to (a) public and private community agencies, colleges, organizations, and facilities, (b) businesses and professional organizations and groups, and (c) volunteer service programs, organizations and clubs. Efforts in this area might include 1) programs to recruit and enhance community involvement and support (e.g., linkages and integration with community health and social services; cadres of volunteers, mentors, and individuals with special expertise and resources; local businesses to adopt-a-school and provide resources, awards, incentives, and jobs; formal partnership arrangements), 2) systems and programs specifically designed to train, screen, and maintain volunteers (e.g., parents, college students, senior citizens, peer and cross-age tutors/counselors, and professionals-in-training to provide direct help for staff and students--especially targeted students), 3) outreach programs to hard-to-involve students and families (those who don't come to school regularly – including truants and dropouts), and 4) programs to enhance community-school connections and sense of community (e.g., orientations, open houses, performances and

cultural and sports events, festivals and celebrations, workshops and fairs). A Family and Community Service Center Facility might be a context for some of this activity.

(Note: When there is an emphasis on bringing community services to school sites, care must be taken to avoid creating a new form of fragmentation where community and school professionals engage in a form of parallel play at school sites.)

The research-base for involving the community is growing.

- A popular example are the various *mentoring and volunteer programs*. Available data support their value for both students and those from the community who offer to provide such supports. Student outcomes include positive changes in attitudes, behavior, and academic performance (including improved school attendance, reduced substance abuse, less school failure, improved grades).¹⁰¹⁻¹⁰⁵
- Another example are the efforts to outreach to the community to develop *school-community collaborations*. A reasonable inference from available data is that school-community collaborations can be successful and cost-effective over the long-run.¹⁰⁶⁻¹¹⁰ They not only improve access to services, they seem to encourage schools to open their doors in ways that enhance recreational, enrichment, and remedial opportunities and family involvement. A few have encompassed concerns for economic development and have demonstrated the ability to increase job opportunities for young people.

(6) Providing special assistance for students and families. Some problems cannot be handled without a few special interventions; thus the need for student and family assistance. The emphasis is on providing special services in a personalized way to assist with a broad-range of needs. School-owned, based, and

linked interventions clearly provide better access for many youngsters and their families. Moreover, as a result of initiatives that enhance school-owned support programs and those fostering school-linked services and school-community partnerships (e.g., full services schools, family resource centers, etc.), more schools have more to offer in the way of student and family assistance. In current practice, available social, physical and mental health programs in the school and community are used. Special attention is paid to enhancing systems for prereferral intervention, triage, case and resource management, direct services to meet immediate needs, and referral for special services and special education resources and placements as appropriate. A growing body of data indicates the current contribution and future promise of work in this area. For example:

- The more *comprehensive approaches* not only report results related to ameliorating health and psychosocial problems, they are beginning to report a range of academic improvements (e.g., increased attendance, improved grades, improved achievement, promotion to the next grade, reduced suspensions and expulsions, fewer dropouts, increased graduation rates).¹¹¹⁻¹²⁰
- A rapidly increasing number of *targeted interventions* are reporting positive results related to the specific problems addressed (e.g., reduced behavior, emotional, and learning problems, enhanced positive social- emotional functioning, reduced sexual activity, lower rates of unnecessary referral to special education, fewer visits to hospital emergency rooms, and fewer hospitalizations).¹²¹⁻¹²⁵

Concluding Comments

Taken as a whole, the research-base for initiatives to pursue a comprehensive focus on addressing barriers to student learning and promoting healthy development indicates a range of activity that can enable students to learn and teachers to teach. The findings also underscore that addressing major psychosocial problems one at a time is unwise because the problems are interrelated and require multifaceted and cohesive solutions. In all, the literature both provides models for content of such activity and also stresses the importance of coalescing such activity into a comprehensive, multifaceted approach.

References Cited

1. 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.
2. Adelman, H.S. & Taylor, L. (1998). Reframing mental health in schools and expanding school reform. *Educational Psychologist*, 33, 135-152.
3. Adelman, H.S. & Taylor, L. (2000). Looking at school health and school reform policy through the lens of addressing barriers to learning. *Children Services: Social Policy, Research, and Practice*, 3, 117-132.
4. Allensworth, D., Wyche, J., Lawson, E., & Nicholson, L. (Eds.), (1997). *Schools and health: Our nation's investment*. Washington, DC: Nat. Academy Press.
5. Carnegie Council on Adolescent Development's TaskForce on Education of Young Adolescents (1989). *Turning Points: Preparing American Youth for the 21st Century*. Washington, DC: Author.
6. Center for Mental Health in Schools (1998). Restructuring Boards of Education to Enhance Schools' Effectiveness in Addressing Barriers to Student Learning. Los Angeles, CA: Author.
7. Center for Mental Health in Schools (1999). *Policymakers guide to restructuring student support resources to address barriers to learning*. Los Angeles: Author (at UCLA).
8. Comer, J. (1988). Educating poor minority children. *Scientific American*, 259, 42-48.
9. Dryfoos, J. (1998). *Safe passage: Making it through adolescence in a risky society*. New York: Oxford University Press.
10. Hargreaves, A.(Ed.). (1997). *Rethinking Educational Change with Heart and Mind* (1997 ASCD Yearbook). Alexandria, VA: ASCD.
11. Kirst, M.W., & McLaughlin, M. (1990). Rethinking children's policy: Implications for educational administration. In B. Mitchell & L.L. Cunningham (Eds.), *Educational leadership and changing context of families, communities, and schools: 89th yearbook of the National Society for the Study of Education*. (Part 2, pp. 69-90). Chicago: University of Chicago Press.
12. Knitzer, J., Steinberg, Z., & Fleisch, B. (1990). *At the schoolhouse door: An examination of programs and policies for children with behavioral and emotional problems*. NY: Bank Street College.
13. Marx, E. & Wooley, S.F. with Northrop, D. (Eds.), *Health is academic: A Guide to coordinated school health programs*. Teachers College Press.
14. Schorr, L.B. (1988). *Within our reach: Breaking the cycle of disadvantage*. New York: Doubleday.
15. Schorr, L.B. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America*. New York: Anchor Press.
16. Adler, L., & Gardner, S. (Eds.), (1994). *The politics of linking schools and social services*. Washington, DC: Falmer Press.
17. Center for Mental Health in Schools (1999). *School-community partnerships: A guide*. Los Angeles: Author (at UCLA).
18. Center for Mental Health in Schools (1999). "Policymakers" guide to restructuring student support resources to address barreirs to learning. Los Angeles: Author (at UCLA)
19. Kretzmann, J. (1998). *Community-based development and local schools: A promising partnership*. Evanston, IL: Institute for Policy Research.
20. Lawson, H., & Briar-Lawson, K. (1997). *Connecting the dots: Progress toward the integration of school reform, school-linked services, parent involvement and community schools*. Oxford, OH: The Danforth Foundation and the Institute for Educational Renewal at Miami University.
21. Melaville, A. & Blank, M.J. (1998). *Learning together: The developing field of school-community initiatives*. Flint, MI: Mott Foundation.
22. 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.
23. See the compilation of research data gathered by the Center for Mental Health in Schools (2000). *A sampling of outcome findings from interventions relevant to addressing barriers to learning..* Los Angeles: Author (at UCLA)
24. Iowa Department of Educaion (no date). *Developing Iowa's future – every child matters: Success4*. Des Moines: Author.
25. Bry, B.H. (1982). Reducing the incidence of adolescent problems through preventive intervention: One and five year follow-up. *American Journal of Community Psychology*, 10:265-276.
26. Fuchs, D., Fuchs, L. S., and Bahr, M. W. (1990). Mainstream assistance teams: Scientific basis for the art of consultation. *Exceptional Children*, 57, 128-139.
27. O'Donnell, Julie, Hawkins, J. David, Catalano, Richard F., Abbot, Robert D., & Day, Edward (1995). Preventing school failure, drug use, and delinquency among low-income children: Long-term intervention in elementary schools. *American Journal of Orthopsychiatry*, 65, 87-100.
28. Nelson, J.R., Carr, B.A., & Smith, D.J. (1997). Managing Disruptive Behaviors in School Settings: The THINK TIME Strategy. *Communique*, 25,24-25.
29. Shure, M.B. *Interpersonal Problem Solving and Prevention: Five Year Longitudinal Study*. Prepared for Department of Health and Human Services, Public Health Service, NIMH, 1993.
30. Smith, L.J., Ross, S.M., & Casey, J.P. (1994). *Special education analyses for Success for All in four cities*. Memphis: University of Memphis, Center for Research in Educational Policy.
31. Sugai, G., & Horner, R.H. (1999). Discipline and behavioral support: Preferred processes and practices. *Effective School Practices*, 7, 10-22.
32. Cohen, P. A., Kuklik, J. A., & Kuklik, C-L. C. (1982). Educational outcomes of tutoring: A meta analysis of findings. *American Educational Research Journal*, 237-248.
33. Cooper, R., Slavin, R.E., & Madden N.A. (1998). Success for All: Improving the quality of implementation of whole-school change through the use of a national reform network. *Education and Urban Society*, 30, (3), 385-408.
34. Giesecke, D., Cartledge, G., & Gardner III, R. (1993). Low-achieving students as successful cross-age tutors. *Preventing School Failure*, 37, 34-43.
35. Martino, L. R. (1994). Peer tutoring classes for young adolescents: A cost-effective strategy. *Middle School Journal*, 25, 55-58.

36. Ross, S.M., Nunnery, J., & Smith, L.J. (1996). *Evaluation of Title I Reading Programs: Amphitheater Public Schools. Year 1: 1995-96*. Memphis: University of Memphis, Center for Research in Educational Policy.
37. Rossi, R. J. (1995). *Evaluation of projects funded by the School Dropout Demonstration Assistance Program: Final evaluation report, Volume I: Findings and recommendations*. Prepared by: American Institutes for Research, P. O. Box 1113, Palo Alto, CA 94302.
38. Slavin, R.E., Madden, N.A., Dolan, L., Wasik, B.A., Ross, S.M., Smith, L.J. & Dianda, M. (1996). Success for All: A summary of research. *Journal of Education for Students Placed at Risk, 1*, 41-76.
39. Egelson, P., Harman, P., and Achilles, C. M. (1996). Does Class Size Make a Difference? Recent Findings from State and District Initiatives. Washington, DC: ERIC Clearinghouse. ED 398644.
40. Molnar, A., Percy, S., Smith, P., and Zaborik, J. (December 1998). *1997-98 Results of the Student Achievement Guarantee in Education (SAGE) Program*. Milwaukee, WI: University of Wisconsin-Milwaukee.
41. Pritchard, I., (1999). *Reducing Class Size What Do We Know?* National Institute on Student Achievement, Curriculum and Assessment, Office of Educational Research and Improvement, USDOE.
42. Robinson, G. E. and Wittebols, J H. (1986). *Class size research: A related cluster analysis for decision-making*. Arlington, VA: Education Research Service
43. Wright, E.N., Stanley M., Shapson, G.E., and Fitzgerald, J. (1977). *Effects of class size in the junior grades: A study*. Toronto: Ontario Institute for Studies of Education.
44. Cryan, J., Sheehan, R., Weichel, J., and Bandy-Hedden, I.G. (1992). Success Outcomes of Full-day Kindergarten: More Positive Behavior and Increased Achievement in the Years After. *Early Childhood Research Quarterly, 7*, 187-203.
45. Gomby, D.S., Larner, M.B., Stevenson, C.S., Lewit, E.M., and Behrman, R.E. (1995) Long-term outcomes of early childhood programs: Analysis and recommendations. *The Future of Children, 5*, 6-24.
46. Even Start: *Evidence from the past and a look to the future. Planning and evaluation service analysis and highlights*. <http://www.ed.gov/pubs/EvenStart/highlights.html>.
47. Head Start (1997). *First progress report on the head start program performance measures*. Prepared for: Admin. on Children, Youth and Families, Head Start Bureau, by Caliber Associates, Ellsworth Associates, Westat, Mathematica Policy Research, http://www2.acf.dhhs.gov/programs/hsb/html/final_report.html
48. Karweit, N. (1992). The kindergarten experience. *Educational Leadership, 49*, 82-86.
49. Yoshikawa, H. (1995) Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency. *The Future of Children, 5*(3), 51-75.
50. Lattimore, C.B., Mihalic, S.F., Grotzger, J.K., & Taggart, R. (1998). *Blueprints for Violence Prevention, Book Four: The Quantum Opportunities Program*. Boulder, CO: Center for the Study and Prevention of Violence.
51. Posner, J.K., and Vandell, D.L. (1994). Low-income children's after-school care: Are there beneficial effects of after-school programs? *Child Development, 65*, 440-456.
52. Safe and Smart: Making After-School Hours Work for Kids (1998). See: <http://www.ed.gov/pubs/SafeandSmart/>
53. Seppanen, P.S, and others. (1993). *National study of before- and after-school programs: Final report*. eric-web.tc.columbia.edu/abstracts/ed356043.html
54. Felner, R.D., Ginter, M. & Primavera, J. (1982). Primary prevention during school transitions: Social support and environmental structure. *American Journal of Community Psychology, 10*, 277-289.
55. Greene, R.W., & Ollendick, T.H. (1993). Evaluation of a multidimensional program for sixth-graders in transition from elementary to middle school. *Journal of Community Psychology, 21*, 162-176.
56. Hellem, D.W. (1990). Sixth grade transition groups: An approach to primary prevention. *Journal of Primary Prevention, 10*(4), 303-311.
57. Felner, R.D., Brand, S., Adan, A.M., Mulhall, P.F., Flowers, N., Sartain, B., & DuBois, D.L. (1993). Restructuring the ecology of the school as an approach to prevention during school transitions: Longitudinal follow-ups and extensions of the School Transitional Environment Project (STEP). In L.A. Jason,, K.E. Danner,, & K.S. Kurasaki, (Eds.) *Prevention and school transitions: prevention in human services*. NY: Haworth Press.,
58. Jason, L.A., Weine, A.M., Johnson, J.H., Danner, K.E., Kurasaki, K.S., & Warren-Sohlberg, L. The School Transitions Project: A comprehensive preventive intervention. *Journal of Emotional and Behavioral Disorders, 1*, 65-70.
59. Blalock, G. (1996). Community transition teams as the foundation for transition services for youth with learning disabilities. *Journal of Learning Disabilities, 29*, 148-159.
60. Smith, G. & Smith, D. (1985). A mainstreaming program that really works. *Journal of Learning Disabilities, 18*, 369-372.
61. Wang, M.C. & Birch, J.W. (1984). Comparison of a full-time mainstreaming program and a resource room approach. *Exceptional Children, 51*, 33-40.
62. Biller, E.F. (1987). *Career decision making for adolescents and young adults with learning disabilities: Theory, research and practice*. Springfield, IL: Charles C. Thomas.
63. Hackett, H. & Baron, D. (1995). Canadian action on early school leaving: A description of the national stay-in-school initiative. *ERIC Digest*. ED399481.
64. Miller, J.V., and Imel, S. (1986). Some current issues in adult, career, and vocational education. In E. Flaxman. (Ed.), *Trends and issues in education*. Washington, DC: Council of ERIC Directors, Educational Resources Information Center, Office of Educational Research and Improvement, U.S. Department of Education, 1987. ED 281 897.
65. Naylor, M. (1987). Reducing the dropout rate through career and vocational education. Overview. *ERIC Digest* ED 282094.
66. Renihan, F., Buller, E., Desharnais, W., Enns, R., Laferriere, T., & Therrien, L. (1994). Taking stock: An assessment of The National Stay-In-School Initiative. Hull, PQ: Youth Affairs Branch, Human Resources Development Canada.
67. Altman E. (1994). *Violence Prevention Curricula: Summary of Evaluations*. Springfield, Ill: Illinois Council for the Prevention of Violence.
68. Bureau of Primary Health Care (no date). *Healing Fractured Lives: How Three School-Based Projects Approach Violence Prevention and Mental Health Care*. Washington, DC: U.S. DHHS.
69. Carter, S.L. (1994). Evaluation report for the New Mexico center for dispute resolution. *Mediation in the Schools Program, 1993-1994 school year*. Albuquerque: Center for Dispute Resolution.

70. Davidson, L.L., Durkin, M.S., Kuhn, L., O'Connor, P., Barlow, B., & Heagarty, M.C. (1994). The impact of the Safe Kids/Health Neighborhoods Injury Prevention Program in Harlem, 1988-1991. *American Journal of Public Health, 84*, 580-586.
71. Embry, D.D., Flannery, D.J., Vazsonyi, A.T., Powell, K.E., & Atha, H. (1996). PeaceBuilders: A theoretically driven, school-based model for early violence prevention. *School Journal of Preventive Medicine. Youth Violence Prevention: Description and Baseline Data from 13 Evaluation Projects (Supp.)*, 12 (5), 91-100.
72. Farrell, A.D. & Meyer, A.L., & Dahlberg, L.L. (1996). The effectiveness of a school-based curriculum for reducing violence among urban sixth-grade students. *American Journal of Public Health, 87*, 979-984.
73. Farrell, A.D., Meyer, A.L. & Dahlberg, L.L. (1996). Richmond youth against violence; A school based program for urban adolescents. *American Journal of Preventive Medicine, 12*, 13-21.
74. Farrell, A.D. & Meyer, A.L. (in press). Social Skills Training to Promote Resilience in Urban Sixth Grade Students: One product of an action research strategy to prevent youth violence in high-risk environments. *Education and Treatment of Children*.
75. Grossman, D.C., Neckerman, H.J., Koepsell, T.D., Liu, P. Asher, K.N., Beland, K., Frey, K., & Rivara, F.P. (1997). Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial. *Journal of the American Medical Association, 277*(20), 1605-11.
76. Jason, L.A., & Burrows, B. (1983). Transition training for high school seniors. *Cognitive Therapy and Research, 7*, 79-91.
77. Klingman, A., & Hochdorf, Z. (1993). Coping with distress and self-harm: The impact of a primary prevention program among adolescents. *Journal of Adolescence, 16*, 121-140.
78. Knoff, H.M. & Batsche, G. M. (1995). Project ACHIEVE: Analyzing a school reform process for at-risk and underachieving students. *School Psychology Review, 24*(4), 579-603.
79. Orbach, I., & Bar-Joseph, H. (1993). The impact of a suicide prevention program for adolescents on suicidal tendencies, hopelessness, ego identity and coping. *Suicide and Life-Threatening Behavior, 23*(2), 120-29.
80. Poland, S. (1994). The role of school crisis intervention teams to prevent and reduce school violence and trauma. *School Psychology Review, 23*, 175-189.
81. Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). Safe, drug-free, and effective schools for ALL students: What works! Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
82. Tolan, P. H. & Guerra, N. G. (1994). *What Works in Reducing Adolescent Violence: An Empirical Review of the Field*. Boulder, CO: Center for the Study and Prevention of Violence
83. Walker, H.M., Colvin, G., Ramsey, E. (1995). *Anti-Social Behavior in Schools: Strategies and Best Practices*. Pacific Grove, California: Brooks/Cole..
84. Walker, H.M., Severson, H.H., Feil, E.G., Stiller, B., & Golly, A. (1997). *First step to success: Intervening at the point of school entry to prevent antisocial behavior patters*. Longmont, CO: Sopris West.
85. Walker, H.M., Stiller, B., Severson, H.H., Kavanagh, K., Golly, A., & Feil, E.G. (in press). First step to success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders, 5*(4).
86. *Even Start: An Effective Literacy Program Helps Families Grow Toward Independence*, NCFL, 1997. National Center for Family Literacy website: www.famlit.org/research/research.html
87. Dishion, T.J., Andrews, D.W. (1995). Preventing escalation in problem behaviors with high-risk young adolescents: Immediate and one-year outcomes. *Journal of Consulting and Clinical Psychology, 63*, 538-548.
88. Dishion, T. J., Andrews, D.W., Kavanagh, K., & Soberman, L.H. (1996). Chapter 9, preventive interventions for high-risk youth: The adolescent transitions program. In Peteres, R., & McMahon, R. (Eds.), *Preventing Childhood Disorders, Substance Abuse, and Delinquency*. Thousand Oaks, CA: Sage Publications, 184-218.
89. Lally, J.R., Mangione, P.L., & Honig, A.S. (1988). The Syracuse University Family Development Research Program: Long-range impact on an early intervention with low-income children and their families. In D.R. Powell and Irving E. Sigel (eds.), *Parent Education as Early Childhood Intervention: Emerging Direction in Theory, Research, and Practice. Annual Advances in Applied Developmental Psychology, Volume 3*. Norwood, NJ: Ablex Publish
90. Spoth, R., Redmond, C., Haggerty, K., & Ward, T. (1995). A controlled parenting skills outcome study examining individual differences and attendance effects. *Journal of Marriage and the Family, 57*: 449. ing Corp.
91. Aktan, B.B., Kumpfer, K.L., & Turner, C. (1996). The Safe Haven Program: Effectiveness of a family skills training program for substance abuse prevention with inner city African-American families. *Journal of Drugs in Society*.
92. Battistich, V., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early findings from an ongoing multisite demonstration trial. *Journal of Adolescent Research, 11*, 12-35.
93. Battistich, V., Solomon, D., Kim, D., Watson, M., & Schaps, E. (1995). Schools as communities, poverty levels of student populations, and student' attitudes, motives, and performance: A multilevel analysis. *American Educational Research Journal, 32*, 627-658.
94. Berrueta-Clement, J. R., Schweinhart, L. J., Barnett, W. S., Epstein, A. S., Weikart, D. P. (1984). *Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age 19*. Ypsilanti, MI: High/Scope Press.
95. Epstein, Ann S. (1993). *Training for Quality: Improving Early Childhood Programs through Systematic Inservice Training*. Ypsilanti, MI: The High/Scope Press.
96. McDonald, L., Billingham, S., Dibble, N., Rice, C., & Coe-Braddish, D. (January, 1991). Families and Schools Together: An innovative substance abuse prevention program. *Social Work in Education: A Journal of Social Workers in School, 13*, 118-128.
97. O'Donnell, Julie, Hawkins, J. David, Catalano, Richard F., Abbot, Robert D., & Day, Edward (1995). Preventing school failure, drug use, and delinquency among low-income children: Long-term intervention in elementary schools. *American Journal of Orthopsychiatry, 65*, 87-100.
98. Schweinhart, L.J., Barnes, H.V., Weikart, D.P. *Significant benefits: The High/Scope Perry Preschool Study Through Age 27*. Monographs of the High/Scope Educational Research Foundation, Number Ten. Ypsilanti: High/Scope Foundation, 1993.

99. Tremblay, Richard E., Vitaro, Frank, Bertrand, Lucie, LeBlanc, Marc, Beauchesne, Helene, Bioleau, Helene, & David, Lucille (1992). Parent and child training to prevent early onset of delinquency: The Montreal longitudinal Experimental Study. In Joan McCord & Richard Tremblay (eds.), *Preventing Antisocial Behavior: Interventions from Birth through Adolescence*. New York: Guilford Press.
100. Epstein, J. (1995). School/family/community partnerships: Caring for the children we share. *Phi Delta Kappan*, 76, 701-713.
101. Armstrong, P.M., Davis, P. & Northcutt, C. *Year end and final evaluation reports, Project years 1985-1986 and 1986-1987*. San Francisco School Volunteers, San Francisco Unified School District, San Francisco, California.
102. Carney, J.M., Dobson, J.E. & Dobson, R.L. (1987). Using senior citizen volunteers in the schools. *Journal of Humanistic Education and Development*, 25 (3), 136-143.
103. Grossman, J.B. & Garry, E.M. (1997). *Mentoring -- A Proven Delinquency Prevention Strategy*; U.S. Department of Justice - Office of Justice Program - Office of Juvenile Justice and Delinquency Prevention; <http://www.ncjrs.org/txtfiles/164834.txt>
104. Davis, N. (1999). *Resilience: Status of the research and research-based programs*. Substance Abuse and Mental Health Administration Center for Mental Health Services Division of Program Development, Special Populations & Projects Special Programs Development Branch. Phone: 301/443-2844.
105. Michael, B. (1990). *Volunteers in Public Schools*. National Academy Press: Washington, DC.
106. Cahill, M., Perry, J., Wright, M. & Rice, A. (1993). *A documentation report of the New York Beacons initiative*. New York: Youth Development Institute.
107. Davis, N. (1999). *Resilience: Status of the research and research-based programs*. Substance Abuse and Mental Health Administration Center for Mental Health Services Division of Program Development, Special Populations & Projects Special Programs Development Branch. Phone: 301/443-2844.
108. Melaville, A. & Blank, M. (1998). *Learning together: The Developing Field of School-Community Initiatives*. Washington, DC: Institute for Educational Leadership & National Center for Community Education.
109. Shames, S. (1997). *Pursuing the dream: What helps children and their families succeed*. Chicago: Coalition.
110. Woodruff, D., Shannon, N. & Efimba, M. (1998). Collaborating for success: Merritt elementary extended school. *Journal of Education for Students Placed at Risk*, (1), 11-22.
111. Botvin, G.J., Mihalic, S.F., & Grotmeter, J.K. (1998). *Blueprints for Violence Prevention, Book Five: Life Skills Training*. Boulder, CO: Center for the Study and Prevention of Violence.
112. Bureau of Primary Health Care: *School-Based Clinics that Work*. Washington, DC: Division of Special Populations, Health Resources and Services Administration, HRSA 93-248P, 1993.
113. Caplan, M., Weissberg, R.P., Grober, J.S., Sivo, P.J., Grady, K., Jacoby, C. (1992). Social Competence Promotion with inner-city and suburban young adolescents: Effects on social adjustment and alcohol use. *Journal of Consulting and Clinical Psychology*, 60, 56-63.
114. Catalano, R.F., Haggerty, K.P., Fleming, C.B., & Brewer, D.D. Focus on Families: Scientific findings from family prevention intervention research. *NIDA Research Monograph*, in press.
115. Dryfoos, J.G., Brindis, C., & Kaplan, D.W. Research and Evaluation in School-Based Health Care. *Adolescent Medicine: State of the Art Reviews*. Vol. 7, No. 2, June 1996. Philadelphia: Hanley & Belfus, Inc.
116. Henggler, S.W. (1998). Multisystemic therapy. In D.S. Elliott (Ed.), *Blueprints for violence prevention*. Boulder, CO: Center for the Study and Prevention of Violence.
117. *Healthy Start Works*. A Statewide Profile of Healthy Start Sites. California Department of Education, Healthy Start and After School Partnerships Office, March 1999. Contact (916) 657-3558.
118. Institute for At-Risk Infants, Children and youth, and their Families: *The effect of putting health services on site, Example 1. A Full Services School Assembly*, Tallahassee, Florida Department of Education, Office of Interagency Affairs, 1994.
119. Stroul, B.A. (September 1993). *From Systems of Care for Children and Adolescents with Severe Emotional Disturbances: What are the Results?* CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Road, N.W., Washington, DC 20007, (202)687-8635.
120. Warren, C. (1999). *Lessons from the Evaluation of New Jersey's School-Based Youth Services Program*. Prepared for the National Invitational Conference on Improving Results for Children and Families by Connecting Collaborative Services with School Reform Efforts.
121. Alexander, J., Barton, C., Gordon, D., Grotmeter, J., Hansson, K., Harrison, R., Mears, S., Mihalic, S., Parsons, B., Pugh, C., Schulman, S., Waldron, H., & Sexton, T. (1998). *Blueprints for Violence Prevention, Book Three: Functional Family Therapy*. Boulder, CO: Center for the Study and Prevention of Violence.
122. Ellickson, P. L. (1998). Preventing adolescent substance abuse: Lessons from the Project ALERT program. In J. Crane (Ed.), *Social Programs that Really Work*. New York: Russell Sage, pp. 201-224.
123. Gillham, J.E., Reivich, K.J, Jaycox, L.H, & Seligman, M.E.P. (1995). Prevention of depressive symptoms in schoolchildren: Two-year follow-up. *Psychological Science*, 6, 343-351.
124. Lochman, J.E., Coie, J., Underwood, M., & Terry, R. (1993). Effectiveness of a social relations intervention program for aggressive and nonaggressive, rejected children. *Journal of Consulting and Clinical Psychology*, 61, 1053-58.
125. An Evaluation of the Early Mental Health Initiative's Primary Intervention Program and enhanced Primary Intervention Program for the 1994-95 Academic Year. Submitted to the State of California Department of Mental Health, Rochester, NY: Primary Mental Health Project, Inc., Nov. 1995.
126. Prinz, R.J., Blechman, E.A., & Dumas, J.E. (1994). An evaluation of peer coping-skills training for childhood aggression. *Journal of Clinical Child Psychology*, 23, 193-203.

Additional Center Resources

Addressing What's Missing in School Improvement Planning: Expanding Standards and Accountability to Encompass an Enabling or Learning Supports Component

<http://smhp.psych.ucla.edu/pdfdocs/enabling/standards.pdf>

Data Related to the Need for New Directions for School Improvement

<http://smhp.psych.ucla.edu/pdfdocs/data.pdf>

For Consideration in Reauthorizing the No Child Left Behind Act . . . Promoting a Systematic Focus on Learning Supports to Address Barriers to Learning and Teaching

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

Frameworks For Systemic Transformation of Student and Learning Supports

<http://smhp.psych.ucla.edu/pdfdocs/systemic/frameworksforsystemictransformation.pdf>

Legislation in Need of Improvement: Reauthorizing the No Child Left Behind Act to Better Address Barriers to Learning

<http://smhp.psych.ucla.edu/pdfdocs/nclbra.pdf>

Moving Toward a Comprehensive System of Learning Supports: The Next Evolutionary Stage in School Improvement Policy and Practice

<http://smhp.psych.ucla.edu/pdfdocs/briefs/paradigmshift.pdf>

Steps and Tools to Guide Planning and Implementation of a Comprehensive System to Address Barriers to Learning and Teaching

<http://smhp.psych.ucla.edu/pdfdocs/stepsandtoolstoguideplanning.pdf>

Talking Points - Five Frequently Asked Questions About: Why Address What's Missing in School Improvement Planning?

<http://smhp.psych.ucla.edu/summit2002/q&aschoolimprove.pdf>

Toward Next Steps in School Improvement: Addressing Barriers to Learning and Teaching

<http://smhp.psych.ucla.edu/pdfdocs/systemic/towardnextstep.pdf>