

Addressing Barriers

to Learning

New ways to think . . .

Better ways to link

Volume 4, Number 4

Fall, 1999

Concerns about youth problems and youth outcomes continue to grow, but far too few questions are asked about adult and community responsibility for intervention, prevention, or development. Perhaps this is because youth problem prevention, youth development, and community development are seen as competing priorities rather than inseparable goals.

Karen Pittman

Promoting Youth Development *and* Addressing Barriers

A commonly heard concern is that many interveners are operating on a “fix-problems-first” assumption. This perception probably stems from the fact that sparse public funding tends to force community-based public agencies to focus primarily on a host of designated problems. For instance, in the mental health arena the tendency is to concentrate on mental illness and high visibility psychosocial problems. This does not really reflect a “fix-problems-first” orientation. It is more a matter that policy makers have allocated only a small amount of resources for designated problems, and therefore all the attention goes to “fixing” those problems – *not first but only*.

Whatever the cause, as Karen Pittman laments, it is the case that current policy and practice focuses “too heavily on structuring services to solve problems and too little on strengthening supports and opportunities to increase potential.” Clearly, a focus solely on fixing problems is too limited. Moreover, it is counterproductive. Overemphasis on problems diminishes efforts to promote healthy development, limits opportunity, and can

be motivationally debilitating to all involved. And undermining motivation works against resiliency in responding to adversity.

While community agencies give the appearance of a “fix-problems-first” bias, schools deal with most problems as a last resort. This is not surprising since their assigned mission is to educate. Of course, they do have problems that must be addressed, and this leads to concerns about how they handle them. Critics point out that when support services are needed, they are inadequate and reactive – not kicking in until problems become rather severe and pervasive. Moreover, schools have been accused of having a *deficit orientation* toward many youngsters. This last concern has led to calls for a “paradigm” shift. However, what is advocated often sounds like an abdication of responsibility for addressing problems. The shift needed is one that moves toward a better understanding of the role schools must play in both promoting development *and* addressing barriers.

Watch Out for Either/Or

Those concerned with bettering the lot of youngsters share common purpose – development of strategies focused on benefitting youngsters, families, and neighborhoods. Across the country a dialogue has begun about promoting youth development and addressing barriers to development and learning. In some quarters, this dialogue has taken the form of debate with one side mobilizing a campaign suggesting that youth development is a *sufficient* focus for ensuring the success of *all* youngsters.

With respect to interventions focusing on youth development, resiliency, and assets, this has put some folks on the defensive and into a position of seeming to be against something they favor. It is important to heed Karen Pittman’s statement quoted at the beginning of this Newsletter and the cautious tone in Scales and Leffert’s (1999) book on *developmental assets*. They state:

The developmental assets do not include everything youth need. Young people also need adequate food, shelter, clothing, caregivers who at the minimum are not abusive or neglectful, families with adequate incomes, schools where both children and teachers feel safe, and economically and culturally

(cont. on page 2)

Contents

- *Need resources? technical assistance?*
See page 3.
- Beginning on page 9, we discuss outcomes from a survey of almost 200 programs.
- On pages 11 and 12 is a commentary by Brian Bumbarger entitled *Risks, Assets, and the Common Good*.

vibrant neighborhoods -- not ones beset with drugs, violent crime, and infrastructural decay. For example, young people who are disadvantaged by living in poor neighborhoods are consistently more likely to engage in risky behavior at higher rates than their affluent peers, and they show consistently lower rates of positive outcomes (Brooks-Gunn & Duncan, 1997). Moreover, young people who live in abusive homes or in neighborhoods with high levels of violence are more likely to become both victims and perpetrators of violence (Garbarino, 1995).

Clearly, these youth development advocates understand the need to address barriers.

Debates pitting youth development against the idea of also addressing barriers to development and learning tend to misdirect energy that is needed to deal with three central policy concerns.

- 1. Coalescing resources in the best interests of youngsters, families, schools, neighborhoods, and society.** This requires (a) restructuring what schools allocate to address extrinsic and intrinsic barriers, (b) weaving these resources together with whatever the community can bring to the table, and (c) using the total package to strengthen families and neighborhoods. Paralleling this is the need to ensure cohesive use of youth development resources, and when appropriate, these should be combined with what exists to address barriers.
- 2. Decreasing marginalization.** Efforts to promote healthy development and address barriers are marginalized in policy and practice. This is true at schools and in communities. Such marginalization contributes to scarcity and fragmentation. It will take the united effort of all advocates for youth to alter this state of affairs.
- 3. Countering a deficit bias.** In trying to counter a deficit bias, an atmosphere of divisiveness was created. It is ironic how often concerns about shifting the paradigm to resiliency and campaigns to stop demonizing youth are expressed in ways that demonize school people – teachers, pupil service personnel, administrators. Talk about a deficit view and "conspiracy of low expectations" that worsens the situation! Clearly, there is a problem whenever a harmful bias prevails. Any overemphasis on any facet of human functioning in a system such as schooling can be harmful. From an interventionist perspective, it seems the best way to counter such bias is to develop policy and practice around unifying concepts that reflect a holistic view of people, environments, and systems. This translates into a need for comprehensive, multifaceted approaches that promote healthy development and, as necessary, address external and internal barriers. And, the latter focus is not a "deficit" bias; it represents full appreciation of the complexity of ensuring that all young people are enabled to develop and learn.

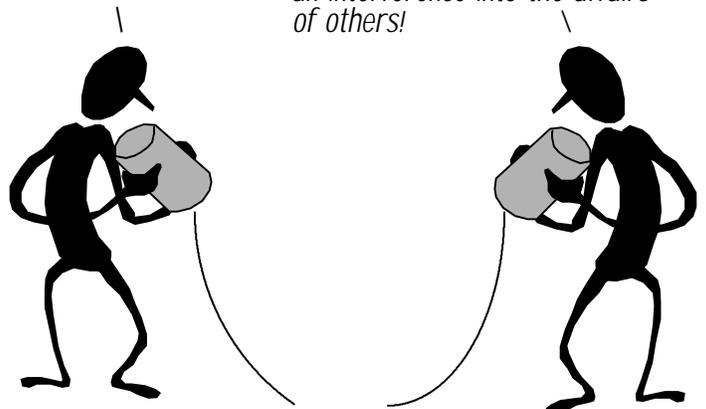
Don't Stop Fixing Problems; Stop Blaming the Victim

Many years ago, William Ryan wrote an important book entitled *Blaming the Victim*. His point was that many problems manifested by individuals are caused by failures of the society, but most intervention activity places the onus for overcoming problems on individuals affected. For example, problem oriented interventions assess and treat individuals rather than addressing external factors causing the problems. The need is for a stronger commitment to improving those environments and systems that affect how well youngsters flourish. This involves interventions that directly (a) facilitate positive growth, development, and learning and (b) minimize factors that interfere with such growth, development, and learning. And, it often means adopting a sequential approach where the first focus is on improving environments/systems, then if necessary, adding interventions directed at specific persons. Moreover, when this latter focus is added, it should be designed to build on strengths, mobilize motivation, develop compensatory strategies, etc.

From the viewpoint of improving the status of young people, there is little to be gained from debates that pit *us vs. us*. Such debates tend to be counterproductive to coalescing policy and practice. Given the endangered status of so many young people, it seems clear that promoting youth development and addressing barriers to learning represent an essential and inseparable agenda. In doing so, of course we must avoid the type of stereotypical thinking and self-fulfilling prophecies that result from a mindless deficit-view of youngsters. And, we must also avoid a boot-strap orientation that comes from not directly addressing barriers that can be removed or minimized so that some youngsters are not confronted everyday with experiences that generate frustration and failure.

Many people define intervention
as providing help to someone.

Yes, but the dictionary says it's
*an interference into the affairs
of others!*



(cont. on page 5)

Center News



NEW . . . Technical Assistance Sampler

A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning

- Highlights outcomes from (and catalogues) almost 200 programs
- Organizes the programs into six major facets of a comprehensive approach and outlines outcomes in a set of six summary tables
- Among the range of programs sampled are those focusing on prereferral interventions, mental health education, major transitions, school-based and linked services, crisis response and prevention, and more.

See page 9 of this Newsletter for some state of the art conclusions presented in this sampler.

Online Resources!

>>>Among the major resources that can now be downloaded in PDF format from our website:

- *Violence Prevention and Safe Schools*
- *Responding to Crisis at a School*
- *Substance Abuse*
- *Confidentiality and Informed Consent*
- *Parent and Home Involvement in Schooling*
- *Cultural Concerns in Addressing Barriers*
- *School-Based Health Centers*
- *Evaluation & Accountability*
- *Financial Strategies*
- *Dropout Prevention*
- *Teen Pregnancy Prevention and Support*
- *Protective Factors (Resiliency)*
- *School Interventions to Prevent Youth Suicide*
- *Attention Problems: Intervention and Resources*
- *Social and Interpersonal Problems*
- *Affect and Mood Problems*
- *Conduct and Behavior Problems*
- *Learning Problems and Learning Disabilities*
- *Screening/Assessing Students: Indicators & Tools*
- *Surveys to Map What a School Has and Needs*
- *Students and Psychotropic Medication*
- *MH in Schools: New Roles for School Nurses*
- *Expanding Policy Leadership for MH in Schools*
- *Expanding Educational Reform to Address Barriers to Learning: Restructuring Student Support Services and Enhancing School-Community Partnerships*

Others can be accessed on the site, and all are available at cost (copying and handling) simply by contacting the Center.

Want resources?
Need technical assistance?

Contact us at:

E-mail: smhp@ucla.edu Ph: (310) 825-3634

Write: Center for Mental Health in Schools
Department of Psychology, UCLA
Los Angeles, CA 90095-1563

Or use our website:

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

If you're not receiving our monthly electronic newsletter (ENEWS), just send an E-mail request to:

listserv@listserv.ucla.edu

leave the subject line blank, and in the body of the message type: **subscribe mentalhealth-1**

Also, if you want to submit comments and information for us to circulate, note them on the form inserted in this newsletter or contact us directly by mail, phone, or E-mail.

Expanding & Coalescing Policy Leadership
for Mental Health in Schools

To enhance initiatives specifically for mental health in schools, our Center hosted a "mini-summit" in June, 1999. The event brought together leaders for a informal exchange on policy and infrastructure concerns. One of the group's recommendations was to find ways to increase the pool of leadership and establish a policy leadership cadre for mental health in schools as a key infrastructure component. Such a group can be a direct force for advocacy and action, a catalyst, a focus for capacity building, and provide a critical mass for mentoring. Thus, our center has begun work to expand the policy leadership pool and build a policy leadership group focusing specifically on

(cont. on page 4)

42.7 % of all
statistics
are made up
on the spot...

Center Staff:
Howard Adelman, Co-Director
Linda Taylor, Co-Director
Perry Nelson, Coordinator
. . . and a host of graduate and
undergraduate students

MH in schools. To date, the response from the field has been outstanding. Now it is time to move forward. Key tasks identified (always with a primary focus on MH in schools) include:

- expanding and coalescing the leadership pool
- developing formal linkages among key organizations (associations, agencies)
- developing cooperative agreements among Centers and other resource sources
- ongoing mapping and monitoring of policy initiatives
- expanding advocacy for policy reforms and comprehensive, multifaceted initiatives

Toward accomplishing these tasks, east and west coast work sessions are planned for Policy Leadership Cadre members and other interested parties (including representatives from various organizations). One session will be held in February in the D.C. area ; the other will be in March on the west coast. In addition to working on the above tasks, the agenda will include status reports on Cadre development, on the Policy Academies funded by SAMHSA's Center for Mental Health Services, and on current efforts to unite the mental health sections of the National Assembly on School-Based Health Care and the American School Health Association (see below).

If you have not been contacted about participating in one of the work sessions, contact our Center for info.



Do You Know About?

NEW
Violence Prevention Center

With federal support, the National Association of School Psychologists (NASP), partnering with the National Mental Health Association (NMHA), has established a Violence Prevention Coordinating Center. For more information, contact:

Larry Sullivan, Ph.D., Director
@ National Mental Health Association
1021 Prince St.
Alexandria, VA 22314-2971
Ph: 703/684-7722 Fax: 703/684-5968
Email: lsullivan@nmha.org

#####

*Strategies to Achieve a Common Purpose:
Tools for Turning Good Ideas into Good Policy*

This 1999 Special Report is written by Lisabeth Schorr, Kathleen Sylvester, and Margaret Dunkle (from the Policy Exchange, Institute for Educational Leadership). It (a) outlines seven broad strategies presented in Schorr's 1997 book *Common Purpose: Strengthening Families and Neighborhoods*, (b) offers a policy tool box for implementing the strategies, and (c) explores how all this can improve early childhood policy and practice. The document can be downloaded from www.policyexchange.iel.org or ordered from the Institute (Ph: 202/822-8405; email iel@iel.org)

#####

*Addressing Barriers to Student Learning –
Systemic Changes at All Levels*

The October-December, 1999 issue of *Reading & Writing Quarterly* offers a series of four articles and a coda based on the work of Adelman and Taylor and their colleagues at UCLA. Included are:

- *Personalizing classroom instruction to account for motivational and developmental differences* (Taylor & Adelman)
- *A school-wide component to address barriers to learning* (Adelman, Taylor, & Schnieder)
- *Scaling-up reforms across a school district* (Taylor, Nelson, & Adelman)
- *Fundamental concerns about policy for addressing barriers to student learning* (Adelman, Reyna, Collins, Onghai, & Taylor)
- *Keeping reading and writing problems in broad perspective.* (Adelman & Taylor)

#####

**For every action there is an
equal and opposite criticism!**

Linking Across the Organizational Divide

Join another organization? . . . Why?

Anyone who belongs to a professional organization is likely to be reluctant to join another group. At the same time, associations that have an interest in mental health in schools have proliferated. Efforts to connect them are ongoing. The latest involves an initiative by two interdisciplinary bodies, the National Assembly on School-Based Health Care (NASBHC) and the American School Health Association (ASHA). In both groups, the sections concerned with school-based mental health are exploring formal ways to connect with each other and with other organizations to increase the exchange of ideas and pursue more effective interventions and policy advocacy. To learn more about these groups and their initiative for *United School Mental Health* contact:

Rachel Grier Sr. Co-Chair/ Leslie Morris, Co-Chair Mental Health Section NASBHC 666 11th Street, NW, Suite 735 Washington, DC 20001	Linda Taylor, Director/ Vincent Ramos, Co-Dir. Social & MH Section ASHA P.O. Box 708 Kent, OH 44240
--	--

(continued from page 2)

What are the Outcomes We All Want for Youngsters?

While there are many ways to group the outcomes, there is broad agreement about what society wants for its young people. The following synthesis reflects outcomes advocated by a wide-variety of individuals and groups, including those stemming from research on youth development, resiliency, protective factors, and developmental assets (see references at end of article).

Essentially, the aims are to enhance youngsters' opportunities, motivation, and capability to develop appropriately and function effectively. Prominent among the domains discussed are:

- (1) *Academics* (including such outcomes as school engagement; motivation and ability to work and relate at school; motivation for self-learning and enhancement of literacy; feelings of academic competence)
- (2) *Healthy and safe behavior* (including the ability to make good decisions about diet, hygiene, health care, involvement in activities; ability to solve interpersonal problems and resolve conflicts; ability to delay gratification and resist impulses and inappropriate social pressures)
- (3) *Social-emotional functioning* (including such outcomes as the ability to relate socially and in working relationships with others encompassing cultural competencies and understanding behavioral norms; ability to handle and reduce stress; ability to express and manage feelings; positive feelings about self and others; feelings of social-emotional competence and connection with significant others; a resilient temperament)
- (4) *Communication* -- verbal and nonverbal (including basic language skills and the ability to read and interpret social cues and understand the perspectives of others)
- (5) *Character/Values* (e.g., personal, social, and civic responsibility; integrity; self-regulation; sense of purpose; feelings of hope for the future)
- (6) *Self-direction* (e.g., ability to make and follow through on good decisions for oneself; feelings of autonomy/self-determination)
- (7) *Vocational and other adult roles* (including knowledge, skills and attitudes for acquiring and maintaining employment, initiating and maintaining intimate adult relationships, and providing effective parenting, etc.)
- (8) *Recreational and Enrichment Pursuits* (including the ability to engage in venues for enhancing quality of life and creativity and for reducing stress).

What Enhances the Likelihood of Positive Outcomes for ALL Youngsters?

Given the need for a dual focus, what follows is a synthesis of various sources related to (1) promoting development and learning and (2) addressing factors that can interfere with healthy development and appropriate learning.

Direct Facilitation of Development and Learning

There is widespread agreement about principles that promote positive development and learning.

◆ *Caring Environments*

After studying youth programs, Karen Pittman and Michelle Cahill conclude environments are experienced by youngsters as caring (1) if the atmosphere created makes them feel welcome, respected, and comfortable, (2) if it structures opportunities to develop caring relationships with peers and adults, (3) if it provides information, counseling, and expectations that enable them to determine what it means to care for themselves and to care for a definable group, and (4) if it provides opportunities, training, and expectations that encourage them to contribute to the greater good through service, advocacy, and active problem solving with respect to important matters. Similar ideas are seen in the "external assets" listed by the Search Institute (e.g., the support and empowerment items – family support, positive family communication, other adult relationships, caring neighborhood, caring school climate, community values youth, youth as resources, safety).

◆ *Facilitating Holistic Development* (including effective teaching and socialization)

This encompasses providing for basic needs related to nutrition, shelter, health, safety, etc.; providing effective parenting and schooling using appropriate structure and expectations; providing opportunities for recreation, enrichment, and creativity and for community, civic, and religious involvement.

The above factors are reflected in a set of 12 principles for positive youth development offered by Urie Bronfenbrenner and Tara White (see Box on page 6).

(cont.)

Principles for Positive Youth Development

Bronfenbrenner and White state: "Where we can make a difference is through influencing child development at the most fundamental level through nurturing the strength of families, schools, neighborhoods, religions and community organizations that come into closest contact with young people. A substantial and growing body of research both in developed and developing countries has identified those elements in a child's environment which can positively influence his or her development. These elements can be summarized in the series of principles below."

I: *"Being There"* – First and foremost, to make possible their intellectual, emotional, social and moral development, children, adolescents and youth need to have adults in their lives.

– but *being there* is not enough

II: *Affection* – Development is enhanced through the formation of enduring affectional relationships between young people and the adults in their lives.

– but *love* is not enough, nor can it be produced to order. For love to develop requires other principles.

III: *Activity* – There must be some form of continuing action that both parties engage in together.

– but *doing things* together is not enough

IV: *Reciprocity* – To a significant extent, the activity must be reciprocal, with the actions of each party being responsive to the actions of the other. Purely one-way processes do little to foster development.

– but *reciprocity* is not enough

V: *Challenge* – In order to foster development, the reciprocal activity must provide the possibility, over time, of becoming progressively more complex. Purely repetitive activities may help sustain development (and that's important) but they can do little to advance it.

– but *challenge* is not enough

VI: *Stability and Continuity* – In order for development to occur, activities must take place on a fairly regular basis over extended periods of time. Activities which occur only occasionally, or are conducted in settings where they are frequently interrupted or soon discontinued, do not permit human development to occur. It takes time for relationships and activities to work their magic.

– but *stability and continuity* is not enough.

VII: *The Developmental Power of Parents* – Especially during childhood and adolescence, the activities and relationships that are most powerful in fostering, sustaining or undermining development are those that occur with parents. This special power of parents derives from their usually strong emotional ties with their children, and with each other. In addition, family members have come to know each other well as a result of having typically lived together over an extended period of time. As a result of both of these circumstances, they are likely to be more motivated and effective than other adults in responding to the needs of their children.

– but *parents* are not the only important agents of children's development.

VIII: *The Developmental Power of Adults Outside the Family* – Adults outside the family play a key role in the development of the young by supplementing, enhancing, or substituting for primary contribution made by parents. For this reason, their involvement is especially important in programs designed for children or youth with special problems.

– but *adults* are not the only important agents in children's development.

IX: *The Developmental Power of Peers* – The development of competence and character during the formative years also requires engagement in joint activities with age-mates and with children who are younger and older. However, a constructive outcome of such experiences depends on a delicate balance between freedom from, and involvement and monitoring by, adults.

– but *activities* with peers are not the only ones that matter; there must also be activities for people.

X: *The Developmental Importance of Altruistic Activities* – In order to function effectively in adult roles, it is essential for the young to develop both the sensitivity and the motivation to be responsive to the needs of others. Although the development of such qualities is furthered by examples provided by parents and other persons in the child's life, having good role models is not enough. There must be actual experience in doing things for others in response to recognized needs.

– but *doing things with others* is not enough; some other kinds of activities are also necessary

XI: *Activities with Objects, Symbols and Ideas* – In order to function effectively in adult roles, it is essential for the young to develop knowledge and skill in working with symbols, objects and ideas. Such experience cannot wait for, or be confined to, school learning but must occur from early on in the home and other settings, and involve a wide variety of activities, both formal and informal (i.e., play, hobbies, music, sports).

XII: *The Importance of Linkages Between Settings* – For developmental processes to function effectively, there must be communication and cooperation between the various settings in which children and their families live their lives. The most important of these settings are the home, health care services, child care and preschool programs, schools, child and adolescent peer groups, neighborhoods and, especially, the world of work.

Addressing Barriers to Development and Learning

There is widespread recognition that a variety of factors – many external, a few internal – interfere

with positive development and learning. The Box below offers a synthesis from various sources.

Barriers to Development and Learning

Based on a review of over 30 years of research, Hawkins and Catalano (1992) identify 19 common risk factors that reliably predict such problems as youth delinquency, violence, substance abuse, teen pregnancy, and school dropout. These factors also are associated with such mental health concerns as school adjustment problems, relationship difficulties, physical and sexual abuse, neglect, and severe emotional disturbance. Such factors are not excuses for anyone not doing their best; they are, however, rather obvious impediments, and ones which no good parent would willingly submit his or her child. Of the 19, the following 14 can be seen as external barriers to healthy development and learning.

*External Factors**

Community

- Availability of drugs
- Availability of firearms
- Community laws and norms favorable toward drug use, firearms, and crime
- Media portrayals of violence
- Transitions and mobility
- Low neighborhood attachment and community disorganization
- Extreme economic deprivation

Family

- Family history of the problem behavior
- Family management problems
- Family conflict
- Favorable parental attitudes and involvement in the problem behavior

School

- Academic failure beginning in late elementary school

Peer

- Friends who engage in the problem behavior
- Favorable attitudes toward the problem behavior

*Other external factors include exposure to crisis events in the community, home, and school, lack of availability and access to good school readiness programs, lack of home involvement in schooling, lack of peer support, positive role models, and mentoring; lack of access and availability of good recreational opportunities, lack of access and availability to good community housing, health and social services, transportation, law enforcement, sanitation; lack of access and availability to good school support programs; sparsity of high quality schools.

Internal Factors (biological and psychological)

Differences (e.g., being further along toward one end or the other of a normal developmental curve; not fitting local “norms” in terms of looks and behavior; etc.)

Vulnerabilities (e.g., minor health/vision/hearing problems and other deficiencies/deficits that result in school absences and other needs for special accommodations; being the focus of racial, ethnic, or gender bias; economical disadvantage; youngster and or parent lacks interest in youngster’s schooling, is alienated, or rebellious; early manifestation of severe and pervasive problem/antisocial behavior)

Disabilities (e.g., true learning, behavior, and emotional disorders)

In designing interventions to address both external and internal barriers to development and learning, it is important to build on and expand principles for facilitating positive development and learning.

Ultimately, addressing barriers to (and facilitating) development and learning must be viewed from a societal perspective and requires fundamental systemic reforms. From this viewpoint, the aim

(cont. on page 8)

becomes that of developing *a comprehensive continuum of community and school programs* for local catchment areas. The framework for such a continuum emerges from analyses of social, economic, political, and cultural factors associated with the problems of youth and from reviews of promising practices (including peer and self-help strategies). It encompasses a holistic and developmental emphasis. Such an approach requires a significant range of multifaceted programs focused on individuals, families, and environments. Implied is the importance of using the least restrictive and nonintrusive forms of intervention required to address problems and accommodate diversity. With respect to concerns about integrating activity, the continuum of community and school interventions underscores that interprogram connections are essential on a daily basis and over time. That is, the continuum must include *systems of prevention, systems of early intervention* to address problems as soon after onset as feasible, and *systems of care* for those with chronic and severe problems. And each of these systems must be connected seamlessly.

Currently, most reforms are not generating the type of multifaceted, integrated approach necessary to address the many overlapping barriers -- including those factors that make schools and communities unsafe and lead to substance abuse, teen pregnancy, dropouts, and so forth. Developing such a comprehensive, integrated approach requires more than linking and coordinating school and community services. It requires reforms that alter the culture and structure of community and school organizational units responsible for facilitating and addressing barriers to development and learning.

A general synthesis of guidelines might include:

- Pursuing systemic changes through a focus on both policy and practice.
- Conceiving programmatic efforts as part of a comprehensive and multifaceted continuum of interventions that is well-integrated.
- Developing every program within a conceptually tight, delineated, and cohesive framework
- Beginning prenatally and maintaining a comprehensive approach at least through high school.
- Adopting strategies to match the diversity of the consumers and interveners (e.g., age, socio economic status, ethnicity, gender, disabilities, motivation).
- Developing strategies for dealing with specific problems in ways that account for common underpinnings.

- Developing social, emotional, and cognitive assets and compensatory strategies for coping with deficit areas.
- Building school, family, and community capacity for participation in efforts to:
 - >enhance caring and supportive environments at home, in school, and in the community that minimize threats to and promote positive feelings of competence, connectedness, and self-determination
 - >clarify and communicate norms about appropriate and inappropriate behavior (including clarity about rules, appropriate rule enforcement, positive “reinforcement” of appropriate behavior; campaigns against inappropriate behavior)
 - >ensure availability and access to essential resources.

References

- H.S. Adelman & L. Taylor (1994). *On understanding intervention in psychology and education*. Westport, CT: Praeger.
- H.S. Adelman & L. Taylor (1997). Addressing barriers to learning: Beyond school-linked services and full service schools. *American Journal of Orthopsychiatry*, 67, 408-421.
- B. Benard (1993). *Turning the corner: From Risk to resiliency*. (compilation of articles) WestEd, 730 Harrison St., San Francisco, CA 94107.
- U. Bronfenbrenner & T.L. White (undated). *Youth and nationhood: An international challenge*. Downloaded from internet site – www.iyfnet.org/document.cfm/22/general/52
- J. Brook-Gunn & G.J. Duncan (1997). The effects of poverty on children. *The Future of Children*, 7, 55-71.
- R.F. Catalano & J.D. Hawkins (1995). Risk-focused prevention: Using the social developmental strategy. Seattle, WA: Developmental Research and Programs.
- J. Garbarino (1995). *Raising children in a socially toxic environment*. San Francisco: Jossey-Bass.
- N. Garnezy (1991). Resilience and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist*, 34, 416-430.
- J.D. Hawkins & R.F. Catalano (1992). *Communities that care: Action for drug abuse prevention*. San Francisco: Jossey-Bass.
- K. Pittman (undated). *Preventing problems or promoting development: Competing priorities or inseparable goals*. See internet – www.iyfnet.org/document.cfm/22/general/51.
- W. Ryan (1971). *Blaming the victim*. NY: Random House.
- P.C. Scales & N. Leffert (1999). *Developmental Assets*. Minneapolis: Search Institute.
- E. Werner & R. Smith (1992). *Overcoming the odds: High-risk children from birth to adulthood*. New York: Cornell University Press.
- M. Weist (1997). Protective factors in childhood and adolescence. In J. Noshpitz (Ed.), *Handbook of child and adolescent psychiatry*, V.3, New York: Wiley.



Ideas into Practice

Looking at Outcomes

In this results-oriented era, policy makers and administrators want to know whether an intervention works. A new "technical assistance sampler" from our Center has been developed as an aid in advocating for efforts to enhance healthy development and address barriers to learning. The current working draft of this "outcomes sampler" provides information from a sample of almost 200 programs.*

Despite clear limitations,** the compiled set of reports provide evidence of need, promise, and efficacy. To develop a big picture, we applied a framework clustering interventions found in schools into the following areas: (1) classroom-oriented programs, (2) support for transitions, (3) student and family assistance, (4) crisis activity, (5) home involvement in schooling, and (6) outreach for greater community involvement and support -- including use of volunteers. Excerpted below are some conclusions about the state of the art.

Classroom-Oriented Programs

As a sample of programs designed to change what takes place in classrooms, we looked at approaches that reduce class size, "prereferral" interventions, tutoring, alternative schools, and health/mental health education (including programs to promote physical health, social and emotional development, enhance protective factors, and build assets). Reports indicate that:

- reducing class size can increase academic performance and decrease discipline problems;
- establishing systems to ensure prereferral strategies are applied can reduce behavior problems and referrals for special assistance and special education;

*Copies of the document (*A Sampling of Outcomes from Interventions Related to Addressing Barriers to Learning*) are available from our Center at cost or by downloading it from our website.

**Unfortunately, data on program effectiveness is terribly sparse, and many of the findings are not easily interpreted. The reasons for this are discussed in the document. At this juncture, we settled for gathering and tabulating information from secondary sources (e.g., reviews, reports). Later, we will eliminate programs evaluated in methodologically unsound ways (as we track down original sources). We all want a growing body of programs that are well supported empirically. In the meantime, we must make the most of all positive efforts to provide outcome data.

- tutors who are trained and properly used can enhance students' academic performance;
- well-designed alternative schools can have a range of positive effects.

(Although cooperative learning activity was not reviewed, such approaches are relevant to this area and have generated a large body of supportive data.)

The positive findings are encouraging. At the same time, it is clear that not enough attention has been paid to teaching teachers how to design classroom environments and carry out instruction in ways that both enhance development and address barriers. Mental health practitioners need to become part of mentoring teams that help teachers learn to respond to garden variety learning, behavior, and emotional problems in ways that move beyond social control.

Support for Transitions

In sampling "transition" programs, we looked at those designed to enhance readiness to learn, before and after school interventions, strategies to foster articulation from grade to grade, programs to provide welcoming and social supports, interventions to support transitions to and from special education, and school-to-career programs. Taken as a whole, considerable evidence exists that enabling successful transitions makes a significant difference in how motivationally ready and able students are to benefit from schooling. Reports indicate that:

- early childhood programs are associated with increases in academic performance and may contribute to decreases in discipline problems in later school years;
- before- and after-school programs keep young people safe and steer them away from crime and may improve academic performance;
- well-conceived and implemented articulation programs can successfully ease students' transition between grades;
- welcoming and providing social support for children and families entering a new school can ease transitions and foster a caring environment;
- well-implemented programs aiding the transition in and out of special education can enhance students' attitudes about school and self and can improve academic performance;
- programs providing vocational training and career education are having an impact in terms of increasing school retention and graduation and show promise for successfully placing students in jobs following graduation.

(cont. on page 10)

It has taken a long time for schools to face up to the importance of establishing transition programs. A good beginning has now been made, but there is much more to do. A major example of need involves the current push for greater inclusion of special education students. Such a policy can only succeed if sophisticated transition programs are developed. Before the school day begins is another transition point that needs major attention; a.m. programs hold considerable promise for addressing tardiness and enhancing everyday school readiness. The same is true of welcoming and social support interventions.

Teacher:

Late again! Don't you know what time we begin school?

Student:

Nope; it's always started by the time I get here.

Student and Family Assistance Programs and Services

School-owned, based, and linked interventions clearly provide better access for many youngsters and their families. Moreover, as a result of initiatives that enhance school-owned support programs and those fostering school-linked services and school-community partnerships (e.g., full services schools, family resource centers, etc.), more schools have more to offer in the way of student and family assistance. With respect to outcomes, a growing body of data indicates the current contribution and future promise of work in this area. For example:

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

Crisis Response and Prevention

The need for crisis response and prevention is constant in some schools. Despite widespread use of crisis teams and strategies, little attention has been given to testing their efficacy. Also, relatively ignored has been the need to develop and evaluate aftermath

interventions (e.g., for immediate debriefing and longer-term residual effects, including post traumatic stress).

Most research in this area focuses on (a) making the school environment safe as a key to deterring violence and reducing injury and (b) violence prevention and resiliency curriculum designed to teach children anger management, problem-solving skills, social skills, and conflict resolution. In both instances, the evidence supports a variety of practices that help reduce injuries and violent incidents in schools. At the same time, the nature and scope of preventable crises experienced in too many schools suggests the need to develop school-wide and community-wide prevention programs.

Home Involvement in Schooling

In general, research findings over 30 years have consistently shown home involvement in schooling has a positive impact on youngster's attitudes, aspirations, and achievement. For example, reports indicate:

- efforts to mobilize those in the home to address students' basic needs can effect a range of behaviors and academic performance;
- parent education programs can improve attitudes, skills, and problem solving abilities; parent-child communication; and in some instances the child's school achievement; data also suggest an impact on reducing children's negative behavior;
- adult education is a proven commodity with a role to play in both enhancing home involvement and improving the behavior and achievement of youngsters in the family; among the findings from adult education and family literacy reports are highly positive outcomes for preschool children, with trends extending into elementary grades.

In this area, tasks ahead include expanding beyond thinking only in terms of parents and expanding the range of ways in which schools connect with those in the home. In particular, more intensive efforts must focus on those in the home who have the greatest influence on a student's well being and with whom it has proven difficult to connect. New approaches must be developed and evaluated to clarify how best to involve such hard-to-reach individuals (e.g., perhaps by starting with strategies that address their needs, as contrasted with trying to make them take greater responsibility for their children's problems).

Community Outreach for Involvement and Support

In sampling programs relevant to outreach to the community, we looked at mentor/volunteer programs and school-community partnerships – including those focused on economic development.

(cont.)

Mentoring and volunteer programs have become increasingly popular. Available data support their value for both students and those from the community who offer to provide such supports. Student outcomes include positive changes in attitudes, behavior, and academic performance (including improved school attendance, reduced substance abuse, less school failure, improved grades).

Also increasing in popularity are programs to develop school-community collaborations. Many of these involve efforts to create comprehensive approaches to support and strengthen students, families, and neighborhoods. The complexity of the work makes program evaluation difficult. A reasonable inference from available data is that school-community collaborations can be successful and cost-effective over the long-run. They not only improve access to services, they seem to encourage schools to open their doors in ways that enhance recreational, enrichment, and remedial opportunities and family involvement. A few have encompassed concerns for economic development and have demonstrated the ability to increase job opportunities for family members and young people.

A Few Thoughts About the State of the Art

Taken as a whole, the interventions reviewed underscore (a) the range of concerns that need to be addressed on a regular basis and (b) the existence of a body of supportive findings. Outcomes indicate benefits not only for schools, but for society.

At the same time, it is common knowledge that few school districts come close to having enough resources to provide all desirable programs at all schools. And, indeed, too many schools are able to offer only bare essentials. Any discussion of the state of the art related to enhancing development and addressing barriers must be viewed from the larger perspective of how little is available to large segments of young people.

Finally, we note that analyses increasingly are concluding that addressing major psychosocial problems one at a time is inappropriate because the problems are interrelated and require multifaceted and interrelated solutions. This raises the question: What would be the impact of combining the most promising practices for enhancing healthy development and addressing barriers to learning into a comprehensive, multifaceted, and integrated approach?

COMMENTARY

Risks, Assets, and the Common Good

by Brian K. Bumbarger, Research Associate For Training And Outreach, Prevention Research Center for the Promotion of Human Development, Penn State University

Five short years ago, as Congress was debating what would become of an historic federal crime bill, politicians became polarized in the debate between punishment and prevention, characterized (caricatured?) as boot camps vs. midnight basketball. Many on Capital Hill saw prevention programs as "liberal fluff", soft social programs that promised distant payoffs but could never demonstrate effectiveness because as every politician knew, you can't show something that *didn't* happen. Some prevention efforts survived the debate, many did not.

Since that time, however, tremendous strides have been made in the area of prevention science, practice, and funding. Indeed the term "prevention science" is much more readily accepted today. Borrowing from the public health model, scientists have been able to identify specific causes and correlates for poor outcomes for children such as violence, delinquency, substance abuse, and teen pregnancy. Likewise, more sophisticated methodologies have emerged to allow us to demonstrate the effectiveness of preventive efforts. We are able to say with a great deal of confidence what "didn't happen" and why.

Even in light of this advancement in the field however, prevention often remains marginalized. For example, one state recently awarded nearly \$22 million to its public schools under a "Safe Schools Initiative." The funding guidelines gave schools considerable freedom on how to spend the grant funds and yet nearly 90% of the funds went to video cameras, security guards, metal detectors and other types of "target hardening." This despite the fact that there are scores of identified prevention programs which have demonstrated significant improvements in child outcomes. Truly there is much work to be done in educating policy makers, educators, human service practitioners, and the general public about recent advances in effective prevention practice.

Much of the advancement in prevention science stems from the model of risk-focused prevention. This model clearly identified factors that increase risk for poor outcomes and, to a lesser extent (at least in terms of the

(Risks, Assets, and the Common Good – cont.)

quantity of discussion), protective factors which buffer against these risks. Another model that has added considerably to the discussion is that of developmental assets – positive attributes or milestones that can promote resiliency in children and improve the chances for positive outcomes. Both of these models have been translated very effectively into language that, though grounded firmly in research and theory, are easily understood and implemented by practitioners and policy-makers, a fact that has added greatly to their mutual success in advancing the practice of prevention. Unfortunately, the discussion of one model often takes place at the expense of the other. Risk-focused prevention is described as a prevention model that is more research-driven than a developmental asset model, and the developmental asset model is described as a strength-based model, in contrast with what is described as a deficit-based risk focus. This contrast has led to a growing division of prevention advocates into two “camps” and placed us in the predicament of us versus us – like Catholics and Protestants trying to convert each other, meanwhile ignoring the “unsaved.” This artificial division serves no real purpose in advancing the field and runs the risk of misdirecting scarce resources and sending the message that we haven’t quite gotten this prevention thing figured out yet. The truth is, effective prevention practice involves a combination of reducing risks and promoting assets. Either approach alone will be less effective. Children who are quite resilient or who are provided the tools to develop significant assets, yet who continue to live in high risk environments of poverty, violence, or substance abuse often fail to achieve their full potential. Likewise, we see many children who grow up with relatively little risk yet experience significant problems because they have not developed the assets necessary to navigate childhood and adolescence successfully. From the considerable number of prevention programs that have demonstrated effectiveness under rigorous evaluation, it is clear that a combined effort to simultaneously reduce risk and increase assets promises the best chance for ensuring positive outcomes.

A Cautionary Tale: In our early American history, during the great rush to settle the west, two groups of settlers left the east coast in covered wagons. One of the groups was clearly better outfitted than the other; the former had researched the best routes and built the finest wagons. This superior group was nearly a day's ride ahead of the other when they came upon a wide, slow-moving river. At once the leaders of the first group began to discuss the best way to cross the river. Some thought it best to build rafts and ferry their wagons across the river. Others thought that constructing a bridge would be more effective, as it could convey the entire wagon train across the river in a shorter time. The news of the debate quickly spread back through the wagon train, and it wasn't long before all the members of the group had taken up sides against one another. In the brouhaha that followed, no one noticed the other, slower group of settlers as they came to the river. The slower group only paused at the river's edge long enough to notice the other group bickering among themselves. Then they rolled up their pantlegs and proceeded across the river, which it turns out was only knee-deep and not at all swift. They continued on to reach and settle the greenest valley and stake their claim to the richest mines. All that remained for the bickering group was to settle the barren land their competitors thought unfit.

Just as the settlers who had researched a better path west squandered the opportunity to succeed, advocates of research-based prevention must take care not to squander opportunities for advancing the science and promoting better outcomes for children by getting caught up in a superficial debate between risk and resilience. Both perspectives are important to the equation for developing healthy and successful children and youth, and a combined singular perspective is even more important.

***Please use the enclosed form to ask for what you need and to give us feedback.
Also, send us information, ideas, and materials for the Clearinghouse.***

**School Mental Health Project/
Center for Mental Health in Schools
Department of Psychology, UCLA
Los Angeles, CA 90095-1563
PX-33**

NON-PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
UCLA