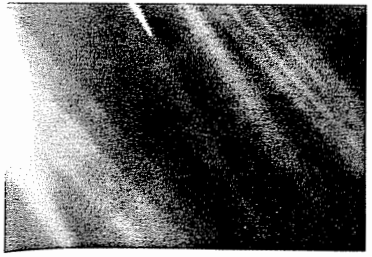

School Counselors and School Reform: New Directions

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As with other pupil service professions, school counseling is going through a period of extensive reform and restructuring (Bemak, 2000; Gysbers & Henderson, 2000, 2001; Lapan, 2001; Porter, Epp, & Bryant, 2000). What the end product will be depends on whether pupil service personnel take the lead in restructuring systemic change and renewal. It seems clear to us that taking a reactive stance will lead to dire consequences.

School counselors are especially well-situated to play proactive, catalytic roles in defining the future for programs that support the education of all students. Thus, our emphasis here is on framing new directions and encouraging a visionary and proactive approach. To underscore the need for new directions, we begin by briefly highlighting the current state of the art and its deficiencies. Then, we discuss the importance of reframing current reforms and offer some suggestions for a proactive agenda to shape the future.

The Current State of Affairs

Ask any teacher: "Most days, how many of your students come to class motivationally ready and able to learn?" We have asked that question across the country. The consistency of response is surprising and disturbing. In urban and rural schools serving economically disadvantaged families, teachers tell us they are lucky if 10% to 15% of their students fall into this group. In suburbia, teachers usually say 75% fit that profile. It is not surprising, therefore, that teachers are continuously asking for help in dealing with problems. And, to prevent problems, they also would like support in facilitating their students' healthy social and emotional development and in fostering the involvement of parents.

School administrators, board members, parents, and students also recognize that social, emotional, and physical health problems and other major barriers to learning and teaching interfere with schools meeting their mission. Despite all this, relevant programs and services continue to be a supplementary item on schools' agendas. This also is not surprising. After all, administrators and policy makers tend to see any activity not directly related to instruction as taking resources away from schools' primary mission of teaching.

Unequal Opportunities to Learn at School

Although some youngsters have disabilities, it is well to remember few are born with internal problems that interfere with learning to read and write or behaving appropriately. Even those with internal problems usually have assets, strengths, and protective factors that can counter deficits and contribute to success. The majority of learning, behavior, and emotional problems seen in schools stem from situations where external barriers are not addressed, and there is insufficient accounting for learner differences that require some degree of personalization by instructional systems. The problems are exacerbated as youngsters internalize the frustrations of confronting barriers to development and learning and the debilitating effects of performing poorly at school (Adelman & Taylor, 1993; Allensworth, Wyche, Lawson, & Nicholson, 1997; Carnegie Council on Adolescent Development, 1989; Comer, 1988; Dryfoos, 1990, 1998; Sarason, 1996; Schorr, 1997).

The litany of barriers is all too familiar to anyone who lives or works in communities where families struggle with low income. In such neighborhoods, school and community resources often are insufficient for providing the basic opportunities (never mind enrichment activities) found in higher income communities. Furthermore, the resources are inadequate for dealing with threats to well-being and learning such as gangs, violence, and drugs. In many of these settings, inadequate attention to language and cultural considerations and to high rates of student mobility creates additional barriers not only to student learning but to efforts to involve families in youngsters' schooling.

How many are affected? Estimates vary. Between 12% and 22% of all children are described as suffering from a diagnosable mental, emotional, or behavioral disorder—with relatively few receiving mental health services (Costello, 1989; Hoagwood, 1995). If one adds the many others experiencing significant psychosocial problems, the numbers grow dramatically. Harold Hodgkinson (1989), director of the Center for Demographic Policy, estimated that 40% of young people are in "very bad educational shape" and "at risk of failing to fulfill their physical and mental promise" (p. 24). Many live in inner cities or impoverished rural areas or are recently-arrived immigrants.

The problems they bring to the school setting often stem from restricted opportunities associated with poverty, difficult and diverse family circumstances, lack of English language skills, violent neighborhoods, and inadequate health care (Dryfoos, 1990, 1998; Knitzer, Steinberg, & Fleisch, 1990; Schorr, 1997). A reasonable estimate is that for many large urban and poor rural schools more than 50% of their students manifest learning, behavior, and emotional problems.

It would be a mistake, however, to think only in terms of poverty. As recent widely reported incidents underscore, violence is a specter hanging over all schools. And, while guns and killings capture media attention, other forms of violence affect and debilitate youngsters at every school. Those who study the many faces of violence report that large numbers of students are caught in cycles where they are the recipient or perpetrator, and sometimes both, of physical and sexual harassment ranging from excessive teasing and bullying to mayhem and major criminal acts (Center for Mental Health in Schools, 2001c; Gottfredson, 2001).

Prevailing Policy and Practice: Fragmentation, Marginalization, and Competition for Sparse Resources

Over the years, various legal mandates and awareness of the many barriers to learning have given rise to a variety of counseling, psychological, and social support programs and to initiatives for school-community collaborations. Paralleling these efforts is a natural interest in promoting healthy development. The result is a great deal of activity and an unsatisfactory status quo.

In school districts, fragmentation and marginalization of efforts to address barriers to learning stem from the specialized focus and relative autonomy of a district's various organizational divisions. That is, the various divisions—such as curriculum and instruction, student support services, activity related to integration and compensatory education, special education, language acquisition, parent involvement, intergroup relations, and adult and career education—often operate as relatively independent entities. Thus, although they usually must deal with the same common barriers to learning (e.g., poor instruction, lack of parent involvement, violence and unsafe schools, inadequate support for student transitions), 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 among the instructional and management components and the various activities that constitute efforts to address barriers to learning. At the school level, this translates into situations where teachers simply do not have the supports they need when they identify students who are having learning difficulties. Clearly, prevailing school reform processes and

capacity building (including preservice and inservice staff development) have not dealt effectively with such concerns.

School-owned programs. Looked at as a whole, many school districts have an extensive range of preventive and corrective activity oriented to students' needs and problems. Some programs 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 owned by community agencies. The interventions may be offered to all students in a school, to those in specified grades, to those identified as "at risk," and/or to those in need of compensatory education. The activities may be implemented in regular or special education classrooms and may be geared to an entire class, groups, or individuals; or they may be designed as "pull out" programs for designated students. They encompass ecological, curricular, and clinically oriented activities designed to reduce problems such as substance abuse, violence, teen pregnancy, school dropouts, and delinquency (Adelman, 1996a).

The growing youth development movement adds concepts such as promoting protective factors, asset building, wellness, and empowerment.

It is common knowledge, however, that few schools come close to having enough resources to respond when confronted with a large number of students who are experiencing a wide range of psychosocial barriers that interfere with their learning and performance. Most schools offer only bare essentials. Too many schools cannot even meet basic needs. Primary prevention often is only a dream. The simple fact is that education support activity is marginalized at most schools, and thus the positive impact such activity could have for the entire school is sharply curtailed.

While schools can use a wide range of persons to help students, most 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 daily practice usually is centralized at the school district level. In large districts, counselors, psychologists, social workers, and other specialists may be organized into separate units. Such units overlap regular, special, and compensatory education. Analyses of the situation find that the result is programs and services that are planned, implemented, and evaluated in a fragmented and piecemeal manner. Student support staff at schools tend 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 over reliance 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, but also it works against developing cohesiveness and maximizing results (Adelman, 1996a; Adelman & Taylor, 1997, 1999).

School-community collaborations. In recent years, there has been increasing interest in school-community collaborations as one way to provide more support for schools, students, and families. This interest is bolstered by the renewed policy concern about countering widespread fragmentation of community health and social services and by the various initiatives for school reform, youth development, and community development. In response to growing interest and concern, various forms of school-community collaborations are being tested, including state-wide initiatives in many states (e.g., California, Florida, Kentucky, Missouri, New Jersey, Ohio, and Oregon). This movement has fostered such concepts as school linked services, coordinated services, wrap-around services, one-stop shopping, full service schools, and community schools (Dryfoos, 1994). The growing youth development movement adds concepts such as promoting protective factors, asset-building, wellness, and empowerment.

In building school-community collaborations, the tendency has been to limit thinking about communities by focusing only on agencies. This is unfortunate because the range of resources in a community is much greater than the service agencies and community-based organizations that often are invited to the table. The most important resource in a community, of course, is the families that reside there. Other community resources include businesses; libraries; parks; youth, religious and civic groups; and any facility that can be used for recreation, learning, enrichment, and support (Kretzmann & McKnight, 1993).

Not surprisingly, early findings primarily indicate how challenging it is to establish collaborations (Knapp, 1995; Melaville & Blank, 1998; SRI, 1996; White & Wehlage, 1995). Still, a reasonable inference from available data is that school-community collaborations can be successful and cost effective over the long-run. For example, by placing staff at schools, community agencies make access easier for students and families, especially those who usually are underserved and hard to reach. Such efforts not only provide services, they seem

to encourage schools to open their doors in ways that enhance recreational, enrichment, and remedial opportunities, and lead to greater family involvement. Analyses of these programs suggest better outcomes are associated with empowering children and families as well as with having the capability to address diverse constituencies and contexts. Families using school-based centers become interested in contributing to school and community by providing social support networks for new students and families, teaching each other coping skills, participating in school governance, and helping create a psychological sense of community. It is evident that school-community collaborations have great potential for enhancing school and community environments and outcomes, but are unlikely without significant policy changes (Center for Mental Health in Schools, 1996, 1997; Day & Roberts, 1991; Dryfoos, 1994, 1998; Knapp, 1995; Lawson & Briar-Lawson, 1997; Melaville & Blank, 1998; Schorr, 1997; Taylor & Adelman, 2000; U.S. Department of Education, 1995; U.S. General Accounting Office, 1993).

> Trends are toward granting flexible use of categorical funds and temporary waivers from regulatory restrictions.

Marginalization, fragmentation, and competition are still the norm. Policy makers have come to appreciate the relationship between limited intervention efficacy and the widespread tendency for complementary programs to operate in isolation. Limited efficacy does seem inevitable as long as interventions are carried out in a piecemeal and often competitive fashion and with little follow through. From this perspective, reformers have directed initiatives toward reducing service fragmentation and increasing access to health and social services.

The call for "integrated services" clearly is motivated by a desire to reduce redundancy, waste, and ineffectiveness resulting from fragmentation (Adler & Gardner, 1994). Special attention is given to the many piecemeal, categorically funded approaches such as those created to reduce learning and behavior problems, substance abuse, violence, school dropouts, delinquency, and teen pregnancy. By focusing primarily on the above matters, policy makers fail to deal with the overriding issue, namely that addressing barriers to development and learning remains a marginalized aspect of policy and practice. Fragmentation stems from the marginalization, but concern about such marginalization is not even on the radar screen of most policy makers.

Despite the emphasis on enhancing collaboration, the problem remains that the majority of programs, services, and special projects designed to address barriers to student learning still are viewed as supplementary (often referred to as auxiliary services) and continue to operate on an ad hoc basis. The degree to which marginalization is the case is seen in the lack of attention given such activity in consolidated plans and certification reviews and the lack of efforts to map, analyze, and rethink how resources are allocated. Educational reform virtually has ignored the need to reform and restructure the work of school professionals who carry out psychosocial and health programs. As long as this remains the case, reforms to reduce fragmentation and increase access are seriously hampered. More to the point, the desired impact for large numbers of children and adolescents will not be achieved.

At most schools, community involvement also is a marginal concern, and the trend toward fragmentation is compounded by most school-linked services' initiatives. This happens because such initiatives focus primarily on coordinating community services and linking them to schools, with an emphasis on co-locating rather than integrating such services with the ongoing efforts of school staff. Fragmentation is worsened by the failure of policy makers at all levels to recognize the need to reform and restructure the work of school and community professionals who are in positions to address barriers and promote development (Adelman & Taylor, 2000a). Reformers mainly talk about "school-linked integrated services" apparently in the belief that a few health and social services are a sufficient response. Such talk 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 the 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 they have stretched their resources to the limit. Another problem is that the overemphasis on school-linked services is exacerbating rising 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.

In short, policies shaping current agendas for school and community reforms are seriously flawed. Although fragmentation and access are significant concerns, marginalization is of greater concern. It is unlikely that the problems of fragmentation and access will be appropriately resolved in the absence of concerted attention in policy and practice to ending the marginalized status of efforts to address factors interfering with development, learning, parenting, and teaching.

Emerging Themes for Change

Despite all the above, it remains the case that too little is being done, and prevailing approaches are poorly conceived. At the same time, existing reform initiatives do represent attempts to improve on an unsatisfactory status quo. And, their deficiencies are stimulating ideas for new directions that reflect fundamental shifts in thinking about addressing barriers to learning and about school counselors and all other school personnel who play a role in this arena. Three major themes have emerged so far: (a) the move from fragmentation to cohesive intervention; (b) the move from narrowly focused, problem-specific, and specialist-oriented services to comprehensive general programmatic approaches; and (c) the move toward research-based interventions, with higher standards and ongoing accountability emphasized.

Toward cohesiveness. As already noted, education support programs (including compensatory and special education programs) are developed and function in relative isolation of each other. Available evidence suggests this produces fragmentation which, in turn, results in waste and limited efficacy. National, state, and local initiatives to increase coordination and integration of community services are just beginning to direct school policy makers to a closer look at school-owned services (Adler & Gardner, 1994; California Department of Education, 1997; Center for Mental Health in Schools, 2000a; Kahn & Kamerman, 1992; Los Angeles Unified School District, 1995; Urban Learning Center, 1998; U.S. General Accounting Office, 1993). This is leading to new strategies for coordinating, integrating, and redeploying resources.

Toward comprehensiveness. Most schools still limit many forms of intervention for providing student (and family) assistance to individuals who create significant disruptions or experience serious personal problems and disabilities. In responding to the troubling and the troubled, the tendency is to rely on narrowly focused, short-term, cost-intensive interventions. Given that resources are sparse, this means serving a small proportion of the many students who require assistance and doing so in a noncomprehensive way. The deficiencies of such an approach have led to calls for increased comprehensiveness, both to better address the needs of those served and to serve greater numbers. To enhance accessibility, the call has been to establish schools as a context for providing a significant segment of the basic interventions that constitute a comprehensive approach for meeting such needs. One response to all this is the growing movement to create comprehensive school-based centers. More broadly, to counter what some describe as "hardening of the categories," there are trends toward granting flexible use of categorical funds and temporary waivers from regulatory restrictions (Adler & Gardner, 1994; U.S. General Accounting Office, 1993). There is also renewed interest in cross-disciplinary education, with several universities testing interprofessional collaboration programs. Such initiatives are intended to increase the use of generalist strategies in addressing the common factors underlying many student problems. The aim also is to encourage less emphasis on who owns the program and more attention to accomplishing desired outcomes (Adelman, 1996a, 1996b; Adelman & Taylor, 1994, 1997, 1998, 1999; Dryfoos, 1998; Lawson & Briar-Lawson, 1997; Lawson & Hooper-Briar, 1994; Lipsky & Gartner, 1996; Meyers, 1995; Young, Gardner, Coley, Schorr, & Bruner, 1994).

Research-based interventions. Increasing demands for accountability are blending with the desire of scholars to improve the state of the art related to interventions. Various terms are used including *research-based, empirically supported,* and *empirically validated.* An extensive literature reports positive outcomes for psychological interventions available to schools (e.g., Policy Leadership Cadre for Mental Health in Schools, 2001). However, enthusiasm about positive findings is tempered by the reality of the restricted range of dependent variables (e.g., short-term improvement on small, discrete tasks), limited generalization, and uncertain maintenance of outcomes. With respect to individual treatments, most positive evidence comes from work carried out in tightly structured research situations (e.g., "hot house" environments). Unfortunately, comparable results are not found when prototype treatments are institutionalized in school and clinic settings (Gitlin, 1996, Weisz, Donenberg, Han, & Kauneckis, 1995, Weisz, Donenberg, Han, & Weiss, 1995). Similarly, most findings on classroom and small group programs reflect short-term experimental studies, usually without a follow-up phase. It remains an unanswered question as to whether the results of such projects will be sustained when prototypes are translated into widespread applications (Adelman & Taylor, 2000b; Elias, 1997). And the evidence clearly is insufficient to support any policy restricting schools the use of empirically supported interventions. Still, there is a menu of promising prac-

tices, with benefits not only for schools (e.g., better student functioning, increased attendance, and less teacher frustration), but for society (e.g., reduced costs related to welfare, unemployment, and use of emergency and adult services). The state of the art is promising; the search for better practices remains a necessity.

Reframing School Reform to Fully Address Barriers to Learning

Key to ending the marginalized status of efforts to address barriers to learning include expanding comprehensiveness and ensuring school reform initiatives fully integrate education support activity. Presently, there are several windows of opportunity for moving such an agenda forward.

Windows of Opportunity for Systemic Change and Renewal

Among the most prominent windows of opportunity are the major initiatives to reform schools and welfare and health services. Each reform initiative is shifting the ways in which children and their families interface with school and community. For example, among other things, school reform is eliminating social promotion, introducing zero tolerance policies, and calling for inclusion of exceptional children in regular programs (Center for Mental Health in Schools, 2001c; Lipsky & Gartner, 1996). If such changes are to benefit the targeted students, current implementation strategies must be thoroughly overhauled, and well-designed interventions for prevention and early-after-onset correction of problems are essential. To these ends, school counselors and all other school personnel concerned with these matters must find their way to leadership tables so that effective system-wide changes are designed and implemented.

Similar opportunities arise around welfare reform. As the pool of working parents is increased, there is an expanding need for quality day care and preschool programs and programs to fill nonschool hours for all youngsters. Health reforms also are beginning to stimulate renewed interest in primary and secondary prevention. As local schools and neighborhoods wrestle with the implications of all this, the result can be more fragmented and marginalized programs, or steps can be taken to weave changes into the fabric of a comprehensive approach for addressing barriers to development and learning. School counselors and others who often are designated as student support staff have not yet emerged as key participants in these arenas, but the opportunity for assuming a leadership role is there.

Another window of opportunity comes from the rapid expansion of technological applications. Although schools are just beginning to incorporate the many advances, in the next few years technology will provide major avenues for improving the way school counselors and many other school staff function. Now is the time to take the lead in planning how technology will be used in working with students and their families and in building capacity for more effective, less costly interventions. Tools are already available for empowering student choice and self-sufficiency and system capacity building. Improved computer programs are emerging that systematically support many intervention activities, and the Internet offers amazing ways to increase access to information and resources, enhance collaborative efforts including consultation and networking, and provide personalized continuing education and distance learning (Center for Mental Health in Schools, 2000b).

Toward Comprehensive, Multifaceted Approaches

Prevailing initiatives and windows of opportunity provide a context for formulating next steps and new directions. Building on what has gone before, we submit the following propositions. First, we suggest that many specific problems are best pursued as an integrated part of a comprehensive, multifaceted continuum of interventions designed to address barriers to learning and promote healthy development. For another, we submit that comprehensive, multifaceted approaches are only feasible if the resources of schools, families, and communities are woven together. A corollary of this is that the committed involvement of school, family, and community is essential in maximizing intervention implementation and effectiveness.

With these propositions firmly in mind, in this section we discuss two topics. Each represents a major arena for policy and practice to make the above propositions a reality. First, we place all initiatives for addressing barriers to learning within the context of a comprehensive and multifaceted continuum of braided interventions. Then, we explore the importance of thoroughly integrating such initiatives into prevailing school reforms.

A comprehensive and multifaceted continuum of braided interventions. Problems experienced by students generally are complex in terms of cause and needed intervention. This means interventions must be comprehensive and multifaceted.

How comprehensive and multifaceted? As illustrated in Figure 1, the desired interventions can be conceived as a continuum ranging from a broad-based emphasis on promoting healthy development and preventing problems (both of which include a focus on wellness or competence enhancement) through approaches for responding to problems early-after-onset, and extending on to narrowly focused treatments for severe/chronic problems. Not only does the continuum span the concepts of primary, secondary, and tertiary prevention, it can incorporate a holistic and developmental emphasis that envelops individuals, families, and the contexts in which they live, work, and play. The continuum also provides a framework for

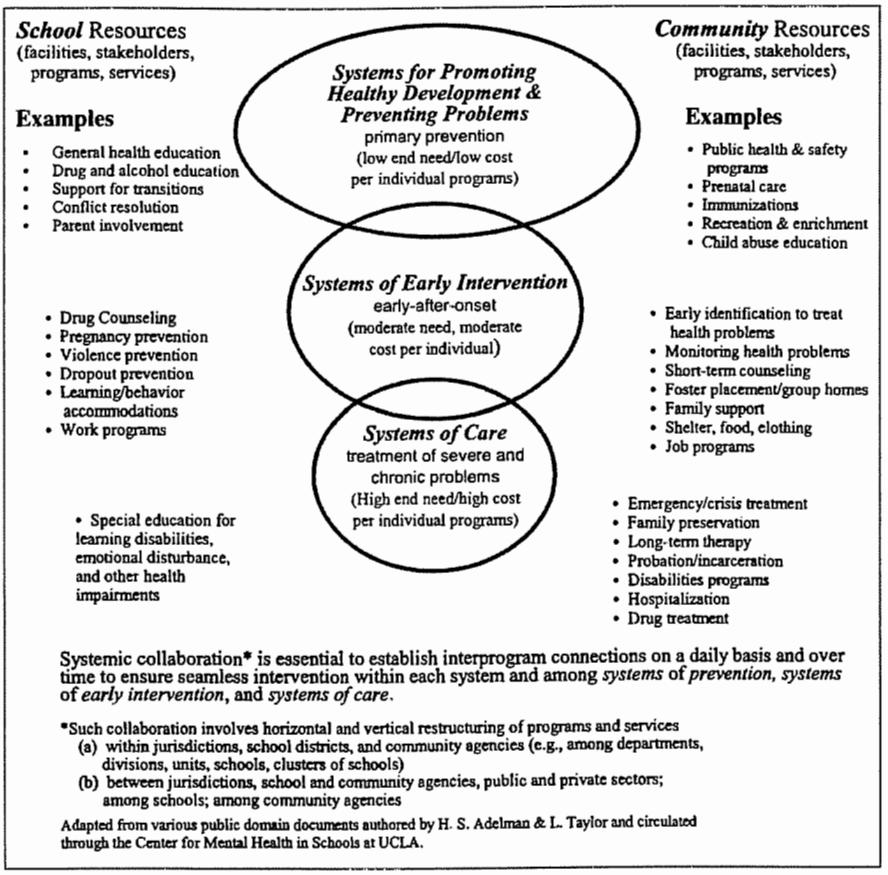

Figure 1. Interconnected systems for meeting needs of all students.

adhering to the principle of using the least restrictive and nonintrusive forms of intervention required to appropriately respond to problems and accommodate diversity.

Moreover, given the likelihood that many problems are not discrete, the continuum can be designed to address root causes, thereby minimizing tendencies to develop separate programs for each observed problem. In turn, this enables increased coordination and integration of resources which can increase impact and cost-effectiveness. Ultimately, as indicated in Figure 1, the continuum can evolve into integrated systems by enhancing the way the interventions are connected. Such connections may involve horizontal and vertical restructuring of programs and services (a) within jurisdictions, school districts, and community agencies (e.g., among divisions, units) and (b) between jurisdictions, school and community agencies, public and private sectors, among clusters of schools, and among a wide range of community resources.

Integrating with school reform. It is one thing to stress the desirability of developing a full continuum of interventions; it is quite another to propose that schools should be involved in doing so. In the long run, the success of such proposals probably depends on anchoring them in the context of the mission of schools. That is, the recommendations must be rooted in the reality that schools are first and foremost accountable for educating the young. In particular, such proposals must reflect an appreciation that schools tend to become concerned about addressing a problem when it clearly is a barrier to student learning. Moreover, it is the entire constellation of external and internal barriers to learning that argues for schools, families, and communities working together to develop a cohesive, comprehensive, multifaceted approach. Indeed, to achieve their educational mission, schools need to address barriers to learning and to do so with more than school-linked, integrated health and human services. Addressing barriers involves comprehensive, multifaceted strategies that can only be achieved through strong school-community connections. School-community connections are particularly important in poverty areas where schools often are the largest piece of public real estate in the community and also may be the single largest employer.

As stressed above, however, the current situation is one where schools marginalize everything except efforts designed to improve teaching and enhance the way schools are managed. Therefore, we suggest that policy makers must move beyond what fundamentally is a two-component model dominating school reform. While improving instruction and the management of schools obviously are essential, our work points to the need for a three-component framework for reform (Adelman, 1996a; 1996b; Adelman & Taylor, 1994, 1997, 1998; Center for Mental Health in Schools, 1996, 1997, 1998). The third component is conceived as fundamental and essential for developing comprehensive, multifaceted approaches to enable learning by addressing barriers. Thus, we call it an enabling component. Enabling is defined as "providing with the means or opportunity; making possible, practical, or easy."

A 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 and school and community agency restructuring. That is, to enable teachers to teach effectively, we suggest there must not only be effective instruction and well-managed schools, but also that barriers must be handled in a comprehensive way. All three components are seen as essential, complementary, and overlapping. By calling for reforms that fully integrate a focus on addressing barriers, the enabling component concept provides a unifying theory for responding to a wide range of psychosocial factors

interfering with young people's learning and performance, encompasses the type of models described as full-service schools, and goes beyond them. Adoption of such an inclusive, unifying concept is seen as pivotal in convincing policy makers to move to a position that recognizes the essential nature of activities that enable learning. More specifically, the enabling component 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.

When current policy and practice are viewed through the lens of this third component, it becomes evident how much is missing in prevailing efforts to enable learning, development, and teaching. The third component provides both a basis for combating marginalization and a focal point for developing a comprehensive framework for policy and practice. When such a component is elevated to a high policy level, it finally will be feasible to unify disparate approaches to preventing and ameliorating psychosocial problems and promoting wellness, thereby reducing fragmentation.

Emergence of a cohesive component to enable learning, of course, requires policy reform and operational restructuring. Specifically, changes must facilitate weaving together what is available at a school; expanding this through integrating school, community, and home resources; and enhancing access to community resources by connecting and linking as many as feasible to programs at the school. We see expanded school reform as a foundation upon which to mesh resources for minimizing risk factors and fostering healthy development. At the same time, there must be a rethinking of community resources and how they can best be connected with schools.

It is important to reiterate that a component to address barriers is central to a school's instructional mission and current activity. In policy and practice, all categorical programs such as Title I, safe and drug free school programs, and special education can be integrated into such a comprehensive component. Of course, accomplishing this requires developing new types of mechanisms that can coordinate and eventually integrate school-community-home resources.

The curriculum of an enabling component. As reforms reshape and restructure school environments, a critical matter is defining what the entire school must do to enable all students to learn and all teachers to teach effectively. This means ensuring school reforms are designed not only for those students who are motivationally ready and able to profit from "high standards" curriculum and instruction, but also can address the needs of those encountering external and internal barriers that interfere with their benefiting from improved instruction. Such barriers include all of the factors that make it difficult for teachers to teach effectively. School-wide approaches to address barriers are especially important where large numbers of students are affected and at any school that is not yet paying adequate attention to considerations related to equity and diversity. Leaving no child behind means addressing the problems of the many who are not benefiting from instructional reforms.

Adoption by school policy makers of an enabling component affirms the proposition that a comprehensive, multifaceted, integrated continuum of interventions is essential in addressing the needs of youngsters who encounter barriers interfering with academic progress (e.g., Adelman & Taylor, 1994, 1997; Center for Mental Health in Schools, 1999). The continuum presented in Figure 1 helps guide development of such a cohesive, integrated approach.

An additional framework helps to operationalize the concept of an enabling component in ways that coalesce and enhance the types of programs schools must pursue to ensure all students have an equal opportunity to succeed at school. The emphasis is on all students.

As can be seen in Figure 2, in operationalizing an enabling component at a school, we begin with a conceptualization of the full range of learners who comprise a student body. At one end are those who come to

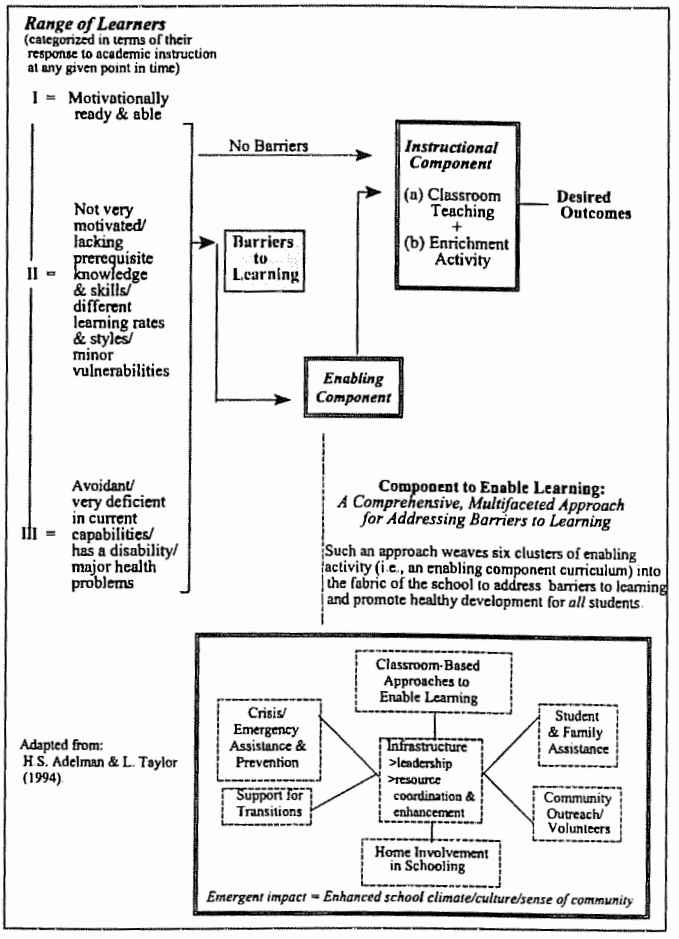

Figure 2. An enabling component to address barriers to learning and enhance healthy development at a school site.

school motivationally ready and able to learn what the teacher has planned on any given day. Unfortunately, teachers in many schools find that too many of their students do not fall into this group. It is these students who constitute the rest of the student body. One way to think about their situation is to view them as encountering barriers that result over time in learning, behavior, and sometimes emotional problems. The enabling component at a school must be designed to address as many external and internal interfering factors as is feasible. And, it must do so in ways that attend to the full continuum outlined in Figure 1, including systems to promote healthy development and prevent problems. Of particular concern is minimizing interventions that control and manage behavior at the expense of re-engaging students in school learning and maximizing use of strategies that enhance intrinsic motivation for succeeding at school. Properly designed and implemented, an enabling component should produce benefits for the entire range of learners at a school.

From this perspective, we use a framework that outlines six programmatic arenas (see Figure 2). We refer to these six arenas as the component's curriculum. This curriculum encompasses programs to (a) enhance classroom-based efforts to enable learning; (b) support transitions; (c) increase home involvement in schooling; (d) respond to and prevent crises; (e) provide prescribed student and family assistance; and (f) outreach to develop greater community involvement and support. Each of these is described briefly. For a more complete description, see Adelman (1996b) and Adelman and Taylor (1998).

1. Classroom-focused enabling. Programmatic activity to enhance classroom-based efforts to enable learning is accomplished by increasing teachers' effectiveness in accommodating a wider range of individual differences, fostering a caring context for learning, and preventing and addressing a wider range of problems. Such efforts are essential to increasing the effectiveness of classroom instruction, supporting inclusionary policies, and reducing the need for specialized services. Work in this area requires systematic programs to (a) personalize professional development of staff; (b) develop the capabilities of paraeducators, assistants, and volunteers; (c) provide temporary out-of-class assistance for students; and (d) enhance resources in the classroom.
2. Support for transitions. Students and their families are regularly confronted with a variety of transitions (e.g., changing schools, changing grades, inclusion from special education, before and after school transitions, school-to-work or postsecondary education). Examples of transition programs include (a) school-wide activities for welcoming new arrivals and ensuring ongoing social supports, (b) articulation strategies to support grade transitions and special education transitions, and (c) before and after school and vacation activities to enrich learning and provide recreation in a safe environment.
3. Home involvement in schooling. A range of programs include activities to (a) address the learning and support needs of adults in the home, (b) help families learn how to support students with schoolwork, (c) improve communication and connections between home and school, and (d) elicit collaborations and partnerships from those at home to meet school and community needs.
4. Crisis assistance and prevention. Schools must respond to, minimize the impact of and prevent crises. This requires systematic programs for (a) emergency response at a school and community wide and (b) minimizing risk factors to prevent crises related to violence, suicide, and child abuse. A key mechanism in this area is development of a crisis team educated in emergency response procedures. The team can take the lead in planning ways to prevent crisis by developing programs for conflict mediation and enhancing a caring school culture.
5. Student and family assistance. This one area encompasses most of the services that are the focus on integrated service models. Social, physical, and mental health assistance available in the school and community are integrated to provide personalized services. Systems for triage, case, and resource management increase consistency and effectiveness.
6. Community outreach for involvement and support. Most schools do their job better when they are an integral and positive part of the community. For schools to be integral, steps must be taken to create and maintain collaborative connections. Outreach can be made to (a) public and private agencies, (b) higher education, (c) business and professional organizations, (d) churches, and (e) volunteer service organizations. One facet of all this outreach is establishment of programs designed to recruit, prepare, and maintain volunteers to assist students in school programs.

From a psychological perspective, the impact of developing sound programs related to each area is establishment of an atmosphere that encourages mutual support and caring and creates a sense of community. Such an atmosphere can play a key role in preventing problems in learning, behavior, emotional, and health. Caring begins when students and families feel they are truly welcomed at schools and have a range of social supports. School and community programs that promote cooperative learning, peer tutoring, mentoring, human relations, and conflict resolution enhance a caring atmosphere.

The usefulness of the concept of an enabling component as a broad unifying focal point for policy and practice is evidenced in its adoption by various states and localities around the country such as the California

Department of Education (1997) and the Los Angeles Unified School District (1995), both of whom call it a Learning Supports component, and the Hawaii Department of Education (1999) whose version is called a Comprehensive Student Support System. The concept of an enabling component also has been incorporated into the New American Schools' Urban Learning Center (1998) Model as a break-the-mold school reform initiative. The U. S. Department of Education recognized the Urban Learning Center Model as an important evolving demonstration of comprehensive school reform and has included the design in federal legislation as one of 22 out- standing models that schools are encouraged to adopt.

Take the lead in planning how technology will be used in building capacity for more effective, less costly interventions.

Implications for New Directions for School Counselors: A Proactive Agenda

Our analyses envision schools and communities weaving their resources together to develop a comprehensive continuum of programs and services designed to address barriers to development, learning, parenting, and teaching. From a decentralized perspective, the primary focus in designing such an approach is on systemic changes at the school and neighborhood levels. Then, based on understanding what is needed to facilitate and enhance local efforts, changes must be made for families of schools and wider communities. Finally—with clarity about what is needed to facilitate school and community-based efforts and school-community partnerships—appropriate centralized restructuring can be pursued.

Whether or not what we envision turns out to be the case, counselors and pupil service personnel must be proactive in shaping their futures. In doing so, they must understand and take advantage of the windows of opportunity that are currently open as a result of major reform initiatives and the rapid advances in technology. We also think they need to adopt an expanded vision of their roles and functions (Policy Leadership Cadre for Mental Health in Schools, 2001). Politically, they must integrate themselves fully into school reform at all levels and especially at the school site as decentralization makes local decision making the norm.

For some time, policy and practice changes have suggested the need for restructuring personnel roles and functions and systemic mechanisms (at schools, in central offices, and by school boards). A few examples will illustrate matters of particular relevance to school counselors.

Rethinking Roles and Functions

Many influences are reshaping and will continue to alter the work of school counselors. Besides changes called for by the growing knowledge base in various disciplines and fields of practice, initiatives to restructure education and community health and human services are creating new roles and functions. Clearly, counselors and the full range of pupil service personnel will continue to be needed to provide targeted direct assistance and support. At the same time, their roles as advocates, catalysts, brokers, leaders, and facilitators of systemic reform will expand. As a result, they will engage in an increasingly wide array of activity to promote academic achievement and healthy development and address barriers to student learning. In doing so, they must be prepared to improve intervention outcomes by enhancing coordination and collaboration within a school and with community agencies in order to provide the type of cohesive approaches necessary to deal with the complex concerns confronting schools (Adelman, 1996a, 1996b; Freeman & Pennekamp, 1988; Gysbers & Henderson, 2000, 2001; Lapan, 2001; Marx, Wooley, & Northrop, 1998; Reschly & Ysseldyke, 1995).

Consistent with current systemic changes is a trend toward less emphasis on intervention ownership and more attention to accomplishing desired outcomes through flexible and expanded roles and functions. This trend recognizes underlying commonalities among a variety of school concerns and intervention strategies and is fostering increased interest in cross-disciplinary training and interprofessional education (Carnegie Council on Adolescent Development, 1995; Lawson & Hooper-Briar, 1994).

Clearly, all this has major implications for changing school counselor roles, functions, preparation, and credentialing. Efforts to capture key implications are discussed in a recent report from the Center for Mental Health in Schools (2001a). The report uses several frameworks to reframe roles, functions, and credentialing. The frameworks were outlined in work with an expert panel convened by one state's credentialing commission to provide guidelines for revision of the state's standards for developing and evaluating credential programs for school counselors, psychologists, and social workers.

The first framework outlines basic dimensions that should guide future development of the work, education, and credentialing of school counselors. The three basic dimensions are: (a) level of professional development, (b) major areas of function, and (c) nature and

scope of competencies. Level of professional development encompasses (a) preservice, (b) induction, (c) inservice for mastery, and (d) education for supervision and administration. Major areas of function are conceived as (a) direct interventions with students and families, (b) interventions to enhance systems within schools, (c) interventions to enhance school-community linkages and partnerships, and (d) supervision/administration.

Within each area of function are sets of generic and specialized competencies to be learned at various levels of professional development. Although some new knowledge, skills, and attitudes are learned, specialized competence is seen as emerging primarily from increasing one's breadth and depth related to generic competencies. Such specialized learning, of course, is shaped by one's field of specialization (e.g., school counselor, psychologist, social worker) as well as by prevailing views of job demands (e.g., who the primary clientele are likely to be, the specific types of tasks one will likely perform, the settings in which one will likely serve).

Cross-cutting all three dimensions are foundational knowledge, skills, and attitudes. These encompass areas such as (a) human growth, development, and learning; (b) interpersonal/group relationships, dynamics, and problem solving; (c) cultural competence; (d) group and individual differences; (e) intervention theory; (f) legal, ethical, and professional concerns; and (g) applications of advanced technology.

The second framework stresses the need to articulate different levels of competence and clarify the level of professional development at which such competence is attained. Key outcome criteria for designing preservice programs including internship are conceived as developing at least the minimal level of competence necessary to qualify for initial employment. Criteria for completing the induction period are defined as the level of competence necessary to qualify as a proficient school practitioner. This level of competence is to be attained through on-the-job inservice programs specifically designed to induct new school counselors into their designated roles and functions at a school site. Such an induction involves providing support in the form of formal orientation to settings and daily work activity, personalized mentoring for the first year on the job, and an inservice curriculum designed specifically to enhance proficient practice.

Both with respect to ongoing professional development and career ladder opportunities, availability of appropriate on-the-job inservice and academic programs offered by institutions for higher education is essential. These allow school counselors to qualify as master practitioners and, if they desire, as supervisors/administrators. At the same time, it is important to appreciate that few school districts are ready to accept formal certification at these levels as a requisite for hiring and developing salary scales. Thus, for now, such certification is seen as something to be recommended, not required.

New Mechanisms

With specific respect to improving how problems are prevented and ameliorated, all school counselors and personnel designated as student support staff need to lead the way in establishing well-redesigned organizational and operational mechanisms that can provide the means for schools to (a) arrive at wise decisions about resource allocation; (b) maximize systematic and integrated planning, implementation, maintenance, and evaluation of enabling activity; (c) outreach to create formal working relationships with community resources to bring some to a school and establish special linkages with others; and (d) upgrade and modernize interventions to reflect the best models and use of technology. As discussed above, implied in all this are new roles and functions. Also implied is redeployment of existing resources as well as finding new ones. To highlight these matters, a few examples of the type of necessary systemic changes are offered below.

Resource-oriented teams at schools, complexes, and system-wide. Currently, many schools do not have mechanisms focused specifically on how to prevent and ameliorate barriers to learning and teaching. No administrator or team has responsibility for mapping existing efforts, analyzing how well resources are being used to meet needs, and planning how to enhance such efforts. An example of mechanisms designed for these purposes is seen in work related to building a resource coordinating team into the structure of every school and creating a resource coordinating council for a complex or "family" of schools, and creating a system-wide steering body (Adelman, 1993; Adelman & Taylor, 1993, 1998; Center for Mental Health in Schools, 2001b; Lim & Adelman, 1997; Rosenblum, DiCecco, Taylor, & Adelman, 1995).

A resource-oriented team differs from those created to review students such as a student study or success team, a teacher-assistance team, and a case-management team. That is, its focus is not on specific cases, but on clarifying resources and their best use. However, where creation of "another team" is seen as a burden, existing case-oriented teams are asked to broaden their scope. Of course, in doing so, they must take great care to structure their agenda so that sufficient time is devoted to the additional tasks.

A resource-oriented team provides what often is a missing mechanism for managing and enhancing systems to coordinate, integrate, and strengthen interventions. For example, at a school-site, a resource-coordinating team can be responsible for (a) identifying and analyzing activity and resources with a view to improving efforts to prevent and ameliorate

problems; (b) ensuring there are effective systems for prereferral interventions, referral, case management, and quality improvement; (c) guaranteeing effective procedures for program management and communication among school staff and with the home; and (d) exploring ways to redeploy and enhance resources such as clarifying which activities are nonproductive and suggesting better uses for the resources as well as reaching out to connect with additional resources in the school district and community.

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

One of the primary and essential tasks a resource-oriented team undertakes is that of enumerating school and community programs and services that are in place to support students, families, and staff. A comprehensive form of needs assessment is generated as resource mapping is paired with surveys of the unmet needs of students, their families, and school staff. Analyses of what is available, effective, and needed provides a sound basis for formulating strategies to link with additional resources at other schools, district sites, and in the community and to enhance use of existing resources. Such analyses also can guide efforts to improve cost effectiveness. In a similar fashion, a resource-oriented team for a complex or family of schools (e.g., a high school and its feeders) provides a mechanism for analyses that can lead to strategies for cross-school and community-wide cooperation and integration to enhance intervention effectiveness and garner economies of scale.

Although a resource-oriented team might be created solely around psychosocial programs, such a mechanism is meant to bring together representatives of all major programs and services supporting the instructional component (e.g., school counselors, psychologists, nurses, social workers, attendance and dropout counselors, health educators, special education staff, after school program staff, bilingual and Title I program coordinators, health educators, safe and drug free school staff). This also includes representatives of any community agency that is significantly involved with schools.

Enabling component concept calls for expansion from improving instruction and school management to include addressing barriers to learning.

Beyond these "service" providers, such a team is well-advised to add the energies and expertise of administrators, regular classroom teachers, noncertificated staff, parents, and older students.

School-site and central office leadership. School and multisite resource-oriented teams are not sufficient. Site and system-wide policy guidance, leadership, and assistance are required. For example, it is unlikely that a school can create, institutionalize, and foster ongoing renewal of a comprehensive approach to addressing barriers to learning without someone who has the formal responsibility, time, and competence to lead the way and who sits at the administrative decision-making table.

At the central office level, leadership must focus on supporting school and cluster level activity. That is, such leadership must ensure that system-wide resources are truly designed to support the work of school sites in the most effective and efficient ways. This role requires much more than distributing a "fair" share to everyone. It encompasses capacity building strategies that facilitate school site development of comprehensive approaches for preventing and ameliorating problems, including creating readiness for systemic change, leadership training, stakeholder development, and capitalizing on commonalities across sites to achieve economies of scale. Central district offices generally have not attended to establishing a cohesive infrastructure for supporting school-based efforts to develop and enhance comprehensive approaches. Many have quite independent units focused on related matters (e.g., school psychology, counseling, nursing, social work, special and compensatory education, school safety, health education). There often is no overall administrative leader such as an associate superintendent who has the time and expertise to weave the parts together and ensure they are used effectively to support what must go on in each school. Such a leader is needed to (a) evolve the district-wide vision and strategic planning for preventing and ameliorating problems; (b) ensure coordination and integration of enabling activity among groups of schools and system wide; (c) establish linkages and integrated collaboration among system-wide programs and with those operated by community, city, and county agencies; and (d) ensure integration with instructional and management components. This leader's functions also encompass evaluation, including determination of the equity of various efforts, quality improvement reviews of all mechanisms and procedures, and, of course, ascertaining how well outcomes are achieved.

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

The above examples are only a few illustrations of arenas in which school counselors and other support service personnel could play catalytic and leadership roles. The need for change is evident, as are opportunities for pursuing systemic reforms. Equally obvious is the fact that making fundamental changes is not a task for the timid.

Concluding Comments

Over the next decade, initiatives to restructure education and community health and human services will reshape the work of school counselors and their colleagues who provide student support. Although some current roles and functions will continue, many will disappear and others will emerge. Opportunities will arise not only to provide direct assistance but also to play increasing roles as advocates, catalysts, brokers, and facilitators of reform and to provide various forms of consultation and inservice training. And it should be emphasized that these additional duties include participation on school and district governance, planning, and evaluation bodies. All who work to address barriers to student learning must participate in capacity building activity that allows them to carry out new roles and functions effectively. This will require ending their marginalized status through full participation on school and district governance, planning, and evaluation bodies.

The next 20 years will mark a turning point for how schools and communities address the problems of children and youth. Currently being determined is: In what direction should schools go? And who should decide this? Where school counselors are not yet shaping the answers to these questions, they need to find a place at the relevant tables. Their expertise is needed in shaping policy, leadership, and mechanisms for developing school-wide and classroom programs to address barriers to learning and promote healthy development. There is much work to be done as the field of counseling redefines itself to play a key role in schools of the future. ■

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