

Intersection of School Safety, Mental Health and Wellness, and Family and Community Issues*

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This text opens with an overview of the intersection of school safety, mental health and wellness, family and community factors, and related current issues. We use a multi-contextual lens, leveraging several conceptual approaches, including but not limited to public health, behaviorist, social-ecological, developmental, family systems, and life-course frameworks.

We begin by asking: How do public perceptions and media-driven accounts of school violence facilitate or impede our understanding of school safety? What are key matters to consider? What solution paths should be considered? We highlight multiple perspectives and approaches. We identify limitations and related problems with historically piecemeal and fragmented approaches to human services delivery and underscore how school- and community-based activities can be woven together in ways that minimize unnecessary duplication of efforts, lack of coordination, and counterproductive competition for scarce resources. In doing so, we stress the value of

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school transformation that embeds school safety concerns into a unified, comprehensive, and equitable system that addresses barriers to learning and teaching.

A Broad View of School Safety

High-profile school shootings have grabbed the public's attention as commercial media have broadcast disturbing video and related information depicting horrific events. Political leaders at the local and national levels have predictably responded with calls for greater security and many stakeholders have suggested rather simplistic solutions, including increased physical security, armed guards, armed teachers, and harsh zero tolerance policies. Yet research has shown that most of these approaches do little to increase school safety, and policies such as zero tolerance can do more harm than good (American Psychological Association Zero Tolerance Task Force, 2008).

School safety is about much more than just preventing school violence or focusing on school security. It reflects a confluence of concerns spanning school climate, academic instruction and achievement, interpersonal relations and processes, specific student and adult behaviors at school, positive engagement, collaboration, physical and psychological safety, and health of all school stakeholders. It requires continuous improvement in meeting shared goals for a positive and productive school environment.

Current conceptualizations of school safety are an outgrowth of research, policy, and practice across multiple fields, including but not limited to education; juvenile justice; mental health and social welfare; school, clinical, counseling, and community psychology; sociology; and related disciplines. Schools, of course, exist in the larger community, interfacing with families, mental health systems, and a variety of stakeholders and addressing the needs of broad segments of the population. Thus, well-conceived and integrated approaches must respond to the complex concerns faced by many schools and communities.

Theoretical Frameworks and Approaches

A range of frameworks can be used in discussing how to facilitate improved promotion of school safety and prevention of school violence, effective mental health services, and family- and community-based programming. For example, behaviorist approaches focus on individual, classroom, and school levels, leveraging principles of applied behavioral analysis (ABA), while also adopting ABA-conceived schoolwide approaches such as positive behavior interventions and supports (PBIS). A wide range of cognitive behavioral interventions for anger or aggression, anxiety, depression, and other

needs areas have been successfully used for decades (Mayer, Van Acker, Lochman, & Gresham, 2008). For instance, self-regulated strategy development (SRSD), a writing intervention has been used with students with and without disabilities (Graham et al., 2012). Also, programs rooted in positive youth development and social-emotional learning (SEL) are widely used to promote positive school climate and cultural competence.

Attachment, developmental, and family systems theory focus on family-centered promotion and prevention efforts. Developmental cascades that span early aggression to later school failure and dropout help explicate child and adolescent trajectories (Masten et al., 2005), sometimes also in terms of life course theory. Public health theory is applied to many school- and community-based promotion and prevention programs. Social-ecological theory is widely used in bullying and related research, linked to prevention programming (Swearer, Espelage, Vaillancourt, & Hymel, 2010). Dynamic, relational, bioecological theories stress critical interrelationships. Qualitative research has explicated structures and processes that impact individual student, family, and community-related factors, many of which are culturally bound (Harry & Klingner, 2006). Other frameworks (e.g., social disorganization, social control, etc.) have also been used, with scores of so-called middle-range theories presented in the literature (Mayer & Furlong, 2010). Those who elect to take an “empirical integrationist” perspective leverage research across these varying perspectives to improve understanding of challenges with school safety. However, all of these frameworks are constrained and likely less effective when real world implementation is driven with a more silo-oriented, discipline-specific adherence to narrowly defined concepts, agendas, and planning approaches.

Prevailing Concerns

Multiple issues arise across research, policy, and practice with regard to school safety, mental health, and family and community challenges. School shootings, weapons in schools, violence against teachers and other adults, gang and drug activity, school climate and bullying, classroom disruptions interfering with learning, sexual harassment, exclusionary discipline, and theft are among the most common themes surfacing in school safety research. Related school-based challenges have included systems of academic accountability, early education (including zero to three issues), addressing needs of students with disabilities, English language learners (ELLs), LGBTQ youth, and students who are otherwise marginalized. Mental health in schools, school-family-community partnerships, and interagency collaboration remain areas of concern.

Broader concerns can include evolving family structure and employment patterns over recent decades along with large numbers of latchkey children

and lack of safe and supervised places for children and adolescents after school. Extensive poverty and income inequality and economically and socially marginalized families, linked to food and housing insecurity, particularly among single female parents and families of color, can place children at heightened risk academically, and in terms of individual psychological and overall family wellness (Mayer & Leone, 2007). Community violence, gang and drug activity, and access to guns can be linked to several types of deleterious outcomes. Exposure to violence in entertainment media (e.g., television, movies, computer or mobile electronics games) may pose additional risk to youth (Nickerson et al., 2016).

Sometimes concerns across these domains can be considered in unhelpful ways. For example, there is a widespread public perception that school shootings and other acts of violence are closely linked to serious mental health issues, where mental illness and violence become conflated. Yet data demonstrate that only a very small percentage of individuals with serious mental health issues act out violently and that findings depend on the type of mental health problem, severity, and the presence or absence of adequate treatment support. Apart from substance abuse, which is linked to an increased risk of violence, individuals with serious mental health problems are only slightly more at risk for violent behavior than the general population, and those receiving appropriate treatment are at no higher risk (Van Dorn, Volavka, & Johnson, 2012; Varshney, Mahapatra, Krishnan, Gupta, & Deb, 2016). Families of students experiencing serious academic and disciplinary problems at school are often cast in a role of causing the problem in the minds of teachers and other school professionals (Skiba & Peterson, 2000), where there may be no such linkage. Schools situated within communities that experience intense violence are presumed in the minds of many to be beyond help, where the schools are preordained to fail. Yet several studies have shown the error of such presumptions (Mayer & Furlong, 2010).

Cutting Across Disciplines

The balance-communication-connectedness-support (BCCS) model is an approach to framing issues of school safety that connects to mental health and family and community challenges (the Interdisciplinary Group on Preventing School and Community Violence, 2013). The model originated as part of a position statement on the Fall 2006 school shootings, culminating in the Fall 2006 School Shootings Position Statement, which was disseminated nationally. A revised and expanded version of the statement was developed following the Sandy Hook school shooting in 2012 and disseminated nationally; it was endorsed by more than 100 major professional

organizations representing well over 4 million professionals across education, psychology, social work, counseling, and allied fields.

The BCCS model cuts across findings from multiple disciplines and is likened to taking an MRI of issues, slicing images at various angles and positions, yielding views different from those of traditional systems that examine school safety. Our summary here reproduces segments from the first School Shooting Position Statement. The model stresses that a *balanced approach* includes a variety of efforts addressing physical safety, educational practices, and programs that support the social, emotional, and behavioral needs of students, not simply reacting with a singular focus on security. *Communication* includes maintaining close communication and trust with students, families, and others in the community, so that threats will be reported and can be investigated by responsible authorities, using evidence-based threat assessment protocols. Schools and communities must find effective means to overcome students' reluctance to break unwritten rules against "tattling" or "snitching" on their peers and channels of efficient, user-friendly communication need to be established and maintained. *Connectedness* refers to what binds people together as a social unit. Students need to feel that they belong at their school and that the school staff and the school community as a whole care for them. *Support* is critical for effective prevention. Both in schools and the local community, many people experience minor and major life stresses and difficulties. Every school should have the resources to maintain evidence-based programs designed to address students' needs, using a fully developed multitiered approach.

Current Research, Policy, and Practice Challenges

Research questions, data acquisition, and related analytic approaches that inform research, policy, and practice raise a series of challenges. The needs of researchers may sometimes be at odds with those of practitioners. For example, a clinical psychology researcher formally testing an anger management intervention would likely be concerned with having well-defined and controlled experimental conditions, but such procedures and conditions may not mesh well with the ability of students to participate in the intervention as well as work practically within the daily schedules and procedures of a school (Mayer & Van Acker, 2008). Likewise, researchers interested in learning disabilities may develop approaches that conflict with the day-to-day realities for teachers who must implement such interventions (MacMillan & Speece, 1999). Neither may fit well with the goals of advocates for policy change at the national level. Further, research questions are bound by theoretical constructs, available data, and related analytical approaches, which can constrain focus, utility, and broader application of findings.

Data are collected through multiple avenues, aligning with population, content focus, and purpose. For instance, school violence data can reflect measures of perpetration (e.g., law enforcement records, school disciplinary referrals) and victimization (e.g., self-report in surveys and other instruments). Information on overall school climate can be obtained through climate surveys and focus group sessions. Health status and related risk and protective attitudes, knowledge, beliefs, and behaviors can be measured through surveys and interviews. Mental health needs and services affecting a school population or other group can be measured through a combination of epidemiologically based surveys, rating scales, records analysis (e.g., clinical services log), and client service delivery reports. Family structure, status, practices, and perspectives can be assessed through surveys, interviews, ethnographic and other qualitative methods, focus groups, and census-type data. Related analysis is driven by research questions, units of analysis, data availability, and types of investigation (causal, correlational, descriptive, ethnographic, etc.). For example, understanding processes linked to student investment in school may require a structural modeling approach that leverages latent variables based on an empirically derived model, with each latent variable reflected in real-world measurable variables. Along with these challenges come definitional and measurement issues that are beyond the scope of this discussion (see Mayer & Furlong, 2010).

Transdisciplinary Approaches and Multiple Stakeholders

Transdisciplinary approaches are essential to understanding and addressing a wide array of factors and processes spanning school safety, mental health, and family and community needs. Mental health and allied disciplines work with school safety challenges but often in a fragmented and unnecessarily duplicative manner with limited collaboration (Kutash & Duchnowski, 2007; Pires, Lazear, & Conlan, 2008). Effectiveness can vary greatly depending on singular agency efforts versus coordinated approaches as a function of respective agency mission and goals, case analysis and deployment of resources, informational and accountability systems, and existing infrastructure geared to support interagency collaboration (Daly et al., 2006). Youth and their families who are at increased risk may demonstrate multiple areas of need that span the expertise of one human services discipline or agency and related prevention and intervention models may not pay sufficient attention to more complex needs when focused on more singular conditions (Weisz, Donenberg, Han, & Weiss, 1995). Increasingly comprehensive prevention and promotion models require multilevel efforts that can pose additional logistical and analytical challenges, and suspected moderators and mediators are often neglected in research and related prevention efforts, limiting benefits realized from such efforts (Clingempeel &

Henggeler, 2002; Lochman, 2000). These concerns also extend to the roles of various stakeholders in the school and community.

Multiple stakeholders play critical roles across school, family, and community systems, yet structures and supports to facilitate broader collaborative progress are limited. For example, school-family partnerships are the cornerstone of student progress, and schools nationally have engaged in multifaceted programming to improve these partnerships. Research on school-wide change processes has repeatedly pointed to the necessity of stakeholder buy-in and collaboration, also identifying facilitators and barriers to such efforts. For example, Harry (1991) did breakthrough work explicating the nature of strained relations between the Puerto Rican families and the special education system in Syracuse, New York. Furthermore, mental health services often involve family-community agency partnerships as does related work by social workers in schools and communities. We further examine these issues in the following sections, beginning with consideration of health promotion and prevention, and approaches to address school safety and broader mental health concerns, including family and local community concerns.

Safe Schools, Health Promotion, and Prevention

Schools have a long history of promoting the behavioral and academic skills of the students they serve. For almost a century, schools also have addressed many of the safety and health needs of their students, regularly incorporating school nursing and counseling services into policy and practice. Originally, many of the prevention services these professionals provided were related to physical safety, contagious disease prevention, school attendance, and, for counselors, academic progress (Wiley & Cory, 2013). By the mid-20th century, states developed policies and practices mandating vaccinations, hygiene education as well as behavioral and attendance rules. Environmental factors that promoted health were also standardized (Institute of Medicine, 1997). Counselors focused on academic and vocational guidance and career preparation as well as providing child developmental information to teachers and families.

Today school health and its providers have a broad promotion and prevention focus, where wellness promotion and prevention are closely interwoven, jointly leading to improved mental health, positive social outcomes, and general well-being (Substance Abuse and Mental Health Services Administration [SAMHSA], Center for Mental Health Services [CMHS], 2007). The Institute of Medicine (IOM) has endorsed the following definition:

A comprehensive school health program is an integrated set of planned, sequential, school-affiliated strategies, activities, and services designed to

promote the optimal physical, emotional, social, and educational development of students. The program involves and is supportive of families and is determined by the local community, based on community needs, resources, standards, and requirements. It is coordinated by a multidisciplinary team and accountable to the community for program quality and effectiveness. (Institute of Medicine, 1997, p. 2)

Health and safety promotion and prevention science permeates school settings, from environmental requirements for air quality, toxin regulations, fire prevention, and safety drills. Schools have policies to prevent poisoning and respiratory illnesses and to promote safety. School safety and discipline have been moving from negative, punitive codes of conduct and reliance on suspension to PBIS and restorative justice (Sugai, Horner, & McIntosh, 2008). Many states now require health instruction about topics such as preventing sexually transmitted diseases; preventing the use of tobacco, drugs, and alcohol; and avoiding dangerous risky behaviors. All of these health promotion activities have seen reductions in suspensions, in teen pregnancy, smoking, fatal automobile accidents, and violence, including suicides during the last 25 years (Centers for Disease Control and Prevention [CDC], 2015). In the most recent decades, promoting social, emotional, and mental health functioning and preventing mental health problems have been incorporated into the vision, policies, and practices of effective safe community schools, and the results show promise (SAMHSA, 2015).

In 1998, after a rash of school shootings, the U.S. Departments of Education and Justice were directed by then President Clinton to produce and distribute guidance for schools and communities to address the promotion of school safety and the prevention of violence. The document *Early Warning Timely Response: A Guide to Safe Schools* (Dwyer, Osher, & Warger, 1998) was produced and distributed to all of the nation's public schools before the opening of the 1998–1999 school year. This document and related materials presented a comprehensive continuum of universal schoolwide promotion and prevention services, in combination with early and intensive interventions to make schools safer. Addressing safety was also connected to an examination of the school's climate, seeking a climate that enhances feeling safe, connected, respected, included, and academically challenged. It was clear that schools even in the most violent, poverty-ridden communities could be safe and more positively connected to their students and families.

Promoting emotional skills such as showing empathy, being self-aware, and using self-regulation and problem-solving are now more commonly in place in our schools (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2015; Durlak, Weisberg, Dymnicki, Taylor, & Shellinger, 2011). Most schools now provide universal student safety programs such as proactively addressing bullying and having crisis prevention plans to address

natural and man-made crises. Today some schools, although fewer in number, provide social skills instruction and positive discipline to promote safety. In their strategic plans, school systems have adopted policies and practices allowing time for teachers to closely connect with their students and families. Systems have provided training for building resilient classrooms (Doll, Brehm, & Zucker, 2014). Schools now support teaming of health and mental health staff to ensure coordination of services, thus avoiding silos of discrete services. Furthermore, most school districts now provide families with helpful developmental information, discipline guidelines, and other information that supports the schools' academic mission. Early childhood education is now the norm for promoting readiness to learn and for preventing primary grade failure. These are fundamental, universal promotion and prevention activities included in instruction, curriculum, and management procedures. They have their foundation in the application of safety and social and emotional best practices designed to enable mastery learning for all students (Osher, Dwyer, & Jackson, 2004). Many of these promotion and prevention activities extend developmental supports, including parent education to promote readiness for social and academic success. Many preschool programs also have folded universal social and emotional instruction into academic readiness (CASEL, 2016). Universal promotion and prevention policies and initiatives have been aligned and integrated into our nation's schools to lower risk and reduce failure.

In 2018, a U.S. Department of Education grant was awarded to WestEd to lead the *Center to Improve Social and Emotional Learning and School Safety*. The RAND Corporation, Council of Chief State School Officers, and Transforming Education serve as partners in the work (see announcement at <https://www.wested.org/news-events/center-to-improve-social-and-emotional-learning-and-school-safety/>).

Toward Improving Best Practices

To improve academic and social mastery for all students, schools can adopt the public health promotion, prevention, early and intensive intervention continuum (Dwyer & VanBuren, 2010; Osher & Dwyer, 2005). There is evidence that prevention and intervention can be implemented with fidelity to improve best practices in a variety of school communities (Campie, Tanyu, & Osher, 2017; Kendziora & Osher, 2016).

The Safe Schools/Healthy Students Grants' evaluation by SAMHSA (2013) highlights a representative array of school systems that have successfully reduced violence and other behavior problems that interfere with learning by implementing a comprehensive approach. These programs also have significantly increased access to mental health services to address student social and emotional problems (SAMHSA, 2015).

For many staff and families, improving current practices requires a change in thinking about intervention approaches and in how schools are structured. This includes recognizing the importance of social and emotional development and how the environment supports that development and fundamental conditions for learning.

Student, family, and staff perceptions of school climate are critical. When children feel safe and respected by staff, they show improved attention to instruction, connectedness, and academic achievement (Kendziora & Yoder, 2016). In a safe school climate, children, families, and staff feel cared for, connected, and respected. In particular, in a positive school climate, the students can readily identify an adult who cares about them. These are not “feel good” components of effective schools. They are grounded climate measures of success.

Periodic surveys of school climate are necessary to track improved climate with improvement in achievement and behavior. There are many examples of effective climate surveys that have merit. The U.S. Department of Education’s National Center for Educational Statistics provides examples for use with students, teachers, staff, and families. Some student items like “Teachers are available when I need to talk with them” and “My teachers care about me” address caring connections with adults while other items such as, “Students at this school get along well with each other” may reflect safety and caring connections to peers. Climate surveys, when used by students, staff, and families can give us consistent continuing quality improvement measures of school climate initiatives (U.S. Department of Education, 2016). For example, Cleveland’s Humanware school climate measures are reviewed annually and in some schools semiannually, to examine progress and help identify additional climate areas that need to be addressed. The finding that students’ views of “caring” were very significantly lower than teachers’ perceptions, warranted increased in-service training and more regular adherence to class meetings to help improve caring and connectedness. Examining and measuring school climate for safety, caring, and connectedness give staff progress measures that can enhance their support. Likewise, the School Climate Improvement Resource Package (SCIRP) from the National Center on Safe Supportive Learning Environments provides schools with tools for addressing climate needs.

Teachers and other staff and families regularly see the value of a safe school climate. They readily support fewer class disruptions and fewer incidences of fighting and bullying. They know that increased connecting and caring between and among students will result in a safer school climate. A safe and caring school climate where children can easily identify one or more trusted adults and where they feel respected and connected to staff and each other can have lasting positive outcomes for children. An unsafe, ineffective, uncaring school climate can cause anxiety and dysfunction in large numbers of students.

Inclusive Planning and Implementation

Implementation requires an inclusive planning process. Staff may not see health promotion activities as part of their instructional role so framing these activities as ways to increase engaged instructional time and decrease class disruptions can help secure that support. These are common outcomes of teaching functional social skills and knowledge (see <http://www.casel.org/research/>). Prevention activities might include reinforcing positive behavioral discipline standards (i.e., PBIS) and bullying prevention as well as class meetings. Promotion and prevention activities complement each other and there is an overlapping continuum of universal primary promotion and prevention activities that enhance the conditions for learning. When all are imbedded into the school's climate, more children thrive (Osher et al., 2004).

Universal mental health promotion and prevention is the necessary core for safe and effective schools but insufficient for addressing the needs of all students. Twenty percent or more students need more targeted and individualized academic and behavioral support to benefit from universal prevention and promotion initiatives and effective, challenging instruction.

Connectedness and caring require timely contact between school staff and students and families as well as connections among students and concurrently among staff, community partners, and other stakeholders. Connections with students and families can increase safety. When students connect with a trusted adult, they are more likely to share early warning signs of their own thoughts of violence, including suicidal thoughts or plans. Trusting connections are key, and schools can support this by providing students, staff, and families access to valid information and planned support when warning signs appear (National Association of School Psychologists [NASP], 2015). When teachers and families have easy access to effective mental health, behavioral, and academic interventions, their level of cooperation and involvement increases.

Teaching can be a lonely and sometimes frustrating profession unless schools provide teachers and other staff time and access to peers to collaborate and consult (Iowa Department of Education, 2009). Allotting time for grade-level teachers to consult with each other provides expanded problem-solving as well as shared support for implementation of universal school climate interventions. Administrative support for family-inclusive partnerships is essential (Mapp & Kuttner, 2013). Similarly, connecting and collaborating with families can be critical to supporting positive social-emotional development and academic progress. When strategies for effective school-family partnerships are properly resourced and designed, they are more likely to be sustained and incorporated into practice. Listening to the parent community, providing data-based information and building one-to-one relationships with families has improved attendance and behavior (Christenson & Reschly, 2010).

Classroom teachers and families need to be informed of the measured progress provided by early interventions. This support and its monitoring require more than the individual classroom teacher can provide. School student support teams (SST) that use data-based problem solving and resources to ensure the development and monitoring of early, targeted interventions (Dwyer & Osher, 2004). These teams work best when intervention monitoring is periodic and goals are both challenging and realistic. Successful implementation of Response to Intervention (RTI) within a multitiered system is also dependent upon the SST's periodic monitoring. Monitoring, at its minimum, should be as periodic as report cards. Interventions like cooperative learning and extended day or after school programs can be more effective when supported with instructional and behavioral materials whose content is connected to the classroom. In some schools where promoting alternative thinking strategies (PATHS) is taught, other instructional support staff and clinicians are given training in that curriculum so that they can reinforce a child's use of those skills in remedial support (Greenberg, Kusché, Cook, & Quamma, 1995). And, families can be made aware of the social-emotional instructional goals that they can support at home. When clinicians partner with the SST and classroom teachers, there are more opportunities for coordination and consultation. Thus, making clinicians aware of SEL instruction reduces fragmentation. As one clinician stated, "I use the PATHS language as part of my behavioral treatment. I am reinforcing the instruction and the teacher is reinforcing the therapy."

School leadership can endorse a variety of targeted instructional supports including peer coaching, cooperative learning, diagnostic teaching, and grade-level teams for addressing behavioral or instructional issues. Principals can establish as part of their strategic plan addressing attendance as it relates to students being at-risk for academic failure and behavior problems. Principals can encourage student/learning supports that are provided within the classroom.

SSTs and RTI are effective when properly resourced and when interventions are documented and monitored for fidelity to the academic and behavioral plans. Teachers are encouraged to use strength-based interventions and to connect families to explore those strengths. Frequent family contact also can assist the SST to better understand and evaluate what is and what is not working (CASEL, 2008).

Intensive Interventions to Address Complex Student Needs

A multitiered system of supports (MTSS) model functions successfully when all levels are designed as a comprehensive and integrated set of subsystems and interventions are organized and implemented with integrity

(Center for MH in Schools & Student/Learning Supports, 2017). Promotion and prevention alone can leave many at-risk children frustrated and on a trajectory toward more serious academic and behavioral problems (Baker, Kamphaus, Horne, & Winsor, 2006). Their teachers, unable to remedy these problems, may feel isolated and even become disenchanted with the prevention strategies they have been trained and asked to implement. Peer consultation and easy access to SST support are critical to maintaining teacher support. When the teacher referral to the SST is seen as an active extension of the classroom support, the interventions are more likely to succeed. Their alignment enhances success. For example, when SEL instructional language is incorporated into remediation for those referred students, it supports transfer and teacher reinforcement in the classroom. Ways to make this happen will be discussed within this book.

An essential facet of a multitiered student support system is intensive, personalized intervention. Such interventions must be in place to address the complex needs of smaller numbers of students who have serious, complex barriers to learning and behavior. These interventions frequently require plans for even greater family involvement, multiple agency services, and the structured coordination of services (Weisz, Sandler, Durlak, & Anton, 2005). Coordination again requires inclusive interagency training and information sharing (under the framework of school and provider confidentiality regulations). The Wraparound service model is an example of an intensive intervention. Wraparound service includes multiple agents partnering with the child's school and teacher(s) and family. Measured goals of wraparound most usually include improved learning, behavior, grades, and attendance among other regular school measures as well as family and community measures of treatment effectiveness.

Untreated mental health problems are one of the most serious barriers to learning (Adelman & Taylor, 2010). Many mental health problems are compounded in schools where children and staff feel unsafe, where learning is disrupted and discipline is erratic, and where bullying and violence are too common. In communities stressed by poverty and safety issues, many more children suffer from trauma-based disabling mental health problems. These children tell us that their stress comes with them into the classroom and that this stress can be reduced through teacher-enhanced caring and connectedness combined with therapeutic treatment. Institutionalizing these resilience-building actions by staff is our collective goal and a goal of this book.

Making it a priority to better address mental health promotion and prevention as well as early and intensive interventions for existing mental health problems should be expected, particularly those schools serving our neediest students and families in communities suffering from poverty and violence.

Universal preventive and promotional mental health initiatives have increased during recent decades. For example, universal bullying prevention initiatives are commonly implemented in about three out of four of our schools (CDC, 2015).

Intensive, personalized services are provided, coordinated, or supported in 67% of U.S. schools according to the CDC's 2015 school health survey. These intensive services generally involve coordination and interagency services and include strong family involvement. Coordination among service providers, particularly for children and youth who have experienced physical, sexual, or psychological trauma is critical to intervention effectiveness. Without these supports, schools can fail, and school staffs show signs of burnout, classes are frequently disrupted, and suspensions are common. Families feel alienated and staff and students feel unsafe. Compounded by community violence, anxiety increases for students and staff (Baker et al., 2006; Oberle & Schonert-Reichl, 2016).

Community Outreach, Collaborative Engagement, and Systemic Development

Collaboration among agencies and schools is sound practice (Adelman & Taylor, 2007a). Collaboration at the policy level that supports macro-level decision-making based upon practitioner- and family-level feedback should be valued. Collaboration between clinicians and school staff brings policy to practice. Partnerships with community agencies enhance the desired coordinated and collaborative service delivery model that has the greatest impact for a complete array of services from preventive to intensive wrap-around models (Cleveland Municipal School District, 2015).

What has worked in practice are systems that have partnered with private and public agencies and community family advocates in the planning of integrated service models that enable services to blend so that, with consent, agency providers can meet with school teams and be active participants on those teams (Freeman et al., 2014). The Systems of Care literature has demonstrated that silos are detrimental to access and to effective interventions. Effective collaboration requires interagency agreement (i.e., memorandum of understanding) and interagency training. For example, in one school system the agency service providers work in the schools, provide regular consultation to the student's classroom teacher and parent, participate in the school's SST team and participate in an annual review of their measured effectiveness including input surveys from the teacher, family, and student. These surveys are analyzed by a local partnering university (Cleveland Municipal School District, 2015).

The last few decades have seen many initiatives to connect community services to schools in order to better meet the needs of children and their

families. These initiatives have generated terms such as school-linked services, integrated services, one-stop shopping, wraparound services, seamless service delivery, coordinated school health, co-location of services, integrated student supports, full-service schools, community schools, systems of care, and more. All this has been bolstered by recent policy-oriented reports that have come from Child Trends using the term “Integrated Student Supports” and from the Association of Maternal & Child Health Programs (AMCHP) and the Lucile Packard Foundation for Children’s Health focusing on “Systems of Care.” And, the CDC has revamped their “Coordinated School Health Program.”

For community agencies, connection with schools is seen as providing better access to families and their children, promoting greater engagement, and enhancing opportunities for having an impact on hard-to-reach clients. Moreover, the hope is that integrated interventions will increase the pool of resources for student and learning supports and address disparities. For school policy makers, connecting school-home-community is seen as an essential facet of promoting the well-being of children and youth and enhancing equity of opportunity for them to succeed at school and beyond (Hardiman, Curcio, & Fortune, 1998; Warren, 2005). While schools represent a key commodity in communities, too many currently are viewed as unconnected “islands.” This works against addressing barriers to learning and teaching such as school and community safety—especially in poor neighborhoods.

Schools and the community in which they reside are dealing with multiple, interrelated concerns—poverty, child development, literacy, violence, crime, safety, substance abuse, housing, and employment. For schools to be seen as more effective and caring places, they must take steps to engage and collaborate with a wide range of community stakeholders, and they must play a key role in addressing barriers to learning and teaching as well as strengthening family and community life. A potent approach requires multifaceted and collaborative efforts. The goal is to maximize mutual benefits, including better student progress, positive socialization of the young, higher staff morale, improved use of resources, an enhanced sense of community, community development, and more. In the long run, the aims are to strengthen students, schools, families, and neighborhoods.

In too many schools, outreach to the community has a highly limited focus. Policy and related funding initiatives mostly support efforts to link community social services and physical and mental health services to schools. After-school programs also involve community providers. In addition, some schools recruit volunteers and solicit other forms of resource contributions, as well as encouraging positive votes for school-related ballot measures. The downside of such well-meaning outreach is that it narrows

thinking about the role and functions of school-community collaboration and about transforming how schools provide student and learning supports (Adelman & Taylor, 2003, 2006, 2007b, 2017, 2018).

What Resources Are in the Community?

Researchers have mapped a wide range of community entities whose missions overlap that of the local schools. These include county and municipal agencies and bodies, mutual support and self-help groups, service clubs and philanthropic organizations, youth organizations, community-based organizations, faith institutions, legal assistance groups, ethnic associations, artists and cultural institutions, businesses, corporations, unions, media, family members, local residents, senior citizens groups, and more. Districts and schools need to consider outreach to the full range of resources that exist, especially in neighborhoods where poverty reigns.

Framing and Designing Interventions for Community Involvement and Collaborative Engagement

School and district efforts to enhance community connections can encompass four types of activities: (1) outreach to a broad range of community entities; (2) development of immediate links and connections with community resources that can help fill critical intervention gaps to address shared problems; (3) establishment of an effective operational infrastructure for a school-community collaborative; and (4) the blending, weaving, or redeploying of school and community resources where feasible to help with system development (see figure 1.1). In practice, all four activities often are not pursued, especially when the focus is mainly on connecting a few community services to a school. However, all are vital in developing a unified and comprehensive system of student and learning supports.

It should be noted that because community resources in many neighborhoods are sparse a school-by-school approach often leads to inequities (e.g., the first school to contact an agency might tie up all that a given agency can bring to a school). Therefore, district leadership needs to (1) help develop mechanisms that connect a “family” of schools (e.g., a high school feeder pattern, schools in the same neighborhood); and (2) play a role in outreaching and connecting community resources equitably to schools. A family of schools (e.g., an elementary to high school feeder pattern) also provides a good nucleus for creating a school-community collaborative.

Based on the available literature, here are examples of strategies related to pursuing the activities highlighted in figure 1.1 (Adelman & Taylor, 2006; Bodilly, Chun, Ikemoto, & Stockly, 2004; Epstein, Coates, Salinas, & Sanders, 2002).

Outreach to the Community

1. A social marketing campaign to inform and invite participation of all community stakeholders with respect to
 - (a) district and school plans to work with the community to address barriers to student success and develop a cohesive and comprehensive system and
 - (b) the variety of opportunities for involvement at schools
2. Interventions to (re)engage students and families who don't interact with the school on a regular basis (e.g., the disengaged, truants, dropouts)
3. Outreach to specific stakeholder groups to recruit a steady increase in the number of volunteers available to the schools

Developing Mechanisms to Link and Connect with Community Entities

1. Using school improvement planning to include a focus on analyzing and filling critical gaps in efforts to develop a unified and comprehensive system of learning supports
2. Establishing and training a multi-school workgroup to focus on recruiting and equitably integrating individuals and agencies who have resources that can help fill critical gaps

Establishing a Formal Collaborative and Building an Operational Infrastructure

1. Identifying community stakeholders who are interested in establishing a school-community collaborative
2. Formulating aims, short-term goals, and immediate objectives
3. Organizing participants into an effective operational infrastructure and establishing formal working agreements (e.g., Memorandum of Understanding) about roles and responsibilities
4. Forming and training work groups to accomplish immediate objectives
5. Monitoring and facilitating progress

Blending Resources to Improve System Development

1. Mapping school and community resources used to address barriers to student success
2. Analyzing resource use to determine redundancies and inefficiencies
3. Identifying ways resources can be redeployed and interwoven to meet current priorities

Focus of Efforts to Develop System of Learning Supports

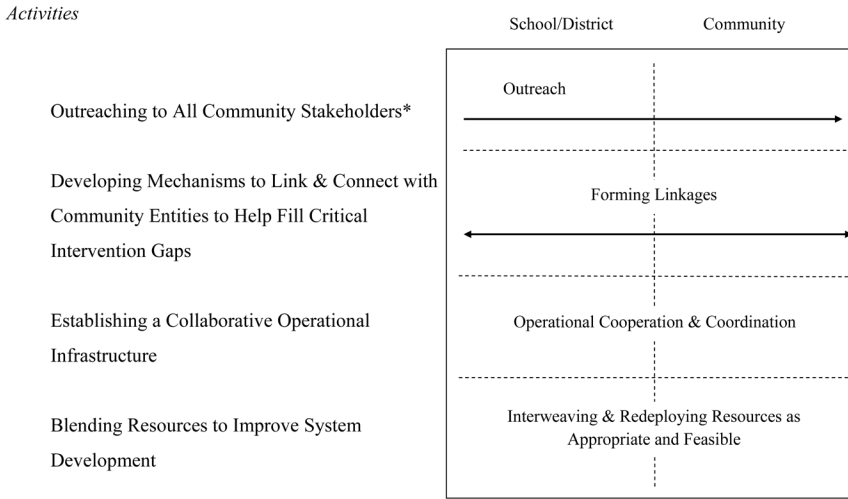


Figure 1.1 Framework for schools and community collaboration in developing a unified and comprehensive system of learning supports. Outreach is to all available community resources and decision makers (e.g., those associated with public and private agencies, colleges, and universities, artists and cultural institutions, businesses and professional organizations, and service, volunteer, faith-based organizations)

What Are Priorities in Enhancing Community Involvement and Collaborative Engagement?

Analyses related to school improvement can use the framework in figure 1.1 to identify next steps for enhancing school-community connections. A self-study survey also is available online at <http://smhp.psych.ucla.edu/pdffdocs/toolsforpractice/communityoutreachsurvey.pdf>). Immediate priorities usually involve establishing policy and operational mechanisms for (1) a broad-based social marketing outreach campaign aimed at connecting with a wide range of community entities and initiating work with those who indicate interest and (2) exploring the feasibility of building a school-community collaborative.

Toward Developing a School-Community Collaborative

With a view to establishing an effective school-community collaborative, the early priority is to create a work group charged with developing an

operational infrastructure for the collaborative. The prototype illustrated in figure 1.2 indicates the type of mechanisms needed to provide oversight, leadership, capacity building, and ongoing support as a collaborative plans and implements strategic actions. Establishing such an infrastructure requires translating policy into authentic agreements about shared mission, vision, decision-making, priorities, goals, roles, functions, resource allocation, redeployment, enhancement, strategic implementation, evaluation, and accountability. A guidebook is available for establishing a productive collaborative (see “School-Community Partnerships: A Guide,” available online at <http://smhp.psych.ucla.edu/pdfdocs/guides/schoolcomm.pdf>).

Finally, we note that interest in connecting school and community resources is growing at an exponential rate. A temporary connection often is established in the wake of a crisis or to address a particular problem. At some schools, efforts have been made to co-locate a few service agencies on a school campus. While limited and often informal linkages are relatively simple to make, establishing a comprehensive, long-term formal collaborative infrastructure is not easy. Development of an effective operational infrastructure requires formal and institutionalized systemic changes to enable sharing of a wide spectrum of responsibilities and resources and to ensure well-defined working relationships. In this last respect, as community agencies bring their staff to the table, care must be taken not to undervalue the role of existing student support personnel and other human and social capital found in homes and communities. To do so risks creating counterproductive competition for sparse resources and other problems.

In the long run, school-community connections must be driven by a comprehensive vision about the shared role schools, communities, and families can play in strengthening youngsters, families, schools, and neighborhoods. Such a vision encompasses safe schools and neighborhoods, whole child development and learning, personal, family, and economic well-being, and more. And this vision needs to be fully embedded into school improvement policy and practices.

Concluding Comments

In this chapter, we have stressed that it is essential to adopt a broad view of school safety and to adopt a comprehensive approach that weaves together the efforts of school and community. This sets the stage for the chapters that follow, which explore school safety, mental health, and related family and community concerns in greater depth.



Note to Figure 1.2 →

Figure 1.2 Prototype of a school-community collaborative operational infrastructure.

Connecting the resources of schools, families, and a wide range of community entities through a formal collaborative facilitates developing a unified, comprehensive, and equitable system for addressing barriers to learning. Effectiveness, efficiencies, and economics of scale can be achieved by connecting a “family” (or complex) of schools (e.g., a high school and its feeder schools, schools in the same neighborhood). In a small community, the feeder pattern often is the school district.

Who should be at the table?

- Schools = formal institutions responsible for formal educations (e.g., pre-kindergarten, elementary, secondary, higher education entities). The intent is to interweave the resources of these institutions with community entities.
- Community entities = the many resources (public and private money, facilities, human and social capital) that can be brought to the table (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 in the community.
- Families = representatives of all families in the community (not just representatives of organized family advocacy groups). The intent is to mobilize all the human and social capital represented by family members and other home caretakers of the young.

Figure 1.2 (continued)

References

- Adelman, H. S., & Taylor, L. (2003). Creating school and community partnerships for substance abuse prevention programs. *Journal of Primary Prevention*, 23, 331–369.
- Adelman, H. S., & Taylor, L. (2006). *The school leader's guide to student learning supports: New directions for addressing barriers to learning*. Thousand Oaks, CA: Corwin Press.
- Adelman, H. S., & Taylor, L. (2007a). *Fostering school, family, and community involvement*. Portland, OR: Northwest Regional Educational Laboratory & Hamilton fish Institute. Retrieved from <http://smhp.psych.ucla.edu/db/simple2.asp?primary=1202&number=9965>
- Adelman, H. S., & Taylor, L. (2007b). Systemic changes for school improvement. *Journal of Education and Psychological Consultation*, 17, 55–77.
- Adelman, H. S. & Taylor, L. (2010). *Mental health in schools: Engaging learners, preventing problems, and improving schools*. Thousand Oaks, CA: Corwin Press.
- Adelman, H. S. & Taylor, L. (2017). *Addressing barriers to learning: In the classroom and schoolwide*. Los Angeles: Center for MH in Schools & Student/Learning Supports at UCLA. Retrieved from http://smhp.psych.ucla.edu/improving_school_improvement.html
- Adelman, H. S. & Taylor, L. (2018). *Improving school improvement*. Los Angeles: Center for MH in Schools & Student/Learning Supports at UCLA. Retrieved from http://smhp.psych.ucla.edu/improving_school_improvement.html

- American Psychological Association Zero Tolerance Task Force. (2008). Are zero tolerance policies effective in schools? An evidentiary review and recommendations. *American Psychologist*, 63, 852–862.
- Baker, J. A., Kamphaus, R. W., Horne, A. M., & Winsor, A. P. (2006). Evidence for population-based perspectives on children's behavioral adjustment and needs for service delivery in schools. *School Psychology Review*, 35, 31–46.
- Bodilly, S., Chun, J., Ikemoto, G., & Stockly, S. (2004). *Challenges and potential of a collaborative approach to education reform*. Santa Monica, CA: RAND. Retrieved from <http://www.rand.org/publications/MG/MG216/>
- Campie, P., Tanyu, M., & Osher, D. (2017). *California school safety toolkit*. Washington, DC: American Institutes for Research. Retrieved from <http://www.air.org/resource/california-school-safety-toolkit>
- Centers for Disease Control and Prevention [CDC]. (2015). *School health policies and practices study 2000–2014*. Atlanta, GA: Author.
- Centers for Disease Control and Prevention [CDC]. (2016). *Information for school districts and school administrators: Fostering school connectedness*. Division of Adolescent School Health, CDC, US Department of Health and Human Services. Retrieved from https://www.cdc.gov/healthyyouth/protective/pdf/connectedness_administrators.pdf
- Center for MH in Schools & Student/Learning Supports (2017). *MTSS: Strengths and weaknesses*. Los Angeles: Author. Retrieved from <http://smhp.psych.ucla.edu/pdfdocs/mtss.pdf>
- Christenson, S. & Reschly, A. (Eds.) (2010). *Handbook of school-family partnership*. New York: Routledge, Taylor and Francis.
- Cleveland Municipal School District. (2015). *Humanware Annual Report 2015*. Cleveland, OH: Author.
- Clingempeel, W. G., & Henggeler, S. W. (2002). Randomized clinical trials, developmental theory, and antisocial youth: Guidelines for research. *Development and Psychopathology*, 14, 695–711.
- Collaborative for Academic, Social, and Emotional Learning [CASEL]. (2008). *Connecting social emotional learning with mental health*. Prepared for the National Center for Mental Health Promotion and Youth Violence Prevention by the University of Illinois. Chicago: Author.
- Collaborative for Academic, Social, and Emotional Learning [CASEL]. (2015). *2015 CASEL guide: Effective social and emotional learning programs—Middle and high school edition*. Chicago: Author. Retrieved from <http://www.casel.org/middle-and-high-school-edition-casel-guide>
- Daly, B. P., Burke, R., Hare, I., Mills, C., Owens, C., Moore, E., & Weist, M. D. (2006). Enhancing No Child Left Behind—school mental health connections. *Journal of School Health*, 76, 446–451.
- Doll, B., Brehm, K., & Zucker, S. (2014). *Resilient classrooms: Creating healthy environments for learning* (2nd ed.). New York: Guilford Press.
- Durlak, J. A., Weisberg, R. P., Dymnicki, A. B., Taylor, R. D., & Shellinger, K. B. (2011). The impact of enhancing students' social and emotional learning:

- A meta-analysis of school-based universal interventions. *Child Development*, 82, 405–432.
- Dwyer, K., & Osher, D. (2000). *Safeguarding our children: An action guide*. Washington, DC: American Institutes for Research.
- Dwyer, K., Osher, D., & Warger, C. (1998). *Early warning, timely response: a guide to safe schools*. Washington, DC: American Institutes for Research. Retrieved from <https://files.eric.ed.gov/fulltext/ED418372.pdf>
- Dwyer, K., & VanBuren, E. (2010). School mental health: Prevention at all levels. In B. Doll, W. Pfohl, & J. Yoon (Eds.), *Handbook of youth prevention science* (pp. 45–69). New York: Routledge.
- Epstein, J. L., Coates, L., Salinas, K. C., & Sanders, M. G. (2002). *School, family, and community partnerships: Your handbook for action* (2nd ed.). Thousand Oaks, CA: Corwin Press.
- Freeman, E., Grabill, D., Rider, F., & Wells, K. (2014). *The role of system of care communities in developing and sustaining school mental health services*. Washington, DC: American Institutes for Research. Retrieved from <https://www.air.org/sites/default/files/downloads/report/Systems%20of%20Care%20Communities%20in%20School%20Mental%20Health%20Systems.pdf>
- Graham, S., Bollinger, A., Booth Olson, C., D'Aoust, C., MacArthur, C., McCutchen, D., & Olinghouse, N. (2012). *Teaching elementary school students to be effective writers: A practice guide* (NCEE 2012-4058). Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education. Retrieved from https://ies.ed.gov/ncee/wwc/Docs/PracticeGuide/writing_pg_062612.pdf
- Greenberg, M. T., Kusché, C. A., Cook, E. T., & Quamma, J. P. (1995). Promoting emotional competence in school-aged children: The effects of the PATHS Curriculum. *Development & Psychopathology*, 7, 117–136.
- Hardiman, P. M., Curcio, J. L., & Fortune, J. C. (1998). School-linked services. *American School Board Journal*, 185, 37–40.
- Harry, B. (1991). *Cultural diversity, families, and the special education system*. New York: Teachers College Press.
- Harry, B., & Klingner, J. K. (2006). *Why are so many minority students in special education? Understanding race and disability in schools*. New York: Teachers College Press.
- Institute of Medicine. (1997). *Schools and health: Our nation's investment*. Washington, DC: National Academies Press. Retrieved from <https://www.nap.edu/catalog/5153/schools-and-health-our-nations-investment>
- Interdisciplinary Group on Preventing School and Community Violence. (2013). December 2012 Connecticut school shooting position statement. *Journal of School Violence*, 12, 119–133. doi:10.1080/15388220.2012.762488
- Iowa Department of Education. (2009). *Iowa's co-teaching and collaborative consultation models*. Des Moines, IA: Author.
- Kendziora, K., & Osher, D. (2016). Promoting children's and adolescents' social and emotional development: District adaptations of a theory of action.

- Journal of Clinical Child and Adolescent Psychology*, 45, 797–811. Special Section: From Adoption to Adaptation.
- Kendziora, K., & Yoder, N. (2016). *When districts support and integrate social and emotional learning (SEL): Findings from an ongoing evaluation of districtwide implementation of SEL*. Washington, DC: Education Policy Center, American Institutes for Research.
- Kutash, K., & Duchnowski, A. J. (2007). *The role of mental health services in promoting safe and secure schools: Effective strategies for creating safer schools*. Washington, DC: Hamilton Fish Institute on School and Community Violence.
- Lochman, J. E. (2000). Theory and empiricism in intervention research: A dialectic to be avoided. *Journal of School Psychology*, 38, 359–368.
- MacMillan, D. L., & Speece, D. L. (1999). Utility of current diagnostic categories for research and practice. In R. Gallimore & L. P. Bernheimer (Eds.), *Developmental perspectives on children with high incidence disabilities* (pp. 111–133). Mahwah, NJ: Lawrence Erlbaum.
- Mapp, K. L., & Kuttner, P. J. (2013). *Partners in education: A dual capacity-building framework for family-school partnerships*. Washington, DC: United States Department of Education.
- Masten, A. S., Roisman, G. I., Long, J. D., Burt, K. B., Obradović, J., Riley, J. R., . . . Tellegen, A. (2005). Developmental cascades: Linking academic achievement, externalizing and internalizing symptoms over 20 years. *Developmental Psychology*, 41, 733–746.
- Mayer, M. J., & Furlong, M. J. (2010). How safe are our schools? *Educational Researcher*, 39, 16–26.
- Mayer, M. J., & Leone, P. E. (2007). School violence and disruption revisited: Establishing equity and safety in the school house. *Focus on Exceptional Children*, 40(1), 1–28.
- Mayer, M. J., & Van Acker, R. (2008). Historical roots, theoretical and applied developments, and critical issues in cognitive-behavioral modification. In M. J. Mayer, R. Van Acker, J. E. Lochman, & F. M. Gresham (Eds.), *Cognitive-behavioral interventions for emotional and behavioral disorders: School-based practice* (pp. 3–28). New York: Guilford.
- Mayer, M. J., Van Acker, R., Lochman, J. E., & Gresham, F. M. (Eds.). (2008). *Cognitive-behavioral interventions for emotional and behavioral disorders: School-based practice*. New York: Guilford Press.
- National Association of School Psychologists. (2015). *Preventing youth suicide: Tips for parents and teachers*. Bethesda, MD: Author.
- National Research Council and Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: Committee on Children & Youth National Science Foundation.
- Nickerson, A. B., Mayer, M. J., Cornell, D. G., Jimerson, S. R., Osher, D., & Espelage, D. L. (2016). Violence prevention in schools and communities. In M. Casas, L. Suzuki, C. Alexander, & M. Jackson (Eds.), *Handbook of multicultural counseling* (4th ed., pp. 323–331). New York: Sage.

- Oberle, E., & Schonert-Reichl, K. B. (2016). Stress contagion in the classroom? The link between classroom teacher burnout and morning cortisol in elementary school students. *Social Science and Medicine*, 159, 30–37.
- Osher, D., & Dwyer, K. (2005). *Safeguarding our children: An action guide: revised and expanded*. Washington, DC: American Institutes for Research.
- Osher, D., Dwyer, K., & Jackson, S. (2004). *Safe supportive and successful schools: Step by step*. Washington, DC: American Institutes for Research.
- Pires, S. A., Lazear, K. J., & Conlan, L. (2008). *Building systems of care: A primer for child welfare*. Washington, DC: National Technical Assistance Center for Children's Mental Health Center for Child and Human Development, Georgetown University.
- Skiba, R. J., & Peterson, R. L. (2000). School discipline at a crossroads: From zero tolerance to early response. *Exceptional Children*, 66(3), 335–346.
- Sprague, J., & Walker, H. M. (2002). *Creating schoolwide prevention and intervention strategies. Safe and secure: Guides to creating safer schools*. Portland, OR: Northwest Regional Educational Laboratory. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojdp/book1.pdf>
- Substance Abuse and Mental Health Services Administration. (2015). *Safe Schools/Healthy Students Initiative national evaluation: 2005–2008 Cohorts*. Rockville, MD: Author.
- Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2007). *Promotion and prevention in mental health: Strengthening parenting and enhancing child resilience* (DHHS Publication No. CMHS-SVP-0175). Rockville, MD: Author.
- Sugai, G., Horner, R. H., & McIntosh, K. (2008). Best practices in developing a broad system of support for school-wide positive behavioral support. In A. Thomas & J. P. Grimes (Eds.), *Best practices in school psychology 3* (pp. 765–780). Bethesda, MD: National Association of School Psychologists.
- Swearer, S. M., Espelage, D. L., Vaillancourt, T., & Hymel, S. (2010). What can be done about school bullying? Linking research to educational practice. *Educational Researcher*, 39(1), 38–47. doi:10.3102/0013189X09357622
- U.S. Department of Education, National Center for Educational Statistics. (2016). *ED School Climate Surveys*. Washington, DC: Author.
- U.S. Department of Education, Office of Special Education Services. (2010). *29th Annual report to Congress on the implementation of the Individuals with Disabilities Education Act* (Vol. 1). Washington, DC: Author.
- U.S. Department of Health and Human Services. (1999). *Mental health: A report of the surgeon general*. Rockville, MD: Center for Mental Health Services.
- Van Dorn, R., Volavka, J., & Johnson, N. (2012). Mental disorder and violence: Is there a relationship beyond substance use? *Social Psychiatry and Psychiatric Epidemiology*, 47(3), 487–503. doi:10.1007/s00127-011-0356-x
- Varshney, M., Mahapatra, A., Krishnan, V., Gupta, R., & Deb, K. S. (2016). Violence and mental illness: What is the true story? *Journal of Epidemiological Community Health*, 70(3), 223–225. doi:10.1136/jech-2015-205546

- Warren, M. R. (2005). Communities and schools: A new view of urban education reform. *Harvard Educational Review*, 75, 133–173.
- Weisz, J., Donenberg, G., Han, S., & Weiss, B. (1995). Bridging the gap between lab and clinic in child and adolescent psychotherapy. *Journal of Consulting and Clinical Psychology*, 63, 688–701.
- Weisz, J. R., Sandler, I. N., Durlak, J. A., & Anton, B. S. (2005). Preventing and protecting youth mental health through evidence-based prevention and treatment. *American Psychologist*, 90(6), 628–648.
- Wiley, D. C., & Cory, A. C. (Eds.). (2013). *Encyclopedia of school health*. Washington, DC: Sage.