Addressing Barriers to Learning

New ways to think . . .

Better ways to link

> *One of the most important, cross-cutting social policy perspectives to emerge in recent years is an awareness that no single institution can create all the conditions that young people need to flourish . . . .*
> Melaville & Blank, 1998

Safe Students/Healthy Schools: A Collaborative Process

Projects supported by the federal initiative for *Safe Schools/Healthy Students* address some major barriers to learning and have a strong emphasis on enhancing mental health in schools. In our work with this initiative, we often suggest that perhaps a better title would be Safe Students and Healthy Schools. Our intent is to underscore the critical roles played by the state of a school's "mental health" and the degree to which the school collaborates with families and the community.

Concern about violence at schools provides a special opportunity for improving the mental health of our schools, as well as the way they connect to family members and the surrounding neighborhood. For this to happen, however, school safety must be understood as involving more than keeping weapons off campus.

School violence goes well beyond campus shootings that capture media attention. The most common forms of violence for children are physical, sexual,

---

and emotional abuse experienced at school, at home, and in the neighborhood.

There are no good data on how many youngsters are debilitated by violating experiences. But no one who works to prevent violence would deny that the numbers are large and the problems widespread. Far too many youngsters are caught up in cycles where they are the recipient or perpetrator (and sometimes both) of harassment ranging from excessive teasing, bullying, and intimidation to mayhem and major criminal acts. And, such experiences are linked with other serious barriers to positive development, learning, parenting, teaching, and socialization.

Schools are expected to address violence and, more broadly, to meet the needs of any youngsters who have learning, behavior, and emotional problems. *The No Child Left Behind Act* requires evaluation of all schools on criteria identifying those that are "persistently dangerous." Relatedly, schools are held accountable for making demonstrable progress for students who are "economically disadvantaged, from racial and ethnic minority groups, have disabilities, or have limited English proficiency." Schools not up to the challenge are being designated as low performing. From our perspective, all this has a lot to do with a school's mental health and the mental health of its students, staff, families, and the local community.

Clearly, one-dimensional solutions are not the answer. That is why guides to safe school planning focus on prevention, emergency response, school climate, law enforcement partnerships, MH and social services, family and community involvement, and more. The need is for a full and cohesive continuum of interventions – ranging from primary prevention through early interventions to treatments for individuals with severe problems. The call is for policymakers to embrace comprehensive, multi-faceted school-community approaches.

Development of a full and cohesive continuum of interventions requires (a) *broad and effective collaboration* and (b) *new directions for student support*. Our main focus in this newsletter is on what is involved in working collaboratively. (We could not, however, resist some commentary on new directions – see page 11.)

Working Collaboratively at and with Schools

Effective collaboration requires vision, cohesive policy, potent leadership, infrastructure, capacity building, and appropriate accountability.

Properly done, collaboration among schools, families, and communities should improve schools, strengthen families and neighborhoods, and lead to a marked reduction in young people's problems. Poorly implemented collaboration, however, risks becoming another reform that promised a lot, did little good, and even did some harm. (Advocates for collaboration caution that some so-called collaboratives amount to little more than groups of people sitting around engaging in "collabo-babble.")

Formal opportunities to work together at and with schools often take the form of committees, councils, teams, and various other groups. Functions include school improvement, program planning, budgeting, management, decision making, review of students with problems, quality reviews, and accountability. A larger structure for schools and communities to work together often is called a collaborative. Our focus here is on this larger structure.

Efforts to connect school-community resources in order to develop a full and cohesive continuum of interventions must encompass many stakeholders. This fact and growing appreciation of social capital and the political realities of local control have resulted in collaboratives reaching out to a wide spectrum of participants. Around the table may be individuals representing various agencies, organizations, and sources of social and financial capital, such as youth, families, businesses, religious and civic groups, postsecondary institutions, parks and libraries, and almost any facility that can be used for recreation, learning, enrichment, and support. Agendas include education, literacy, youth development, the arts, health and human services, juvenile justice, vocational preparation, economic development, and more.

One trend among major demonstration projects at the school-neighborhood level is to incorporate health, mental health, and social services into collaborative *centers* (e.g., health centers, family centers, parent centers). These centers are established at or near a school and use terms such as school-linked or school-based services, coordinated services, wrap-around services, one-stop shopping, full service schools, systems of care, and community schools.

An optimal approach involves formally blending local family and community resources with those of a school, a group of schools, and eventually, an entire district. In doing so, sophisticated attention must be given to developing policy and capacity to sustain connections over time.

It's Not About Collaboration – It's About Being Effective

Most of us know how hard it is to work effectively with a group. Many school and agency staff members have jobs that allow them to carry out their daily duties in relative isolation of other staff. And, despite various frustrations they encounter in doing so, they may see little to be gained from joining with others. In fact, they often can point to many committees and teams that drain their time and energy to little avail.

Despite all this, the fact remains that no organization can be truly effective if too many staff work in isolation. The same is true when organizations work in fragmented ways. Thus, calls for collaboration increase. And, school-community collaboratives are springing up everywhere.

Obviously, authentic collaboration involves more than meeting and talking. The point is to work together in ways that produce effective interventions. For this to happen, steps must be taken to ensure participants have the training, time, support, and authority that enables them to carry out their roles and functions. More specifically, collaborative mechanisms require careful planning and implementation designed to accomplish well-delineated functions and defined tasks. Also needed is thoughtful, skilled and content-focused facilitation.

In the absence of careful attention to the above matters, collaboratives rarely live up to hopes and expectations. Participants often start out with great enthusiasm. But poorly facilitated working sessions quickly degenerate into another ho-hum meeting, lots of talk but little action, another burden, and a waste of time. Meeting and meeting, but going nowhere is particularly likely to happen when the emphasis is mainly on the unfocused mandate to "collaborate." Stakeholders must do more than embrace an important vision and mission. They need an infrastructure that ensures effective work is done with respect to carefully defined functions and tasks.

The aim is to establish strong, enduring working relationships to accomplish a shared vision.

(continued from page 2)

Defining Collaboration and Its Purposes

Center News

***SUMMITS' INITIATIVE:
New Directions for Student Support

*W*ith the success of the Eastern Regional in March and the Mid-West Regional in May, this initiative is well underway. (For updates, see the Center website – click on the icon labeled *Summits on New Directions*.)

>>*Outreach campaign implemented:* Currently, a nationwide outreach campaign is underway designed to build awareness about

- C *why it is imperative to pursue new directions for student support*
- C *ways to rethink use of resources* (programs, personnel, etc.)

Special mailings are being sent to Superintendents, Student Support Directors, Title I Coordinators, and Special Ed. Directors at state and district levels. (See the outreach material on the Center website.) Plans call for outreach to 9,000-10,000 leaders.

**Guidelines for a Student Support Component also are available for purposes of outreach. A copy of these guidelines is inserted in this newsletter. Please make copies and share them.

>>*Additional co-sponsors:* In addition to the 14 listed previously, the *Assoc. for Supervision and Curriculum Development* (ASCD), *American School Counselors Assoc.* (ASCA), and *American School Health Assoc.* (ASHA) have come on board. Some co-sponsors are including presentations about the Summits Initiative at their annual conferences. For example, the keynote address at the National Association of Pupil Service Administrators' annual conference (in San Diego, CA, October 5 - 8) will focus on *New Directions for Student Support.*

>>*Next Steps:* a West Regional and state summits. Guidelines for state summits are on our website. Those interested in having a summit in their state can contact us to discuss the process (see insert).

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

Change is inevitable . . . except from a vending machine

***NEW RESOURCES

>*Fostering School, Family, and Community Involvement* – a Guide for Creating Safer Schools. The Center was commissioned to do this guide by the Northwest Regional Educational Laboratory. It is #7 of eight guides for building a foundation to assist schools in developing safe learning environments. Contains an overview discussion about collaboration, explores barriers to effectively working together, and discusses the processes of establishing and sustaining the work. All eight guides are downloadable at http://www.safetyzone.org/safe_secure.html and also are available in CD format.

>*Working Collaboratively: From School-Based Teams to School-Community-Higher Education Connections* (Center Intro Packet). Offers a broad discussion of the topic and provides resources.

***REVISED AND UPDATED RESOURCES

>> *Substance Abuse* (Resource Aid Packet)
Includes fact sheets on cause and impact; guides and tools for screening; info on prevention and evidence based programs; treatment strategies; resources for indepth and specific follow up.

>>*Affect and Mood Problems Related to School Aged Youth* (Intro Packet)
Discusses a broad continuum of problems and their causes, as well as ideas for promoting healthy development, prevention strategies, and interventions for serious problems.

See the full resource list on the Center website at – **http://smhp.psych.ucla.edu.** All Center resources can be downloaded from the website at no cost. Hardcopies can be ordered for the cost of copying and mailing.

What's your view of competition? products
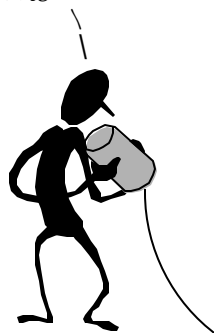
It can bring out the best in and the worst in people.

4
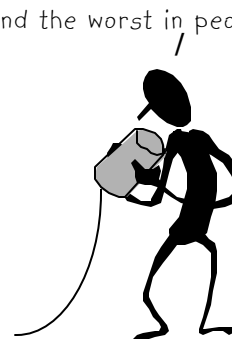
DO YOU KNOW ABOUT?

*Grouping High-Risk Youths for Prevention May
Harm More than Help* (Jan., 2003)
> by J.S. Williams, NIDA (National Institute on
> Drug Abuse) Notes, Vol. 17, No. 5.
> Http://www.drugabuse.gov/NIDA_notes/
> NNVol17N5/Grouping.html.

"Youth Suicide Risk and Prevention Interventions:
A Review of the Past 10 Years" (2003)
> by M. Gould, et al. *Journal of the American
> Academy of Child and Adolescent Psychiatry
> 42*(4), 386-405

"Differences in the use of a school mental health
program in secondary schools" (2003)
> by C. Fertman & J. Ross. *American Journal of
> Health Behavior 27*(2), 146-155.

"Risk & resilience in the life course: implications
for interventions and social policies" (2003)
> by I. Schoon & J. Bynner. *Journal of Youth
> Studies, 6*(1), 21-31.

"The ABCs of children's mental health" (2002)
> by P. Whelley, G. Cash, & D. Bryson. In *Here's
> How*, published by the National Assoc. of
> Elementary School Principals
> http://www.nasponline.org/pdf/ABC_NAESP.pdf

"Relationship between bullying and violence among
U.S. Youth" (2003)
> by T. Nansel, et al. *Archives of Pediatrics and
> Adolescent Medicine 157*(4), 348-353.

"Receipt of psychological or emotional counseling
by suicidal adolescents" (2003)
> by J. Pirkis, et al. *Pediatrics, 111*(4), 388-393.

Center for School Mental Health Assistance
at the University of Maryland, Baltimore

in partnership with
The Policymaker Partnership of the
National Assoc. of State Directors of Special Education

Eighth National Conference on Advancing School-Based Mental Health Programs

*Mental Health in Schools:
Doing What Works!*

October 23-25, Hilton Portland Hotel, Portland, OR

For information, see http://csmha.umaryland.edu

@#@#@##@##@#@#

**Student to
Parent:** *Today the teacher punished me
for something that I didn't do.*

Parent: *That's terrible! Do you want me to talk
with the teacher about it.*

Student: *Better not. What I didn't do was my
homework.*

@#@#@##@##@#@#

Want resources? Need technical assistance?

Contact us at:E-mail: **smhp@ucla.edu**   Ph: **(310) 825-3634**

Or write: Center for Mental Health in Schools, Dept. 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), 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-L

FOR THOSE WITHOUT INTERNET ACCESS, ALL RESOURCES ARE AVAILABLE BY CONTACTING THE CENTER.

>>>Exchange info on MH practices in school and network with colleagues across the country by joining
the **Weekly Listserv for School MH Practitioners and the Center's Consultation Cadre**.
Contact the Center to sign up – E-mail: smhp@ucla.edu

>>>Also, if you want to submit comments and info for us to circulate, use the insert form in this
newsletter or contact us directly by mail, phone, E-mail, or the Net Exchange on our website.

Collaboration is not about meeting together.

Collaboration involves *working together in ways that improve intervention effectiveness and efficiency*. Its hallmark is a formal agreement among participants to establish an autonomous structure to accomplish goals that would be difficult to achieve by any of the stakeholders alone. Thus, while participants may have a primary affiliation elsewhere, they commit to working together under specified conditions to pursue a shared vision and common goals. A collaborative structure requires shared governance (power, authority, decision making, accountability) and the weaving together of a set of resources. It also requires building well-defined working relationships to connect, mobilize, and use financial and political resources and social capital in planful and mutually beneficial ways.

Operationally, a collaborative is defined by its *focus* and *functions.* Organizationally, a collaborative must develop mechanisms and a differentiated infra-structure (e.g., steering and work groups) that enables accomplishment of its functions and related tasks. Furthermore, since the functions of a collaborative almost always overlap with work being carried out by others, a collaborative body must pursue connections with other bodies.

The *focus* may be on enhancing

- • *direct delivery of services and programs* (e.g., improving specific services and programs; improving interventions to promote healthy development, prevent and correct problems, meet client/consumer needs; improving processes for referral, triage, assessment, case management)

and/or

- C *resource use* (e.g., improving resource deployment and accessing more resources)

and/or

- C *systemic approaches* (e.g., moving from fragmented to cohesive approaches; developing a comprehensive, multifaceted continuum of integrated interventions; replicating innovations; scaling-up)

The *functions* may include

- C facilitating communication, cooperation, coordination, integration
- C operationalizing the vision of stakeholders into desired functions and tasks

- C enhancing support for and developing a policy commitment to ensure necessary resources are dispensed for accomplishing desired functions
- C advocacy, analysis, priority setting, governance, planning, implementation, and evaluation related to desired functions
- C mapping, analyzing, managing, redeploying, and braiding available resources to enable accomplishment of desired functions
- C establishing leadership and institutional and operational mechanisms (e.g., infrastructure) for guiding and managing accomplishment of desired functions
- C defining and incorporating new roles and functions into job descriptions
- C building capacity for planning, implementing and evaluating desired functions, including ongoing stakeholder development for continuous learning and renewal and for bringing new arrivals up to speed
- C defining standards & ensuring accountability

Collaborative *mechanisms* or *structure* may take the form of one or more of the following:

- C a steering group
- C advisory bodies and councils
- C a collaborative body and its staff
- C ad hoc or standing work groups
- C resource-oriented teams
- C case-oriented teams
- C committees

Collaboration inevitably requires developing ways to work together that enable participants to overcome their particular arenas of advocacy. If this cannot be accomplished, the intent of pursuing a shared agenda and achieving a collective vision is jeopardized.

As should be evident by now, collaboratives can differ in terms of purposes and functions. They also can differ in a range of other dimensions. For example, they may vary in their degree of formality, time commitment, nature of stakeholder connections, as well as the amount of systemic change required to carry out their functions and achieve their purposes (see exhibit on page 6).

Some Other Collaborative Dimensions*

I. Initiation
   A. *School-led*
   B. *Community-driven*

II. Nature of Collaboration
   A. *Formal*
      C memorandum of understanding
      C contract
      C organizational/operational mechanisms
   B. *Informal*
      C verbal agreements
      C ad hoc arrangements

III. Focus
   A. *Improvement of program and*
      service provision
   B. *Enhancing Resource Use*
   C. *Major systemic changes*

IV. Scope of Collaboration
   A. *Number of programs and services*
      involved (from just a few -- up to a
      comprehensive, multifaceted continuum)
   B. *Horizontal collaboration*
      C within a school/agency
      C among schools/agencies
   C. *Vertical collaboration*
      C within a catchment area (e.g., school and
         community agency, family of schools,
         two or more agencies)
      C among different levels of jurisdictions
         (e.g., community/city/county/state/federal)

V. Scope of Potential Impact
   A. *Narrow-band -- a small proportion of youth*
      and families can access what they need
   B. *Broad-band -- all in need can access what*
      they need

VI. Ownership & Governance of
   Programs and Services
   A. *Owned & governed by school*
   B. *Owned & governed by community*
   C. *Shared ownership & governance*
   D. *Public-private venture -- shared*
      ownership & governance

VII. Location of Programs and Services
   A. *Community-based, school-linked*
   B. *School-based*

VIII. Degree of Cohesiveness among
   Multiple Interventions Serving
   the Same Student/Family
   A. *Unconnected*
   B. *Communicating*
   C. *Cooperating*
   D. *Coordinated*
   E. *Integrated*

IX. Level of Systemic Intervention Focus
   A. *Systems for promoting healthy development*
   B. *Systems for prevention of problems*
   C. *Systems for early-after-onset of problems*
   D. *Systems of care for treatment of severe,*
      pervasive, and/or chronic problems
   E. *Full continuum including all levels*

X. Arenas for Collaborative Activity
   A. *Health (physical and mental)*
   B. *Education*
   C. *Social services*
   D. *Work/career*
   E. *Enrichment/recreation*
   F. *Juvenile justice*
   G. *Neighborhood/community improvement*

*See page 5 for examples of the major
f*unctions* and the types of *mechanisms* that
are used to accomplish them.

Infrastructure Building from Localities Outward

An effective school-community collaboration must coalesce at the local level. Thus, a school and its surrounding community are a reasonable focal point around which to build an infrastructure. Moreover, primary emphasis on this level meshes nicely with contemporary restructuring views that stress increased school-based and neighborhood control.
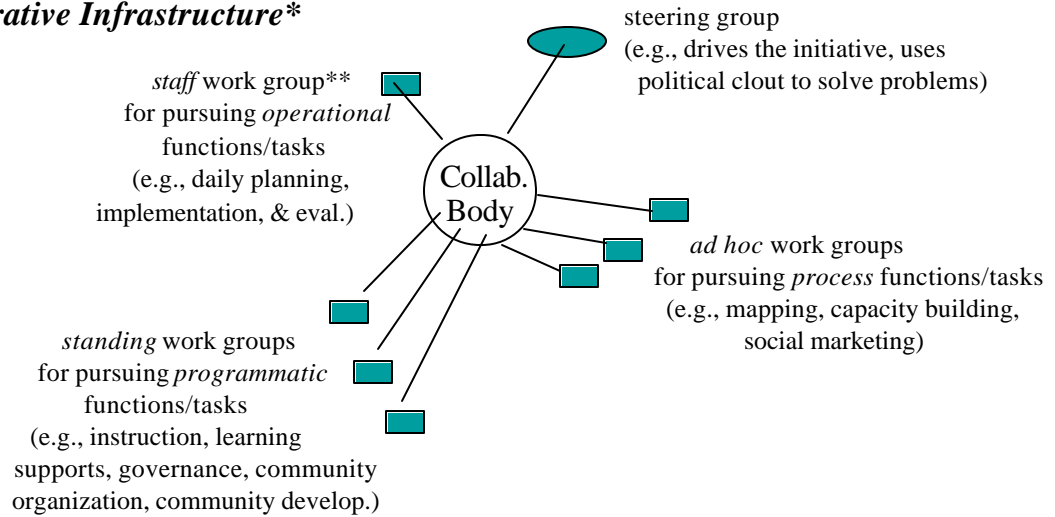
Effective collaboratives require a well-developed infrastructure of organizational and operational mechanisms at all relevant levels (e.g., see Exhibit on next page). Such mechanisms are used for oversight, leadership, capacity building, and ongoing support related to (a) making decisions about priorities and how to allocate resources, (b) optimizing planning, implementation, maintenance, and accountability, (c) enhancing and redeploying existing resources and pursuing new ones, and (d) nurturing the collaborative. At each level, such tasks require a proactive agenda.

For a more in-depth discussion of all this, see *Working Collaboratively: From School-Based Teams to School-Community-Higher Education Connections* – an intro packet from the Center.

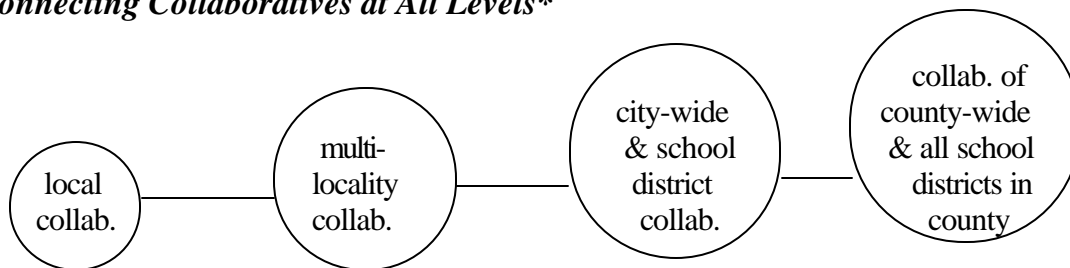# About Collaborative Infrastructure

Basic Collaborative Infrastructure*

steering group
(e.g., drives the initiative, uses
political clout to solve problems)

staff work group**
for pursuing *operational*
functions/tasks
(e.g., daily planning,
implementation, & eval.)

Collab.
Body

ad hoc work groups
for pursuing *process* functions/tasks
(e.g., mapping, capacity building,
social marketing)

standing work groups
for pursuing *programmatic*
functions/tasks
(e.g., instruction, learning
supports, governance, community
organization, community develop.)

Who should be at the table?
>families[1]
>schools[2]
>communities[3]

**Staffing*
>Executive Director
>Organization Facilitator (change agent)

Connecting Collaboratives at All Levels*

local
collab.

multi-
locality
collab.

city-wide
& school
district
collab.

collab. of
county-wide
& all school
districts in
county

---

*Collaborations can be organized by any group of stakeholders. Connecting the resources of families and the community through collaboration with schools is essential for developing comprehensive, multifaceted programs and services. At the multi-locality level, efficiencies and economies of scale are achieved by connecting a complex (or "family") of schools (e.g., a high school and its feeder schools). In a small community, such a complex often is the school district. Conceptually, it is best to think in terms of building from the local outward, but in practice, the process of establishing the initial collaboration may begin at any level.

[1]*Families*. It is important to ensure that all who live in an area are represented – including, but not limited to, representatives of organized family advocacy groups. The aim is to mobilize all the human and social capital represented by family members and other home caretakers of the young.

[2]*Schools*. This encompasses all institutionalized entities that are responsible for formal education (e.g., pre-K, elementary, secondary, higher education). The aim is to draw on the resources of these institutions.

[3]*Communities*. This encompasses all the other resources (public and private money, facilities, human and social capital) that can be brought to the table at each level (e.g., health and social service agencies, businesses and unions, recreation, cultural, and youth development groups, libraries, juvenile justice and law enforcement, faith-based community institutions, service clubs, media). As the collaborative develops, additional steps must be taken to outreach to disenfranchised groups.
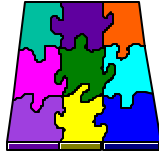
Assessing Whether a Student Might Commit a Violent Act

After every school shooting, we are asked about how schools should assess students who may be a threat. Here's a response drawn from the Center's *Practitioner Listserv*.

Practitioners concerned with "Threat Assessment" should take a look at the Safe School Initiative, Final Report, prepared by the U.S. Secret Service and the U.S. Department of Education. It reviews the nature and scope of violent events in schools, outlines key assessment questions, and offers basic cautions. (See http://www.ed.gov/offices/OESE/SDFS.)

Also visit the National Threat Assessment Center at http://www.secretservice.gov/ntac.shtml and link to an article entitled "Evaluating Risk for Targeted Violence in Schools." The work stems from the Safe School Initiative and outlines *Guiding Principles of Threat Assessment*. A brief excerpt is offered below:

> "...The threat assessment approach asks the person conducting the inquiry to gather information, and answer key questions about the instant case, to determine whether there is evidence to suggest movement toward violent action. The questions focus on: 1) motivation for the behavior that brought the person being evaluated to official attention; 2) communication about ideas and intentions; 3) unusual interest in targeted violence; 4) evidence of attack-related behaviors and planning; 5) mental condition; 6) level of cognitive sophistication or organization to formulate and execute an attack plan; 7) recent losses (including losses of status); 8) consistency between communications and behaviors; 9) concern by others about the individual's potential for harm; and 10) factors in the individual's life and/or environment or situation that might increase or decrease the likelihood of attack.

> Taken together, the information learned from these questions – as gathered from the student and from corroborating sources (family members, friends, teachers, classmates, school and mental health records, etc.) – should provide evidence to answer the question of whether the student is moving on a path toward violent action. The answer to the last set of questions in particular can inform the development of a risk management plan. For example, school officials could decide to take active steps to minimize factors that could put the

student at greater risk for an attack, such as through referral to appropriate services. Or they could opt instead to monitor the student (perhaps with assistance from family and others close to the student) for changes in factors that could increase the student''s targeted violence risk . . . ."

****Want to join the *Practitioner Listserv*?
Sign up by E-mailing: smhp@ucla.edu

MH in Schools: Using the Data

Another frequent concern raised by practitioners is the need for evidence supporting the position that psychosocial and mental health interventions are worth doing in schools. Here's a few points drawn from the *Practitioner Listserv* and various Center documents. If you can add some light to the topic, please let us hear from you, and we will pass it along.

(1) *There is a body of promising data to put before policy makers*. Many studies, for instance, report that psychosocial and MH interventions are positively associated with improved school attendance and performance, reduced delinquency, reduced out of home placement, and client/family satisfaction. Of course, when the samples are limited to youngsters whose problems are severe, pervasive, and chronic, the data are not as strong or robust as we would like.

(2) *Data are available on different facets of MH in schools*.

a) For example, a few years back data on MH *services* were reviewed by K. Hoagwood and H. Erwin (1997) – see "Effectiveness of school based mental health services for children – A 10 yr research review" in the *Journal of Child and Family Studies, 6*, 435-451). The work is useful as a data summary and for lessons learned. It reviews studies that used standardized outcome measures and describes an interactional outcome model that includes

- C Symptoms (e.g., impulsivity depression)
- C Functioning (e.g. capacity to adapt to the demands of home, school neighborhood)
- C Consumer perspectives (satisfaction with care, impact on family)
- C Environments (stability of primary environ-ments at home, school or neighborhood
- C Systems (level, type or costs of services).

The authors point out that most studies focus only on changes in symptoms or functioning, but there is a need to look at all the above areas.

b) Another example comes from a recent review of data related to involvement with students' families: *A new wave of evidence: The impact of school, family,*

and community connections on student achievement. This review was developed for the Southwest Educ. Development Lab, National Center for Family & Community Connections with Schools and is online at http://www.sedl.org/pubs/catalog/items/fam33.html. The 51 studies covered have relevance for school based mental health programs that engage families in the process. See, for instance, tables showing grade point average differences based on degree of teacher support, parent involvement, and student sense of belonging.

c) The *Research and Training Center for Children's Mental Health* in Florida (http://rtckids.fmhi.usf.edu/rtcpubs/datatrends/datatrendshp.htm) and the *Research and Training Center on Family Support and Children's MH* in Oregon (http://www.rtc.pdx.edu) provide online summaries of relevant studies. An example is "Effects of school-based mental health programs on mental health service use by adolescents at school and in the community" by E. P. Slade (2002) in *Mental Health Services Research 4,*(3), 151-166 (s u m m a r i z e d a t http://rtckids.fmhi.usf.edu/rtcpubs/datatrends/summary_70.pdf).

d) In general, we are somewhat cautious about claims that narrow-band MH interventions alone can produce the nature and scope of changes the field is asked to document. Full-scale outcomes are unlikely until comprehensive, multifaceted, and cohesive approaches are put in place. From this perspective, our Center's online T.A. Sampler, *A sampling of outcome findings from interventions relevant to addressing barriers to learning,* compiles, organizes, and presents relevant data with respect to six areas (classroom, transitions, special assistance, crisis, home involvement, and community support). Tables in each area outline targeted population, outcome focus, and nature of academic improvement. A brief report based on this document also is online (*Addressing barriers to student learning & promoting healthy development: A usable research-base*).

(3) *It is essential to disaggregate the data.* When the focus is on problems, differences are inevitable with respect to dimensions such as severity, pervasiveness, and chronicity and must be analyzed with this in mind.

(4) *Those concerned with MH in schools must become proactive about accountability and must work to expand what schools are accountable for.* Few would argue with the notion that ultimately schools must be judged in terms of academic performance. At the same time, accountability must not ignore the responsibility of schools for promoting social and personal develop-ment (e.g., interpersonal problem solving, safe and healthy behavior, civility, character, values) and for addressing barriers to learning. Currently, efforts in these arenas are given short shrift because they are not part of the accountability framework for schools.

With all this in mind, it is essential to become more proactive in expanding accountability frameworks. Besides academics, school accountability indicators need to include enhanced social and personal functioning of students (and staff) and increased attendance, reduced tardies, reduced misbehavior, less bullying and sexual harassment, increased family involvement with child and schooling, fewer inappropriate referrals for specialized assistance and for special education, and fewer pregnancies, suspensions, and dropouts.

It is essential to remember that accountability is a major policy instrument. As with any tool, it can be used well or misused. When misused, interventions may be inappropriately shaped by what is and is not measured, and the standards for judging success often are narrowed. Properly designed and implemented, accountability can be another tool for demonstrating how important education support programs are to the success of school reform.

#@#@##@#@#@

Worrying about ants is foolishness

when the house is on fire.

#@#@##@#@#@

About the Schools We Have

The good news is that there are many schools where most students are doing just fine. The bad news is that in any school one can find youngsters who are failing, and there are too many schools, particularly those serving lower income families, where large numbers of students and their teachers are in trouble. And, the simple and poignant truth is that too many schools are ill-prepared to address the needs of those not doing well. Moreover, in some places, the schools themselves are largely responsible for some students and teachers performing poorly.

Lack of success at school is one of the most common factors interfering with the current well-being and future opportunities of children and adolescents. Those concerned about the future of young people and society must pay particular attention to what schools do and do not do. Those concerned with mental health must focus on systemic changes to prevent problems and not just on providing clinical services after the fact.

Ideas into Practice

Mental Health *of* Schools

The concept of *climate* plays a major role in shaping the quality of school life, learning, and the mental health of all who are involved. School/classroom climate sometimes is referred to as the learning environment, as well as by terms such as atmosphere, ambience, ecology, and milieu.

What Do We Mean by Climate?

School and classroom *climate* are temporal, and somewhat fluid, perceived qualities of the setting. They emerge from social and physical factors that interact in complex ways. These environmental factors reflect the influence of institutionalized, underlying values and belief systems, norms, rituals, ideologies, and traditions that constitute the school *culture*. And, of course, school climate and culture also are shaped by surrounding and embedded political, social, cultural, and economic contexts.

Key concepts in understanding school and classroom climate are system organization; social attitudes; staff and student morale; power, control, guidance, support, and evaluation structures; curricular and instructional practices; "fit" between learner and classroom; communicated expectations; efficacy; accountability demands; competition; cohesion; orderliness; safety system maintenance, growth, and change. Moos (e.g., 1979) groups such ideas into three dimensions: (1) Relationship (i.e., the nature and intensity of personal relationships within the environment; the extent to which people support and help each other); (2) Personal development (i.e., directions along which personal growth and self-enhancement occur); and (3) System maintenance and change (i.e., the extent to which the environment is clear in expectations, orderly, maintains control, and is responsive to change).

What Does the Research Say?

Research suggests significant relationships between classroom climate and matters such as student engagement, behavior, self-efficacy, achievement, and social and emotional development, principal leadership style, stages of educational reform, teacher burnout, and overall quality of school life. For example, studies report strong associations between achievement levels and classrooms that are perceived as having greater cohesion and goal-direction and less disorganization and conflict. The broader body of organizational research indicates the profound role accountability pressures play in shaping organizational climate. Thus, it seems likely that increasing demands for higher achievement test scores and control of student behavior contribute to a climate that is reactive, over-controlling, and over-reliant on external reinforcement to motivate positive functioning. Studies also suggest the impact of school and classroom climate may be greater on students from low-income homes and groups that often are discriminated against.

Promoting a Positive Climate

Research also indicates a range of strategies for enhancing a positive climate. All staff who work in schools have a significant role to play in ensuring that such strategies are in place.

Proactive efforts to develop a positive school climate require careful attention to (1) enhancing the quality of life at school and especially in the classroom for students and staff, (2) pursuing a curriculum that promotes not only academic, but also social, and emotional learning, (3) enabling teachers and other staff to be effective with a wide range of students, and (4) fostering intrinsic motivation for learning and teaching. With respect to all this, the literature advocates

- a welcoming, caring, and hopeful atmosphere
- social support mechanisms for students & staff
- an array of options for pursuing goals
- meaningful participation by students and staff in decision making
- transforming the classroom infrastructure from a big classroom into a set of smaller units organized to maximize intrinsic motivation for learning and not based on ability or problem-oriented grouping
- providing instruction and responding to problems in a personalized way
- use of a variety of strategies for preventing and addressing problems as soon as they arise
- a healthy and attractive physical environment that is conducive to learning and teaching.

Some Relevant References

Fraser, B.J. (1998). Classroom environment instruments: Development, validity, and applications. *Learning Environments Research, 1*, 7-33.

Fraser, B.J. & Walberg, H.J. (1991). *Educational Environments: Evaluation, Antecedents, and Consequences.* Oxford, England: Pergamon Press, Inc.

Freiberg, H.J. (Ed.). (1999). *School climate: Measuring, improving, and sustaining healthy learning environments.* London: Falmer Press.

Moos, R.H. (1979). *Evaluating educational environments.* San Francisco: Jossey-Bass.

Also see the Northwest Regional Education Lab (http://www.nwrel.org) for a description of some relevant measures.

New Directions for Student Support are Essential to Leaving No Child Behind

Most people hear the term *student support* and think mainly about pupil service personnel (e.g., school psychologists, counselors, social workers, nurses) and the special services such staff provide. But, schools need and have many more resources they can use to meet the challenge of ensuring all students have an equal opportunity to succeed at school. Besides traditional support staff, learning support is provided by compensatory education personnel (e.g., Title I staff), resource teachers who focus on prereferral interventions, and personnel who provide a variety of school-wide programs (e.g., after school, safe and drug free school programs).

Over the many years that school reform has focused on improving instruction, little attention has been paid to rethinking student supports. Because of this, many factors that interfere with student performance and progress are not addressed effectively. Moreover, major resources are not used in the best ways to assist schools in accomplishing their mission.

Moving in new directions is difficult. Efforts to do so are handicapped by the ways in which student support interventions currently are conceived, organized, and implemented. But, these matters can and must be addressed. The time is overdue for rethinking student supports. We must move toward

- C more effective deployment of existing resources (by minimizing fragmentation, counterproductive competition, and policy marginalization)

- C reframing student supports as *learning supports* that address barriers to student learning and realigning support staff roles and functions to develop comprehensive, multifaceted, and cohesive approaches

- C fully integrating learning support programs and staff into the school improvement agenda at every school

- C revamping infrastructures to weave resources together and provide mechanisms for enhancing and evolving how schools address barriers to student learning

It is not enough to say that all children can learn or that no child will be left behind. Student/learning supports must be an essential component of all efforts to improve schools. As the 2002 mission statement of the Council for Chief State School Officers (CCSSO) stresses, the work involves "achieving the vision of an American education system that *enables* all children to succeed in school, work, and life."

For some time, we have stressed that initiatives to enhance mental health in schools must be part of the larger concern for enhancing student/learning supports. The *New Directions for Student Support* Summits Initiative reflects this broad-based emphasis.

The Summits Initiative is focusing on four fundamental concerns that must be addressed in order to move in potent new directions:

(1) broadening the policy framework

(2) adopting a full continuum of interventions

(3) reworking infrastructure

(4) facilitating systemic change and sustainability

Each of these matters is addressed in various Center documents – all of which can be accessed on our website. To start with, see:

> Report from the national *Summit on New Directions for Student Support*. The report and its Executive Summary are available at – http://smhp.psych.ucla.edu – click the icon labeled "Summits for New Directions." The report includes a concept paper entitled: *New Directions for Student Support.* Available also are a related set of resources compiled in a separate document entitled: *Rethinking Student Support to Enable Students to Learn and Schools to Teach.*)

The website pages on the Summits Initiative also provide details about how to ensure your state has a State Summit for moving in new directions.

Mental Health in Schools:
It's About Much More Than Therapy and Counseling

Mental health in schools *isn't just about*

- C students with diagnosable problems
- C therapy and behavior change
- C connecting community mental health providers to schools
- C what mental health professionals do
- C empirically-supported *treatments*

In addition to all the above, mental health in schools *also is about*

- C providing programs to promote social-emotional development, prevent mental health and psychosocial problems, and enhance resiliency and protective buffers
- C providing programs and services to intervene as early after the onset of learning, behavior, and emotional problems as is feasible
- C the mental health of families and school staff
- C building the capacity of all school staff to address barriers to learning and promote healthy development
- C addressing systemic matters at schools that affect mental health, such as high stakes testing (including exit exams) and other practices that engender bullying, alienation, and student disengagement from classroom learning
- C 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

Use the enclosed response form to ask for what you need and to give us feedback.
And, please 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-35

U.S. Department of Health and Human Services

HRSA
Health Resources and Services Administration
Maternal and Child Health Bureau

CMHS
Center for Mental Health Services

SAMHSA
Substance Abuse & Mental Health Services Administration

(1) **Do You Want Your State to Organize a State Summit for New Directions for Student Support?**

A key aspect of the Summits Initiative: *New Directions for Student Support* is to help each state organize a statewide summit **(See p. 3 and p. 11 of the Newsletter).** Indicate your interest below:

___ I want my state to organize a statewide summit on *New Directions for Student Support.*

___ I might be interested; let me know if my state pursues a Summit.

Below are some people the Center should contact to see if they are interested:

Name	Contact Info

(2) If you have any resource requests, list them below.

(3) As always, we welcome your feedback on any facets of the Center's operations.

Your Name _____ Title _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone (____)_____ Fax (____)_____ E-Mail _____

Thanks for completing this form. Return it by FAX to (310) 206-8716 *or* in a separate envelope.

(fold on the dashed line, and seal at bottom)

- -

Return to: School Mental Health Project/
                  Center for Mental Health in Schools
                  UCLA/Department of Psychology
                  Box 951563
                  Los Angeles, CA 90095-1563

GUIDELINES FOR A
STUDENT SUPPORT COMPONENT*

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

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

*Adapted from: *Mental Health in Schools: Guidelines, Models, Resources, and Policy Considerations* a document developed by the Policy Leadership Cadre for Mental in Schools. The document contains a discussion of the rationale for each guideline, related references, and potential outcome indicators. Available from the Center for Mental Health in Schools at UCLA. Downloadable from the Center's website at: http://smhp.psych.ucla.edu

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

4. Specialized 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

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

GUIDELINES FOR A

STUDENT SUPPORT

COMPONENT