Addressing Barriers to Learning

New ways to think . . .

Better ways to link

UCLA Mental Health in Schools Center Training and Technical Assistance

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The real difficulty in changing the course of any enterprise lies not in developing new ideas but in escaping old ones.
John Maynard Keynes

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Behavior Problems: What's a School to Do?

In their effort to deal with deviant and devious behavior and create safe environments, schools increasingly have adopted social control practices. These include some *discipline* and *classroom management* practices that analysts see as "blaming the victim" and modeling behavior that fosters rather than counters development of negative values.

To move schools beyond overreliance on punishment and social control strategies, there is ongoing advocacy for social skill *training* and new agendas for *emotional "intelligence" training* and *character education*. Relatedly, there are calls for greater home involvement, with emphasis on enhanced parent responsibility for their children's behavior and learning. More comprehensively, some reformers want to transform schools through creation of an atmosphere of "caring," "cooperative learning," and a "sense of community." Such advocates usually argue for schools that are holistically-oriented and family-centered, and they want curricula to enhance values and character, including responsibility (social and moral), integrity, self-regulation (self-discipline), and a work ethic and that also foster self-esteem, diverse talents, and emotional well-being.

Contents

Discipline

Misbehavior disrupts; it may be hurtful; it may disinhibit others. When a student misbehaves, a natural reaction is to want that youngster to experience and other students to see the consequences of misbehaving. One hope is that public awareness of consequences will deter subsequent problems. As a result, the primary intervention focus in schools usually is on *discipline* -- sometimes embedded in the broader concept of *classroom management*. More broadly, however, as outlined on p. 2 interventions for misbehavior can be conceived in terms of:

- efforts to prevent and anticipate misbehavior
- actions to be taken during misbehavior
- steps to be taken afterwards.

From a prevention viewpoint, there is widespread awareness that program improvements can reduce learning and behavior problems significantly. It also is recognized that the application of consequences is an insufficient step in preventing future misbehavior.

For youngsters seen as having emotional and behavioral disorders, disciplinary practices tend to be described as strategies to modify deviant behavior. And, they usually are seen as only one facet of a broad intervention agenda designed to treat the youngster's disorder. It should be noted, however, that for many students diagnosed as having disabilities the school's (and society's) socialization agenda often is in conflict with providing the type of helping interventions such youngsters require. This is seen especially in the controversies over use of corporal punishment, suspension, and exclusion from school. Clearly, such practices, as well as other value-laden interventions, raise a host of political, legal, and ethical concerns.

Unfortunately, too many school personnel see punishment as the only recourse in dealing with a student's misbehavior. They use the most potent negative consequences available to them in a desperate effort to control an individual and make it clear to others that acting in such a fashion is not tolerated. Essentially, short of suspending the

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Intervention Focus in Dealing with Misbehavior

I. Preventing Misbehavior

A. Expand Social Programs
1. Increase economic opportunity for low income groups
2. Augment health and safety prevention and maintenance (encompassing parent education and direct child services)
3. Extend quality day care and early education

B. Improve Schooling
1. Personalize classroom instruction (e.g., accommodating a wide range of motivational and developmental differences)
2. Provide status opportunities for nonpopular students (e.g., special roles as assistants and tutors)
3. Identify and remedy skill deficiencies early

C. Follow-up All Occurrences of Misbehavior to Remedy Causes
1. Identify underlying motivation for misbehavior
2. For unintentional misbehavior, strengthen coping skills (e.g., social skills, problem solving strategies)
3. If misbehavior is intentional but reactive, work to eliminate conditions that produce reactions (e.g., conditions that make the student feel incompetent, controlled, or unrelated to significant others)
4. For proactive misbehavior, offer appropriate and attractive alternative ways the student can pursue a sense of competence, control, and relatedness
5. Equip the individual with acceptable steps to take instead of misbehaving (e.g., options to withdraw from a situation or to try relaxation techniques)
6. Enhance the individual's motivation and skills for overcoming behavior problems (including altering negative attitudes toward school)

II. Anticipating Misbehavior

A. Personalize Classroom Structure for High Risk Students
1. Identify underlying motivation for misbehavior
2. Design curricula to consist primarily of activities that are a good match with the identified individual's intrinsic motivation and developmental capability
3. Provide extra support and direction so the identified individual can cope with difficult situations (including steps that can be taken instead of misbehaving)

B. Develop Consequences for Misbehavior that are Perceived by Students as Logical (i.e., that are perceived by the student as reasonable fair, and nondenigrating reactions which do not reduce one's sense of autonomy)

III. During Misbehavior

A. Try to base response on understanding of underlying motivation (if uncertain, start with assumption the misbehavior is unintentional)

B. Reestablish a calm and safe atmosphere
1. Use understanding of student's underlying motivation for misbehaving to clarify what occurred (if feasible, involve participants in discussion of events)
2. Validate each participant's perspective and feelings
3. Indicate how the matter will be resolved emphasizing use of previously agreed upon logical consequences that have been personalized in keeping with understanding of underlying motivation
4. If the misbehavior continues, revert to a firm but nonauthoritarian statement indicating it must stop or else the student will have to be suspended
5. As a last resort use crises back-up resources
a. If appropriate, ask student's classroom friends to help
b. Call for help from identified back-up personnel
6. Throughout the process, keep others calm by dealing with the situation with a calm and protective demeanor

IV. After Misbehavior

A. Implement Discipline -- Logical Consequences/ Punishment
1. Objectives in using consequences
a. Deprive student of something s/he wants
b. Make student experience something s/he doesn't want
2. Forms of consequences
a. Removal/deprivation (e.g., loss of privileges, removal from activity)
b. Reprimands (e.g., public censure)
c. Reparations (e.g., of damaged or stolen property)
d. Recantations (e.g., apologies, plans for avoiding future problems)

B. Discuss the Problem with Parents
1. Explain how they can avoid exacerbating the problem
2. Mobilize them to work preventively with school

C. Work Toward Prevention of Further Occurrences (see I & II)

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Center News

Our survey of how the Center is being used found that most facets of activity are reaching consumers around the U.S.A. and beyond. But we mean to do even more.

Looking for information? resource materials? new approaches?

We are here to help. Besides this quarterly newsletter, check out our website and monthly electronic news (ENEWS) -- both of which are designed to convey up-to-date information regarding any and all things relevant to the topic of mental health in schools. Resources available through our clearinghouse are constantly expanding -- including a diverse set of specially prepared materials (see p.12 for more on this). By the end of the year, much of the material from the clearinghouse will also be available over the internet by accessing our website. Already on-line is the Center's Resource Aid Packet on *Students and Psychotropic Medication: The School's Role.*

Looking for personalized technical assistance? continuing education?

Each day our staff responds to a variety of technical assistance requests. Don't hesitate to contact us by phone, email, fax, or "snail" mail if you think we may be able to help. As to continuing education, we've responded to numerous requests for workshops all over the country and are developing materials to support the work of others who provide continuing education. In the next few months, we will begin to make continuing education materials available on our website (see p. 4), and we are exploring other delivery systems that may be feasible through collaboration with national organizations.

Help others by joining our consultation cadre

There is no better technical assistance resource than direct access to experienced colleagues. To facilitate such access, we continue to build a consultation cadre consisting of professionals with a wide range of expertise who are willing to share what they know without charging consultation fees. If you're willing to help others in this way, use the newsletter insert to let us know we can list you as a cadre member.

Center *Staff:*
Howard Adelman, Co-director
Perry Nelson, Coordinator
Judy Onghai, Asst. Coordinator
Michael Allen, Associate
. . . and a host of graduate and undergraduate students

Do you have information about . . . ?

We are attempting to gather information on state and local policies that have relevance to development of *comprehensive, integrated approaches to addressing barriers to student learning and enhancing healthy development.* Any information you can share on this topic will be greatly appreciated. Send us whatever you can or use the newsletter insert page to let us know who to contact.

Interested in expanding your network?

Soon you'll have direct access on our website to the school interest group of the Society for Community Research and Action (SCRA -- a section of the American Psychological Association's Community Psychology Division). Our Center will provide the group with space for the immediate future. Look for their icon on our home page soon. You'll find connecting with the members of this group is productive and enlightening.

If you have other ideas about how we can help expand useful networking for you and your colleagues, please use the newsletter insert to let us know.

Center For Mental Health In Schools at UCLA

For those of you who have not yet visited our website, please take a look:
http://www.lifesci.ucla.edu/psych/mh/

Also, if you aren't receiving *ENEWS,* add yourself to the list -- send an email request to:
maiser@bulletin.psych.ucla.edu
leave subject line blank, and in the body of the message type: **subscribe mentalhealth**

To contribute to ENEWS or the website, you can send us an Email at: **smhp@ucla.edu**

or send us a FAX (310) 206-8716
or phone (310) 825-3634
or write to us c/o the return address on this newsletter.

Don't hesitate to request technical assistance.
And please tell others about us.

Continuing Education:
Something New from the Center

Mental health in schools is a changing enterprise. To help in thinking about new directions as well as addressing immediate on-the-job needs, we have developed a continuing education module entitled *Addressing Barriers to Learning: New Directions for Mental Health in Schools.* A special version has been adapted for the National Association of School Nurses entitled *Mental Health in Schools: New Roles for School Nurses.*

This is a packaged set of three units. Each unit consists of several sections designed to stand alone. The total set can be used and taught in a straight forward sequence, or one or more units and sections can be combined into a personalized course. This design also allows learners to approach the material as they would use an internet website (i.e., exploring specific topics of immediate interest and then going over the rest in any order that feels comfortable). The units are packaged in a sequence that reflects the developers' preference for starting with a big picture framework for understanding the context and emerging directions for mental health in schools.

Beginning each section are specific objectives and focusing questions to guide reading and review. Interspersed throughout each section are boxed material designed to help the learner think in greater depth about the material. Test questions are provided at the end of each section as an additional study aid.

To facilitate self-study, the material will soon be available on our website.

CONTENTS OF CONTINUING ED UNITS

Accompanying Materials -- designed to provide enrichment opportunities on key topics as well as specific resource and technical aids for applying what is learned. (Each is packaged and available as separate items.)

Follow-Up Reading

ABCs of Assessment
Managing and Preventing School Misbehavior and School Avoidance

Resource and Technical Aids

Parent and Home Involvement in Schools
Screening/Assessment: Indicators and Tools
Substance Abuse: Indicators and Screening
School-Based Client Consultation, Referral, and Management of Care
Responding to Crisis in Schools
Resource Materials and Assistance
Students and Psychotropic Medication: The School's Role

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individual from school, such punishment takes the form of a decision to do something to the student that he or she does not want done. In addition, a demand for future compliance usually is made, along with threats of harsher punishment if compliance is not forthcoming. And the discipline may be administered in ways that suggest the student is seen as an undesirable person. As students get older, suspension increasingly comes into play. Indeed, suspension remains one of the most common disciplinary responses for the transgressions of secondary students.

As with many emergency procedures, the benefits of using punishment may be offset by many negative consequences. These include increased negative attitudes toward school and school personnel which often lead to behavior problems and anti-social acts and various mental health problems. Disciplinary procedures also are associated with dropping out of school. It is not surprising, then, that some concerned professionals refer to extreme disciplinary practices as "pushout" strategies.

(Relatedly, a large literature points to the negative impact of various forms of parental discipline on internalization of values and of early harsh discipline on child aggression and formation of a maladaptive social information processing style. And a significant correlation has been found between corporeal punishment of adolescents and depression, suicide, alcohol abuse, and wife-beating.)

Logical Consequences

Guidelines for managing misbehavior usually stress that discipline should be reasonable, fair, and nondenigrating. Motivation theory stresses that "positive, best-practice approaches" are disciplinary acts recipients experience as legitimate reactions that neither denigrate one's sense of worth nor reduce one's sense of autonomy. To these ends, discussions of classroom management practices usually emphasize establishing and administering logical consequences. This idea plays out best in situations where there are naturally-occurring consequences (e.g., if you touch a hot stove, you get burned).

In classrooms, there may be little ambiguity about the rules; unfortunately, the same often cannot be said about "logical" penalties. Even when the consequence for a particular rule infraction has been specified ahead of time, its logic may be more in the mind of the teacher than in the eye of the students. In the recipient's view, any act of discipline may be experienced as punitive -- unreasonable, unfair, denigrating, disempowering.

Basically, consequences involve depriving students of something they want and/or making them experience privileges, removal from an activity), (b) reprimands (e.g., public censure), (c) reparations (e.g., to compensate for

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Defining and Categorizing Discipline Practices

Two mandates capture much of current practice:

(a) schools must teach self-discipline to students;
(b) teachers must learn to use disciplinary practices effectively to deal with misbehavior.

Knoff (l987) offers three definitions of discipline as applied in schools: "(a) ... punitive intervention; (b) ... a means of suppressing or eliminating inappropriate behavior, of teaching or reinforcing appropriate behavior, and of redirecting potentially inappropriate behavior toward acceptable ends; and (c) ... a process of self-control whereby the (potentially) misbehaving student applies techniques that interrupt inapprop-riate behavior, and that replace it with acceptable behavior". In contrast to the first definition which specifies discipline as punishment, Knoff sees the other two as nonpunitive or as he calls them "positive, best-practices approaches."

Hyman, Flannagan, & Smith (1982) categorize models shaping disciplinary practices into 5 groups:

- psychodynamic-interpersonal models
- behavioral models
- sociological models
- eclectic-ecological models
- human-potential models

Wolfgang & Glickman (1986) group disciplinary practices in terms of a process-oriented framework:

- relationship-listening models (e.g., Gordon's Teacher Effectiveness Training, values clarification approaches, transactional analysis)
- confronting-contracting models (e.g., Dreikurs' approach, Glasser's Reality Therapy)
- rules/rewards-punishment (e.g., Canter's Assertive Discipline)

Bear (1995) offers 3 categories in terms of the goals of the practice -- with a secondary nod to processes, strategies and techniques used to reach the goals:

- preventive discipline models (e.g., models that stress classroom management, prosocial behavior, moral/character education, social problem solving, peer mediation, affective education and communication models)
- corrective models (e.g., behavior management, Reality Therapy)
- treatment models (e.g., social skills training, aggression replacement training, parent management training, family therapy, behavior therapy).

something they don't want. Consequences usually take the form of (a) removal/deprivation (e.g., loss of losses due to the misbehavior), and (d) recantations (e.g., apologies, plans for avoiding future problems). For instance, teachers commonly deal with acting out behavior by removing a student from an activity. To the teacher, this step (often described as "time out") may be a logical way to stop the student from disrupting others by isolating him or her, or the logic may be that the student needs a cooling off period. It may be reasoned that (a) by misbehaving the student has shown s/he does not deserve the privilege of participating (assuming the student likes the activity) and (b) the loss will lead to improved behavior in order to avoid future deprivation.

Most teachers have little difficulty explaining their reasons for using a consequence. However, if the intent really is to have students perceive consequences as logical and nondebilitating, it seems logical to determine whether the recipient sees the discipline as a legitimate response to misbehavior. Moreover, it is well to recognize the difficulty of administering consequences in a way that minimizes the negative impact on a student's perceptions of self. Although the intent is to stress that it is the misbehavior and its impact that are bad, the student can too easily experience the process as a characterization of her or him as a bad person.

Organized sports such as youth basketball and soccer offer a prototype of an established and accepted set of consequences administered with recipient's perceptions given major consideration. In these arenas, the referee is able to use the rules and related criteria to identify inappropriate acts and apply penalties; moreover, s/he is expected to do so with positive concern for maintaining the youngster's dignity and engendering respect for all.

For discipline to be perceived as a logical consequence, steps must be taken to convey that a response is not a personally motivated act of power (e.g., an authoritarian action) and, indeed, is a rational and socially agreed upon reaction. Also, if the intent is a long-term reduction in future misbehavior, it may be necessary to take time to help students learn right from wrong, to respect others rights, and to accept responsibility.

From a motivational perspective, it is essential that logical consequences are based on understanding of a student's perceptions and are used in ways that minimize negative repercussions. To these ends, motivation theorists suggest (a) establishing a publically accepted set of consequences to increase the likelihood they are experienced as socially just (e.g., reasonable, firm but fair) and (b) administering such consequences in ways that allow students to maintain a sense of integrity, dignity, and autonomy. These ends are best achieved under conditions where students are "empowered" (e.g., are involved in deciding how to make improvements and avoid future misbehavior and have opportunities for positive involvement and reputation building at school).

Social Skills Training

Suppression of undesired acts does not necessarily lead to desired behavior. It is clear that more is needed than classroom management and disciplinary practices.

Is the answer social skill training? After all, poor social skills are identified as a symptom (a correlate) and contributing factor in a wide range of educational, psychosocial, and mental health problems.

Programs to improve social skills and interpersonal problem solving are described as having promise both for prevention and correction. However, reviewers tend to be cautiously optimistic because studies to date have found the range of skills acquired are quite limited and generalizability and maintenance of outcomes are poor. This is the case for training of specific skills (e.g., what to say and do in a specific situation), general strategies (e.g., how to generate a wider range of interpersonal problem-solving options), as well as efforts to develop cognitive-affective orientations (e.g., empathy training). Based on a review of social skills training over the past two decades, Mathur and Rutherford (1996) conclude that individual studies show effectiveness, but outcomes continue to lack generalizability and social validity. (While their focus is on social skills training for students with emotional and behavior disorders, their conclusions hold for most populations.)

See the *Lessons Learned* column on p. 8 for a synthesis of curriculum content areas for fostering social and emotional development. For a comprehensive biblio-graphy of articles, chapters, books, and programs on social skills and social competence of children and youth, see Quinn, Mathur, and Rutherford, 1996. Also, see Daniel Goleman's (1995) book on *Emotional Intelligence* which is stimulating growing interest in ways to facilitate social and emotional competence.

Addressing Underlying Motivation

Beyond discipline and skill training is a need to address the roots of misbehavior, especially the underlying motivational bases for such behavior. Consider students who spend most of the day trying to avoid all or part of the instructional program. An intrinsic motivational interpretation of the avoidance behavior of many of these youngsters is that it reflects their perception that school is not a place where they experience a sense of competence, autonomy, and or relatedness to others. Over time, these perceptions develop into strong motivational dispositions and related patterns of misbehavior.

Misbehavior can reflect proactive (approach) or reactive (avoidance) motivation. Noncooperative, disruptive, and aggressive behavior patterns that are proactive tend to be rewarding and satisfying to an individual because the behavior itself is exciting or because the behavior leads to

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desired outcomes (e.g., peer recognition, feelings of competence or autonomy). Intentional negative behavior stemming from such approach motivation can be viewed as *pursuit of deviance.*

Of course, misbehavior in the classroom often also is reactive, stemming from avoidance motivation. This behavior can be viewed as *protective reactions*. Students with learning problems can be seen as motivated to avoid and to protest against being forced into situations in which they cannot cope effectively. For such students, many teaching and therapy situations are perceived in this way. Under such circumstances, individuals can be expected to react by trying to protect themselves from the unpleasant thoughts and feelings that the situations stimulate (e.g., feelings of incompetence, loss of autonomy, negative relationships). In effect, the misbehavior reflects efforts to cope and defend against aversive experiences. The actions may be direct or indirect and include defiance, physical and psychological withdrawal, and diversionary tactics

Interventions for such problems begin with major program changes. From a motivational perspective, the aims are to (a) prevent and overcome negative attitudes toward school and learning, (b) enhance motivational readiness for learning and overcoming problems,
(c) maintain intrinsic motivation throughout learning and problem solving, and (d) nurture the type of continuing motivation that results in students engaging in activities away from school that foster maintenance, generalization, and expansion of learning and problem solving. Failure to attend to motivational concerns in a comprehensive, normative way results in approaching passive and often hostile students with practices that instigate and exacerbate problems. After making broad programmatic changes to the degree feasible, intervention with a misbehaving student involves remedial steps directed at underlying factors. For instance, with intrinsic motivation in mind, the following assessment questions arise:

- Is the misbehavior unintentional or intentional?
  - If it is intentional, is it reactive or proactive?
- If the misbehavior is reactive, is it a reaction to threats to self-determination, competence, or relatedness?
  - If it is proactive, are there other interests that might successfully compete with satisfaction derived from deviant behavior?

In general, intrinsic motivational theory suggests that corrective interventions for those misbehaving reactively requires steps designed to reduce reactance and enhance positive motivation for participating in an intervention. For youngsters highly motivated to pursue deviance (e.g., those who proactively engage in criminal acts), even more is needed. Intervention might focus on helping these youngsters identify and follow through on a range of valued, socially appropriate alternatives to deviant activity. From the theoretical perspective presented above, such alternatives must be capable of producing greater feelings of self-determination, competence, and relatedness than usually result from the youngster's deviant actions. To these ends, motivational analyses of the problem can point to corrective steps for implementation by teachers, clinicians, parents, or students themselves. (For more on approaching misbehavior from a motivational perspective, see Adelman and Taylor, 1990; 1993; Deci & Ryan, 1985.)

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Lessons Learned
Curriculum Content for Enhancing Social and Emotional Functioning

With the burgeoning of programs focused on preventing and correcting social and emotional problems, it helps to have a synthesis of fundamental areas of competence. W.T. Grant Foundation (in the 1980s) funded a five year project that brought together a consortium of professionals to review the best programs and create such a synthesis.* The following is their list of core social and emotional competence:

Emotional

- identifying and labeling feelings
- expressing feelings
- assessing the intensity of feelings
- managing feelings
- delaying gratification
- controlling impulses
- reducing stress
- knowing the difference between feelings and actions

Cognitive

- self-talk -- conducting an "inner dialogue" as a way to cope with a topic or challenge or reinforce one's own behavior
- reading and interpreting social cues -- for example, recognizing social influences on behavior and seeing oneself in the perspective of the larger community
- using steps for problem-solving and decision-making -- for instance, controlling impulses, setting goals, identifying alternative actions, anticipating consequences
- understanding the perspectives of others
- understanding behavioral norms (what is and is not acceptable behavior)
- a positive attitude toward life
- self-awareness -- for example, developing realistic expectations about oneself

Behavioral

- nonverbal -- communicating through eye contact, facial expressiveness, tone of voice, gestures, etc.
- verbal -- making clear requests, responding effectively to criticism, resisting negative influences, listening to others, helping others, participating in positive peer groups

*W.T. Grant Consortium on the School-Based Promotion of Social Competence (I 992). Drug and alcohol prevention curriculum. In J.D. Hawkins, et al. (Eds), *Communities that care.* San Francisco: Jossey-Bass.

The W. T. Grant consortium list is designed with prevention in mind. It can be compared and contrasted with frameworks suggested for training children manifesting behavior problems. Below is the set of skills prescribed by M.L. Bloomquist (1996) in *Skills training for children with behavioral disorders.* After stressing the importance of (a) increased parental involvement, (b) greater use of positive reinforcement, and (c) enhanced positive family interaction skills, Bloomquist details the following as areas parents should focus on with their children.

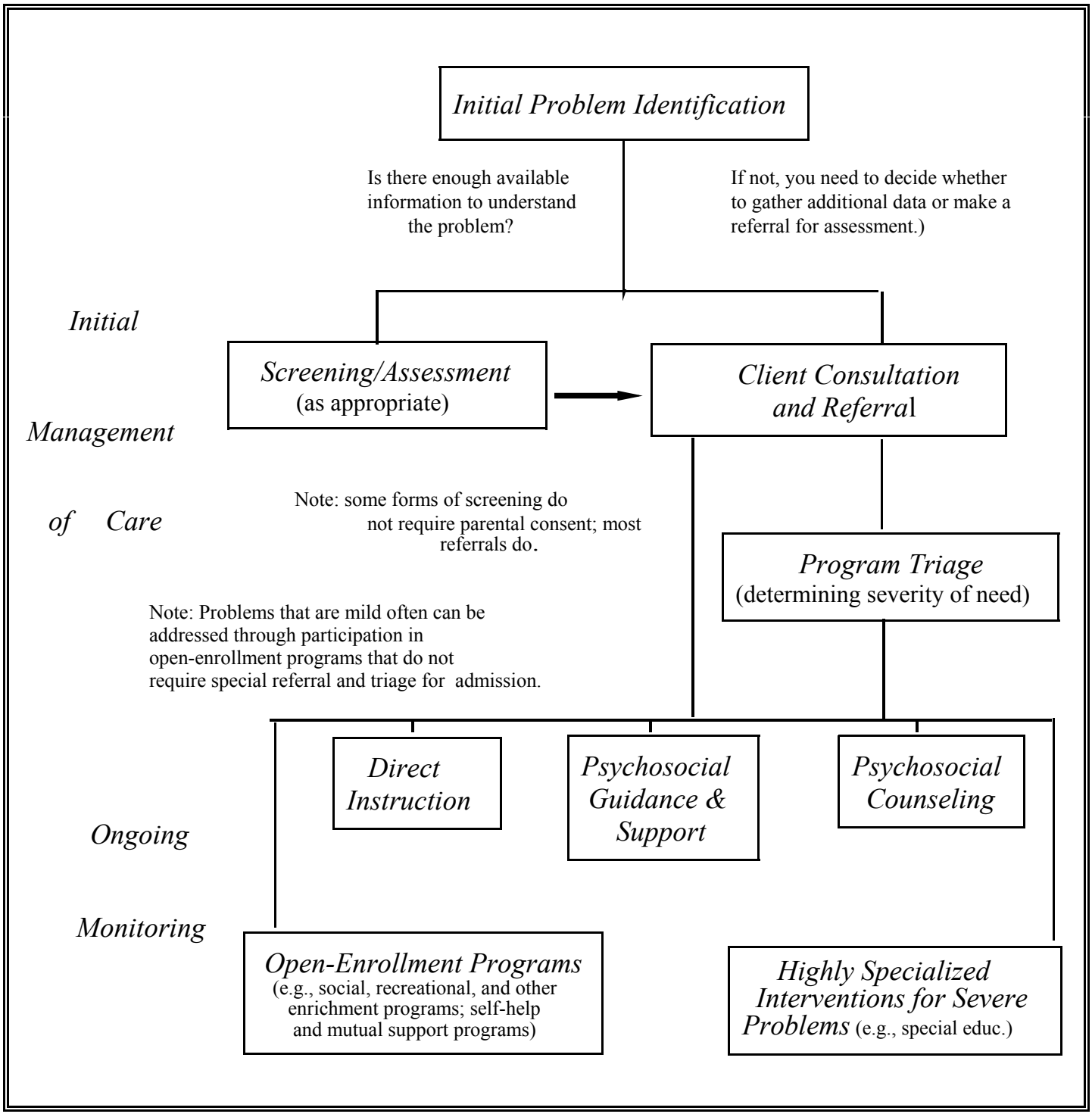
- compliance (listening and obeying adults' directives)
- following rules (adhering to formal rules) .
- social behavior skills (making and keeping friends)
- social and general problem-solving skills (stopping and thinking before working on a problem, thinking and doing in a step-by-step manner)
- coping with anger (stopping outbursts)
- self-directed academic behavior skills (organizing work, budgeting time, self-monitoring and staying on task, using study skills)
- understanding and expressing feelings (increasing one's "feelings vocabulary," observing and practicing awareness and expression of feelings,
- thinking helpful thoughts (identifying one's negative thoughts, understanding how they influence one's emotions, strategies to change negative thoughts in order to experience more positive emotions)
- self-esteem (coming to evaluate oneself positively as a result of developing skills, experiencing positive feedback, and positive family interactions)

With increasing interest in facilitating social and emotional development has come new opportunities for collaboration. A prominent example is the Collaborative for the Advancement of Social and Emotional Learning (CASEL) established by the Yale Child Study Center in 1994. CASEL's mission is to promote social and emotional learning as an integral part of education in schools around the world. Those interested in this work can contact Roger Weissberg, Executive Director, Dept. of Psychology, University of Illinois at Chicago, 1007 W. Harrison St., Chicago, IL 60607-7137. Ph. (312) 413-1008.

Ideas into Practice

Developing Systems at a School for Problem Identification, Triage, Referral, and Management of Care

In responding to the mental health and psychosocial concerns of students, school staff make a variety of decisions. This figure and the outline on the following page highlight matters to be considered as a school develops its systems for problem identification, triage, referral, and management of care.



The following outline highlights matters to be considered as a school develops its systems for problem identification, triage, referral, and management of care.

Problem identification

(a) Problems may be identified by anyone (staff, parent, student).
(b) There should be an Identification Form that anyone can access and fill out.
(c) There must be an easily accessible place for people to turn in forms.
(d) All stakeholders must be informed regarding the availability of forms, where to turn them in, and what will happen after they do so.

Triage processing

(a) Each day the submitted forms must be reviewed, sorted, and directed to appropriate resources by a designated and trained triage processor. Several individuals can share this task; for example, different persons can do it on a specific day or for specified weeks.
(b) After the sorting is done, the triage processor should send a Status Information Form to the person who identified the problem (assuming it was not a self-referral).

Clients directed to resources or for further problem analysis and recommendations

(a) For basic necessities of daily living (e.g., food, clothing, etc.), the triage processor should provide information about resources either through the person who identified the problem or directly to the student/family in need.
(b) If the problem requires a few sessions of immediate counseling to help a student/ family through a crisis, the triage processor should send the form to the person who makes assignments to on-site counselors.
(c) The forms for all others are directed to a small triage "team" (1-3 trained professionals) for further analysis and recommendations. (If there is a large case load, several teams might be put into operation.) Members of such a team may not have to meet on all cases; some could be reviewed independently with recommendations made and passed on the next reviewer for validation. In complex situations, however, not only might a team meeting be indicated, it may be necessary to gather more information from involved parties (e.g., teacher, parent, student).

Interventions to ensure recommendations and referrals are pursued appropriately

(a) In many instances, prereferral interventions should be recommended. This means a site must be equipped to implement and monitor the impact of such recommendations.
(b) When students/families are referred for health and social services, procedures should be established to facilitate motivation and ability for follow-through. Care management should be designed to determine follow-through, coordination, impact, and possible need for additional referrals.
(c) Referrals to assess the need for special or compensatory education often are delayed because of a waiting list. Back logs should be monitored and arrangements made to catch-up (e.g., by organizing enough released time to do the assessments and reviews).

Management of care (case monitoring and management)

(a) Some situations require only a limited form of monitoring (e.g., to ensure follow-through). A system must be developed for assigning care monitors as needed. Aides and paraprofessionals often can be trained to for this function.
(b) Other situations require intensive management by specially trained professionals to (a) ensure interventions are coordinated/integrated and appropriate, (b) continue problem analysis and determine whether appropriate progress is made, (c) determine whether additional assistance is needed, and so forth. There are many models for intensive management of care. For example, one common approach is to assign the responsibility to the professional who has the greatest involvement (or best relationship) with the student/family.
(c) One key and often neglected function of the care manager is to provide appropriate status updates to all parties who should be kept informed.

This material is from the Center's Technical Aid Packet entitled *School-based Client Consultation, Referral, and Management of Care* which discusses why it is important to approach student clients as consumers and to think in terms of managing *care* not *cases.* The packet also discusses prereferral interventions and deals with referral as a multifaceted intervention. Examples of tools to aid in the various processes are included. See p. 3 for information on how to request this technical resource aid.

Do You Know About?

The ***Support Center for School-Based and School-Linked Health Care*** -- a project of *Advocates for Youth.*

Among its various activities the support center has been developing *A Guide to School-Based and School-Linked Health Centers.* The most recent volume (V) is entitled *Introduction to Legal Issues* written by John Loxterman and edited by Abigail English. The major chapters cover:

- Overview of legal issues for SBHC/SLHCs
- Consent
- Confidentiality
- Liability
- Funding for SBHC/SLHCs: Regulations and requirements

The document includes sample consent forms and reference to selected resources.

For information on the Support Center and the guide contact the program director, Kate Fothergill at Advocates for Youth, 1025 Vermont Ave., NW, Suite 200, Washington, DC 20005.
phone: (202) 347-5700.

Comprehensive School-based Health Care: High School Students' Use of Medical, Mental Health, and Substance Abuse Services

This article by Trina Menden Anglin, Kelly Naylor, and David Kaplan appears in the March, 1996 issue of *Pediatrics*. Among the authors' findings are that "adolescents attending SBHCs had higher rates of visits for health and medical care than adolescents using traditional sources of medical care. The proportion of student users of SBHC mental health and substance abuse counseling services were commensurate with the estimated prevalences of these problems in this country's adolescent population. In addition, the mean numbers of visits to mental health counselors in SBHCs compared favorably with adolescent visit rates for mental health services in other settings." They conclude: the findings "are consistent with the interpretation that SBHCs do enhance adolescents' access to care for medical, mental health, and substance abuse problems."

Systems and agencies should only exist as vehicles to service the needs of our people. The criteria of how we are doing cannot be judged by the well-being of the systems, but by the well-being of the children and families they are responsible to serve.
Vivian Weinstein

National Summit on:

Addressing Barriers to Student Learning: Closing Gaps in School-Community Policy and Practice

On July 28th our Center will host a group of leaders in reform for a one day summit. About 75 distinguished colleagues from around the country will analyze prevailing and emerging models for reform, clarify gaps in policy and practice, and propose ways to better address factors interfering with the success of so many reform efforts. Based on the work done at this summit, we will generate a report discussing major implications for policy and practice. Over the next year, we will pursue strategies to facilitate follow-up activity related to the various implications. *If you would like to receive a copy of the report* when it is ready, fill out the insert included with this newsletter and mail or Fax it back to us.

National Conference on:

Advancing School-Based Mental Health Services

On Sept. 12 &13, our sister center will hold its 2nd annual conference in New Orleans. For information contact: Center for School Mental Health Assistance, University of Maryland at Baltimore at the center's toll-free number (888) 706-0980. *We hope to see you there*!

From the Center's Clearinghouse

Among the products available from our Clearinghouse are a series of Introductory Packets highlighting key topics related to specific psychosocial problems, program and processes, and system concerns. Each has overview discussions, descriptions of model programs (where appropriate), reference to publications, information on other relevant centers, agencies, organizations, advocacy groups, Internet links, and lists of consultation cadre members ready to share expertise. Two examples are:

Working Together: From School-Based Collaborative Teams to School-Community-Higher Education Connections -- discusses the processes and problems related to working together at school sites and in school-based centers. Outlines models of collaborative school-based teams and interprofessional education programs.

Violence prevention and safe schools -- outlines selected violence prevention curricula and school programs and school-community partnerships for safe schools. Emphasizes both policy and practice.

As another form of resource aid, the Center has also developed an initial draft of:

Where to Get Resource Materials to address barriers to learning -- includes a sampling of major clearinghouses, centers, organizations, and publishers that offer such resource materials and provides information on what they offer in terms of publications, brochures, fact sheets, audiovisual & multimedia tools.

A free listing of our growing set of Introductory, Resource, and Technical Aid Packets and other special resources developed by the Center is available on request.
(To defer costs of copying, handling, and mailing, there is a small fee for each packet based on number of pages.)

Eventually, we plan to put Center materials on line so those with Internet access will have free access.

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.

PLEASE FILL OUT THE INSERTED FORM AND SEND IT TO US.

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Public Health Service
HRSA
Health Resources & Services Administration
Maternal & Child Health Bureau
Office of Adolescent Health