



Summits Initiative:

New Directions for Student Support

Guidelines for a Student Support Component

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Why New Directions for Student Support?

Let's begin with the question: *Why Student Support?* It's an appropriate question given that schools cannot be responsible for meeting every need of their students. Education is the mission of schools, and policymakers responsible for schools are quick to point this out when they are asked to do more, especially when the focus is on physical and mental health. It is not that they disagree with the idea that healthier students learn and perform better. It is simply that prevailing school accountability pressures increasingly have concentrated policy on instructional practices – to the detriment of all matters not seen as *directly* related to raising achievement test scores. (Remember: Schools are not in the health or mental health business!)

Given these realities, as a general rationale for providing student supports, it is wise to begin with the view of the Carnegie Council Task Force on Education of Young Adolescents (1989) which states:

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.

It is, of course, not a new insight that psychosocial and mental and physical health concerns must be addressed if schools are to function satisfactorily and students are to learn and perform effectively. It has long been acknowledged that a variety of such problems affect learning in profound ways. Moreover, these problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure. Because of this, school policy makers, have a lengthy, albeit somewhat reluctant, history of trying to assist teachers in dealing with problems that interfere with schooling.

Varied policies and initiatives have emerged relevant to efforts to enhance student support. Some directly support school counseling, psychological, social service, and health programs and personnel; others connect community programs and personnel with schools. As a result, most schools have some programs to address a range of concerns, such as school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, and violence. And, there is a large body of research supporting the promise of much of this activity.

Addressing student support involves ensuring

- student support is understood within the broad perspective of psychosocial, mental health, and other health problems, in terms of strengths as well as deficits, and as encompassing the well-being of families and school staff
- the roles of schools/communities/homes are enhanced and pursued jointly
- equity considerations are confronted
- the marginalization and fragmentation of policy, organizations, and daily practice are countered
- the challenges of evidence-based strategies and achieving results are addressed.

All this encompasses

- providing programs to promote social-emotional development, prevent psychosocial and mental health problems, and enhance resiliency and protective buffers
- providing programs and services to intervene as early after the onset of learning, behavior, and emotional problems as is feasible
- building the capacity of all school staff to address barriers to learning and promote healthy development
- addressing systemic matters at schools that affect student and staff well-being, such as high stakes testing (including exit exams) and other practices that engender bullying, alienation, and student disengagement from classroom learning
- drawing on all empirical evidence as an aid in developing a comprehensive, multifaceted, and cohesive continuum of school-community interventions to address barriers to learning and promote healthy development

Current School Practices

School-based and school-linked programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and promotion of positive social and emotional development. Some programs are provided throughout a district, others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at risk." The activities may be implemented in regular or special education classrooms or as "pull out" programs and may be designed for an entire class, groups, or individuals. There also may be a focus on primary prevention and enhancement of healthy development through use of health education, health services, guidance, and so forth – though relatively few resources usually are allocated for such activity.

School districts use a variety of *personnel* to address student support concerns. These may include “pupil services” or “support services” specialists such as psychologists, counselors, social workers, psychiatrists, and psychiatric nurses, as well as a variety of related therapists. Such specialists tend to focus on students seen as problems or as having problems. As outlined in Table 1, their many *functions* can be grouped into three categories (1) direct services and instruction, (2) coordination, development, and leadership related to programs, services, resources, and systems, and (3) enhancement of connections with community resources.

In addition to responding to crises, prevailing direct intervention approaches encompass identification of the needs of targeted individuals, prescription of one or more interventions, brief consultation, and gatekeeping procedures (such as referral for assessment, corrective services, triage, and diagnosis). In some situations, however, resources are so limited that specialists can do little more than assess for special education eligibility, offer brief consultations, and make referrals to special education and/or community resources.

Because the need is so great, others at a school often are called upon to play a role in addressing problems of youth and their families. These include health professionals (such as school nurses and physicians), instructional professionals (health educators, other classroom teachers, special education staff, resource staff), administrative staff (principals, assistant principals), students (including trained peer counselors), family members, and almost everyone else involved with a school (aides, clerical and cafeteria staff, custodians, bus drivers, para-professionals, recreation personnel, volunteers, and professionals-in-training). In addition, some schools are using specialists employed by other public and private agencies, such as health departments, hospitals, and community-based organizations, to provide services to students, their families, and school staff.

Adding to what school education support staff do, there has been renewed emphasis over the past 20 years in the health and social services arenas on increasing linkages between schools and community service agencies to enhance the well-being of young people and their families. This “school-linked services” agenda has added impetus to advocacy for students support efforts.

More recently, the efforts of some advocates for school-linked services has merged with forces working to enhance initiatives for community schools, youth development, and the preparation of healthy and productive citizens and workers. The merger has expanded interest in promoting healthy physical, social, and emotional development and protective factors as avenues to increase students’ assets and resiliency and reduce risk factors.

Table 1

Types of Interveners and Functions

I. Interveners Who May Play Primary or Secondary Roles in Carrying Out Functions Relevant to Learning, Behavior, and Emotional Problems

Instructional Professionals

(e.g., regular classroom teachers, special education staff, health educators, classroom resource staff, and consultants)

Itinerant Therapists

(e.g., art, dance, music, occupational, physical, speech-language-hearing, and recreation therapists; psychodramatists)

Administrative Staff

(e.g., principals, assistant principals, deans)

Personnel-In-Training

Health Office Professionals

(e.g., nurses, physicians, health educators, consultants)

Others

- Aides
- Classified staff (e.g., clerical and cafeteria staff, custodians, bus drivers)
- Paraprofessionals
- Peers (e.g., peer/cross-age counselors and tutors, mutual support and self-help groups)
- Recreation personnel
- Volunteers (professional/paraprofessional/nonprofessional -- including parents)

Counseling, Psychological, and Social Work Professionals

(e.g., counselors, health educators, psychologists, psychiatrists, psychiatric nurses, social workers, consultants)

II. Functions Related to Addressing Student Support at the School and District Level

Direct Services and Instruction

(based on prevailing standards of practice and informed by research)

- Crisis intervention and emergency assistance (e.g., psychological first-aid and follow-up; suicide prevention; emergency services, such as food, clothing, transportation)
- Assessment (individuals, groups, classroom, school, and home environments)
- Treatment, remediation, rehabilitation (incl. secondary prevention)
- Accommodations to allow for differences and disabilities
- Transition and follow-up (e.g., orientations, social support for newcomers, follow-thru)
- Primary prevention through protection, mediation, promoting and fostering opportunities, positive development, and wellness (e.g., guidance counseling; contributing to development and implementation of health and violence reduction curricula; placement assistance; advocacy; liaison between school and home; gang, delinquency, and safe-school programs; conflict resolution)
- Multidisciplinary teamwork, consultation, training, and supervision to increase the amount of direct service impact

Coordination, Development, and Leadership Related to Programs, Services, Resources, and Systems

- Needs assessment, gatekeeping, referral, triage, and case monitoring/management (e.g., participating on student study/assistance teams; facilitating communication among all concerned parties)
- Coordinating activities (across disciplines and components; with regular, special, and compensatory education; in and out of school)
- Mapping and enhancing resources and systems
- Developing new approaches (incl. facilitating systemic changes)
- Monitoring and evaluating intervention for quality improvement, cost-benefit accountability, research
- Advocacy for programs and services and for standards of care in the schools
- Pursuing strategies for public relations and for enhancing financial resources

Enhancing Connections with Community Resources

- Strategies to increase responsiveness to referrals from the school
- Strategies to create formal linkages among programs and services

Advancing Student Support

Clearly, student support activity is going on in schools. Equally evident, there is a great deal to be done to improve what is taking place. Currently, many advocates are competing for the same dwindling resources. Naturally, all want to advance their agenda. And, to do so, the temptation usually is to keep the agenda problem-focused and rather specific and narrow. As a result, diverse school and community resources are attempting to address complex, multifaceted, and overlapping behavior, learning, socio-emotional, and physical health concerns in highly fragmented and marginalized ways. This has led to redundancy, counterproductive competition, and inadequate results.

Needed: Strategic Approaches & Comprehensive Frameworks to Enhance Policy and Practice

It is time to take a close look at all the pieces. The challenge for those focused on student support is not only to understand the basic concerns hampering the field, but to function on the cutting edge of change so that the concerns are effectively addressed. Although efforts to advance student support often are hampered by competing initiatives and agendas, the diversity of initiatives has laid a foundation that can be built upon. There is a need, however, for increased emphasis on *strategic* approaches for enhancing policy and practice. Such strategic approaches can be fostered through efforts to unify thinking about student support. The guidelines presented on the following pages are designed as a fundamental step toward revolutionizing student support. 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 how student support should be defined and implemented at every school.

The guidelines do not suggest that schools should meet every need, but rather indicate the many ways that student support is essential to the school's ability to achieve its mission. The shared intent is to ensure that every student has an equal opportunity to succeed at school by maximizing learning and well-being. More than good instruction is needed if this is to be achieved. Also required is development of comprehensive, multifaceted, and cohesive approaches that address barriers to learning and teaching. Such approaches involve weaving together all activity dealing with barriers to learning, including initiatives for promoting and enhancing healthy development.

Ending the Marginalization

Those who mean to advance student support must work to ensure their agenda is not seen as separate from a school's educational mission. That is, in terms of policy, practice, and research, all student support activity, including the many categorical programs for designated problems, eventually must be embedded fully into school improvement initiatives. This is the key to having the efforts viewed as essential to the learning and teaching agenda. It is also the key to ending the marginalization and fragmentation that currently characterizes most endeavors for addressing barriers to learning at schools.

Clearly, enhancing student support in comprehensive ways is not an easy task. Indeed, it is likely to remain an insurmountable task until school reformers accept the reality that such activity is essential and does not represent an agenda separate from a school's instructional mission. For this to happen, those concerned with student support must encourage reformers to view the difficulty of raising achievement test scores through the complementary lenses of addressing barriers to learning and promoting healthy development. When this is done, it is more likely that student support will be understood as essential to addressing barriers to learning and not as an agenda separate from a school's instructional mission.

Guidelines for a Student Support Component¹

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.)

Guidelines for a Student Support Component (cont.)

¹Adapted 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> or a hardcopy can be ordered from the Center.

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

Appendix A

Rationale for and Some References Relevant to Each Guideline

The *Guidelines for a Student Support Component* are a work in progress. Feedback is welcome and, indeed, is essential to advancing the field. What the guidelines do is provide a focal point for clarifying the nature and scope of student support and for developing standards and quality and accountability indicators. Moreover, they do so in a way that is a good match with the instructional mission of schools.

The following set of rationales is meant as *reference* material – to provide a sense of the conceptual underpinnings for each guideline and why each is presented as an imperative. While the guidelines are meant to be comprehensive, an effort has been made to keep the rationales brief. Even so, the combined set is too lengthy for casual reading and has some necessary redundancies that are common to reference material. Thus, this appendix is best approached as a resource reference.*

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

Extensive bodies of research have identified a variety of commonplace educational and psychosocial problems and external stressors that interfere with students learning and teachers teaching. In addition, there are legal mandates that require providing psychological, counseling, and social and health services to students designated as in need of special education.^{1-5, 6-9}

Thus, to ensure all students have an equal opportunity to learn and succeed, schools must develop comprehensive approaches for

- 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)

Rationale for 1.1: Widespread psychosocial and educational problems affect the ability of many students to be successful in the classroom. Early detection of and effective school-based and linked programs to address the most common problems can make a major difference in students' overall learning and performance. Examples of these problems are: 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.

Rationale for 1.2: The host of external stressors confronting students, families, schools, and communities is widely recognized. In addition to concerns about violence and safety, there is the impact of rapid societal change, families where care of the child is confounded by difficult work schedules, and impoverished home situations. To effectively accomplish their educational mission, schools must work with students, families, and the surrounding community to address such stressors. Counseling, psychological, and social service staff, along with many others in schools, can play an important role by offering programs and services designed to counteract and, when feasible, eliminate stressors. Examples in this arena include: 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.

*See Appendix B for some comments related to staff development and outcome evaluation.

Rationale for 1.3: Schools are required by the Individuals with Disabilities Education Act (IDEA) to have appropriate procedures to identify/evaluate and provide educational services for students with disabilities. Twelve disabilities are specified in federal law – mental retardation, hearing impairment including deafness, speech or language impairment, visual impairment including deafness, emotional disturbance, orthopedic impairment, autism, traumatic brain injury, other health impairment, specific learning disability, deaf-blindness, and multiple disabilities. Section 504 of the Rehabilitation Act (a federal civil rights law) also specifies as a disability any physical or mental impairment that substantially limits a major life activity. Based on such legislation, a major standard for service delivery is the provision of a free appropriate public education for students with disabilities. (See the regulatory guidelines for more details.) Also, because students with disabilities and their families often have multiple and intensive needs, it is essential for school, home, and community resources to work collaboratively to provide an appropriate system of care. The special education terminology overlaps terms commonly used by mental health professionals, such as Attention Deficit Hyperactivity Disorder; Anxiety Disorders (including school phobia); Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; PTSD; Anorexia and Bulimia.

2. Timing And Nature of Problem-oriented Interventions

Schools must be able to respond to specific severe incidents and, by law, must provide designated special education programs. However, in order to minimize the number of severe and/or chronic/pervasive problems that develop over time, schools also must implement programs that can prevent problems, and they must have systems in place for intervening as early-after-onset as is feasible. In effect, the need is for an integrated and overlapping continuum ranging from systems for prevention (including the promotion of healthy development), systems for early-after-onset intervention, and systems for addressing problems that are rather severe, pervasive, and/or chronic.^{3, 6, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20-22, 23, 24-39}

Thus, to ensure all students have an equal opportunity to learn and succeed, schools must develop an intervention continuum that encompasses

2.1 primary prevention

2.2 intervening early after the onset of problems

2.3 interventions for severe, pervasive, and/or chronic problems

Rationale for 2.1: Because of the extreme costs to schools, students, families and communities – financial and personal, it has been evident for decades that interventions are necessary to eliminate/ minimize factors that can produce barriers to learning and teaching (e.g., psychosocial/mental health problems). Obviously, schools cannot do everything. However, if they are to ensure all students are ready to learn each day, schools must design and implement systemic interventions for primary prevention in ways that supplement and link with what families and the surrounding community already is doing well.

Rationale for 2.2: School personnel are in a unique position to identify problems and barriers that are interfering with development and learning. They are in an especially good position to do such identification soon after onset of difficulties. Once identified, school personnel can work with parents to clarify home and school strategies to correct difficulties before problems worsen. Such early action can reduce the costs – both personal and financial – to schools, families, and society.

Rationale for 2.3: Every school will have some youngsters who need specialized assistance in response to specific, severe incidents or to address chronic/pervasive problems. Because schools have limited resources, they usually can only offer legally mandated assistance and short-term and crisis oriented interventions. Therefore, in addition to providing mandated special education interventions and pursuing a limited amount

of counseling/mental health and crisis response activity, schools must develop well conceived referral systems and special linkages with community resources, including those able to provide expanded mental health services at the school site. In addition, they must work closely with families and community agencies with respect to systems of care, including implementation of effective procedures for case monitoring and management.

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

To accomplish their educational mission, schools need to promote cognitive, social, and emotional healthy development, minimize barriers to development and learning, and provide social/emotional support for students, families, and staff. ^{1-5, 10-15, 40-51}

Thus, in addressing students' mental health, schools develop comprehensive approaches for

- 3.1 ensuring academic success and also promote healthy cognitive, social and emotional development and resilience*
- 3.2 addressing barriers to student learning and performance*
- 3.3 providing social/emotional support for students, families, and staff*

Rationale for 3.1: The educational mission of schools comprises not only a focus on academics and addressing barriers to academic learning, but also encompasses a major role in promoting learning and development related to social and emotional functioning and safe, healthy, and resilient behavior. This includes ensuring accessible opportunities to learn responsibility and integrity, to garner the knowledge and skills necessary for effective social and working relationships and for pursuing a safe and healthy life style. Such an expanded set of opportunities is essential to enhancing protective factors, assets, and general wellness. Examples of specific areas for focus include school performance, responsibility and integrity, competency/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, and creativity. With respect to social-emotional learning, consensus has emerged related to four areas of focus (1) life skills and competencies, (2) health promotion and problem-prevention skills, (3) coping skills and social support for transitions and crises, and (4) positive, contributory service to the school and community.

Rationale for 3.2: It is widely acknowledged that various external and internal factors can interfere with a student's ability to benefit from a school's instructional program. Besides personal disorders and disabilities, problems stemming from stressful and hostile community, family, school, and peer factors can interfere with learning and teaching. Researchers often refer to such barriers to learning as risk factors. Counseling, psychological, and social service personnel, along with all other staff in a school district, must play a critical role in addressing such barriers. And, they must do so, first and foremost, with programs that address the needs of the many and then offer a range of individual-focused services to the degree that remaining resources allow.

Rationale for 3.3: The academic and social development of many students are affected by the well-being of their peers, family members, and staff. Thus, schools should pay special attention to providing social and emotional support to all students, families, and school personnel. This involves making all stakeholders aware of the importance of prevention and early identification of stressors and problems and providing ongoing programs to support well-being and appropriate referral/treatment for difficulties/ disorders.

4. Specialized Student and Family Assistance (Individual and Group)

Schools must ensure they meet the needs of the many and thus must offer comprehensive, multifaceted, and integrated interventions designed first and foremost to reach large numbers of stakeholders. This encompasses programs and services for a range of individuals, groups, and families. The tasks involved include assessment activity, referral, triage, and direct services and instruction, monitoring/managing interventions. Additional activities focus on building intervention capacity through consultation, supervision, and inservice instruction and ensuring school-based and school-linked activities are appropriately coordinated and developed. This latter encompasses enhancing connections with and involvement of home and community resources. Special steps also must be taken to minimize negative effects (e.g., stigmatization, over-dependence on the intervener, and other conditions that can limit current and future opportunities).^{1-6, 12-14, 17-22, 40, 41,43, 44-71}

Thus, schools must be able to provide

- 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)

Rationale for 4.1: Assessment of students has varied purposes. (a) First-level *screening* is used to detect symptoms early-after-onset and in some cases to identify students “at risk” for subsequent problems. The focus should be on academic, classroom, school, home, and community contributors to mental health and psychosocial problems. Because first level screens tend to use assessment tools that are prone to significant error, “positive” identifications are supposed to undergo a more detailed assessment to detect “false positives.” (b) Assessment for *diagnosis* is the basis for decisions about the presence of possible disorders/disabilities, and for individuals already diagnosed, reassessments should be made at appropriate intervals to determine whether the diagnostic label is still applicable. (c) Intervention *planning* requires regular and ongoing forms of data gathering and analyses. All such assessment should embrace environmental, person-environment transactions, and personal factors and encompass a focus on strengths (e.g., assets, protective factors), as well as on weaknesses and limitations (e.g., risk factors). In general, the more comprehensive and multifaceted the assessment, the more likely it is that learning, behavior, and emotional problems will be identified and understood and that the data will appropriately inform intervention planning and implementation. This, of course, presupposes reliable and valid assessment procedures. Because such assessment is costly and time consuming, schools should carefully delineate and gather only data that are clearly necessary for decision making and planning (i.e., assessment activity should be parsimonious).

Rationale for 4.2: To ensure an appropriate intervention match for specific students and families who need special assistance, a school must have mechanisms and procedures for referral, triage, and monitoring/managing care. This includes systematic ways to (a) gather information about relevant programs and services, share it with stakeholders, and clarify how students and families can access such interventions, (b) assess referral information in a timely manner, (c) consult with interested parties about particular problems to clarify specific interventions and how to pursue them, (d) ensure that all ethical and legal concerns are addressed, (e) establish connections with programs and services to minimize barriers to student and family enrollment, (f) facilitate student and family enrollment, (g) monitor the initiation of interventions, (h) monitor progress and negative effects, and (i) participate in on-going care management whenever necessary

Rationale for 4.3: For schools to achieve their educational mission, they must incorporate a range of direct services and other interventions that can meet the needs of the many students who are not doing well at school. In pursuing direct interventions, the overall challenge is to use available resources to provide a learning environment where teachers can teach and students can learn (e.g., a school climate characterized by mutual caring and respect, acceptance of responsibility, clear expectations, high standards paired with essential resources and supports, etc.). This encompasses a focus on building assets and addressing problems and doing so in ways that incorporate an understanding of how to personalize interventions to address individual differences in motivation and developmental levels. Because such differences may stem from socio-cultural-economic factors, disorders/disabilities, etc., interventions must be designed with awareness of such considerations. In general, the more comprehensive and multifaceted the range of services and other interventions, the more likely some learning, behavior, and emotional problems will be prevented, others will be identified as early-after-onset as is feasible, and the rest will be included in corrective interventions.

Rationale for 4.4: Schools employ personnel, create systems, and devote other resources to provide a variety programs and services to address problems and promote wellness for students and their families. Analyses of such activity have consistently underscored the fact that these resources are developed in piecemeal ways, are fragmented in their daily operation, and are marginalized in school policy and practice. Recommendations for improving this state of affairs call for enhancing policy and leadership for evolving coordinated, multifaceted, and integrated approaches. This requires mechanisms to increase collaboration within schools (and between schools and community agencies).

Rationale for 4.5: Consultation is viewed as an open exchange that enhances understanding and action. This also characterizes the aim of supervision and inservice programs. From the perspective of the various groups of professionals and individuals in training who are involved with counseling, psychological, social service, health, and other related programs in schools, such exchanges are facilitated by a focus that stresses cross-disciplinary and cross-role learning. Substantively, the focus of all such activity should go beyond problem-oriented models to also encompass models for promoting wellness. In addition, care must be taken to avoid bias toward models of cause that conceptualize problems as rooted within individuals (as contrasted with problems stemming from the way the system is functioning). Relatedly, care must be taken not to overemphasize individual and clinically-oriented interventions at the expense of systemic change.

Rationale for 4.6: Schools cannot and should not be expected to meet the needs of all students in the absence of strong connections with home and community resources. For students and their families, others in the community, and school staff to form effective working relationships, there must be sufficient mutual trust and respect, shared goals, and a general sense of reciprocity. All stakeholders must have the opportunity to play an active, meaningful, and nonsubservient role. Examples of those in a neighborhood who are stakeholders include not only the students, parents, teachers, and staff, but also surrogate parents, the students' siblings, business owners, police who patrol the streets, members of the faith community, and other family serving agencies, or more generally, all who live and work in the community and those who have formal and informal policy, leadership, and intervention roles.

5. Assuring Quality of Intervention

Quality assurance procedures provide a basis for determining whether means are consistent with desired ends and for improving procedures when they are not up to standards. They incorporate a recognition that the effectiveness of interventions are dependent on the intensity, duration, and overall quality with which they are implemented. Therefore, schools and the various programs based at schools must develop policies, infrastructure, mechanisms, procedures, and personnel to monitor, evaluate, and enhance the planning and implementation of each intervention (including assessment) addressing barriers to learning, all related training activity, and the overall systems that are in operation or are being developed to address such concerns. Throughout this section, the term *Quality Assurance* is meant to designate all this activity and the use of the resulting information to enhance intervention quality. Properly done, quality assurance processes provide an important foundation upon which to pursue outcome evaluation and accountability. ^{1, 10, 11-14, 18, 19, 22, 34, 35, 37-39, 40-44, 50, 54, 55, 58, 60-62, 65-67, 69-71, 74-96}

Thus, to ensure the quality of interventions meet current and evolving standards for practice, schools must ensure that

- 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)

Rationale for guideline 5.1: Given that the systems and interventions at a school for addressing barriers to learning are in a period of transformation, *quality assurance procedures* must use monitoring strategies that promote desired changes in policy, organizational and operational infrastructure, mechanisms, procedures, personnel, and outcomes. With guidance from relevant stakeholder groups (e.g., youth, families, teachers, counseling, psychological, and social service professionals, school nurses, clergy, community leaders and agency personnel), a comprehensive plan for assuring the quality of the program should be developed, maintained and continuously improved. This plan should enable assessment, monitoring, and adjustment of

program structures, processes and outcomes to enhance the likelihood of effective programming for students and their families.

Rationale for 5.2: For schools to address the many barriers interfering with achieving their educational mission, they must continue to develop a comprehensive, multifaceted, and integrated continuum of interventions. *Quality assurance procedures* should focus on how well the needed continuum is developing and recommend improvements. Such a continuum encompasses wellness and prevention programs, interventions for early-after-onset of problems, and specialized assistance for students/families with rather severe, pervasive, and/or chronic problems. It includes school-wide and classroom-based programs as well as specialized services. It requires the combined efforts of school and community. It is designed to meet the school's need to provide for all students.

Rationale for 5.3: There are diverse functions and roles involved in addressing barriers to learning in schools. A broad range of people, including counseling, psychological, and social service professionals and trainees, school health staff, educators, and para- and non-professional volunteers from the school and community, can and should be involved in implementation of the continuum of interventions. *Quality assurance procedures* should determine that all personnel have essential knowledge and skills to perform their roles and functions and all are pursuing continuing education to enhance their job capabilities.

Rationale for 5.4: Programs and services that are directly owned by schools and school districts often are initiated and operated in a piecemeal and fragmented manner. These include those concerned with promoting learning and development (regular school programs), those designed to prevent problems and intervene soon after problems are noted (e.g., the safe and drug free school initiative, counseling services), and those providing specialized assistance for severe and pervasive problems (e.g., dropout programs, special education). The fragmentation results in redundancy of effort and a waste of resources. To counter these negative trends, a mechanism (e.g., a resource-oriented team) and effective procedures for coordination and integration must be in place at the school and must be regularly monitored and improved. *Quality assurance procedures* must determine the impact of such a mechanism and recommend improvements.

Rationale for 5.5: Schools cannot meet their educational mission if they function in isolation of the home and community. In most cases, the family is the most important resource outside the school and sustained and focused efforts should be in place to ensure the home is appropriately involved in schooling. And, given that schools generally do not have sufficient resources to provide a comprehensive, multifaceted continuum of interventions, the trend is to fill gaps and enhance school-based efforts by connecting with community resources. *Quality assurance* procedures must determine how well school programs are connecting with home and community resources and recommend improvements.

Rationale for 5.6: Currently, school programs and services to address barriers to learning are not well integrated with the school's daily instructional efforts. Moreover, the staff providing such programs and services rarely play a major role related to the school's governance. This results not only in fragmented effort, but also in marginalization of the entire enterprise in both policy and practice. *Quality assurance procedures* must focus on how well initiatives for mental health in schools integrate with the school's instructional and governance/management components and recommend improvements.

Rationale for 5.7: Quality assurance procedures must focus on and make recommendations for enhancing the availability, accessibility, and attractiveness of all programs and services designed to address barriers to learning and promote healthy development.

Rationale for 5.8: An increasing number of empirically supported interventions are reported in the literature relevant to addressing barriers to learning and promoting healthy development in schools. *Quality assurance procedures* must focus on the degree to which research-based practices are used and must promote the enhanced use of such practices. Examples of relevant areas to analyze include curricula and training programs that enhance social and emotional learning and comprehensive life skills in students, programs that assist youth in avoiding and coping with violence exposure, programs that assist youth in avoiding substance use, and a range of manualized interventions that address numerous specific disorders and problems in youth (e.g., attentional problems, anxiety disorders). Also of concern are how the knowledge base regarding risk and protective factors is used to alter school environments to affect student functioning and equip school staff to increase assets operating within and around students.

Rationale for 5.9: At any school, students and their families (and staff) represent diverse backgrounds and vary in terms of their interests, attitudes, values, developmental levels, strengths, weaknesses, and limitations. *Quality assurance procedures* must focus on how well interventions account for such individual differences in planning, implementing, and evaluating interventions and recommend improvements.

Rationale for 5.10: It is imperative that schools and practitioners at schools understand and adhere to legal mandates, regulations, contractual obligations, and ethical principles incorporated into the licensing and practice laws of individual states. Violations may represent a failure to protect the welfare of persons involved in programs and services and can lead to lawsuits, loss of licensure, and possible criminal prosecution. *Quality assurance procedures* must focus on and recommend improvements with respect to how well school staff understand and meet the legal obligations related to their jobs.

Rationale for 5.11: *Quality assurance procedures* must focus on and recommend improvements with respect to how well staff adhere to ethical codes and standards for practice (e.g., the system of principles and specific rules that guide professional behavior and are meant to protect the interests of clients and uphold professional standards). Generally, professional guidelines address four broad themes or principles: (1) respect for the dignity of persons, (2) responsible caring (professional competence and responsibility), (3) integrity in professional relationships, and (4) responsibility to community and society. Underlying each of these principles is a commitment to promoting the welfare of individuals and the society as a whole.

Rationale for 5.12: *Quality assurance procedures* must focus on and recommend improvements with respect to the context in which assessment and other intervention activity are implemented. An inappropriate setting can have a profound negative impact on process and outcomes. Moreover, ethical practice in providing many forms of special assistance require settings that ensure privacy. Special education populations are expected to be taught in the least restrictive environment. Alternative schools and specially arranged ("opportunity") transfers reflect settings that can generate renewed feeling of hope or engender a range of negative feelings.

6. Outcome Evaluation and Accountability

Schools and specific practitioners must be results-oriented and accountable to students, families, and society. Well-designed evaluation provides an objective way to demonstrate the impact of interventions to address barriers to learning and contributes to appropriate program development. The focus of evaluation should be on the outcomes for students of all efforts to promote wellness and address problems, as well as on changes in the environment (e.g., programs, processes, sense of community). Positive and possible negative outcomes should be assessed. Evaluation activity should be ongoing and encompass data relevant to widely accepted standards of practice and should use the best available instruments (e.g., employing standardized measures which are replicable across settings). Procedures should allow for attention to different parameters over time and for appropriate adaptations to settings, programs, and populations and for additional data gathering focused on special concerns in a given setting. Analyses should disaggregate data in keeping with relevant program and population considerations.⁹⁷⁻¹¹²

Thus, to guide development of interventions and to ensure that interveners are results-oriented, effective, and accountable, schools must

6.1 gather short-term outcome data

6.2 amass long-term outcome data

6.3 report to key stakeholders and use outcome data to enhance intervention quality

Rationale for 6.1: In general, short-term evaluation efforts address issues that occur within a school year. The selection of parameters to be assessed should be flexible and based on the needs and circumstances of a particular school and its students. Short-term evaluation may emphasize the achievement of specific goals for individual children or a particular classroom. Alternatively, it may focus on a specific situation or event in a school, or on the functioning of the school as a whole.

Rationale for 6.2: Long-term outcome evaluation should be based on specific goals and objectives set out in the school's planning documents (e.g., school improvement plan, strategic plan, etc.). Given that academic progress encompasses one set of goals, the other arena for outcome measurement can be conceived as learning related to social and personal functioning – including wellness and progress related to overcoming problems. Although not as easily measured, learning related to social and personal functioning are the most direct indicators of the impact of many counseling, psychological, and social and health service programs. Long-term evaluation procedures should be geared to the particular needs, circumstances, and realities of each school and flexible enough to be modified over time in order to accommodate specific dilemmas that may arise.

Rationale for 6.3: Accountability involves reporting outcomes to key stakeholders, and outcome data are an essential basis for decision making about how to enhance intervention quality.

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For more information, references, and resources related to student/learning support, see the Center for Mental Health in Schools, which operates under the auspices of the School Mental Health Project at UCLA. The Center's website is: <http://smhp.psych.ucla.edu>

Appendix B

Guidelines for a Student Support Component

A Few Comments Related to Staff Development and Outcome Evaluation

A note on staff development:

To ensure staff (teachers, counselors, psychologist, social workers, special needs teachers, school nurses, aides, front office staff, etc.) have the necessary knowledge, skills, and attitudes, staff development should include a focus on ways to

- (a) be a positive social model and create effective opportunities for students to communicate and bond with staff
- (b) improve the school atmosphere to support not only cognitive, but social, emotional, and physical development
- (c) build healthy, enduring, trusting bonds with families through developing proactive relationships and regular, meaningful, and effective two-way communications
- (d) increase understanding of healthy development and what motivates students (encompassing an appreciation of individual differences and group diversity)
- (e) provide opportunities for motivated practice (repetition, rehearsal) to integrate emotional experiences, and awareness with cognitive abilities (planning, problem-solving, etc.) and behavior
- (f) provide opportunities for all youngsters to engage in positive roles at school and in the community as part of their service, recreational, and enrichment experiences
- (g) plan, implement, and evaluate an integrated approach to fostering social, emotional, and physical development
- (h) increase understanding of barriers to learning (including ensuring that staff understands the effects on students' academic and social development of transient, but important stressors, such as school-related transitions, loss or trauma, family instability/divorce)
- (i) plan and implement strategies for identifying when a youngster is troubled, appropriately identify and refer individuals experiencing learning, behavior, emotional, and physical health problems
- (a) engage the family in shared problem-solving when early signs of learning, behavior, emotional, or physical health difficulties arise
- (b) develop appropriate strategies for enhancing the likelihood that all students have an equal opportunity to learn and succeed

While specific staff development considerations are not articulated for each guideline area, the various examples for outcome evaluation cited throughout this appendix also provide a focus for enhancing staff competence. That is, an appreciation of the results that are expected informs, but should not limit, staff development.

Toward Outcome Evaluation

The focus here is on outcome evaluation. At the same time, it is important to stress that for schools to accomplish the guidelines they must have specific written policies and effective infrastructure, mechanisms, procedures, and personnel. Thus, *process* evaluation should focus on the degree to which this is the case, and where there are systemic deficiencies, evaluation should provide data to guide system improvements.

Below are a few examples of relevance to *outcome* evaluation related to each guideline area. No attempt has been made to be exhaustive or to delineate specific measures; the point is to stimulate thinking about quantitative and qualitative outcome evaluation.)

Guideline Area 1

Major Areas of Concern Related to Barriers to Student Learning

Examples of *outcomes* that might be evaluated related to 1.1 (*Addressing common educational and psychosocial problems*) include how well the school

- delineates a plan to minimize and respond to everyday problems such as misbehavior, interpersonal upsets, harassment, and bullying, commonplace learning and language problems, etc.
- provides staff development to increase understanding of the various factors that cause such problems and how to determine different causes (factors internal to the student, factors in the surrounding settings, or a combinations of both)
- addresses such problems through a developing a full continuum of programs (prevention, early-after-onset intervention, corrective interventions undertaken in collaboration with the home and relevant community resources)
- provides teachers and other staff with strategies that enhance their ability to reduce the impact of such problems (including capitalizing on students' strengths and assets, fostering protective factors, and changing environmental circumstances to minimize risk factors)
- uses information gathered when responding to the problems to (a) identify whether a particular youngster may need more specialized assistance and (b) plan ways to minimize future problems

Examples of outcomes that might be evaluated related to 1.2 (*Countering external stressors*) include how well the school

- assesses the prevalence of major stressors on students, families, and staff
- counteracts and, when feasible, eliminates stressors (e.g., through developing collaborative relationships with the home and relevant community resources)
- facilitates student/family access to programs that address such basic needs as food, clothing, and shelter
- provides for crisis response to address incidents that threaten the sense of security at a school or are disruptive to teaching and learning
- provides crisis aftermath interventions designed to meet the needs of those who are experiencing lingering effects
- plans and implements crisis prevention programs

Examples of *outcomes* that might be evaluated related to 1.3 (*Teaching, serving, and accommodating disorders/disabilities*) include how well the school

- provides staff with inservice training to increase understanding of the nature and impact of disorders/disabilities
- ensures timely referral of students for evaluation and necessary educational assistance
- includes parents as full partners in their child's individual educational plan
- uses qualified examiners, as determined by state law, to participate in and guide the evaluation process and to ensure that all assessment procedures are selected and administered in ways that avoid racial and cultural bias (e.g., a variety of tools and instruments must be used, and no single procedure may be used as the sole criterion for identification and determination of needed special assistance)
- uses qualified personnel who meet state certification or licensing requirements as service providers
- ensures timely provision of necessary special assistance for students with disabilities
- uses the general education curriculum and settings with students who are nondisabled to the maximum extent in educating students with disabilities (e.g., a student with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum)
- provides related services when required as part of the Individual Education Plan (IEP) (e.g., psychological, social, and counseling services, health and rehabilitation counseling, parent counseling and training); when school staff cannot provide such services, use contracts and agreements with other service agencies and qualified providers in the community
- ensures that school and community interventions are monitored, coordinated, and woven together to address student & family needs
- enables all students with disabilities to participate in all state and district-wide assessments, with modifications or through alternate assessments as necessary, in order that they may fully benefit from the efforts of school reform and accountability.

Guideline Area 2

Timing and Nature of Problem-Oriented Interventions

Examples of *outcomes* that might be evaluated related to 2.1 (*Primary prevention*) include how well the school

- pursues primary prevention as an integrated part of a comprehensive, multifaceted continuum of interventions for addressing barriers to learning and promoting healthy development
- integrates/interfaces with systems of early intervention and systems of care
- engages school, home, and community resources in a joint, committed effort – allowing for each to make adaptations to meet specific needs
- ensures approaches encompass school-wide environment, classroom environment and curriculum, support for families, enhancement of home involvement, etc. and take multiple forms – including

environmental redesign, integration into the curriculum counseling, enrichment, peer supports for students and families, etc. (i.e., address environment, person-environment transactions, as well as person factors)

- develops approaches that reverse or reduce known risks and enhance protective factors by promoting positive attitudes and developing capabilities/skills and knowledge (e.g., a universal approach for all students; a selective approach for individuals or subgroups deemed “at risk”)
- develops long term strategies – spanning the school career with repeated interventions to minimize the impact of risk factors and continue to enhance protective factors and resiliency

Examples of *outcomes* that might be evaluated related to 2.2 (*Intervening early after the onset of problems*) include how well the school

- identifies and reaches consensus with relevant stakeholders re. key stressors or problems
- develops intervention planning procedures that meet needs by using the least restrictive and disruptive interventions and that personalize content and processes to match participant levels of motivation and development
- assesses effectiveness of school and home interventions at regular intervals to confirm needs are addressed, plans are reformulated as needed, and interventions are ended when sufficient progress is achieved
- develops strategies for period reassessments to detect whether difficulties have reappeared and, if so, to reintervene quickly
- establishes practices for addressing specific stressful events that might exacerbate existing vulnerabilities (e.g. provide for temporary or permanent class and school changes)

Examples of *outcomes* that might be evaluated related to 2.3 (*Interventions for severe, pervasive, and/or chronic problems*) include how well the school

- provides short-term, on site interventions for effectively responding to a *specific severe incident*. Such interventions minimally should: (a) stabilize the situation and protect those involved, including providing special accommodations as necessary, (b) inform and involve the family in addressing the problem, (c) assess the need for and implement school program modifications and ongoing accommodations to minimize future problems, (d) assess the need for referral to other resources in the school (e.g., individual counseling, group counseling, special education assessment/services), school district (e.g., special programs and units such as crisis response, suicide prevention team), and community (e.g., family health provider, public agencies), (e) refer, as needed, to appropriate, agreed upon resources and provide support to ensure an effective connection with the referral, (f) monitor to determine that referrals are assisting in appropriate and effective ways, and (g) ensure all special assistance is managed in ways that maximizes coordination and integration of multiple interventions.
- responds effectively to *pervasive/chronic problems* by providing information and access to the full range of special programs for which the student may be eligible. Such responses minimally should (a) involve parents and student in all planning and decision making, (b) provide referral for assessment to determine eligibility for all appropriate special programs (e.g., special education for those who are diagnosable as having emotional disturbance and /or ADHD, with or without other health impairments or learning disabilities, etc.), (c) reassess those already receiving special education services to determine that services are appropriate and sufficient., (d) include a plan (e.g., as part of the IEP) for transition out of special programs, as soon as appropriate, (e) implement environmental accommodations that address individual differences and disabilities in ways that minimize problems and their impact, (f) link with appropriate community mental health resources to establish effective systems of care (e.g., case

monitoring and management), (g) mobilize the family and student to enhance the effectiveness of interventions, and (h) support the principle of full inclusion by regularly evaluating progress and, as soon as feasible, implementing the plan to transition the student out of interventions that disrupt and restrict participation in regular school programs.

Guideline Area 3

General Domains for Intervention in Addressing Students' Needs and Problems

A few general facets for *outcome* evaluation include how well the school

- helps students at every grade grow into responsible and caring persons, with a particular focus on development of social, emotional, and physical health outcomes;
- enhances school-wide climate and an environment in each classroom that promotes development of assets and minimizes barriers
- addresses risk factors that arise from such circumstances as student and family transitions, stressful or violent incidents and major crises, etc.
- assists student, families, and staff with specific problems (including stress-related difficulties or mental health problems)

Guideline Area 4

Specialized Student and Family Assistance (Individual and Group)

Examples of *outcomes* that might be evaluated related to 4.1 (*Assessment for initial screening of problems, as well as for diagnosis and intervention planning*) include how well the school

- uses the most reliable and valid assessment procedures, with special attention given to procedures that minimize racial, cultural, and other biases
- ensures family informed consent is obtained for all assessment
- develops a written plan for screening possible cognitive, social, emotional, and physical health problems at designated intervals
- ensures that all positive screening findings are followed-up to determine their validity using in-depth assessment procedures
- pursues diagnostic assessment only when necessary (e.g., when it is necessary for prescribing treatment)
- plans and implements reassessments at necessary intervals to clarify changes in the nature and scope of a student's problem(s)
- ensures data are gathered regularly when interventions are implemented and are used as a basis for ongoing intervention planning
- coordinates all school-based assessment activity and outreach to coordinate with other agencies involved in assessing student/family problems

Examples of *outcomes* that might be evaluated related to 4.2 (*Referral, triage, and monitoring/management of care*) include how well the school

- compiles information on the nature and scope of programs and services available to students and families at the school, in the district, and in the community (including a range of resources that stress efforts to minimize the impact of external and internal risk factors and enhance protective factors and resiliency)
- informs all stakeholders about available programs and services and how to access them (using multiple means of communication and the range of languages represented in the community)
- develops strategies to facilitate self- and other referrals
- processes referrals in a timely manner – ensuring serious problems are referred immediately and others are referred as quickly as feasible
- includes all involved parties in decision making about specific interventions
- formulates recommendations to account for feasibility of access (costs to the family, student and family schedules, considerations related to primary language, cultural difference, disabilities and disorders)
- ensures all ethical and legal concerns are addressed (e.g., related to consumer decision making, informed consent, privacy, mandated reporting , sharing information)
- establishes formal and informal connections with programs and services to minimize bureaucratic barriers that can delay or prevent student and family enrollment in a program or service
- establishes a step-by-step process that includes plans to facilitate enrollment and overcome barriers to student and family follow-through in enrolling in recommended interventions
- ensures intervention benefits and negative effects are systematically reviewed and decisions regarding continuing or modifying an intervention are data driven
- establishes on-going care management to ensure coordination and integration of intervention efforts

Examples of *outcomes* that might be evaluated related to 4.3 (*Direct services and instruction*) include how well the school

- provides staff development on how to plan and implement school-wide and classroom-based activity that (a) focuses on building assets and addressing problems; (b) incorporates an understanding of how to personalize interventions to address individual differences in motivation and developmental levels (including an appreciation of socio-cultural-economic factors, disorders/disabilities, etc); and (c) creates opportunities to establish positive and supportive relationships among all school staff and with students and their parents
- plans and implements, over time, a comprehensive and multifaceted intervention continuum encompassing (a) prevention (e.g., programs to enhance wellness through instruction, guidance and counseling, mentoring and advocacy programs, before and after school programs, transition interventions, crisis prevention through human relations and mediation programs, etc.); (b) early-after-onset interventions (e.g., tutoring and other academic supports, counseling, peer mediation, conflict resolution, crisis response, employee assistance programs, etc.); and (c) intensive and specialized assistance (e.g., intensive counseling and therapy, alternative and special educational programs, wrap-around approaches for delivering systems of care, crisis intervention, recovery, and aftermath services)

Examples of *outcomes* that might be evaluated related to 4.4 (*Coordination, development, and leadership related to school-owned programs, services, resources, and systems*) include how well the school

- provides leadership and other staff development to establish a clear vision and goals for how to evolve comprehensive, multifaceted, and integrated approaches related to school and community programs to address barriers to student learning and promote healthy development; this encompasses cross-disciplinary and cross-role training
- enhances communication among those responsible for support programs and services (e.g., communication about goals, roles and functions, procedures, problems and how to solve them, progress, etc.)
- expands the roles, functions, and accountability requirements of those responsible for support programs and services to encompass resource mapping, analysis, and redeployment for purposes of evolving comprehensive, multifaceted, and integrated approaches
- provides orientation and staff development that enables new staff to catch up to their colleagues with respect to systemic changes
- outreaches to coordinate and integrate with community resources

Examples of *outcomes* that might be evaluated related to 4.5 (*Consultation, supervision, and inservice instruction with a transdisciplinary focus*) include how well the school

- provides ongoing staff development for consultants, supervisors, and inservice instructors that expand their understanding of wellness programs, contemporary models for understanding problems, and strategies for moving beyond individual oriented interventions to ones that address the needs of the many students in a classroom and school (including models for systemic change)
- ensures all school staff and individuals in training have regular access to specialists and cross-disciplinary exchanges for purposes of mutual sharing, consultation, and mentoring related to promoting healthy development and addressing barriers to learning.

Examples of *outcomes* that might be evaluated related to 4.6 (*Enhancing connections with and involvement of home and community resources*) include how well the school

- assigns sufficient resources to develop effective connections and involvement – especially if there are specific barriers such as language and cultural differences that must be addressed (e.g., resources in the form of translation services, provision of child care, time, space, budget)
- includes family and community representatives in the planning, design, implementation, revision, and evaluation of programs and services
- develops multiple access points and multiple ways for family and community representatives to provide input and feedback
- provides opportunities for all stakeholders to learn about each other (e.g., activities where similarities and differences in backgrounds, current status, interests, areas of competence, values, concerns, etc. are shared)
- provides opportunities for all stakeholders to develop a shared vision and goals for working together to strengthen the youngsters, school, families, and the neighborhood

Guideline Area 5

Assuring Quality of Intervention

Examples of *outcomes* that might be evaluated related to 5.1 (*Systems and interventions are monitored and improved as necessary*) include how well the school

- designs and uses processes in ways that are consistent with the vision for evolving systems and interventions to address barriers to learning, with adjustments allowed to accommodate immediate feasibility considerations
- allocates sufficient resources to implement procedures in a timely, appropriate, and effective manner
- develops and maintains an updated list of representatives of all stakeholder groups who are regularly asked to provide feedback about the quantity and quality of their opportunities for involvement in activities related to addressing barriers to learning and promoting healthy development
- provides stakeholders with multiple channels for conveying such feedback and addressing factors interfering with feedback (e.g., related to language, culture)
- reviews and uses the feedback to enhance stakeholder commitment and involvement (e.g., informing stakeholders of the changes made as a result of their feedback)
- focuses on results (e.g., relevant changes in policy, organizational and operational infrastructure, mechanisms, procedures, personnel, and outcomes; progress in developing a comprehensive, multifaceted, and integrated continuum of interventions)

Examples of *outcomes* that might be evaluated related to 5.2 (*Programs and services constitute a comprehensive, multifaceted continuum*) include how well the school

- develops stakeholder understanding of the importance, nature, and scope of a comprehensive, multifaceted continuum of interventions addressing barriers to student learning and how to enhance the continuum of interventions
- elicits stakeholder feedback about the current status of the continuum – focusing on both what the school is doing (school-wide and in the classroom) and what the community is doing with respect to promoting wellness and addressing problems (including providing appropriate accommodations, responding to crises, meeting special education needs in ways that are consistent with a commitment to inclusion)
- enhances development of the continuum of programs and services

Examples of *outcomes* that might be evaluated related to 5.3 (*Interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development*) include how well the school

- employs sufficient staff (including an appropriate proportion who have licenses/credentials or are in the process of obtaining such certification) to address the school's needs in developing a comprehensive, multifaceted, continuum of interventions
- provides regular opportunities for staff to participate in relevant learning experiences (e.g., consultation, supervision, mentoring and “shadowing,” team activities, workshops, conferences) provided by persons with appropriate expertise and focused generally on addressing barriers to student learning (e.g., promotion of social and emotional development, addressing problems, cultural and institutional considerations, relevant laws and regulations, educational processes)
- offers specific opportunities for cross-disciplinary, cross-role, and cross-agency learning

- provides specific learning opportunities related to the daily activities for which an individual has particular responsibilities
- provides opportunities during planning and implementation of interventions for stakeholders to provide their ideas for improving the program/service
- takes steps to analyze and use quality assurance data to enhance the number employed and improve intervener knowledge and skills
- delineates policies and practices for providing staff development for student support staff
- links such continuing professional education to school-wide improvement programs and integrates it with staff development for other school personnel
- includes relevant stakeholders in planning, implementing, and evaluating the scope, timing, and delivery and impact of the staff development for such personnel
- plans, implements, and evaluates the staff development in a well-conceived and effective manner (e.g., the process reflects research-based approaches that underscore the importance of interactive and reflective learning over time)
- employs Internet, distance learning, and other advanced technologies to enhance the feasibility, nature, and scope of professional development
- takes steps to analyze and use quality assurance data to improve the state of affairs related to the above matters.

Examples of *outcomes* that might be evaluated related to 5.4 (*School-owned programs and services are coordinated and integrated*) include how well the school

- uses mechanisms and procedures to ensure program/service coordination and integration
- provides those responsible for ensuring program/service coordination and integration opportunities to learn about relevant school and district-owned programs, services, and related resources
- reviews and analyzes programs/services/resources to identify linkage problems and plan improvements
- takes steps to pursue planned improvements toward more effective program/service coordination and integration.

Examples of *outcomes* that might be evaluated related to 5.5 (*School-owned programs and services are connected to home & community resources*) include how well the school

- addresses factors that interfere with efforts to coordinate and integrate with the home and with community resources that are needed to fill gaps in a school's programs/services
- offers a sufficient range of home involvement programs and related family-oriented services (e.g., adult education opportunities, family assistance services, opportunities for involvement in school governance, program planning, and quality assurance)
- uses mechanisms and processes for regular outreach to and involvement with such community resources as mental health and social service agencies, youth development and advocacy programs, local businesses, etc. (e.g., staff focused on outreach to enhance resources, staff focused on working with community agencies to implement referral, triage, and case management procedures)
- makes formal agreements connecting school with community resources

- takes steps to analyze and use quality assurance data to improve school-home and school-community connections.

Examples of *outcomes* that might be evaluated related to 5.6 (*Programs and services are integrated with instructional and governance/management components at schools*) include how well the school

- specifies such integration in its guiding principles (e.g., vision and policy statements)
- plans for such integration in the school improvement plan
- assigns responsibility for such integration to a school administrator
- facilitates such integration through formal representation on the governance body
- facilitates such integration through participation of counseling, psychological, and social service staff in (a) instructional planning activity, (b) classroom program implementation, and (c) providing inservice instruction on a regular basis to the instructional staff and those involved in governance
- facilitates such integration through analysis and use of quality assurance data.

Examples of *outcomes* that might be evaluated related to 5.7 (*Program/services are available, accessible, and attractive*) include how well the school

- delineates its procedures for making teachers, administrators, students and their families aware of existing programs/services and how to access them
- engages support staff in activity that (a) informs stakeholders about programs/services, (b) increases the attractiveness and reduces concerns about programs/services, (c) instructs stakeholders regarding access procedures, (d) enhances resources and systems
- conveys to all stakeholders that support staff are competent, committed, responsive, and caring and that the programs are necessary, important, and beneficial
- invests in making programs/service facilities attractive (e.g., ensuring that they are well- equipped, lighted, and decorated)
- facilitates use of programs/services – distinguishing between those that are mandated and those that are voluntary
- takes steps to analyze and use quality assurance data to improve availability, accessibility, and attractiveness.

Examples of *outcomes* that might be evaluated related to 5.8 (*Empirically-supported interventions are used when applicable*) include how well the school

- uses programs/services that have a designated research base
- provides learning opportunities for support staff, and other personnel providing similar functions, to increase their knowledge and use of research-based practices to decrease risk factors and increase assets and protective factors through individual and environment-focused interventions
- takes steps to analyze and use quality assurance data to increase the use of research-based practices.

Examples of *outcomes* that might be evaluated related to 5.9 (*Differences among students/families are appropriately accounted for*) include how well the school

- stresses the need to respect and account for diversity and differences in its mission and policy statements
- provides staff development for support personnel to enhance their competence for accounting for diversity and differences
- allocates resources in ways that account for relevant individual and subgroup differences
- uses assessment practices to identify differences that are relevant to planning, implementing, and evaluating interventions
- personalizes interventions to account for relevant individual and subgroup differences
- disaggregates evaluation data account for relevant differences among subgroups of students
- takes steps to analyze and use quality assurance data to improve how diversity and differences are accounted for.

Examples of *outcomes* that might be evaluated related to 5.10 (*Legal considerations are appropriately accounted for*) include how well the school

- assesses staff knowledge of current legal mandates and regulations and standards of practice that apply to their activity (e.g., intervention mandates, privacy safeguards, reporting requirements, school policies and how they apply to professionals who work at a school site but are not employees of the school system)
- provides staff development to keep them updated
- provides access to informed consultation (e.g., with school administration or an attorney) to clarify legal and policy considerations)
- delineates legal relationships and obligations in contracts between schools and community providers and specifies guidelines for school system employees and school-based community providers
- monitors legal violations
- takes steps to analyze and use quality assurance data to improve the state of affairs related to the above matters.

Examples of *outcomes* that might be evaluated related to 5.11 (*Ethical issues are appropriately accounted for*) include how well the school

- assesses staff knowledge of current ethical guidelines and standards for practice that apply to their activity (e.g., the ethical codes developed by their guilds, the standards of practice specific by the school district)
- provides staff development to keep them updated
- provides access to informed consultation when ethical dilemmas arise
- monitors ethical violations and has in place a written procedure for handling complaints and reports of violations
- takes steps to analyze and use quality assurance data to improve the above matters.

Examples of *outcomes* that might be evaluated related to 5.12 (*Contexts for intervention are appropriate*) include how well the school

- delineates a plan for ensuring the general school environment and each classroom constitutes a safe and inviting learning environment that contributes to a sense of community
- specifies policies and school-wide and classroom-based practices for addressing factors that interfere with learning and teaching (e.g., practices that minimize threats to and enhance feelings of competence, self-determination, and relatedness)
- assesses the various settings in the school designated for counseling, psychological, and social services to ensure their functional relevance
- provides enough space for designated programs and services
- assigns space in ways that maximize the match between intervention processes and student/family factors (e.g., the need for privacy, the need to accommodate a highly active youngster)
- specifies policies supporting environmental and natural situation assessments (e.g., in the classroom, on the playground, in the home)
- takes steps to analyze and use quality assurance data to improve the above matters.

Guideline Area 6

Outcome Evaluation and Accountability

To monitor evaluation efforts, the focus might include how well the school

- provides for ongoing collection of data to assess demographic and utilization variables including nature, scope, and duration of program/service involvements, numbers involved, their ages and gender, ethnicity, nature of disorders/disabilities. etc.
- includes measures of (a) individual student-related outcomes such as attendance, classroom behavior, interpersonal functioning, timely completion of assignments, enhanced involvement in extra curricular activities, satisfaction with programs/services, progress toward long-term goals, (b) individual family-related outcomes such as how well they meet basic family needs, involvement in schooling, satisfaction with programs/services, (c) specific classroom-related outcomes such as aggregate of individual student outcome data and collection of comparable data on the others in the class, classroom civility, number and frequency of requests for disciplinary measures and specialized assistance, satisfaction with programs/services, (d) situation-related outcomes such as impact of crisis response and aftermath interventions, frequency of “copy cat” incidents following a suicide or suicide attempt by a student or teacher, and (e) school-wide outcomes such as impact on attendance, tardiness, misbehavior, bullying and sexual harassment, home support of child and involvement in schooling, referrals for specialized assistance, referrals for special education, student pregnancy, suspensions, dropouts, satisfaction with programs/services
- uses accrued data on short-term goals and objectives as one set of long-term outcomes
- gathers data at designated grade levels (e.g., end of elementary, end of middle school) on students’ learning related to social and personal functioning (e.g., social learning and behavior, character/values, healthy and safe behavior, civility)
- uses measures of progress toward a comprehensive, multifaceted, and integrated continuum as indicators of system development (e.g., ways in which programs and services have been enhanced to promote healthy development and address barriers to learning and teaching, numbers of students and families who have benefitted, etc.)
- uses data for accountability purposes and to enhance intervention quality

*A Note About Outcomes and Accountability**

Everyone knows the importance of having data on **results**. Few would argue against being **accountable** for their actions and outcomes. But solving complex problems requires use of comprehensive, multifaceted, and integrated interventions, and thus, the accountability framework also must be comprehensive, multifaceted, and integrated. With respect to mental health in schools, the need is for expanding the framework for school accountability.

As with many other efforts to push reforms forward, policy makers want a quick and easy recipe to use. Most of the discussion about accountability centers on making certain that program administrators and staff are held accountable. Little discussion wrestles with how to maximize the benefits (and minimize the negative effects) of accountability efforts. As a result, in too many instances the tail is wagging the dog, the dog is getting dizzy, and the public is not getting what it needs and wants.

School accountability is a good example of the problem. Policy makers want schools, teachers, and administrators (as well as students and their families) held accountable for higher academic achievement. As measured by what? As everyone involved in school reform knows, the only measure that really counts right now is achievement test scores. These tests drive school accountability, and what such tests measure has become the be-all and end-all of what is attended to by many. This produces a growing disconnect between the realities of what it takes to improve academic performance and where many policy makers and school reformers are leading the public.

This disconnect is especially evident in schools serving what are now being referred to as “low wealth” families. Such families, and those who work in schools serving them, have a clear appreciation of many barriers to learning that must be addressed so students can benefit from classroom instruction. Parents and teachers stress that, in many schools, major academic improvements are unlikely until comprehensive and multifaceted programs/services to address these barriers are developed and pursued effectively. At the same time, it is evident to anyone familiar with the situation that there is no direct accountability for whether these barriers are addressed. To the contrary, when achievement test scores do not reflect an immediate impact for the investment, efforts essential for addressing barriers to development and learning often are devalued and cut.

Thus, rather than building the type of comprehensive, multifaceted, and integrated approach needed to enable improved academic performance, prevailing accountability measures pressure schools to maintain a narrow focus on strategies whose face validity suggests a direct route to improving performance. The implicit underlying assumption of most of these teaching strategies is that students are motivationally ready and able each day to benefit from the teacher’s instructional efforts. The reality, of course, is that in too many schools the *majority* of youngsters are not motivationally ready and able and, thus, are not benefitting from the instructional refinements. For many students, the fact remains that there are a host of external interfering factors. Logically, well designed, systematic efforts should be directed at addressing such factors. However, accountability pressures override the logic and result in the marginalization of almost every initiative that is not seen as directly (and quickly) leading to academic gains.

Ironically, not only does a restricted emphasis on achievement measures work against the logic of what needs to be done, it works against gathering evidence on how essential and effective it is to address barriers to learning directly. As long as school accountability ignores these concerns, it remains difficult to make an empirical case for school interventions that focus on interfering factors. This is not to say that it would be easy to show causal connections between such strategies and the immediate and direct results they are meant to produce (never mind showing the long-term, indirect outcomes that they hope to engender).

As Lisabeth Schorr and Daniel Yankelovich warn in an op ed article entitled *What works to Better Society Can't Be Easily Measured*:

. . . "Alas, insistence on irrefutable scientific proof of causal connections has become an obstacle to finding what works, frustrating the nation's hunger for evidence that social programs are on the

right path. Ironically, the methods considered most scientific can actually defeat thoughtful assessments of promising interventions.

Why is this so? It is because scientific experiments are best equipped to study isolated interventions, whereas the most promising social programs don't consist of discrete, circumscribed pieces. . . .

Many new approaches now are becoming available for evaluating whether complex programs work. What they lack in certainty they make up for in richness of understanding that builds over time and across initiatives. Quarrels over which method represents "the gold standard" make no more sense than arguing about whether hammers are superior to saws. . . ."

Properly designed and implemented, school accountability policies provide an important arena in which to pursue the type of new evaluation approaches essential for demonstrating how important education support programs are to the success of school reform.

All this leads to an appreciation of why an expanded framework for school accountability is needed – a framework that includes direct measures of achievement and much more. The figure on the next page highlights such a framework.

Few would argue with the notion that ultimately school reform must be judged in terms of whether the academic performance of students improves significantly (approaching "high standards"). At the same time, it is essential that accountability encompasses all facets of a comprehensive and holistic approach to facilitate and enable development and learning. Such an approach comprises programs designed to achieve high standards for learning related to social and personal functioning and those designed to address barriers to student learning. Currently, efforts in these arenas are given short shrift because they are not part of the accountability framework. To be more specific, it is clear that concerns about social learning and behavior, character/values, civility, healthy and safe behavior, and other facets of youth development are not included when school accountability is discussed. Similarly, school programs/services designed to address barriers to student learning are not attended to in a major way in the prevailing accountability framework. We suggest that "getting from here to there" in improving academic performance also requires expanding the accountability framework to include high standards and related accountability for activities to enable learning and development by addressing barriers. Among the accountability indicators ("benchmarks") for such programs are increased attendance, reduced tardies, reduced misbehavior, less bullying and sexual harassment, increased family involvement with child and schooling, fewer referrals for specialized assistance, fewer referrals for special education, and fewer pregnancies, suspension, and dropouts.

Concern about the need to expand the accountability framework is being driven home through litigation. For example, in California, the ACLU recently initiated a suit against the state to hold them accountable for the substandard conditions found in too many schools. As one of the lawyers states:

"There is a whole lot of talk now about accountability in education. ... I think this is an excellent idea, But who is accountable to our students? The state has established and works through local school boards, but that is a political and legislative choice, not a constitutional mandate. Under general state constitutional law, the buck stops with the governor, the superintendent of public instruction, and other state officials.

But in the daily reality of our schools, there is another answer to the question of who is accountable to our students: No one. The patchwork of laws and regulations that govern conditions in public schools is made up mainly of holes. . . . Public school students lack some of the same protections from slum conditions that tenants have had since 1919.

Where there are standards for schools, no one ever bothers to find out whether they are routinely violated. We regularly inspect workplaces, restaurants and apartment houses. No one inspects our public schools. . . . We desperately need accountability starting at the top."

(Gary Blasi, UCLA professor of law)

*Adapted from the Spring 2000 Newsletter of the Center for Mental Health in Schools.

Expanding the Framework for School Accountability

Indicators of Positive Learning and Development

High Standards for *Academics**
 (measures of cognitive achievements, e.g., standardized tests of achievement, portfolio and other forms of authentic assessment)

High Standards for Learning/Development Related to *Social & Personal Functioning**
 (measures of social learning and behavior, character/values, civility, healthy and safe behavior)

"Community Report Cards"

- increases in positive indicators
- decreases in negative indicators

Benchmark Indicators of Progress for "Getting from Here to There"

High Standards for Enabling Learning and Development by *Addressing Barriers***
 (measures of effectiveness in addressing barriers, e.g., increased attendance, reduced tardies, reduced misbehavior, less bullying and sexual harassment, increased family involvement with child and schooling, fewer referrals for specialized assistance, fewer referrals for special education, fewer pregnancies, fewer suspensions and dropouts)

*Results of interventions for directly facilitating development and learning.

**Results of interventions for addressing barriers to learning and development.